CAMHS and Children Looked After

Case Study – Katie*(name changed)

Summary of referral to ELCAS

- 8 Year old girl
- Emotional dysregulation – Anger, worry
- Early impaired attachment relationships
- Trauma and neglect
- From carers' perspective – "extreme challenging behaviour", "manipulative, lack of remorse, defiant, lying, lashing out, very controlling behaviour".

Timer Line in brief

Katie born 2004. Mother – prolific drug user, alcoholic, involved in prostitution.

Birth father ex-military (PTSD), committed suicide when Katie was 4 months old – he was unaware that mother was expecting his 2nd child.

Mother was involved in frequent, brief relationships with men after partner's death; some violent, often drug users.

Mother had one partner who was around more. She had 4 more children with him. He was physically violent to her and to Katie. Katie witnessed repeated DV, excessively inappropriate language directed to her and other young children.

Katie and her sister were placed by Children's Services with paternal Grandfather for 12 months due to neglect and physical abuse.

then removed again due to concerns about Grandfather and allegations of historical sexual abuse of children. Girls were placed with foster carer.

Placement broke down due to challenging behaviour, alternative placement found.

Placement broke down again due to challenging behaviour, girls placed with Paternal Grandmother and her husband.

At Referral

- Katie and her sister were living with paternal Grandmother and her husband.
- Perception that they "had no choice" and had taken on special guardianship order.
- Contact with birth mother was seldom, sporadic and unpredictable.
- Girls had supervised contact with paternal Grandfather who was undergoing a serious police investigation involving multiple allegations of sexual abuse.

ELCAS Intervention

- 4 week Art Psychotherapy assessment to ascertain suitability for a psychodynamic therapy and to gain more understanding of Katie's difficulties
- Close liaison with Social Worker and CAPPS worker, increasingly so as placement with Grandparents became more precarious.
- Acknowledgement during regular reviews with Grandparents that Katie was finding Art Psychotherapy helpful in providing a boundaried space to explore difficulties and express thoughts/feelings in a visual way.
- Continued to provide weekly, individual Art Psychotherapy over the next 10 months.
- Continuation of weekly Art Psychotherapy during transition stage due to Katie and sister's move to placement in long term foster care provision.
- Regular reviews with new foster parents and social worker to discuss their experience of Katie and to provide some feedback of the therapeutic work.
- Liaison with social worker about the legal status of the placement.
- Working towards a planned ending of therapy and work with ELCAS. Liaison both written and by telephone with SCAYT following discharge regarding their on-going involvement with Katie.

Example of CAMHS and working with Young people who have been fostered

G was fostered but her birth grandmother wanted her to live with them. Her situation was uncertain as the foster family had had her for 2 years and loved her and were considering a long term commitment but assessments were not clear as to whether her Grandmother was a good enough carer. When I got involved the foster carer wanted help to ease behavioural problems (lying, destructive behaviours, tempers) and was worried she had PTSD as a court report had said she had this when she was 5. I held back from offering EMDR or behavioural strategies until I met with the new Social Worker. She and I developed a shared formulation around the predicament this child was in and identified two things to work on: 1.attunement and attachment between carer and child rather than behavioural approach or post trauma therapy and 2. She was determined to quickly resolve the indecision about this child's future.

I attended two Social Care planning meetings where we discussed this formulation. This was clearly helpful for the carer and the other professionals working with the child and carer. They fully engaged in Video Interaction Guidance (VIG) and it was amazingly effective in that "all the barriers came down and we just gelled" (foster carer's words). When the decision was made that the child would move to live with Grandma and keep contact with her foster family, we used the VIG to consolidate the bonds she had with her foster siblings, was able to explain all this work and the formulation to Grandma and give Grandma information about what to look out for going forward in terms of understanding and monitoring. It felt like a joined up piece of work with carer, Social Worker, other professionals involved and Grandma.

Case study "L" aged 4 at referral

L was 4 at the time of the referral being made to SCAYT+. L and older sister were adopted 2 years prior. In their early lives they experienced neglect and domestic violence. Adoptive Mum had received support from SCAYT+ once before which focused on advice and support around therapeutic parenting approaches. SCAYT+ then received another referral from the post adoption team specifically requesting Theraplay for L and Mum. This was accepted as felt appropriate work to follow on from the previous sessions Mum had already had.

