

Case Study of one of the CDAT Social Workers involvement with a family in Bridgend.

The family I support consists of a father in his mid-thirties and mother in her lower thirties. They now have 3 children under 6.

The father has a long forensic, heroin, substance misuse history dating back prior to his teenage years. He became a prolific offender resulting in several convictions and episodes of imprisonment. Prior to support service's involvement he was committing several crimes a week.

The mother had been using heroin / substances for a number of years. There was a considerable amount of debt which was not being addressed. The family were at risk of being evicted from their social housing.

Initially I started working with the mother in 2014. At the time she was heroin dependent. She had two children; both of these had been removed to safeguard their well-being and placed in foster care. The father was also heroin dependent was serving another prison sentence (Assault / burglary /receiving stolen goods).

I was allocated the case several months after the children had been removed. The mother's contact sessions had been reduced, as she often failed to attend. During my initial sessions I felt the mother found it difficult to process and retain information given verbally / written. She had also experienced a dysfunctional education and therefore had difficulty with reading and understanding terminology of specific words. This led me to wonder how much of the process she had understood. Which format, of correspondence had been used to engage / involve her in decision making and the undertaking of given tasks; such as attending contact sessions. She sat in child care meetings; often presenting as disengaged and agreeing (nodding) with the opinions of the professionals involved. I felt this lack of engagement was due to her lack of understanding rather than a lack of interest in what was happening to her family.

The mother had undertaken a parental assessment, scoring very low. This determined she would struggle to parent her children affectively if they were returned to the family. Discussions took place regarding the possibility of the children being removed on a permanent basis.

Challenging the format used to gather this information and gaining the agreement for the assessment to be undertaken in a format the mother could understand; enabled her to show she could achieve much higher score.

This enabled the social workers to establish she would be able to affectively parent her children, although there would need to be on-going support and development of skills in specific areas of parenting.

On the fathers release from prison; early 2015 he immediately engaged in support services. Both parents receive substitute medication through CDAT for their heroin

dependency. Both are abstinent from all substances. Both have fully embraced the support on offer, never having failed to collect their medications, attend school or social service appointments. Both parents regularly provide negative drug screening tests. The father has not committed any criminal acts since his release from prison. The family are no longer at risk of being evicted and are now debt free.

The 2 children were returned to the family towards the end of 2015. The mother had another child and the children remained on the Child Protection Register. Recent reviews have established the children are developing appropriately and a decision has been made to remove the children from the at risk register.

The family undertook their first holiday together this summer. The children are progressing very well, receiving very positive feedback from the school, nursery and health professionals.

This has taken a multi-disciplinary approach: positive involvement with the family, extended family, support provided by Children Services, Foster carers, CDAT, IFSS, Probation, Health Care and Education Professional.