

Support provided to families 'on the threshold of risk' by SureStart on the Ocean

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1 BACKGROUND

1.1 *Sure Start*: Sure Start on the Ocean (SSO) was established in 2001. The aim of the project is to work with families and carers on the Ocean Estate in Tower Hamlets to promote the physical, mental and social development of children under the age of 4. Sure Start has four core objectives:

- i. Improving social and emotional development
- ii. Improving health
- iii. Improving children's ability to learn
- iv. Strengthening families and communities

1.1.2 The SSO objectives reflect a holistic approach to family support and child development, with an emphasis upon the need to link the individual and the social, and to tackle inequalities. There are two main implications for service provision in ensuring that the Ocean project meets these objectives. First, in developing interventions that improve the emotional, environmental and social conditions in which children and families live and interact. And, second, in enabling families in the catchment area to receive appropriate support and improved services from partner agencies who include Tower Hamlets Council, Tower Hamlets Primary Care Trust and SHADA. The increased attention to partnership working is a key theme in the Government's modernisation agenda for public sector services and is also reflected at a national level within Sure Start, where according to the National Evaluation of Sure Start project:

'Sure Start represents a unique approach to early intervention for children 0-4, their families, and communities. Rather than providing a specific service, the Sure Start initiative represents an effort to *change existing services*. This is to be achieved by reshaping, enhancing, adding value, and by increasing co-ordination.'

1.2 *The Policy Context*: Recent developments in policy on health and social care services at a national level (The NHS Plan, 2000), particularly in relation to child protection (the Protection of Children Act 1999; the Care Standards Act 2000; The Laming Report, 2002, Children at Risk Green Paper, forthcoming), and in delivering the requirements of the forthcoming Children's National Service Framework, have specific implications for the work of SSO. For example, the NHS Plan has recognised that: 'health at the very beginning of life is the foundation for health throughout life.' (para 13.15). The NHS Plan has also taken this recognition further in the links that it makes between the work of the health and social care services and social inequalities: 'we will set a target to narrow the longstanding gap in infant and early childhood mortality and morbidity between socio-economic groups' (para 13.5). A key government

strategy in achieving such health targets has been the development of National Service Frameworks (NSFs) to improve services through setting national standards to improve quality and tackle existing variations in care. NSFs have already been published for mental health, coronary heart disease, older people's services and diabetes. The next phase of NSFs will cover children's services, renal services and long-term conditions. The mainstreaming of the successes of Sure Start has been identified by the Department of Health as an important way in which the Children's NSF can respond to some of the key challenges facing children's health and social care services.

1.2.1 At a local level, work has begun on developing an overarching strategy for children in Tower Hamlets. Progress on work on child protection by the local authority will be framed in significant ways by a Government Green Paper on children and risk, expected in the summer of 2003, which will detail how children's services will be organised and managed. The Green Paper will include the Government's response to the 108 recommendations of the Laming Enquiry into the death of Victoria Climbié. In the interim period, before the Green Paper is published, Tower Hamlets social services have adopted the guidance of the 'All London Child Protection Procedures' (London Child Protection Committee, 2003).

1.3. *The Demographic Context:* The local population in Tower Hamlets is estimated to be approximately 185,000. It is a population characterised by ethnic and cultural diversity, a high proportion of children under the age of 15, and high rates of population mobility. Information drawn from the Public Health Profile (Tower Hamlets PCT, 2002) suggests that:

- The overall population for Tower Hamlets is set to grow over the next 15-20 years by between 3-17%
- The number of children in the borough aged under 15 will also increase by 3-13% for the same time period
- More than 10% of existing residents change address each year
- Just over a quarter of the population are Bangladeshi (although this figure is based upon data from the 1991 census and is likely to be an underestimate)
- 62% of school children are bi-lingual; 86% speak Sylheti or Bengali

1.3.1 Tower Hamlets is one of the most deprived of the London boroughs, scoring high on indices of deprivation, largely because of high rates of unemployment, relatively large 'minority ethnic' populations, and overcrowding in housing. Related factors contributing to social deprivation in the borough are a relatively unskilled workforce, poor quality housing and large numbers of households with children in lone parent families or with people of pensionable age living alone.

