PAMELA ROSENBURGH

Family Session.

8.2.96.

Present: Mother, Pamela, Dr John Powell, Billy Blacklock

Confusion re. M/F separate session.

Mother "thoroughly confused - no problem other than normal teenage problems until the school brought in the SWD - that was the only inkling there was a problem".

HPC:

Called school as Pamela wasn't on the school bus - told she was at school awaiting SWD - Pamela was refusing to go home as her Father was hitting her - interviewed and went home - no explanation given to parents by SWD or Pamela - Pamela spent night in her room - no questioning as parents made agreement with SWD.

Went to school next day (Thurs) and at 3.30 school 'phoned and said Pamela was again refusing to go home - Mother went and Pamela said that "you know - if you don't you're stupider than I thought". All went to SWD - SW after talking to Pamela told parents story of "Big Issue" salesman - also rumour in school of Pamela pregnant by music teacher.

Currently Pamela maintains story re "Big Issue" salesman.

On Friday Female and Child Unit interviewed Pamela and Liz Boyle SW - this interview produced nothing - no PE.

Weekend went "OK" with maternal grandparents visiting.

From this point on Pamela became more aggressive, oppositional, staying out, doing own things.

March 1995 - alleged OD but "didn't want to go home" - Hospital.

Over Easter '95 away for five days and hint of drugs and drink - also started self-mutilating and truancy.

Taken into care in May - Place of Safety - Netherthird Children's Home. Parents against her being taken into care.

June 1995 - Crichton Adolescent Unit - declined offer - changed at Panel as alternative was Secure Unit - SWD against admission - "SWD felt it would give Pamela the message that they couldn't cope with her and she had to be sent away" - asked it to be placed on hold.

Sept. C in Case Review SWD said it could offer a package equal to ours - Dr Greer differed - Pamela interrupted to say she's had more help at Children's Home than here.

Sept '95 to Jan '96 escalating behaviour.

Pamela walked out calling Mother "Stupid cow" alleging that Mother knows why she is in Ladyfield.

Interview without Pamela.

Mother sees her as "strong willed"
Recently sees Pamela as getting her own way.
Pamela has threatened parents with knife and saying friends would burn house down.
Mother feels SWD hasn't delivered what they promised.
Allegations re Father were made in November.
On November 5 meal with Mother, Father and Maternal Grandfather - returned to Children's Home and from then refused to have anything to do with Parents - "wanted space".
2/3 weeks later Police met Mother at work - Station - told of the allegations 9.30 p.m. to 12.30 - Father interviewed the next night with his solicitor - allegations of SA and also PA by Mother as well as knowing of the SA.
November to present - no contact with Father - SWD has told her she doesn't have to until she "feels comfortable".
Sent Father an Xmas present.
Friday before Xmas she requested contact with Mother - visits + regular telephone calls - 6 visits to Family Unit in Ayr (SW Helen Hunter and Psychol. Alasdair Kelly).
Planning meeting scheduled for end of Jan. but overtaken by current admission.
Parents don't know outcome of assessment.
Mother feels nothing has been done to keep family together.

Mr and Mrs Rosenburgh married 9 years prior to Pamela's adoption - 22 years in total. They lived in Dumfries at the time of the adoption but Father later transferred to Ayr, leaving Mother on her own for a few months. Pamela reportedly was upset by his absence. Mother was upset by the final move to Ayr.

Pamela has known of her adoption for years, being told of it before she entered primary school, via stories. At age 3½ to 6 when she was in trouble she would say "I'm going to my real Mum".
Pamela's parents stated tht prior to February 1995 they had no cause for concern regarding their daughter's behaviour.

Medical History:

Pamela's past medical history is non-contributory. She shows no signs nor symptoms of an epileptic disorder.

Past Psychiatric History: In March 1995 Pamela was referred to Dr Greer and also had a Family Centre Assessment in Ayr at that time.

