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**ROYAL FREE**

**HOSPITAL CHILDREN'S SCHOOL**





# Case Study 1: MA

## A Trauma informed approach

*How does this person make sense given what has happened to them?*

*What happened to you? Not What is wrong with you?*

*'Symptoms resulting from trauma can directly impact a student's ability to learn. Students might be distracted by intrusive thoughts about the event that prevent them from paying attention in class, studying, or doing well on a test. Some students might avoid going to school altogether.'*

MA is a **16 year old girl** and is the **eldest of three children** to her parents.

She lives at home with her **mother, father and 2 younger siblings.**

Her middle sister, attends a Muslim boarding school in Lancashire but spends her holidays at home in London with the family.

MA is a British Citizen of **Bangladeshi heritage** and the family are Muslim.

MA **attended a local Camden Primary school**, finishing 'at the expected level' for her age related expectations.



*"I was always very shy and I still am.*

*I only had one person I spent time with at school – she wasn't exactly my friend, but we played together and had lunch together.*

*I really loved reading and spelling, and I was good at it.*

*I really enjoyed primary school, but **I daydreamed a lot.***

*When the teacher was teaching, **I would suddenly doze off and look out of the window."***

After completing primary school MA was sent to the attend boarding school in Lancashire, the same school her sister now attends.

This was a mainstream all-girls Muslim school.

However, her behaviour deteriorated (not looking after personal hygiene, being late persistently for lessons), she became isolated and without friends. Often she was found hiding in her room and would not attend lessons.

MA struggled to cope both independently and emotionally in this environment and returned home to London. The school was unable to meet her needs.



*“ After primary school I was really excited to go to boarding school.*

*After a year, I realised it wasn't the place for me because I realised I wasn't able to make friends or talk as much as the other kids.*

*Making friends is compulsory in a boarding school because you don't have your family, so friends are a must have.*

*When I didn't have friends in my boarding school I felt very lonely, sad, and left out. I felt like no one would want to help me or could help me, so I became more isolated.*

*I used to struggle to go to lessons because I felt I was a loner. I was kicked out for health reasons; my anxiety and my depression. “*

MA then attended another **larger secondary school** in London but was **unable to manage both the environment and the academic expectations** and was **withdrawn after only a few weeks.**

**Now in Year 10**, MA had spent a considerable length of time out of education, her **mental health became a concern** and other more **challenging behaviours at home began** to develop.

Both **CAMHS, Early help** became involved which led MA to be **referred to the Camden School Inclusion team.**

Through this referral, she was offered the opportunity to engage in **one to one tuition** in her home environment and a **specialised SEMH teacher was assigned to work with her.**



*"It was still difficult because the classes were big and I had to sit opposite other pupils and this was difficult for me, and **I found it difficult making eye contact.***

*I only stayed for three weeks. My parents were getting upset because they wanted me to go to a normal school.*

*I used to **spend my break times in the bathroom** because I didn't want anyone to know that I didn't have friends. **I only stayed there for three weeks.***

*I then **refused to go there anymore.** We would arrive there and I would refuse to leave the car.*

*Then I stayed at home for quite a long time and was bored. "*



Engaging with one to one teaching in the home was a **challenge for both MA and her teacher.**

MA would behave at times like a **stropky toddler; shouting** when she **couldn't communicate her needs** or **regulate her emotions.**

Often an early warning sign for this kind of episode was when she would **use a baby like voice, speak in the third person** about herself, **not using full sentences.**

What was clear though, was that **MA enjoyed this new way of learning** and the attention and focus that she received from being taught one to one, enabled her to express herself in new ways.

She began to feel less anxious and feel '**safe.**'



*"I kindly got offered 1:1 teaching with a teacher from the Inclusion team.*

*She came to my home to teach me; I was nervous at first but then I liked her.*

*I really enjoyed being taught by one person, because I **didn't have to worry about other people.***

"I first met MA at the initial home visit in May 2019. At first *she refused to come out of her room*, but with a little persuasion from her mum she came down to the living room and sat on the sofa. She was *huddled and wrapped her arms around herself*. When she spoke she *used* what I describe as a *Toddler voice with toddler pronunciations* and sentence structure e.g. "MA do". We did *make an initial connection* by talking about collecting internet Feebies, which is her hobby.

Her *behaviour was very difficult to manage* when I was teaching her at home, she seemed very *powerful in her home environment and often attempted to direct the learning*. In my presence, she *has shown herself to be aggressive/inappropriate towards family members* past using *inappropriate language, lashing out physically*.

