

Assessment Component 1

Case study - Written Report

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Introduction

This academic report will be analysing a family in a situation of adversity. Families that are in adversity are families that are confronting specific, difficult, and unpleasant situations (Merriam Webster, 2021), **for example** domestic violence, misuse of substances, criminal behaviour etc. Vulnerability refers to when someone can be easily influenced, physically, emotionally, and mentally harmed or attacked (Cambridge Dictionary, 2019). A child in such a situation that has no protection from this can be classified as vulnerable. **For example**, children with disability, in care, in custody, exploited, young refugees, gay children are vulnerable to discrimination etc.

Summary of case study

This is a case of a family in adversity in **Bradford**. Julie was a single mother of six children, 4 boys and 2 girls: Ricky, Leo, Tom, Charley, Donna and Kia and Sonia was their Auntie. Julie was a heroin addict and suspected of being a prostitute. Sonia was the primary carer of the children because Julie had been absent on several occasions. The children were irregular in school and the youngest had missed some immunisations. Their home was designated for demolition but there was difficulty in rehousing them because of their anti-social and criminal behaviour. The community was fed up with them and took violent action against their property. The local authority agreed to defer the removal of the younger children into care. They were offered a social house on condition that they do not stop engaging with services. Julie started a drugs support and an educational course through referral, and she did well, also the school attendance of the children improved to 90%. the eldest child, Tom, completed his youth offending team order and he was successful but continued his anti-social behaviour, his departure caused positive changes in his younger siblings. Their tenancy was eventually made permanent which was highly beneficial for the stability of the family (GOV.UK, 2012)

A child in need under **section 17 of the children Act 1989** states a child will be in need if they are not likely to maintain or achieve a reasonable level of health and development unless the local authority is involved, their development and health can be impaired unless the local authority provides services or they have a disability (The National Archives, 1989). In this case the factors contributing to the risk for the children is parents that are involved in misusing drugs and alcohol and mental health problems. Julie has been **absent** from the lives of the children on occasions this can affect the children negatively for **example** they can have low self-esteem, emotional problems, and trust issues (Giles, 2014). She was involved in **criminal behaviour** and in the criminal justice system, this can be traumatic, disrupt parent child bonding, cause stigmatization, financial difficulties, and children can

exhibit problematic externalizing behaviour like anti-social behaviour, aggression, delinquency, and hyperactivity (Akesson et al., 2012).

Julie being involved in **prostitution** can expose the children to adults that are unsuitable and materials or sexual activity that is inappropriate especially if the mother works from home, furthermore, any type of emotional, physical or sexual abuse by an adult can leave the mother in fear and the child left without attention. (Tees Safeguarding Children Partnerships' Procedures, 2021). Parental substance abuse is the use of substances for a long period of time by a parent or carer and can cause **neglect** whereby the mother is disorganised and is unable to give consistent and effective support to the children such as the use of heroin by Julie. **emotional abuse** where a mother is unresponsive and unwilling to play with her children, negative impact on **brain development**, **exposing the child to criminal activity**, negative **psychological effect on the child etc** These factors can affect Julie's children negatively (NSPCC, 2021)