Psychosexually, Pamela achieved menarche at Xmas '94. Her personal hygiene was good until February '95 when she began to hide underwear, including during menses.

Nursing Notes:

Pamela was admitted on 25 January from Ailsa Hospital in Ayr. She had been admitted there as Netherthird staff had become increasingly concerned over her behaviour and safety.

She settled here very quickly and appeared to accept without question any limits set, but made it clear from day one that she did not wish to stay at the Unit any longer than her six week assessment period. She also said from the beginning that she had no desire to have any contact with Father and has not since admission.

At first Pamela needed quite a bit of prompting with her personal hygiene, but this has since improved. She tends not to mix a great deal with other young people, preferring to have just one other young person for company.

In group work and community meetings, Pamela answers questions which are directly asked of her, but gives little away. Her answers are quite guarded and almost rehearsed. Pamela knows that she has areas that need to be worked upon and states she will do this at the Family Centre when discharged back to Netherthird, with people she trusts. In individual work with key workers, Pamela appears to have a fixed agenda of what she is prepared to talk about. She is unwilling at times to take any advice or information regarding personal issues - time and time again stating that she will talk to people she trusts.

Pamela attended her first family session on 8 February with Mother, but left within a short period, claiming her mother was denying everything Pamela said. She did not attend the family session on 27 February, attended by Father. Afterwards Pamela seemed to agree that it may have been an ideal opportunity to meet with both parents without feeling too threatened. She said then that there were questions she wanted to ask and intended to do so at today's case conference.

On her first weekend back at Netherthird Pamela had apparently been drinking along with other young people to the extent that she was taken to hospital by ambulance, requiring to have a cut wrist attended to on this occasion. Pamela returned to Ladyfield at the due time and showed no further behaviour of this nature. The second weekend at Netherthird was apparently uneventful.

Pamela has displayed no obvious aggressive/threatening behaviour since coming to the Unit and in fact has appeared reluctant to venture out anywhere when she does have the opportunity. She appears to have fitted into the Unit, has kept herself at a distance from both young people and staff, and managed to control any feelings of anger or frustration. She does however admit that this can be very hard work at times.

Staff recommend that Pamela should stay on at the Unit for a further six weeks to work on areas that she has identified and to continued family sessions. If this is not feasible, then there is a need for follow up at the Family Centre in Ayr, with both Pamela and her parents.

Occupational Therapy Report.

Sessions:

Pamela has attended Occupational Therapy for:

Individual sessions - non-directive, structured activity; art and craft

Small group sessions - anger and anxiety management

Problem solving groups

OT/ Nursing activities.

Functional Ability:

Pamela is willing to attend sessions. Her cognitive, motor and perceptual function is fine. Her attitude and approach to activity mirrors that to daily life. She will do so much, that which interests and that which is perceived as useful, but finds it difficult to move beyond this. She has been trying to take on information, specifically with anger management and has gained something from this.

Social Interaction:

Pamela can be very sociable, but tends to distance herself from the group at times. This appears to be part of her difficulty in trusting others and her wish not to become attached to anybody. She is a very private person - this can be harmful, in that it lays her open to being used by people. She would rather take on this than go to others for help.

Behaviour:

While here, Pamela has kept good controls on her behaviour. This is part of a wish not stay - good behaviour = discharge. At the same time she has been very reticent to explore/share issues. She employs avoidance behaviours and can be very defensive. This can make communication difficult. Pamela has allowed some tentative exploration of issues, and has been honest with these but the defences remain.

School Report:

Pamela entered the Unit on 25.1.96. Initially there was confusion about which of two schools was her base school - Ayr Academy or Cumnock Academy. Mr Kelly was able to clarify that although Pamela had truanted for most of the three weeks she had been on the roll, she would, whilst resident at Netherthird, continue in Cumnock Academy. It was obvious at this early stage that Pamela would have preferred to be a pupil in Ayr Academy, but would accept the decision.

