

Whole Family Approach Case Study – Kinship Care

Rosie, Clair and John – Black British
family living in a coastal town



Rosie

- Rosie, aged 10 is subject to a Special Guardianship Order (SGO) granted to her Maternal Grandparents Clair and John (63 and 67), by the family court, when Rosie was 4 years old.
- Prior to the SGO, Rosie was a Looked After Child from aged 2, placed in Foster Care, due to experiencing neglect and being exposed to Domestic Abuse and Parental Drug and Alcohol misuse.
- Between the ages of four and eight, Rosie was reported to be settled while living with her grandparents, demonstrating emotional and social stability and engaging well in education, with no additional needs identified.
- Children's Social Care recommended that Rosie have contact with her parents six times a year during school holidays; however, this was not consistent, as her parents frequently did not attend.
- Just before her ninth birthday, Rosie's school noticed changes in her behaviour, which were impacting her education and peer relationships.

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Rosie

- Rosie was finding it challenging to concentrate and focus at school, she was becoming dysregulated more often and demonstrating behaviours that put herself or others at risk of harm. This resulted in the need for a reduced timetable, as she was becoming overwhelmed which was impacting on her emotional wellbeing.
- Clair reported that Rosie was having frequent heightened emotional responses at home, as she was struggling to regulate her emotions and communicate how she was feeling.
- The situation was also impacting family relationships, with Clair and John telling the school they felt that they needed some help, to further understand Rosie's behaviours and how best to support and respond to these.

Reflections



Questions for reflection:

- Do we understand the impact of presenting behaviour on the person and those in the household? What is day to day life like and how much risk and harm may the presenting behaviour cause for others and does this need intervention?
- What are the family beliefs, rules, values and fears that stop them seeking and accessing support? How can we support people to consider their options?
- Have you sufficiently considered the history of the household members and impact of this, adverse childhood experiences, trauma and repeat behaviours and patterns?
- When people are only just doing enough, but change isn't being seen, how is this recognised and how do you respond to it?
- Do we understand the impact of the caring responsibility on the care giver; is this a reasonable impact or do they need support? (what is reasonable?)

Whole Family Approach

Reflections



When you consider making referrals or signposting

- How do you decide if it is necessary and proportionate?
- Do you consider if the family member needs an introduction to a new service; will they self-refer without support?
- Have you considered their level of confidence and does this mean they need practical support?
- Have you considered family rules, culture, beliefs and values and how this can impact on making the referral or affect future intervention?
- How does your own values and biases influence the interpretation of need?

**Pause here and form your own
conclusions.**

**Please only proceed once you
have done so.**

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Work undertaken with the family

- Clair contacted the Kinship Post Order Support Team via the Team Duty line, sharing the challenges that Rosie is currently experiencing at school. They also shared that they are feeling overwhelmed at home and are not sure how best to respond.
- A Team around the Family (TAF) Meeting, was suggested. Clair consented to the Kinship Post Order Support Team arranging this with the school.
- At the TAF Meeting attended by the Duty Worker, from the Kinship Post Order Support Team, Special Guardians, SENCO and Headteacher, it was recommended that a Post SGO Assessment of Need be completed to explore in more detail the needs of Rosie and the Special Guardians.
- During the TAF Meeting it was recommended that Clair contact the GP, regarding referral to explore possible Neurodiversity. School support and interventions were considered, a one plan to be initiated, with consideration being given to the school applying for an Education Health Care Plan (EHCP), once evidence has been gathered.

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Work undertaken with the family continued

- The family were allocated a Social Worker from the team, who undertook a Post SGO Assessment of Need. This included home visits to Clair and John, wishes and feelings work with Rosie, and liaison with other professionals involved.
- Recommendations following the assessment were for Clair and John to attend the Nurturing Attachments Group and their local Kinship Coffee Morning, which might offer peer support. Clair and John to be put in touch with the Benefits Project Advisor for guidance around welfare benefits. Consultation to be requested with Mental Health Coordinator to explore the need for potential therapeutic intervention and next steps. Family time agreement to be explored and conversations with birth parents around expectations and boundaries.
- SGO Support Plan devised, areas of support identified were, emotional support and ongoing therapeutic parenting guidance for Clair and John, regular communication and meetings with school, direct work with Rosie, therapeutic intervention to be explored for Rosie, Clair and John. As Rosie was a previously looked after child, she is eligible for the Adoption Special Guardian Support Fund (ASGSF) to fund therapeutic intervention.

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Outcomes achieved

- Clair and John have completed the Nurturing Attachments course, which has developed their understanding of attachment, impact of trauma and introduced therapeutic parenting as an approach, which they are starting to consider and implement.
- Clair and John have regularly attended a local Kinship Coffee Morning, which offers ongoing peer support, and formed friendships, with other families in similar situations
- School implemented a One Plan for Rosie and an application for an Education Health Care Needs Assessment will be undertaken by the school, now they have evidence available. Rosie has a named person at school, who she will go and speak to when feeling overwhelmed. A transition plan for Rosie moving to secondary school is in place

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Outcomes achieved continued

- A referral was made to the Paediatrician by the GP, and an appointment is awaited
- Direct work with Rosie, identified she was in communication with her parents online, without her Grandparents knowledge. Work completed with Special Guardians and parents individually, Family Time Agreement subsequently put into place which provided containment and set clear boundaries, having a positive impact on Rosie's emotional wellbeing and family relationships.
- Direct work with Rosie completed, helped her develop strategies that she could use to help herself feel safe and regulated
- The family is now in receipt of all entitled welfare benefits and Disability Living Allowance (DLA) for Rosie
- SGO Support Plan in place and reviewed 6 monthly, this monitors and reviews the current plan in place

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This case study was adapted from:

[How whole family working helps families with multiple/complex needs: a case study – Department for Education](#)