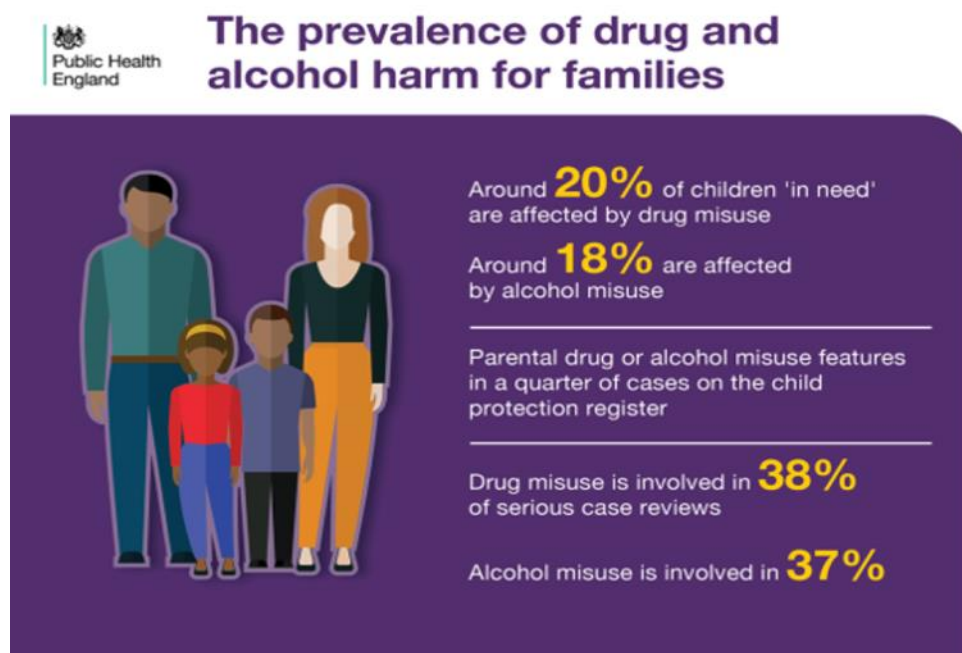


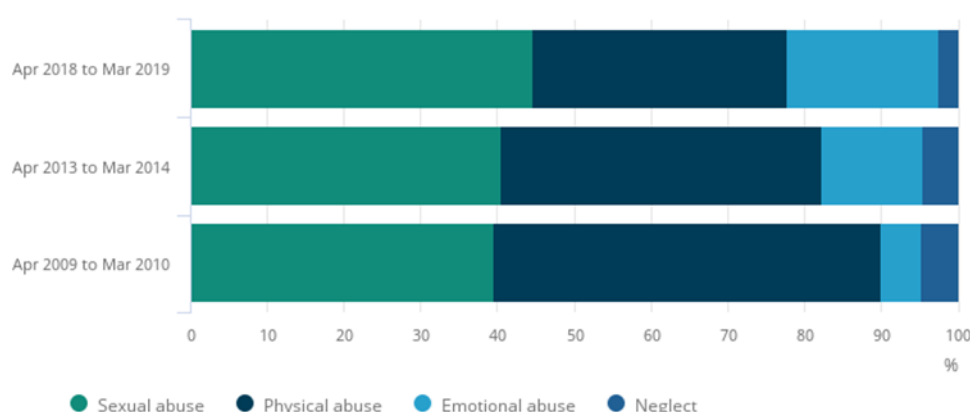
Figure 1: (Public Health England, 2018)

Substance abuse or misuse is responsible for at least a quarter of referrals in the UK and 20% of children are affected and 38% are involved in very serious cases that are reviewed. 7.4% of adults between the ages 16 to 24 years take class A drugs and 2.1% of adults between the ages of 16-59 and 4.3% of adults between the ages of 16-24 years are frequent users (Stripe, 2020). Most families in the UK do not have a parent that is involved in drug misuse, prostitution, and involvement in the criminal justice system these facts about this **specific case** makes the children of Julie **vulnerable and at risk of danger or harm**.

Julie's suspected involvement in prostitution can expose her children to risk of sexual exploitation and abuse which can impact the health and wellbeing of the children **for example**, child sexual abuse has risen to about 57% in the last 5 years (NSPCC, 2020).

Figure 4: Sexual abuse has overtaken physical abuse in recent years as being the most common abuse-related concern counselled

UK, year ending March 2010 to year ending March 2019



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Figure:2 (Office for National Statistics, 2021)

The eldest child being involved with the youth offending team for his criminal behaviour represents a risk to the younger siblings because he can strongly influence his siblings (Mikkonen et al., 2020), **for example** they can **observe, learn, and then show** criminal behaviour (Beijers et al., 2017). The children **not attending school regularly** research has shown they are likely to be truant and drawn into criminal activities (Mazerolle et al., 2018).it also increases their risk of harm (team, 2021). The youngest child **not being up to date with immunisation** can expose the child to death by diseases such as measles, whooping cough and mumps. Unvaccinated children also put other children at risk **for example** children with compromised immune systems like leukaemia that rely on the public being vaccinated so their risk of infection is reduced (Department of Health, 2015).

The family living in an estate designated for demolition and having housing relocation problems, puts them at risk because children growing up in unsuitable housing conditions can have a long-term negative impact on the learning and education of the child, and can be destructive to their psychological, emotional, and behavioural development and health. This

is because several critical development phases are concentrated in childhood (Schupmann, 2017).

