

Care Case Study

Case study 1 – The family

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Introduction

This case study represents a family currently living in Scotland and identifies specific circumstances which affect them all as individuals and as a family unit.

Objectives:

At the end of this case study, you will be able to:

- Recognise and discuss developmental stages within the family
- Identify issues which may influence the health and wellbeing of individuals within the family
- Compare and contrast the role of nature/nurture in determining behaviour and development
- Describe the role of practitioners in supporting the family
- Demonstrate an understanding of policy underpinning quality of care
- Relate relevant theory to practical contexts

Academic Skills

You will see links to academic skills materials on the right. You may use or reference any of these as you feel are appropriate to working on this activity.

Overview

Jack (37) and Sarah (32) live with their 2 children, Jessica (8 years) and Zac (4 years) in a semi-rural community on the outskirts of Inverness. Both children attend the local primary school which is within walking distance from their home. Zac is in the nursery and Jessica is in Primary 4.

Sarah is a classroom assistant at the same school and is expecting a third child imminently. Jack works as an engineer off-shore and is frequently away from home for several weeks at a time.

The maternal Grandparents live relatively close in the next village and see their family frequently. Both are in their sixties and are in good health generally.

Scenario 1: Birth of the baby

The birth of a baby is a life changing event for everyone involved. It can enable the family to grow and develop into a cohesive unit.

Occasionally the effects of a new baby on the health and wellbeing of family members may result in the breakdown of relationships.

Nurturing a new-born baby is challenging but should be a rewarding and positive experience. There are many practitioners and professionals who can support the child and the family during this time, but depending on the family's situation, outcomes may be varied.

Sarah is in labour and the birth of her baby is imminent. However things are not going according to plan and the situation quickly escalates. Sarah requires the support of several professionals and the outcome for her baby is in question.

The birthing process

When a woman is in labour there are common symptoms and events which generally occur in a specific order.

Not all pregnancies go according to plan and frequently the mother's birthing plan is disregarded in favour of the health and wellbeing of both the mother and baby.

Birth of a baby

The sequence of events leading to the birth of a baby



Activity 1 - individual

Watch the video [Inside pregnancy: Labour and birth](#). Once you have done that, complete the drag and drop activity in the online version in the VLE.



Now find out more about labour by visiting the [NHS website](#) and searching for pregnancy and baby and then labour and birth

A mother's health and wellbeing

The effects of labour on a mother's health and wellbeing



Activity 2 – Collaborative – The Labour Process

1. Read scenario 1 again and in your group discuss how the labour process affected Sarah.
2. Suggest examples of how Sarah was prepared for labour, despite it coming early.
3. Identify the professionals involved in the birthing process and outline their specific roles.

Needs of a new-born

All new-born babies require a lot of care. The first few months of a baby's life are highly significant in determining future outcomes for that child. Several factors can influence the way in which a child develops:

- Health
- Nature/Nurture.

Health

The baby's health is of primary concern and in premature babies there are many factors affecting this. A baby who is born too early or is of very low birth weight may require neonatal care. In Sarah's case her baby was premature and required help with breathing. The baby was put into an incubator and then onto a ventilator. Later Sarah was able to feed her baby with her own expressed milk.

To find out more about equipment used in neonatal care go to the [Bliss website](#).

Needs

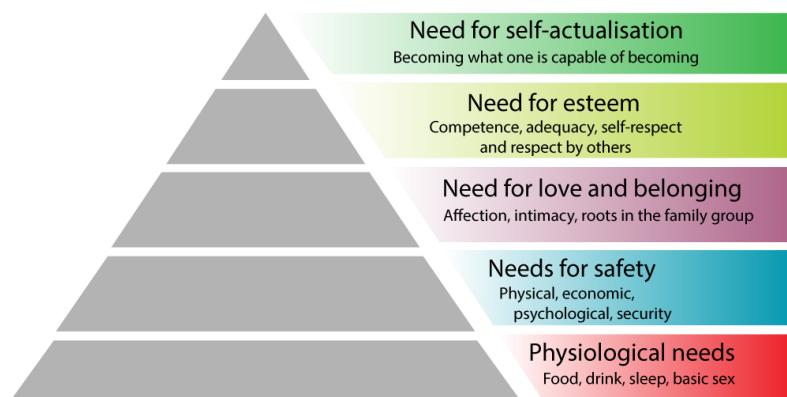
The development of a human is based on their fundamental needs being met. Essentially we cannot survive if our basic physiological needs are ignored.

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Abraham Maslow (1943) developed his theory based on a 'hierarchy of needs' and were originally based on five categories:

- physiological needs
- need for safety and security
- need for love and belonging
- need for esteem
- need to actualise the self

The levels are often illustrated as a pyramid shape and each level is required to be fulfilled in order before the next level is actioned.



Physiological needs

These include the need we have for oxygen, water, protein, salt, sugar, calcium, and other minerals and vitamins. They also include the need to maintain a PH balance (getting too acidic or base will kill you) and temperature (37°C or near to it). Also, there are the needs to be active, to rest, to sleep, to get rid of wastes (CO₂, sweat, urine, and faeces), to avoid pain, and to have sex.

Maslow believed, and research supports him, that these are in fact individual needs, and that a lack of for example, vitamin C, will lead to a very specific hunger for things which have in the past provided that vitamin C – for example, orange juice. Perhaps the cravings that some pregnant women have, and the way in which babies eat the most foul tasting baby food, support the idea anecdotally.

Safety and security needs

When the physiological needs are largely met, this second layer of needs comes into play. The person will become increasingly interested in finding safe circumstances, stability, and protection. A need for structure or order may develop and setting of some limits.

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As the previous needs of hunger and thirst are met the individual becomes concerned with their fears and anxieties. In the ordinary adult in British culture, this set of needs manifest themselves in the form of our urges to have a home in a safe neighbourhood, job security, insurance, and so on.

Love and belonging needs

When physiological needs and safety needs are, by and large, taken care of, a third layer starts to show up. Individuals begin to feel the need for friends, a partner, children, affectionate relationships in general, even a sense of community. Looked at negatively, people may become increasingly susceptible to loneliness and social anxieties

In our day-to-day life, we exhibit these needs in our desires to marry, have a family, be part of a community, a member of a church, a brother, a part of a gang or a bowling or golf club. It is also a part of what we look for in a career.

Esteem needs

Next, we begin to look for a little self-esteem. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, fame, glory, recognition, attention, reputation, appreciation, and dignity, even dominance.

The higher form involves the need for self-respect, including such feelings as confidence, competence, achievement, mastery, independence, and freedom. Note that this is the 'higher' form because, unlike the respect of others, once you have self-respect, it's a lot harder to lose!

The negative version of these needs is low self-esteem and inferiority complexes. Maslow felt that Adler's work was important when he proposed that these were at the roots of many, if not most, of our psychological problems. In the developed world, most of us have what we need in regard to our physiological and safety needs. We, more often than not, have quite a bit of love and belonging, too. It's a little respect that often seems so very hard to get!

Self-actualisation

Maslow has used a variety of terms to refer to this level: He has called it growth motivation (in contrast to deficit motivation), being needs (or B-needs, in contrast to D-needs), and self-actualisation. These are needs that do not involve balance or homeostasis. Once engaged, they continue to be felt. In fact, they are likely to become stronger as we 'feed' them! They involve the continuous desire to fulfil potentials, to 'be all that you can be'. They are a matter of becoming the most complete, the fullest, 'you' – hence the term, self-actualisation.

According to Maslow's theory to be truly self-actualising, you need to have your lower needs taken care of, at least to a considerable extent. This makes sense: If you are hungry, you are scrambling to get food; if you are unsafe, you have to be continuously on guard; if

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you are isolated and unloved, you have to satisfy that need; if you have a low sense of self-esteem, you have to be defensive or compensate. When lower needs are unmet, you can't fully devote yourself to fulfilling your potentials.

Maslow at one point suggested only about two percent of the world's population is truly, predominantly, self-actualising.



Activity 1 Independent research

Review 'Maslow's hierarchy of needs' and identify the physiological needs of the new-born baby in scenario 1.

Level on hierarchy	Need	How it is met
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•



Activity 2 - Video: Breastfeeding a pre-term baby

Watch the video [Breastfeeding a pre-term baby](#) to see how the physiological needs of a premature baby can be met.

