**Case Study 1.**

**Flying Start - Health**

Started in Flying Start in the antenatal period, pre-birth assessment completed by HV and midwife due to Mum being under 18 years old and history of anxiety and low mood. Fully completed ‘Welcome to the World’ package of care in the home, positive feedback provided. Received all core Healthy Child Wales contacts but also additional visits provided to support Mum with breastfeeding and mental health. Mum breastfeeds baby, attends our local support service every week and has applied to be a peer supporter in the future, so she can promote breastfeeding to other young mothers. Intensive health visiting contacts due to anxiety and low mood. Mum and baby attend baby group every week. Has had a referral to the food poverty grant to help Mum with healthy foods to support her breastfeeding and weaning her baby. Due to child being unwell recently she stopped eating solid foods which increased Mum’s anxiety, she is now having a weaning POC to help Mum encourage solid foods again. Mum and baby attended baby active course last term. Mum reports that she is so grateful for the support she has received from the health team in Flying Start. She reports that from doing the antenatal package she learnt aspects of care even before baby was born, and that she possibly would have given breastfeeding up, however, has had intensive feeding support and has made lots of new friends attending baby group every week.

**Case Study 2.**

**Out of Court Parenting Support**

An individual was referred to complete the OOCD parenting support sessions. When the worker made initial contact with them, they were quite dismissive and stated that their child had a disability, and this is where the issues were stemming from. They then stated that they would complete the sessions on the understanding that the worker had knowledge of the condition that their child had and that they were able to offer suitable ways of managing challenging behaviour which was a common trait of this condition.

The first few sessions centred around looking into the law change in more details and explored external factors which can contribute to increased risk of using physical chastisement. The parent stated that the child relied heavily on them, and this would often build up a lot of stress at times in the home, which resulted in arguments between them and their child. During these sessions, it was noted that the family were initially referred for a carer’s assessment and also an OT assessment for their child. The aim of these assessments was to determine their eligibility for direct payments which would enable them to employ a support worker to support their child to get out and about and would also relieve some of the stress for parents during this time. The OT assessment’s aim was to determine the need for physical aids at home which would encourage independence for the child in terms of getting in and out of the bath, etc by themselves without needing to rely on their parents, as they were nearing 18 and did not want to rely on their father to help them. However, it became apparent that these assessments had not been actioned since they were recommended the year before, therefore the worker was able to track down where they were initially sent and ensured that these assessments were re-referred for to ensure family were considered for this support moving forward.

When discussing behaviour strategies which could be implemented at home, the worker ensured that they researched into the condition that the child had and looked at research involving challenging behaviour and how to effectively manage it at home.

When presenting this information to the individual, they stated that they had never really understood what challenging behaviour was and had also never considered how their reactions to situations was usually a catalyst in escalation of arguments.

They worked on ways the individual could consider approaching heightened situations involving their child and when to step away to minimise the risk of using physical chastisement. Strategies were looked at in detail and the individual found some that they felt comfortable trying at home with their child and also found and developed some coping strategies to deal with their own anger triggers, thus overall decreasing the risk of physical chastisement being used in the home.

The individual engaged well with every session and stated how they appreciated that the contents of the sessions had been adapted to suit their family’s needs. Post-support forms indicated that positive distance had been travelled and had led to a positive outcome for the individual.

**Case Study 3.**

**Families First – Emotional Wellbeing Service (ACTION FOR CHILDREN)**

A twelve-year-old girl (X) was referred to our service for emotional and therapeutic support to help her understand and regulate her emotions. She did not engage at the assessment session but was able to complete a form which indicated that she was experiencing low mood. Her mother shared concerns that she was isolating in her room all the time and was not seeing friends or participating in any of the usual activities appropriate for her age. She had also stopped attending school for around two months. Although X said she did not want a service, her mother and I were both very concerned that her mood could deteriorate further without some help and support, so I offered to provide a service to her mother with X as the focus, supporting her to find ways to help X. She really appreciated this as she had been struggling to cope and didn’t know what to do.

X’s mother had eight telephone sessions over a twelve-week period and things improved dramatically during this time. Their relationship improved and they spent more time together, with the focus being on X’s wellbeing. I encouraged her to help X to build her confidence and motivation in small steps and gave them zoo tickets to have an outing together as a family. X gradually began seeing extended family and friends again and during a summer holiday managed to socialise with a new group of friends that were staying in the same place. X’s mother also focused on finding a part time job and improving things for the household by rearranging all the rooms and sleeping arrangements. I encouraged this as it seemed to be a positive influence for X to see her mother being proactive. X was given opportunities to help and contribute to such projects, which helped build her confidence, and was given more spending money as her mother began working. X became gradually more open in communication which gave her mother the opportunity to offer advice and support.