1.3.2 Children's and young people's health has a particular relevance for a population's health, since many health problems are developed in childhood. Data from Tower Hamlets Public Health Profile suggests that:

- Tower Hamlets has one of the highest birth rates in the country and birth-rates are rising

- There are high rates of still birth in the borough (8.3. per 1,000 live births compared to 5.3 for England and Wales as a whole)
- There are higher rates of low birth weight babies

1.4. In summary, it can be seen that SSO is operating within a particularly challenging political and social environment. The policy context on children is currently marked by significant change and increasing proceduralisation, with a focus upon multi-agency working. In addition, there are challenges for SSO in balancing the demands of policy initiatives and meeting the complex and unique psycho-social needs of families and children in communities that are both socially deprived and marginalised.

2 FAMILIES ON THE THRESHOLD OF RISK

2.1 With increased and significant changes taking place within the policy environment regarding services and support for children, the Programme Manager of SSO, Sabes Sugansabesan, decided that specific attention needed to be given to the support that the Ocean Project gives to families who are 'on the threshold of risk'. The decision was made in the context of the end of a contract between SSO and the Family Welfare Association, who had been providing specialist skills and support to families categorised as being at risk.

2.2 Examining work with families on the 'threshold' of risk is inherently difficult, because 'risk' can be seen both in relation to child abuse and neglect and can also be seen more broadly in terms of an absence of care. In addition, the very notion of a 'threshold' signifies an uncertain and unpredictable movement of family relationships towards/into identified areas of child abuse and neglect, at the same time as suggesting that such a movement might be preventable with appropriate support and intervention.

2.3 'Abuse and neglect' is a generic term that has been defined by the All London Child Protection Procedures (London Child Protection Committee, 2003) as:

4.1.1 encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.

4.1.2 Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.

2.2 Despite the inherent uncertainties surrounding the concept of a 'threshold of risk', it has been recognised that targeted support and skills from agencies can be critical in preventing forms of neglect, abuse and harm for children. The All London Child Protection Procedures (January, 2003), that have been adopted by Tower Hamlets Social Services, state that:

Incidents of abuse and neglect within families are on a continuum and situations where abuse is developing can, at times, be resolved by preventative services outside the child protection procedures. (para. 5.1.12)

2.3 Identifying behaviours, relationships or circumstances that can lead to risk are thus a key area of work for preventive services such as Sure Start, although this work is not readily amenable to precise measurement and quantification. For the purposes of this report, risk has been interpreted in broad terms to mean an absence of care that can include child abuse and neglect.

3. The Current Research

3.1 Dr Yasmin Gunaratnam, was commissioned by SSO in January 2003 to conduct a small-scale qualitative examination of staff experiences of providing support to families who might be seen as being on the threshold of risk. Two main sources of data were used to examine the support provided to such families:

- i. interviews with members of the FSOT and with the Sure Start worker at Newpin
- ii. an examination of 21 anonymised case notes of families who have been supported by the Outreach Team from the period of July 2001 to April 2003

3.2 The rationale for addressing worker's experiences of what they saw as 'risk' and examining case-work records, was to identify more closely the range of behaviours that can border upon 'risk' and to consider the effectiveness and appropriateness of current support and skills within the Ocean project and the effectiveness of the SSO work in Newpin.

3.3 It should be noted that a significant omission in this examination is a user perspective. The case for user involvement in service development and evaluation has been made in relation to a number of ethical, social and organisational goals and is a key part of the Government's modernisation agenda for public sector services. A user perspective will be vital in enabling a fuller exploration of the quality and value of support given by SSO to families and in any future decisions about the service.

3.4 Families who may be categorised as being on the threshold of risk are currently most likely to be in contact with the Family Support and Outreach Team (FSOT) of the Sure Start project and with Newpin. Newpin is a voluntary organisation that aims to offer parents and children care and support to make positive changes in their lives. The stated core values of Newpin are: Support, Equality, Empathy, Respect and Self-determination.