From the beginning of her school contact in Ladyfield Pamela maintained she was only in the Unit for six weeks and would then return to Netherthird. during the six weeks she would control herself and her behaviour in and round the Unit and "do her time".

In the classroom Pamela manages to keep herself to herself and would spend as much time as possible engaged in computer based topics. She has allowed staff to work with her but has shown no need or inclination to work in a pair or part of a small group. She has been polite but distant and on occasion has given staff vibes suggesting that if she so wished she could be aggressive and disruptive and we had not seen what she could really be like.

Pamela also exhibits a self assurance and appears to have confidence in her own ability. This confidence or pseudo-confidence, seems to give her the right to pick and choose some activities. However staff have noticed that in contrast, she seems unable to respond to some challenging situations and takes the path of least resistance.

Maths is a subject that holds no appeal for Pamela and she has to be coerced to work in this area. Her initial unwillingness is difficult for those working with her as staff feel that no far under the surface lingers anger and aggression. However, to her credit she has worked in this area, but has not taken up the offer to work with a specialist Maths teacher, where she could have assured herself of her ability and readiness to begin Third Year work.

However, Pamela has availed herself of the opportunity to work with the specialist Music Teacher. She does appear to have some talent in this subject and would wish to take this as an option in the Third Year.

English has mainly been confined to literature and play reading. Pamela has proved to have an amazing talent for translating the English spoken word into broad Scots. She changes the script as she reads. In no way does she alter the meaning. Perhaps in her eyes it is not p.c. to be heard to speak in English.

Pamela has not taken up any opportunity to have extra HE lessons. She maintains she does not like the subject and is open about Mum being an HE teacher. She has on occasion though, made something that could be taken to Netherthird on a Friday.

It has proved very difficult to know Pamela ass she has kept herself apart and distant. She has seemed to portray herself as having a very hard shell, a tough nut, street wise, but on a couple of occasions tears have been very close to the surface. She has done in school what she set out to do, conform, not rock the boat in the hopes that this enables her to leave after six weeks.

At the moment, staff do not wish to make recommendations but it needs to be acknowledged that most schools are involved with second year pupils making subject choices for next year. Her school will be no exception and Pamela needs to be involved in this decision making process.

General Discussion:

Liz Cleland said that since she came to Ladyfield, Pamela has been saying that she is "doing her six weeks". One weekend at Netherthird presented problems but the next one was more structured and more positive for her, this was not due to extra staffing at the Children's Home but a more structured day, and the staff making themselves more available for her.

Mrs Rosenburgh said that her contact with Pamela had been very limited and had not resumed until just prior to Christmas. In four months she had only seen her around nine hours. Pamela had refused to see her mother during the time at Netherthird.

Mr Kelly commented upon the complexity of Pamela's situation and the entrenchment which has evolved over the last 12 - 18 months in the positions taken by her and her parents. He

suggested that the stances taken had left Pamela unequipped to deal with difficult situations she encounters with her peer group. He emphasised the need to support Pamela and her parents in establishing a more meaningful contact.

Dr Powell said that due the absence of Pamela's co-operation the assessment period had raised more questions than it had answered. She appears unable to trust those involved and everyone is "stuck", Ladyfield, The Children's Home, her parents. There has been no clarification or resolution of any of the issues involved.

Dr Powell noted that from what he has been told, it would appear that to date there has been a tendency not to challenge Pamela's attitude and behaviour untiil she was"comfortable" in the hope of encouraging engagement in the work to be done, or to prevent one of her outbursts. Unfortunately she if she is not held responsible or answerable for what she says and does, she is left with a greater sense of power which in a girl her age will ultimately end with a sense of insecurity and anxiety, owing to the lack of controls and therefore perhaps more acting out. At her age Pamela should be testing limits but not breaking through them as she has over the past year. It is interesting to note the amount of control Pamela appears to exert over adults.

