

Case Study- Child MD

Context to Case

MD was referred to Safeguarding Services in February 2015 by his health visitor, aged 1 year. The referral was based on information shared with the health visitor, by MD's maternal grandmother (MGM).

MD's mother, Ms B (who was aged 17 at the time of the referral), had recently returned to live with her mother. MGM alleged that Ms B was a victim of domestic abuse by MD's biological father, Mr D, and that he misused substances. Child MD was said to have been present during incidents where Mr D smashed up Ms B's property. MGM also alleged that Ms B was not providing regular meals for MD. She said Ms B had lied about the food she has given him, and he appeared hungry when he had been in her care.

Actions Taken

MD was opened to Safeguarding Services on a 'child in need' basis. A core assessment was undertaken. Ms B was assessed as being able to meet MD's basic needs; she took him to all his health appointments, she also engaged well with professionals.

Throughout this period, MD and his mother remained at the home of MGM. Although Mr D and Ms B were not in a relationship during the core assessment, Mr D continued to have contact with his son. Shortly after the core assessment was completed, Ms B and Mr D resumed their relationship, and moved in with MD's paternal grandfather (PGF).

The family were offered support under a 'child in need' plan, for a period of three months. There were no further allegations of domestic violence or substance misuse during this period.

At MD's second Child in Need review, professionals agreed that the family could be 'stepped down' to Early Help. Professionals felt that, as a young mother, Ms B remained vulnerable and lacked in confidence. Support from Early Help was requested to support Ms B to continue to develop her parenting skills and for support with practical issues such as acquiring her own tenancy.

Ms B and Mr D gave consent for this, and a referral was made to Early Help. The family were allocated a Family Support Worker (FSW). A joint visit was arranged between the social worker, the family and the FSW to facilitate introductions and agree the work that would be undertaken.

The family were then closed to Safeguarding Services and 'Stepped Down' to Early Help. The FSW worked with the family to undertake a JAFF (Joint Assessment

Family Framework) assessment and to agree a support plan which was aimed at meeting the outcomes identified in the assessment.

Support provided

Ms B and Mr D expressed a wish to be able to provide their son with a settled and stable family life. For them, this entailed securing their own tenancy. They had identified a private rented property via a family friend. The FSW provided information, advice and guidance on a range of issues, such as benefits and grants, as well as signposting them to furniture recycling facilities. Throughout this period, the FSW has been mindful of building Ms B's confidence and problem solving abilities, by encouraging Ms B to undertake key tasks herself.

The FSW has also supported Ms B to access community facilities with MD, such as a 'Language and Play' group via Flying Start. This will help develop MD's social and language skills, as well as providing opportunities for Ms B to socialise with other parents.

This outcome focussed approach is helping to build capacity and resilience within the family. 'Team around the Family' meetings, involving family members and professionals, help ensure that support continues to be coordinated effectively and information shared appropriately.

Conclusion

The Step Down process seems to have worked well for MD; he has benefitted from the support of agencies who were able to work closely together to provide targeted support, as the family's needs changed.