At the end of the summer holidays, X announced that she wanted to attend school. Although this was a difficult experience as she encountered some challenges in the first couple of weeks, she was able to communicate these issues and she and her mother decided to try a different school. When I visited them for a review, X was happy to meet me, and both she and her mother confirmed that they no longer need help and support except to perhaps purchase new uniforms when X was offered a place. I obtained a grant for this and was happy to close the case as all the needs and outcomes recorded at assessment had been met, and X’s mother gave very positive feedback about the service received. This case illustrates the value of being able to provide a flexible service and how children and young people can be helped even when there is initial low engagement.

**Case Study 4.**

**Families First – Blues Project (ACTION FOR CHILDREN)**

Case Study: Ysgol Bodedern

Location: Anglesey, North Wales

Blues Programme: November-December 2023

Student: 14 years (A pseudonym has been used to protect the anonymity of the young person)

On commencing the Blues Programme Jamie scored 33 on the CES-d scale, suggesting that Jamie may be at risk of significant harm. Jamie was therefore invited to attend the Blues programme.

When the pupils were asked to think their ‘goal’ for the blues programme.  Jamie was extremely quiet and didn’t talk with any other participants, Jamie spoke very low so the facilitators struggled to hear, Jamie shared that his goal was to stop worrying what people may think of him.

During the first session Jamie didn’t wish to share his negative thought, Jamie shared his personal trigger is school and was quiet throughout the rest of the session, Jamie didn’t complete session 1 handouts or speak with anyone in the group. To try and make Jamie feel more relaxed and comfortable to share, the facilitators proceeded to ask Jamie if he had any pets, or if he had any hobbies. Jamie very softy replied he enjoys playing on his PC. The facilitators shared that they had dogs and enjoyed some games on the PC. Jamie started to smile.

The session continued while Jamie still sat quietly. Towards the end of the session Jamie started to speak about the Blues programme with the facilitators and asking what other schools had taken part on the programme. This showed that Jamie was showing an interest in the Blues programme.

Jamie shared that his personal achievement is attending scouts and earning badges for different things like camping. Jamie became comfortable talking about how he enjoyed scouts.

During the second session it became evident that although Jamie was quiet during the sessions, he was committed to the Blues programme. Jamie demonstrated a good understanding of the first technique delivered within the programme. When using the example “failing tests in school”, Jamie was able to come up with a positive counter thought, which was “I can re sit the test and keep trying my best in the subjects he enjoys”. Jamie also shared that you could do something you like to make you feel better, like “chat with teacher and family about your feelings”. Jamie was praised for sharing.

For the first two sessions Jamie had not been completing his mood dairy, however, session three Jamie shared his mood diary allowing the facilitators to look at it. Jamie shared his trigger is “falling out with friends”, Jamie then shared his negative thoughts of “will they ever speak to me again” and then came up with his own positive counter thought, which was “I can chat with them to sort out the problem and speak with family for support”.  Jamie was given positive praise for sharing. During session four it seemed that Jamie’s confidence was increasing and Jamie shared much more throughout the session.

Jamie continued to be active in the sessions and regularly shared some thoughts. One example Jamie gave in session five was “how he over thinks everything and worries”. Jamie shared his negative thought which was “I think too much”, however, Jamie’s positive counter thought was “I should talk about my thoughts if I can’t figure out why I am worrying”. Discussing response plans within the group, Jamie said that a response plan for talking about the feelings and thoughts would be to “reward myself” when I chat about my feelings. Jamie was given positive praise from the facilitators. It became clear that Jamie was taking part more in the sessions and joining in a lot more with the other participants, Jamie had made some friends in the sessions and became chatty within the group.

During session six, when the group review their goals from week one.  Jamie was able to share that he had in fact achieved his goal. Jamie shared with the group that he felt a little more confident to speak more and although he still feels anxious to speak to new people he doesn’t feel as nervous as he was before and that he had learnt ways to cope to help him. Jamie also expressed that he feels he can now talk through his overthinking to prevent the extra worrying.

On completing the exit CES-d questionnaire, Jamie’s score had decreased by 20 points, which is a significant decrease.

A Mental Health ‘Exit Pack’ was provided to Jamie with numerous information leaflets, meditation coloring sheets with benefits of coloring explained, information on five ways to wellbeing, an extensive list of approved supportive social media sites/pages and apps to download. Also included was an Action for Children balloon and bubbles to which the benefits of breathing/blowing bubbles was explained to calm heart rate and mood. As well as local information for support and activities/groups for young people to attend.  There was also an Action for Children journal.  Jamie also won a raffle prize which he was very pleased about. Jamie also received his Certificate of Completion.