Dr Powell queries if Pamela was going through a "honeymoon" period in the unit, "doing her time" as she claims, or indeed was it possible that she had found the unit to be a place of safety, where she can be a 13 year old girl? It has been noticed that her dress sense has been more age-appropriate over the past few weeks. Dr Powell also queried of Pamela why she is capable of exercising such control at Ladyfield but does not do so at Netherthird.

Pamela interrupted "I want to go back to Netherthird and work there".
Given Pamela's refusal to co-operate in the assessment procedure, Dr Powell suggested various theoretical aspects for consideration.

1. Constitutional: The disparity between Pamela's physical maturity and chronological age. Social contacts will tend to react to the age she looks. What stresses does this place on her and does it affect peer group expectations?

2. Adoption. This does not seem to feature in any of he reports on Pamela. It does however appear to be a topic she has actively avoided in Community Meetings, even when another girl took the lead and talked of her adoptive status and feelings.

3. The breakdown of her relationship with her family. . Pamela is "alienated" but ambivalent. Pamela herself initiated contact with the family (Mother only) before Christmas and remains in control of this limited contact.

She refuses to consider a return home, but leaves the situation as "maybe in the future". She refuses contact with Father, but sent him a gift for Christmas. Today's case conference has been the first time in months they have been in the same room together.

4. Developmental Tasks: One of the main maturational tasks facing Pamela is the development of her identity. Prior to Ladyfield Finding her own identity Pamela did not tell anyone in Dr Greer's group that she had been adopted and has been reluctant to look at this issue since admission. Does she have fantasies about her natural parents? She herself appears to promote a negative self-identity and one wonders if this reflects an image she has of her natural mother at her age. She must also accomplish the task of achieving independence from her parents.

5. Allegations of abuse. Pamela has said nothing with regard to her allegations whilst while in the Unit . Although staff do not do disclosure work, it is somewhat unusual for a patient not to wish to talk about her experiences once the allegations have been made. Pamela has consistently refused a physical examination even when indicated for medical as opposed to forensic reasons.

The possible effects of such alleged abuse on her development/emotional state must also be considered.

ASSESSMENT CASE CONFERENCE

17 March 1996

NAME : Pamela Rosenburgh **DATE OF BIRTH:** 02.07.82

ADDRESS: 34 Craig Stewart Crescent **DATE OF ADMISSION** 25.1.96.

Ayr. (Netherthird Children's Home) **DATE OF DISCHARGE:**

CONSULTANT: Dr John Powell **SENIOR REGISTRAR:** Dr Jenny Ashmead

GENERAL PRACTITIONER: Dr Niblock, The Surgery, 3 Barns Street, Ayr, KA7 1XB

REFERRED BY: Dr Anne Greer, Consultant in Child and Adolescent Psychiatry, Ayrshire Central Hospital, Irvine, KA12 8SS

Present:

Dr John Powell, Dr Anne Greer, Dr Michelle McDonald, [redacted] - Unit Social Worker, Anna McGeorge - Unit Teacher, Melinda Tucker - Occupational Therapist, Irona Holgate - Key Worker, Alistair Kelly - RPS, [redacted] - Netherthird Children's' Home, [redacted] - Social Worker, [redacted] - Senior Social Worker, Sandra Rennie - Medical Student, Kirsty Simm - Student Nurse, Mr and Mrs Rosenburgh, Pamela.

Dr Powell opened the case conference by presenting the conclusions from the original assessment conference. He then noted that there had been two family sessions since the last case conference. At the first family session Pamela refused to join her parents but watched the session from behind a two-way screen, the hope being that she might participate. The parents however did not wish Pamela to screen the second session and having told her. Pamela decided to attend the session, but only for ten minutes, angrily leaving when questions were raised regarding her allegations.

Having noted that Pamela's relationship with her parents remained unchanged, Dr Powell then widened the discussion by enquiring of the other disciplines in the Unit as to their views of Pamela since the last case conference.

