

Background to case: Family of four comprising of mother and three children. The eldest child has a rare medical condition and has multiple complex additional care needs.

The three children each have different fathers and the mother's relationships with each child has been physically and emotionally abusive.

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

Mother, Kim*, was in a relationship with the youngest child's father, Paul*, which had all three elements of the toxic trio present.

Paul 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 Child Protection (CP) plan being implemented for all three children and charges brought against Paul for possession and intent to supply of illegal substances.

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

Kim and Paul separated as a result, and the relationship became acrimonious. This resulted in the children being further exposed to risk due to the deterioration of Paul's mental health.

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

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

Type of neglect: Physical and emotional neglect. The eldest child's physical medical needs were sometimes neglected due to the lifestyles the children were exposed to and the impact on Kim's ability to protect the children from the impact of her relationship choices and lifestyle.

What interventions/support were delivered?

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

Both parents completed the courses separately.

NEGLECT CASE STUDY: FAMILY A

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How was support coordinated with other practitioners/agencies? Support was initially coordinated via the statutory plan. Once this was de-escalated and FSS became the lead agency, multi-agency meetings were held to review targets against progress in formal Team Around the Family (TAF) planning. This involved the school, domestic abuse outreach, the substance misuse team, health etc. All agencies were involved in the review and planning of the continuing support needs.

What has been the outcomes for the child (ren) and wider family - what is different? The parents recognise the impact of their behaviours on the children and remain separated. Parenting programmes were completed and Kim, as the 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. Kim was more able to address her own health needs. Paul did not have contact, as although he attended and completed the courses, his mental health continued to deteriorate.

How has change been sustained? The parents are 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 resulting in any issues being resolved quickly.

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.

**Pseudonym*