

**EWOPA Annual Conference 2011**

**‘The child at heart’**

**Collaborative working for the child with  
complex family needs**

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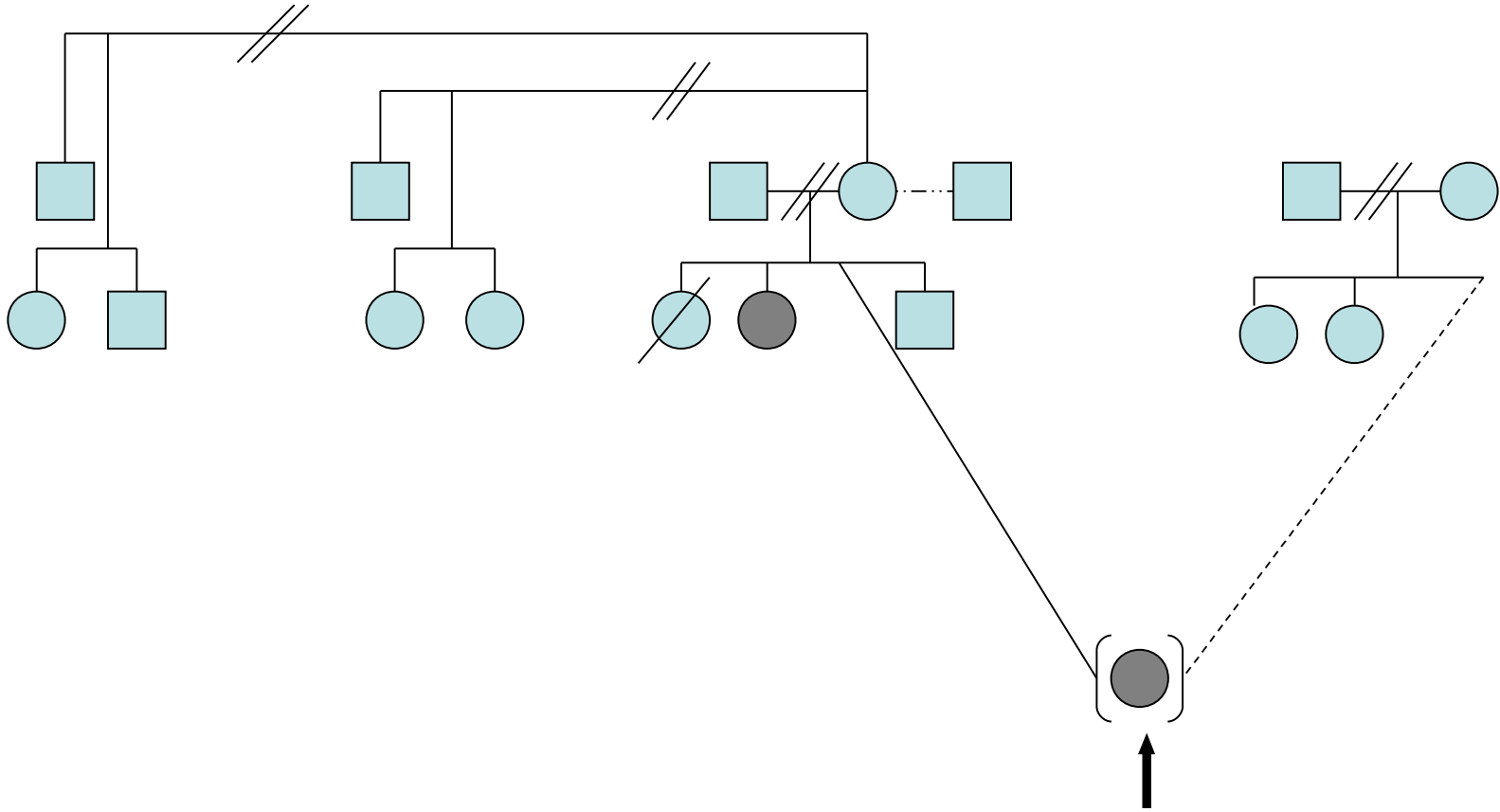
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# **PRESENTATION**

- **11 year old girl**
- **No previous experience of hospital**
- **Failing to thrive**
- **End stage renal failure**
- **Long inpatient stay**

