

PRAISE

Suggested framework for case studies report

Context

I suggest that partners could include here information on the roles and backgrounds of those who contributed to the case studies, the practice organisation and the educational institution(s) involved. Also a summary of the information produced for the questionnaire on virtuous circles could be helpful.

Summary of cases studies

I suggest we produce a summary of the case studies produced under the following headings which would probably be best presented in table form (see end of document):

Title

Key concepts

Practice themes

Learning themes

Summary

I suggest that here partners could pull together in narrative form the main points from the summary table.

Critical reflection on process

Partners could include here some comment on “narration as as shared work methodology and individually acquirable competence.”

Conclusions

In conclusion, I suggest that partners could comment on progress and achievements made, difficulties overcome or outstanding, gaps identified and plans for further case study collection.

Case study title	Key concepts	Practice themes Could include practice knowledge or unknowledge; informing practice; reforming practice; organisational context	Learning themes Theoretical and/or research work applied Relevance to learning; module development
Theatre project: What do you believe in?	Network, theatre, community work, tolerance, dialogue between religious groups		

Twenty Proposed 'Virtuous Circles'

Composition of VC's

The term PRAISE stands for Peer Review Applying Intelligence to Social work Education. The project is allied with CABLE which aims to use Case studies to promote Social Work Learning using Virtual Learning techniques.

My understanding is that 'Peers' include Social Work and other agency personnel eg Health, Education, Psychology/Psychiatric and Police.

To gain most from this method of learning it would seem appropriate to include some experienced personnel, some practitioners newly qualified and others who are still in training.

Experience of training in Highland suggests that proven expertise in 'presenting' group discussion, group learning and problem solving is likely to lead to a better 'group' experience resulting in greater benefit to the agencies involved. Helen Kenward, Sally Wassell and Maureen Devlin are some trainers who could be employed to chair or present to groups to help maintain a professional focus and promote lively discussion. A large proportion of the money available from the PRAISE project is set aside for paying people to do this and it is understood that the Highland Council already pays for professional presenters in this way.

Finally, it would seem to make sense to include in each group someone with knowledge of each 'Case Study' and this could have benefit for operational teams if individual workers used this platform to help problem solve and identify 'good practice' solutions.

Some suggestion for Case Studies (Actual cases, names changed)

1) Raphael Alhegro – Language/Cultural differences

Raphael is an 11 yr old boy who arrived in Highland at the beginning of 2004 having lived in Leeds for some time with his mother – they moved to Inverness where his father was working in the Fish Processing factory. Raphael's parents both originate from an island group off the coast of Angola, his father being of mixed race African/Portuguese, and his mother is of African origin – all the family speak Portuguese and very little English – an interpreter is used most of the time when there is contact with the family.

Raphael's name is on the CP register – he was subjected to physical abuse from his mother in Leeds and more physical abuse from his father in Inverness – his father was subsequently convicted of this offence and is currently on probation. His father has limited commitment to the family and his mother has a chronic medical condition.

There are major housing, cultural and logistical issues dealing with this family and implications for how CP procedures and rights to services are transferable from one place to another within Britain and between EU countries. There are obvious advantages to us in setting up a group to look at all these issues, especially within the PRAISE project since this has international connections.

2) Mary Vernal – Teenager at risk

Mary is a 14 yr old girl who has been the subject of extreme concern from CP point of view and because of the difficulty of managing her presenting behaviours. For years there have been serious concerns amongst Social Workers and other professionals about young people for whom we have inadequate resources and who present behaviours that challenge authority, place the young person at risk physically, emotionally and sexually/medically and who pose a physical threat to others – and this really is a resource issue. All too often young people are sent ‘out of region’ to establishments inaccessible to local workers, that have dubious records in child care and that cost the Council a fortune. There must be a better, more caring and therapeutic way and much thought has been given to the problem but we are still no nearer to a satisfactory outcome for these young people – a group looking for alternatives eg what happens in other areas/countries? Are there any models that we could learn from etc.?

