



RCT Children's Service – Effective Practice Example
A Family Reunion

Family Composition at time of referral – Mother and three children; aged 7, 6 and 4.

The Referral: Mother had crashed her car with the children as passengers. Children did not have seatbelts on and were not wearing shoes or dressed appropriately for the weather. Mother was arrested on charges for driving under the influence of drink or drugs, and neglect of her children. Concerns continued to escalate, and mother took two overdoses, the first of her ADHD medication, reporting it was accidental. The second occasion, mother collapsed following a cocktail of prescription and non-prescription medication with alcohol. The children found their mother unconscious and called a family friend for help. Mother was conveyed to hospital and was detained under Section 5(2) of the Mental Health Act. Further concerns arose in relation to mothers coping mechanism, home conditions and neglect. Mother's Section was rescinded after 2 days, however to the risk of significant harm to the children, it was determined that they could not safely return home. Mother declined section 76 (voluntary) accommodation and due to the risk of harm, public proceeding were initiated.

Care Proceedings: The children were made subject of Interim Care orders. A psychological assessment was undertaken in relation to mother where her own trauma and adverse childhood experiences, of which included her being a victim of domestic abuse, childhood sexual abuse and bereavement through the loss of a child by stillbirth and two partners was identified as a possible barrier to accessing therapeutic services due to fear of humiliation. Mother was diagnosed with complex Post Traumatic Stress Disorder. Full care Orders were later granted and whilst initial assessments did not recommend the children return to mother, a clear and achievable route map did provide a route for further assessment.

Making Change: It was evident that mother had a deep distrust of Children's Services, however her commitment to her children was unwavering. Rebuilding a relationship with mother was key, this was based on communication and validation. All professionals had a key role, ensuring transparency, understanding of perspective and roles and ultimately a cohesive professional identity and approach. Mother's engagement in therapy was excellent, where she completed more than 30 trauma informed psychological sessions. She was able to maintain abstinence from alcohol and substances and drug testing evidenced no use of substances or chronic excessive alcohol use. Mother entered a new relationship and became pregnant. Positive changes meant the baby remained at home with support from family members and a positive assessment was completed in PLO.

Positive Outcome: A Placement with Parent (PWP) assessment was completed in relation to her 3 older children and successfully with the significant changes mother had made in line with the requirements set out in the route map, the children returned home under a PWP. This has been extremely positive for the children, who were observed to be happy, content and confident. Mother has continued to have a very positive relationship with professionals and remained engaged with open dialogue and mutual respect. This has also enabled the children to maintain positive relationships with professionals also. Due to the mother's motivation in sustaining such positive change and professionals' commitment to supporting a trauma informed approach, family autonomy is now possible for this family with a plan to discharge the Care Orders.