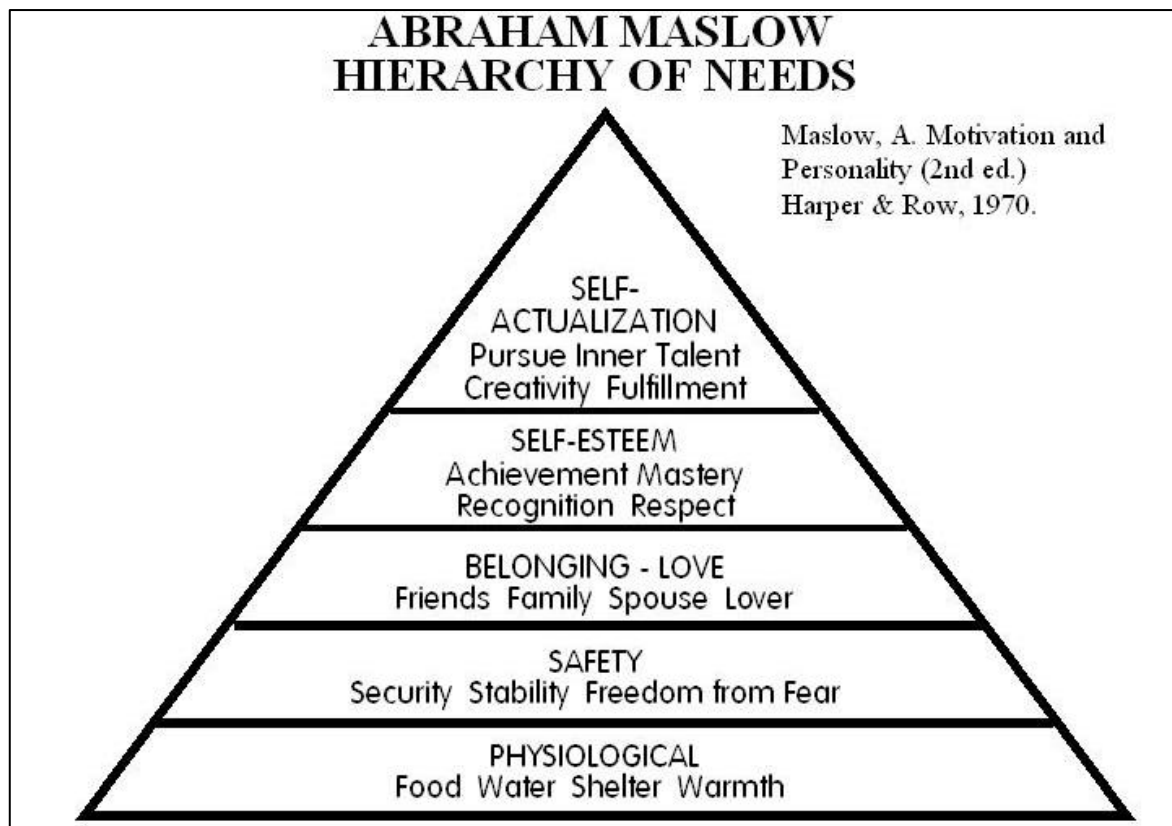




Core Skills for Practitioners

Training Reference Book – Assessment Day

Maslow



Attachment/Socialisation Models

Whilst understanding attachment theory is crucial in assessing parent/child relationships, attachment assessments in their purest sense are complex. I believe they are best left to psychiatric or psychological diagnosis as it is easy to misapply the theory.

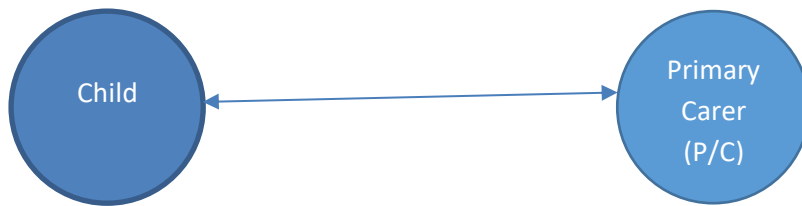
In this section I attempt to look at simplifying attachment down to its most basic level. I have omitted the different types of attachment disorder and concentrated solely on explaining it in a socialisation/bonding sense. (Sorry to offend any specialists out there!). The parent (s) forms the bond with the baby, the baby is the one that attaches to their parent (s). Many children and adults are insecurely attached to a parent without it becoming a major problem. We need to be more concerned about children showing behaviours that demonstrate fear of and anxiety towards the parent(s).

Your observations of the child's routines and behaviours when in different surrounds will give you a wealth of information about how the child responds to others. You can use this to compare how they behave and respond when with the parent (s).

In the three, very simplistic, examples outlined below, I have tried to tie in socialisation models with Maslow to demonstrate how the two theories might work together.

Socialisation/ Bonding Model

Consistent/available parent/child interaction



P/C perceived by baby/child as a consistent and comforting stability zone. Child can then feel safe and secure (Maslow 2) and can go on to attach (Maslow 3) and have high self esteem (Maslow 4)

Consistently unavailable parent/child interaction



P/C perceived by baby /child as not available. Child learns that they have little value to anyone outside of themselves. P/C does not make them feel safe and secure (Maslow 2) so child may struggle to attach (Maslow 3).

Inconsistent parent/child interaction – available/unavailable or hostile



P/C perceived as inconsistent or even hostile. Child learns that they cannot trust the P/C. (Maslow 2) so will struggle to attach (Maslow 3) and socialise with others. Child will learn that they need to take control to make themselves feel safe and secure as others are perceived as unreliable

Prochaska and DiClemente Cycle of Change

One of the fundamental things to consider when working with families, whether resistant or fully engaged, is where they are on the cycle of change. This model by Prochaska and DiClemente has six stages:

Precontemplation – not even thinking about change – ignorance is bliss

Contemplation – maybe thinking about change but certainly not decided yet, behaviour is seen as ambivalent (resistant)

Preparation - half-heartedly decided to change and thinking through how the change might affect them and what they may have to do to make the change

Action – having a go, practicing the new behaviour

Maintenance – making the new behaviour a habit, making it part of the subconscious so it becomes a new way of life/ a habit

Relapse – returning to old ways of being, previous behaviours

Obviously, as Children's Services Practitioners your primary focus is upon the child. Throughout the assessment of the Parents ability and motivation to change you are constantly assessing the impact on the child. If the Parent's lack of progress within the change cycle is having a detrimental impact upon the child then Safeguarding procedures /more directive action may be required.

Crisis theory and crisis intervention

Crises are described as time limited periods of psychologic distress that people need to overcome but cannot do so using tried and tested methods of coping. Definitions of what constitutes a crisis are in some respects determined by the perception of the person having the 'crisis'.

- Crises can be accidental – a reaction to an unexpected traumatic event e.g. bereavement or abuse
- Developmental – a reaction to a life transition

A particular crisis is likely to influence a particular social system in a unique way, the use of systems theory will allow the Practitioner to identify factors impinging upon the particular crisis situation.

Most referrals to social care are made at the point of crisis and crisis intervention provides a unique opportunity to work towards constructive change. For many people it is this point of crisis that provides the catalyst for change. It important to note though that , whilst crisis intervention is effective as it is directed by the Practitioner at a time of confusion and chaos, once the crisis has abated other forms of intervention e.g. task centred are required. A prolonged use of crisis (directive) intervention may result in a dependent relationship between the person being supported and the Practitioner. This can be evidenced when we get people re referred time again. Whilst services are in place the person can function, once services are removed the person's situation declines into crisis episodes. In these situations one of two things may have happened;

- The relationship was too directive and then ceased before the person was empowered to function without the need for Services
- The Practitioner's perception was that the family had been 'fixed' and therefore the case closed too early without a transitional period of either reduced intervention or referral onto Early Help or Universal support

Crisis intervention process

1. Determine whether the referral situation determines a crisis
2. Identify for whom this is a crisis
3. Agree the wants, wishes and needs of the significant participants
4. Check
 - I. Legal and statutory obligations
 - II. Availability of local services and resources
 - III. Values - personal, professional and services
5. Negotiate an initial working agreement
6. Co-ordinate services and implement an initial plan of support
7. Review, renegotiate and formulate ongoing plan of support

Cognitive behavioural approaches to practice

A cognitive behavioural approach is aimed at altering behaviours or thoughts by increasing, decreasing or maintaining them depending upon their impact on the person, positive or negative.

A cognitive behavioural approach aims to:

- Alter the setting or environment in which the behaviour or its triggers occur
- Increase behaviours that are agreed by the Practitioner and service users that are constructive and positive
- Reduce the occurrence of behaviour that is agreed by the Practitioner and service users to be negative or unhelpful
- It is based upon the idea that if a behaviour can be learnt it can be unlearned, or new behaviours can be learnt to replace less useful ones.

A number of theories have been developed which relate to the way in which we learn, some of those are commonly used in practice:

1. Respondent conditioning
 2. Operant conditioning
 3. Cognitive behaviour
1. Respondent conditioning describes behaviours that are prompted or triggered by association to a certain event.
 2. Operant conditioning states that behaviours are learnt and repeated as a result of the desired consequence/results they achieve. It goes on to state that if the Practitioner learns what cues precede the behaviour, work would be focused upon altering the cues.
 3. Cognitive behaviour approaches relate to the way in which thoughts lead to actions, it is assumed that by changing the thought pattern the associated behaviour will change as a result. Sometimes referred to as the ABC model, it could be described as "I think, so I feel (and do).

Understanding it is as simple as **A B C**.