Nursing Report:

Pamela appeared angry and hurt with the outcome of her last case conference and this showed itself in her attitude and an initial occasional testing of limits, but on the whole she has managed to present herself mainly as a mature, helpful person whilst here. Pamela appears to have the occasional "lapse", mainly it seems depending on whose company she is in and what they are up to.

Pamela has spoken in meetings and groups of loneliness, being an only child within a family, the pressure and expectancy of others in peer groups in her past the past peer group , and her fear of becoming involved with them again to a great degree. She has also spoken of feelings of low self-esteem and worthlessness and that at times she feels used by others.

She has maintained her position within the group here at Ladyfield - that of being someone who likes to appear in control and who gives a great deal of thought over things, but still appears at times fairly vulnerable and on the fringe - almost as if she has an image to maintain whilst here and is determined to keep it up.

Pamela has managed to attend family sessions, viewing one from behind the screen and the second she actually entered until her mother asked questions regarding Pamela's allegations towards them.

Pamela returned to Netherthird for her Easter break but absconded from Ladyfield East on her return. She was eventually returned by Netherthird staff, saying her reason for absconding was that she found it difficult to return after her longer spell at Netherthird. Pamela also stated on her return, that there were changes for her to cope with at Netherthird.

Pamela continues to maintain that Netherthird is where she wants to be but hopes for a future placement with community carers. She still maintains she will not return home.

Over the past six weeks Pamela has, in spite of previous statements, worked on areas that she finds difficult. She has built up relationships with both staff and other young people. With encouragement and support Pamela can put herself across well.

Nursing Recommendations:

Pamela has shown she can work on important issues if she is given time, encouragement and support in a relatively peaceful environment. . Should this be available elsewhere then staff would recommend that she move on and continue the work she has started, given her reluctance for a further period in the unit.

Occupational Therapy Report:

Pamela has been involved in individual activity, anger management, groupwork and plans for the future.

A big change can be seen in Pamela since admission. Her general behaviour and demeanour are much better. Her ability to control and use her behaviour has apparently increased. Although Pamela can still be very aggressively defensive at times she is more able to contain her anger and express it appropriately, e.g. telling people what is wrong, or letting out excess energy in the swimming pool.

Pamela's self esteem appears to have grown a bit. She is less self-deprecating although she still finds it hard to believe others may think well of her. She has a very positive view of the future and wants to return to Netherthird and work on the arranged package of care there She wishes for community parents sooner rather than later and to work towards becoming a Social Worker.

General Discussion:

Mr Kelly was asked to give his plans for Pamela's return to school. He said that no plans had been made as he was waiting for the outcome of the case conference. He said that discussions could commence on Monday, when the schools return from holiday.

Pamela was asked for her opinion but declined to comment.

Dr Powell said that the extra time Pamela has spent in the Unit has not really clarified the situation. She has not engaged on the surface, but changes have been observed in her presentation that would indicate otherwise. She has become much more approachable and perhaps this is a result of her having a "respite" from her problems. There has been a definite decrease in the behaviour which was causing concern. Unfortunately there is still an impasse with the family, with allegations being maintained and denied and it is difficult to proceed beyond this.

Pamela can be discharged but the Children's Home is not considered the ideal placement for her. The possibility of Community Carers should be re-pursued as an alternative to the Children's Home where it is feared she would return to the predominant behaviour of her peer group.

Dr Powell therefore recommended that Pamela should return to Ayrshire with a view to finding Community Carers. Time should still be made for possible work on family relationships now rather than to leave this until the future - the door should be kept open but the issue not forced. Pamela also needs to look at adoptive issues.

It was noted that the package planned by the Social Work Department would involve work at the Family Centre with the family and school.

Mr Kelly stated that as soon as possible there will be discussions with Pamela and the school to work out a programme for her return at a pace she can cope with. He did not see school as a problem and felt that the arrangements could be made within days. Pamela's homebase

Rosenburgh said that he refused to believe that the family is not worth saving. Liz Cleland said that no-one says it is not worth saving.