Nature/nurture

Our physical attributes are predominantly linked to our genetic makeup. These are usually inherited from our parents. Eye colour, height and body proportions may be passed on to our children. Sometimes similarities are linked to more distant relatives such as aunts or grandparents.

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Occasionally genetic disorders can be passed on. Psoriasis can be inherited but often skips a generation. Sometimes vulnerability towards a disease such as breast cancer can also be hereditary.

More abstract traits such as personality and intellect may also be linked to biological factors but this is not generally believed to be the case.

Behaviourists such as B.F. Skinner (1957) believe that characteristics, behaviour and attitude can be shaped and influenced by individuals responding to the child within a specific environment. How a child is nurtured can influence their development.

Nature

As a baby grows in the womb, genetic factors will affect development. These factors may result in a condition or situation which could have long term consequences for the child's health and wellbeing.



The influence of genetic factors on a child's health and wellbeing

Identify 3 resulting features from each of the following genetic circumstances which may influence the child's long term health and wellbeing.

- Non-identical twins
- Cystic Fibrosis
- Down's syndrome.

suggested answers available at the end of this document

Nurture

The way in which a child is nurtured is essential to their health and wellbeing. Despite having a genetic disorder children in a nurturing environment will grow up with positive attitudes and emotional wellbeing.

Children develop attitudes and values from their family members and the early stages of attachment are crucial to their wellbeing in later years.



Adapting and making connections

1. Read the extract The Importance of the early years (Pre-birth to Three) (PDF) from the Education Scotland: Early learning and childcare website.
2. From Scenario 1 identify 2 ways in which Sarah is helping her baby to adapt and make connections.

suggested answers available at the end of this document

Health and wellbeing

Many influences affect a person's health and wellbeing. These may be:

- physical factors
- social factors
- emotional factors
- environmental factors

Positive influences allow a person to flourish and develop appropriately. Negative influences may affect a person in such a way that they may need help and support from others including professionals.

Physical factors

Disabilities and medical conditions can affect an individual's health and wellbeing. Genetic factors have already been discussed, but both short and long term physical disorders can have a drastic impact on a person's confidence.

As the foetus grows in the womb, a transformation is already happening. Development occurs as a sequence of events over the course of time but may happen at a different rate for some.



The physical development of the baby

1. Go to 'Your pregnancy week by week' on the NHS Website and review the slides 'From Conception to Birth'
2. Reflect on the physical development of Molly at the time she was born – refer to the information on the NHS Website You and your baby at 29-32 weeks pregnant.
3. Consider the impact of being a 'pre-term baby' on her development as she reaches her first birthday.

Social factors

Relationships are highly influential in developing positive health and wellbeing. Family and friends can support and encourage individuals when they are vulnerable.



Activity – Collaborative

1. Discuss the relationship Sarah has with her parents.
2. Explain how this impacts on her health and wellbeing.
3. Consider how this relationship also promotes Joan and Dougie's health and wellbeing.
4. Explain Sarah's vulnerability after the birth.

suggested answers available at the end of this document

Emotional factors

At least Sarah is able to feed the baby and spends most of the day with her. She particularly enjoys the moment when she can hold her. Sarah is beginning to feel there is a developing attachment as she experiences Molly responding to her presence. This connection helps Sarah to develop her unconditional love for her new-born baby.

Attachment theory

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Attachment and bonding with a new-born will help to promote their personal, social and emotional attitudes. Relationships with others will determine future behaviours and characteristics.

Impact on practice within a 0 – 12 month setting

Responsive care is one of the key principles of the Curriculum guidance: Pre-birth to Three: Positive Outcomes for Children and Families.

Responding to children's needs and interests quickly and appropriately will allow them to feel secure. This can reduce separation anxiety within the child allowing them to form secure attachments with practitioners within the setting.

Download [Responsive Care](#) to understand how this is implemented in practice.

Or go to www.educationscotland.gov.uk - early learning and childcare – four key principles – responsive care.



Activity - Attachment theory

Activity – Attachment theory

Watch the video [Attachment Theory in a Nutshell](#) by Robin Balbernie.

1. Now read about other theories of attachment such as John Bowlby; Mary Ainsworth and Michael Rutter
2. Compare and contrast these 4 theories of attachment.
3. In your group discuss how current views have evolved since Bowlby's original theory.
4. From your research, outline 3 key concepts of attachment.
5. Suggest how these might impact on practice within a 0 – 12 month setting.

suggested answers available at the end of this document



Go to Suzanne Zeedyk's home page at [SuzanneZeedyk: The Science of Human Connection](#)

Select Resources from the menu, find and download the PDF 'Brain development' and read this article on the development of babies' brains.

On the same Resources page, find and listen to Suzanne Zeedyk's audio podcast, 'Parents' excitement about neuroscience' to get an overview of how we can use our understanding of babies brain development within our practice.

Download the PDF 'Attachment' from the same Resources page and relate to your previous understanding of attachment theory.

Scenario 2 - Transitions

Transitions are a time or process of change and it is natural that change almost always brings uncertainty.

Transitions can also be exciting and challenging but it is still essential that these are handled sensitively, inclusively and positively.

(The Scottish Government 2014a:8)

Transitions

Dunlop and Fabian (2007) shows that:

"the way in which the first transitions are handled could potentially have a significant impact on the child's capacity to cope with change in the short and long term".

Identifying transitions



Activity 1

Analyse the following transition happening within the family.

A new baby will soon be arriving into the family home. This is a time for change for everyone. Roles and relationships could be affected as a result.

Suggest the impact this may have on the following individual family members:

- Zac
- Jessica
- Sarah
- Jack

suggested answers available at the end of this document

Transitions within the setting

As well as the transition within the family at home, Zac is also experiencing a time of change at his early learning and childcare setting.

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In Building the Ambition - National practice guidance on early learning and childcare it states that:

“Transitions need careful planning, effective partnerships and communication between all concerned.” (The Scottish Government 2014a: 8)



Activity - Transitions in the setting

1. From scenario 2 identify two ways which evidence ‘careful planning’ for the children’s transition to P1
2. Explain your understanding of ‘effective partnerships’ within this context.

suggested answers available at the end of this document

Development

As children grow and develop their needs change. But sometimes as a result of life circumstances children’s development may regress and their needs may revert back to those at an earlier developmental stage.

Regression:

Zac’s daddy is working offshore again and now his mummy has gone into hospital. At nursery Zac is showing some signs of ‘separation anxiety’.



Activity – Individual

1. Refer back to your research on attachments and identify 2 characteristics of separation anxiety shown by Zac.
2. Explain why he may be demonstrating these behaviours.

suggested answers available at the end of this document

Progression

Although Zac is going through a difficult time at home, he is making good progress at nursery. He will soon be starting P1 and he is showing signs that he is ready to move on.



Activity – Individual

From the scenario, identify 3 indicators which show that Zac is progressing in terms of his social and emotional development.

suggested answers available at the end of this document



Activity – Individual

Please complete the drag and drop activity in the online version of this resource in the VLE.

Health and wellbeing

Zac's health and wellbeing are under scrutiny. Over the last few weeks he has been demonstrating negative emotions and lack of self-esteem. There are factors both at home and at school which are affecting his current state.

Getting it right for every child

As children and young people progress on their journey through life, some may have temporary difficulties, some may live with challenges and some may experience more complex issues.

The Getting it right for every child approach ensures that anyone providing that support puts the child or young person – and their family – at the centre.

Getting it right for every child is important for everyone who works with children and young people – as well as many people who work with adults who look after children. Practitioners need to work together to support families, and where appropriate, take early action at the first signs of any concern about wellbeing – rather than only getting involved when a situation has already reached crisis point .

The Scottish Government 2014b

SHANARRI

The wellbeing indicators (below) form the foundation of ‘Getting it Right for every child’.



Watch the GIRFEC Video by the Scottish Government on YouTube (3 minutes 16 seconds) which emphasises that children need to be supported so that they are:

- Safe
- Healthy
- Active
- Nurtured
- Achieving
- Respected
- Responsible
- Included.



Having watched the video discuss which of the wellbeing indicators relate to Zac.