Community violence against the family can contribute to mental health problems **for example** psychiatric disorders that may include anxiety, depression and possibly post-traumatic stress disorder and somatization (Löfving-Gupta et al., 2017).

Analysis

Intervention

The process of intervention starts with a referral. After a referral the social services have one working day to decide. The process usually involves a **referral-assessment-a plan/action-outcome/results**, with **the family being the centre** of attention. The social services received a referral relating to the children and when there is a referral according to the policy document **Working together to safeguard the children 2018**, they decided that there was a need to carry out an assessment. The local government authority has a duty to protect children that are in need in the area (Citizen's advice, 2019) The provision of **early help** is important in promoting the welfare of children. Early help ensure that local organisations and agencies **work together** to identify children in need, carry out an assessment of the need and the provision of targeted early help to address the identified needs of the child and their family to improve the outcome for them. The local authorities have a duty under **section 10 of the Children Act 2004** for the promotion of interagency cooperation to improve the welfare of children. The local authorities have effective techniques for the identification of emerging problems and needs that have not been met of children and families. They are alert to disabled children, children with special education needs, young carers, children demonstrating anti-social or criminal behaviour, involved in alcohol consumption etc. they must comply with the **Children and Family Act of 2014**. They must comply with the **Children Act 1989, the Data Protection Act 2018, the Equality Act 2010, UNCRC 1991 and comply with the statutory guidance on working together to safeguard children July 2018** (HM Government, 2018).

Julie's children became the **subject of assessment** because of the prevailing circumstances outlined above, based on the provisions of the Children's Act of 1989 which **states that a child classified as in need is one that without the intervention of the appropriate local authority would not be able to enjoy a high quality of life**. Based on the provisions of this Act, practitioners should ask **if the child is in a situation of need** as stated in section 17, **if there is reasonable belief or cause that the child is likely to suffer significant harm as stated in section 47**, also **if the accommodation needs of the**

child has been met as stated in Section 20 and 31A of the ACT (The National Archives, 2012).

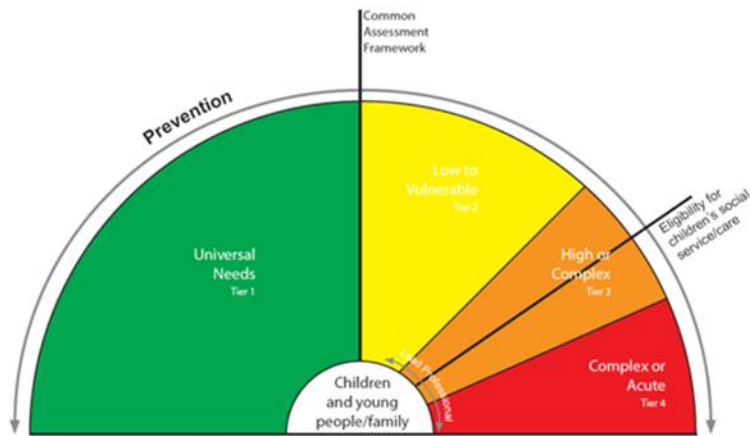


Figure 3: (Trafford Council, 2021)

