13.0 Case Studies

The case studies below provide some practical examples of how the Graded Care Profile has been used to assess cases of neglect including the impact the assessment has had on Children, Young People and Families.

13.1 Case Study 1 - NCC Early Help for Disabled Children

Background / Story:

At point of referral there were five children in the family with ages ranging from one to ten. The mother lives with the father of the younger three children and the two older children, who do not have contact with their biological fathers, view their mother's partner as their father. The case was referred to Early Help after an unsuccessful referral to Social Care for neglect. The children had been previously referred into Social Care due to allegations of neglect and physical abuse on several occasions and there had been a Child Protection Plan in 2013.

The lead child (A) is the second eldest child. He has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and is on the Autistic Spectrum (ASD). At the point of referral A was being home-schooled following exclusion from a complementary education setting. He has previously attended three mainstream primary schools. He had been aggressive to other pupils and staff. In addition he had self harmed in school. At point of referral, the family had never received support from additional agencies with Child A's ADHD or ASD.

Historically, prior to the diagnosis of ADHD and ASD, some professionals had suggested that child A's poor behaviour was a result of neglect and poor attachment with his mother. The parents do not experience behavioural difficulties with any of the other children although there have been concerns about the children's physical appearance and conditions in the home. Schools have previously reported Child A to present as a 'scared and damaged child'. In addition there have been concerns regarding his presentation and personal hygiene. The Early Help Assessment (EHA) had identified that the parents struggle to bathe him. In addition they report finding it hard to ensure he wears fresh clothes every day.

As part of the EHA, all the other children were seen individually. The elder children have good school attendance and were progressing in their academic studies. All children were up to date with their immunisations and were reported to be in good health by both the GP and Health Visitor. All of the children reported their love for each other and suggested that they were comfortable and felt safe in their home.

Intervention:

Completion of the Graded Care Profile and direct feedback to parents was undertaken to consider the quality of care in the family and to look for evidence of neglect through conversations, with parent, the impact of Child A's disabilities and lack of appropriate provision became apparent. These difficulties were having a direct impact on the care parents were able to provide to all the children.

The situation regarding the parents' ongoing decoration of a new home was explored. The house was lacking carpets and the decor needed updating. To assist parents in purchasing the required items Early Help for Disabled Children funded new bed sheets and winter duvets for all of the children.

Parents were helped to apply for an appropriate specialist provision for Child A. Parents were initially informed they could not have their preferred placement due to transport. This required liaison with the Education, Health and Care Plan Coordinator and area SEN officer to obtain transport.

As a result of liaison with CAMHS in regards to Child A's medication a number of medication changes were made through the course of the intervention and the impact of this was recognisable in both Child A's behaviour and sleeping pattern. This had a direct impact on the presentation of the other children.

Liaison with the new secondary school, for the eldest child (B), ensured a suitable transition programme was in place in light of his previous attendance issues.

A School Mentor was put in place in regards to Child B. This was set up to encourage Child B to have regular attendance following occasions where he left the school site and also reported incidents of bullying.

Protective Behaviour work undertaken with the older girls of the family, particularly one of the daughters who was reported to have begun her periods at the age of 7.

Key Features:

Historically a number of referrals had been made to Social Care regarding unexplained injuries. A number of injuries were received by Child D, through the course of the intervention. Timely liaison with parents and professionals enabled the practitioner to identify that these were indeed accidental injuries, mainly caused through Child A's behaviour. The Graded Care Profile identified that Child A's safety was often compromised due to his own lack of self awareness.

Parents had received a number of parenting interventions including Family Intervention Project. Use of the Graded Care Profile, in respect of Child A, established that the lack of appropriate resources in place to meet the needs arising from his disability was having a direct impact on the parents' ability to succeed through these interventions.

As part of completing the Graded Care Profile, observations were made of parents' interactions with each of the children. Observations and additional 1:1 sessions with the children determined that they were happy in their home environment and that they felt love and warmth from their parents.

Consistent monitoring and observations of the family over a 6 month period allowed for a pattern in deteriorating home conditions to be recognised. During the course of the intervention it became apparent that during low periods and significant events in the family, the home conditions deteriorated. This included Mother's low emotional wellbeing. Completion of the Graded Care Profile during a relatively steady period identified that home conditions can meet to an adequate standard.

Reports had previously been made in regards to the children's access to food. The Graded Care Profile highlighted concerns in regard to the infrequent preparation of meals. 1:1 work with all the children established that appropriate foods were available to the children including fresh home cooked meals. Unannounced visits at meal times also enabled the practitioner to observe that healthy and freshly prepared meals were provided by the mother.