Outline how the practitioners are supporting him within the setting to become:

- Healthy
- Nurtured
- Achieving

suggested answers available at the end of this document

The four capacities

The eight areas of wellbeing in which children and young people need to progress in order to do well now and in the future are set in the context of the ‘four capacities’, which are at the heart of the Curriculum for Excellence.

The four capacities which underpin the Curriculum for Excellence are:

- Successful Learners
- Confident Individuals
- Effective Contributors
- Responsible Citizens



Suggest how Zac is becoming:

1. a successful learner
2. a confident individual
3. an effective contributor
4. a responsible citizen.

suggested answers available at the end of this document

Scenario 3 - Family roles

A **basic need** in society is the need of humans to be a part of a 'common culture'. Socialisation gives people common goals and teaches them appropriate behaviour.

Talcott Parsons (1902 – 1979) believed that through this socialisation individuals gained their own values. He argued the family is the most important socialising agency.

Socialisation

Family roles

Haralambos (2008) agrees with Talcott Parsons that basic behaviour patterns are learnt according to the culture in which we live.



Activity 1 – individual

1. Choose from one of the characters below and describe how their role has changed since the birth of the baby.

- a. Sarah (mother)
- b. Jessica (daughter)
- c. Joan (grandmother)

Explain how Jessica has learnt her behaviour and relate it to theory.

suggested answers available at the end of this document

Social Learning

Social learning theory suggests that children often imitate the behaviours observed in respected role models. Albert Bandura arrived at his theory of 'Children see, children do' after experiments with a 'Bobo doll' resulted in children copying the desired behaviour of adults.



Read more about his theory on www.simplypsychology.org Bandura – Social learning theory

Watch the video clip of the [Bobo Doll experiment](#)

Needs of the child

According to Maslow (1943) the physiological needs of newborns include food, shelter and basic physical requirements such as nappy changing and rest.

Maslow suggests that there is a 'hierarchy of needs' and as one set of needs is fulfilled then an individual progresses onto the next level.

The second level ensures the safety and security of the child is met. The third level of the hierarchy includes love and affection from family.

Each individual has the motivation to move towards the highest level of self-actualization, but sometimes other factors prevent this from happening.

The consequences of not meeting these needs can be detrimental to a child's health and wellbeing. Life experiences may cause an individual's needs to become unfulfilled and they may waver between levels for a time, or never achieve the highest level.



Activity – collaborative

1. In your group discuss the short and potential long term effects of Sarah's lack of care in one of the following situations:

- Not changing the baby's nappy
- Leaving Molly to cry

2. Make a flyer for parents outlining how, why and when to change a baby's nappy. Include some information on the following in your flyer:

- Nappy rash
- Disposable versus reusable nappies
- Health and safety when changing nappies

suggested answers available at the end of this document

Visit the following websites for more information and to see how to change a nappy.

www.nhs.uk – pregnancy and bay – nappies

www.webmd.boots.com changing-baby-nappy-expert

Safeguarding

When a mother is unable to cope and her anxiety means that she withdraws from her responsibilities in caring for her children, it will almost certainly have an impact on their health and wellbeing.

Uninvolved parenting, sometimes referred to as neglectful parenting, is a style characterised by a lack of responsiveness to a child's needs.

In some cases, parents may have significant problems such as being overworked, coping with depression, or struggling with substance abuse that they actually fail to see how uninvolved they are with their children or are simply unable to provide the emotional support their children need. Cherry (2016).



Activity – individual

From the scenario identify 3 signs which may indicate that Sarah is becoming an 'uninvolved parent'.

suggested answers available at the end of this document

Vulnerability

As a new born baby Molly is especially vulnerable and being a premature baby she still requires a high level of care. As a result of Sarah's neglectful parenting the two older children could become very vulnerable.

If the situation continues without intervention there could be some serious long term effects on all three children's health and wellbeing.

According to the Scottish Government

"there is also evidence to show the severe and permanent damage that can be inflicted on a child through abuse or neglect in the early years. Thankfully, damage can be mitigated by high quality, early and integrated interventions from service providers who work with both parents and children to meet their needs" .

(The Scottish Government 2010)



Activity – collaborative

Watch this short video on the [Science of Neglect](#) from The Centre on the Developing Child at Harvard University.

1. From the research evidenced in the video, decide which of the four types of unresponsive care relate to:

- Molly
- Zac

2. In your group discuss how the impact of neglect could affect the children in the long term.

suggested answers available at the end of this document

Health & Wellbeing

“Good health and wellbeing brings many benefits for all of us. Healthier people tend to be happier, tend to play an active role and contribute to society and the economy through their families, local communities and workplaces. Conversely, poor health and wellbeing puts a huge strain on individuals, the NHS, the economy and society”

(HM Government 2010)

The health and wellbeing of children is paramount in promoting their development and future resilience.

The health and wellbeing of parents is fundamental in promoting the health and wellbeing of their children.



Watch this video on [resilience](#) from The Centre on the Developing Child at Harvard University.

Reflect on how Jessica may be building her resilience through this situation.

Relationships

Sarah's health and wellbeing is in decline and this is having an impact on her family.



Activity – individual

1. Read through the webpage Relationships after a baby on the NHS website.
2. Choose an example of how Sarah's relationships with members of her family might have changed since the birth of Molly.

suggested answers available at the end of this document



Activity – collaborative

1. Share one example from the previous activity with your group.
2. Suggest ways in which Sarah could improve this particular relationship and ultimately her health and wellbeing.

suggested answers available at the end of this document

Reflective practice

Reflective practice is essential to the improvement of the service.

Within all care sectors practitioners should evaluate and review their own practice and performance based on outcomes and feedback from others.

Practitioners should also examine and critically evaluate methods to ensure safe and effective care services.

Scenario 1: Birth of the baby

When a baby is born, health care professionals are involved from the outset. Both mother and baby are carefully monitored throughout the pregnancy.

Ultimately the health and wellbeing of both is paramount and practitioners follow policies and procedures to ensure this.

Occasionally situations arise which may endanger either the mother or the baby and practitioners need to act quickly and with professionalism to ensure a successful outcome.



The role of the midwife

There is a page in the [NHS Health Careers](#) web site featuring information about being a midwife. Visit this page and watch the video about the role of a midwife.



Reflect on practice – Scenario 1

1. Describe how the midwife assessed Sarah's situation initially and demonstrated flexibility in her practice.
2. Explain how the midwife had prepared for Sarah's arrival at the hospital.
3. Describe her active participation in the birth of the baby.
4. Suggest how her response may have supported the baby's health and wellbeing.

suggested answers available at the end of this document

Scenario 2: Transitions

In the early learning and childcare setting practitioners support children in developing their social and emotional skills. They help them to become more confident and resilient by increasing their self-esteem through positive experiences and opportunities.

Lead practitioner's value, respect and show commitment to the parents, carers and families of the children in their care. They also demonstrate positive and professional attitudes within the partnerships with other agencies.

The early year's practitioner works alongside other practitioners and professionals to ensure smooth transitions to primary 1.

Activity 1



The role of the early year's practitioner

Watch the video about the day in the life of a nursery on the [London early year's foundation](#) Youtube site.

