

THE INDIVIDUAL CHILD CASE STUDY: JOE AND RAYLEIGH

PRE READING FOR CORNERSTONE VR CERTIFICATION COURSE

Joe (14) and Rayleigh (12) have similarly traumatic early histories, having both been removed from their birth homes at the same age.

Whilst Joe and Rayleigh share many similarities in their early life, they have developed in different ways. There are many factors in play; attachment and trauma play a significant part in all of this, but we must consider – *equally* - psychological, environmental, contextual and biological factors. Children's behaviour is informed by a combination of these elements, and their interplay.

Joe's Story

Jodie was aged 17 when she fell pregnant with Joe. At the time, she was in a relationship with Charlie (also 17). It was a complex relationship, with domestic violence, from both parties, coupled with alcohol and substance abuse.

Jodie also suffered from depression and had often sought help from her GP, stating that her own mother had been on antidepressants for most of Jodie's life.

Charlie would describe himself to Social Workers as someone who needed things a 'certain way' and, when they weren't in his favour, he would get angry. For example: seeing the baby stuff everywhere would do his head in, and Jodie's 'laziness', and lack of cleanliness, would leave him feeling incredibly aggravated.

Both leading chaotic lifestyles, Jodie and Charlie found it difficult to put the needs of Joe above their own, and both during and after the pregnancy, domestic violence and substance misuse were commonplace in the home environment. Often, this meant that Joe's core needs – such food, hygiene and a safe place to sleep – went unmet. Other dangers included unsafe sleeping especially when one or both parents were high on drugs. Joe was also left for long periods along without kisses, cuddles or any form of positive attention. Generally, crying would evoke no response at all, and sometimes resulted in further abuse and neglect. Through this early experience, Joe learned to keep quiet.

Joe was closely monitored by Social Services from birth due to multiple neglect factors and was eventually taken into foster care aged 18 months. He moved foster carers at the age of 3, had a short period when a rehabilitation programme with Jodie was attempted, at age 6, however he was able to stay with the same foster carers until that placement broke down when Joe was 12 and he was moved to his current carer.

It is likely that these early experiences will have a lifelong impact, however the form this takes, and whether he will be able to develop resilience and happiness, also depends upon many factors.

Home Life

Joe failed to have a good attachment to his birth parents, but when he moved to his foster carers, at the age of 18 months, they were very sensitive to his needs. He rapidly formed a positive and secure attachment with them, beginning to believe that he could reach out, play and interact with the world around him. He also formed a strong bond, and preference towards, his foster father, who often stayed at home with him.

When Joe was 3 years old that placement broke down, and Joe moved to another foster carer. Their care was good enough, but not as sensitive and attuned to his needs. Strong foundations were built with his first foster carers, who met his emotional needs. They had helped him substantially in building up his attachment and trust in people, too.

Joe's foster father describes Joe as a chilled-out boy:

"Despite everything he has been through, he's just so level-headed, you know, really positive and just gets on with life...whatever is thrown at him he seems to be able to manage. Me and him...well I guess we are pretty similar; I don't sweat the small stuff and maybe it's rubbed off on him".

When Joe was nearly 6, Jodie had separated from Charlie and was engaging with Children's Services to build consistent contact with Joe. Jodie completed parenting work with a Family Support Worker, as suggested by Joe's social worker, to help her meet Joe's needs during contact, and her GP did not raise any concerns regarding her mental health. Jodie made good progress and expressed the wish for Joe to return to her care. Jodie attended Looked After Child reviews and appeared to be making some positive changes to her lifestyle. Unannounced visits were completed, and the home environment did not raise any significant concerns. Given this, the decision was made for a planned rehabilitation home for Joe with Jodie. Charlie did not engage with Children's Services and his whereabouts were unknown.

Joe went for several visits, including spending full days with his mother. Joe found the transition difficult at times due to his earlier experiences of being parented by Jodie. Jodie, with the help of the family support worker, was able to manage the visits and reassured Joe's social worker that she was not in contact with Charlie.

When the family support worker went to observe the morning routine after Joe's first overnight stay, it was observed that Jodie was hurt. Joe was observed to be frozen in expression and still in his pyjamas. Jodie when pressed, admitted that she had been in contact with Charlie, and that he been at the property the night before. They had had an argument the night before, which she blamed herself for.

Fortunately, Joe was able to be placed back with his foster carers after the rehabilitation plan was unsuccessful. However, Joe initially found it difficult to settle back into his foster placement. This was especially troubling, without a full understanding of what had happened whilst in the rehabilitative care of Jodie and Charlie. This, alongside further experience of trauma, led to Joe internalising his feelings and becoming withdrawn.

For Joe and his foster parents, adolescence could be a challenging time. However, this is not automatic and positive care may enable him to manage complex transitions in his future life.

