Who cares?

A Childen's Commissioner report on public expectations for the care of vulnerable children

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Contents

Executive summary

The primary aim of this research was to provide an understanding of public expectations around the level of support that children should be offered by different services, and in particular, the children's social care thresholds for intervention. With demand for children's social care services increasing, and local authority finances under pressure, there is concern that thresholds for intervention may be rising. The Office of the Children's Commissioner sought to explore how well aligned the support typically offered to children today is with public knowledge and expectations. The findings of this research, involving focus groups with the general public, are summarised below.

Awareness of vulnerable children and the role of children's social care services

- Participants in all groups had wide ranging, yet consistent, definitions of children who would be considered 'vulnerable', and this was evident in what they associated with the term 'vulnerable child'. Participants spoke of children in poor physical and mental health; neglected children and children who were being abused; dangerous or risky family situations; lack of parental support; and the absence of basic needs such as income, housing and food.

- Across all groups awareness of the different agencies and their roles, in terms of whose responsibility it would be to intervene where children are in less than ideal situations, was relatively low. Similarly, participants either explicitly stated that they did not know what social workers did, or it was clear by their suggestions that they had distorted views around child social worker responsibilities with regards to the cases we were discussing. For example, it was commonly suggested that a social worker would be tasked with a co-ordinating role, and/or to provide advice and signposting to other services for support.

Expectations around level of support, and the threshold for intervention

- For case study 1, where the real outcome would typically be no support from children's social care because it would be unlikely to meet the threshold, the interventions chosen by the public come closer to support from children's social care. Participants considered this case to be the least worrying as they assumed that worse cases existed. There was, however, an expectation of a range of support from other services – from the schools for example – which went beyond what would likely be offered in reality. For some participants, this case was still considered fairly serious and made them worry for the children and call for children's social care intervention.

- Participants were divided between case study 2 (where the real outcome would likely result in support from children's social care under a Child Protection Plan), and case study 3 (where the real outcome would likely result in support from children's social care under a Child in Need Plan), in terms of which should be prioritised for intervention. Participants were either of the view that the risk posed by violence, drugs and alcohol in case study 2 meant the children were at greater risk; or they perceived the absence of the mother at night, coupled with the immediate risk associated with living in temporary, shared accommodation in case study 3 to be far more worrying.

- For case study 2, where the real outcome would likely be support from children's social care under a Child Protection Plan, the public's expectations were broadly in line with reality. For case study 3, however, where the real outcome would likely be support from children's social care under a 'lower level of seriousness' Child in Need Plan, the public's expectations far outstripped reality. This suggests a mismatch in actual provision and public expectations where children are living in complex, potentially neglectful situations.

Introduction

Methodology

The research involved conducting four focus groups with the public in February 2018. Prior to this, a pilot group was used to test – and subsequently revise – the discussion guide. However, the findings from the pilot group have not been included in the analysis and therefore do not feature in this report.

Given the need for the discussion groups to reflect the general public, recruitment was targeted at including a mix of men and women, from different age groups, ethnicities and social grades. Additionally, minimum quotas of parents were achieved, and people working with children or within children's social care were 'screened-out'.

The discussions were largely organised around three case studies, based on real-life cases, written by children's social workers and provided by the Children's Commissioner Office. They reflected three real life scenarios aligned with section 17 and section 47 thresholds – the legal thresholds for a Child in Need Plan and a Child Protection Plan.

- Case study one would likely result in no action from children's social care.
- Case study two would likely result in support from children's social care under a Child Protection Plan.[1]
- Case study three would likely result in support from children's social care under a Child in Need Plan.[2]

Participants were presented with each of the case studies in turn. For each, they were asked to read and discuss their general views and focus for concern with the person next to them. Participants were also asked to rate the case on a scale of 1-10 (with 1 being not at all worried, and 10 being extremely worried), in terms of seriousness and how concerned they were about the child/children in that case.

Participants were then asked what support or intervention they felt should be offered, and by whom: their '**uninformed interventions**'. Following a discussion of all three cases, participants were then asked to choose those services they felt should be offered from a list of real-life potential interventions: their '**choices from the full list of interventions'**. Finally, participants were asked to choose a maximum of three services from a narrowed list of interventions provided by children's social care only: their '**pushed priorities**'.

This research was conducted for the Children's Commissioner Office by Ipsos MORI.

[1] https://www.citizensadvice.org.uk/family/children-and-young-people/child-abuse/local-authority-involvement/child-abuse-child-protection-plans/

[2] https://www.citizensadvice.org.uk/family/looking-after-people/local-authority-services-for-children-in-need/

Word association exercise: 'vulnerable child'

At the beginning of each focus group participants were asked to think of any words that immediately come to mind when they hear the term 'vulnerable child'. Participants mentioned words associated with the following themes:

- Physical and mental ill-health;
- Neglect and abuse (physical, emotional and sexual);
- Dangerous or risky family situations;
- Lack of familial support;
- Absence of basic needs (income, housing and food).

Figure 1: Image showing the words participants associate with the term 'vulnerable child'.

Case studies

Case study 1

Case study 1 - Real outcome: Unlikely to meet threshold for children's social care

Clare is 10 and her half-sister Rachel is 6. The children live with their mother, Yvonne, who suffers from depression and has difficulties walking due to a back injury. Some mornings Yvonne is unable to get out of bed, so Clare helps get her half-sister, Rachel, ready for school and takes her on the bus. Yvonne says she is finding it hard to cope.

