

Herefordshire Intensive Placement Support Service (HIPSS) and Therapeutic Intervention Support Service (TISS)

Case Studies

Case study 1 - TISS support for Edge of Care team

Work undertaken over a 4 month period during 2016.

At the start of intervention, Mother reported that C's behaviour was having a detrimental impact on her and that she immensely struggled to manage her behaviour. Mother frequently told us she could no longer cope with C and would often present in low mood. Mother continuously reported that she was not receiving enough support from Father with managing C's challenging behaviour. Father worked 7 days a week in order to avoid being at home.

Mother took an overdose on paracetamol and attended A and E due to no longer being able to cope with C's behaviour.

Mother was supported by Edge of Care Team and was referred to CAMH's who conducted a number of play therapy sessions over a period of weeks, with C and Mother in order to strengthen their attachment.

The following month Mother stated during an appointment at A & E, which she attended with support from Edge of Care worker, that she had thought about committing suicide. She was referred to the community mental health team, and allocated a Community Practitioner Nurse (CPN), whom she had regular meetings with over a number of weeks.

Throughout Edge of Care intervention, respite was provided by workers in order to offer Mother some time to herself and a break from C. This took the form of workers doing activities with C both within and outside of the family home.

It was identified extended family members could potentially provide some respite. Whilst C stated she hated her paternal grandparents and continued to refuse to see them throughout the intervention; she liked spending time with an extended family member her and her cousin and Mother encouraged this.

Sessions took place with Mother on a 1-1 basis without C present in order to enable her to discuss her concerns and difficulties in a confidential way.

A consultation took place with TIS and the Edge of Care workers, to discuss the current plans to help the carer understand her relationship with the young person and the support the family needs. The consultation was an opportunity for workers to vocalise their struggles and anxieties about the case and seek reassurance that their work was correct.

A number of themes were discussed;

- 1) C was in control of the relationship and had learnt to get attention from being naughty,
- 2) Questioning Mother's understanding of attachment.
- 3) Mother seeking support in a crisis but then decline that support when the crisis has passed.

A number of strategies were discussed and 3 possible strands of work identified and actioned;

- 1) Individual work with the carer.
- 2) To explore whether CAMHS could do some work with the carer as they are working with the young person.
- 3) Joint work with the young person and carer around building and strengthening their relationship and attachment

During sessions throughout the intervention, parenting advice and support was offered to Mother and she started implementing effective behaviour strategies outlined within the Triple P parenting programme.

The outcome was that she reported a change in C's responses and as intervention progressed, Father became more supportive of Mother and started to take time off work at the weekends and evenings to look after C.

At the close of Edge of Care intervention, Mother reported a significant improvement in her mental health and no longer required sessions with her CPN. Since implementing the Triple P behaviour strategies she had noted a significant change in C's behaviour and that Edge of Care intervention had made a huge difference to the family.

Case studies 2 and 3 from Fostering Social Worker/HIPSS Project Coordinator

CASE 1- TISS SUPPORT

Long term placement- female aged 12- had been in placement 2 years when carers considered giving notice. This was primarily due to feeling little progress was being made and they were having no positive impact on the young person.

After having an initial TISS consultation, the carers, fostering social worker and child's social worker were offered ongoing TISS support, this was via fortnightly meetings. This offered the carers (and staff) an opportunity to interpret behaviours whilst considering early relationships and the young person's attachment style. This knowledge helped when formulating a support plan by detailing specific approaches and response the carers should adopt. They had used time out as a strategy, through discussions we were able to see this was having adverse effects as this was reinforcing young person's feelings of neglect and abandonment.

The carers (and staff) felt contained by the service, they were able to offload and then have the confidence that this would be interpreted with the young person in mind and ultimately offer appropriate advice on how they could better help the young person. Being able to understand the need behind the behaviours depersonalised the situation and gave the carers space to respond instead of reacting.

If support was not available, the carers may have given notice but not before feeling de-skilled, ineffective and discouraged. Leaving the service without good carers and the young person experiencing a breakdown with her long term placement. The TISS service offered a great deal of support for the social work staff and indirectly supported their learning and development, by offering theories and new ways of thinking.

CASE 2- HIPSS

Long term placement- male aged 11- had been in placement 4 years. Foster family were completed exhausted by the prolonged difficulties. They had been subject to 2 LADO investigations and recognised they were getting drawn into the young person's internal conflict and chaos and had responded inappropriately. The family had 2 adult sons, both living at home and they were additional sources of stress given the impact fostering was having on them. General fostering felt exhausted in efforts to sustain the placement and respite had been unsuccessful.

After an initial consultation, the family were offered HIPSS wrap around support. The family utilised all aspects of the service, out of hours telephone support, weekly supervision sessions, network meetings. This intervention offered high levels of support and advice for the family. The young person had access to a young person practitioner who was able to do direct work with him. The family also felt that the HIPSS service, were better able to pull the varying strands of the young person's life together, and work better in the best interests of the young person. Having a Clinic Psychologist hold the case offered a sound knowledge base which filtered to carers, social work staff, school and birth family. All working together instead of with their own agenda and policies in mind.



The HIPSS team are still actively involved with the family, it is without a doubt that this placement would have ended abruptly and to the detriment of the young person if HIPSS had not been available.