1. Identify some of the daily tasks of the early year's practitioner
2. Suggest how the practitioners promote the children's self-esteem

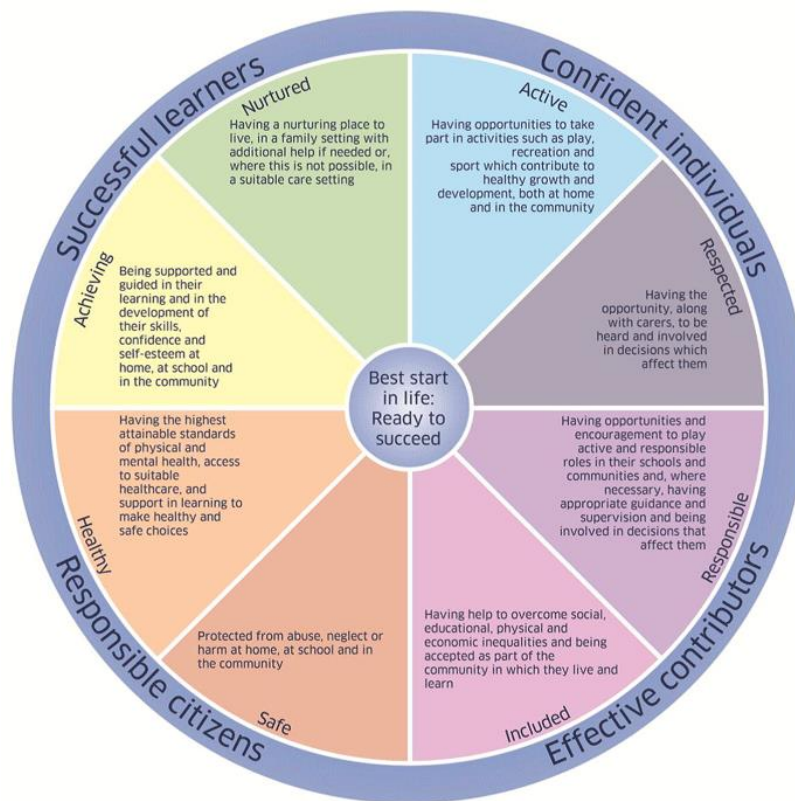
suggested answers available at the end of this document

GIRFEC

The Children and Young People (Scotland) Act 2014 takes forward the Getting it right for every child approach (known as GIRFEC). It is the national approach intended to make sure that all the people who support the child work together seamlessly to give parents and their child the right help at the right time.

GIRFEC focuses on eight areas of wellbeing that are important for the child to grow and develop to reach their full potential known as SHANARRI. These are:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included



Wellbeing wheel © Crown copyright 2012

Important elements of GIRFEC are:

- By 2016 every child and young person aged 0-18 will have a **named person** - someone that parents or their child can contact whenever they have any concerns or problems.
- If at any time the child needs support from people in different professions and organisations (for example health and social work) as well as school staff, someone called a **lead professional** will be appointed to ensure that all the people supporting the child work well together.

Activity 2



Reflect on practice

Research the GIRFEC approach further and in your group reflect on which wellbeing indicators the practitioner may have identified as areas of concern for Zac.

Think about how Zac could feel more included in the daily activities within the setting.

In your group reflect on how Kay, Zac's keyworker, was inspiring other practitioners in supporting Zac's health and wellbeing.

Summarise how successful the inclusion of the primary one teacher was to promoting Zac's self-esteem.

Scenario 3: Family roles

The health visitor provides both ante-natal and post-natal support as well as advice on feeding and behaviour issues.

At the baby clinic the health visitor monitors the health and wellbeing of mother and baby and ensures good routines are established (NHS Health Careers 2015). They record the physical development of the baby in the personal child health record book. The baby is weighed at regular intervals and growth is mapped on a percentile chart.

They are trained to recognise the risk factors, triggers of concern and signs of abuse and neglect in children. They often are the first to recognise whether a child is at risk of harm and know whether action needs to be taken.

Activity 1



The role of the health visitor

Watch the video about the day in the life of a nursery on the [NHS Health Careers web site: Health Visitor](#).

Suggest some of the tasks a health visitor may undertake to support the family

suggested answers available at the end of this document

Activity 2



Individual reflection

Imagine you are the health visitor. After seeing Sarah and her baby at the clinic today you have some concerns. A discussion with Sarah's mother has identified that Sarah is clearly not coping well but has very supportive parents.

You are not only concerned for Sarah's health and wellbeing but you consider the baby and other children in the family to be 'at risk'.

As a health visitor it is part of your role to safeguard and protect the children.

You consider that Sarah has postnatal depression and needs to be referred to her GP.

Activity 3



Reflect on practice – Scenario 1

Write a short report (300 words max.) outlining your concerns and actions to Sarah's GP, based on your assessments.

Include the following in the report:

- observations of the baby
- assurance given to Sarah regarding the baby's weight
- advice given to Sarah regarding breast feeding
- vulnerability of Sarah
- discussion with Sarah's mother
- advice given to Sarah regarding her wellbeing
- concerns for the safeguarding of the children
- any further actions to be taken

Example of a letter to a GP.

To whom it may concern

Re: Wellbeing assessment of Mrs C and baby M

Having observed and assessed baby M today I have noted that she has lost some weight (about 10oz) since leaving hospital. She was irritable and had rather extensive nappy rash which had been treated with some antiseptic healing cream earlier this morning. It was still looking very red and the baby was obviously in some discomfort.

I spoke to the mother assuring her it is normal for full term babies to lose some weight after birth and when first starting breast feeding. Mrs C explained that she is having difficulty with this so we discussed options and agreed that a top up of formula at night would supplement the breast feeding. I also suggested expressing some milk for 'top ups' or for when Mrs C was extremely tired allowing her mother to bottle feed the baby. I will arrange some home visits to assist Mrs C with this.

Mrs C looked very tired and run down. She is very vulnerable at present and my initial assessment is that she is not coping at home with the baby and 2 children whilst the husband is away. I consider Mrs C to have classic symptoms of post-natal depression and have advised her to contact her GP for a full assessment.

From discussion with both Mrs C and her mother, and after the assessment of the baby, I have concerns for the health and wellbeing of the whole family. However Mrs C's mother is very supportive and is helping out. After dialogue with both parties it was agreed that she would spend more time at the house with mother and baby whilst Mrs C's father supported the two older children.

A home visit by the duty health visitor should ensure that the safeguarding of the children is paramount and I will request for this to be arranged as soon as possible.

Reflective account

A reflective account demonstrates a candidate's ability to perform appropriately. It highlights good practice and can identify any gaps in skills or knowledge. The candidate matches their own experience to a range of performance criteria and knowledge and understanding statements.

The reflective account is often written after a direct observation in the setting by a VQ assessor. The assessor will check over the candidate's reflective account and assess it to see if it has met the requirements.

VQ assessors are well trained in the relevant vocational practice and are externally verified themselves to ensure their knowledge and skills within the profession are up to date.

Activity 1

Jodie is currently studying for her HNC Childhood practice at SCQF level 7.

Jodie has written a short reflective account and has matched it to some of the performance criteria for the SVQ unit SCDHSC0032 – Promote Health, safety and security in the work setting.

Jodie - reflective account:

Reflective Account	Performance criteria
<i>This morning I signed in the staff book as usual. This allows the manager to identify who is present at all times and means that the staff to child ratio is always kept correct. I knew I was on 'the door', meeting and greeting everyone as they came into nursery because we had discussed the rota at the planning meeting last week. The rota is on the notice board for all staff to see and is updated every week. My role is to ensure I check it on a daily basis and be flexible in case any member of staff is off.</i>	0032 PC 2 0032 PC 3
<i>When I came in I made sure the door was secured and checked the security code. All parents and visitors must press the buzzer and wait to be let in. This ensures that a member of staff is present at all times and no one can just wander in.</i>	0032 PC 7
<i>It's a busy time so I made sure I had my pen and register ready to tick everyone off. This morning was particularly hectic as it was raining. I know that some of the children are really happy to come to nursery and are keen to get their coats off and straight to play. I make sure that I say hello to each child before they skip into the other room. This helps them to feel valued and included and supports their health and wellbeing. I noticed that Z's Granddad brought him in this morning which was unusual but Mrs B needed to speak to me about her sister picking up her child, so I had to write it in the 'Pick up' book. We always need to know who is collecting the child and if it changes a note is made to ensure the child is with the appropriate adult. When I looked up Z was in the playroom and his granddad had gone, so I never got a chance to talk to him.</i>	0032 PC 4



Using the SVQ standard, identify the performance criteria Jodie has highlighted and see if you agree with her.

Consider how the following information could be included:

- Acting on legislation ([National care standards](#))
- Acting on the setting's health and safety policy

Activity 2



Later on in the day Jodie reflects on her practice and makes a suggestion to the team about children's self-registration.

Using the knowledge and understanding criteria from the same VQ unit 0032, Rights 2, write a short paragraph about how Jodie's idea promotes individual's rights, choices, wellbeing and active participation.

suggested answers available at the end of this document

Additional Information

Scenarios

Birth of a new baby

It's late in the evening and the children are in bed. Sarah is watching the TV with her feet up. Being June the weather is beginning to warm up and Sarah feels quite hot and uncomfortable. She gets some '[Braxton Hicks](#)' type pains. Sarah knows from previous experience that taking a cool bath sometimes helps. Being only 32 weeks pregnant, Sarah still has a few weeks until her due date, so she is not unduly worried.