Clare feels very unhappy and is always worried about her mum, who says she is finding it hard to cope. Clare finds it hard to concentrate at school as a result, so she is not doing very well. She's also quite isolated from the other school children. Teachers have asked her what is wrong, but she doesn't want to tell them how she's feeling. Rachel is doing well at school and has made friends.

Clare's mother was referred to a community mental health team by her GP and is receiving support from them for her depression. She also has regular hospital appointments for her back. Clare has not seen her father since birth and he does not support the family. Rachel's father is serving a short jail sentence for theft. Although he was controlling over Yvonne and the children are afraid of him, his absence is affecting Yvonne's mental health.

Clare's school have contacted children's social services about their concerns and to see whether they can help.

What help, if any, would you expect Clare and Rachel to get from public services?

General reactions and focus of the concern

The primary concern about this case study for participants was **the potential risk of a deteriorating situation**. For example, on several occasions, in different groups, it was described as a "disaster waiting to happen".

The problems the family were experiencing tended to be seen to **relate to both the physical and the mental health of the mother** (Yvonne). This worried the groups, in terms of the mother's depression and the potential risk of suicide.

Participants also focussed on the **psychological harm to the eldest child** involved (Clare), worrying that she was growing up too fast, and was having to take on the role of mother to her half-sister (Rachel). Participants worried she was carrying the family's burden and this was having a detrimental impact on her wellbeing and schooling.

Claire is clearly feeling a burden. We know she needs to find someone who she's comfortable to talk to.

(Male, ABC1, 35-54, Midlands).

Clare has taken on the role of mother; she obviously wants to keep the family together but she's only ten.

(Female, C2DE, 35-54, Midlands).

No-one was considered to be to blame in this situation, however, and there was sympathy for the family who were seen to be living in an unfortunate and sad situation and in need of help and "positive action". Additional family support was key for this case.

Interventions

The uninformed interventions suggested for this case were the least extreme, compared with the other two cases. For example, the school was seen to have more of an intervening role here, both in terms of supporting the eldest child (providing her with extra tutoring for example), as well as providing wrap around care such as breakfast and after school clubs to give the mother a break.

Uninformed interventions were targeted at the mother (in an attempt to improve her physical/mental health), and the eldest child, Clare, to provide some respite from the situation and prevent things from getting worse for her. The interventions tended to focus on:

- Help around the home – for example providing help with housework; childcare, to alleviate pressure on both the mother and the eldest daughter
- A break for both the mother and the eldest child – for example play-centred activities for the eldest child (Clare); a short-term break/ respite care for both the mother (Yvonne) and the eldest child (Clare).

Social services, and a social worker in particular, were mentioned when participants discussed this case. However, this involvement was often suggested further into the discussion, and after the groups had discussed input from other agencies: those they viewed as providing the solutions here. Typically, these were both the NHS (to tackle the mother, Yvonne's, physical and mental health) and the school, to provide a helping hand and mentoring and support to the eldest child, Clare.

Additionally, when discussing uninformed interventions, a social worker was viewed as having an advisory and signposting role, as opposed to an active intervention role. However, once the potential real life interventions were provided (the full list can be found in the Appendix), and participants were asked to make their choices from the lists, the social worker's involvement became increased (as shown in Table 1 below).

As was the case for all three case studies, there was a general lack of awareness among (most) participants around whose responsibility it would be to intervene for this case. Likewise, the role of different agencies/professionals was often distorted – for example the suggestion that a social worker might be involved to provide the family signposting and advice.

Figure 2: Flipchart showing participants' uninformed interventions and ratings of seriousness for case study 1.