Activating Event – the actual event and the service users immediate interpretations of the event

Beliefs about the event – this evaluation can be rational or irrational

Consequences – how you feel and what you do or other thoughts

Negative Event	Negative Event
Rational thought	Irrational thought
Healthy Negative Emotion	Unhealthy Negative Emotion

In order to begin to alter behaviour Practitioners work alongside service users to identify patterns that trigger or reinforce the behaviour by rewarding it. This demands a focused assessment relating directly to the identified and targeted behaviour. The target behaviour is most likely to be changed if it is identified and agreed by the service user and the Practitioner together. A cognitive behaviour assessment concerns who does what, where, when, how often and with whom. Adhering to these simple questions creates focus, clarity and specificity. If a behaviour is to change by replacing it with a new behaviour it is imperative that the new behaviour is stronger and more desired than the original behaviour or it will not act as a catalyst for change. The selection of the new behaviour must be done in full partnership with the service user if it is to be effective.

Amended from Prochaska and DiClemente's Stages of Change Model

Stage of Change	Suggested Tools /strategies	Techniques
Pre-contemplation Ignorance is bliss	<p>Tools and strategies which support relationship building between Practitioner and Service user. Tools which support thinking and reflection.</p> <p>Consider Mind mapping as an introductory exercise</p> <p>Fully involve the service user in the assessment to gain their perception of the situation</p>	<p>Acknowledge lack of readiness</p> <p>Encourage self-exploration, not action</p> <p>Encourage evaluation of current behaviour/their perception of behaviour</p> <p>Explore whether person understand impact of behaviour</p>
Contemplation Ambivalent about change:	<p>Tools and strategies to support analysis of current behaviour and desired behaviour</p>	<p>Encourage service user evaluation of pros and cons of behaviour change</p> <p>Support service user in identifying and promoting new, positive outcome expectations</p>
Preparation Some experience with change and are trying to change: "Testing the water"	<p>Tools and strategies which encourage solution focused thinking.</p> <p>ECO maps</p> <p>SMART Plans</p>	<p>Understand that the person is nearly ready for change</p> <p>Identify and assist in problem solving re: obstacles and barriers</p> <p>Assess whether person has underlying skills for behaviour change</p> <p>Help person identify who they need to support them</p> <p>Encourage small initial steps daily if possible to maintain the positive psychological state</p>
Action Practicing new behaviour	<p>Recognising negative self-talk and formation of habits (brain associations)</p>	

	Review and amendment of SMART Plan	<p>Focus on restructuring thoughts/behaviour change</p> <p>Bolster self-efficacy for dealing with obstacles</p> <p>Combat feelings of loss and reiterate long-term benefits</p> <p>Focus upon strengths and transferable skills – Cycle of change</p>
Maintenance Continued commitment to sustaining new behaviour	<p>Continual use of and changes to SMART Plan</p> <p>Stages of skill development using the Coaching cycle to keep moving the skill set and change forward</p>	<p>Plan for follow-up support/ Try to get more family and friends/universal services/the community to replace agencies in the Support team to help keep the change going when agencies are no longer involved</p> <p>Reinforce internal rewards /benefits of the change</p> <p>Discuss coping with relapse to try to make sure that the strategies for managing the barriers are strong</p>
Relapse Resumption of old behaviours: "Fall from grace"	<p>Revisit SMART Plan – were the steps too big. Were the barriers too strong</p> <p>Amend SMART Plan and begin again at Pre-contemplation!!</p>	<p>Evaluate trigger for relapse – non-judgemental approach, don't fall into the trap of telling the person what to do.</p> <p>Reassess motivation and barriers</p> <p>Plan stronger coping strategies</p>

How to intervene at each stage of the Cycle of Change

Pre - Contemplation Stage

At this stage the person has not even thought about making changes in their lives. The strategies used are to help the person think and evaluate their current situation. The Practitioner may be tempted to **suggest** various options for action but this **must be avoided** as it may trigger resistant behaviours. If you are hearing the person say things like , “I’ve tried that before and it didn’t work”, or you believe that you are seeing feigned compliance or overt resistance, **stop and consider your strategies**, are you talking instead of listening? The focus here is on you asking open T.E.D. Questions (where, how, what, when). ‘Why’ is best avoided as it is often linked to justification of actions e.g. why you did tell, why you broke the window, It is better to rephrase - what made you decide to tell, how the window got broken and then listen for the answers, observing body language and behaviour. If, after asking a T.E.D. question, the person becomes quiet, leave the silence, do not be tempted to fill it. Leave the silence until it becomes uncomfortable, rephrase the question and leave the silence. The person may be thinking. Make sure you are asking one question at a time, not bombarding them with a series of mini questions framed as one e.g. when you try to manage the behaviour of the children, what do you do? How do you feel? How do the children react? When you are having a bad day, what does it feel like? What do you do? If you are talking, thinking about what you are going to say next, thinking about what you would do or suggest or interrupting the person, you are not listening! Your job isn’t to provide the answers, it is to help the other person to think through the issues and come up with their own strategies.

A useful exercise to undertake with families is that of Spider Webs/ Mind mapping

Reflection

This stage is one of the most important as it is where the relationship between you and the person you will be supporting through their change is established. The whole focus of the intervention is to make the person feel safe and secure and to begin to establish trust and rapport. If you were the person how would you feel? How would you want to be treated? How could you show a high level of empathy? What is your body language saying? What is your eye contact like? How present are you? Is R.E.G. with you? What mental state does the person appear to be in? Are they anxious, angry? Why might that be? How you can calm them down or empower them?

Whether openly admitting it or not, the person is likely to have begun thinking about their situation and possibly to consider their goals. The next step in the Pre-contemplation stage is to enable the person to reflect on any risks that their current behaviour or situation may pose to themselves or their family. The importance here is not to point out any risks but to ask T.E.D. questions to support the person’s reflective thinking.

Rather than ;

“do you think the children are upset by hearing the arguments between you and your partner “ which can evoke a yes or no answer and defensive behaviour, consider

“how do you think the children feel when they hear the arguments between you and your partner “.

Using a Strengths and Difficulties matrix can help the person to consider their current situation by drawing out negatives and positives. It is important that you are **non directive** here to ensure that you do not trigger defensiveness and resistant behaviours and also to enable you to assess their perception of risk.

Strengths and Difficulties Matrix

We will be using this tool in a slightly different format later on when we are considering risk assessment and analysis. The tool in the format detailed below is useful when working with service users to get their perception of any risk and resilience factors.

Internal and External factors

Ask the person to think about themselves/their children separately and to put anything that makes them/the particular child strong and able to cope in the box top right and anything that makes them less likely to be able to cope with life's difficulties in box top left. If doing this on the children it will give you an indication of the person's perception of each child's abilities and personality. This is intended to draw out the person's perception of internal strengths and difficulties (e.g. illness/disability/low self-esteem/sense of humour)

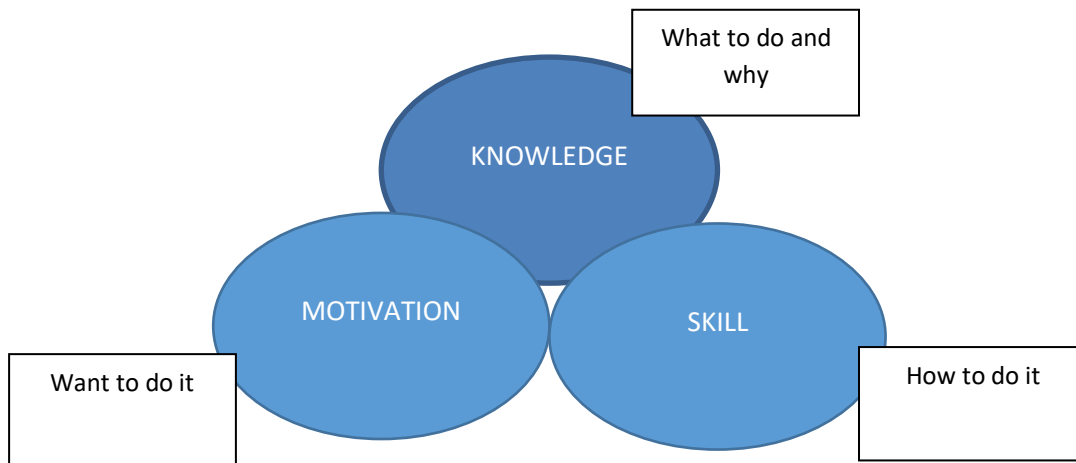
Then, ask the person to think about themselves and their family and to note anything happening in their family / lives in general that is not beneficial to themselves and their children in the bottom box on the left and then anything that is beneficial/helpful in the bottom box on the right. This will give you an indication of the person's perception of strength factors in their wider family and environment.

Things in the left hand boxes are stress/ risk indicators.

Things in the right hand boxes are strength/resilience indicators.

Your strategy is to ask questions and listen, not to **correct or suggest**. If the person prefers to do this exercise on themselves rather than their child/ren, that is fine, similar issues are likely to come out.

When you are considering 'need' or behaviour change it is useful to consider it from three aspects:



Case Study

Fred Smith is ten years old. He lives with his mother, Jennifer Jones, aged 26, his step father, Brian Jones aged 57, his sister Sally Smith, aged 8 and his half sibling Kelly Jones aged 3 years. For the past two years Fred's attendance has been poor and he has been truanting from school, he began smoking when he was 8. He hangs around the community with the local 'gang' who are renowned for car theft and selling drugs. They tend to use Fred to get into small windows so they can burgle houses and to drop off drugs to customers. When Jennifer tries to control Fred's behaviour he shouts and screams at her and has started to hit out at her in temper.