As Sarah settles down to sleep, she begins to feel unwell. However she also knows that she will feel better after a good night's sleep. She begins to wish that Jack was home right now, he is not due back for another two weeks at least.

Around four in the morning, Sarah wakes up with a start – her waters have broken and she has a continuous pain in her back and going down her legs. Sarah knows this is the beginning of her labour and calls her mum and dad to come over. Then she calls the midwife at the birthing centre who tells her to go straight to the hospital.

Sarah's contractions quickly become regular and more intense – about every 5 minutes. She breathes through them, demonstrating what she has learnt at the [ante-natal classes](#) over the last few weeks.

When Sarah's mum Joan arrives Sarah is clearly in distress and crying. She needs to let Jack know what is happening and this is too soon for the baby to be born! Joan rubs Sarah's back and comforts her by mopping her brow. Sarah is feeling sick and dizzy. It is quite clear that Sarah is in [premature labour](#). Dougie makes some tea and calls Jack on his mobile.

Joan gets Sarah into the car with her overnight bag, complete with notes and [birthing plan](#), luckily Sarah has been very organised - she always is when Jack is away, just in case. They head off to the hospital and Dougie stays behind to look after the two children.

On the way it becomes clear that Sarah is already in advanced labour. As they arrive at the hospital staff are ready to take her to the labour ward. Sarah kneels up while the midwife checks the baby's progress. The baby's head is crowning and it is clearly in distress. The midwife encourages Sarah to push with the next contraction. The baby is born but is quickly monitored by a paediatrician. It is taken to the neonatal unit where it is put into an incubator.

Sarah has a beautiful baby girl Molly, 8 weeks premature and tiny – weighing only 2 pounds. She is on a [ventilator](#) but making progress. Jack was unable to get to the birth in time but he is on his way home. Sarah visits the neonatal unit every day to see Molly and hold her against her – skin to skin, so they can bond. Whilst Sarah feeds the baby with her own expressed milk, she tells her all about the family and sings songs to soothe her.

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After 8 weeks Molly is able to come home. She is still very small but now a healthy 7 pounds. She still requires a lot of special care.

Transitions

Zac has been enjoying his time at Toybox Nursery where he has been attending regularly since last August. He will be moving up to the primary school in August. Lately he has been a little unsettled at the nursery. Mum is expecting another baby and dad is away again. Zac has been up to the P1 class to visit his new teacher Miss Cullen on two occasions already and she has been down to the nursery reading stories to the children and supporting them with their [Learning Journeys](#).

The practitioners at Toybox Nursery are very child-centred in their approach to supporting the children and work towards the health and well-being outcomes 'SHANARRI' within the national policy of '[Getting It Right for Every Child](#)'. They have observed that Zac is more withdrawn lately and know there are some issues at home.

On Thursday Zac told Kay his keyworker that 'Mummy didn't come home last night' and he looked quite upset. She gave him a cuddle and suggested they went to the book corner for a story. Kay found the book '[The New Baby](#)' by Anna Civaradi and they shared the story. Zac even got a little bit excited by the prospect of becoming a 'big brother'.

Later Kay added to Zac's ongoing '[event sample](#)' observation record and ensured she shared this with the nursery manager. At the staff meeting later that afternoon, the information was disseminated to the team. Jodie, an HNC student, stated that Zac's Grandad had brought him in that morning and she didn't think anything of it. Kay explained that it was important to share anything which was out of the ordinary and keep a record of it for future reference. Jodie reflected on her actions and identified that she would be more aware of the children's demeanour as they came into nursery. It was agreed by the team that they would devise a 'feelings' chart with 'faces' for the children to self-select as they came in – this would help staff be aware of children's emotional state and support them accordingly.

Today Miss Cullen is coming to do some music with the children going up to P1 in August. The children are already aware of this as it has been added to the visual timetable and discussed at 'welcome circle time'.

At snack time Jodie notices that Zac is underneath one of the tables in the quiet room. She tries to get him to come for snack but he refuses to budge. Jodie finds Kay and enlightens her. Kay comes to find Zac and sits down on the floor beside the table. She chats to him and introduces him to a little puppet. Gradually Zac moves closer to her. He says he misses his mummy and his daddy. Kay asks him if he would like some fruit. Zac takes her hand and they go to the snack table. He pours out some milk and helps himself to apple. When he's finished he puts the waste in the compost and then curls up in the book corner where he falls asleep. Kay makes him comfortable and keeps an eye on him whilst reading to the other children. Later she explains the situation to Miss Cullen when she comes. Miss Cullen

Case study 1 – The family

asks Zac if he would like to be the conductor of the orchestra! When Zac waves his baton all the children start to play. When he stops all the children stop. It quickly becomes a game and soon Zac is laughing as he is conducts the ‘orchestra’.

Later when Grandad comes to nursery to collect Zac he tells him all about the orchestra and how much he likes Miss Cullen. Zac says he is looking forward to P1.

Postnatal Depression

Since Molly was born 8 weeks prematurely, Sarah has been struggling to cope. Visiting the hospital every day for long sessions and coping with Zac’s need for attention when she gets home have proved very challenging. Now Molly is home, Sarah is feeling exhausted and Jack is back offshore for the next six weeks.

Sarah is desperately trying to get into a routine with the baby as well as getting the children ready for school and it’s not going well. Molly is not feeding properly and Zac is not sleeping. Consequently it is difficult to get him up in the mornings. Jess has been such a help to Sarah. She gets herself up and makes breakfast for both herself and Zac. She helps her brother get ready for school and usually makes mum a cup of tea. Sometimes when Sarah is particularly tired Jess gives Molly her feed – she has watched Sarah warm the bottle of [prepared formula](#) in a jug of boiled water and test it on her wrist.

When Joan and Dougie, Sarah’s parents arrive to take the children to school in the morning, both Jess and Zac are ready and waiting. Sarah has time to bond with the baby and see to her needs as well as her own. The Health Visitor has been visiting everyday but now Sarah has to take Molly to the baby clinic for her weekly check-up and weigh in.

One morning Joan sees that Sarah is a bit distressed so she stays with her while Dougie takes the children to school. She makes some coffee and sits with Sarah who bursts into tears, saying she can’t cope. Joan looks around and sees how messy the house is; the washing up is still in the sink from the night before; clothes are scattered all over the place and it hasn’t been vacuumed for at least a week.

Joan hears Molly crying and brings her into the kitchen. She is still in her pyjamas and quite upset. She runs a warm bath and when she removes Molly’s nappy she notices that she is very red and sore with [Nappy Rash](#). She adds a bit of bath emollient to the water to help protect her delicate skin.

Once Molly is all clean and dry Joan puts her back to sleep in her pram and puts her out in the garden for some fresh air. Then she runs a bath for Sarah. Whilst Sarah is in the bath Joan does a quick tidy up and vacuums the house, she washes up and gets the baby’s changing bag ready for going to the clinic. She notices Molly’s Red Book ([Personal Child Health Record](#)) and quickly flicks through it noticing that Molly has lost some weight over the last few weeks. She decides to go with Sarah to the clinic.

At the clinic the Health Visitor advises Sarah on breast feeding and assures her that weight loss in the first few weeks is quite common for newborns. However after talking to Joan she

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makes a note of Sarah's general wellbeing and suggests she sees her GP to explain how she is feeling. It appears she has many symptoms of [Postnatal Depression](#) and the doctor would be able to prescribe something for her which would not harm the baby through her breast milk.

Later that day when Dougie brings the children home from school Sarah is sleeping and Molly is playing happily with Joan. The children are excited to be home with Grandma and Grandpa, so they all get ready to go to the park. On their return Sarah is still asleep so Joan makes the tea. When Sarah wakes up she is feeling much better and is able to get the children ready for bed herself.

Joan agrees to look after the baby for a few hours each afternoon so Sarah can catch up on her sleep. She also helps around the house and has created a little 'chores chart' for the children to help out too. By the time Jack comes home from work five weeks later, things are going pretty well.