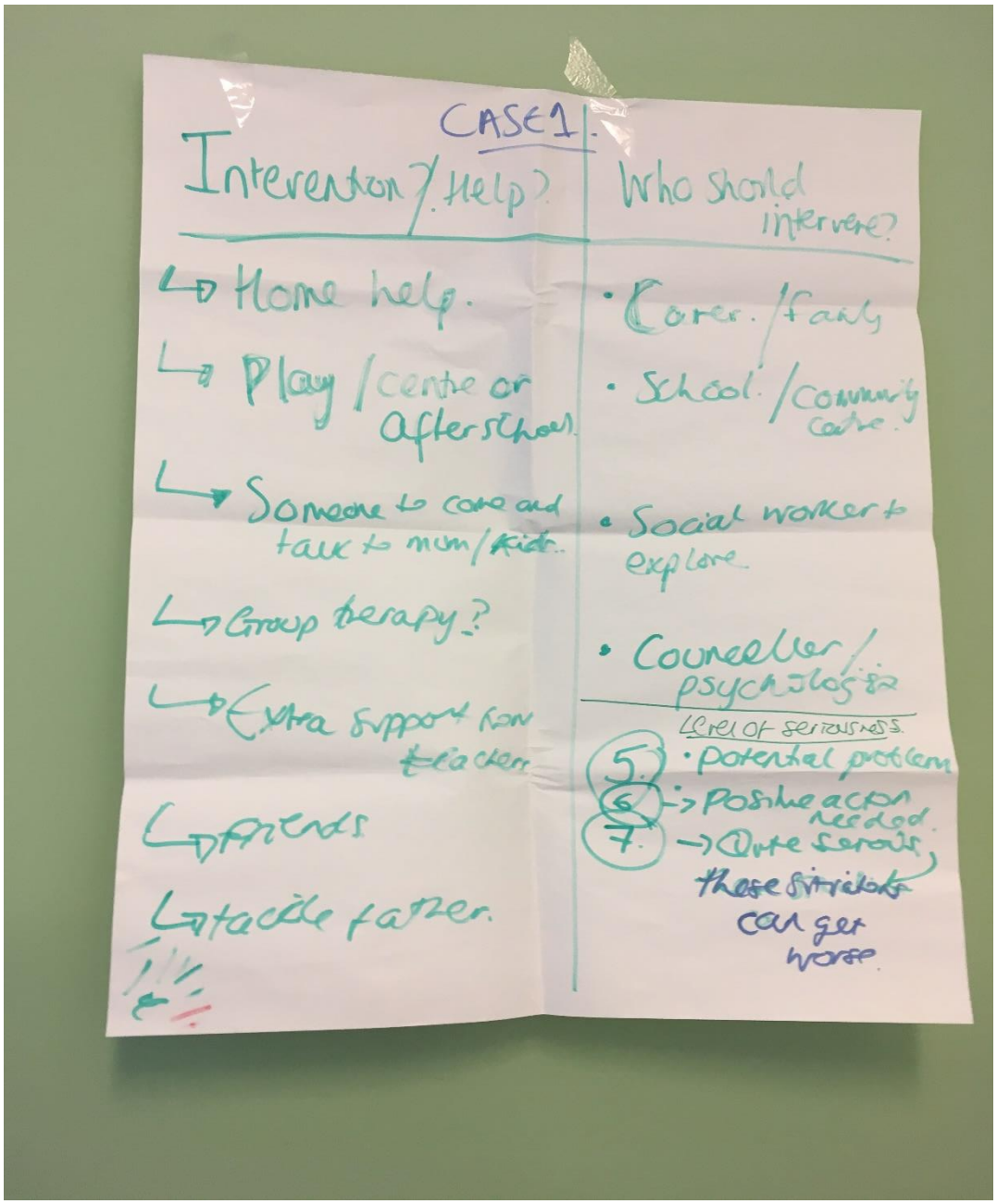

Table 1: Interventions suggested by the focus group participants: both uninformed, chosen from a list, and their pushed priorities.

Case study 1 - Real threshold: Unlikely to meet threshold for children's social care		
Uninformed interventions, and in their own words	Choices from the full list of potential interventions	Pushed priorities
1 - Play centred activities – to help the eldest child feel like a child again	1 - Children's Centre activities for pre-school children and parents	
2 – The provision of breakfast or after school clubs / wrap around care to provide assistance to the family from the school		
3 - Financial help – for example food or benefits		
4 - School intervention – teacher led, talking therapy, tutoring for the eldest child		
5 - Transport to take the children to and from school		
6 - Social worker involvement – to talk to mum and child and to provide advice and signposting – or possibly a family support worker instead	2 - Social worker supports parents to learn parenting techniques 3 - Social worker supports child to explore their feelings 4 - Social worker supports child to learn about healthy relationships 5 - Social work visits at home once a fortnight (*but should be more like weekly*)	1 - Social worker supports parents to learn parenting techniques 2 - Social worker supports child to explore their feelings 3 - Social work visits at home once a fortnight (*one group said it should be more like weekly*)
7 - Counselling for the eldest child	6 - Child and Adolescent Mental Health Service sessions from the NHS	
8 - Psychological/mental health for mother, and physical health help for the mother's back from the NHS		
9 - Police monitoring / A restraining order		
10 - Home help - for example a nanny or someone to help around the home. A care agency maybe		
11 - Short-term break for the children somewhere else (children put into care was mentioned, albeit rarely). Respite care for both children and mother.		
12 – Child support agency for the missing father		
	7 - Meeting between family, social worker, school and other professionals every 8 weeks to write a support plan and monitor its progress	4 - Meeting between family, social worker, school and other professionals every 8 weeks to write a support plan and monitor its progress

Ratings of seriousness

Participants scored this case as low as 3 (out of 10) and as high as 8. Those who gave the lower ratings justified these with the feeling that the case was 'not that bad', and/or comparing it to worse cases 'out there'. Low scores were also reported where participants in the groups did not see signs of immediate danger.

There's a potential problem (scored 5).

(Male, C2DE, 18-34, London).

It's around 6. It requires positive action. There's no negative action, like taking the child away from the parent.

(Female, C2DE, 18-34, London).

I'd go lower. There are more horrible things. I'd probably go 3.

(Male, ABC1, 35-54, London).

I'd go as low as two or three. There's not a risk of neglect. There's no immediate danger, no abuse. We don't know how long the mother has been ill, if it's ten years I'd raise it, but if it's recent, there's plenty of time for recovery.

(Male, C2DE, 35-54, Midlands).

Higher scores were given by those worried about the impact on the children in the future and the fact that Clare (age 10) was at such a vulnerable/key age.

I would say 7. I disagree **[with the lower ratings others had given].** ***I've known people in that situation. They've ended up in prison. The girls go down the wrong road, selling their bodies. From my experience, it's serious.***

(Male, C2DE, 18-34, London).

When you're ten you're developing from a young girl to teenager. She's not going to be on the same social scale as kids who've had more stability.

(Female, C2DE, 35-54, Midlands).

Public expectations around level of support, and the threshold for intervention

- Across all groups this case was viewed as the least serious when compared with the other two case studies. As mentioned already, this was either because there was a recognition that there are far worse cases 'out there', and/or because there were no signs of immediate danger to the children involved. Participants often talked about positive, additional support for both mother and the eldest child.

- Uninformed expectations around the level of support provided by children's social services here were, broadly, in line with the reality. Participants expected intervention from both the NHS (to deal with the mother's physical and mental ill health) and the school, to provide extra care for the children (breakfast and after school clubs), and support for the eldest child. Where a social worker (or social services) was mentioned, it was late into the discussion and tended to be associated with the provision of signposting and advice (as opposed to surveillance and/or targeted support).