3) Mark Innes – Young child of drug using parents

Mark is a one-year old wee boy whose parents are young (20/18) and have an addiction to heroin. How do we work in partnership with this young couple and with other agencies to ensure this child’s welfare? Risk assessments are being looked at in Highland, and by the Scottish Executive generally, and we are looking at the Department of Health model to see how this can be honed to take in this client group who have particular problems. The family lives in a Housing Block and a young couple with a similar history of addiction to heroin live in the next door flat. Is it appropriate to work with both families to help them come to terms with their addiction and the steps they may need to take to ensure the safety and welfare of their young children? This is a presenting problem with increasingly large numbers of families in Highland and throughout Britain as it is likely to be in most of the more developed countries in Europe. How do other countries deal with this? Is it a feature of a particular type of Western society ie are the problems the same in Rumania/ Iceland/ Spain for example?

4) Kelly MacFarlane – ADHD – use of Ritalin

Kelly is now aged 10 and when she was aged 7 she was diagnosed with ADHD. At that time her mother had a nervous breakdown – she could not cope with her daughter’s demanding behaviour and felt a failure as a mother. When the diagnosis was made there was an immediate input of services both at school, with extra learning support, and at home with a support worker who visited twice weekly. The mother’s condition immediately improved – she realised that she had been dealing with a child who had special needs.

Kelly was prescribed with Ritalin to help control her behaviour, her mood swings and to allow her to sleep longer at night. The family were alarmed at the change in their daughter who became listless and seemed to lack energy. After a family discussion it was agreed that the treatment would be discontinued. Through the support of the professional agencies the family now felt empowered to deal with their child’s challenging behaviour. The Ritalin debate has been argued in medical, social work and educational journals, ie whether to prescribe or not, without a conclusion.

5) William Colquitt – Attachment/Parenting capacity

William is a three year old child who has a little brother aged 2. His mother had a difficult childhood having lost her mother in childbirth she then lived with her grandparents until aged 7 when her father remarried. She was then moved to live with her father and step-mother but never formed a bond with the new 'mother' figure who had a rigid attitude towards discipline and had two older children who themselves exhibited difficult behaviour. William's mother's grandparents died within a short time of each other when she was about age 12 and this was devastating for her. She did not ever have a mother figure from whom she could learn the skills she would need as a parent later in life. She then ran away from her rural village when barely fifteen years old in answer to a mobile phone contact of dubious origin. She was returned home several days later from the North of England but revealed a few months later that she was pregnant. She left home before her sixteenth birthday to be with the father of the child in England.

The young couple proved incapable of caring for the child, and his little brother when he arrived a year later, and relied heavily on the paternal grandparents who lived nearby. There was Social Work involvement at this time. William's mother became increasingly upset by the controlling influence of her partner's parents and suffered from domestic violence at her home. With the help of her family she fled back to Scotland with her two children.

However, it soon became clear that, whilst she did not regret leaving England, she lacked the skills required to parent effectively and it was difficult to provide the necessary supports in a rural area.

6) Brian Davies – Adult sexual behaviour in young child

Brian is eight and there have been concerns about several incidents whereby Brian has made inappropriate sexual advances towards other younger children. These would indicate that Brian has witnessed adult sexual behaviour either through his family or on video. Another incident involving a younger boy was investigated by the Social Work department and the police. The other boy openly told his mother about the incident and said he 'felt much better afterwards because he knew it was rude'. Brian broke down under interview and was unable to make a statement although he had admitted briefly to his mother that 'something had happened'.

Another case involved a five year old girl performing oral sex on a three year old boy.

The dilemma is how to provide therapy to such young children without causing further harm.

