

# [Transitions in children](https://assignbuster.com/transitions-in-children/)

Identify risk and resilience factors for the young person concerned as they go through the process of transitions. You should evaluate how the legal framework can support the young person’s transition. The young person this case study is about is a young boy named Tom; he is one years old and is currently in foster care due to his grandparents having concerns about his mother’s ability to care for him. Toms mum is called Carol and is only seventeen years old, she has been spending less time with Tom since starting college and she has a very active social life which does not involve Tom.

Tom has had several house moves in his life and has no secure attachments. There are many universal transitions that children go through in their lives such as crawling, walking, talking and weaning; these are all common transitions that most children will go through. Some transitions can become uneventful and some people may get anxious with transitions that are more difficult; they can become a serious issue if not supported through the process. O’Connor, 2013) There are several explanations of the term ‘ Transitions’ but the one that is most relevant to this case study is; “ any episode where children are having to cope with potentially challenging episodes of change, including progression from one development stage to another, changing schools, entering or leaving the care system, loss, bereavement, parental incapacity or entry in to adulthood. ” (Foley. 2008: 209)

Tom has had several transitions during his first 12 months, from leaving hospital Tom moved home 5 times, only one of these homes was a suitable place for Tom to live which was his grandparent’s home as they offered him emotional warmth and stability. Social workers have been involved with Tom as his grandparents were worried for Tom’s well-being, through their interventions they aim to improve the quality of family relationships.

Social services aim to promote Toms safety and welfare but at the same time, if safe to do, help parent-child relationship as it is fundamental to Toms developmental well-being, physically and psychologically, emotionally and behaviourally. (Howe, 2001) A man named Urie Bronfenbrenner (1917-2005), also referred to as the ‘ Father of transition studies’ came up with an ecological theory to explain how situations in a child’s life and the environment around them affects how a child grows and develops.

Bronfenbrenner came up with five levels of environment that can affect a child’s development. The Microsystem is the immediate family and the environment in which they live or go to school, how the people in the microsystem interact with the child will have an effect on the way the child develops. The child will develop positively if the people and environment around them are encouraging and nurturing. The Mesosystem is a link between the microsystems, these might be, home visits, parents spending time in the setting or informal meetings between parents and teachers/practitioners.

He states that the more links and the stronger they are, the outcomes for the child will be a better experience for them. (O’Connor, 2013) The Excosystems are the settings in which people may not have to actually participate but will still have major decisions made by others that will dramatically affect their lives as well. This may be a parent’s work which may affect the child as the parent and child will have less time to spend and interact with each other due to work commitments.

The Macrosystem is all about the culture an individual lives in, it includes their behaviour patterns, beliefs and traditions and is also known as larger sociocultural context and the Chronosystem is about the patterns and events in the child’s life, such as learning to talk or learning to write. (Meece, 2008) Children face stresses from day to day, these can be living in poverty, living in an abusive family home, or suffering from bereavement, having resilience helps children to face these issues and overcome them.

Resilience helps to make the child stronger mentally and enables them to cope with further adversity in the future more smoothly. (Pearce, 2011) Risk factors in the family might be death or loss, single parent or teenage parents or parent’s mental illness. These examples can become tough because some children are not taught how to be resilient; this can hinder them emotionally and psychologically whilst growing up and can affect them in later life as adolescents or as adults.

Children are vulnerable against these risks when there is lack of support during their transition, lack of a secure base, insecure attachments or poor parental supervision and discipline. (O, Connor, 2013) As Tom is only one year old, he is still young enough to be able to get the support from his grandparents and gain resilience for future stresses. If Tom had not been taken in to care, it would be likely that he would lack self-esteem as he grows up and struggle with ambivalent behaviour due to his lack of resilience. ) When a child has to get used to a new setting it can be difficult for them, to ease this transition the parent or caregiver who the child has a strong attachment with are allowed to go with them to ease them in to the new surroundings.

When the caregiver supports the child in their new surroundings this gives the child a secure base, this enables the child to explore the surroundings at ease which overtime will give the child more confidence in getting to know new people and the new environment knowing that there secure base, the parent or caregiver is mindful of them even when they are not with them. O’Connor, 2013) Tom has been placed in temporary foster care as an emergency protection measure until his grandparents come back from holiday, once he moves in with his grandparents they will be his secure base which will enable him to gain a secure attachment which will help him with future transitions, such as starting nursery or learning to walk.

As Tom has been taken in to emergency care an Emergency Protection Order (EPO) s. 44 would have been put in place. An Emergency Protection Order is a short term order that either: (A) Removes the child on a short term basis; B) Allows the child to be kept in a place of safety (for instance, a hospital); (C) Requires the alleged abuser to leave the family home. (Brayne, 2003: 351) Parents are able to appeal this order after 72 hours and anyone including the child can contest it. It may be likely that Carol will appeal this order as she has already been to social services demanding Tom be given back to her but it is also likely that Carol’s parents will contest her appeal as they are worried for Toms welfare.

