RCT Children's CASE STUDY
Integrated Family Support Service
Chronology

During the consultation with IFSS, the social worker had raised concerns about the reliability of the information mother is providing to professionals and concerns that she may be once again concealing misuse of illicit substances, following reports once more from a member of the public that mother has been seen actively suspiciously and appearing under the influence. The social worker feels that although maternal family are supportive and protective to mother and did respond to her relapse, they were not as forthcoming with the information in a pro-active way to demonstrate that they are able to safeguard their grandchildren consistently and place their needs above the needs of their daughter. The social worker was also concerned about the children's exposure to fear inducing parental conflict and behaviour, as child has been exposed to arguments and worries about her mother's mood on occasion.

There were concerns that mother previously didn't engage with domestic violence services and has not fully shared her lived experiences /patterns around illicit substance misuse.

<u>Intervention completed by IFSS (referred to as) worker</u>

Worker became involved with the mother and her family in December 2024, providing support in relation to substance misuse, mental health, domestic abuse, relapse prevention, safeguarding, and family wellbeing. During workers involvement, a total of 51 sessions were completed, with the majority of these being with the mother.

At the outset, the mother's engagement was largely positive. She attended almost all scheduled appointments and quickly developed a trusting and constructive working relationship with me. At the time my involvement began, the mother reported that she was abstinent from substances and had previously been working with Barod around relapse prevention. Following the conclusion of Barod's involvement, worker continued supporting the mother in maintaining abstinence and strengthening her relapse prevention strategies. Additional work was undertaken to support her mental health needs and explore her experiences of domestic abuse in previous relationships, providing emotional support, safety-focused discussions, and guidance.

On February 2025, information was received indicating that the mother had lapsed in her substance use. The mother disclosed this on the same day, however, this had not been raised during earlier sessions. In response to this lapse, the social worker implemented safeguarding measures, including the children residing with family members and the mother's contact being supervised. At this stage, there were initial discussions within the professional network regarding the potential progression to Public Law Outline (PLO) due to the level of risk identified.

Following this, the IFSS work focused on helping the mother understand the circumstances surrounding the lapse, identifying triggers, and reinforcing relapse prevention strategies. Worker also worked with her to increase her awareness of the risks that substance misuse poses to the children and emphasised the importance of being open and honest regarding her substance use.

Alongside this, worker provided direct support to the child through home visits and supported her to attend a girls' group. This work focused on the child's lived experiences, as well as exploring her wishes and feelings in a safe and supportive environment. The child's engagement with this support was consistently very positive.

Following the lapse in February, the mother's engagement improved significantly. She was actively participating in the agreed plan, and progress was being made, including a move towards unsupervised contact with the children. During this period, the mother reported continued abstinence, which remained consistent up until late June 2025.

Concerns were raised again towards the end of June 2025 after a male was reported to have attended the mother's address late at night, and it was identified that agreed supervision arrangements had been breached. Although the mother denied substance misuse at that time, her presentation and circumstances began to raise further concerns. During July 2025, there was a noticeable deterioration in both her engagement and mental health. The mother was seen by the crisis team, and further concerns were reported regarding her lifestyle, including unknown males using her car at unsociable hours. The mother later disclosed that she had returned to regular cocaine use and was refusing to engage in drug testing.

During this period, family members reported that the mother's contact with the children had reduced significantly, and she was not engaging with family. Financial concerns were also identified, including an incident where the family provided the mother with £500 to settle a drug-related debt, alongside concerns regarding the potential sale of her horse. The mother also reported that she had been sleeping in her car due to fear of individuals linked to her substance use attending her property. Due to the escalation in risk during this period, PLO was again being considered by Children Services.

In August 2025, the mother was admitted to hospital after taking an overdose. While in hospital, further concerns were raised, including reports that she was leaving the ward for extended periods and returning under the influence. She was also reported missing to the police during this time. During a visit with the worker, mother disclosed that she had spent a substantial amount of money on cocaine in the preceding months. Additional concerns were raised regarding threats made towards other family members, as well as risks to the property where the children resided. The mother also reported that she had received an eviction notice and was required to leave her accommodation by September, further increasing instability.

Throughout August, the worker maintained regular contact with the mother, the children, and the family members to ensure continued support and monitoring of risk. Following the Child Protection Review Conference, it was agreed that the child would be referred for Eye to Eye counselling, and ongoing support to the mother would continue.

Following this conference, there was a significant positive shift in the mother's engagement. She began attending all appointments consistently, showed improved insight into her behaviours and decision-making, and demonstrated a clear motivation to achieve abstinence. Her mental health improved considerably once substance use ceased, and she expressed a clear intention to work collaboratively with professionals to regain care of her children. Due to this sustained progress, the earlier considerations regarding PLO were not progressed, as risk levels reduced and the mother demonstrated capacity to make and sustain positive change.

The mother began engaging with additional support services, including a housing support worker and a Community Psychiatric Nurse (CPN). In October 25, a joint visit was completed with a co-occurring worker, and it was agreed that this service would take over lead support regarding both substance misuse and mental health. The mother also began implementing healthier coping strategies, including attending the gym, and other sporting/physical activities, all of which contributed positively to her recovery and routine.

Toward the middle of October, final visits were completed with the child and also with the mother, marking the end of my involvement. At this point, the mother had demonstrated improved stability, engagement, and commitment to recovery, with appropriate support systems in place.

In early 2026, the mother made contact with the worker to provide an update and express her appreciation. She reported that she had secured new accommodation and that significant progress had been made including the children's names being removed from the Child Protection Register. The mother also reported that the children are now party to a rehabilitation plan, reflecting sustained progress and reduced risk.

The mother stated that she felt the support provided during the intervention had been instrumental in her recovery and believed that without this support, she may not have survived the challenges she faced.