Characters

Sarah

Sarah is married to Jack and the mother of two children and is pregnant with her third child. She has always been a working mum, she works as a learning support assistant at the local primary school. Sometimes she has to care for the children alone as her husband works off shore. Sarah is usually confident and quite independent. Sarah has a good relationship with her parents who live relatively close by and sees them regularly. After the birth of her baby Sarah struggles to cope and finds herself becoming more and more exhausted.

Jack

Jack is married to Sarah and the father of their children. He works as an engineer 'off-shore' and is frequently away from the family for weeks at a time. Jack's job makes him self-confident but when he is at home he often lacks motivation and purpose. Jack is eagerly awaiting the birth of his third child but is slightly concerned as he knows he will be away during the baby's first year and he is worried about how Sarah will cope with three young children on her own. Jack keeps in touch with Sarah via email and text when he can but often there is no Wi-Fi and communications are difficult.

Jessica

Jessica is becoming more independent as she gets older and is quite the 'little mother'. She loves to help around the house and supports her younger brother, helping him to get ready

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for school and with his homework. Jessica is doing very well at school and is very articulate. She spends a lot of time with her grandmother when she visits and enjoys telling her all about her day at school. Jessica is an avid reader and loves learning about faraway places and other cultures.

Zac

Zac misses Jack terribly when he is away and depends on his grandad for attention during this time. They get along very well and this helps Zac to cope and deal with his emotions. Zac enjoys nursery but is moving up to P1 in a few months. With dad away and the transition process underway at school, plus the impending arrival of a new baby, Zac is feeling very unsettled and he finds it hard to communicate his needs. He struggles to sleep at night, is often sleepy the next day and finds it difficult to concentrate.

Molly

Molly was born prematurely at 32 weeks. She spent the first 8 weeks of her life in the neonatal care unit. She made good progress and is now at home with her family. Molly sometimes has feeding problems, is frequently hungry and cries a lot. She also has very short sleep times and this is having a profound effect on Sarah. Molly is calm when her grandmother holds her and is beginning to form a strong attachment to her.

Joan

Joan is Sarah's mother and grandmother of her three children. She is married to Dougie and they live relatively close to the family. Joan helps out where she can and is happy to look after the children for Sarah when Jack is away. Joan is in reasonable health and is part of the local community Ladies' Group. She helps to organise local events and has many friends in her village. In the light of recent events Joan has volunteered to help Sarah each day helping with the housework and looking after Molly. She prepares a meal for the children when they come home from school and always spends half an hour with Jessica before heading back home.

Dougie

Dougie has been married to Joan for 40 years. He is Sarah's father and the grandfather of her three children. Dougie has congenital heart disease and struggles sometimes. He has a strong bond with Zac, his only grandson. They spend a lot of time together when Jack is away at work. Dougie often plays golf with his friends but is now spending more time at his daughter's home taking the children to and from school each day.

Academic skills

The activities in these materials provide you with an opportunity to develop your academic skills. Academic skills, such as research and study skills, will help you become a more effective learner and achieve your full potential both in further study and in the workplace.

[UHI Essential student skills](#) provides access to information on academic skills as well as other skills and information that will be useful during your course of study and beyond. You can access information on:

- assessment
- becoming an effective learner
- core skills
- learning with us (uhi)
- preparing for work
- using technologies.

Professionals

Health care

Midwife

Midwives often describe their job as 'privileged'. The role they have in preparing women for the delivery of new life makes them a vital presence during all stages of pregnancy, labour and the early postnatal period

More midwives now work in the community, providing services in women's homes, local clinics, children's centres and GP surgeries. They may hospital based working on antenatal, labour and postnatal wards and neonatal units

Being a midwife is much more than delivering babies. They are involved in antenatal and postnatal care, in counselling, in offering support and education, and helping families prepare for parenthood

Paediatrician

The paediatrician is a qualified doctor who works in neonatal and paediatric intensive care. Also in the management of the disabled child, as well as the organisation of preventative services in the community and the intensive treatment of the child with cancer.

It is a holistic specialty, which focuses on the child within a family, working to minimise the adverse effect of disease and to allow children to live as normal a life as possible. The

concept of multi-disciplinary team working is advanced, providing integrated packages of care

Health Visitor

Health visitors support and educate families from pregnancy through to a child's fifth birthday. Common tasks include

- offering parenting support and advice on family health and minor illnesses
- new birth visits which include advice on feeding, weaning and dental health
- physical and developmental checks
- providing families with specific support on subjects such as post-natal depression

Health visitors are trained in recognising the risk factors, triggers of concern, and signs of abuse and neglect in children. They also know what needs to be done to protect them. Often, they are the first to recognise whether the risk of harm to a child has increased to a point where actions need to be taken to protect them. They'll also maintain contact with families while formal safeguarding arrangements are in place, ensuring families receive the best possible support during this time

They also spend a lot of time working with other agencies and healthcare professionals who share a common commitment to children's development. These include

- GPs
- allied health professionals
- early education settings
- voluntary agencies

General Practitioner – GP

GPs are the first point of contact for most patients. The majority of the work is carried out during consultations in the doctor's surgery and during home visits

GPs provide a complete spectrum of care within the local community: dealing with problems that often combine physical, psychological and social components. They increasingly work in teams with other professions, helping patients to take responsibility for their own health.

They attend patients in surgery and primary care emergency centres if clinically necessary, visit their homes and will be aware of and take account of physical, psychological and social factors in looking after their patients.

GPs call on an extensive knowledge of medical conditions to be able to assess a problem and decide on the appropriate course of action. They know how and when to intervene, through treatment, prevention and education, to promote the health of their patients and families.

Speech and Language Therapist

Speech and language therapists (SLT) assess and treat speech, language and communication problems in people of all ages to help them better communicate. They'll also work with people who have eating and swallowing problems. SLTs assist children and adults who have the following types of problems:

- difficulty producing and using speech
- difficulty understanding language
- difficulty using language
- difficulty with feeding, chewing or swallowing
- a stammer
- a voice problem

Child care

Early Year's Practitioner – EYP

The EYP should be qualified at level 7 and registered with the Scottish Social Services Council (SSSC)

EYPs work in nurseries and early learning and childcare settings. They are responsible for implementing the Curriculum within the setting; supporting the children and working closely with families as well as maintaining all the relevant paperwork required for record keeping. Some practitioners may be registered and in practice but still working towards their SVQ 3 qualification.

As the EYP becomes more experienced and their responsibility increases they may want to undertake their level 9 qualification in Childhood practice which will allow them to operate as the manager or professional leader of the setting

Primary School Teacher

Primary school teachers develop schemes of work and lesson plans in line with curriculum objectives. They facilitate learning by establishing a relationship with pupils, and by their organisation of learning resources and the classroom learning environment

Primary school teachers develop and foster the appropriate skills and social abilities to enable the optimum development of children, according to age, ability and aptitude

They assess and record progress and prepare pupils for examinations. They link pupils' knowledge to earlier learning and develop ways to encourage it further, and challenge and inspire pupils to help them deepen their knowledge and understanding

Case study 1 – The family

Pupil support assistant – PSA

PSAs help promote effective learning, teaching, personal development and create an atmosphere where pupils can achieve to reach their potential under direction and supervision in school.

They may do this by:

- Supporting learning and teaching activities in the classroom
- Supporting pupils during learning activities and breaks during lunchtime
- Promoting positive behaviour and positive relationships
- Assisting with the preparation, organisation and use of resources
- Ensuring the care, welfare and health and safety of pupils
- Administering and providing medical and/or personal care for pupils as required

Educational Psychologist

An educational psychologist is concerned with helping children or young people who are experiencing problems within an educational setting with the aim of enhancing their learning.

Challenges may include social or emotional problems or learning difficulties. Work is with individual clients or groups, advising

- Teachers
- Parents
- social workers
- other professionals

Client work involves an assessment of the child using observation, interviews and test materials. Educational psychologists offer a wide range of appropriate interventions, such as learning programmes and collaborative work with teachers or parents

They also provide in-service training for teachers and other professionals on issues such as behaviour and stress management

Social care

Community, support and outreach worker

Their work is more support based rather than direct personal care. They can provide support and guidance in various ways, including counselling, teaching people who use care and support services every day skills (such as how to cook a meal safely or make a cup of tea), organising activities with people who need care and support (such as sport or shopping

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trips) or simply being with individuals in their home, helping them to cope with day to day living

These workers usually have a number of individuals that they get to know very well. Some work in residential homes although this type of role is usually undertaken within the local community or within individuals own homes

Social worker

Social workers provide advice and emotional support to help people adjust to changes in their lives, caused by illness, age related problems, disability or bereavement

They may also work with people who suffer from mental illnesses like depression, anxiety, schizophrenia and personality disorders.

