**Case Study 3.**

**Flying Start – OOCD.**

Brief background of the case (quick summary about the person/family)

A referral was received for the service from Children & Families’ Services. The family were open to the intensive intervention team and the referral was made for the father to receive the Out of Court Disposal (OOCD) support sessions. There had been substantial involvement with the Local Authority, and the family had been in the court arena.

Challenges they faced:

The individual currently does not have any access/contact with his children and therefore it may have been challenging in terms of applying what was discussed into practice within his everyday parenting. We had a discussion around how important it was for him to build his knowledge and understanding on the topics covered in our sessions

What support was received, and how they accessed the support:

Sessions focused on:

* The change in law in more detail.
* Building a positive parent-child relationship.
* Effects of physical chastisement on children and development.
* Positive strategies to the future.

The individual was already attending various other programmes at the same time therefore, rather than duplicating sessions and content, we focused on expanding what he was learning on the programmes into the topics listed above.

The difference made after receiving the support:

The individual commented on the closing paperwork:

*“I can make the right decisions in every situation and build a strong loving relationship with my children when I do have access to them moving forward”.*

**Case Study 4.**

**Families First – Team Around the Family (TAF).**

Allocated Worker:

Rhys Hughes-Jones (TAF Support Worker)

Other Professionals involved:

Grant Howard (Di-gartref)

Catrin Parry (Di-gartref)

Lisa Thomas (North Wales Police)

Paul Magee (Ysgol Uwchradd Bodedern)

Brief background of the case (quick summary about the person/family)

* Referral received on 09/05/2023 from this young person’s primary school with concerns regarding anti-social behaviour, periods of being missing from home, racial and aggressive behaviour online and at risk of being permanantly excluded from school.
* WMA (What Matters Assessment) was carried out by the TAF support worker, and it was agreed that TAF would be able to support the family with the needs identified.
* This young person was not attending school when the TAF support worker started working with the family.
* The young person had stopped playing football for a local club and had stopped attending the boxing gym.

What mattered to the individual:

* Football
* His phone
* Going out with friends

Outcomes for the individual (What did you hope to achieve? What did you do? What were the risks? How were risks managed?):

The TAF Support Worker hoped to support the young person to attend school once again, improve his consequential thinking and empathy skills and better his relationship with his Mum and Dad. They also hoped to support Mum to be able to set boundaries at home and to stick to those boundaries.

The risks involved were:

* Relationship breakdown between Mum and young person
* Young person would commit a crime
* Young person being permanently excluded from school

The work that was completed:

* Support Worker being an emotionally available adult for the young person.
* Support Worker being an emotionally available adult for Mum.
* Giving Mum advice on how to become an emotionally available adult for the young person.
* Providing parenting advice for Mum.
* Liaise with school, North Wales Police (NWP), and Di-gartref.
* Attended meetings with parents and schools.
* Supported the young person to move from primary to secondary school.
* Liaised with secondary school to ensure young person settled well in new school
* Completed 12-week anger management programme with young person.
* Completed work on empathy.
* Completed work on consequential thinking.
* Encouraged young person to take part in after school activities.
* Made referrals to other agencies for extra support.

Working with others: (How did multi-disciplinary working, working with partners and community resources make a difference?)

Working with NWP, we were able to identify the group of individuals that the young person was committing the anti-social behaviour with, and were able to advise young person and Mum on the importance of making good decisions and avoiding anti-social behaviour.

Working with Di-gartref, the family were able to repair and build on relationships within the family, and provide better support for the young person.

Working with the secondary school, we were able to ensure the young person attended full time education and was not at risk of being permanently excluded. The young person also received ELSA at the new school.

Outcome for the child /family/carers to date: (As a result of your involvement/interventions how have things changed? How well have risks been managed? Is the child safe, well and healthy? How well have the family/carer been supported?)

Young person was closed to TAF in September 2024. At the time of closure, the young person was attending school full-time and was not at risk of being excluded. ELSA sessions were ongoing at the school, and were continuing with the work started by TAF to work through complex emotions. The young person has dissaociated with the group commiting the anti-social behaviour and now has a new friendship group that he goes to play football with. This was achieved by Mum putting in place boundaries and keeping to those boundaries with support from TAF. Relationships within the home have become more positive and the family are spending more time together as a result.

Reflection (The child’s journey: Evidence how outcomes for this child have improved because of the assessment/planning/intervention. Please consider overall quality of decision-making and focus on outcomes).

This young person went from being nearly permanently excluded from school, to attending school full time every day and not being near permanent exclusion.

This young person went from committing anti-social behaviour regularly to having a completely new group of friends and not committing anti-social behaviour in over a year.

This young person and their family went from arguing, shouting and not spending any time together to being able to communicate in a calm manner and spending quality time together.

