Annex 4

Family Solutions Service
Children & Family Centre Case Studies

Child A

Background information about the family:

- Child supported by a Team around the Family.
- Concerns regarding child's behaviour at home.
  Child has a diagnosis of ODD, anxiety and depression and suspected autism and ADHD.
  Child can display violent aggressive behaviour at home.
  Previous MASH involvement in 2018 - outcome was to complete EHA/TAF.
  Mother has a young baby, 8-month-old half sibling.
- Child not able to cope with mainstream school.
- Housing inadequate.

Referral pathway:

LCSS – Area Transfer Meeting

Nature & duration of plan:

- Visits were carried out to see children both at school and at home,
- Regular visits every two weeks. Whole family seen in home on four separate occasions.
- Outcomes – Mother to be able to manage child's behaviour more effectively,
- Child to be integrated into education

Risks to young person & challenges for professionals:

- Being excluded from education.
- Violence against family members including children.
- Poor life chances.

Protective Factors:

- Family wanting to receive support.
- Supportive educational intervention.
- Child who was the main focus of the work was not against receiving support.
- Parental care and capacity is good.

Interventions/tools/panels used:

- Family star plus
- Spectrum star
- Child admitted to School Plus – unit within mainstream school supporting children who would struggle in mainstream.
- Anger management tool.
- Card system to de-escalate situations.
- Basic parenting discussed with main carer to pinpoint areas where simple strategies would improve things at home.
- CAMHS involvement

What were the outcomes/ impact for the child/young person & how child/young person's voice:

- Child developed some self-awareness, able to express feelings re: her anger
- Educational setting (special unit within school) suited the child's needs so she is able to thrive. School flexible regarding her condition
- CAMHS fast tracked her case so she received an ASD diagnosis and medication quickly. In this case this was helpful.

Why did it work?

- Parent wanted help
- Professionals were supportive and the resources were available to support the educational intervention
- Child was not allowed to stay at home – positive expectation from home, that despite her ASD, the child had to go to school. Habit of staying at home not allowed to build up.
- Child able to develop self-awareness, wanted to change
- CAMHS able to respond quickly.
- Child able to relate well to a staff member at school
  School relevant to her needs and level of ability

Would you do anything differently next time?

Try to get representation from CAMHS at the TAF.

Child B

Background information about the family:

- Case opened and transferred to early help after Secondary School unable to offer support. Young person expected to attend school daily and wasn't allowed on a revised timetable.
- Young person refused to attend school while living with his mother.
- Young person had been excluded from 2 previous schools and had an 8-week provision at a special school.
- Early Help opened a TAF.
- Young person still refused to attend school with support.
- Young person attacked Mother hitting her and throwing a glass at her head. Young person very aggressive and verbally abusive towards mother.
- Mother struggling with managing young person's behaviour.
- Young person socially isolated from his peers.
- Mother decided that young person needed to return to Father as she couldn't control him or get him into school.
- Young person now lives at home with Father, has contact with Mother regularly.
- Young person returns to school on revised timetable while living back with Father.
- Young person health/bladder issues

Referral pathway:

MASH – LCSS – Area Transfer meeting

Risks to young person & challenges for professionals :

Risks YP:

- Missing statutory education.
- Isolation from peers and previously enjoyed childhood activities.

Challenges for the young person:

- Communication with his peers/ making friends.
- Isolation at home.

Risks Parent:

- Historic physical and verbal aggression when implementing parenting/challenge from his mother.

Challenges Parent:

- Parental over protectiveness/identified anxieties when living with mother.
- Mother found it hard to put in boundaries that were needed father put in boundaries that young person is adhering to

Protective Factors:

- Loving caring parents that both want the best for young person
- Loving caring sisters that support young person
- No family debt/complications such as substance misuse or domestic abuse
- Family modelling of work ethic.

Interventions/tools/panels used: - Building self-esteem and self-belief through discussion and challenge. - Encouraging young person to make new friendship groups as old friends have moved away. - Access groups outside school. - CAMHS appointments completed. - Weekly parenting 1-1 Take 3. - Support to access health regarding young person's bladder issues
What were the outcomes/ impact for the child/young person & how child/young person's voice: - YP has started at school without need of reduced timetable. - YP doesn't like school but understands that he needs to attend daily.
Why did it work? - Regular visits, building trust, exploring areas of YP interests and wishes

Child C

Background information about the family:

- Case opened & transferred to Early Help in April 2019 having been a Community TAF, held by school, due to lack of attendance and aggressive behaviour toward mother.
- There appeared no single trigger, starting with a day off and escalating in short time to non-attendance.
- Young person became isolated and fearful of going out and about even with family members.
- Young person lives at home with Mother, limited if any contact with Father.
- Close extended Maternal family

Referral pathway:

Community TAF – CAFAT – Area Transfer Meeting

Nature & duration of plan:

- Case remains open at time of writing.
- Aim to return to fulltime education.
- Visits 1-2 weekly, initially aiming for external visits away from family home with Mum,
- Progressing to same without mum, visiting school out of hours / in hours.
- Visits then completed on need/agreement.