School

Joe presents at Primary School as a quiet child, often being described – by others – as a daydreamer and a bit of a loner. He tends to struggle academically and internalise these issues, being someone who does not like making mistakes. Joe does not put himself forward for activities.

What Joe does excel at, is football. He is in the school team and focuses on practice every Wednesday lunchtime. His kit is his pride and joy, and he is quite obsessed with keeping this, along with his collection of footballs, trophies and medals, in immaculate condition. His foster carers watch every single match he plays in. His competitiveness is both an asset and a source of potential disappointment if he does not always succeed in future.

At secondary school, Joe is falling behind in his work whereas before, despite struggling, he was able to keep up. Joe also only has few friends, with only one that he feels comfortable to hang around with regularly, and trusts. Joe has started to take less pride in his appearance, too, and often seems pre-occupied.

Unfortunately, Joe experienced another foster placement moved shortly after his transition to secondary school due to his previous carers struggling to connect with Joe on an emotional level as his emotional needs fluctuated once he entered his adolescent years.

Joe felt rejected by his carers, stopped talking to them, began returning home later and later from school and when in placement would simply stay in his room avoiding his carers. He is now in a placement with a single carer which is not a cultural match.

Rayleigh's Story

Jodie was aged 20 when she fell pregnant with Rayleigh. She was still in a relationship with Charlie, although Rayleigh was born from a short relationship with another man. Domestic violence from both parties, as well as alcohol and drugs misuse were characteristic of a chaotic homelife, and neither of them were able to put the needs of Rayleigh, during the pregnancy, above their own.

When Rayleigh was born, domestic violence and substance abuse continued between her mother and Charlie, and Rayleigh's core needs – such as food and hygiene – went unmet. During this period, too, Rayleigh was exposed to other

dangers, such as unsafe sleeping, especially when one or both parents were high on drugs.

Rayleigh was left for long periods alone, without kisses, cuddles or any form of positive attention. Rayleigh cried most of the time when she was awake, resulting in further abuse directed towards her, but this didn't stop Rayleigh. She was described by Jodie as a miserable baby to professionals, who recorded these details as an 'irritable baby'.

Rayleigh was monitored by Social Services from birth and she was taken into a foster to adopt placement, aged 18 months, where she has been for the last 4 and a half years.

Home Life

Rayleigh failed to have a good attachment to her mother and Charlie, and she then moved to a foster to adopt placement who also found her very difficult to parent, describing her as an unhappy and needy child. The foster to adopt Mum, upon reflection, sees how she struggled to connect to Rayleigh, and feels that the attachment has never really formed:

"When Rayleigh has hurt herself or she wakes in the night she does call for me, but I don't see us as being close."

Rayleigh is described by her adoptive Dad as a worrier:

"She worries about what she's eating for tea, where we are going next weekend, what time I am coming home from work...It never ends. I tell her, time and time again, she's safe. I hope one day it sinks in."

Traumatic Experiences

Rayleigh has had a more challenging time coming into Care. She didn't bond with her adoptive Mum easily, and she didn't get so many good experiences, to enable her to build a more positive narrative of her life. Her adopters report that she is easily triggered by talk of adoption and she appears confused at details of her life story, or lack thereof:

"We have tried to speak to Rayleigh about her early life but it's a subject she doesn't like, the 'A' word (for adoption) and the 'L' word (for love). I wonder when it will sink in that she is here forever?", says her adoptive Mum.

School

Rayleigh presents at school as a difficult child, often getting into trouble and fights. She also tends to present challenging behaviour when in large groups of children, such as in assembly or at key school events like sports day and the Christmas play, for example. She covers her ears or face when things get too much for her and is prone to lashing out in response.

She cannot sit still, referred to as 'fidgety' by the Teaching Assistant. She fiddles with pens, rocks on her chair, chews her clothes and cannot settle into the learning environment.

Rayleigh does not engage with her schoolwork and can be combative with teachers. She does not respect their authority and is frequently sent to the Head Teacher for 'backchat'. This does not seem to bother her at all. In fact, she seems happier when this 'negativity' is confirmed back to her.

Rayleigh has a 1-1 Teaching Assistant at school and through her EHCP there is discussion of her moving to a small school, which specialises in children with emotional and social challenges. When Rayleigh has visited the school on several occasions, she has presented as a noticeably calmer and happier child. Teachers from this school fed back that Rayleigh has a talent for Maths, and that she got on incredibly well with her peers.

It is likely her early experiences will have a lifelong impact, although the form this takes and whether she will be able to develop resilience and happiness, also depends upon many factors.

Despite Rayleigh's ambivalence about adoption and the family anxiety this induces, adoption may help to build up her sense of security and self-esteem although at this late stage, an impact assessment of adoption will be needed, including the impact on Rayleigh's prospective adoptive mother.