Assessment Framework

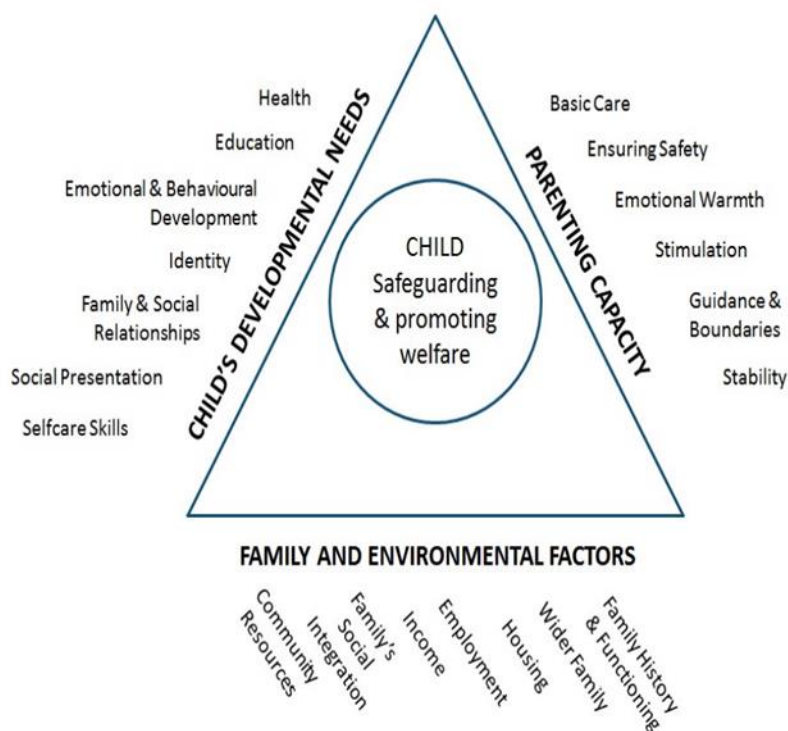


Figure 4: (Solihull Local Safeguarding Children Partnership, 2021)

Flow chart 1: Action taken when a child is referred to local authority children's social care services

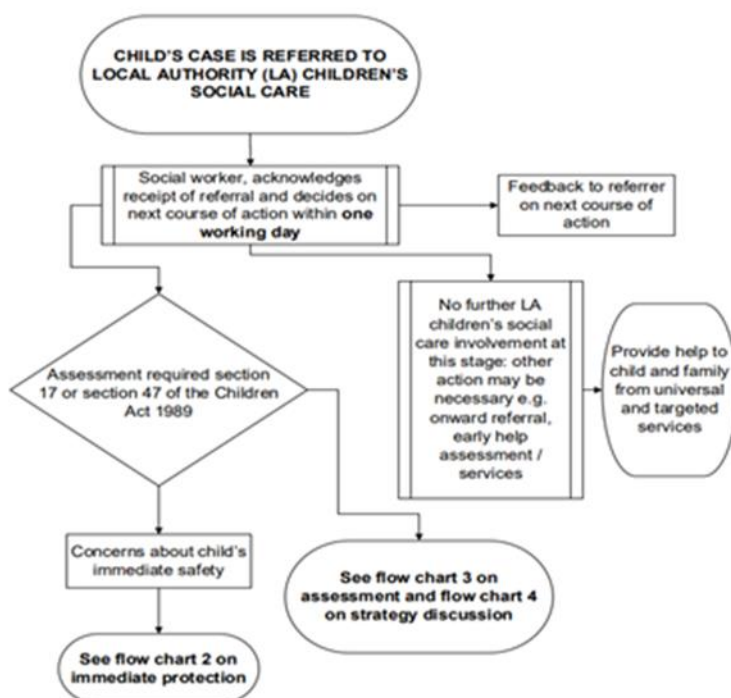


Figure 5: (Working Together Online, 2017)

In the case of Julie and her children, the assessment framework was based on **parental capacity**, the developmental needs of the children and the environmental factors around the family. As a result of the assessment, a **support plan** was developed for the family, although serious consideration was given to removing the young children, but the decision was deferred because of the provisions of the **Children's Act of 1989 which intent is to keep the family together**. Social workers and practitioners in accordance with the Children's Act 2004 including the statutory legal guidance on "working together to safeguard children, A guide to interagency working to safeguard and promote the welfare of children 2018" (HM Government, 2018). The guidance spells out the need to work in multiagency. Some of the organisations that work together includes the NHS, children's services, both private and public, the police, youth offending teams etc. Organisations working together led to the housing needs of the family being met, this is an important element of **Abraham Maslow's** theory, **the need for shelter**. Julie was sent to a local drugs support project, this **parenting rehabilitation programme** was to assist her in counselling, treatments for drug withdrawal etc. (Kent County Council, 2021). Furthermore, Sonia was sent to a **parenting programme** through the Family Links Nurturing Programme

and Julie completed a course in basic literacy. The UK is a signatory to the **United Nations Convention on the Rights of a Child (1991) specifically articles 28, 27, 26 and 24** this places a legal duty on the government to act to protect and support the wellbeing and health of children (Save The Children, 2011)

The children's **rights to education** as enshrined in **article 28** was protected through the intervention that led to the improvement of the children's school attendance from being **excluded and 3%** to a significant **improvement of 90%**. This provision of the article states that '**Every child has the right to an education**' (UNCRC, 1991). The multiagency approach in the case of Julie and her children was based also on **article 24**, which seeks to ensure that children receive the best possible health while **article 26** places a duty on governments as regards the provision **of social security to families in need**. The intervention as regards giving the children **adequate standards of living** is in adherence to **Article 27**. The fairness of the intervention in this case is related to the **Equality Act** which places a **legal duty** on the professionals to be **fair and just** with **Julie and her children**. The process of assessment was **free from discrimination** and the children should have **equal access** to the necessary health and social care support available. Throughout the entire process of intervention Julie's right to **confidentiality of information** as required by the **Data Protection Act of 2018** was respected (The National Archives, 2018).

