

ACEs Case Study

Job Role: SENCO

Team/Organisation: Primary School

Date of Case Study Write-Up: 25/01/2019

Known ACEs Present:

- Emotional Abuse
 - Physical Abuse
 - Sexual Abuse
 - Emotional Neglect
 - Physical Neglect
 - Mother Treated Violently
 - Substance Abuse
 - Parental Separation
 - Relative in Prison
 - Mental Illness
-

Case History

The 8 year-old child whom the case study refers to arrived at the school as a new pupil to start the 2018 autumn term. They arrived with a host of behavioural issues underpinned by an extremely complex home life. A correspondence was initiated with the child's previous school and social worker(s), developing a strong sense of their background, to help inform practice.

This revealed a hostile home environment, whereby the mother and father had separated but still maintained a toxic relationship; further compounding the trauma through being in and out of court, vying for sole custody. Multiple case notes suggested that domestic violence was present in both the parental relationship and now the mother's new relationship. This was the same for ongoing recreational drug abuse at the home address, with the child arriving to school smelling of cannabis. Emotional and physical abuse and neglect of the child was listed in the social care records, with the child being described as the father's 'weapon' in order to maintain control over mother. Lastly, there is a formal diagnosis of ADHD and autism in the child.

From a service point of view, the child and their family was in constant contact with statutory services. Case notes suggest a frequent dialogue involving almost daily phone calls across parental and external service engagement; frequent multi-agency visitations, repeated assessments and action plans conducted; re-referral or step down to Early Help. The child also receives funding for 1:1 support.

These complexities led to extreme and violent behavioural issues in the child's previous school. This included poor attendance - through parents taking the child out of school for fear of the other parent doing the same; poor behaviour - with the child physically assaulting the staff and having incredibly challenging day to day needs, resulting in alleged bullying and being labelled as the 'Psycho Kid' by other pupils; and extremely poor

attainment/development against where the child should be. There was also a serious breakdown of the relationship with parents. Consequently, the child's mother refused to attend scheduled meetings with the school to assist in their development, and decided to remove them from the education system, despite having no prior experience in doing so.

What did you do differently because of ACEs?

Since being invited on the ACEs training course the school have sought to develop their already excellent, student and parent centered practices into being fully trauma informed. The first step is introducing and encouraging staff to focus on relationship building and developing bespoke support to meet student and/or family need. Embracing this approach and embedding it within practice, such as provision of a nurture room, has seen a great improvement in this child's overall behaviour and wellbeing.

In this case, the child arrived at the school extremely volatile and with significant tendencies to revert into violent behaviour. More than likely this is reflective of the ACE-present home environment. One case note explained how the child had witnessed their mother's new partner arriving home, angry from work, followed by an extreme argument, resulting in the partner trying to bite the mother's nose. Despite claiming that they were okay, the child still described getting in between the violence to stop the shouting; explaining to a pastoral team member of the school that, 'I had a toy gun in my pocket and if I had ammo in it I would have stopped him from shouting at my mum. (Partner) says he's my step dad but I said he's not because I don't like it when they shout'.

Classic reception of such behaviour manifesting through the child in school would usually, and had been in the past, resulted in exclusions or disciplinary procedures. However, in line with ACEs training, through understanding the likely impact of toxic stress from this child's home life, the school implemented alternative provision in response to such incidents. For example, below is a direct quote, taken from the school case note system (edited only replacing the child's name with 'A' for anonymity) illustrating the ACE-informed response to violent behaviour that the school staff took in a situation that had the potential to escalate drastically;