As a starting point a MIM (Theraplay assessment tool) was undertaken with Mum and L, this identified areas to work on within the Theraplay sessions. Following this SCAYT+ had a meeting with parents and the post adoption social worker to identify from the MIM and further discussion the goals that would be worked towards during the Theraplay.

Theraplay sessions were undertaken with L and Mum on a weekly basis for approximately 12 months. Once it was felt by all that the goals were met and there was clear evidence of this in the sessions and through L's behaviour at home the work came to an end. During the involvement SCAYT+ also held regular network meetings, including parents, post adoption social worker, L's teacher, TA and head teacher. This encouraged a 'team around the family' approach and ensured everyone was working in the same way and had a shared understanding of L's emotional health. As well as the network meetings reviews of the Theraplay sessions were carried out with the post adoption social worker and parents to ensure that the intervention was meeting the agreed goals and as a way of supporting Mum.

At points, it was necessary due to complexities around the case to have joint supervision with the post adoption social worker and a SCAYT+ psychologist. Throughout the work SCAYT+ and post adoption were able to reflect together resulting in a positive working relationship.

This case has demonstrated the following good working practices:

- Joined up working, using a 'team around the family' approach which enabled parents and school to feel supported which impacted positively on L.
- Good working relationship with post adoption.
- Good use of supervision, clinical, managerial and peer.

- The use of an attachment based intervention that engages children and helps parents to become more attuned to their child.
- The work was led by the needs of the family.
- The set goals were achieved.

The below email is from L's Mum after the work had ended.

Mummy thinks I am a lot like an orchid, incredibly beautiful to look at but difficult to care for at times.

To achieve the best possible flower an orchid needs a variety of things, the right environment, lots of love and attention, oh and the occasional prayer. Sometimes when you have tried everything and your orchid is still not flowering you need to ask an expert for some advice.

You need to pick your expert with care, lots of people offered advice but with such a delicate flower you need a very special person that really cares about helping and starts at the roots.

From baby lotion on glasses, handprints and chaos to orchids – we have achieved a lot together. Thanks for being my special friend, I will miss our times together but I have a great team on my side who have all learnt from you and will help me to carry on blossoming.

Case Example: 'J' aged 8

This case was referred to Scayt+ in September 2014 by J's Social Worker. **'J'** along with his older sister became looked after in March 2014 following child protection concerns whereby mum was failing to meet the children's needs due to her substance abuse, there had also been significant domestic violence between parents. Scayt+ were requested to offer advice and support to carers in managing 'J's behaviours at home, help with thinking around contact with mum and sister and how best to manage this as 'J"s behaviours escalate before and after contact, he was noted to become more anxious, aggressive with general regression in behaviour. Carers at this stage were unsure if they would be able to provide 'J' with a long term placement as they were concerned about the effects of 'J"s behaviours on their younger adopted son.

As with all new cases we began with a consultation with both carers and Social Worker present. During this consultation we were able to explore with carers 'J's early experiences and how this will have affected brain development and therefore this explains his delayed development. Also how his blueprint/internal model is one of low self esteem and he expects things to go wrong. Advice and guidance was provided to carers in terms of therapeutic parenting and using the approach of PACE: (playfulness, acceptance, curiosity and empathy) as well as Theraplay ideas.

Feedback comments from Social Worker:
'The consultation was very useful in terms of understanding where the SU is at and how best to support. Particularly useful strategies which foster carers can implement. Advice/perspectives re: contact also helpful.'

Feedback comments from carers:
'Really useful sessions with new ideas to work on. Thank you.'
'Excellent information and advice. Thank you ladies.'

A follow up session took place at the contact centre and included the family support worker who supervises the contact. During this session, theraplay activities were demonstrated and the carers were given the opportunity to experience being the recipient and the leader of the activities. Feedback from this session was very positive as carers could see the benefits of the activities having on all of their relationships. The support worker was encouraged in facilitating a much more positive quality contact experience for 'J' as she could see how theraplay could help to structure contact as well as provide containment rather than the present chaotic nature of the contact. Moreover the theraplay approach was seen especially as a valuable tool in providing consistency at home and during contact thereby enabling 'J' to experience positive interactions with his carers and family.

Feedback comments from the theraplay session:
'Valuable advice on how to structure contact including activities and lay out of the room. Theraplay activities are non competitive and very helpful as mum is very competitive and she wants to win all games played during contact.'