Dr Powell stated that the door to Ladyfield was not closed to Pamela. He said that the Unit could only go so far at present, given Pamela's attitude. Liz Cleland said she felt that these opportunities would be available within the work envisaged at the Family Centre and the door is not closed for anything. She felt that Pam should have the opportunity to work with the community package which she says she is motivated to do.

Dr Greer said that the time away from Ayrshire had helped Pamela and she was concerned that going back could set her back. She did not think that reuniting the family was a possibility at this stage, but wanted Pamela to continue to have the feeling of security that she enjoys at Ladyfield. When asked what the difference was between Netherthird and Ladyfield, Pam could only answer "It's quieter".

Dr Powell asked for dates, so that the family have a target for the start of the Family Centre appointments.

Mr and Mrs Rosenburgh requested another family session before Pamela's discharge.

Dr Powell asked Pamela if she had any worries about returning to school but she said she had none.

cc. Dr. Anne Greer.

JCP/ALC
19.4.96.

PAMELA ROSENBURGH

21.5.96.

Yesterday at 4.55 p.m. Pamela called at the offices asking to see me. As I was on the telephone she was asked to have a seat in the waiting room. When I finished my 'phone call I went out to see Pamela and as the offices were empty I sat and talked with her in the waiting area rather than in my room. After exchanging pleasantries, I enquired as to why she had come to see me, given her previous very negative attitude towards me. She replied that she had come to see how I was doing. She explained that she was off school because there was an "in service day" in Ayrshire and that she had arranged to meet an ex fellow patient, [redacted] They had met in town and had come to the Unit and while [redacted] was talking to someone else she had come over to see me.

I noted that Pamela was somewhat unkempt, her hands were dirty and I sensed that she was very tense as if she wished to discuss something with me. When I put this to her, she denied that there was anything she wished to talk about and that things were going well. She told me she was back at school almost full-time and was attending the Family Centre two days a week. She then proceeded to make comments concerning my car, which has always been a subject of interest to her. I agreed with her that it was a nice car and that I did indeed look after it, having had one previously stolen.

At this point she mentioned to me that car theft was becoming very popular in her area and intimated that residents of her Children's Home might be indulging in this activity. She also mentioned in passing that things were being stolen in the Home. I attempted to draw her into further conversation of the Children's Home, but could not.

The only comment she made about her adoptive family was in response to a question as to whether or not she had contact with them. She told me that she saw her mother, but that she was still not considering further contact with home.

At this point my conversation with her about her family ended as I saw [redacted] apparently leaving the grounds of the Unit and mentioned this to Pamela. It appeared that [redacted] was unaware Pamela was still here and I went out to let her know where Pamela was. As we

turned to go back to the offices Pamela came out and joined us on the lawn. Sarah explained that she had been leaving because the Unit's five o'clock community meeting had started and she hadn't received Pamela's message as to where she was. We discussed Community meetings and the issues raised in them particularly as to whether or not such meetings are useful. Pamela was uncertain and I pointed out that sometimes they did not appear useful at the time, but gave food for thought later on. I also noted that people could sit through these meetings without being seen to actively participate, but would be sitting there trying to assimilate what was said in the light of their own problems. Pamela commented that although she might have been happy here, she wasn't sure if it was useful. In turn I suggested that it had perhaps given her a "breathing space" and asked her to consider the possibility of all the trouble she might have been in during that period if she had remained in the Children's Home - she readily agreed to this.

We seemed to be about to part when unexpectedly Pamela turned to me and said "Do you know [redacted]" I replied that I knew of her, but did not know her. Pamela told me "She knows you, and said to say 'hello'". She then continued by saying to me that she knew we were both involved in "that big case in Ayrshire and you had different opinions".