Jennifer met her husband Brian four years ago when she was visiting her father. She quickly became pregnant with Kelly and they married. They both misuse alcohol and spend most of their time in the local pub taking Sally and Kelly with them. Jennifer has been using alcohol and cannabis for five years, ever since her partner Charles Smith left her. She has never worked since having Fred at 16 years of age. Fred and Sally's father, Charles was someone that Jennifer went to school with and they went out with each other off and on from when they were both 14 years old. Their relationship was extremely volatile, with the police being called out to domestic incidents on a regular basis. Charles was physical and verbally abusive to Jennifer and was physically abusive towards Fred. Charles has no contact with his two children despite living locally with his new partner and their children.

Brian Jones has been a friend of Jennifer's father, William, for many years, they used to drink in the same public house. Brian was introduced to Jennifer and they very quickly formed a relationship. When Jennifer became pregnant with Kelly they decided to marry although Brian decided not to adopt Fred or Sally as he perceives them very much as Jennifer's children. Brian has been unemployed for the past 30 years since he lost his job as a postman. He has three children from a previous marriage but has no contact as they refuse to see him; he believes the past is the past and it is better that way. Like Jennifer he is a heavy drinker and the drinking episodes very often result in domestic abuse towards his wife. He doesn't get involved in the parenting of Fred or Sally as he believes they are none of his business and that it is Jennifer's job to look after her own children.

Sally Smith aged 8 is a very quiet and withdrawn child. She is very isolated in school and has no friends in the community. Her attendance at school is 52 % mainly because Jennifer forgets to set the alarm or keeps her off to help look after Kelly. Jennifer does not see the point of school, especially for girls, as she doesn't believe Sally would get a job anyway "because there aren't any" and believes she is better off learning how to look after children.

Kelly Jones, Fred's half sibling, is 3 years old. She is very clingy and will not allow Jennifer or Sally out of her sight. She is often carried around by either Jennifer or Sally; her two year assessment identified speech and language and mobility delay. Kelly spends most of her time either in her buggy or on her mother's knee in the local pub. She has a place at the local Children's Centre but Jennifer says she doesn't like it so she doesn't have to go.

Following a referral from Rosalind Cohen, Designated Safeguarding Lead, St. Saviours Primary School on 19th February 20xx it was agreed that the thresholds for Social Care assessment had been met. Concerns centre on the neglect of Fred Smith and his parent's inability to provide him with appropriate guidance and boundaries

and a safe home environment. As part of the assessment Fred was seen alone **on five occasions** (once at his maternal grandfather's home 20.02.xx; twice at his own home 02.03.xx; 14.03.xx and on two occasions in school 21.03.xx; 04.04.xx). Three houses, three islands and an eco-map were used to support the conversations. Fred's mother was seen on four occasions, including twice when she was observed interacting with Fred and his sisters. Fred's step father Brian was interviewed only once as he refused to be assessed. Fred's father Charles refused to either meet with me or contribute to the assessment verbally or in writing. Fred's maternal grandmother and aunt were very reluctant to engage. Fred's maternal grandfather was seen on two occasions at his own home, without Fred being present. In addition, Social Care files have been researched and telephone conversations with Baljinder Jahan, Fred's G.P, Fiona Wellbeing, School Nurse, Rosalind Cohen Designated Safeguarding Lead and Irfan Kandola class teacher have been held

Child Development

Health

Fred has been smoking for the past two years, since he was 8 years old. His mother informs me that she thinks that he is healthy as he never needs to go to the doctors. He often complains of stomach pains but his mum believes that this is an excuse to stay off school. His diet is irregular, tending to eat when he arrives home, often putting a ready meal into the microwave or getting chips from the local chip shop. According to health visitor records Fred was average birth weight and his percentile chart was of no concern. He had all immunisations as a baby however he has not been measured or weighed for over seven years.

Education

Fred began infant school aged just four and, if not the youngest, would have been one of the youngest children in his class. He changed school in January 201x, joining year five in the second term. He did not know anyone in the new school and found it difficult to make friends as his peer's friendship groups were already established. He drifted towards the more rebellious pupils and soon gained a reputation for being aggressive and difficult to manage. His attendance is currently at 42% and the school attendance service are considering legal action against his mother. From his last SAT's test, Fred's reading age has been assessed as 8 and his numeracy at 10 years. Fred is said to be good at mathematics when he is in school and enjoys playing football but is said to be a 'poor loser'. He is good enough to be in the football team but his erratic attendance and truancy mean that he cannot secure a place. Fred has a good relationship with his form teacher Irfan Kandola. Fred left his previous school, St. Peters because his mother said they had a 'downer' on him, always saying that he got in fights. The last incident was between Fred and Leo Smith, Leo being the son of Charles Smith, Fred's estranged father. Fred states that Leo was winding him up about a Batman game that their dad had bought Leo and he **'just lost it'**. Fred is due to be admitted to All Saints Secondary School in September 201x.

Emotional and Behavioural Development

Emotionally Fred is very immature, he does not know how to regulate his emotions and has violent outbursts when upset or angry, these outbursts usually end up with Fred bursting into tears. When spoken to, Fred explained that he gets a **'strange feeling'** in his stomach and he feels like his **'head is about to explode'**, he then lashes out to try to rid himself of these feelings. He presents as a very unhappy child. When asked what makes him feel happy (by use of the three houses technique) he struggled to identify anything other than Batman games. When encouraged he commented that he feels proud and strong when he has managed to get into someone's house and open the door for the others, when they have had a **'good graft'**. This makes him happy as his friends tell him how good he is at grafting and they give him cigarettes as a reward. He appears to lack insight into how his behaviour affects other people in terms of victims of crime and he struggled to understand the concept of empathy, stating that they **'will be insured and will do alright out of it themselves'**.

When with his younger sisters, Fred resorts to teasing them and trying to make them cry. During my observations this has resulted in an argument with his mother on two occasions, she will usually scold Fred and ridicule him for playing with girls things. Fred responds by shouting and crying before storming off to his room.

To relax, Fred enjoys playing with his cousin's PlayStation and drawing cars. He wants a Lexus when he is old enough so that he can '**escape from the bizzies in a car chase as they are really fast**'. Fred presents as both emotionally and behaviourally immature, he paraphrases what his older 'friends' have said and seems unable to make his own choices. He struggles to explain the concept of right and wrong and seemed egocentric in his outlook.

Identity

Fred struggles with his identity and stated that he did not feel a part of his own or his birth father's family. When he discussed his father he said that he thinks his dad left because he was such a naughty child and that's why his dad hit him all the time. He internalises the responsibility for the breakup of his family, this is reinforced by his mother. He has low self-esteem and struggled to say anything good about himself during direct work sessions. He does not see himself as a 'Jones' and appears to have no relationship with his step father Brian, stating that he is not one of his kids. Fred is the oldest of all of Charles Smith's children and is the oldest of all of Jennifer Jones's children, he is often told by family members that he is 'old enough to know better'. Jennifer's perception of Fred is that he is just like his father, violent and a waste of space, she will readily say this in front of him. When asked for his perception of Fred, Brian stated that he did not want to get involved with the assessment as Fred was nothing to do with him. Fred describes himself as '**rubbish at everything except grafting**' and saw himself running his own gang when he was older to enable him to ensure that his mum could have whatever she wanted. Fred is really proud to be a boy stating that '**boys are tough and can look after themselves**'. This concept of male toughness is reinforced throughout the family and is something that is said on a regular and frequent basis.

Family and Social Relationships

In terms of family, Fred stated that he was close to his mum's dad, Granddad Bill, when asked how he knows he is close to him, he stated that once his grandad shouted at Brian when Brian '**had a go**' at Fred. He doesn't see any of his grandparents on a regular basis but calls into Granddad Bill's when he feels like it as he lives locally.

By using the Family Activity Scale (Framework for Assessment Questionnaires and Scales) it became apparent that the family do not undertake any 'formal' activities together. They tend to spend any leisure time separately with Brian and Jennifer going to the local pub, taking the girls if they cannot get babysitters and Fred doing his own thing. Jennifer doesn't have a problem with this, she states that Fred knows where the family are and will call into the pub if he needs anything. Extended family are disparate, they do not have a regular time to see each other and relationships appear to be volatile with Jennifer having arguments with her birth mother and sister on a regular and frequent basis. Jennifer's birth parents are divorced and appear to have an acrimonious relationship; both live locally. Brian's parents are both deceased and he has no contact with his brother who lives in London.

When Fred is in the company of his mother it is obvious that he seeks her approval, he looked to her before replying to my questions and if she disagreed he would back track. When in the presence of Brian however, Fred was confrontational giving him no eye contact whatsoever and shrugging if Brian attempted to speak to him. Fred appeared more relaxed in his Grandfather Bill's home, he obviously knew his way around the home and chatted with his Grandad in a natural way.

Social Presentation

Fred has brown hair, is of average height and build and wears clothes akin to other young people in the local community. His clothes are clean and appropriate for the time of year and weather. Fred has a pale complexion and appears to have dark circles under his eyes, he frequently yawns and rubs his eyes.

