

One of the most common features of service provision in relation to neglect is known colloquially as the 'revolving door' syndrome. This syndrome is characterised by a series of episodes of intervention – often on a statutory basis – separated by periods of case closure and withdrawal of services. Improvements that occur while services are involved are not maintained on case closure, leading to re-referral in due course.

The research evidence points, however, very clearly towards the benefits of longer-term support. Keeping cases open on a long term basis is not sufficient, however, as there is the danger of the equally damaging syndrome of 'drift' where intervention is unfocused. Instead there is the need for sustained and authoritative intervention, based upon a good working relationship, with a clear focus on maintaining improved day to day circumstances for the children.

Read the Henderson/Miller/Taylor family case study and associated family stories.

In small groups:

- on a flip chart list all the issues that still need to be addressed in relation to each member of the family
- consider what could done be differently with a new 'episode' of intervention
- compare this case study with your own practice experience and discuss what you can do in your own role to reduce the 'revolving door' syndrome.

Bring your flip charts back to the large group to compare notes and reflections. In discussion focus specifically on what you can do within the context of your own role to limit the tendency towards the 'revolving door' syndrome.

Reviewing and sustaining change