- However, once the groups were provided with the full list of possible interventions, they chose more intervention from a social worker (supporting the parents to learn parenting techniques, the child to explore their feelings and the child to learn about healthy relationships), and suggested that a social worker should visit the home once a fortnight (or even weekly). The options participants chose indicate an expectation for a higher level of intervention than would be offered in reality. The interventions that the focus groups chose - when they were pushed on their priorities - suggest that they felt that the case would meet the threshold for intervention from children's social care, when in fact (in reality) it would unlikely meet the threshold.

Case study 2

Case study 2 – Real outcome: Support from children's social care under a Child Protection Plan

Jordan is 3 and his half-brother Bobby is 6 months old. The children live with their mother, Tina, who is 23. Jordan's father spends lots of time at the family home. Bobby's father was not around during Tina's pregnancy, but has recently asked to see his baby.

Tina called the police after Jordan's father punched her in the face, threatened to kill her and caused damage to her home, including smashing her TV and bedroom door. Both the children were at home. Jordan's father was arrested and charged. Police reported that Jordan's father was drunk and the home smelt of cannabis. Tina also called the police a week earlier to report a fight between Jordan's father and Bobby's father outside her home. Both Jordan and Bobby's fathers have been arrested in the past for possession of cannabis.

Tina said she was thinking about getting back together with Jordan's father, but is worried about his anger. He had been violent before the children were born, but she did not call the police. This time she called the police as she wanted to protect her children. She said he is often threatening when he drinks heavily. She would also like Bobby to have a relationship with his father, but thinks it may cause more fighting.

The Police have contacted children's social services about their concerns and to see whether they can help.

What help, if any, would you expect Jordan and Bobby to get from public services?

General reactions and focus of the concern

Participants, across all groups, were worried about the violence and drugs in this case, and although they didn't always view the children involved to be at immediate risk of serious harm, the age of the children also worried them. There was general concern for the wellbeing of the children involved, with regards to the potential for impact on their psychological health in the future, as a result of being exposed to violence at such a young age.

It was, however, the violence - coupled with the mentions of drugs and alcohol - which made this case study, for some, the most serious of all three. This view was not, however, universal.

I think this is the worst one. You've got a child who's three and one who's six months. There's drugs and violence in the household.

(Male, ABC1, 55+, Midlands).

For other participants, this case was considered less serious than case study 3 because of the perception that the mother (Tina) was in control – in other words, there was a sense that she has the power to 'fix' the situation. It was therefore about providing her with the support and guidance to make the "right choices".

We've got it the other way* [with regards to this being the worst case study]. *There's a parent who can decide which way it goes. Tina is in control of this situation. Tina needs support with the family environment.

(Male, ABC1, 55+, Midlands).

Regardless of how people rated this case in terms of seriousness (and particularly, in comparison to case study 3), this scenario was often described as "adult based", not "child based", meaning the primary focus would be on improving the situation for (and among) the adults involved which, if fixed, would consequently protect the children.

Better of the three cases as far as the children are concerned.

(Male, ABC1, 55+, Midlands).

She needs to learn to look after herself and that will filter down to the children.

(Male, ABC1, 55+, Midlands).

Interventions

The groups tended to aim the interventions at the mother (Tina) in this case - both their uninformed interventions, and their choices from the full list of interventions. It was the mother, and her perceived bad parenting decisions and life choices, who they blamed for the situation this family had found themselves in. Participants also targeted interventions at the two fathers, to tackle their drug and alcohol problems and (more importantly) the violence. This was linked to a desire, among some, to keep the fathers safely involved in the family's lives. Others were far less forgiving and wanted the fathers out of the picture altogether, viewing their removal from the family as the solution.

The uninformed interventions reported for this case study can be broadly categorised as follows:

- Targeting behaviour change – for example a social worker to talk to the mother; drug and alcohol support for the fathers.
- Focused on the removal of the immediate risk – for example a restraining order to remove the father; social worker visits to monitor the situation and check in on the family.
- Considered to be preventative – for example counselling for the children to protect them from potential psychological harm in the future.

The groups immediately recognised a role for social services in this case. A social worker came up early on in their discussions and in their uninformed interventions. Once the full list of possible interventions was provided, some participants indicated that the involvement of a social worker would need to be quite heavy, with frequent (even daily) visits to the family home to monitor and check in on the situation. As well as the surveillance, a social worker's role here

was also seen to be supportive and guiding: for example, by delivering support to the parents about parenting techniques and to support the children to learn about healthy relationships.

Figure 3: Flipchart showing participants' uninformed interventions and ratings of seriousness for case study 2.