Fred presents as a very vulnerable, immature child. From observations, he appears to struggle to have a conversation with most adults and his younger siblings and found our sessions together very uncomfortable. He could not hold eye contact for any period of time and appeared to lack basic social skills. He used anger to hide his embarrassment and when he initially did not understand the direct work we were about to do became very belligerent and aggressive. He has open, untreated wounds on his hands where he scraped himself getting into windows, which he will openly talk about. Fred uses language that is inappropriate for his age and it is likely that he is copying the language of his older 'friends'

Self-care skills

Fred prides himself on the fact that he can dress, wash and take care of himself. He stated that if he wasn't too young, he would be able "to **look after himself and his own house without needing anyone else**". Fred tends to microwave meals for himself and goes to bed when he pleases. He is allowed out until 'closing time' when he will usually walk over to the pub and walk home with his mum and Brian. If he needed anything whilst his mum and Brian were in the pub he would go to his Grandad Bill's house or let himself into his own house with his key. Fred's perception of his day to day life and his parent's ability to care for him was that it was really good as they let him take care of himself and would give him money for chips if he was hungry. He believed that his mum should concentrate on his sisters as they were girls and were younger.

Parenting Capacity

Basic Care

It is my professional opinion that Fred is not afforded appropriate basic care, although Jennifer disputes this. Given both Brian and Jennifer's misuse of alcohol and length of time spent in the local public house, he is left to his own devices in terms of providing food, shelter and warmth. His diet is either ready meals or chip shop food and this is unlikely to be providing him with the nutrition that he needs. His clothing is clean and appropriate. Fred is allowed to return home when he pleases which will be having an impact upon the amount of sleep that he is getting which in turn could be having a potential negative impact on his health and education. When considering Maslow's hierarchy of needs it could be said that Fred was on level one, basic needs. When I explained Maslow's theory to Jennifer and the impact that this could have on Fred's ability to form appropriate and positive relationships she totally rejected the theory. She would not consider that Fred may be feeling unsafe and insecure or that he may have formed inappropriate relationships with 'gang' members to give himself a sense of belonging.

Ensuring Safety

Both Jennifer and Brian misuse alcohol which impacts upon their ability to ensure Fred's safety. Fred is allowed to wander around in the community until late evening. He is involved in anti-social behaviour and is a member of a local well known gang. If he were to get arrested, he is now of the age of criminal responsibility which could result in him getting a criminal record. This would obviously impact upon his life chances. Brian has no involvement with Fred at all seeing him as none of his business. Jennifer, when she is not in the local public house, smokes cannabis excessively in her house with her friends, she agreed that this makes her drowsy and helps her to sleep. This will affect her ability to provide a safe environment for Fred. Fred has admitted that he has witnessed domestic violence and abuse between his mother and step father on numerous occasions. He has tried to intervene twice to protect Jennifer and on both occasions suffered an injury. This was not

reported to the police or any other agency. Fred has stated that, when he is older and running his own gang he will get **'his own back'** on Brian. Fred can also recall his birth father hitting him because he was naughty and also his mother, but believes that that was because she was annoying his dad which she shouldn't have done. Fred's lack of boundaries within the community are a major risk factor as he is being exposed to situations that he does not have the coping skills to be able to deal with.

Emotional warmth

Throughout the assessment I have not observed any emotional warmth towards Fred from either his mother or step father. Neither Jennifer nor Brian could explain the importance of emotional warmth on a child's development and stated that they had survived without all this 'namby pamby stuff that people talk about nowadays which just makes children soft'. Whilst Brian simply ignores Fred, Jennifer sees him as bringing trouble to her door, violent and aggressive just like his dad. She will openly say that she isn't surprised that his father wants nothing to do with him as he is just a pain. Jennifer had no idea of Fred's progress in school, whether he had friends or his likes or dislikes. Jennifer's own childhood, of which she would have very limited dialogue, was lacking in emotional warmth and she appears to be replicating this style of parenting with her own children.

Stimulation

Brian does not see that he has any responsibility for parenting or stimulating Fred. When discussing stimulation, Jennifer stated that she lets Fred play out whenever he likes and he plays on his cousin's PlayStation games, she did not know which games these were and whether they were age appropriate. She was unsure as to whether he could read or write but thought that he probably could, or the school would have said something. With regards to leisure pursuits and hobbies, she did not think that Fred had any, other than messing around with his gang friends. Brian is able to read and write and held down a job in the Post Office before being made redundant. Jennifer became defensive when her own numeracy and literacy skills were being discussed and did not see that the question was relevant.

Guidance and Boundaries

As outlined above, Fred's parents afford him little in the way of guidance and boundaries preferring to let him do as he pleases. They believe that he wouldn't do as they asked anyway so it wasn't worth falling out over. As a result Fred receives little in the way of structured parenting. Jennifer does insist that he changes his clothes and washes every day. Jennifer was allowed total freedom herself as from the age of 8 years and believes that this enabled her to grow up to be independent and confident and able to fight her own battles. She believes that this approach is the most effective way to raise a child and stated that Fred will ultimately benefit from looking after himself and making his own decisions. Jennifer struggles to accept that Fred is emotionally and developmentally too young to have this level of responsibility placed upon his shoulders.

Stability

Jennifer and Brian have been together for the past four years and despite the domestic abuse and alcohol misuse have regular routines and rituals that Fred finds comforting. He states that he always knows where they are if they are not at home. The family have lived in the same house for the past three years and are known within the local community. Fred spoke mainly about his Grandad Bill when discussing his stability zones and what makes him feel safe and secure (three houses). He worries that his Grandad may die soon as he has a bad cough and will say to Fred that he is on **'his way out'**, this upsets Fred and makes him feel scared. Fred enjoys being in his bedroom which is clean and well- furnished. His mother does not let his sisters go into his room stating that it is Fred's private space.

Family and Environmental Factors

Community Resources

The family do not use any community resources despite there being a local youth club and various play schemes on the housing estate on which they live. There is a local Children's Centre but Jennifer doesn't see the point in either herself or the girls going there and stated that she would rather have the girls with her so she knows they are safe.

Family's Social Integration

The family have been members of the community for three years. There is hostility from some of the neighbours because of the police intervention when there are incidents of domestic abuse. Fred's anti-social behaviour is also a cause for concern as neighbours have threatened to 'sort the family out' if they do not get his behaviour under control. Despite this hostility from some quarters, the family are not socially isolated. Jennifer has a few friends in the community, mainly those who frequent the local pub and on occasion call to her house to smoke cannabis with her. This group of friends will babysit for the girls and Jennifer will do likewise for their children if she is staying in.

Income

The family are in receipt of all benefits to which they are entitled. Both parents are able to budget and despite their alcohol usage they are not in rent arrears or debt. The family state that they have no other source of income.

Employment

Neither parent is employed. Brian has worked in the past but was made redundant, Jennifer worked in a dress shop immediately after she left school but left when she became pregnant at 16 with Fred, she has not worked since.

Housing

The family live in a three bedroomed privately rented property where they have lived for three years, they have no rent arrears. The house is clean and tidy and is well-maintained throughout. Fred has his own bedroom which is clean, he has appropriate bed and bedding and the floor is carpeted. He has posters on his walls of Batman and Ninja Turtles. Despite the violence within the home, there are no signs of damage to the fixtures and fittings. Jennifer prides herself on being able to keep a clean home.

Wider Family

As previously mentioned, Fred has a good relationship with his maternal Grandfather who he sees on a frequent, informal basis. He does not tend to visit his maternal grandmother's house as she tells him off for truanting and for his anti-social behaviour. He does, however, go round to his maternal aunt's house to play with his cousin's PlayStation games. Fred has no formal contact with his birth father or his birth father's family although does see them in the community which he finds very upsetting. He has no contact with his step father's family who reside in London.

Family History and Functioning

Jennifer's parent separated when she was three, she cannot recall her father and has never seen him since. She does not know whether she attended the local primary school but thought that she probably did. Her mother, Sheila Thomas, remarried when she was eight and she stated that she got on well with her step father but unfortunately he left the family when she was ten, she does not know why. Her mother again remarried, this time to a neighbour. Her mother then began drinking heavily and Jennifer was left to fend for herself and her younger sister. Education was not a priority for Jennifer and, as she found school boring, she tended not to go. As a teenager, Jennifer had a good circle of friends and it was with one of these friends that she became pregnant with Fred, the pregnancy was unplanned. She was asked to leave home by her mother and secured a council flat for herself, Charles Smith and the baby. The relationship was fraught with difficulties, Charles being a violent and aggressive man who abused her and Fred. He then left her for another woman who lived in the same area. Charles pays no child support and has had nothing to do with either of his children since he left the family home.

