NEGLECT CASE STUDY: SARAH

Referral: The GP referred Sarah* for a Child and Adolescent Mental Health Services (CAMHS) assessment at the request of the local paediatric team who saw her for an underlying health condition. There was a concern that Sarah's eating was having an impact on her and her family. Her weight to height ratio was below a normal range. Sarah's bloods were fine but there was a concern regarding her dietary habits as she would make herself vomit and take hours to eat meals. Sarah also stored mouldy food.

Family context: Sarah lived with her dad and stepmother for a number of years. As a young child Sarah was reported to have experienced neglect from her biological mother.

CAMHS Triage completed: Sarah was booked for a routine initial assessment by CAMHS. The triage clinician felt Sarah's behaviour was likely to be the result of trauma than indicative of a true eating disorder or disordered eating condition.

CAMHS Initial Assessment: Sarah and her stepmother were seen for a face-to-face appointment. It was noted by the assessing clinician that there was no eye contact between Sarah and her stepmother. The stepmother only referred to Sarah as 'her' or 'she'. Initially, Sarah and her stepmother were seen together. The stepmother described a recent incident where Sarah took hours to eat. This caused the stepmother frustration and anger. Following an argument that ensued there was no communication from the stepmother to Sarah.

Sarah was then seen alone. The clinician who saw Sarah recorded that she cried constantly throughout the appointment with tears repeatedly falling from her eyes. Sarah confirmed her dad and stepmother had not spoken to her during the week, but that her siblings had. Sarah described having to eat everything she was given to eat, and she had no choice about what she liked to eat. Often, she would store food she did not like in her room where it became mouldy. When asked about what she liked to do, Sarah advised she was not allowed to read or watch television and she just sat in her room. Sarah was also not allowed out to socialise with her friends. Sarah's activity was monitored in her room by her stepmother. Access to her laptop was also denied due to her eating habits.

Supervision: The clinician sought supervision and was advised to refer the case to Children's Services. Parental consent had been gained for early help support. Sarah's account of her experience was so powerful the recorded notes were copied and submitted via an Inter-Agency Referral Form (IARF) to Children's Services.

Outcome: CAMHS were initially advised that a Family and Child Assessment would take place. Sarah was subsequently removed into police protection and placed in foster care, and an Interim Care Order was granted. Her eating and self-care habits have resolved whilst in foster care. Sarah expressed she did not wish to return to the family home.

**Pseudonym*