Evaluation

As a direct result of the intervention initiative taken by the local authority and organisations the school attendance of the children improved to 90%. The intervention was **effective** because of the **positive changes** it brought about like Tom the eldest child completing a **youth offending team order with success** although he continued his anti-social behaviour and finally left the house, but his departure was **positive** on the brothers because they stopped their anti-social behaviour.

Evaluation of current policy

The policy employed by the professionals was the policy '*Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children*' (2018) and this was successful in its application to protect the health, rights, and safety of the children. other key legislations to be taken into consideration are the Children Act 2004 and 1989, the Equality Act and the UNCRC1991. The thrust of the policy is a child centred approach because the interest of the child is prioritised. Provision of housing is a duty based on Homelessness Act 2002, Housing Act 1996 etc (Ministry of Housing, Communities & Local Government, 2013) this placed statutory duties on local housing authorities. This policy is in line with the Children's Act 1989 that seeks to place children together. The result of a **separation** can be difficult and traumatic for the child (Stange and Stark, 2019). The multi-agency approach puts the child and family at the centre of care and services. The

comprehensive and integrated approach of the organisations and agencies ensures that the child is at the centre of services and care, and this impacts positively on their comprehensive health and wellbeing. Their holistic needs refer to physical, intellectual, emotional, and social necessities that is important for their wellbeing (Johnstone et al., 2020)

Evaluation with Maslow's Hierarchy of Needs Theory

The intervention of the local authority is important because human beings have needs that have to be met to reach self-actualisation, these needs are in a hierarchical order, they are

- **physiological necessities** such as water and food, warmth, and rest which was met by the council by providing for the family and the **shelter** needs was attained through the new social housing tenancy to the family.
- **Safety needs** such as security and health which was also met by the provision of health services and shelter to the family.
- The need for **love and belonging** like forming beneficial relationships with friends and family which was met by the council by keeping the family together etc.
- **Esteem needs** like accomplishment this was met by Julie and the family by their educational accomplishments.
- **Self-actualisation needs** which was reached after all previous needs have been met. (McLeod, 2020)