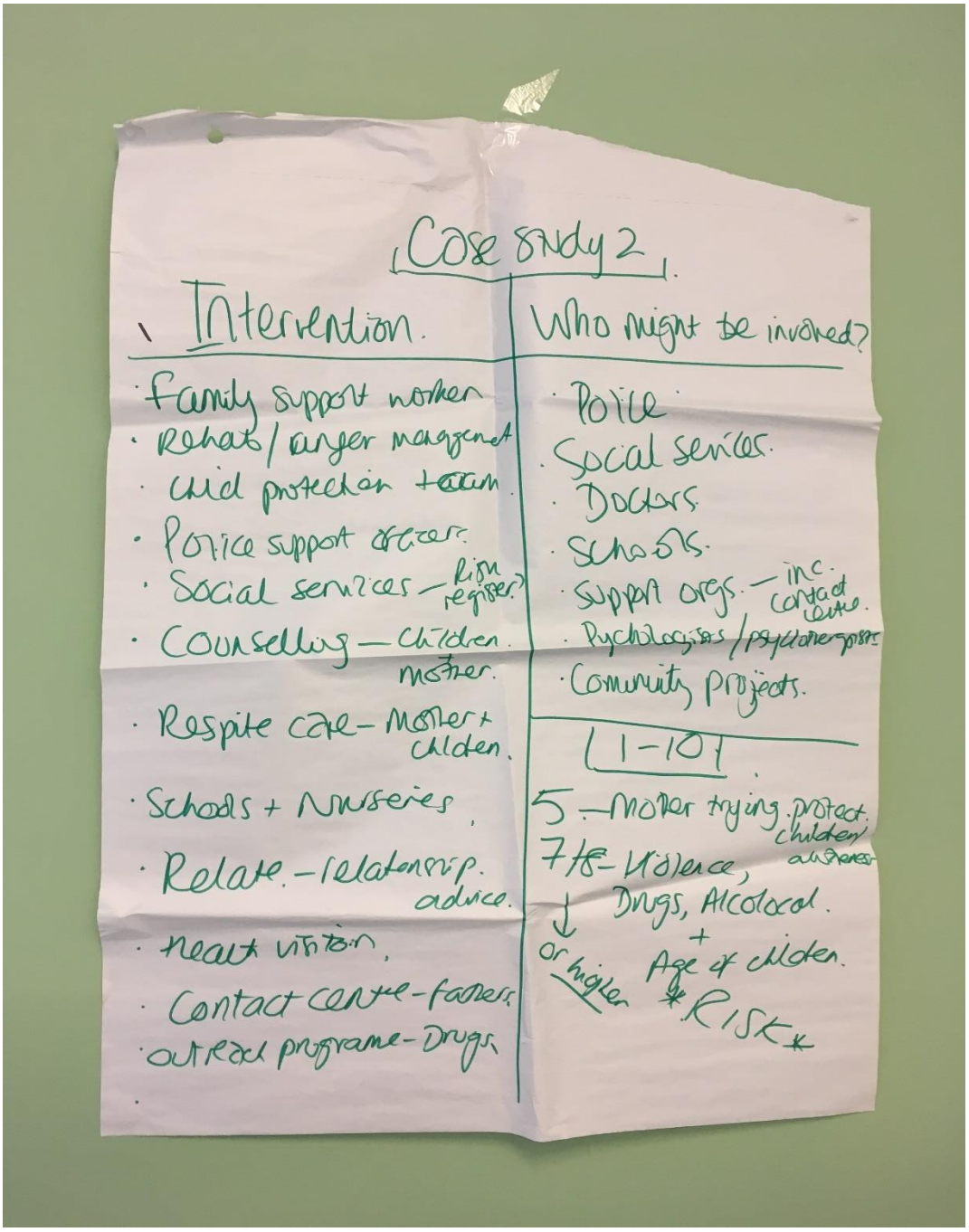

Table 2: Interventions suggested by the focus group participants: both uninformed, chosen from a list and their pushed priorities.

Case study 2 - Real threshold: Support from Children's social care under a Child Protection Plan		
Uninformed interventions, and in their own words	Choices from the full list of potential interventions	Pushed priorities
1 – A restraining order – removal of father. Police (or community safety officers) to continue to be involved		
2 - Regular social worker visits - to monitor and check up on the family	1 - Social work visits at home once a fortnight (*but should be more regular*)	1 - Social work visits at home once a fortnight (*but should be more regular*)
3 - Social worker involvement - to talk to mother	2 - Social worker supports parents to learn parenting techniques	2 - Social worker supports parents to learn parenting techniques
4 - Psychological analysis /Counselling / Group therapy for mother /parenting course and parenting techniques	3- Parenting classes run by the children's centre	
5 - Drug and alcohol support for father	4 - Drug and alcohol misuse support services	
6 - Domestic violence / anger management for father	5 - Domestic violence support services	
7 - Counselling for the children – early intervention (didn't state that this would be provided by the social worker however)	6 - Social worker supports child to learn about healthy relationships	3 - Social worker supports child to learn about healthy relationships
8 – Health visitor involvement		
9 – Child protection team		
10 – Family support worker		
	7 - Meeting between family, social worker, school and other professionals to write a support plan and monitor its progress every 6 weeks. Police also attend.	4 - Meeting between family, social worker, school and other professionals to write a support plan and monitor its progress every 6 weeks. Police also attend
	8 - Children's Centre activities for pre-school children and parents	

Ratings of seriousness

Participants' ratings for this case varied. Scores ranged from as low as 4 to as high as 9 or 10. Higher scores were given because of the risk associated with the violence and drug taking, alongside the age of the children involved.

I think it's higher because of the amount of violence that's involved. I'd go for seven or eight.

(Female, C2DE, 35-54, Midlands).

I'd say higher* [than a seven or an eight] *because of the drugs that are involved.

(Female, C2DE, 35-54, Midlands).

Ten because the children are too young.

(Female, ABC1, 55+, Midlands).

The baby is only six months' old.

(Female, C2DE, 35-54, Midlands).

Violence, drug abuse, alcohol.

(Female, C2DE, 18-34, London).

When you've heard these situations on the news before, people have ignored it. It goes down something tragic though. He's violent. He's taking drugs, which messes his brain. I would put it around 9.

(Male, C2DE, 18-34, London).

While lower scores were given due to the fact that there is no current evidence of harm to the children, and/or because they were not seen to be in immediate danger.