Initially, *not much was achieved academically* whilst we were working at home as managing MA in lessons became more difficult. She would *refuse to learn, turning away from me or pushing work away or demanding that I end the lesson*. She exhibited many *anxiety behaviours* such as, *twirling hair, toddler voice, turning away, a low moaning sound and rocking*.

However, I quickly *identified that her needs were more than just academic* and began exploring working with her *on social and emotional difficulties as well as communication*, After some weeks of *simply talking with MA, building trust* and getting to know who she was, she *began to open up* that she *found it very difficult to develop friendships* and often told me that she has never had friends.

## Trauma Informed

### Approach asks:

What happened to you?

Not

What is wrong with you?

How does this child/adult make sense?

AND

How has this child/adult learnt to survive?

What do the adults/professionals in this system need in order to be the containing people this child/adult needs?

AND

What does this child/adult need from adults to be able to regulate, to manage themselves?

What do we know about MA at this stage?

- MA was referred to CAMHS in 2018 with concerns around her social communication skills and learning needs
- CAMHS support then moved towards treatment for anxiety and depression.
- MA's anxiety presents in multiple forms; General Anxiety Disorder (GAD), Obsessive Compulsive Disorder (OCD) and social anxiety.
- MA also displays high levels of anger and frustration.
- CAMHS' view is that the emotional expressions are likened to possible ASD/Autism traits.
- MA is currently being assessed by Great Ormond Street Hospital due to a chromosomal disorder.
- Her cognitive skills are broadly within the average range but she has difficulties with social communication and interaction, with significant anxiety related to this.



## What happened to you MA?

Nearing Autumn half term things began to change

- safeguarding concerns are flagged by MA's teacher when an incident of inappropriate and unsafe use of social media. MA had been solicited and/or was soliciting unknown people on social media platforms to be her 'boyfriend.' Although no photographs had been seen, there was some discussion that pictures of some kind may or may not have been asked for and shared.
- MA acted provocatively in the home during lessons
- Her teacher she raised concerns to the wider professional team around MA's sense and understanding of what it meant to be 'safe' as well as prior experiences of learning and explored the idea of further assessments for beginning the process of application of an EHCP moving forward.
- An ASD assessment was started, however MA made the allegation of sexual abuse part way through the assessment and so this was paused.
- CAMHS support was paused as they assisted MA in accessing the lighthouse to begin investigating the criminal case.



After her disclosure, MA's learning continued at her home.

However, a **change in MA's progress with academic learning began and her new attitude to learning** opened the conversation about what her **next steps** would be from teaching in the home.

The opportunity for MA to join the RF day school became a real option and after meeting with the RF head teacher and staff, it was agreed that MA, with the **continued support from her SEMH teacher 1:1**, would transition to the RF day school to begin the new Spring term 2019.

This would be the **first time in years that MA would have attended an educational provision**, albeit small, with her peer group and an opportunity for her to socialise learn in a new but familiar environment. It would also mean that **she would be able to have the opportunity to undertake GCSE's** and consider a future which she had not thought possible for some time.

*"Then my teacher told me about 'The Hive'.*

*On the first day, it felt very nerve wracking but on the other hand, I knew my teacher would keep me safe and happy.*

*Sometimes my anxiety got the better of me and affected my behaviours.*

*Instead of listening to her, I would be touching everything and threatening to leave, snatching things off my teacher – I felt very agitated. "*



The plan for her **transition** would be very **slow and gradual**.

In the first instance **MA** would simply **attend the RF day school at the Hive for short periods of time and be taught away from the larger group of pupils in the smaller break out learning rooms.**

MA would struggle at times, but with the **support of her teacher to feel safe she managed more and more full school days**, sitting closer and closer from being on the side lines to **eventually join the main group of 18 pupils.**



*“When I started at the Hive, my teacher and **I worked in a room 1:1 – it was just us.***

*After two weeks, my lessons moved into the communal area. I was able to watch other students working around me. **At first I was nervous, but then I felt I was achieving something in being able to work amongst other young people.***

*Then I started sitting in lessons. Then Alex – The Head teacher said I was doing so well, that I could officially become a student at the Royal Free Hospital School.*

*Now **I am joining lessons and I am feeling really good** because I am taking steps forward like a ladder. I am now attending the school full time.*

*My teachers are important to me because they teach me – **I would be sad if something happened to them.** “*

## Trauma informed practise asks: What do the adults/professionals in this system need in order to be the containing people this child/adult needs?