3.5 At present SSO does not have a policy that can guide support and action for families categorised as being on the threshold of risk. However, its Referrals Policy states that referrals to social services will be made:

- If there is concern about the safety and/or welfare of a child
- In cases of domestic violence (particularly if a child is involved or is a witness)
- Where mental health issues are involved and additional support is required
- Where there is drug /alcohol misuse
- Where disability or ill health is affecting family members
- Where a child's behaviour is resulting in family breakdown

3.6 Table 1, below, provides details of the ethnicity of clients obtained from SSO case-note records. It should be noted that one of the case-files contained very few details of the case, with no demographic details of the family. Of the 20 families where details of the numbers of children were recorded in the case-notes, families had an average of 2.4 children each (with a range of 1 to 5 children).

<u>Ethnicity of primary carer</u> (in numbers*)	
Bangladeshi	14
White-British	1
African	2
Caribbean	1
Other Ethnic Groups	Pakistani - 1
	Colombian - 1
*The ethnicity details were not recorded in one case	

Table 1: Ethnicity of primary carer in SSO case-work records

4 FINDINGS

4.1 Staff Interviews

4.1.1 There are 4 workers in the FSOT, all of whom are women, and 3 of whom are Bengali speakers. The Sure Start worker at Newpin is a woman who speaks Bengali. It should be noted that the worker at Newpin is currently providing a level of support to mothers that is more direct and intensive than had been planned by SSO. This is due to delays in police checks for volunteer be-frienders in the ante and post-natal projects, that has resulted in the worker taking on the befriending role. The use of volunteer be-frienders and their role in identifying families on the threshold of risk is an area that needs careful consideration in the wider discussion of SSO service provision.

The main themes to emerge from the interviews with these members of staff were:

4.1.2 *The wide ranging nature of 'risk'*: It was clear from the interviews that the Sure Start staff are working with a wide spectrum of what can be categorised as risk. Three main areas of risk emerged from the interviews, all of which are inter-related:

Health risks

Physical risks

Emotional risks

4.1.3 Examples of risks to children's health included the failure by a parent(s) to meet the basic needs of the child, for instance, in relation to diet, hygiene and medical care. Physical risks included situations where a child was endangered by environmental factors in the home (e.g. no stair gates or fire-guards) and where there was situations of domestic violence and/or drugs/alcohol misuse. Emotional risk was talked about by staff largely in relation to child neglect and was frequently linked to maternal depression and where there was a failure of attachment and/or engagement between the mother and child.

4.1.4 *Different types of intervention*: The range of risk that staff talked about in their work with families determined the very different levels of support and intervention offered to families. At one end of the spectrum, situations of risk could be generated through a lack of practical knowledge of child-care (e.g. in relation to feeding) and so could be remedied by relatively short-term information giving and support. At the other end of the spectrum were behaviours and emotional dynamics that constituted more long-term and persistent failures of care such as unresponsiveness to a child's emotional needs and development. These more persistent failures in care come under the remit of neglect as defined in 'Working Together to Safeguard Children' (Department of Health, 1999):

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs likely to result in the serious impairment of the child's health or development. (p.6)

4.1.5 Chronic or persistent neglect within families was talked about as being more difficult and challenging for Sure Start staff to address, and was also talked about largely in relation to situations of domestic violence and/or drugs/alcohol misuse, which staff talked about as being particularly prevalent on the Ocean estate. Of the 20 cases where details of family circumstances were recorded, there were 4 cases involving domestic violence and 2 further cases where domestic violence was linked to drug use. In all of these cases, families were referred to other professionals (mainly social workers and health visitors, but also Victim Support) who were recognised as having

specific responsibilities for intervention in cases of more long-term neglect, where there was a breakdown in a relationship of care. It is important to note that referral to, and liaison with, other professionals did not necessarily mean that Sure Start staff are only working with certain forms of physical and health related risk, requiring short-term and information-giving interventions. In many of the cases of domestic violence, SSO staff were working alongside other agencies. This could also involve extended forms of support in instances of maternal depression. The worker at Newpin, for example, said that in one case of maternal depression she had been involved with the family for over a year, providing emotional support to the mother.

