Case study of Family A

Case study A is a family of 5 members which include the mother, father, teenage daughter, primary school aged daughter and a primary school aged son.

The family were investigated after a referral was made by the ani-social behaviour team in reference to the primary school aged son, who was behaving disruptively.

The risk factors contributing to the vulnerability of the child/young person and family were that even though they are a working class family it is evident that they are living in poverty because both parents are earning below the minimum wage and are relying on social housing as they live in a council property which is evident as they are in rent arrears and are dealing with neighbourhood services.

Evidence shows that living in poverty makes the families level of vulnerability to be higher than the average.

> “Vulnerability, also referred to as social disadvantage or deprivation, is thus closely related to the societal challenge of health inequalities.” (Wisner et al, 2004).

Risk factors contributing the vulnerability of the family

Poverty, deprivation and social exclusion. It is the deprivation resulting from financial poverty that causes harm as it isn’t just the lack of money itself but the lack of decent living conditions, nutrition (good food) and opportunities which result from the situation.

UNESCO “Social exclusion highlights the multi-faceted indicators of ill-being," which is a result of not having enough money. Poverty doesn’t just mean financially. Not having the means to have access to better resources makes it harder to have a good quality of life. “

worklessness is a form of vulnerability for the family as the both parents are struggling to get into employment which indicates that neither have adequate qualifications. All these factors mean the family are struggling to meet their basic

needs met especially the children and the young boy. The children in the family will also be experiencing stigma (social, personal, institutional) and bullying.

For the children the quality of care determines development. Bronfenbrenner's Bio-ecological model is important considering the children's behaviour at school which led to the referral being made initially.

Bronfenbrenner's Bio-Ecological model (1998) Bronfenbrenner suggested that a person's development was affected by everything in their surrounding environment. A person's development is measured by interactions which occur on a measurable scale. Time is the biggest influence on interactions within an individual's lifespan as well as across generations, such as in the case of "family values," a set of morals or beliefs that are passed down between generations and shape development. This would be an example of microsystem interaction over time. Worklessness will be psychologically learnt as acceptable.

Policies/Legislation

The relevant policies including the Childrens Act (2004) helped bring about a lot of changes in recognising child abuse and increasing child welfare. Without this policy in place to safeguard children from harm the school aged boy's behaviour may not have been flagged and he most likely would not have received the care he needs.

Childrens Act (2004) is the Legislation that has been written to protect the welfare of children who are at risk. This tells you exactly what you need to do if you suspect a child or young person is at risk of harm or in need of support.

As the quality of care and support being provided has always been under scrutiny there are many policies and legislation in place to help safeguard the vulnerable and the Care Standards Act (2000) Introduced a national system which regulates social care and its practises.

The response from the relevant agencies:

For this family the initial intervention was effective in recognising the family needed various measures of support and helped refer each family member to relevant agencies which included:

Job centre: provided details of training opportunities for both parents

Connexions: have helped provide support to the adolescent girl

Neighbourhood services: were successful in helping the family with rent arrears by spreading the cost over a longer period which took the pressure off. Also, there is evidence to suggest a positive impact as the family were impending eviction from the property.

Education services: The schools monitored the children's behaviour and attendance.

Counselling was provided for the parents separately and for the family as a unit.

The intervention did help prevent the family from an eviction by helping them with managing their rent arrears. And there was documented evidence of improvements in the children's school attendance and the son's behaviour (Akbar, 2020).

However, my first recommendation would be that a CAF intervention could have been done earlier as the family were known to several key agencies such as: probation services, police, education services adolescent mental health, the anti-social behaviour team job centre plus. Early intervention would have kept the children on a path to making the most of abilities and skills developed during the early years. By doing this assessment it takes into fact the whole family and their needs and will sign post everyone to relevant services (Akbar, 2020).

Common Assessment Framework (CAF) intervention helps to identify in the early stages the child's additional needs and promotes co-ordinated service provisions to

meet them and delivers front line services that are integrated. Also, it aims to support early intervention and improve networking (Akbar, 2020).

My second recommendation would be Improving communication between the family and Child and Adolescent Mental Health Services (CAMHS) should have been a priority as they were involved with the family long before intervention took place. Also, the primary school aged son obviously is suffering from some form of mental health (from witnessing domestic abuse) and this service would be of huge benefit for long term health and prosperity' (Akbar, 2020).

My third recommendation is that there's a UK based initiative called 'The troubled families programme' which provides support to families with multiple problems, which include anti-social behaviour, mental health problems, domestic abuse. The main aim of the programme is to recognise and solve issues before expensive interventions take place. Also, the initiative aims to change systems and procedures on a local level nationwide which include adopting the 'whole family approach' which will create a better multi-agency process. This initiative has the benefits of incentivising positive outcomes like a reward scheme to help keep sustainable improvement (Akbar, 2020).

In conclusion earlier intervention would have improved the overall family situation and would have also avoided unnecessary costs for all the health and social services which were involved with the family. And more awareness needs to be made for other services and initiatives which are out there that are under used because no one knows about them.

Overall, during this presentation we did work well as a group of four we all picked which section we preferred and completed our sections separately and merged them all onto one slide with a final tweak and we were done. Sabina naturally took leadership and organised the group.

Overall, we were successful in our approach to the whole task which was evident when we presented in front of the class.

References

Akbar, S (2020). ‘Case study Family A’ [Presentation slides]. Unpublished manuscript. UWTSD. [Accessed: Monday 2nd March 2020].

Bronfenbrenner, U. (1994). Ecological models of human development. *Readings on the Development of Children*, 2(1), 37-43.

Fletcher, A. Gardner, F. McKee, M. Bonell, C. (2012) The British government’s Troubled Families Programme. Available at:>bmj.e3403.full.pdf. [Accessed 28th February 2020].

Groot, N. Bonsel, G. Birnie, E. Valentine, N. February 2019. Towards a universal concept of vulnerability: Broadening the evidence from the elderly to perinatal health using a Delphi approach.

Available at:>https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0212633. [Accessed 28th February 2020].

IFRC Our vision and mission. Available at:>https://www.ifrc.org/en/who-we-are/. [Accessed 25th February 2020].

NHS Child and adolescent mental health services (CAMHS). Available at:>https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/child-and-adolescent-mental-health-services-camhs/. [Accessed 26th February 2020].

The Troubled Families programme England (January 28, 2020). Available at:>https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7585. [Accessed 25th February 2020]

U, Bronfenbrenner, M, Pamela (2006). “The bioecological model of human development.” *Handbook of Child Psychology*.

What is the Common Assessment Framework? Nottingham city council.

Available at:>http://www.nottinghamchildrenspartnership.co.uk/common-assessment-framework/what-is-the-common-assessment-framework/. [Accessed Friday 28th February]