Throughout MA's journey to the RF school there have been key tipping points engaging professionals in the system.

- MA's initial referral to the Camden school inclusion team via CAMHS/Early Help
- Pairing her with a SEMH teacher who asked the both key questions: How does this child make sense? What happened to you?
  - identified safeguarding, learning and emotional concerns and flagged these to the professionals in the network
  - MA's disclosure of historical sexual abuse, involving key support from CAMHS, The Lighthouse, Police and Social Care
  - MA being taken off her CIN plan- social care stepping away after transitioning to the RF day school
  - EHCP application begins, heavily supported by SENDCO at RF school with contributions from multi disciplinary agencies
  - During the COVID lockdown in March, during the Easter holidays, MA went into crisis. As a result, I promoted a MASH referral to Camden social services via the Early Help, and as a result the case began consultation to be re-opened by Camden Children's services. They carried out their independent assessment of MA, her siblings and parents and decided to re-instate the case to CIN for all the children.
  - NCATS consultation takes place- recommendations are made for MA to receive specialised trauma therapy

As a result of this re-referral in Easter, the case has since been turned over to the long term social care team with the whole network consisting of up to 15 or more professionals across multi- disciplinary agencies.

The network now consists of colleagues from; Occupational Health, all the children's primary& Secondary schools, Speech and language therapist, Drama therapy, RF school, CAMHS and Lighthouse therapeutic support, Early Help family worker for both the children and Parents, family therapy for parents and long term Social worker to the family from Camden Children's social services.

In summer JULY 2020, MA is awarded her EHCP with the highest level of funding in Camden, allowing her have a repeat year 11 at the Royal Free School for this academic school year 2020/21.

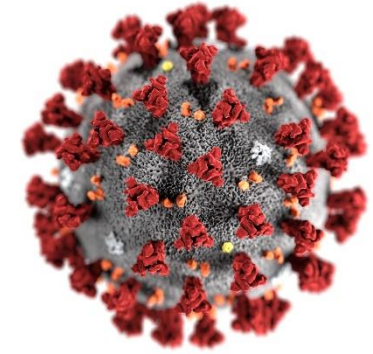
Trauma informed practise asks:

What does this child need from adults to be able to regulate, to manage themselves?

**Pre COVID: What has worked? What do you 'need' MA ?**

- Routines and rituals- Known, knowns- Keeping to a routine is key for MA to prepare her for her school day ahead
- Working with known adults who she trusts and peers who she has some connections with
- Encouraging her to speak in full sentences, explaining her ideas fully- asking her for more detail for clarification of her ideas
- MA thrives on positive praise- 'naming it'- being specific about what skill or behaviour she has done well so she can identify what was good (Show, not tell)
- Introducing new things slowly and gradually to her rather than suddenly and abruptly- similar to taking things away
- Writing a social story to explain to and with her some difficult concepts including emotional content or procedural events that have taken place e.g. COVID
- Zones of regulation for behaviour and mood- Regular safety 'check ins'
- 'Opt in rather than time out'- Challenge her inappropriate behaviour → identify the behaviour which you are not so sure of and explain this to her, asking her to summarise ' what does that mean to you? Can you explain? What have we just talked about?- assuming that she will need to be reminded of this again
- Clear boundaries → when distressed or becoming agitated MA can begin to try and distract and control the learning situation. Hold the line with her- walk away, give her time to regulate herself- then return and praise her 'recovery'. This may take several attempts.
- Encouraging her to work independently

What does this child/adult need from adults to be able to regulate, to manage themselves?



### **Working online during COVID:**

- Doing a safety/welfare check in with MA before the lesson started- this was not always necessary but on some days it was
- Teacher regulating their reactions, attuning to MA's initial emotional presentation individual to each lesson, hour by hour.
- Reading her body language for triggers like rocking, eye twitching, toddler voice, or erratic verbal outbursts raising her voice or becoming controlling or defiant
- Keeping things simple- Having the lesson follow a similar structure, pace/rigor each time
- Being clear and repetitive about instructions for tasks, time prompts
- Asking MA to clarify if she had any questions: Do you want me to repeat the question?
- Using known activities with MA that she liked to do; mind maps, worksheets, quizzes
- Being prepared to STOP, wait and re-set if necessary
- Positive praise throughout, naming the good behaviour



*When asked what MA's goals were in the personal views section of her EHCP she wrote:*



*“I want to return to the Royal Free Hospital School.*

*I want help to understand what happened to me when I was younger.”*