4.1.7 *Indicators of 'success'*: While different forms of risk entailed different types of intervention and support, it was also apparent that staff have to make complex assessments of the nature, causes and development of risk. It was not entirely clear from the interviews, how staff made choices about intervention and/or referral for families that were categorised as being on the threshold of risk, nevertheless intervention strategies were talked about in the context of evidence-based assessments of 'success'. For example, in Newpin, successful support in relation to maternal depression could be evidenced by such factors as mothers beginning to interact more and/or to play with their children. In some cases of social isolation, SSO staff talked about the impact of the social context on risk and worked to remedy this by linking families into local networks. In such cases, staff judgements about the 'successfulness' of their interventions were made in relation to increased levels of social interaction by parents and children. While the visibility of such improvements for families provide important indicators of success for staff, staff also talked about the inherent difficulties of assessing 'success' in preventive work:

There are good things about working with complex cases, where you can see things getting better and the person is becoming more independent. At other times you get nothing. Other professionals, like health visitors or social workers, you can see the work what they are doing, but by intervening before-hand, preventive work, it can be difficult to see the positive changes.

4.1.8 *Families with Multiple Problems*: Drawing upon their current case-load in the interviews, staff gave examples from their work which drew attention to the particular challenges that they face in working with families who often have multiple problems. Thus, SSO interventions with such families included work on: health promotion; emotional support and counselling; referrals to community centres and networks, social services, the housing department, Victim Support and the police. From the interviews with staff and from the case-note records, it appears that staff see themselves as possessing 'basic' counselling skills and that these skills are routinely drawn upon in their day-

to-day work with families. Staff also suggested that they needed further training in counselling and emotional support. This need for greater counselling skills needs to be taken into account in considering the development of future SSO work with families on the threshold of risk and in considering whether additional skills/expertise need to be brought to the SSO team.

4.2 Case-Work Records

- 4.2.1 *Variations in support.* An examination of SSO case-notes provided further evidence that staff are routinely working with a wide range of need, requiring very different interventions and support. Recorded staff interventions ranged from a minimum of 2 contacts with a family to more long-term and intensive work involving 20 recorded contacts over a period of months (e.g. home visits, telephone calls and accompanying a family to appointments with other agencies).
- 4.2.2 *Holistic Support.* Despite variations in the types of support provided to families, it was clear that the work that staff do with families is primarily relationship based work. The review of the SSO case notes suggested that all staff interventions always involved a level of emotional support, however short-term or practical an intervention was. When looking at the broad categories of support provided to families, it was also apparent that a particular strength of the interventions that were recorded, is that staff are providing *holistic* forms of support to families, thereby working within the organisational ethos of Sure Start. That is, staff are providing support that is able to meet the different and specific psycho-social needs of families. For example, in one case a worker provided a family with information on welfare benefits, emotional support, reassurance on child rearing practices, and connections into local community resources. In another case, involving domestic violence, the worker liaised with Victim Support, accompanied the mother on visits to the Housing Department, the health centre and to view her new home.
- 4.2.3 Details of the main types of support recorded in the details provided in 20 of the case records are provided in Figure 1, below.

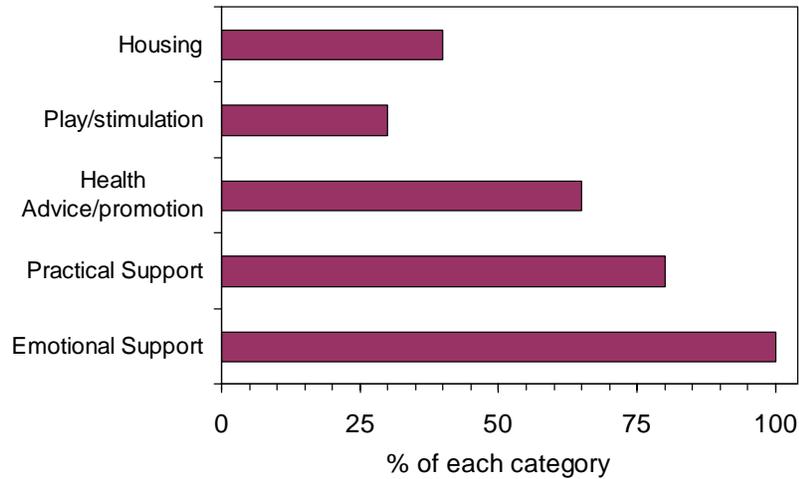


Figure 1: Main types of support recorded in case-notes as a percentage of 20 cases