Their job is to work out what type of care is needed and revisit people who use care services to reassess their needs over a set period of time

They usually work as part of a team, responsible for a number of cases which all might need a different approach

They also need to work closely with organisations such as the police, health services, schools and probation services

Occupational Therapist

Sometimes referred to as an OT practitioner or therapist for short, this role can work with people who need care and support in the following areas

- physical rehabilitation
- mental health
- learning disabilities
- care management
- equipment for daily living
- housing

They work with people to overcome the effects of their disability, and assess what treatment or equipment is needed to increase their independence. This could be physical treatment to improve their mobility or advising on equipment they need or the design of people's houses. For example, they would give advice to housing departments for a person who uses a wheelchair.

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Care Worker

Care workers are supervised by a manager or senior care worker. They can work in a residential care home, domiciliary care, or out in the community. Senior care workers will often be in charge of a shift of workers and offer guidance and support to other care workers.

No two days are the same as a care worker, but some duties can include:

- assisting with eating/mobility/washing/dressing
- providing interesting activities for the service user to do
- monitoring service users health e.g. taking temperatures and pulse rate
- helping service users to live as independently as possible

Senior care manager

There are lots of different jobs which fall under the management category in adult social care, from being a supervisor or team leader to being the CEO of a care home

Supervisors have some responsibility for the level of care an organisation provides. They supervise the work of other care and front line workers.

First line managers are responsible for the day to day provision of social care services – this means they support the staff and have a key role in ensuring that the standard of care delivered is always high.

Types of job titles which fall under this category are:

- Team leaders, service managers and residential wardens.

Middle managers are responsible for overseeing the organisation and managing whole departments.

Examples of their duties include determining staffing requirements and managing budgets. Workers in this category could be area managers, managers or department heads.

Senior management workers have overall responsibility for the organisation, and their main job role includes giving the organisation leadership and direction. They have total responsibility for the quality of care provided and the health and safety of staff and service users

Other professionals

Police officer

Police officers work in partnership with the communities they serve to maintain law and order, protect members of the public and their property, prevent crime, reduce the fear of crime and improve the quality of life for all citizens.

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Police officers work closely with members of the criminal justice system, social workers, schools, local businesses, health trusts, housing authorities, town planners and community groups to provide advice, education and assistance to those who want to reduce crime or have been affected by crime

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Suggested answers

The influence of genetic factors on a child's health and wellbeing

- Non-identical twins
 - Twins are often premature and it is highly likely that one twin has a lower birth weight than the other
 - Child may lack own identity
 - Child finds it difficult to cope without twin – separation anxiety
- Cystic fibrosis
 - Prone to lung and chest infections
 - Suffers prolonged coughing fits
 - Wheezy after mild exercise
 - May suffer from digestive problems (pancreatitis)
 - May suffer from malnutrition due to lack of absorption of essential nutrients
 - May develop diabetes if pancreas does not produce sufficient insulin
- Down' syndrome
 - Child will usually have a degree of learning difficulty
 - May have impaired hearing or vision
 - May have congenital heart disease
 - May have under active thyroid (hypothyroidism)
 - Prone to infections such as pneumonia

Adapting and making connections

- Bonding – holding her skin to skin
- Feeding her with her own milk
- Singing and talking to her everyday

Social factors

1. Sarah has a positive relationship with her parents who are quick to support her. Joan is still very maternal towards her daughter. They attend to the family's needs on a regular basis. Sarah is grateful that they live so close.
2. Sarah knows she can rely on her parents for support and this has helped her cope with Jack being away so much. The children are also very close to their grandparents and look forward to spending time with them. Sarah is confident that they will be able to help her with the new baby, so she is not so anxious.
3. Joan still likes to feel needed, she's not really ready for retirement. The children keep her young and fit. Dougie enjoys Zac's company particularly. He reminds him of his own childhood and they have a strong bond. He is content and relaxed when he is with the children.
4. Sarah feels helpless in supporting her baby at first. She is concerned for her health. Sarah feels out of control and has never experienced this kind of situation before. Sarah is highly anxious and may not be having enough sleep or eating properly.

Attachment theory

Similarities

The need for a helpless being to be protected by a stronger/wiser being ensures protection and survival.

Attachment includes a physical closeness for the juvenile period.

The baby's brain will adapt to the environment and carry that input forward.

Current views may have evolved in the following ways:

Bowlby suggest that there is a critical period for attachment (0-5yrs) and that after that it is impossible for children to develop secure attachments, however Balbernie suggests that this is not the case. Intervention can help children to adapt to new relationships.

Secure attachments build resilience in children, a less secure attachment means there is less adaptability for the child, but not as Bowlby suggested irreversible developmental consequences, such as reduced intelligence and increased aggression.

Attachment is more about setting the conditions for events to occur rather than the actual relationship itself.

Three key concepts of attachment could be:

1. Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969).

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2. Attachment is characterised by specific behaviours of children.
3. Attachments were most likely to form with those who responded accurately to the baby's signals, not the person they spent more time with. Schaffer and Emerson called this 'sensitive responsiveness'.

Identifying transitions - Activity 1

- **Zac** – will no longer be the youngest child and so he may be jealous of the baby – resulting in some sibling rivalry and regressive behaviours.
- **Jessica** – could also be affected in the same way as Zac. However she is a bit older so she may be more caring towards the baby, demonstrating maternal behaviour. There may be higher expectations made of her which could put her under some pressure to behave more maturely.
- **Sarah** – may have less time and energy for her other two children as the new baby will make physical and emotional demands on her. Sarah's relationship with her husband may become estranged for a short time while she meets the needs of her baby. She will be more tired and stressed dividing her attention between all four of them.
- **Jack** – may feel more responsible for the other two children to support Sarah. He will be trying to establish a bond with the baby – which can be difficult if the baby is always breast fed. He may feel neglected by Sarah who will be engrossed by the new baby.

Transitions in the setting

Suggested responses – careful planning

- The children have already visited the P1 class and teacher. This was clearly planned beforehand in conjunction with the early learning practitioners and the P1 teacher.
- The P1 teacher has been to the nursery already and worked with the children on their 'Learning Journeys'.
- The children are aware that the P1 teacher is coming to do some music because it is on the visual timetable.

Suggested responses – effective partnerships

- Effective partnerships could indicate the relationship between the nursery staff and the P1 teacher and how they are working together towards smooth transitions for the children.

Case study 1 – The family

- It could relate to the practitioners within the setting and how they communicate with each other.
- It could suggest the partnership with parents and how staff work with them to ensure the welfare of the child.

Regression activity

Suggested responses – Separation anxiety

1. Two characteristics:
 - Zac is visibly upset when he tells the practitioner that ‘mummy didn’t come home last night’
 - He withdraws under the table at snack time – detaching himself from the group.
2. Separation anxiety is when a child becomes upset when leaving a parent or when left by a caregiver, even for a short time. Usually this begins at around 8 months old but may continue up until the age of three or four when a child starts pre-school.

It relates to ‘attachment theory’ because when the attachment is broken, the child begins to feel vulnerable and insecure, resulting in a series of behaviours which range from protest to despair to detachment.

Progression activity

Suggested responses – Progress indicators

- Zac is beginning to show excitement about becoming a ‘big brother’.
- Zac participates in snack, with some support.
- Zac interacts well with the practitioners and can express his emotions to them.
- Zac responds to the opportunity to ‘lead’ the other children in the orchestra.
- Zac is keen to progress onto P1.

Health and wellbeing – SHANARRI

Suggested responses - Becoming healthy, nurtured and achieving

Practitioners are helping Zac to become:

- Healthy - By encouraging him to eat a healthy snack; allowing him to rest when he needed it; supporting his emotional wellbeing by developing a feelings board.
- Nurtured – by listening to him; sharing stories and comforting him when he was upset.
- Achieving – by supporting him with his ‘Learning Journey’ and encouraging him to join in and lead activities.