I told Pamela that I couldn't discuss any case, open or closed, as these matters were confidential. I pointed out to her and stressed that in the light of the reasons she had been referred to us, she should not assume that all cases are identical, and that she shouldn't draw any inferences from what she had just mentioned. I felt it was inappropriate to continue on this topic, particularly as there was another person present, and said "goodbye".

I am left wondering not only about the professionalism involved in such a disclosure to Pamela, but also the timing and extent of information imparted to her, particularly in the light of Pamela's extreme reluctance to engage and remain in the Unit as well as her negativism towards me. The question arises as to whether or not she was prejudiced by her conversations with [redacted] It seems to me it will be very difficult to come to any conclusions on this subject without perhaps jeopardising Pamela's relationship with those currently responsible for her care.

This morning I raised the issue of Pamela's visit with staff in the post-community meeting and learned that Pamela's mother had contacted the Unit at some time after 9 o'clock last night to see if she had been in Dumfries. The impression given was that Pamela had been missing/visited Dumfries, possibly without anyone knowing. It was our understanding that she was to take the 8.30 p.m. bus back. Further discussion with staff concerning her visit showed that she has been in contact four or five times a week via telephone, with young people in the Unit and that during her visit yesterday, gave the impression that she wished to return; staff also noted comments upon stealing within the Children's Home and the atmosphere there in general.

Dr John Powell

REASON FOR REFERRAL/ADMISSION:-
Accusations of sexual abuse made against adoptive father, which were unfounded. Behaviour and moods have deteriorated drastically. Incidenses of self mutilation, running from school and dabbling with alcohol/drugs. Behaviour became so bad, felt safer to have Pamela admitted to Ailsa Hosp. 24-1-96 and transferred here 25-1-96.

PATIENT'S VIEW OF REFERRAL/ADMISSION:-
"You know why I'm here."

RELATIVES VIEW OF REFERRAL/ADMISSION:-

CONTACT WITH OTHERS AND FREQUENCY OF VISITS:-

SOCIAL WORKER:- [redacted]

CPN:-

EDUCATIONAL PSYCHOLOGIST:-

PSYCHOLOGIST:-

TEACHER:-

GUIDANCE TEACHER:-

HEALTH VISITOR:-

DISTRICT NURSE:-

HOME HELP:-

DAY CARE:-

PSYCHIATRIST PRIOR TO ADMISSION:-

SUPPORTIVE HELPER(S):-

OTHER PLEASE SPECIFY:-
KEY WORKER NETHERTHIRD
FRANK CLANCY 01290 421338.

SOURCE OF INCOME/POCKET MONEY:-
FROM NETHERTHIRD.

METHOD OF PAYMENT:-
BY POST.

TYPE OF BENEFIT:- —

PERSONS DEALING WITH FINANCIAL/OTHER AFFAIRS:-

NATIONAL INSURANCE NO:-

D.H.S.S. NO:-

VALUABLES IN PATIENTS POSSESSION:-

DATE	HEIGHT	WEIGHT	~~HAIR~~ BUILD	~~BUILD~~ HAIR COLOUR/STYLE	EYES COLOUR/SPECS	NATIONALTTY	DISTINGUISHING FEATURES	ADDITIONAL INFORMATION	
26-1-96.	5'10"	11ST 2lb	AUBURN/ BLACK ROOTS. CENTRAL PARTING, WAVY	SLIM.	BLUE	SCOTTISH.	NONE	SECT 44(6) SUPERVISION ORDER.	