I don't think the kids are in danger. If the guy is arrested again, all he's done is punch. He's attacked the mum. The only thing about that is possession or marijuana. If you do that in your spare time, it's fine. It's not going to make you a violent person. The issue is that the mum has a problem with herself. There's nothing wrong with the kids right now. I don't see them in danger.

(Male, C2DE, 18-34, London).

Public expectations around level of support, and the threshold for intervention

- For some participants, this case was by far the worst of all three. Ultimately it was the violence, drugs and alcohol that made participants think about more severe intervention. The police, for example, were mentioned early in most discussions.

- The kinds of uninformed intervention suggested, in particular by those who viewed this case to be the most serious, were largely in line with what would happen in reality. For example, close surveillance from a social worker (regular visits to the family home), and even mention of involvement from a child protection team. The interventions this family were offered in real life under a child protection plan were typical[3] – suggesting that public expectations are roughly in line with reality for children on child protection plans.

- Participants were split, however, on the need for serious intervention in this case. Although some suggested that the children involved were at immediate risk of danger (violence, drugs, alcohol), others spoke of how there was no sign

[3] Social work visits once a fortnight; Formal meeting with family, social worker, police, school and professionals to write a support plan and monitor its progress every 6 weeks; Social worker supports child/young person to explore their feelings; Children's centre activities; Drug and alcohol misuse support services; Domestic violence services.

of risk to the children thus far. Additionally, there was a feeling that the mother was in complete control and with the right support and guidance, for example parenting advice, she could resolve the situation and keep the children safe from harm.

Case study 3

Case study 3 – Real outcome: Support from Children's Services under a Child in Need Plan

Alicia is 13, Sarah is 8 and Ben is 6. The children live with their mother, Harriet, in accommodation for homeless families, an hour away from the children's schools. They moved there four years ago after Harriet fled domestic abuse from the children's father.

Ben's school was worried that Ben came to school tearful, dirty and smelling like urine. He also had very regular and difficult tantrums. Teachers also overheard Sarah (age 8) say that her mum was leaving them alone at night, so Alicia (age 13) was taking them to school in the morning. The children came to school without appropriate clothing, such as school shoes or warm coats for the winter.

Alicia was often late to school and said this was because she had to take her siblings to their primary school first. She was quiet and well behaved, but her school was concerned that she had been seen getting into a car with an older male student.

Harriet says she has to leave her children on their own at night because she is a care worker and the pay is higher for night shifts. She receives no financial support from the children's father. Harriet feels that Alicia is old enough to help at home, as when Harriet was Alicia's age she was expected to take care of her own siblings.

The school have contacted children's social services about their concerns and to see whether they can help.

What help, if any, would you expect the family to get from public services?

General reactions and focus of the concern

Overall, participants felt that the key areas for concern in this case were the mother's job situation and the fact that the family was living in temporary accommodation. Participants felt that by needing to work night shifts, and thus leaving the children alone at night, the mother (Harriet) was putting the children at risk. Additionally, participants suggested that temporary accommodation could be unsafe for children (if sharing with drug addicts and ex-convicts) as well as being too far away from their schools.

Ben's worrying behaviour (tantrums and bed-wetting) and Alicia's interaction with an older male student were largely attributed to the mother's absence and the difficult living situation. There was general concern for the children's' mental and physical wellbeing.

It was common across all the groups for some participants to sympathise with the mother (Harriet) in this case, describing her as being in a "tight spot". However, others were less sympathetic towards her, suggesting that four years is too long to

be in the situation, that temporary accommodation is not safe for children and that there is no excuse for leaving children alone at night or sending them to school smelling of urine and without the appropriate clothing. Some of these participants mentioned that despite living in temporary accommodation, they thought it likely that the family would have access to washing facilities and that the mother's salary should be used to buy essential items, such as washing powder.

It's pressure… they're in a difficult situation.

(Male, C2DE, 18-34, London).

They haven't got a house. The mum's thinking, I've got to earn more.

(Female, C2DE, 18-34, London).

So, if you give her a house, its fine? Isn't it illegal to leave kids [alone] at the house?

(Male, C2DE, 18-34, London).

[She's thinking], it's this or I don't have enough money to feed them.

(Female, C2DE, 18-34, London).

What about hygiene? She's got places to wash them.

(Female, C2DE, 18-34, London).

Interventions

The participants tended to choose interventions (both uninformed and choices from the full list of interventions) that focused on improving the family's situational circumstances. It was felt that these sorts of interventions could drastically improve the situation for the children. For example, support for the mother to find a new job with more sociable working hours would reduce the potential for harm to the children at night, free up time for the mother (Harriet) to take proper care of the children and thus minimise the burden on the eldest child, Alicia. Additionally, support finding more permanent accommodation closer to the children's schools was frequently suggested as a means to reduce the potential harm to the children living with strangers and improve attendance and behaviour at school.

The priority is getting them a house.

(Male, C2DE, 18-34, London).

Participants also felt that the family could benefit from various types of emotional support. Some suggested support aimed at providing respite for the mother. Others suggested support aimed at the children to enable them to explore their feelings, make the right life choices and enjoy themselves more as young people.

Some outside activities to help the children feel more like children
If you could put support for the mum in place, the kids would start to relax more.

(Female, C2DE, 35-54, Midlands).

The uninformed interventions reported for this case study can be grouped into the following categories:

- Financial and housing help – for example income support to help the family move to a more permanent and private accommodation.
- Emotional support – for example counselling to offset the risk of psychological trauma experienced by the children as a result of being neglected.

When listing their uninformed interventions, participants mostly spoke about a social worker being involved in a coordinating role. For example, to signpost the family to financial and housing services, and to organise the appropriate emotional support services. It was also suggested that this job could be done by someone other than a social worker.