Risks to young person & challenges for professionals :

Risks YP:

- Non engagement
- Missing statutory education.
- Isolation from peers.

Challenges YP:

- Lack of communication/mono syllabic responses.
- Distrust of others especially professionals.
- Health needs lapsed – immunisations/dental

Risks Parent:

- Historic physical and verbal aggression when implementing parenting/challenge.

Challenges Parent:

- Parental over protectiveness/identified anxieties.
- Strategies for parenting and belief of “I’ve tried that it didn’t work”.

Protective Factors:

- Loving caring extended maternal family with full engagement from all.
- No family debt/complications such as substance misuse.
- Family modelling of work ethic.
- Willingness of extended family to aid process

Interventions/tools/panels used:

- Building self-esteem and self-belief through discussion and challenge.

- Encouragement to rekindle past friendships – ultimately, I believe being the biggest motivating factor of intervention.
- Visualisation of future.
- Reward – food/holiday gear.
- CAMHS referral submitted.
- Weekly parenting 1-1.
- Support to access health.

What were the outcomes/ impact for the child/young person & how child/young person's voice:

- YP has started at school without need of reduced timetable and without support of worker

Why did it work?

- Due to persistence, regularity of visits, fulfilling arrangements, building on areas of young person's interests wishes.
- Building a trusting relationship being non-judgemental
- Refocussing historic concerns with CBT type responses.

Child D

Background information about the family:

- Had not been open to Community TAF previously
- Came in due to child declining school attendance in Year 8.
- Difficulties around bullying and mothers' ability to support child to attend school
- Mum works as carer night shifts
- Significant history of domestic abuse
- Portuguese origin – difficulties with navigation of system
- Older brother who is in education and doing well.
- No family locally, isolated.
- Child open to CAMHS but closed on several occasions due to problems with paperwork.

Referral pathway:

CAFAT - ATM

Nature & duration of plan:

- Open for 5 months to date.
- Visiting fortnightly.
- The child to be accessing education
- The child to receive therapeutic support for early experience of domestic abuse where he was also the subject of abuse
- Concerns around SEMH/SEN needs to be assessed and supported.

Risks to young person & challenges for professionals :

- Disengagement with education
- Becoming increasingly isolated
- Not able to move on from past experiences.
- The child describing himself as depressed but struggling to receive help offered
- Difficulties with engaging mother and explaining support available and how to access this.
- School have been 'monitoring' but there is no evidence of bullying as reported by
- The child disengaged with school support hub.
- Because it is not an educational programme, school unwilling to contribute to Trauma Recovery Centre funding therefore waiting list is longer
- Waiting list and administrative delay in accessing CAMHS neurodevelopmental pathway.

Protective Factors:

- Mother has changed/reduced working hours and is spending more time with the child
- Mother has an improved understanding of the child's needs
- Older brother is a good role model, settled in education and developing independence
- Mother wanted help
- The TAF has provided structure and has enabled and step by step process which has been less overwhelming for family.
- CAMHS have agreed child is not fit for school – Mental Health assessment in place
- The child wants to go to school but not the one currently on roll for
- The child now on the waiting list for CAMHS for medication for depression and anxiety.

Interventions/tools/panels used:

- Family Star Plus
- Referral to Riverside Re-integration Programme
- Referral to Trauma and Recovery Centre with both the child and his mother.
- Referral to Hospital School
- Application for in year transfer to alternative school preferred by family
- Request for EHCP under parental rights to address unmet SEMH/SEN needs
- Referral to SENDIASS to support mother with EHCP.
- Mother is attending Take 3 Parenting programme

What were the outcomes/ impact for the child/young person & how child/young person's voice:

- The child has started to attend Riverside next week;
- He visited Riverside prior to starting and is positive about the programme.
- Mother was able to take him to Riverside independently
- EHCP assessment request submitted
- On waiting list for Trauma Recovery Centre
- The child likes to talk to worker and prefers not to use EH tools.