Health and wellbeing - The four capacities

Suggested responses - The four capacities

1. Zac is becoming a successful learner through his own Learning Journey and by listening to stories.
2. Zac is becoming a confident individual by conducting the orchestra and leading the children.
3. Zac is becoming an effective contributor by joining in with the music group.
4. Zac is becoming a responsible citizen by putting his waste in the compost bin.

Socialisation - Family roles

Suggested responses

Part 1

- a. **Sarah** is the mother of 3 children. She is usually capable and independent but since the birth of Molly, she has become increasingly vulnerable and unable to cope. Her maternal responsibilities are onerous and she finds it difficult to cope. Sarah becomes more dependent on her mother and her role is less of a mother and more of a daughter.
- b. **Jessica** is the daughter of Sarah. Since Sarah is becoming less nurturing Jessica has started to become more independent and cares for herself and her brother Zac. With her mother’s decline Jessica has taken it upon herself to feed the baby and look after Sarah when she can. Thus she is adopting the role of the ‘mother’ or ‘carer’.

Case study 1 – The family

- c. **Joan** is the grandmother of Jessica, Zac and Molly. Sarah, her daughter has become more of a friend over the years but since the birth of Molly, Sarah's health and wellbeing has declined. Joan now finds herself being a mother to Sarah again and also to the children in the absence of a mother figure.

Part 2

Jessica may have learnt her behaviour from observing her mother over the years. She has watched her nurture Zac since he was born and recently has seen her make up bottles of feed for the new baby. Jessica is an independent character who has the confidence and resilience to support her family.

This is supported by a number of theorists who believe that behaviour is learnt.

Primary socialisation as defined by Haralambos (2008) is when the child learns basic behaviour patterns within the family.

Functionalism as defined by Talcott Parsons (1979) is the basic need of people to be part of a common culture which teaches them appropriate behaviour, values and roles through socialisation within the family.

Needs of the child activity

Suggested responses

1. **Short term** - By not changing a baby's nappy in good time, the baby may quickly develop nappy rash or suffer from ammonia burns on the skin. This is very painful and can be quite severe.
 - **Long term** – The baby may find it difficult when it is time for potty training as they have not experienced the regularity of being 'clean'. This may affect their understanding of the 'signals' indicating that they need to go to the toilet.
2. **Short term** – Leaving a distressed baby to cry may lead to more anxiety and further distress.
 - **Long term** – Leaving a crying baby frequently for long periods of time may result in despair and eventually 'maternal deprivation' which is the loss of or damage to the attachment (defined by Rutter as cited in Macleod 2008).

Safeguarding

Suggested responses

1. The baby has been left in a dirty nappy and has not been changed since the night before. She is left to cry for longer periods.
2. The house is looking very untidy and quite dirty which could be a health hazard for the children.
3. The two older children are fending for themselves in the morning such as getting themselves up and dressed and getting their own breakfast.
4. Jessica has taken over the 'mothering' role and often makes Sarah a cup of tea, dresses her brother and feeds her baby sister.

Vulnerability

Suggested responses

1. **Molly** - Severe neglect in a family context
 - A lack of responsiveness and prolonged periods of inattention, plus her basic needs are not met – for example – feeding and bathing.
- Zac** - Chronic under stimulation
 - With typical levels of interaction and when provided with enriched learning opportunities he can 'catch up' – for example at nursery he responded very positively to being the conductor of the orchestra.
2. The impact of neglect on the children could lead to problems with educational achievement; depression and anxiety; citizenship and parenting skills.

Relationships – Individual activity

Suggested responses

- **Mother** – where Sarah was very independent prior to the birth, she is now back to being reliant on her mother to take control. Joan has become the mother again and Sarah has become the dependent.
- **Husband** – relationships are strained because Jack is lacking in confidence with the baby. He missed the birth and is unsure how to support his wife as he is frequently away. Sarah needs him to be strong for both her and the baby but he is unreliable.

Case study 1 – The family

- **Children** – the children have lost their confidence in Sarah as she is unfocussed and impartial to them. Both of them have become detached from her and are more attached to their grandparents.

Relationships – Group activity

Suggested responses

Relationship with Mother

- Sarah could take on specific minor tasks in order to regain some control over her life. By having some element of responsibility it would help to create a more equal partnership and from there Sarah may gain confidence and greater independence so that she is not totally reliant on her mother.
- Sarah needs some quality time with the baby so that she preserves the attachment. The grandparents could look after the older children for a short time whilst Sarah focusses on the baby's needs and has time to play with her. This will help to restore her role as a mother
- Sarah and Joan need to enjoy some quality time together while the baby is asleep in order to reaffirm their relationship. Perhaps they could take the baby for a long walk and later go for a coffee and a chat.

Relationship with Husband

- When Jack returns home from work he should also have some quality time with the baby to strengthen the bond, for example giving the baby her bottle at the same time each day.
- Sarah and Jack should try to complete tasks together and share the experience, for example bathing the baby.
- Sarah and Jack need to spend some time alone together by going out once a week. Joan and Dougie could babysit.
- When Jack is away Sarah and the children could use Skype or Facetime to communicate with him and he could interact with each of them.

Relationship with the children

- Sarah should devise a routine chart for the children in the morning to share responsibilities
- Sarah needs to reward the children for completing their tasks. Rewards should be based on time spent with them.

- Sarah could take the children out to play whilst Jack or Joan looks after the baby so that they can consolidate their relationships.
- Each child should have appropriate responsibilities in caring for the baby so they can build a positive relationship with her, for example reading a story before bedtime, choosing her clothes for the day, tidying her cot ready for the evening.

Scenario 1: Birth of the baby – Reflect on practice

1. Describe how the midwife assessed Sarah's situation initially and demonstrated flexibility in her practice.

The midwife already knew about Sarah's birthing plan which included having the baby at the birthing centre. Having listened to Sarah on the phone, she quickly assessed the situation and realising that the baby was on its way, told Sarah to go directly to the hospital instead.

2. Explain how the midwife had prepared for Sarah's arrival at the hospital.

The midwife had prepared staff at the hospital to be ready for Sarah's arrival. She knew that she would need to be taken to the labour ward immediately. The midwife herself was already at the hospital when Sarah arrived. She was aware that this was going to be a premature birth which could lead to complications. She had already summoned the paediatrician in preparation for the birth.

3. Describe her active participation in the birth of the baby.

The midwife physically examined Sarah and quickly assessed the stage of labour. She was then able to instruct Sarah to deliver the baby with her assistance. The midwife was clear that the baby was in distress and allowed the paediatrician to assess the baby.

4. Suggest how her response may have supported the baby's health and wellbeing.

The midwife's quick and professional response, including organising staff and other professionals, meant that the baby was not in distress for any longer than necessary. This allowed the baby to be taken to the neonatal unit where life-support equipment ensured the survival of the baby.

Scenario 2: Transitions – activity 1: The role of the early year's practitioner

1. Identify some of the daily tasks of the early year's practitioner

Case study 1 – The family

- meeting and greeting the children
- providing breakfast and snack
- playing with the children
- providing resources
- creating stimulating experiences
- supporting parents
- teaching skills
- teaching knowledge
- promoting hygiene
- reading stories
- helping children to rest
- meeting their needs

2. Suggest how the practitioners promote the children's self-esteem

Promoting self-esteem

- Making children feel welcome
- Encouraging children in play
- Encouraging independence
- Giving responsibilities (laying the table)
- Responsive care – making them feel safe and relaxed
- Having fun with the children
- Sharing information with parents in a positive way

The role of the health visitor

Suggest some of the tasks a health visitor may undertake to support the family

- Supporting couples in their relationship
- Supporting parents at home with their baby
- Giving advice on feeding
- Giving advice on children's speech and language development
- Helping parents connect with other families for added support

Reflective account – Activity 2

By creating a self-registration chart, children will be **active** in making their own choices to display how they are feeling in the morning. It helps them to be more responsible and encourages them to identify their name. They may also want to support their friends by helping them.

It promotes **wellbeing** by helping children to express their feelings and EYPs can use this as a platform for discussion. Key workers may monitor children's emotions throughout the day and create or amend experiences accordingly to suit the child's needs at that moment in time. This promotes children's **rights** of being treated as **individuals**.