7) Nicola Kendrick – Disclosure of incest abuse later in life - implications

Nicola is a woman in her late thirties who has a family of three children. During a family discussion with her husband and children she broke down and revealed to her husband that she had been sexually abused by her father over a period of years between age 10 and 13. Subsequently she became mentally unstable and was admitted to mental hospital on numerous occasions. Her doctor discussed with her the possibility of making a statement to the police, mainly for her own sanity, but also to protect her own children and those of her large family

of brothers and sisters. She obtained advice from a Social Worker and the police but realised that should she make a statement and take her father to Court she risked the backlash and isolation from her family, all of whom wished to protect their father's name, he being a pillar of the community. Two of Nicola's siblings were in the police and another was married to a policeman. She has a total of eight nephews and nieces, some of whom have regular contact with their grandfather. As yet Social Work Services have no direct involvement with any of these children and it is uncertain whether there is enough collaborative evidence to convict the perpetrator because the only witness, Nicola's twin sister, is unwilling to make a statement.

8) Kenneth Chalmers – Kinship Carer allowance

Kenneth is an eight year old boy in the care of his grandmother. His mother has had difficulty managing her life since Kenneth was born and she lived a lifestyle, involving alcohol and drug consumption, that was putting Connor's welfare at jeopardy. His grandmother constantly contacted Social Work Services hoping they would intervene and eventually they did. Kenneth lived for some time with his gran but returned to his mother's care. Mother and daughter have a very volatile relationship.

Once again Kenneth's mother showed herself incapable of caring for her son and eventually, after an unhappy relationship with an older man resulted in the birth of a baby daughter, she attempted suicide whilst the children were in her care. Kenneth returned to his grandmother's care and the baby was, and still is, cared for by her father. Grandmother obtained a Residence Order. She is supported by Social Work Services financially for any extra outlay eg school trips etc and is entitled to 'Kinship Carer' allowance. However, because she is on Benefits, this would not be advantageous as it would have to be taken into account when calculating her benefit – she would be no better off. Were she in employment however, she would receive the full allowance.

9) Matthew Larsson – autism/provision of respite care/ residential school

Matthew is a robust ten year old diagnosed with autism. He has very limited speech and becomes angry and frustrated when trying to explain his wants. He lives with his mother and 6yr old sister who has a high-pitched voice that causes him anguish and makes him angry. Generally he has a loving and caring nature and his mother and sister are very fond of him and he is cared for to a high standard.

The reality, however, is that his behaviour has become increasingly difficult for his mother's ability to cope. He is strong, boisterous and there are periods of several hours when he is clearly unhappy. His mother becomes anxious and upset by her inability to help him when he is in such a mood, she has sleepless nights and accepts that at such times would prefer Matthew to be living elsewhere. At other times she insists that Matthew would be very unhappy to have to spend time away from home. He used to get respite with carers one weekend in four and fortnightly midweek but the cares have separated and are no longer permitted (by Social Work Services) to offer respite despite a willingness to do so. Things have become so desperate that mum is now considering seeking a residential school placement.

10) Malcolm Crawford - School/Peer difficulties

Malcolm is now aged 16. He only attended main stream school for less than one year overall after leaving primary school at age 11. He was diagnosed with ADHD in P6 and attended a therapeutic/learning support unit towards the end of his primary school career. He has been accused of bullying other children but generally exhibits a fear of being in a group. His mother became alarmed when he started hitting his younger sister and then he showed rebelliousness towards his mother. However, generally the family get on well and the problems appear to centre round his ability to relate to peers. He gets on very well with adults on a one-to-one basis and in conversation shows interest, a sense of humour and a clear intelligence.

Despite all attempts to engage Malcolm in meaningful use of his time he has always baulked at the last hurdle and avoided attendance at any small group environment. Since the Bridge opened, however, Malcolm has made more progress and to some extent shown that a young person can miss a considerable amount of education but still apparently come through with a positive attitude towards learning and employment.

SOME SUGGESTIONS – Choice of Case Studies to demonstrate:-

- 11) Foster breakdown**
- 12) Children with Learning Difficulty – Mainstream or Specialist School?**
- 13) School based Social Work provision**
- 14) Community based Social Work provision**
- 15) Under 16 yr old mother**
- 16) Young carer eg Anthony Strang**
- 17) Sexuality awareness for child with Learning Difficulty**
- 18) Juvenile drug/alcohol use**
- 19) Attachment difficulties**
- 20) Child of parent with mental health problems**