



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Assessment Component 1

Case study - Written Report

Student name: Harriet Anyanwu

Student ID: 1916050

Module name: Children, Young People and Families

Module code: BMHP5004_LON

Case Study: Report on the Risk of Vulnerability of the Family

Lecturer name: Bianca Sanfilippo

Word count: 2157

Date: 25 August 2021

Introduction:

This report will discuss the case study of Julie a single mother in Bradford with six children, who struggles with substance misuse.

A family's vulnerability is defined as the family's reduced capacity to cope with, resist, or recover from the impact of a natural or artificial hazard. It often arises when people are isolated, insecure, and defenseless in the face of stress, shock, or risk. According to (Skinner, et al., 2006), a family's vulnerability can be defined as lacking the fundamental basic right. The basic fundamental rights are centered on the material aspect (money, food, clothing, shelter, etc.), emotional part (care, love, support, containment of emotion, etc.), and the social aspects (absence of a supportive peer group, lack of role models, and risks in the intermediate environment.)

Vulnerability can result from one or a combination of poverty, single parenting, unemployment, relationship problem, illness, frequent relocation of the family, family violence, excessive use of alcohol and other drugs, racism and other forms of discrimination, and social isolation.

The case study shows the effect of child vulnerability as there was evidence of the children's general neglect by their single mum. The young children were affected by family stress and material deprivation. The need for early childcare and education intervention was vividly apparent.

Factors Influencing the Risk of Vulnerability of a Family

Different factors contribute to the risk of the vulnerability of the family in the case study. The various aspects will be discussed below:

- **Misuse of parental substance:** The primary factor that affects the family's vulnerability in the case study is the misuse of the parental substance. The case study shows dependency on drugs, which leads to the neglecting of the children in pursuit of funds to acquire the drugs.

Parental substance misuse can be defined as using excessive alcohol or drugs, e.g., heroin, cocaine, etc., resulting in negative consequences on the family's physical, psychological, social and interpersonal, financial, and legal nature

(ACMD, 2003). The primary care, safety, and stability are negatively impacted due to physiological, economic, social, and lifestyle implications of parental substance misuse (Staton-tindall, et al., 2013). Parental substance misuse also leads to inconsistency and instability in the household routines and caregiver behaviour and emotional responses (Houmoller, et al., 2011).

The impact of misuse of parental substances on the children involves changes in the children's well-being and mental health, as noted in the case study. The children under the guidance of parental misuse patients are reported to be anxious, angry, fearful, depressed, and isolated. (Templeton, et al., 2009), (Turning Point, 2006). Misuse of parental substance by parents during pregnancy also affects children's cognitive and developmental delay across childhood and into adulthood (Irner, 2011). The impact of parental substance misuse also includes a significant negative impact on the well-being of the children and family, resulting in families living in accommodation with housing concerns, as noted in the case study.

Impact of this factor affected children are have a high risk of suffering maltreatment and are subject to the help of the social and healthcare provider.

Other factors include:

- **Environmental factors:** the environmental factor also describes the intergenerational aspect of child vulnerability and the concentration of vulnerability within the community. The environmental factor that contributes to the vulnerability of the family in the case study include:

- **Material deprivation:** the income level and the family's employment status also affect the accessibility of a child to the material. Material deprivation is directly connected to income poverty. Material deprivation can be measured across the nutrition, clothing, social opportunity, housing condition, social environment, leisure opportunity, and the educational materials available to the child.

The major material deprivation of the family in the case study is housing, nutrition, and clothing. The family is living in a house earmarked for demolition. The loss of the apartment will impose on the children a problematic set of stressors, including poor diet and missing meals, increased anxiety, loss of independence, and lack of privacy.