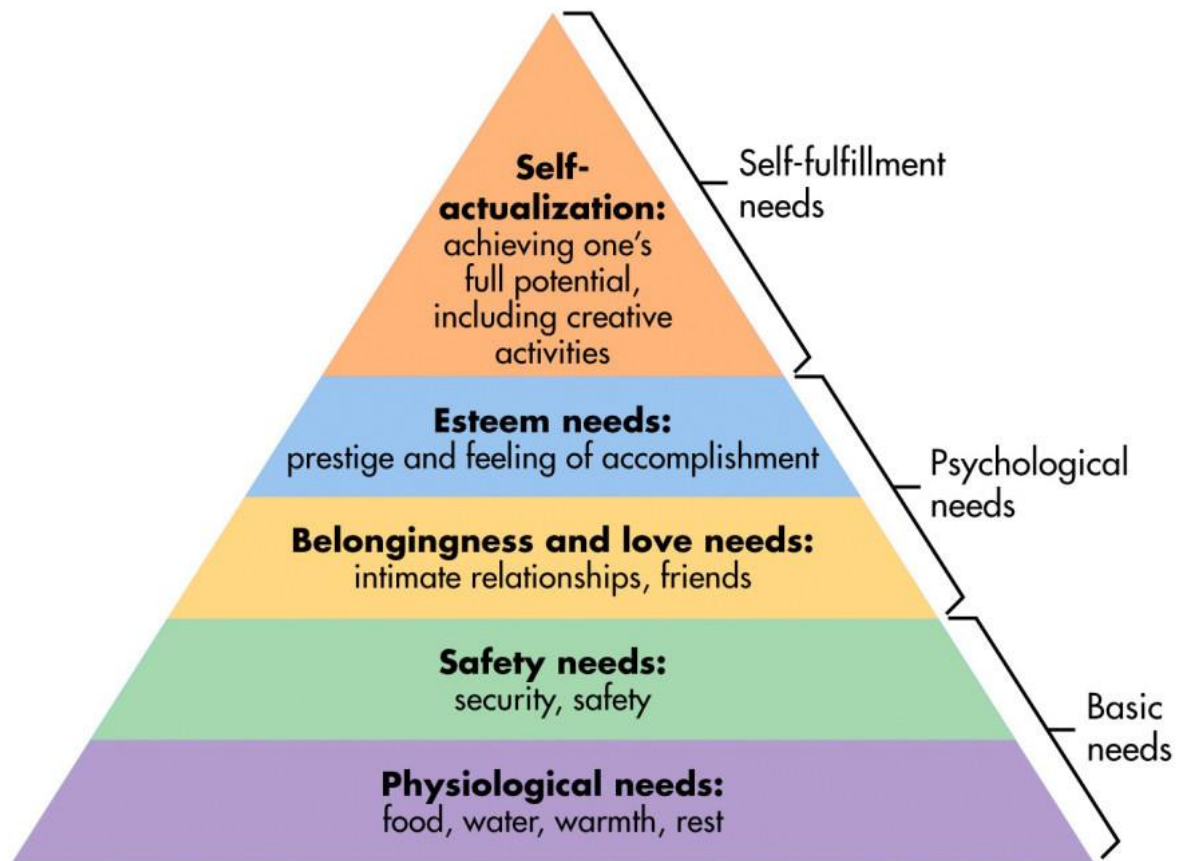


Figure 6: (Mcleod, 2020)

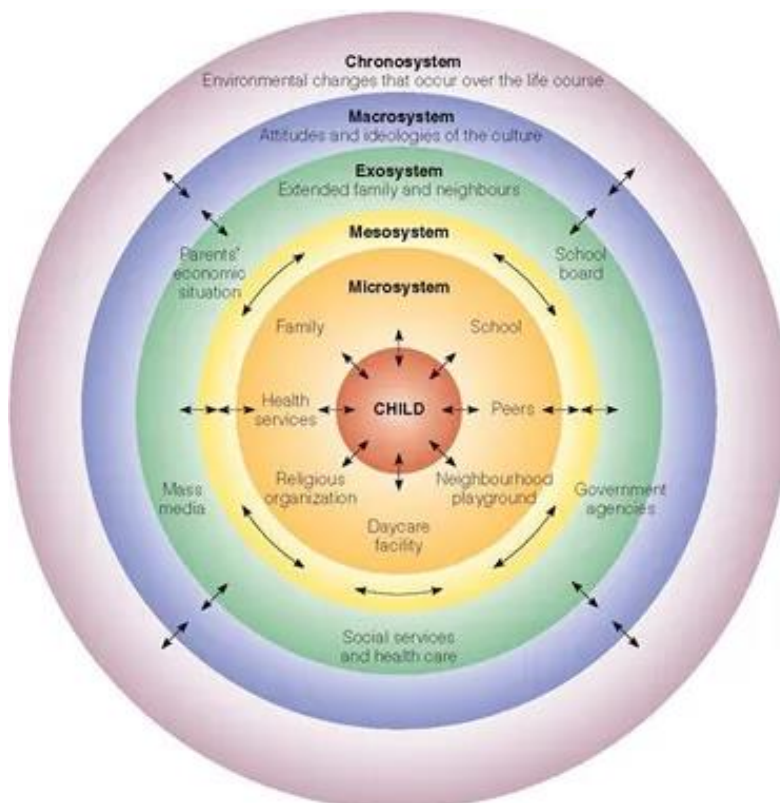


Figure 7: (Guy-Evans, 2020)

Conclusion

Conclusively, early detection of families that are likely to fall into adversity is important and the services provided by the local councils and agencies should be improved. Support for the children in adverse conditions is significant and it is in line with **Bronfenbrenner's ecological systems theory** as can be seen in figure 7 (Guy-Evans, 2020). which states that the environment also influences the growth and development of a child for example the child is influenced by the healthcare system, welfare services, social services etc.

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