Impact on Outcomes:

Child A continues to successfully attend his specialist provision. A 1:1 Key Worker is provided with whom he has built a good relationship. This has contributed to his improved behaviour in the home.

Child A is now on suitable medication for his needs. It has taken some time to establish the best program for his needs but the regular input from CAMHS has ensured that changes have been made when required. This has resulted in improved behaviour and has also had a positive impact on Child B's ability to sleep whilst sharing a room with Child A.

The Protective Behaviour work completed with the older girls and sessions with the nurse have offered reassurance that the girls can keep themselves safe by liaising with school staff and their parents.

All children's school attendance, other than the eldest Child B, has significantly improved. This was a direct result of Child A being in specialist provision and no longer home-schooled. Appropriate routines are in place for all children.

Now it has been established there are no specific causes for concern in regards to Child B's wellbeing, a parenting contract is in place and a managed move to the child's school of choice is being considered.

Attendance at the local children's centre was encouraged. Two Year Old funding was available, for the youngest child.

Toward the end of the intervention the home was observed to be nearly fully decorated. Bedding was provided and in place for all the children. Beds were observed to be appropriately covered over a number of visits.

Feedback from the primary schools is now that they have no concerns in regards to the children's general appearances and personal hygiene.

13.2 Case Study 2 – Children's Social Care

Background/ Story:

In this case, a previous neglect based referral had been made, resulting in No Further Action to Children's Social Care in the MASH. School attendance was 80% and mother failed to collect Child A on two occasions. Mother's behaviour was noted to be erratic and the home conditions were reported by school staff to be cluttered and foul smelling, with unsafe items including a guillotine, cutting tools and other items within easy reach. A family dog was observed as being caged beneath the stairs. At this stage an EHA was advised.

The referral raised contained concerns about the levels of care afforded to Child A following intervention from the Early Help Team which included parental disguised compliance. Child A's mother had not been able to make identified and required positive changes to address the concerns raised in the referral regarding neglectful parenting - including the flat being dirty, limited food within the home and Child A not attending school regularly / on time.

Child A's mother's engagement with services was identified as sporadic and she avoided professional contact, including contacts with Mental Health Workers. Child A's mother did not engage with the Initial Assessment and, as such, a Core Assessment was required to explore the mother's ability to meet her daughter's needs on a consistent basis.

Intervention:

The Core Assessment was completed in September 2015 and, as a result, a Child in Need Plan was implemented, with regular CIN meetings held. Child A had a place in the school's Nurture Group to promote her continued emotional development and also attended extra-curricular activities at school to promote her emotional and social development including a Breakfast Club to ensure she had eaten before school and to encourage punctual attendance.

Commissioned Family Support has been put in place to support Child A's mother to develop positive routines, monitor home conditions and promote mother's independence. The Graded Care Profile was used as the tool to undertake this task. In addition to this, a Parenting Assessment is on-going to compliment the use of Graded Care Profile Assessment.

Key features:

Child A's mother understands the concerns that have been raised and there is no doubt that she wants to be a good mother to her daughter. However services involved continue to find her difficult to engage with, and the positive changes made are rarely fully sustained over a period of time.

Child A has said to professionals that she likes 'Writing' and Maths and that she has lots of friends at school and near her Grandma's house. She also said that she has hot dinners at school and she enjoys these, she especially likes chicken dippers. Child A said that when she is not at school, she likes to do puzzles and enjoys playing outside with her friends on her bike. She is proud that she can ride her bike without stabilisers and said that she goes down the hill 'really fast'. She also said that she can do cart-wheels, hand-stands and roly-polys. Child A has also spoken about never feeling sad and that she feels happy when she sees her cousin as she enjoys playing with him. She also advised that her Uncle keeps her safe because 'he got rid of a spider'.

Impact on outcomes:
Child A's attendance at school has improved and she has benefitted from the time spent in Nurture Group. Commissioned Family Support continue to work with Child A's mother to improve home conditions, impose positive routines, ensure that there is sufficient nutritious food in the home and work with mother to promote her independence. The Graded Care Profile is completed regularly and key actions identified to improve outcomes for Child A based on this.

Child A now spends more time at home, rather than at her Grandmother's house. Her mother's lack of engagement with professionals has been addressed, along with an issue of collusion from her maternal Grandmother. These controlling behaviours from her maternal Grandmother have been addressed by a number of pieces of work undertaken. There are now positive routines and stability for Child A helping her reach her potential and achieve in school and at home.