4.2.4 From the recorded details in SSO case-notes it can be seen that the main forms of support that staff provide to families are emotional support, practical support (such as picking up prescriptions, letter writing), health advice and promotion, and accompanying families on visits to other agencies (e.g. to hospital appointments, solicitors, social services). In addition to advice on play and child development, SSO staff also modelled a 'doing together' approach to play that actively reinforces information giving.

4.2.5 It is particularly significant that nearly half of the case-notes recorded details of SSO staff accompanying families on visits to other local agencies, suggesting that SSO interventions with families involve high levels of advocacy and multi-agency referral and/or contact. What is not clear from this research, and what needs further examination, is the extent to which the accompanying and advocacy role of SSO staff is related to previous family histories of relationships with other agencies. For instance, it is important to examine whether relationships of mistrust, hostility and estrangement between families and services are also being negotiated and mediated by SSO staff in their daily work. In discussing their role in accompanying families, SSO staff were keen to emphasise that this role was often part of a broader emotional relationship with families, that frequently involved the building up of trust and communication. In general, what is apparent from the case-note records is that SSO support is characterised by high levels of both emotional and practical 'doing' forms of support.

4.2.6 *A Generic Role:* The value of the more generic skills of SSO staff in preventive work and in supporting families on the threshold of risk should not be seen in isolation. This generic role needs to be seen in relation to more specialised and competence based approaches to skills development in social work, that have been criticised for fragmenting and narrowing interventions (Yelloly and Henkel, 1995) and decontextualising the lives and

complex needs of service users. A unique strength of Sure Start support is that it is able to address a wide range of need within families and it does this in ways that are de-institutionalised. Such flexibility and 'informality' in support can be especially valuable to families in periods of particular vulnerability and risk, where a family may be experiencing significant and multiple pressures, or where families may have had previous more negative experiences of institutional intervention.

4.2.7 The value of the generic skills of SSO staff also needs to be considered alongside staff feelings that there was a particular need for more specialist work with those families who required more intensive and long term forms of support. These views were voiced mainly in relation to the demands that such families made upon the time of workers, where there are pressures to meet targets for new-birth visits (that can often mean short-term interventions) and to manage more long term project based work. However, staff concerns about the demands that families with long-term needs make upon their time also need to be seen in relation to the skills that are needed in this area of work. From the case-work records, it appears that families that need more long-term support were families where:

- i. family functioning was characterised by extreme forms of both external and internal pressure such as where there was little available support from wider family or social networks and where family roles were problematic, for example due to mental health problems within the family
- ii. a parent needs on-going support to make a significant life-change such as in returning to education/employment leaving a partner
- iii. a parent/s can perceive themselves to be ineffective and unable to address the needs of their child/ren
- iv. family relationships are characterised by conflict and a lack of meaningful communication

4.2.8 The nature of these characteristics suggest that families who are in need of more long-term support from SSO, are families requiring varying forms of psycho-therapeutic support.

4.2.9 Judgements about the appropriateness of current SSO support become more complicated in cases where there is a risk of more long-term child neglect: where decisions have to be made about the level of support and skills that families need and when referral to other agencies should take place. At present it appears that SSO staff do not have the level of skills and/or expertise to deal with cases that might develop into situations of child abuse or more chronic forms of neglect. Nevertheless, the capacity of staff to deal with families with multiple problems and their role in supporting families in their contacts with other agencies suggests that SSO is fulfilling an important preventive role that could be enhanced and developed further with social work expertise within the project. It should also be recognised that supporting families where there is a lack of care and/or risk of child neglect and abuse can be highly demanding for *all* staff, including social workers, carrying implications for staff supervision and support.