- **Parent health and health behaviours:** there is a massive possibility of transmission of the risk factor of poor health from parents to their children. Genetic predisposition and poor health behaviour are health vulnerabilities that can be transferred from the parent to the family.
- **Parent's Educational level:** the level of education of the parent influences the educational achievement of the general members of the family. The attainment of high educational levels by family members is possible when the parent has high academic standards. Research also shows an increased influence of parents' education on the literacy and numerical skill of the family members. The parent's level of education and income also helps children succeed regardless of ability or skills. The children in the family also benefit from opportunities to overcome shortcomings and also accumulate valuable skills.
- **Family stress** is another important factor contributing to the family's vulnerability in the case study. The family member's response to stress is shaped by the individual's trait and the protective factors in their environment. Stress in the family also contributes to health, emotional and behavioural differences. It can cause epigenetic adaptations, disruption to the hypothalamic, pituitary, and compromise the immune system.
- **Early childhood care and education:** the involvement of family members in early childhood care and education affects the family's vulnerability. Studies have also suggested that children from lower socio-economic status families experience particular cognitive and social skills development benefits compared to their peers from higher socio-economic backgrounds. The participation of children in early childhood also influences the activity of parents and, as a result of this, affects the vulnerability of children in the family.
- **Social factors:** the social factors that influence the family's vulnerability include the inability of family members to withstand adverse impacts to hazards due to characteristics inherent in social interactions, institutions, and systems of cultural values. Social vulnerability is directly linked to the well-being of the family. The social factors also include aspects related to the family's level of

literacy and education, the existence of peace and security of the family, customs and ideological beliefs, and overall collective organisational systems.

- **Economic factors:** the level of vulnerability of a family depends on the economic status of individual family members, the communities, and the entire nation. Low-income families are usually more vulnerable to disasters because of a lack of resources to build sturdy structures that will protect them from the negative impact of disasters.
- **Individual factor:** the factors that are related to vulnerability comes from cognitive, emotional, and physical capabilities or personal circumstances, e.g., age, disability, and mental health difficulties. The individual factors can also be invariable such as belonging to an ethnic minority, having an immigrant background, such as experiencing maltreatment, etc. the individual factors affecting the vulnerability of family include.
 - **Mental health difficulties:** Children from low socio-economic backgrounds are two to three times more likely to develop mental difficulties than those from high socio-economic backgrounds. Believed inferior social status and a stronger parent-child transmission are factors that influence the vulnerability of a family. Highly educated parents are more able to access timely and specialist support for children.
 - **Maltreatment:** the environmental risk factor for mishandling include poverty, living in a poor neighbourhood, overcrowded housing, intimate partner violence, and misuse of the parental substance. The child factors are disability and poor child-parent attachment. Identifying children at risk of family vulnerability is difficult because many children exposed to a similar risk of maltreatment are not maltreated. Maltreatment has long and enduring economic consequences for individuals and members of a family. The abused adults usually have lower educational attainment levels, and they also earn less and own fewer assets.

The above-stated factors influence the intervention of social and healthcare services into the family, as stated in the case study. The social services were referred and found out that the children are at risk. The evidence found that none of the children in the

case study were attending school, and there was also a concern about general neglect of the children.

Policies use to solve the vulnerability of families.

The intervention of the social services is based on the assessment framework of "working together to safeguard children." The framework also helps to solve the family's vulnerability by providing accommodation for the family and education in basic literacy for the children's mother to secure employment and support the children's responsibilities. The strengthening of children's protection, improving children's educational status; improving children's health; and reducing the children's poverty and material deprivation.

The factors that determine the vulnerability of a family and the challenges faced by social and healthcare in promoting positive outcomes for family vulnerability have been discussed. However, it should also be noted that.

- ❖ Young children in the family should be given responsive caregiving and secure attachments environments that allow them to participate and learn. (Gerhardt, 2014)
- ❖ Families should be provided the right conditions to raise their children as they want or wish. The government has provided effort through social and healthcare to address the situations of the family. (Head & Alford, 2008)

The vulnerability of families can be solved through coordination by multiple levels of government. Stakeholders such as the community, faith-based and community service, service clubs, non-government services, businesses and local chambers of commerce, and local, state, and federal government services and policies should collaborate. (Moore & McDonald, 2013).

Reduction of likelihood of poor long-term outcomes for families experiencing significant disadvantage, a multilevel ecological approach to early intervention is required that involves programs, community and service system-level changes, and intervention to address the structural and wider social factors that have direct or indirect effects indirect impact on the families. (Moore & McDonald, 2013).

Families with vulnerabilities do not often seek help because they might feel intimidated or think that people will think they cannot cope. Social and healthcare workers can reach out to vulnerable families in the following ways.

- ❖ Social and healthcare must ensure that all families feel safe and comfortable. i.e., a good atmosphere must be created by the healthcare staff to parents when they come for the appointment.
- ❖ Social and healthcare workers must be efficient with time. The schedule should be adjusted to suit parent availability.
- ❖ Resources should be accessible and parent friendly. The program should be available in the language that the parent understands.