# FAMILY HISTORY



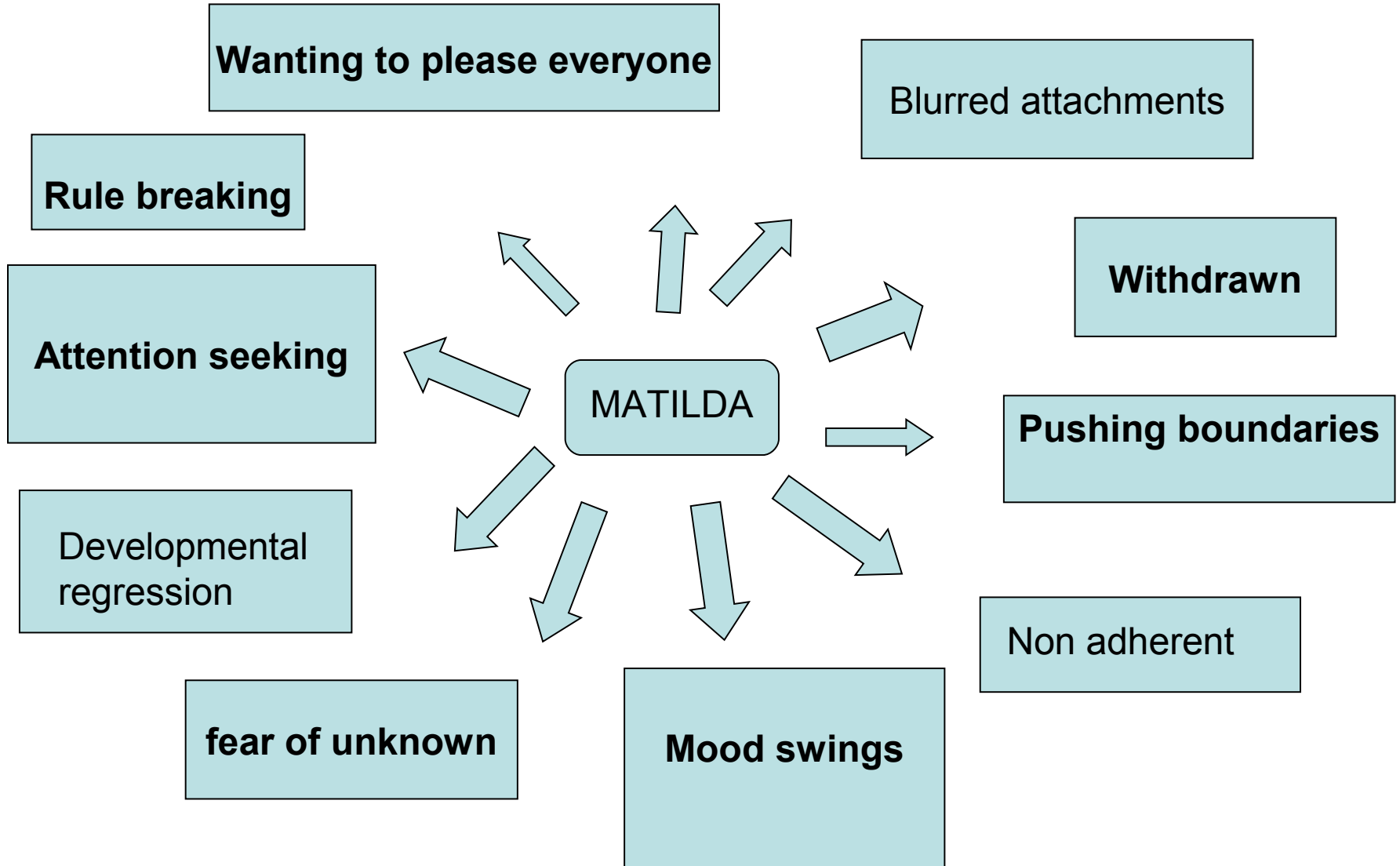
# **SOCIAL HISTORY**

- **Little contact with her birth family**
- **Foster parents had separated two years previous to her admission**
- **Aware of birth family but considered the foster family as where she belonged**
- **Birth and foster family had an amicable relationship prior to admission**

# **THE CHILD'S HOSPITAL ADMISSION**

- **Birth family wanted to become more involved in care**
- **Care during admission was split between birth family and foster family**
- **Legal proceedings were started by the two different families to gain care of Matilda**
- **Constant comparisons were made between Matilda and her older sister**

# THE CHILD'S BEHAVIOUR



# **A COLLABORATIVE APPROACH**

- Legal**
- Parents**
- Multi disciplinary team**
- Medical team**
- External agencies**
- The child**

***“The most commonly identified practice shortcomings expressed in the 40 Serious Case Reviews included inadequate sharing of information, poor assessments, ineffective decision making and lack of inter-agency working.”***

**A Review of Serious Case Reviews (DOH) 2002**