- The child wants to be in education – he has aspirations to become an architect

Why did it work?

- Family Star & TAF – step by step process
- EH working with closely with mother to breakdown processes.
- Joint visit with Early Help Practitioner and Riverside worker.
- Child able to express wishes, hopes and fears directly to Riverside worker.
- Early Help Practitioner accessed specialist advice from ReOC clinical psychologist
- ReOC clinical psychologist advocated for the Child with CAMHS and share a common language
  School identified risks to the child and asked for Targeted Early Help support prior to pursuing legal action with mother.
- Early Help Practitioner included GP as part of plan and to support access to CAMHS.

Would you do anything differently next time?

The biggest challenge was around accessing CAMHS support due to their capacity and getting their help to move the plan forward in order to access hospital school and so on.

Child E

Background information about the family:

- The child has been in the care of his maternal grandmother (MGM) since the age of 5.
- He has no contact with his biological Mother or Father
- TAF was open to support the child and extended family in 2018 as the child lived in the same household as his MGM who has a Residency order for the child his aunt, who the child referees to as Mum, her husband who the child calls Dad and three cousins
- The child's last date in school was 06/10/17 where his behaviour and attendance was concerning at 24%
- He was on a reduced time table and after a bereavement of a family member he refused to return to school
- On my introduction to the family, all three Adults were in low mood
- TAF lead by Targeted Early Help was opened to support parenting and home environment and since 2019 the TAF is now only open to focus on this child.

Referral pathway:

LCSS – MASH- FSS

Nature & duration of plan:

- This case had been open to the Early Intervention service prior to the re-structure and was initially open to a community TAF, held by Primary School
- The TAF was a Community TAF for approximately 15 months and then transferred as a Targeted early Help in 2018
- To encourage the child to engage in activities within the community to promote his Social and Emotional, Physical and Education development
- One Eighty and Hospital Schooling have not been successful due to time limitations of involvement or the child unable/not ready to engage
- To encourage the child to attend appointments regarding Oral Health.
- To support the child to a healthy life style
- To be given opportunities to learn through fun with a view to the child being re-introduced into Education
- To provide opportunities to literacy and mathematical topics
- To visit twice a week within the home or in community activities with the view of education to intervene and EH to cease the intense work

- **Risks to young person & challenges for professionals :**
- The child was diagnosed with ASD on January 2019
- He is behind in all aspects of learning
- The child has a sleep pattern that is impacting his capacity to engage
- The child has anxieties about education, attachment, trust and professionals
- The child has obsessive behaviours
- Risk to his Physical well-being due to lack of exercise and personal care
- The child disengages when challenged or losses trust.
- The child being out of education since October 17
- Lack of joined up work with Education

Protective Factors:

- The child has a good relationship with his family
- The child at present is working with Early Help
- Maternal grandmother is aware of Ryan's needs and proving to support these needs

Interventions/tools/panels used:

- Family Links
- Attachment
- One Eighty
- School Hospital
- CAMHS

What were the outcomes/ impact for the child/young person & how child/young person's voice:

- When not having problems with his sleep pattern, the child engages well with E H and applying to the plan made in advance.
- He is now completing chores within the home, joined a library, assisting E H with tasks that involve education through fun or practicality. This has encouraged the child to read put periodically, complete simple mathematic challenges and venture out of the safety of his home environment.
- He is undertaking a healthy life style. Both Maternal Grandmother and E H are aware that it has to be applied in a format so the child not to become obsessive.
- He has gained trust in a professional
- The child's views that he does not like school but unable to give a reason why
- There was a length of dis-engagement with E H when involved in his EHCP meeting as he did not like people talking about school
- The child loves Lego and Geo-cash
- He wants to be a you-tuber or work with salvage when he is an adult
- The child has mentioned going back to school for an hour a day with his Cousin being with him (information passed to education)
  The child said he will attend the Dental appointment at the JR Hospital in October
- He was happy when he received his diagnosis as he knew he was different

Why did it work?

- Gaining trust of the child was paramount
- He is engaging but less so when there is a view or threat to education within a setting
- The activities are planned to provide opportunities in all aspects of development to which he is in great need of due to him not at an age and stage. The activities are designed to incorporate topics of interest to him.

Would you do anything differently next time?

- There was a need for earlier interaction with Education and this remains, as although the plan is generally working well, it is unsustainable long term and additional provisions and lead needs to be taken by Education with facilities and tools that will be appropriate for the child
- Co- working with a professional within Education would be beneficial as part of the step down plan.