

The impact of systemic difficulties

The context

Amy's parent first contacted our service in October 2015. Amy was attending a mainstream secondary school and there were concerns for her wellbeing following incidents of self-harm and her involvement in a fight with a peer. The latter incident resulted in Amy being subjected to a five day exclusion. Amy had also been referred to Child and Adolescent Mental Health Services (CAMHS) following an overdose. The school were keen for her to be moved to an alternative provision (AP) setting due to her ongoing behavioural issues. From our service perspective, it appeared that Amy was not receiving any additional support around the behaviour difficulties and a needs assessment request for an Education, Health and Care Plan (EHCP) had not been considered by the school.

The process

The initial referral to Information, Advice and Support (IAS) service came from Amy's mother in regards to advice on her exclusion advice. Further support was also offered if required. Amy was subsequently moved to a local AP setting. A series of events ensued which demonstrated the vulnerability of this child, including a deterioration in her behaviour, running away from home and later being found living with an older man. For a short period, she lived with her biological father out of the county but later moved back to live with her mother.

The mother referred herself again to the IAS service in November 2016. Amy was aged 13 at this point and had been reinstated in the same AP setting she had previously attended. The new self-referral related to Amy's mother requesting support in attending monthly progress meetings at the AP setting. The family were now receiving social care support. It appeared that Amy's family did not have a good relationship with the social worker, who they considered to be interfering in family business. Amy herself was also unwilling to communicate and engage with the social worker. At this point, Amy was identified as being a Child in Need and she was also placed on a higher risk register. Meanwhile, Amy had also been discharged by CAMHS as she would not engage with them.

Amy's mother had also contacted the voluntary organisation which, at that time, had the contract for local advocacy support but had been unsuccessful with this request for support. She was concerned that 1:1 support was not available for Amy and that she was frequently being sent home early from school as *"they couldn't cope with her"*. The IAS caseworker supporting the family had requested that Amy's absences from the AP setting be recorded as exclusions as this would provide evidence should a needs assessment for an EHCP be requested. At this stage, Amy was on a part-time timetable with a view to full re-integration once she settled. There did not appear to be any specific support in place to address her additional social and emotional needs, despite her referrals to CAMHS and social care.

The IAS caseworker calculated Amy's attendance as 72.9% based upon 10 exclusions and a timetable from 8:25am until 12:35pm each day. The IAS caseworker contacted the appropriate local authority (LA) officer regarding the part-time timetable as the LA wanted to challenge such practices. However, with academies, as was the case here, this tends to be more difficult.

At this point, the AP setting requested an assessment by an educational psychologist (EP) and the school counsellor – the latter remained the only adult to be accepted by Amy and where communication was therefore not an issue. In the meantime, the mother and step-father were supported by the IAS case worker to request a needs assessment for an EHCP. At first, this was rejected but the decision was subsequently overturned by the EP at the Special Educational Needs (SEN) panel. By now, Amy's mother had developed a good relationship with the IAS caseworker and cited her as the only professional she trusted and felt was on her side. This enabled the IAS caseworker to not only advise on educational and special educational needs and disabilities (SEND) legal matters and processes but also to act as an intermediary between the LA and the family and an advocate at meetings when required.

Amy's mother began to feel more positive, things were happening and people were listening. The LA discussed options such as returning to mainstream education with the appropriate support in place or specialist provision with an EHCP. In the meantime, Amy was offered home tuition which was deemed appropriate at this time. However, frustrations began to amount again when the family were told that the identified schools were full. The LA offered further home tuition until a school place became available but this would not be until September the following year (10 months away).

The IAS caseworker advised and supported the parents to lodge a SEND tribunal appeal for the specialist school provision that the parents felt was appropriate to meet Amy's social and emotional needs to be named in her EHCP. Eventually, the LA conceded and she began attending the specialist provision setting. Unfortunately this placement did not work out very well for Amy. She did not respond to the strategies put in place and the behaviour issues continued. Amy spent a great deal of time working at home or under the care of a mentor for a few hours a week until she reached the age of 16. Amy expressed a wish to continue her education post-16 but was rejected by the school. Her mental health had deteriorated and Amy sadly made several attempts at suicide.