4.2.10 *Difficulties in Working with Risk*: Research evidence has suggested that situations where there is a consistent absence of care can be particularly challenging for staff to address effectively. Turney and Tanner (2001) identify a number of reasons why this might be so for social workers working with issues of child neglect. The points that Turney and Tanner make also have relevance to Sure Start staff and to work on risk, where:

- i. Situations of risk can be more related to the on-going detail of everyday life rather than a single event. In such cases, Turney and Tanner suggest that staff 'may become desensitised to the effects of unremitting low-level care on children or come to share the pervading sense of hopelessness that is often associated with chronically neglecting families' (p.194)
- ii. Traditionally child protection has been incident based, promoting a partial rather than a more holistic approach to a family's difficulties. However, because risk can manifest itself over time, support can fail to address important problems contributing to a child's risk or that are likely to harm them in the future.
- iii. The increasing routinisation of procedures and practices in relation to child protection and child safety can work to stifle individual initiative amongst workers and discourage 'systematic reflection about people, rather than events' (Stevenson, 1998:11)

2.4 These points from Turney and Tanner suggest that there might be areas of tension between policy developments based upon the greater routinisation of child protection procedures and practices and the more holistic aims and approach of Sure Start.

2.5 *Cultural Diversity*: While guidance on child protection exists at a local (London Child Protection Committee, 2003; Tower Hamlets Primary Care Trust, Sept 2002; Sure On the Ocean Referrals Policy, 2003) and a national level (Working Together to Safeguard Children, DOH, 1999), decisions about what constitutes risk involve complicated personal and professional judgements that can themselves vary with regard to different family circumstances and staff-family relationships. Matters of cultural difference and diversity are of central significance in this respect and have particular relevance to SSO where there are high numbers of Bangladeshi families on the Ocean Estate. Indeed, there are clear directions at a policy level that cultural expectations, norms and obligations need to be understood and addressed as a part of the assessment of risk and in referral procedures (All London Child Protection Procedures, 2003).

2.6 The issues can become more complex in multi-cultural environments precisely because judgements about risk can be culturally value-laden in relation to standards of what is appropriate behaviour and what is adequate care. Gaudin et al (1996), for example have noted that, the criteria used to assess 'healthy' family functioning can be based upon 'an ideal model of family functioning that may not be valid across ethnic groups' (p.375).

2.7 In Tower Hamlets, the relationships between ethnic and cultural diversity and judgements about risk, can be further influenced by social class and poverty. Research in the United States has questioned the link that has been made in

many studies between poverty and child neglect. Burke et al (1998) in a review of the US literature have suggested that the findings of many studies may be biased because:

low-income, limited-resource families, during their quest for public assistance, tend to come into contact with maltreatment reporting agencies more frequently than families with higher levels of resource. What these studies may be doing is studying the behaviour of social welfare agencies involved in reporting child maltreatment cases. This may or may not have relevance for understanding the behaviour of the parents and children involved in neglectful situations... (396-7)

4.2.11 These complexities and difficulties in professional judgements about risk in the face of diversity can be compounded if there is reluctance amongst workers to further pathologise families who are already socially marginalised or excluded by defining a care situation as risky. Although, considerations about the wider social context can have an impact upon professional judgements about risk, it is also the case that the particular biographical histories and experiences of staff as 'real people' have effects upon their work with families. Hence, any decisions about the organisation of support provided to families on the threshold of risk, needs to take into account several different dynamics, particularly those between the legal, social, organisational and inter-personal contexts in which judgements about risk and resultant actions are made.