The young person’s outcomes were achieved as a result of multi-disciplinary working and the TAF worker’s trauma-informed approaches. Decisions made by the TAF Manager resulted in the worker being able to persevere and provide long-term support which paid off for the family.

Had this been a short-term intervention, the young person’s outcomes would not have been achieved. The young person needed time to build a trusting relationship with the adults who were supporting him.

**Case Study 5.**

**Families First – Team Around the Family (TAF).**

Allocated Worker:

Chloe Hughes (TAF Support Worker)

Other Professionals involved:

Community Mental Health Team

Di-gartref

Gorwel

Mon Active

Young Carers

Other Professionals involved:

Carers Outreach

Cyfle Cymru

SMS

Brief background of the case (quick summary about the person/family)

In June 2022, we received a referral for this family from the Community Mental Health Team. The Mother had expressed her concerns in her own ability to manage her son’s behaviour, which was coupled with the fact that he was displaying challenging and agressive behaviour.

WMA (What Matters Assessment) was undertaken by Team Around the Family and identified the need for support for both the parents and the young person regarding emotional regulation and parenting support.

The family have previously been opened to Team Around the Family on a number of occassions since 2014, and have also been escalated for a Care and Support Assessment due to Mum openly expressing her struggles with dealing with her son’s behaviour and resorting to physical chastisement. The Young person would struggle to regulate his own anger and would often hit Mum, punch walls and shout a lot. However, shouting and arguments were normalised within the house as his dad would punch walls when angry. Therefore, he was modelling the strategies seen around him.

Mum has previously completed the Incredible Years parenting course some years ago when her son was much younger. However, she could not see the corrolation between her parenting and his behaviour. She could not reflect on the fact that she was lashing out verbally and physically towards him and that he was copying this. She did not have the insight to see that her son’s behaviour was a result of the parenting he experienced by both parents.

Mum has a diagnosis of Bipolar Disorder, Borderline Personality Disorder, Mental Health difficulties, EUPD and possible ASD / ADHD traits. The young person also has a diagnosis of ADHD.

What mattered to the individual:

Throughout the course of the intervention provided to the family, what mattered to them changed…

* Mum and Dad wanted their son’s behaviour at home to improve, for him to have more respect towards his parents as well as their home.
* For him not to lash out physically at his parents.
* For the young person to better manage his anger and to be less physical at home.
* The young person wanted to do more with his parents on a 1:1 basis, to spend more time out of the home.
* The young person wanted support in how to cope with his anger better, and did not want to be sent to his maternal Grandmother’s house as part of his ‘punishment’ for misbehaving.
* The parents wanted to feel more confident in manging their son’s behaviour effectively and to be on the same page and agree about their parenting strategies.
* The family wanted to have a safe space to discuss their home environment, to stop arguing regularly and build a better relationship and understanding of each other.
* For the family to respect / appreciate each other and learn to communicate in a better / more appropriate way.
* The family found it difficult to manage money, therefore, wanted support in managing their money better.

Outcomes for the individual (What did you hope to achieve? What did you do? What were the risks? How were risks managed?):

Despite previously receiving support from Children & Families Services on various occasions, the parents continued to stress their concerns and struggles regarding their son’s behaviour and how to deal with it appropriately.

I hoped that the young person would get the opportunity to open up about his lived experiences and the family’s difficulties at home. I hoped that they would have the opportunity to learn new and different coping mechanisms. I wanted the parents to become a team when it came to their parenting, for them to argue less, and for the relationship between the young person and the parents to improve. I hoped that the family would become less physical / violent.

The risks involved were:

* Risks of Mum being violent with professionals as she has previously threatened various professionals due to being unhappy with what they have said.
* Risk of Mum’s moods, as they can fluctuate up and down very quickly.
* Risks of the young person getting agitated and angry, typically with Mum, as this is not something that is shown with professionals.
* Risks of the young person physically hurting someone at home on purpose or accidentally especially as he is getting older, bigger and stronger.
* Risks of Mother retaliating with inappropriate chastisement.
* Risks of young person and parents’ relationship total breakdown.
* Risks of parents’ relationship breakdown.