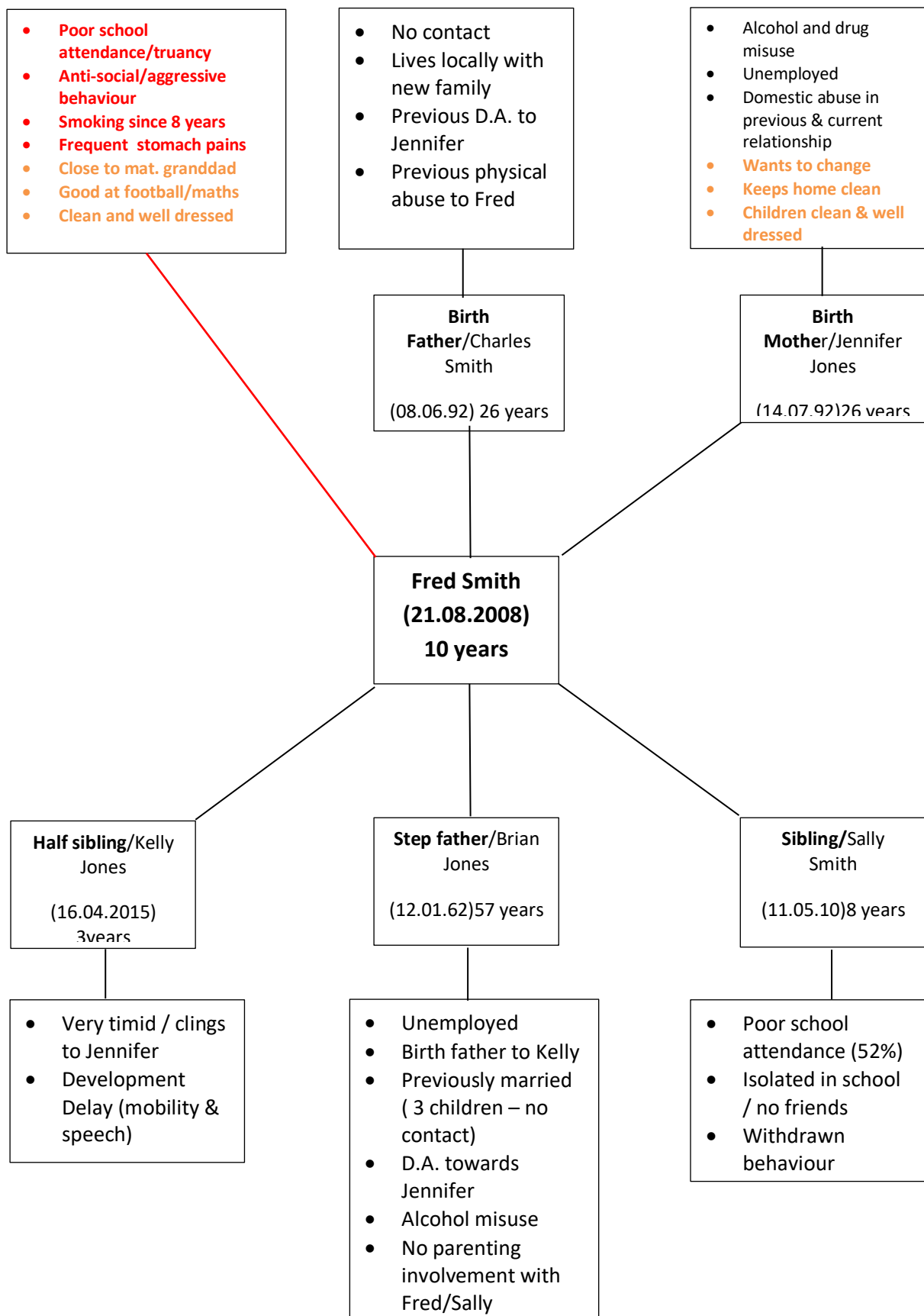
The family have set routines; most days they get up at about ten o'clock, go to the local shopping centre to buy their lunch and then watch television until about seven o'clock when they head off to the local public house. The two younger children are taken there too and Fred will come and go, calling in for money for chips or crisps. The family will stay at the pub until just before closing time when they all walk home, often meeting up with Fred along the way. Any parenting is undertaken by Jennifer who believes that the children should be kept clean as should her house. She does not enjoy cooking stating that she can't cook so prefers to buy ready-made food from the shops or the pub. Brian does not get involved in any domestic chores.

In terms of the domestic abuse, Jennifer does not see this as an issue, she states that Brian does not hit the children or she would throw him out. Jennifer stated that her own parents were abusive towards each other, believing it's just the way things are. Jennifer could remember very little of her own childhood, she was physically chastised by her mother, who blamed her for her having to drink and she tended to cope by staying out of everyone's way. She perceives her own childhood as fairly typical and similar to that of many of her friends stating that 'in those times you got up, got dressed and went out for the whole day', she therefore sees nothing wrong in Fred's tendency to live in this way.

The family have had very limited involvement with Social Care in the past. Referrals have been made by the police when there have been calls for them to intervene in incidents of domestic abuse. When Jennifer and Fred were assaulted by her previous partner Charles, a package of support was offered via Child in Need procedures but the family failed to engage and the case was closed.

Day and Date	Event	Social worker Signature
Mon 21.08.2008	Fred Smith born to Jennifer Thomas (d.o.b. 14.07.1992) and Charles Smith (d.o.b. 08.06.1992), first child of both parents.	Sarah Graham
Tue 24.12.2008	First reported incident of domestic abuse. Charles had been out with friends and physically assaulted Jennifer upon his return home. (see police report dated 29.12.2005 – case notes)	Sarah Graham
Mon 25.12.2008	Referral from Police to Emergency Duty Team re: above. Home visit made, child safe and well, no further action taken.	Sarah Graham
Wed 03.03.2009	Police called to home, domestic incident. Notification to social care, no further action required.	Linda Davies
Fri 05.04.2009	Police called to home, domestic incident. Notification to social care, no further action required.	Linda Davies
Mon 11.05.2010	Sally Smith born to Jennifer Thomas and Charles Smith, second child of both parents	David Hogan
Tue 03.10.2010	Police called to home, domestic incident. Notification to social care, no further action required.(see police report dated 14.10.2007	David Hogan
Wed 04.09.2010	Fred admitted to St. Peter's school, Longmoor.	David Hogan
Thursday 14.09.2010	Police called to home, Charles accused of physical assault to Jennifer and Fred. Section 47 enquires were made, Fred received a medical examination which was inconclusive. Charles denied the allegation and the Strategy meeting decided that Section 17 support should be offered under 1989 Children Act. Family did not engage and case was closed two months later. (see notes of Strategy meeting held on 15.09.2009)	David Hogan
March 2014	Charles Smith meets his current partner and leaves Jennifer and the children to set up home with her.	David Hogan
February 2014	Jennifer begins a relationship with her father's friend, Brian Jones, (d.o.b. 12.01.1958). Previously married with three children, used to reside in London. No further information known.	David Hogan
Mon 21.10.2014	Jennifer and Brian marry at St. Peters Church, Bexley.	David Hogan
Tue 02.01.2015	Police called to home, domestic incident. Notification to social care, no further action required.	Ian Brown
Wed 16.04.2015	Kelly Jones born to Jennifer Smith (nee Thomas), third child and Brian Jones ,fourth child	Ian Brown
Fri 18.07.2015	Family moved to their current address, a three bedroomed privately rented property. 11 Mill Road, Bexley.	Ian Brown
Mon 15.05.2016	Police called to home, domestic incident. Notification to social care, no further action required.	Ian Brown
Mon 03.08.2016	Police called to home, domestic incident. Notification to social care, no further action required.	Ian Brown
Tue 21.11.2016	Fred withdrawn from St. Peter's by his mother following a violent altercation between Fred and his half-brother Leo, Charles Smith's oldest son.	Ian Brown
Fri 04.01.2017	Fred admitted to St. Saviours Primary School	Ian Brown
Mon 19.02.2018	Referral received from Barbara Maynard, Designated Safeguarding Lead, St. Saviours Primary School stated that they had concerns about Fred. He has poor school attendance, smokes and is known to hang around with older youths who are involved in anti-social behaviour. School have been supporting the family via a CAF (see referral and copy of CAF in file)	Val Griffin

Empowerment Model of Assessment showing identified needs/risks and strengths



Need/Issue (sign & symptom/ presenting behaviour)	Hypothesis (possible reason for need/issue)	Action required to rule hypothesis in/out
<p>1. Emotional & Behavioural Development Fred has anti- social and aggressive behaviour</p>	<ul style="list-style-type: none"> — Abuse (current/previous – physical/emotional/witnessing d/v/) — Neglect (e.g. no structure/boundaries at home) — Low self esteem — Learnt behaviour 	<p>Direct work with Fred/ voice of child</p> <p>Observations of parent/child interaction and home environment</p> <p>Discussion with class teacher; direct work with Fred</p> <p>Observation of home/parenting assessment</p>
<p>2. Health Fred suffers from periodic stomach pains</p>	<ul style="list-style-type: none"> — Abuse (current/previous physical/emotional/witnessing d/v/) — Neglect (e.g. inadequate or poor diet) — Medical Condition — Anxiety 	<p>Direct work/ voice of child</p> <p>Observation of meal times/discussion with parents</p> <p>Assessment by health practitioner</p> <p>G.P. assessment/direct work</p>
<p>3. Health Fred has been smoking since he was 8 years old</p>	<ul style="list-style-type: none"> — Abuse (current/previous physical/emotional/witnessing d/v/) — To fit in with peers — No guidance.boundaries — Low self esteem 	<p>Direct work/voice of child</p> <p>Direct work</p> <p>Observation of home/parenting assessment</p> <p>Direct work/observation of Fred</p>
<p>4. Education Child has poor school attendance/truancy</p>	<ul style="list-style-type: none"> — Abuse (current/previous physical/emotional/witnessing d/v/) — Neglect (e.g. no structure/ routine/ uniform) — Intimidation/ harassment at school — Medical Condition 	<p>Direct work/ voice of child</p> <p>Observation of home environment/liason with school attendance service</p> <p>Voice of child/Discussion with school/learning mentor</p> <p>Liaison with school health/ GP</p>

Analysis

Having undertaken an assessment of the Smith/Jones family it is clear that Fred's needs are not being adequately met. There are strengths in the family in terms of home conditions, the duration of the relationship between Brian and Jennifer and the lack of debt and rent arrears. However the lifestyle that the parents choose to adopt is having a detrimental impact upon Fred's health and development.