4.2.12 *Referral*: In looking at cases where referral to other agencies was recorded, it could be seen that referrals fell within the remit defined by the referral policy. In other words, staff appear to have a clear working knowledge of the referral policy and are working within its guidance. Thus, families were referred to other agencies in cases of:

- Domestic violence
- Drugs/alcohol misuse
- Mental health problems
- Where physical disability/impairment was adversely affecting family members
- Where financial problems were having a negative effect upon family relationships

4.2.13 *Summary*: In overview, and drawing upon the interviews with SSO staff and SSO case-notes, it can be seen that work with families in the SSO project is

very much in line the holistic ethos and values pioneered by Sure Start. The holistic practice of SSO staff is particularly important in preventative work and in work with families who have multiple problems. It was also clear from the case-notes that staff are working closely with a range of different local agencies and are also referring cases to social services in the terms defined by SSO's referrals policy. In the staff interviews, SSO staff also emphasised that despite the pressures of their work with families, they were well supported in supervision and that managers had a good knowledge of staff experiences.

4.2.14 Although staff were able to provide evidence of the success of their interventions with particular types of family problems, a particular area of vulnerability in current service provision may relate to the level of emotional/therapeutic support that SSO staff are able to provide families and this has implications for the future development of the service.

4.2.15 What SSO will need to consider in reviewing and developing its support of families on the threshold of risk is the extent to which the generic role of SSO staff might need to be supported with more specialist expertise within the team, particularly with regard to the assessment of risk and psycho-therapeutic work.

5. Recommendations for action needed in the future

5.1 The commissioned research has been a small-scale and exploratory examination of the support that is provided by SSO to promote the mental, physical and social development of children on the Ocean Estate, with a specific focus upon support provided to families on the threshold of risk. The lack of a user-perspective within the research needs to be borne in mind in considering the recommended actions.

5.2 Recommended Actions

- i. To develop a specific policy, that will build upon locally agreed definitions and procedures, of what constitutes 'risk' to children. The policy should detail what actions SSO staff can take to promote the health and well-being of children and families who might be categorised as being on the 'threshold of risk' and how other local agencies can contribute to these actions.
- ii. To improve and standardise systems of record keeping within the organisation, so that the support given to families on the threshold of risk can be more easily monitored and developed. The organisation may wish to consider whether the six criteria for referral to other agencies are clearly highlighted in recording forms.
- iii. To address, at regular intervals, the particular training and support needs of staff in relation to working with risk, thereby also promoting reflective practice.
- iv. To explore the appropriateness of introducing psycho-therapeutic expertise into SSO service provision, either as a part of contracting arrangements with an external agency that shares Sure Start objectives, or as a part of the SSO Outreach Team.

- v. To review the role and effectiveness of be-frienders in the Newpin project in specific relation to risk. The considerable delays in police checks for volunteers has had a significant negative effect upon the organisation of the befriending schemes at Newpin. There is also a need to examine the experiences of volunteers within Newpin of their encounters with families where there is risk, and how this is being dealt with within the project.
- vi. To explore the possibility of future research on SSO support to families who have been categorised as bring at 'risk'. This research would include attention to the experiences of the families themselves.

References

- All London Child Protection Procedures (2003), London Child Protection Committee, London.
- Burke, J., Chandy, J., Dannerbeck, A., and Wilson Watt, J. (1998) The parental environment cluster model of child neglect: an integrative conceptual model. *Child Welfare*, 77: 389-405.
- Department of Health (1999) *Working Together to Safeguard Children: A Guide to Interagency Working to Safeguard and Promote the Welfare of Children*. The Stationary Office, London.
- Department of Health (2000) *The NHS Plan*. Department of Health Publications: London.
- Gaudin, J., Polansky, N., KilPatrick, A. and Shilton, P. (1996) Family functioning in neglectful families, *Child Abuse and Neglect*, 20(4): 363-377.
- Public Health Profile 2002, Tower Hamlets NHS Primary Care Trust.
- Stevenson, O. (1998) Neglect: where now? Some reflections, *Child Abuse Review*, 7: 111-115.
- Turney, D. and Tanner, K. (2001) Working with neglected children and their families. *Journal of Social Work Practice*, Vol 15 (2): 193-204.
- Yellolly, M. and Henkel, M. (eds) (1995) *Learning and Teaching in Social Work: Towards Reflective Practice*, London: Jessica Kingsley.