Neglect case study - Family 1

Background to case
Family of four – Mother and three children. Eldest child has a rare medical condition and has multiple complex additional care needs.

The three children each have different fathers and mothers relationships with each have been physically and emotionally abusive.

Mother also has poor health and is not consistent in managing her health needs.

Mother (A) was in a relationship with youngest child’s father (B) which had all three elements of the toxic trio present.

B was both using and dealing substances which although not specifically linked to his mental health, was believed to have been impacting and compounding his low mood, resulting in attempted suicide.

The children were exposed to the volatile relationship.

Police and children’s services became involved resulting in a CP plan being implemented for all three children and charges brought against B for possession and intent to supply of illegal substances.

A, whilst still openly in a relationship with B at this time, was under intense strain and pressure and this resulted in her physically assaulting her youngest child.

A and B separated as a result and the relationship became acrimonious. This resulted in the children being further exposed to risk due to B’s deterioration of his mental health.

Reason for referral/involvement
Although on a CP plan, a referral was made to our service for support with parents accessing parenting programmes as per an action within the CP plan.

As parents were separated, risks were reduced and when CP was no longer required it was de-escalated to FSS for continued support.

Type of neglect
Physical and emotional neglect – Eldest child’s physical medical needs were sometimes neglected due to the lifestyles the children were exposed to and the impact on A’s ability to protect the children from the impact of her relationship choices and lifestyle.
What interventions/support delivered?

- Incredible years
- Family nurture
- Signposted to support for domestic abuse

Both parents completed courses separately

How was support co-ordinated with other practitioners/agencies

Support was initially co-ordinated via the statutory plan. Once this was de-escalated and FSS was the lead agency – Multi agency meetings would be held to review targets against progress in formal Team around the Family (TAF) planning involving school, domestic abuse outreach, substance misuse team, health etc. All agencies involved in the review and planning of continued support needs.

What have been the outcomes for the child (ren) and wider family-what is different?

Parents recognise the impact of their behaviours on the children and remain separated. Parenting programmes were completed and A, as main carer, was able to demonstrate and evidence her learning through practice. This in turn was of benefit to all the children as stability and routines replaced the previous chaotic and unpredictable lifestyle. Attendance at settings improved as did engagement with supporting agencies. A was more able to address her own health needs. B did not have contact as although he attended and completed courses, his mental health continued to deteriorate.

How has change been sustained?

Parents aware of how to access support through universal services e.g. school staff, drop in for support sessions within FSS. Transparent planning has supported raised confidence in communicating with agencies thus any issues can be resolved quickly.

List critical success factors

- Effective planning alongside parents – Ensuring that actions set were SMART and achievable promoting measurable progress.
- Transparent working
- Building relationships and where possible a consistent contact- this had a big impact on achieving improved engagement with all professionals.