Due to the success of the above session, a further theraplay demonstration took place with a group of support workers and as 'J's current support worker was changing it further ensured consistency in working practice.

Feedback from support workers:
'Really interesting and informative, will be really useful in our work as FSW to use in 1:1 sessions with children and to pass on the information to parents carers for them to use. Thanks very much.'

'This will improve the value of contacts for both child and parents. Also it will be of great value during direct work sessions. It will help with trust and interaction.'
'Really good ideas which can be used after Life Story work sessions. Would benefit the child. I feel I would use it after contact, during contact. Really impressive, will use it in my role.'

Scayt+ have also contributed to planning meetings and this has facilitated multi agency working. The outcomes in this case have been achieved as 'J' is much more settled in his placement, he looks forward to contact, carers confidence in their abilities have increased and they have put themselves forward as J's long term carers.

Case study re young person L. Aged almost 16 at the time of referral.

Presenting issues: L has been looked after for 4 years and in that time has lived in a number of local authority residential units. Given the high level of risk with regard to a history of being sexually exploited within her own area she now resides outside the county. She has also been missing from establishments on over 80 occasions within a short time period. Other difficulties exist for L within her relationships with peers, family particularly her mother and residential staff.

Assessment: Initially I met with the professional support network around L and we thought about the difficulties of trying to support her when the placement she was currently in was temporary and her longer term geographical whereabouts were unknown. L was unwilling to access any form of counselling in the area where she was residing due to the temporary nature of her accommodation. She had been assessed by Child and Adolescent services in Cumbria as needing a service from their team but was refusing to attend.

I agreed to meet with her and offer her four sessions to look at how a service which was acceptable to her and which she would be willing to access either from outside the County or from her new placement could be sought.

I met with L for the four sessions. She engaged extremely well even reminding staff when she changed placements the time and date of appointments. We were able to think about her experiences of adults and relationships and why within an attachment framework she might struggle to allow adults to parent her and her very fixed black and white thinking.

We were able to think about risk and why adults might worry so much about the risk she posed to herself and possibly others. She was scared about her own thoughts and feelings and had no way of trusting anyone to think these through. As a result of this she accepted that I would make referral to CAMHS in her locality and I would attend with her

At her meeting she was to be considered for follow on services even though she was almost 16. Agreed I would see her until these were in place. I saw her on two more occasions. She was able to agree that she was now confident in her new staff to attend the appointment with the psychiatrist with her and therefore our sessions had achieved their purpose.

Outcomes: This girl was reluctant to commit anything to paper and throughout our sessions had struggled with any notion of goals. However despite this I think she was very clear about what we hoped to achieve together. She had had very difficult life experiences and began her first session by saying she had never been parented. At the end of the last session she filled out an evaluation and I felt this was in itself positive and she wrote what was for her a lot saying she felt the sessions had been really useful and had helped her.

Case study 'C' age 5

Background: 'C' came into LA care in April 2014 due to CP concerns in respect of physical injuries towards 'C' and her male sibling, parental domestic violence and alcohol dependency. 'C' currently is in short term foster care with her two male siblings placed with X and their two children in May 2014.

Reasons for the RFI to SCAYT+: Referral received in August 2014: 'C' is displaying sexualised behaviours in foster placement. She is rubbing her genital area on soft toys and incidents of this are increasing in frequency. She does not stop immediately when asked. Outcome: For foster carers to confidently manage sexualised behaviour and guide 'C's understanding of her own identity.

SCAYT+ Involvement and overview: Began in August 2014 when we provided an initial consultation. A further five consultations have been provided to foster carers with a sixth session booked for May. In addition I have provided a joint visit with CSW and liaised with private Theraplay therapist in respect of commissioning a service.

Initial consultation provided advice around the sexualised behaviour. We discussed SCAYT+'s approach is to view the behaviour in the context of developing a safe base and secure attachments. Once we develop and strengthen secure attachments, this behaviour should decrease. I also advised about helping 'C' to experience appropriate touch and develop body awareness and gave examples from Theraplay involving measuring exercises.

Additionally 'C' has difficulties in regulating her emotions, sibling interactions and is routinely aggressive in her behaviour and language.

I have provided advice on therapeutic parenting and PACE. I advised on and demonstrated Theraplay techniques. Foster carers have incorporated the advice and techniques to assist 'C' strengthen her attachments and also help with strengthening sibling's relationships.

