

Case Study – A Success Story

Details of child and family

- Child presents with ASC type behaviours including appearing in her own world, intense interests, sensitive to noise and proximity to others, eats a restricted diet, unusual speech tone, dislikes changes in routine, misreading social situations and difficulties forming friendships
- Child joined school in Y3 after Elective Home Education where she was out of school for 8 months
- Parents had withdrawn child from previous school due to conflict with staff around their concerns and a referral to Children’s Services
- Parental mistrust of external agencies and disengagement from Early Help
- Parents describe struggling to manage child’s behaviour at home
- Discharged from CAMHS following disengagement from parents

What were the presenting concerns?

- Poor presentation including concerns around hygiene and head lice
- Mum described that child was reluctant to wash or have hair brushed at home
- Persistent Absence leading to EWO referral
- Distressed behaviour (refusal to engage, curled in a ball on floor refusing to move) at the start of the day needing support from adults to transition from home to school
- Child would fall asleep in school frequently
- Child disengaged with learning

Details of support provided

We referred to the Neglect Toolkit to identify areas of concern as potential neglect. This highlighted that children with SEND are more risk than others due to the increased difficulties for parents to meet their child’s needs.

To begin with as DSLs, we discussed what we felt were our concerns and what we wanted to see change. By reviewing the chronology we were able to establish that building a trusting relationship was going to be vital to introducing challenge around the areas identified as potential neglect such as attendance and presentation. We knew that parents were wary of external agencies and that school would need to be the main lead in supporting the family at this time.

The school had already referred to the EWO due to the increasing number of absences and lack of contact from parents. We visited the home regularly to check on reason for absence and made it clear that we expected the child to be attending regularly and that we would be supportive to parents to achieve this. This was the beginning of what the Neglect Toolkit describes as ‘Honest Conversations’.

By using the ‘Neglect Prompts’ section of the toolkit, we were able to form a strategy to support the family and for them to understand our concerns and why we wanted to see change.

The DSL began building a trusting relationship with parents through organising financial support for the family and listening to their concerns about their child. This allowed parents to be more accepting of challenge and feel that they were

listened to regarding how difficult the child could be at home. Sleep was identified by the parents as a major challenge and parents felt that this was the main factor of the child's refusal to attend and engage with adults in school. These open and honest conversations revealed that the child refuses bedtime, needs routine and dislikes change, doesn't like school and will not communicate when upset. Some explanations from parents were challenged around cleanliness as their insistence that the child bathed daily was inconsistent with their presentation such as dirty fingernails.

Within the 'Neglect Prompts' and 'Day in my Life' section, there are examples of questions that can be used with children to gather a better understanding of their lived experiences. The ELSA introduced regular sessions to explore the child's thoughts and feelings through using these types of questions. By exploring daily routines, the child explained that mum put nit lotion on their hair but that they did not allow mum to brush their hair etc. at home. It became clear that the child's refusal at home was contributing to their poor presentation and personal hygiene. The child opened up about watching telly until late at night whilst others in the house are asleep. The ELSA began exploring the importance of self-hygiene with the child.

Through the use of social stories and gentle encouragement, school successfully introduced a morning routine in school with the child that included breakfast, cleaning teeth and brushing hair in a quiet space. The child chose their own toothbrush, nail brush and soap. The ELSA taught them the routine of washing their face and hands followed by cleaning their teeth. The child also learnt to brush their hair. We also explored with the child the importance of getting a good night's sleep.

Once the child was routinely managing their own personal care in school in the mornings, we could then support parents to transfer these taught skills to home. This also allowed the school to when needed challenge parent's narrative around reasons for hygiene slipping. The school had demonstrated that the child could and would do it so this now needed to be consistent. School gave parents a visual timetable for morning routines to support the child to use the new hygiene skills they had learnt in school.

Parents were supported to contact their GP to discuss sleep issues. Once the parent agreed, regular contact was made with them to check in with regarding whether an appointment had been made and the outcome. A school nurse referral was completed regarding sleep concerns and they sent a self-help leaflet following a telephone conversation.

Assessment of outcomes

- Attendance has become more regular and reason for absence is given
- Whilst there are still many late marks, the parents are not giving in to the child and will bring to school despite challenging behaviour from the child
- Late marks are reducing over time
- Child will enter school positively when arriving in the morning
- Presentation has improved and remains consistent
- Child receives additional 1:1 support in the classroom with an adapted curriculum that uses the Engagement Model
- School will apply for an EHCP this academic year