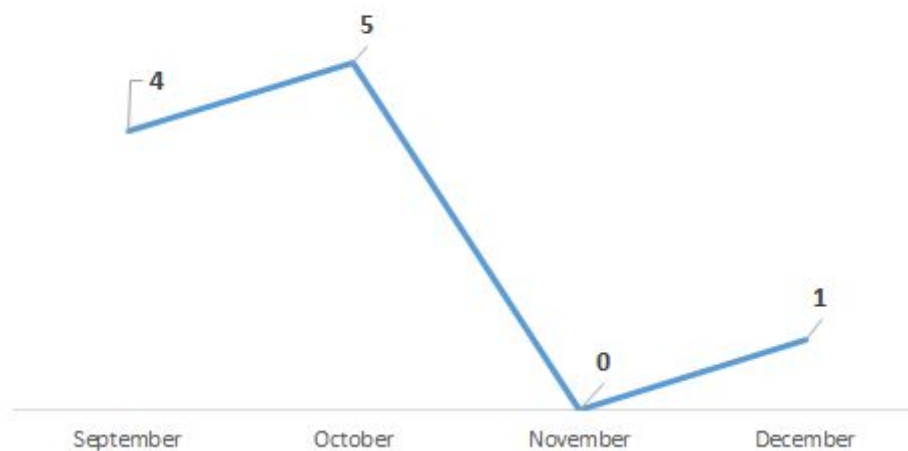
'A and another child were playing with rulers and using them as swords. RL (Nurture Roomworker) asked for the rulers and explained that it is dangerous. A shouted at RL, telling her it wasn't his fault. RL explained that A and the other child were in the wrong and they are responsible for their own behaviour. A then picked up and threw the wooden door stop. RL told A that they now has to go in the calm room (an additional room within the nurture room that is designed to buffer the stress response to trauma triggers) for a five minute time out as throwing things is very dangerous and could hurt other children. A then refused. RL explained that A can either walk in or they will be taken in. A then stormed into the calm room and began shouting and swearing at RL and the other child. A shouted, "fuck you, you bastard, I hate you", "I hate this kid", "we're not friends anymore, I fucking hate you", and, "you're all going to get stabbed". A was in the calm room for fifteen minutes, once they were calm they came out and apologised to RL and the other child.'

Understanding the root cause of such behaviour has dramatically aided the child's behavioural improvement. Introducing protective factors such as breathing techniques

to calm down are excellent examples of this. An incident at a local swimming pool shortly after the child had started school was de-escalated through breathing techniques, as well as the teacher ACE-informed intervention; *'he also explained how they had managed to calm himself down using breathing techniques and by talking to himself.'*

In his most recent SEN review meeting, December 2018: just over three months into his time at the school, the team determined that his progress had been 'amazing'. Just on number of serious incidents alone, the school recording system illustrates the massive improvement. Arriving to school at the start of term with multiple behavioural challenges...to concluding the term with an 89% reduction in serious behavioural incidents.

Child A - Behavioural Incidents - Autumn 2018



The summary of the review meeting determined that; the child has a very good relationship with members of staff, benefits from doing work they find challenging in the nurture room, used to feel stressed in assembly and now is happy to join in with the songs and actions, accepts school rules, is more aware of their feelings and is able to use the calm room or communicate how they are feeling when they need to. The child still demonstrates challenging behaviour, and their home life is often unstable, but the demonstrated improvement in all aspects of behaviour, since attending a trauma informed school, has been labelled as critical for their development.

What would have happened usually?

In this case, attending this ACE-aware primary school can be directly attributed to averting specific future pathways for this child. Firstly, the child's involvement with statutory children's services, from a support provision point of view, has ceased. The child's mother had removed them from their previous school, who then recommended they instead attend a Pupil Referral Unit (PRU), again; which this trauma informed school prevented. The school are also supporting the child to cope with being constantly in the significantly concerning home environment.

The layers of this child's complexity - from violent tendencies to issues integrating with 'normal' social practices e.g. listening, role-taking or playing, and managing their mental health diagnosis without a meaningful intervention - could have gone on to drastically influence their life chances. For instance their ability to gain and hold employment, maintain good health, or be truly independent and responsible for themselves.

Staff have worked with the child through 'comic strip conversations' with a speech and language therapist and 'bear cards' amongst other techniques to ensure the pupil's voice is expressed in a healthy manner whilst understanding proper management of emotions. Other methods such as the 'one page profile' develop a dialogue of what the child responds to well. This allows other staff or covering teachers, who may not have had a lot of contact with the child before, to support the child from being triggered and account for their mental health requirements. This is something that had not been done before.

Thank You! In completing this case study you are contributing to a growing evidence base that aims to reform the ways of working that will enable you to do your job more effectively. We will keep you informed with all of the ways in which we use this information, and if you have any concerns or questions please do not hesitate to contact Daniel Unsworth (daniel.unsworth@manchester.gov.uk) or Gareth Nixon (gareth.nixon@manchester.gov.uk).