Research here puts the forthcoming identified needs in context, italics just for training purposes) There are two main health issues in relation to the impact of parental disorders on children health; an increased risk of physical injury and extreme anxiety and fear. The links between domestic violence and physical child abuse are well documented (Humphreys and Mullender 1999 and Covell and Howe 2009). Children living with domestic violence or parental substance misuse are more likely than children who do not live in such circumstances to experience allergies and respiratory tract infections, psychosomatic complaints such as headaches and stomach aches, stomach disorders such as diarrhoea and sleep disturbances. (Lewin and Bucholz; Onyskiw 2003).

Children's education may also suffer because their parent's problems and their home circumstances may dominate the child's thoughts and affect his or her ability to concentrate, which will have negative consequences for learning (NCH Action for Children 1994 p.57). Parental problems can also affect the child's cognitive development and learning due to poor school attendance.

Fred's education is suffering and it is possible that, once he begins Secondary school in September 2017 he will lose the nurturing and vigilance that he receives when he attends his Primary school. This potentially will lead to more truancy and more anti-social behaviour which could result in a custodial sentence in the longer term. In order for Fred to go through the transition from primary to secondary he needs stability and support which he does not consistently receive from any family member. His grandad Bill provides a degree of support but this is only when Fred seeks him out by visiting his home. He has never done anything proactively to improve Fred's home life or to intervene when informed of Fred witnessing domestic violence or being injured as a result of intervening to help his mother.

The level of violence and aggression within the home is having a negative impact upon Fred's ability to manage himself and his feelings. His role models in terms of his step father and mother are unable to control their own behaviour and are unable or unwilling to support Fred in making sense of how he feels and perceives those around him. When considering Fred's early childhood, his birth father having left when he was under three is likely to have had an impact on his self-image and ability to regulate his emotions. It is likely that Fred will have suffered anxiety from both witnessing and experiencing domestic violence and the separation of his parents. Given his mother's increased use of alcohol and cannabis at this time she admits to being physically and psychologically unavailable to Fred during these crucial early years. Fred has learnt that anger and violence will get him rewards and his outbursts are likely to be an attempt to bring order and control to his unstructured home environment. Added to this Fred's inability to express his feelings causes him to internalise these feelings of anger until he has a violent outburst often targeted at his mother. This learnt behaviour is reinforced by Brian's abuse towards Jennifer and from the example his own father showed him when he was verbally and physically abusive to both Fred and his mother. His peers within the 'gang' also reinforce the concept that violence is an acceptable and effective model of behaviour.

On the frequent days when he is out of school, Fred's wakes when he chooses, dresses himself, gets his own breakfast and spends all day on the streets hanging around with older youths on the estate. When hungry he will drift to his granddads or his own home or will look for his parents in the local public house. Fred perceives the care that he gets as good in that he believes "**he gets whatever he wants and can do what he likes**". This is similar to the lives of his friends, albeit many of them are 17 and are more able to cope with this style of independent living. Direct work with Fred has identified that he is close to his grandad Bill and his 'gang' friends. He feels protective towards his mother and two sisters and intends to take care of them when he is

older as he will have **“got rid of”** Brian. He does not appear to have a relationship with his maternal grandmother or aunt or his parental grandmother. When asked what ,if anything, Fred could change about his life, he said that he would like to be older so he could leave school as he wasn't looking forward to going to Secondary School and he wished that his mum had stayed with his birth father so he **‘wouldn't have to live with that cockney Brian’**.

When talking about his father, Fred became very tearful, stating that his dad had left because he was such a naughty child and has now gone on to have a new family with children who are better behaved. The impact of this, Brian's detachment and his mother's perception of him as being the root of all the family difficulties have had a major impact on Fred's sense of identify and self-image. Fred's mother has no perception of her lifestyle having had a negative impact on Fred, the only family difficulties she identified were centred upon the trouble that Fred brought to the door by not attending school and by his anti-social behaviour. Brian refused to take part in the assessment as Fred “isn't his kid and has nothing to do with me”. He did however state that he could sort Fred out easily as he “only needed a good smack from me and he would not misbehave again”. I have been unable to talk to Brian's previous family as part of the assessment as neither he nor Jennifer were prepared to give any details of his previous life and the police had no trace of him prior to him moving up North. Fred's birth father Charles Smith, also refused to co-operate with the assessment.

In summary, the negative impact on Fred's self-esteem and identity of living in an aggressive environment is likely to be significant. He will soon move into Secondary education and this transition is a crucial one for him. Fred manages situations where he feels anxious and out of control by shouting and hitting out at people. Whilst this is tolerated as much as possible in his Primary school it is unlikely that the larger Secondary school will be able to nurture him and manage this behaviour to the same extent. If Fred is unable to moderate his coping mechanisms he will more than likely be excluded and the links between anti-social behaviour, truancy and school exclusion are well documented. Fred will also be losing the support of his class teacher Mr. Kandola. The next 12 months are crucial in supporting Fred to manage his emotions and re-engage with education.

Fred has learnt that relationships are not safe or secure and, as outlined above, has developed coping mechanisms to deal with this. His independent living style is too old for his young age both chronically and developmentally. He is placing himself at risk in the community and is not being protected from harm by his parents either within the neighbourhood or with the home. Witnessing domestic abuse is likely to further affect Fred's self-esteem, emotional regulation and perception of himself, added to that he feels responsible for the breakup of the relationship between his mother and his birth father, Charles Smith.

Neither parent appears to have the inclination to promote or counteract Fred's view of himself, rather his negative perception is re-in forced by their open comments about him bringing trouble to the door and being responsible for bringing the family to the attention of agencies. They appear to have no understanding of Fred's need for emotional warmth and stability and see the role of parenting as purely physical in terms of food, clothing and a house in which to live. They believe that they perform this function well, which they mostly do, and cannot understand why their parenting is being placed under such scrutiny.

Given the fact that the parents do not share the view that Fred is at risk of significant harm they can be said to be at the stage of pre-contemplation and therefore are not currently going through any positive change. Jennifer has stated , however, that she would not want Fred to end up in prison or in the care of the Local Authority and eventually appeared to take on board the long term implications of Fred's current behaviour and impact of his home environment. Jennifer has agreed to work intensively with the Department for a period of three months in an attempt to reduce her alcohol consumption and cannabis use and to provide Fred with a structured home environment. She appeared to understand that Fred will initially resist this change in parenting style as he may feel contained by it but stated that she was prepared to attend a parenting class to learn new skills and receive support in their implementation. Fred does not agree that he needs to be

parented in a different manner or that he is not being properly safeguarded believing that the family should be left to get on with their lives without people interfering. Brian refuses to be part of any support plan but agreed that he would not undermine Jennifer's attempt at changing her current parenting style. However, once Brian realises that Jennifer will no longer be drinking with him every night and may therefore become less tolerant of his alcohol consumption, he may begin to resist the change. Strategies will need to be put in place not only to help Jennifer enhance her parenting skills but also to consider how she will deal with the change in her adult relationship with Brian.

Fred's voice

Whilst Fred's verbatim comments have been highlighted throughout the assessment and analysis it is possible to further capture his voice by:

Observing and de-coding Fred's psychological symptoms

Fred appears to feel the need to protect his mother, himself and his sisters from Brian. Fred has witnessed domestic violence on numerous occasions and has been physically assaulted at least twice as a result of intervening to try to protect his mother. Given Fred's perception of maleness (in that it is there to protect the vulnerable; to show aggression and assertion) his lack of ability to protect will be adding to his already low self-esteem and feelings of failure. His perception of failure in terms of his academic ability, his inability to secure a place in the football team and his inability to have a relationship with classmates and his birth father is likely to compound this already negative view of himself.

Establishing from Fred his perceptions of inter-parental conflict and violence

Fred believes that the violence between his birth father and his mother, and the physical abuse that he was subjected to were his fault. He believes that he was born a naughty child and his father was right to try to correct him with physical chastisement. He feels that he failed to change his behaviour and that his father had to then go on to have another family with better behaved children. He has no understanding of the inability of a child under the age of three to consider the needs of others or to manage their own behaviour and cannot understand the concept of parental responsibility and the role of protection that the parent should have towards his baby and toddler.

Establishing from Fred his perceptions of his relationship(s)

Fred's perception of his mother is that he has let her down. He has very strong protective feeling towards her and tries to please her by being strong and capable. He believes that he is helping his mother by looking after himself so she can look after his sisters. He tries not to interfere with her way of life and has no expectations of how she could parent him differently. Fred's identity is very much linked into his mother's perception of him and he becomes over anxious if he feels that he has upset or displeased her. He has a strong bond with his maternal grandfather but does not see him as having any responsibility for taking care of him, believing that it is up to Fred to take care of himself. Fred totally dismisses Brian as his step father. He has a very simplistic view in that he states **"if Brian doesn't like me then I don't like him, I'm not his kid so he is not my dad, I've got a dad anyway and he will fight Brian if I ask him to"**. His other relationships are with his friends, other 'gang' members but again these are loose connections rather than significant relationships in his life.

Establishing from Fred his perceptions of risk relating to his general welfare and well-being

When discussing his lifestyle, Fred has no understanding of the impact it could have on his future life chances. He does not accept the risks that have been identified in the assessment and believes that agencies should leave the family alone. He claims that he has no fear of getting arrested or getting a custodial sentence in the

future as many of his 'friends' have spent time in Young Offender Institutions and have told him that they are nothing to be afraid of.

In terms of risks associated with witnessing and intervening in the domestic violence between his parents, Fred believes that this will be less problematic as the older he gets the more he will be able to defend himself and his mother against Brian.

The only risk that Fred accepted was that posed to his health by smoking. His grandad, who smokes, has a cough and he is worried about him becoming ill and dying. Fred is able to make the link between his Granddad's ill health and smoking and the damage that Fred is causing to his body. Fred is not averse to trying to stop smoking but will need help and support to manage this addiction.