I don't know whether it needs to be Social Services but just a support worker who can signpost the mother and children.

(Female, C2DE, 35-54, Midlands).

Once provided with the full list of possible interventions, most participants proposed greater social worker involvement. In addition to providing the coordinating role, they suggested that the social worker could make weekly visits to observe the family as well as to provide emotional support first hand.

A minority of participants in two of the groups mentioned the possibility of temporarily separating the children from their mother. These participants suggested that the mother may have mental health issues resulting from the domestic abuse she suffered, which may inhibit her ability to take care of the children. It was also suggested that foster care could temporarily deescalate the situation by providing both the mother (Harriet) and the daughter (Alicia) with some respite from their caring responsibilities.

We are hoping that she's in the right mind. Take the kids from the beginning. Put them in foster care for a period of time. Re-evaluate the mum. Give the mum somewhere and then put them back together.

(Male, C2DE, 18-34, London).

I know people who have been put in foster care… it's worse, it's traumatising.

(Female, C2DE, 18-34, London).

Foster care can be good.

(Male, C2DE, 18-34, London).

There's risk though.

(Female, C2DE, 18-34, London).

We should look into her mental stability and whether the children should be removed from her care.

(Female, ABC1, 55+, Midlands).

When asked to list their pushed priorities – those which would be provided by children's social care only – participants spoke predominantly about the involvement of a social worker in a supportive role, for example, by providing emotional support and parenting advice, as well as by attending cross-agency meetings to develop and monitor a support plan. A minority of participants felt that the social worker should visit the family more than once a fortnight, but recognised that this may not be realistic. Others suggested that large amounts of social worker involvement could make the situation worse and negatively compromise the family's privacy.

[Visits from a social worker once a fortnight] ***is enough because when you're in a crisis the last thing you want is busybodies coming into your house telling you your business.***

(Female, C2DE, 35-54, Midlands).

Figure 4: Flipchart showing participants' uninformed interventions and ratings of seriousness for case study 3.

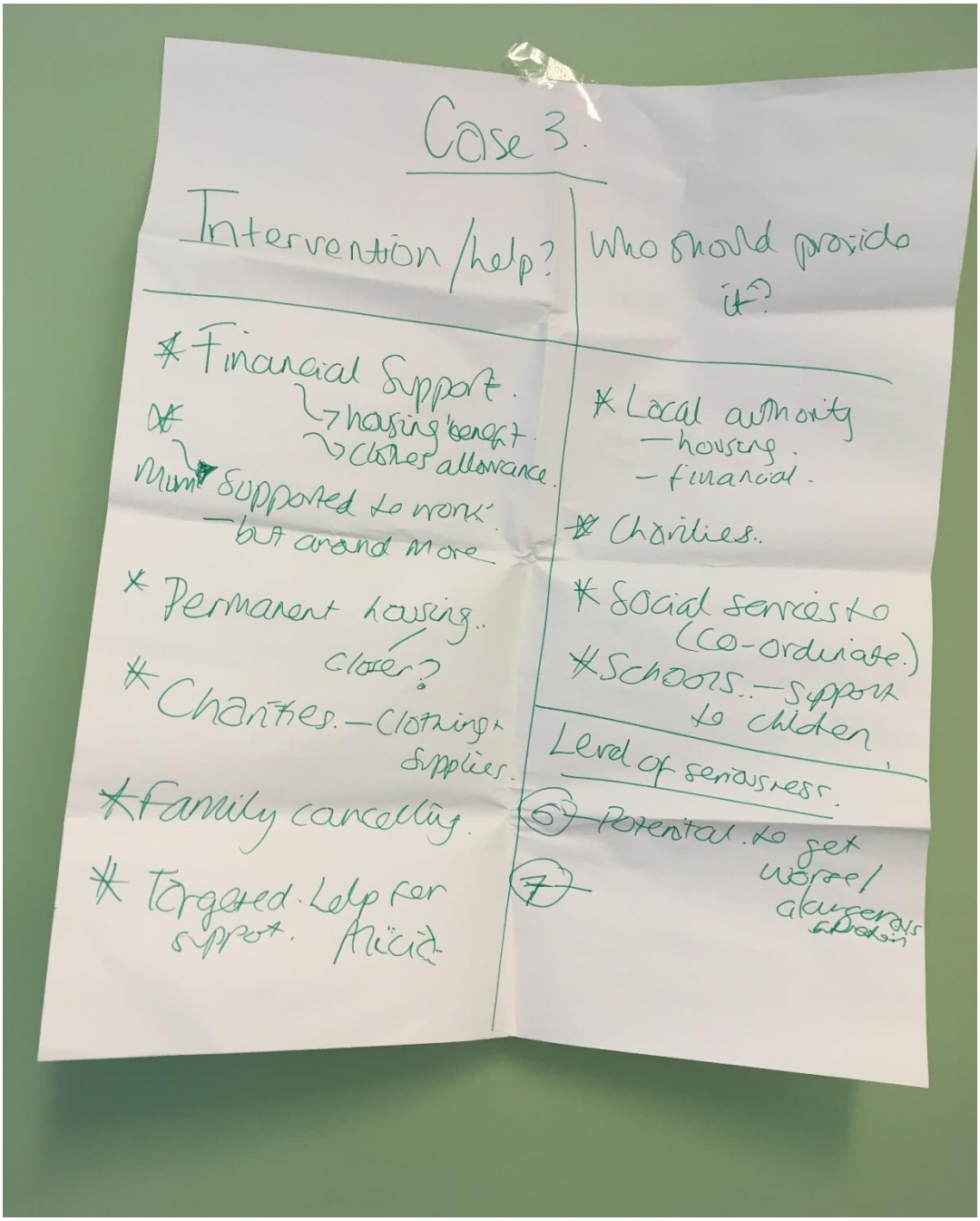

Table 3: Interventions suggested by the focus group participants: both uninformed, chosen from a list and their pushed priorities.