Approaches to solving vulnerability of families by social and healthcare workers

The result of the intervention based on the assessment framework of working by the social and healthcare workers on the family include the provision of decent accommodation for the family, provision of educational course in basic literacy, improvement in the school attendance of the children to about 99%, and provision of employment opportunity. The intervention was positive and led to a good outcome, including the stoppage of the misuse of parental substance, increase in consistency with the children by their mother, reduction in debt and implementation of routines for the children, and reduction in antisocial behaviour of the children.

However, in other cases, the following approaches can also be used by social and healthcare to solve the vulnerabilities in the family, which will also result in ineffective results. The approaches are.

1. Family-centered approach

There is general uniqueness in every family, and they are unique and different from each other. Family helps must be tailored to individual family circumstances and must also be developed with the parents. The family centre approach is used by social and healthcare, and it involves

- Creating a safe environment for families to learn and trust in the approach
- Helping families who are experiencing vulnerability and reduce risk to children
- Putting families in touch with helpful resources

2. Simple problem-solving approach

The simple problem-solving approach involves working in partnership with the parents to solve the vulnerability of the family. The approach involves.

- ❖ Clarifying the situation or issue
- ❖ Ask parents how they have solved the issue, what they have done that have worked in solving the problem, what has not worked, and what got in the way.
- ❖ The possible solution should be brainstormed, and everyone should be encouraged to come up with possible solutions
- ❖ The solutions that are found should be worked together with the parent
- ❖ The best solution should be decided together with the best solution
- ❖ The progress should be review regularly towards solving the problem. It can be done physically or by any other means.

Conclusion

The family's vulnerability in the case study is major due to misuse of the parental substance. The other factors also include environmental, health-related, economic, and social aspects. The approach used by the social and healthcare is based on the assessment framework of working together to safeguard children. Other policies that the social and healthcare workers can use are also discussed. Social and healthcare helped to solve the vulnerability in the family by creating a safe environment for the families to learn. The family is in touch with helpful resources, accurate advice and information are passed sensitively, and the family is supported during change.

References

- ACMD, 2003. *Hidden Harm: Responding to the Needs of Children of Problem Drug Users..* [Online]
Available at: <https://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users> (Accessed: 28/07/2021).
- Gerhardt, S., 2014. *Why Love Matters: How affection shapes a baby's brain*, outledge: London, UK.
- Head, B. & Alford, J., 2008. *Wicked Problems: The Implications for Public Management*, Brisbane: Presentation to Panel on Public Management in Practice, International Research Society for Public Management 12th Annual Conference.
- Houmoller, K., Bernays, S., Wilson, S. & Rhodes, T., 2011. *Juggling Harms: Coping with Parental Substance Misuse. London: London School of Hygiene and Tropical Medicine..* [Online].
- Irner, T. B., 2011. Substance exposure in utero and developmental consequences in adolescence. Volume 16, pp. 521-549.
- Moore, T. & McDonald, M., 2013. *Acting Early, Changing Lives: How prevention and early action saves money and improves wellbeing.*, s.l.: s.n.
- Richardson, S. & Prior, M., 2005. *No Time to Lose.* [Online].
- Schweiger, G., 2019. *Ethics, poverty and children's vulnerability.* [Online]
Available at: <http://dx.doi.org/10.1080/17496535.2019.1593480> (Accessed: 19/08/2021)
- Skinner, D. et al., 2006. Towards a definition of orphaned and vulnerable children. pp. 619-626.
- Stanley, F., Prior, M. & Richardson, S., 2005. Children of the Lucky Country?.
- Staton-tindall, M. et al., 2013. *Caregiver substance use and child outcomes: A systematic review. Journal of Social Work Practice in the Addictions.* [Online]
Available at: <https://doi.org/10.1080/1533256X.2013.752272> (Accessed: 21/07/2021)
- Templeton, L., Velleman, R., Hardy, E. & Boon, S., 2009. Young people living with parental alcohol misuse and parental violence: 'No-one has ever asked me how I feel in any of this. *Journal of Substance* , pp. 139-150.
- Trask, B., 2010. Globalization and Families. In: *Accelerated Systemic Social Change*. New york: s.n.
- Turning Point, 2006. *Bottling It Up: The Effects of Alcohol Misuse on Children, Parents and Families.* London: Turning Point..