DATE		SIGNATURE
	by S/W who will see mum tomorrow and pass consent form on to us. Inventory completed by staff and pamela.	MStead
25-1-96	Spoke this evening to Pamelas mum who gave permission to smoke, but under duress. Doesn't really want her smoking but doesn't want to upset her more at the moment. Says she will tackle it at a later date. Has laughed and joked with various residents on the phone this evening.	MStead
	Picked up for swearing at staff. Testing staff limits. Not happy at staff constantly being with her.	
N.D	initially appearing quite standoffish, (chose to ignore initially) refused supper, during late eve began to relax a little, explained if she hadnt come voluntarily she'd have been sectioned, said she ran away from home "for a reason" initially didnt like childrens home either, tho hasnt ran from here in ages, reassured re-trust + space to talk, appears to favour existing Social Worker rather than the new one delegated, did not dispute perhaps she's more able to win over existing one, pleasant later + asking permission for various things, quick to settle at bedtime and has slept well! has a strong smell of body odour.	VAA
26-1-96	Dr Abhlin contacted and shall be coming to do Pamelas medical this afternoon.	MStead
	Saying in mtg didnt know she was coming here till two days ago. Had visited Unit six months ago but managed to escape coming in. Quiet but pleasant.	DR.
	Pamela asked if she could have a pregnancy test. Phone call from Liz Scrio S.W. Asking about supervised visits for ~~xxxx~~ mum. Informed staff would be around if needed.	L Lewis

7 March 1996

Dr Anne Greer
Consultant in Child and Adolescent Psychiatry
Child and Family Clinic
Ayrshire Central Hospital
Irvine
KA12 8SS

Dear Dr Greer

Re: Pamela Rosenburgh, d.o.b. 2.7.82.

I am sorry you were unable to attend the case conference on the above young girl but I felt I should let you know in general terms the outcome of the conference. A detailed case conference minute will be sent to you as soon as possible.

In essence Pamela has not put a foot wrong during her assessment period, but has passively resisted engaging in the assessment process. On her first weekend leave at Netherthird she was involved in drinking and at some point ended up in the local hospital. The second weekend was uneventful and she is due her third this weekend.

Owing to lack of co-operation, I was only able to give an outline of what I felt the salient issues were in respect of her problems - some based on theoretical speculation and others from her behaviour over the past five weeks. I made a recommendation that she should continue on, not only for the purposes of clarifying the picture, but also because there was a feeling that despite her protestations, she felt secure in the Unit and might be willing to work if the adults around her, in charge of the situation, made the decision for her.

The general consensus from the Social Work side appeared to be that her needs would be best served by a return to Netherthird and a "package" laid on at the Family Centre, on the basis of the assessment they had made of the family - this was based on six meetings with the parents, but not involving Pamela. A fallback position was a suggestion by Helen Hunter of the Family Centre, of collaborative work, in which the Unit would provide containment and they would come down and do the therapy. This was an offer that I politely declined.

Unfortunately the case conference over-ran it's time and as I had another case conference and a family waiting, I suggested that this was a decision that had to be reached by the adults involved in the care of Pamela, i.e. parents and Social Work Department, rather than Pamela herself, as was repeatedly suggested by Alastair Kelly . I offered my office as an alternative site and after an hour or so they adjourned, having agreed to re-convene today in Ayr at which time a "package" would be presented for the family's acceptance. I must admit I am a bit worried about this in that the family are extremely ambivalent about accepting the offer, but may do so in order to please Pamela in the hope of it leading to a reconciliation. Before adjourning, I pointed out the power this girl has and that in my opinion she was too young to be left to make the choices she was making, particularly as her track record to date does not give cause for optimism.

I remain concerned at the climate to date in which Pamela's attitude and behaviour is not challenged until she is "comfortable", in the hope of encouraging engagement or to prevent one of her outbursts. Unfortunately to date this has only produced, in my opinion, an increased sense of power in a thirteen year old girl, and at the same time a sense of insecurity and a hope that adults might take charge of the situation. Hopefully this proposed "package" will address itself to this situation. I must admit that myself and staff at the Unit have been impressed at the power of this girl and the degree of attention paid to her wishes by the Social Work Department.

I am awaiting the family's decision and will let you know as soon as possible as to the outcome. Should they accept the Social Work Department's offer and it fall through, it would not preclude a re-referral to us, but it would in my opinion, require the backing of a Children's Panel Order.

Yours sincerely

Dr John Powell
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