Case 3 - Real threshold: Support from Children's social care under a Child in Need Plan		
Uninformed interventions, and in their own words	Choices from the full list of potential interventions	Pushed priorities
1 - Financial help – for example help finding a new job, income support, benefits, tax credits, a charity to provide clothing and supplies or taxis to/from the schools		
2 - Housing – a more permanent home closer to the school	1 - Housing support and advice	
3 - Family counselling		
4 - Foster care - to enable the mother to get herself sorted, and to give her a break		
5 - Support for eldest child - with regards to life decisions	2 - Social worker supports child to explore their feelings	1 - Social worker supports child to explore their feelings
6 - Social services – mostly in a coordinating role only – or maybe a family support worker instead	3 - Social work visits at home once a fortnight 4 - Social worker supports child to learn about healthy relationships 5 - Social worker supports parents to learn parenting techniques	2 - Social work visits at home once a fortnight 3 - Social worker supports child to learn about healthy relationships 4 - Social worker supports parents to learn parenting techniques
7 - Child mental health services	6 - Child and Adolescent Mental Health Service sessions from the NHS	
8 - Charities to provide advice – for example Citizen's Advice and Child line		
9 – School nurses to address the children's hygiene		
10 – The Police, to address why the male student is giving the eldest child lifts		
	7 - Meeting between family, social worker, school and other professionals every 8 weeks to write	5 - Meeting between family, social worker, school and other professionals every 8 weeks to write

	a support plan and monitor its progress	a support plan and monitor its progress
	8 - Parenting classes run by the children's centre	
	9 - Children's Centre activities for pre-school children and parents	

Rating of seriousness

Participants thought this case was serious to varying degrees, and for some it was the most serious of all three cases. Across the groups, it was rated between 4 and 10, though most commonly at the high end of the scale (between 7 and 10), and because of the obvious signs of neglect, as well as the potential for future harm to the children. Participants described the children in this case as being at risk of both immediate danger (living in the temporary accommodation and being unsupervised at night) and future harm, in terms of psychological trauma and a lack of prospects.

She's working as a carer at night but her children aren't being cared for.

(Male, ABC1, 55+, Midlands).

Conversely, those who rated this case study between 4 and 6 tended to do so because they felt that the mother (Harriet) was trying her best, had a source of income and the situation as a whole could be improved with a few – albeit significant – changes to the family's circumstances. Others felt that the immediate risk in this case was relatively low and not as great as the risk of psychological harm to the children in the future.

It can all be remedied if she gets a new job. She's not working at nights can be with the kids in the day. That would solve everything.

(Male, C2DE, 18-34, London).

She shouldn't be penalised for trying.

(Male, ABC1, 35-54, London).

It's quite difficult because although there is no immediate danger, psychologically it could impact her.

(Female, C2DE, 35-54, London).

Public expectations around level of support, and the threshold for intervention

- The absence of the mother at night, coupled with the family's temporary housing situation, gave this case precedence over case study 2, in terms of seriousness and need for intervention, for some participants. The neglect (evident in the

state of the children presenting at school), coupled with the immediate risk of harm (for example from a fire or from others living in this shared accommodations), caused serious concern.

- Some of the uninformed interventions suggested by participants were quite extreme, for example foster care, indicating that expectations for intervention from children's services are far higher than what was in reality provided for this family by children's social care[4]. However, the appropriate role of a social worker was deemed by others to be merely co-ordinating and advisory, for example to signpost the family to financial and housing services and to organise emotional support services. Overall, the focus groups' responses to this family therefore suggest that help typically provided to families which hit the 'Child in Need' threshold is far less than what the public would expect.

- It is worth noting, too, that some participants were sympathetic towards the mother in this case, suggesting that she was trying her best and that the family's situation was to blame for where this family had found themselves. For some, it was as 'simple' as rehousing the family and/or finding the mother a different job so that she could be around more to look after the children.

[4] Social work visits once a month; Meeting with family, social worker, school and professionals every 6 weeks to write a support plan and monitor its progress every 6-8 weeks; Social worker supports child/young person to explore their feelings; Social worker supports parents to learn parenting techniques; Social worker supports child/young person to learn about healthy relationships; Parenting classes for parents/carers; Housing support and advice.

Appendix

Full list of interventions, with asterisks beside those provided as part of the narrowed list of interventions provided by children's social care only.

(Interventions provided by children's social care only)

1. No social work visits *
2. Social work visits at home once a month *
3. Social work visits at home once a fortnight *
4. Meeting between family and school to discuss concerns *
5. Meeting between family, social worker, school and other professionals every 8 weeks to write a support plan and monitor its progress *
6. Meeting between family, social worker, school and other professionals to write a support plan and monitor its progress every 6 weeks. Police also attend *
7. Social worker supports parents to learn parenting techniques *
8. Social worker supports child to explore their feelings *
9. Social worker supports child to learn about healthy relationships*

(Broader services)

10. Children's Centre activities for pre-school children and parents
11. Child and Adolescent Mental Health Service sessions from the NHS
12. Drug and alcohol misuse support services
13. Domestic violence support services
14. Housing support and advice
15. Parenting classes run by the children's centre

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