

## **Exploitation, high family conflict, school behaviour**

Siblings Cameron & Daniel, aged 10 and 15

### What were the issues at referral?

Cameron (10 years) and Daniel (15 years) and their 2 younger siblings had been open to the local authority on Child Protection plans for 2 years prior to referral. Worries were growing that Daniel was gang affiliated and that his anti-social behaviour in the community was growing - having been reported to be carrying weapons, going missing, damaging property in the community and stealing money. There were attendance and behaviour issues at school and Daniel had been excluded. Within the home Cameron and Daniel were fighting daily. In an attempt to keep track of Daniel, mum would send Cameron to follow Daniel, which was putting him at further risk, as he was starting to associate with negative peers.

Mum was stating that she could no longer cope with Cameron's behaviour and was requesting for him to be taken into care. Cameron had presented himself at a local police station on several occasions reporting that his Mum treated him differently to his siblings and asking to not be returned to her care. School were awaiting a residential placement for Cameron and mum was keen for this to happen. Mum was struggling to cope with Cameron's behaviours – verbal aggression, physical aggression towards his siblings and threats to achieve suicide. Cameron had been permanently excluded from mainstream school and was attending a specialist school for children with emotional and behaviour difficulties.

The reason for Cameron and Daniel originally coming to the attention of the local authority was because mum had chastised Cameron using a belt and had also put him in stress positions to try and alter his behaviour. Both boys were on EHCP plans.

### What did MST do with the family and systems around the young person?

Mum was fixed in her views at the start of treatment that her children needed strong boundaries with physical discipline. Early in treatment some of mum's actions and communication with her children was not always helpful or safe. For example, when Cameron got a knife and stated that he was going to kill himself, mum got him a sharper knife as the one he had fetched 'wouldn't do anything'. Although this stopped Cameron's behaviour, the therapist was able to take mum through the sequence and help her to see that this was not the most helpful way of responding and could have had serious consequences.

The therapist worked with mum using sequencing, a tool we use in MST to understand how incidents build, to gain a better picture of escalation and threats of self-harm in the home. As mum was empowered to recognise these sequences, she was able to not only label what she was feeling and thinking but also became skilled at doing this with Cameron. The therapist and mum wrote scripts for how she could respond to her children differently, and role played out how this could go. This helped mum and quickly we saw and heard mum using these scripts within sequences to change her interactions with her children.

The therapist worked with mum on increasing her warmth towards the children as well as having pre planned rewards rather than relying on punishments. Mum quickly started to see improvements in her children's behaviour and at the midpoint review described the therapist as 'sent from God'.

Mum made good use of on call and good use of her therapist when incidents were happening. This enabled the MST Therapist and their team to see things live and in action and to be able to talk mum through safety planning and plans to help things calm down in the home.

The therapist supported mum to communicate and work with Daniel's school system, including sharing the behaviour plans and thinking through how the systems can work together to support the attendance and behaviour in the school setting. The therapist helped mum to identify the peers and develop expectations around the boys for when they were allowed out.

Mum's first language was French and although mum did not require an interpreter, she did prefer to read plans in French. Copies of the MST Analytical Process (the MST Roadmap for Treatment) were given to mum in French as well as important plans and documents.

The therapist was interested in and took time to understand mum's heritage, culture and her belief systems and how these impacted on her parenting. When some of these were identified as causing or sustaining the behaviours, the therapist used sensitivity to address these with mum.

#### What was the impact?

At the end of treatment Daniel was attending school daily and there were no issues with his behaviour within school. Daniel is engaged in pro social activities and has pro social peers. There has been no further weapon carrying or property damage within the home. All referral behaviours have reduced.

Cameron's behaviours within the home have decreased and he is enjoying a much better relationship with his mum and his siblings. Mum and Cameron spend individual time with each other which they are both enjoying. Mum is now questioning, given the improvements whether the school that Cameron attends is the right school for him.

The case went down from Child Protection to a Child in Need with all professionals in agreement and pleased with the progress the family were making. If the worries continue to stay small the case will close to Children's Social Care within the next 6 months.

When a residential school place become available for Cameron, school and mum no longer felt that was suitable for Cameron and mum turned down this place. At the time of closure mum continued to work with school to get him back into mainstream school.