Foster Carer describes 'C' as much more adoptable. She is making good progress her sibling relationships and her ability to play independently. There continues to be improvements in 'C's vocabulary which is now more appropriate and sweeter. 'C''s pattern of sexualised behaviour (masturbation) is approximately once every two weeks. 'C' is now starting to differentiate between private and public space and is starting to be more private by using her bedroom.

Foster carer's feedback: *I have found the advice and guidance extremely helpful and it has enabled me to have a better understanding of why* 'C' *has difficult behaviour. This has also been very helpful for my sons in particular the 17 yr old who originally struggled to understand why Cheyenne was aggressive and expressed he felt she was just being naughty.*

CCSW Feedback. *I found the session very informative. I have a better understanding of the child's behaviou***r**

Future involvement is to advise the bridging to adoption process**.**

Example: Three siblings

These three children are siblings and placed together with foster carers Mr and Mrs C. They had suffered severe neglect and this is their long term placement. They all had behavioural and developmental issues. All three children were in individual therapy as had been recommended by court experts- and had been for 18 months. The request was to review the issues regarding emotional well-being of the children and address carer and school concerns about behaviour.

Upon our detailed review it was clear to SCAYT+ that the individual therapy was being conducted in isolation. Not only was this failing to address key concerns with carers and the wider professional network, it also seemed unnecessary (and costly). It was

agreed to wind down this work, and that was supervised by the SCAYT+ worker. Support and advice were offered to carers and head teacher- something that they much appreciated, although initially there was much anxiety about finishing the individual therapy (fuelled inappropriately by the private therapist). A strengths-based approach helped the adults move from a position of high anxiety and fear to one of emotional containment. At closure the children were reported to be doing very well in school (including a successful transition to secondary) and placement following SCAYT+ intervention. Infrequent, but regular consultations were provided to guide the carers in their use of attachment ideas and practices. Although this work was primarily consultation to carers, the children were seen together on one occasion at the carers request.

This work lasted about one year.

The following email was received:

"*Thanks very much for coming to see us all. I have to say that I saw why you do the job you do- you have a special way with kids! They were eating out of the palm of your hand, they loved your company and the way you talked to them was fantastic, and I was so proud at the way they interacted back with you, as you say, they have indeed come a long way and if we do have any major hiccups we know Scayt+ team are there if we need them."*

CASE STUDY 'L' Age 7

'L' has one older brother and one older sister who are both in different placements. There had been concerns about the care of all three children since 2005 and they became looked after in June 2013. They had experienced extremely poor home conditions, neglect, emotional abuse and possibly physical abuse. They were exposed to mothers' suicide attempts and frightening adult behaviour between their parents.

An initial consultation was arranged with the foster carer following a referral in November 2014 from the school nurse and supported by the social worker. The main concerns were about 'L' telling lies and fabricating stories which they knew were not true. She had been in placement for a year and it was planned that she remain with their family long term. However 'L' was very dismissive with the male carer and liked getting their two sons in to trouble and would exaggerate the incidents. The placement was under pressure because of possible allegations. Her play was very much around teddies being unwell and visits to doctors and clinics. 'L' talked constantly and wanted the foster carers attention all of the time. She could not bear silence and would talk through T.V programmes too! In school she was always on red or amber because of her behaviour.

'L' had been in a previous foster placement but had shown no upset when moved. Her present placement was very nurturing and it helped to look at the progress she had made in the year that she had been with this family. Over the next five months I saw the foster carer on six occasions and attended the CLA review in school in December. We talked about her experiences at home in more detail and made connections with her present behaviour. We discussed being clearer with boundaries

and giving short explanations when there were difficulties. The foster carer also tried out various Theraplay ideas and read her stories at bedtime.

I had my final meeting with the foster carer in April 2015 and 'L' is doing well. Since January she has stayed on green in school and is achieving and making progress academically .She is settled and is more affectionate and listens to both foster carers and is better with the boys. The incidents of lying are rare.

The foster carer commented at our final session that she is very glad she came to our service. The most helpful thing from her point of view was being given the knowledge to be able to understand 'L' better. She thought the written information was extremely useful between sessions. She says that 'L' is 100% better both at home and school and thinks the service is excellent and would contact us in the future for advice/support.