In terms of working with his support plan, Fred has said that if his mum does her jobs 'then he will do his'. He is happy that he will be able to join the football team and do more maths. He is also pleased that he will be able to stay over at his Grandad's house every other weekend but worries about the safety of his mother if he is not there and whether his Grandad will let him play out with his friends.

Recommendations

(Child Development theory)Both chronologically and developmentally Fred is in his middle childhood. He appears to function above the age of six yet, understandably, beneath the age of eleven. It is assumed that developmentally he will be less egocentric; will be able to take account of other people's ideas; will be more logical and able to think through his own ideas to reach solutions and will be able to rethink situations.

The assessment highlighted particular needs in the area of Fred's social development and identity. Given his age and stage of development, he naturally has a tendency to define himself through social characteristics. He states that he is funny because his friends laugh at his exploits; , stupid because of his lack of ability in reading; naughty because he brings trouble to the door and made his birth father leave home and sad because he cannot care for his mum the way he would like to. A critical part of Fred's identity development is concerned with self-esteem and the degree to which he feels accepted and valued by the adults and children who are important to him.

(Needs to be linked into the support plan)Fred displays the behavioural signs of low self-esteem, namely his withdrawn behaviour and his violent and aggressive outbursts. From the three houses work undertaken with Fred, it is clear that football and mathematics are important strengths. Further work undertaken with Fred needs to support him in further developing these skills; to give him emotional support; to give him approval for his achievements and support in learning that mistakes are acceptable and inevitable and are part of building skills and success. Fred is likely to exhibit some self-defeating behaviour as he will expect to fail in his tasks, seeing any success as chance rather than his own skill. Direct work undertaken with Fred needs to engage him in mutual activities to develop his understanding of his past and impact on his future. This work will need to reflect upon the past, present and future role of adults in Fred's life – the role of parents; other adults; those of other professionals and what Fred understands by the professional social work relationship that is established with him.

Part of the ongoing social worker role will be to support Fred in expressing how he feels and in developing a positive independent view of himself, including his gender identity. The family have clearly defined and developed gender roles and Fred may well be role modelling the behaviour of his father and his step father Brian. Intervention to support Fred needs to address the gender stereo typing and needs to consider positive male role models and how positive gender images of male and females can be reinforced through books and play. Work will also need to be undertaken collaboratively with the family to change these stereo typical behaviours.

Given Brian's resistance to and suspicion of intervention and the potential impact this could have on Jennifer's ability to engage and change it would be beneficial to introduce the intervention on a gradual basis. The initial focus will be upon Fred and Jennifer and, if in agreement, by week six a separate male worker will be introduced to assist with collaborative working in an attempt to break down Brian's resistant behaviour.

(Social work theory and intervention) All family work, including the direct work with Fred should follow a cognitive behavioural approach, establishing who does what, where, when, how often and with whom. Adhering to these simple questions will create focus, clarity and specificity. Further assessment and observation is required to understand the triggers for Fred's violent and aggressive outburst. Once the triggers are known the intervention will need to focus upon increasing behaviours that are agreed by the social/support workers and Fred as being constructive and positive and reducing the occurrence of behaviour that is agreed to be negative or unhelpful. Measures will need to be put in place to ensure that the occurrence of both positive and negative behaviours are recorded and monitored on a daily basis to keep Fred motivated. A rewards based system is likely to be effective given Fred's ability, when calm, to problem solve and think through the impact of his behaviour.

It does not appear that the family are in crisis and therefore crisis intervention is not required at this stage. Task centred practice with a focus upon small achievable targets and goals involving Fred and his extended family would be the most suitable model of intervention. If Fred and his family are to successfully change how they function and behave towards each other, it is imperative that the new agreed behaviours are stronger and more desirable than the original behaviour or there will be no catalyst for change. The selection of the new behaviours must be done in full partnership with family members by the use of a jointly agreed written agreement with explicit timescales if it is to be successful. The support plan will need to agree and prioritise intervention and work to reduce the identified risk factors and strengthen identified resilience factors.

Val Griffin dated xxxx

Resilient Child (Child Development)

Fred's skill at football and ability in mathematics (CD)

Fred's appearance, he is clean and well dressed (CD)

Adverse Environment (PC and F and EF)

Perception of the community towards Fred (F & EF)

Lack of information about Brian's background history (F & EF)

Fred's mother's age when she became pregnant with him (PC)

Fred's mother's childhood background and her refusal to discuss it in depth (F & EF)

The violent and aggressive environment/witnessing domestic abuse (PC/F & EF)

The misuse of alcohol by Fred's parents (PC)

The misuse of cannabis by Fred's mother (PC)

The impending transition to Secondary School (F & EF)

Previous lack of co-operation with Social Care

Fred's lack of positive role models in terms of the adults in his life (PC / F & EF)

The detachment of Fred's birth father (F & EF)

Family's view of acceptable male behaviours

Fred's friendship group (F & EF)

Protective Environment (PC and F and EF)

Fred's relationship with his maternal grandfather (F & EF)

Fred's current school's concern for, and monitoring of, his welfare (F & EF)

The relative stability of his household in terms of routines (PC/ F & EF)

Close knit community (F & EF)

Good material and hygiene standards within the home (F & EF)

The family's adequate income and lack of arrears or debt (F & EF)

Fred's mother's insistence states that she does not want him to end up in prison or the care of the Local Authority (PC)

Fred's mother assurance that she will work intensively with agencies to change her parenting style (PC)

Vulnerable Child (Child Development)

Fred's smoking and anti-social behaviour (CD)

Poor educational attainment and attendance (CD)

Fred's inability to regulate his emotions and low self-esteem /emotional immaturity (CD)

Fred's identify in relation to his gender (CD)

The impact of the separation of Fred's birth parents during a crucial stage in his life and childhood abuse (CD)

Fred's view of Brian and his intention to "sort him out" (CD)

Witnessing and experiencing violence/domestic / physical/emotional

Example Three Islands – Smith/Jones Case Study

Island of Always

Grandad Bill

Mum

Sally & Kelly

Friends



Island of Sometimes

Dad- when he's not angry

Nan- when she's not telling me off

School- when he has maths & PE

Aunty Sharon – when she lets me play on the PC

Neighbours – when they're not

Island of Never

Brian

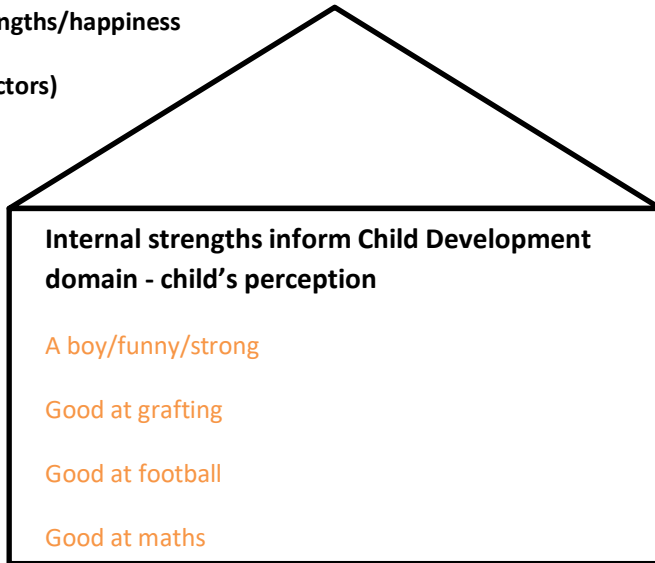
Teachers from St. Saviours

Police

Leo

House of Strengths/happiness

(Resilience factors)

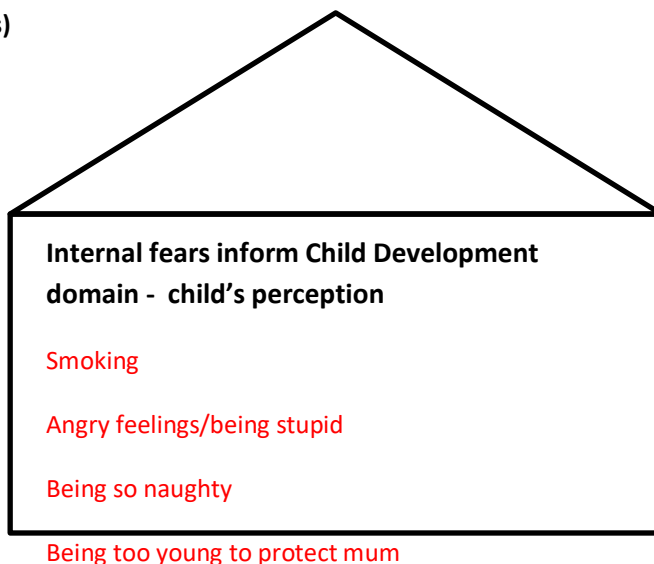


External strengths inform Parenting Capacity and Family & Environmental Factor domains - child's perception

- Mum
- Grandad Bill
- St. Saviour's School
- His Dad
- Pleasing his friends
- Batman games
- His Bedroom