Carol would keep parental responsibility for Tom unless he gets adopted. The parental responsibility can be shared if an Interim Care Order s. 38 or a Care Order s. 31 is put in place, this responsibility only relates to safeguarding and not decisions such as haircuts. An Interim Care Order can last up to 8 weeks; it can be renewed for up to 28 days at a time. An unlimited number of interim care orders can be made. (Hobart, 2005: 75) If Tom is seen as a child in need a s. 47 enquiry may begin, this enquiry will dentify; (A)whether Tom is considered to be at continuing risk of significant harm, (B) there may still be substantiated concerns but not judged to be at significant harm, (C) There are still concerns but not substantiated, enquiries have revealed that the child is a child in need or (D) concerns are not substantiated and enquiries have revealed the child is not a child in need. (Brayne, 2003) In this case, B may be the option for Tom and further work may be needed to help work with Tom, Carol and her parents to assess what would be the best for Tom, this assessment is called a Core Assessment.

This assessment will follow The Framework for the Assessment of Children in Need and their Families (2000). This will assess the child’s developmental needs, parenting capacity and family and environmental factors in detail; this will need to be completed within a maximum of 35 working days. (Hobart, 2005) Children who are defined as being ‘ in need’, under the Children’s Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. S17 (10) of the Children’s Act 1989) plus those who are disabled. (HM Government, 2006: 7) If there is a strong attachment between the child and the caregiver, they are much more likely to be able to manage with the transition. The healthy attachment cycle shows a simple theory on emotional security and trust it starts by the baby having a need, the baby cries, the needs are met by caregiver and then the trusts develops between the two.

If this cycle is not followed, the child will gain no trust and they will become angry, they will realise that no one is meeting their needs and gain emotional resilience and an insecure attachment, this will make it difficult for the child during transitions such as starting nursery. The Children who are struggling with transitions may be noticed by their behaviour, some can appear unaffected, aggressive, withdrawn, overly compliant or unusually obedient. O’Connor, 2013) As Tom has moved home several times and Carol has been going out often leaving Tom with people who he has no attachment with, it is likely he has a lack of trust in Carol. When Carol left Tom with a friend who was incapable of caring for him due to alcohol use there was nobody to be able to meet his needs appropriately.

Children who suffer frequent loss or their caregiver varies regularly are likely to find their aptitude to trust, make sense of relationships and understand other people and themselves difficult. Howe, 2006) There are several types of attachments depending on the relationship between the child and the caregivers. A secure attachment is when the caregiver has followed the healthy attachment cycle and gained the trust of the child. Avoidant attachment is where the child sees their caregiver as rejecting and controlling, the caregiver is consistently unresponsive. The child may show behaviour that is distressful or clingy but without causing too much irritation that may reduce the chances of being rejected completely, this is known as the flight theory.

Ambivalent behaviour is caused through caregivers who show emotional neglect, unavailability and lack of responsibility. The child will whine, fret or shout and threaten; this is known as the fight process. The child feels that they are not worthy of interest unless they show this behaviour, this happens when the caregiver is inconsistent in their care giving. Disorganised attachment is where the child is unable to organise their behaviour or develop a defensive strategy to achieve security.

This type of behaviour happens when the caregivers are abusive, emotionally unreachable due to depression, heavy alcohol or drug use. The child is unable to control their behaviour because no matter what they do they do not get a response; this can cause the child to freeze either physically or psychologically. (Howe, 2006) The attachment theory by Bowlby (1958) linked the understanding of the concept of parenting, he looked at the connection between a baby’s experiences and the impact it can have on the well-being of them as an adult.

The attachment is the bond between the parent and the baby, the parents instinct should know that the child needs safety, security and protection, but Bowlby also states that babies are extremely active in making sure that the parent gives them all the attention they need. The baby’s instinctive attachment-seeking behaviours attract the care giving behaviours of others, the baby’s triggers something in the parent’s brain that provides the encouragement or drive to respond and look after them. (O’Connor, 2013) As Tom is only 1 year old, it is crucial that his development is healthy.

There are three parts to the brain, each part controls different emotions. The reptillian is the oldest part of the brain, this part activates instinctive behaviours linked to survival, it controls functions required to sustain life: hunger, fight or flight, reproduction and territorial instincts. The Mammalian is the emotional part of the brain this triggers strong emotions such as fear, rage, caring, and nurturing and needs to be managed by the rational brain. The third part is the rational; this is the higher part of the brain, but also the newest part.

This part of the brain needs emotionally responsive parenting in order for it to fully develop. Its functions include creativity, problem solving, self-awareness, kindness, empathy, concern, reasoning and reflection. When a baby is born it has 200 billion brain cells but very few connections, when the baby reaches one year old more connections are formed but this will only happen if there is a good quality interaction between the carer and the baby. If there is a lack of interaction between the baby and carer the Mamillian and the higher part of the brain will not develop to the degree it should.