**Case Study 5.**

**Families First – Young People**

In January 2023 a family were referred to Children and Family Services by the school with CP concerns about Harm and Neglect as a result of:

1. Poor School Attendance
2. Child has not been seen by any professional for 3 months
3. Mother not engaging with the EWO or the school
4. Mother cancelling appointments or not home for announced home visits
5. Mother has answered the door this week but refused entry and stated that child was in bed, unwell.

Concerns shared with the EWO – young person no longer leaves the bedroom, no longer interacts with the family, will eat in the bedroom, always has the curtains drawn and covered with towels, takes no pride in appearance, personal hygiene has deteriorated, self-harming etc, has a severe fear of fainting if feels hot or dizzy, and will absorb other people’s fears and phobias on social media and TikTok videos.

The family have not previously been known to Children and Family Services and until recently, there were no concerns about the child’s Education, Health or development.

“What Matters Assessment” (WMA) completed by Social Worker. Mum contacted the GP to refer to CAMHS but needed to get consent from child, who refused. School Wellbeing Officer to conduct home visits weekly to improve relationship between child and school. Mother has been referred to Cruse Bereavement and to Parabl for counselling.

Family were then transferred to Team Around the Family (TAF) for Practical and Emotional Support.

Work completed by the TAF Support Worker:

* Has been seeing the family weekly and building up a rapport with them.
* Has worked on building trust and has then been allowed to enter the young person’s bedroom to start the intervention.
* Has been supporting family to engage with and agree to referrals to other agencies who could support them further e.g. CAMHS, Youth Services.
* Young Person refusing to engage with any other service apart from TAF.
* TAF Support Worker has therefore had to liaise with other services and have advice and guidance particularly around the behaviours and the mental health aspects.
* The young person is old enough and deemed to have the capacity to make their own decisions.
* Worked with the young person on behaviour and mental health as well as the functionality of control of mother and agencies.
* Worked with mother about her own role in enabling this behaviour, e.g. taking food into the bedroom, sitting with young person in a darkened room for hours on end.
* Worked with mother about getting the confidence to say no and not giving into YP’s demands, e.g. prepare food but leave it downstairs, etc.
* Mother concerned YP is suffering from extreme anxiety due to bullying but YP will not engage with any services such as CAMHS, GP etc.
* Direct work with the child using DBT techniques and graded exposure for anxiety.

Referrals made to:

* CAMHS
* EIPS Consultation
* Youth Services

Current Situation:

* This has been an intense and complex case with the TAF Support Worker showing perseverance and patience to support the young person and the family.
* Almost 15 months after starting to work with the young person, TAF Support Worker has seen vast improvements.
* At one point this was a family who was receiving daily contact and twice weekly home visits.
* Young Person has been completing Gogledd Cymru qualifications online.
* Young Person has been leaving the bedroom and eating downstairs with the family.
* Young Person has gone out into the garden to sit.
* Young Person has had a shower and washed own hair, which is something that the young person had not done for 15 months. Previously, young person would wash by using a bowl of warm water and soap in their room.
* Young Person has crossed the road to talk to their friend.
* Young Person has had friends over on numerous occasions and sat in the living room with them.
* Young Person uses the bathroom to wash and clean their teeth daily.
* Young Person had their hair cut in the home by a hairdresser and stood for the duration of the hair appointment.
* Young Person has sat in the car.
* Young Person has agreed to meet a support worker from 16+ team to support with education, and Young Person is now working with them on a weekly basis to work towards childcare qualification and has discussed a placement.
* Young Person completed Food Hygiene and Safeguarding courses.
* Young Person will go downstairs of an evening to make their own hot chocolate.
* Young Person slept downstairs for 3 nights.
* Young Person has sat downstairs with TAF Support Worker.
* Young Person has removed towels over the windows and sits with the curtains half open.
* Young Person is beginning to rationalise their fears and using techniques to work through the triggering situation.
* Young Person is realising they will not faint.
* Young Person will speak to other professionals on the phone (education).
* Mother is consistently following advice given and as a result of her own confidence things have improved.
* The situation is much improved without the need for a Social Worker.
* Case remains open at present but the intensity has reduced with home visits reduced to once a fortnight and a phone call once a week.

This is a young person who has had to have a very high level of support from the TAF Support Worker over a period of 15 months, but now the situation is much improved, with young person willing to engage with other services and will be closing to TAF within the next 6 weeks with a successful outcome.