House of fears/sadness

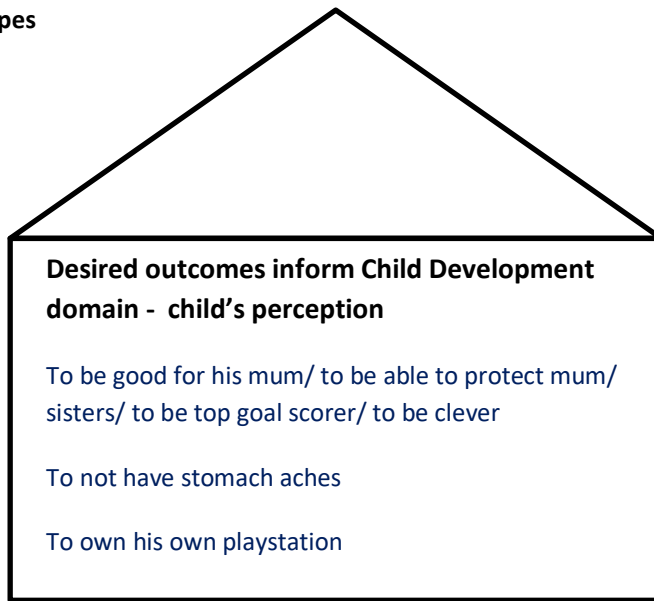
(Risk factors)



External fears inform Parenting Capacity and Family & Environmental Factor domains - child's perception

- Brian
- Mum smoking cannabis
- Grandad Bill's smoking
- Going to All Saints School
- The police
- To not have to go to the same school as Leo

House of hopes
and dreams



External desired outcomes inform Parenting Capacity and Family & Environmental Factor domains - child's perception

For his mum to be safe

For his mum to see him score a goal

For his parents to get back together

Not to have to go to All Saints school

Not to have to sleep at his grandad's house

Outcome	Action	Measure	By Whom	By When
Jennifer understands the impact of parenting on a child's health and wellbeing and is able to apply effective parenting strategies	Jennifer to attend Smithfield Children's	Jennifer is observed to manage Fred's angry outbursts appropriately Jennifer and Fred are able to enjoy quality time together on a one to one basis Fred's angry outbursts reduce	Baljinder Chauhan , Smithfield Support Worker to visit Jennifer	Initial visit Monday 12 th April 10.00 to discuss the parenting course Attendance at the course for the following six weeks
Jennifer and Brian are able to resolve their difficulties without resorting to violence and aggression	Jennifer (and Brian) to work with the Outreach worker to look at their current relationship and its impact on the children including gender roles	Incidents of domestic abuse are reduced (validated by reports to police and in discussion with Jennifer and Fred)	Referral to Outreach Team already made , Support worker Grace Ford to meet Jennifer on Monday 14 th August	Every week for a period of six weeks – exact date and time to be agreed on 12 th April
Jennifer reduces both her alcohol and cannabis intake	Jennifer to work with the Outreach worker to look at strategies to reduce drug and alcohol intake	Jennifer only goes to the public house on Friday, Saturday and Sunday nights Spot checks will be undertaken and will show Jennifer at home with the children not under the influence	Grace Ford, Outreach worker and Jennifer	Unannounced monitoring visits evenings and weekends to begin next week, for a period of six weeks
Fred no longer experiences stomach pains and has a balanced diet. He is given a clean bill of physical and dental health.	Jennifer to take Fred to the doctors/dentists for a medical examination and health check and will reduce the amount of times she feeds him chips to twice per week	Outcome of the doctors/dentist examination will be known School to talk to Fred about his evening meals Unannounced visits – store cupboard checks and meal times	Val Griffin, Social Worker, Jennifer, Fred Nasreen Jahan, G.P.	Unannounced monitoring visits evenings and weekends
Fred attends school more often and no longer truants	School to arrange for Fred to join the football team and learning mentor to work with him on his maths as this is a current strength, his reading (a weakness) and behaviour management	School to report attendance (currently 42%) to social worker each week Teaching mentor to work with Fred each week.	School Teacher – Irfan Kandola Learning Mentor – Kevin Gerrard	Weekly reporting to social worker beginning 12 th April Every Monday morning for six weeks beginning 12 th April
Fred is able to reduce his smoking	Smoking cessation team to advise Learning Mentor of	Fred/his mother state that his smoking is reduced	Kevin Gerrard, Learning Mentor to contact	Every Monday morning for six

	appropriate strategies to use with Fred	G.P assessment shows reduced smoking	smoking cessation team for advice later today	weeks beginning 10 th August
Fred is able to regulate his emotions and has improved self esteem	Direct work to be undertaken with Fred to look at anger management strategies and his sense of identity including his past, present and future adult relationships	Fred is able to demonstrate how he has managed his anger more appropriately Fred talks about himself in a more positive light (3 houses) Observation of the home environment shows less friction , improved communication and gender stereotyping	Val Griffin – Fred’s social worker	Direct work – every Monday 3.30 p.m. until 4.30 p.m. beginning 19 th April for six weeks
Fred is able to have a positive male role model and will have a consistent caring adult who can respond to his emotional needs.	Fred to stay at his Grandad Bill’s every other weekend and to visit every Wednesday after school for his tea	Fred is able to talk to the Learning Mentor about his visits to his grandfather’s house Bill to report on the frequency of visits	Bill Thomas – Fred’s maternal grandfather	Overnight stays to begin 10 th April for a period of six weeks

The Team Around Fred Smith – our ‘jobs’

Fred Smith – to go to school, to try to stop smoking, to go to his sessions with Val and Kevin,

Jennifer Jones – Fred’s mum – to improve her parenting skills

Brian Jones – Fred’s step father – to support Jennifer

Bill Thomas - Fred’s maternal grandfather – to provide support to Fred and to let him stay over every weekend

Val Griffin – Fred’s social worker – to co-ordinate the support plan and to undertake direct work with Fred

Baljinder Chauhan - Smithfield Support Worker – Parenting course facilitator

Grace Ford - Outreach Worker to work with Jennifer (and Brian) on the impact of their parenting on their children including domestic abuse, drugs and alcohol School Teacher. If Brian is in agreement a male worker will be allocated specifically to work with Brian at the next review meeting

Irfan Kandola - Primary school teacher to monitor attendance and support Fred in school

Kevin Gerrard - Learning Mentor to work with Fred on his behaviour, English, Maths and football support

Reason for Plan:

Fred is not currently being provided with consistent parenting to meet his needs and ensure his safety and well- being both within his home and the community. Fred’s anti-social behaviour, smoking and truancy are increasing his risk of significant harm.

Plan start date: Monday 12th April 20xx

Plan Review date: Monday 8th June 12.30 p.m. – 1.30 p.m. at Smithfield Children’s Centre, Fred has chosen not to attend. Val Griffin will represent his wishes and feelings.

Contingency Plan

In the event of agreed actions not being met/ the plan not being adhered to **the relevant agency/person** will contact Val Griffin on the same day and an earlier review date will be set, consideration will also be given to initiating Child Protection procedures.

Three Houses

What resources do I need?

You need three large pieces of paper (A3 or bigger), one for each house, and pens, crayons or pencils.

What do I do?

You, or the child, should draw three houses on each sheet of paper (one house on each piece of paper).

Label the houses:

- House of vulnerabilities (for younger children it could be house of worries or fears)
- House of strengths
- House of hopes and dreams

Start inside. Inside the first house the child or family should write down anything internal that makes them scared or worried such as self-perceptions, values, beliefs, thoughts and feelings. Inside the second house, write down anything internal that makes them feel positive and happy.

Around the outside of the first two houses the child or family should write anything external that makes them scared or makes them happy and positive such as wider family members, peers, school etc.

For the house of hopes and dreams, you could ask the 'miracle question' - what would life be like if there was a miracle overnight and you woke up in a perfect world?

Once you have completed the drawings, discuss what is needed to address the fears, bolster the strengths and achieve the hopes and dreams. Your first focus should be on resources within the family, as this will increase their motivation and avoid giving the impression that external support is being imposed.

Three Islands

The three islands technique helps gain an insight into a child's life without having to rely on question and answer interviews, which can be intimidating for some children. The Islands technique was developed by Kate Iwi, young people's services officer at charity RESPECT, UK.

What resources do I need?

A large piece of paper (A3 or bigger) and some pens, crayons or pencils. For children unable or unwilling to draw, you can use toys and models instead.

How do I do it?

Draw two islands near the top of the piece of paper and a third Island towards the bottom. Draw a bridge between the first two islands and a gate in the middle of it. If it helps, name the islands i.e. the 'Island of Always', 'The Island of Sometimes' and the 'Island of Far-Away'.

Explain to the child that this is a game and that they live on the first island. Ask them to draw themselves or use one of the toys to represent them. They can then draw anything else they want to be on this island with them (which could include people, animals, activities, objects). If you do not have the exact toys / models to represent what a child wants to show, just pretend (for example, a toy plane could represent going on holiday).

On the second island, ask the child to draw or put anything that they want to see but not all the time. Explain they have the only key to the gate on the bridge, so anything on the second island can only cross when the child lets them.

On the third island, ask the child to draw or put anything that they want to be far away from them or never see again. As the child is drawing or putting toys on the islands, make sure you ask them who or what they are and why they have put something on a particular island

What am I looking for?

Anything in the drawing or model that seems odd or worrying, as well as anything that makes the child happy.

Warnings

You should be careful about interpreting what is drawn or shown too literally. For example, if they draw a picture of a man and a woman fighting, this would not necessarily mean they have experienced domestic violence. Drawings / modelling are a way for the child to express an emotional state or process something they have seen or experienced.

You should avoid questioning where the child places things. For example, you can ask why they have put their mother on the second island but you should not say: 'Oh, but I would have thought your mummy should be on island one?' The child may end up trying to please you (or displease you.). There may also be immediate reasons why a child has put something on either the second or third islands - for example, they may put their pet cat on island two because the cat scratched them earlier in the day.