At this final stage of support from the IAS service in February 2019, the advice was to request an interim review of Amy's EHCP due to the breakdown of the specialist provision setting. A variety of options were then discussed but again the parent was frustrated by delays with the lack of updating of the plan from the previous review (almost a year before) leading to a general feeling, again, of exasperation with processes at a time when Amy's mental health was deteriorating.

The outcome

Amy was once again referred to CAMHS who suspected a possible Autistic Spectrum Disorder (ASD) and a bipolar disorder similar to her biological father's. Despite the combined best efforts of the school mentor and the careers advisor, things looked bleak for Amy in terms of accessing

education. By this time, August 2019, Amy's mother was exasperated with the situation, Amy was not attending school and social care was closing the case, stating:

"..... there has been significant improvements made throughout the past 8 months and Amy's mental health needs are being met by the CAMHS service. Her parents are able to safeguard Amy and have effectively demonstrated this, there is no role for Children's Social Care going forward"

Amy's mother also expressed a wish to step back from all support as Amy would not be going back into any education – *"she can barely leave the house let alone anything else"*. Continued support from IAS was, of course, offered if Amy or her mother wished to engage again with the service.

On a more positive note, the IAS service has recently heard that Amy successfully applied for paid employment as a cleaner and was offered work 3 days per week. Amy's mother felt this role gave Amy a sense of responsibility and independence through working on her own. According to her mother, the role has helped to alleviate Amy's social communication issues and build her confidence and self-esteem. The family feel very positive about this outcome.

Reflections on the outcome

Our service supported Amy and her family over a 4 year period. During that time, we encountered several difficulties related to the wider context we were working in. On reflection, these difficulties can be summarised as follows:

1. Amy's mother described her initial mainstream school as not being very communicative with her and as not being able to offer Amy appropriate support to meet her needs. They could only suggest attendance at an AP setting. Besides CAMHS, no other services appeared to be involved at that time.
2. On transferring to the AP setting, the lack of communication apparently continued and, although meetings were arranged to discuss Amy's needs and provision, the parent felt that Amy was merely being 'contained' rather than educated and that her mental health needs were not being addressed. This resulted in a great deal of frustration on the part of the parent and Amy which exacerbated Amy's behavioural issues.
3. Once our service was involved, we were able to offer information and advice which looked beyond the confines of the situation and offered a pathway to a possible solution. However, obstacles continued to be a frustrating part of the process - the AP setting refusing to record exclusions, and initially did not support the EHCP needs assessment, while the LA rejected the request for the needs assessment in the first instance. The relationship between Amy and the second social worker involved worked well and this professional was accepted by the family. However, this support was terminated prematurely in the opinion of the family as it was felt that there was nothing else that could be offered.
4. Once an EHCP was issued, the AP setting advised they could no longer offer provision for Amy and, while an appeal took place to secure the appropriate special provision, Amy ended up being tutored at home. This led to another unsettling period for the whole family. The mother felt she was in a continual battle with the LA, having to lodge an appeal, firstly, for a needs assessment to be carried out and, again, for the name of the appropriate

provision to be included in the EHCP. She became very dependent on the IAS caseworker, who she felt understood both her and the system.

5. Amy, due to her mental health condition, had great difficulty communicating and building trust with adults and peers. The behaviour she demonstrated was challenging and confrontational and the family felt this was never fully understood or addressed, whatever solutions were attempted. The family viewed professionals with great scepticism and any perceived mishandling of situations or judgemental behaviour only served to reinforce this perception. The IAS service was able to build a good relationship with the family and guide them through the processes to possible solutions.

The factors outlined above often contributed detrimentally to the achievement of good outcomes. It remains to be seen whether the role Amy has secured for herself will be sustainable.

Contact details

The service requested their details were kept anonymous.