The work that was completed:

* Direct work was completed with the young person in school around managing his anger better and being able to have open and calm discussions with his parents rather than exploding.
* Helping the young person to understand and make sense of his feelings and how to manage them.
* Being the young person’s emotionally available adult.
* Emotional support for the parents.
* Help parents with responding to the young person when he becomes angry.
* Liaised with Resilient Families in providing Mother and son with individual support as working with both together was intense as they were often at crisis point.
* Provided Mum and son with weekly weekend check-ins from the TAF Support workers who were on duty.
* Regular days out with the young person during school holidays and weekends to reduce pressures within the home environment. These days out would consist of going for walks, going for a drive, taking him out for lunch, taking him to Pili Palas Nature World, etc.
* During these days out, I was able to observe the relationship between Mother and son to be able to assess how they communicated together and offer insight.
* Encouraged the young person and parents to spend more quality time together.
* Encouraged the parents to focus on the positives and strengths.
* Safety Plan was completed with both Mother and son. This was to try and reduce the risk of regular daily arguments from escalating and becoming physical.
* Due to Mum’s anxieties, she found it difficult to attend appointments and meetings, and to communicate with other professinals, therefore, I supported her in arranging and attending Mental Health appointments, financial inclusion appointments with North Wales Housing, school meetings, and with phone calls with other professionals. During these, I encouraged Mum to take the lead, and supported her to keep calm and take her time in expressing her concerns, etc.
* Referrals to relevant agencies were made for further support, i.e. Resilient Families Team, Young Carers, Mon Actif, Digartref, Adferiad (Carers Outreach & Cyfle Cymru), and their local food bank.

Working with others: (How did multi-disciplinary working, working with partners and community resources make a difference?)

The Community Mental Health Team have been supporting Mum for several years with her mental health struggles, but as Mum’s needs changed, the level of support needed to change to match. Having a good relationship and understanding of the family meant that I could advocate for the mother in meetings and appointments, which gave CMHT the opportunity to provide the correct support / medication for Mum.

A referral was made to the Resilient Families Team for more intensive support, as the risks became more heightened, and Mum’s mental health began declining, which would lead her to drinking more alcohol and smoking cannabis regularly. The Resilient Families worker was able to provide a more direct and in-depth support for Mum, whilst I was able to provide the same for the young person. Whilst regularly communicating with RFT, we were able to give mum the opportunity to address her own needs and improve her mental health and how she responded to her son, whereas it gave me the opportunity to build a better relationship with the young person, giving him more emotional support and how to cope / regulate his emotions better.

By working with North Wales Housing, I was able to gather information regarding Mum’s financial difficulties. Through this, we were able to arrange regular meetings to discuss her finances and arrears and how to improve this. Initially, this was extremely challenging due to heightened emotions, but eventually we were able to come up with a payment scheme to pay back her debts and keep on top of her bills.

Working alongside Gorwel, we provided the young person with the opportunity to explore and learn more around healthy relationships and appropriate behaviours. This also provided the young person with the opportunity to work with a female worker and a male worker, to understand how these relationships can differ. With regular check-in’s with Gorwel, we were able to discuss how their intervention and our intervention was panning out and make sure that the support being provided to the young person was relevant and beneficial for him and his family.

Working closely with the school gave me the opportunity to understand his behaviour at school and how this differed to at home. This provided information on what the school might be providing the young person that he might not be receiving at home. It would give me the opportunity to make sure the school were appropriately responding to the young person and his parents. This was able to provide a more open communication and support from the school with the parents.

Outcome for the child /family/carers to date: (As a result of your involvement/interventions how have things changed? How well have risks been managed? Is the child safe, well and healthy? How well have the family/carer been supported?)

The young person was closed to TAF in early October 2024. At the time of closure, the young person’s behaviour had improved at home, his anger outbursts were not as regular, and Mum reported that he had gone from hitting her every day to not at all. As a family, they are not arguing as often as they used to. The reduced conflict in the home has enabled them to work on a better relationship between the parents and the young person.

The parents have been able to spend more quality time with the young person, mostly on a 1:1 basis. Through encouragement, Mum is now able to arrange and attend meetings / phone calls on her own. This is also an indication that mum is coping better with her anxieties and her mental health has improved.

With support from TAF and other agencies, they are now able to reflect better on their situation. Their communication skills have improved and they are able to work together as a family and engage better with agencies.

Reflection (The child’s journey: Evidence how outcomes for this child have improved because of the assessment/planning/intervention. Please consider overall quality of decision-making and focus on outcomes).

At the time of commencement of support, this young person was having regular anger outbursts, being physically violent towards his parents daily, physically threatening his parents, and having regular arguments with parents and family members. At the time of closure, he was not hitting / physically threatening his parents at all, his anger outbursts were occurring much less frequently, and he was not arguing with parents or family members as often. The young person has found coping strategies that work well for him, and he has been using them.

The family / young person’s outcomes were achieved as a result of multi-disciplinary working and the TAF worker’s emotional availability to both the young person and his parents. Decisions made by the TAF manager resulted in the worker being able to persevere with long-term support, which paid off for the family.

Had this been a short-term intervention, the young person’s / family’s outcomes would not have been achieved. The young person and parents needed time to trust the individuals supporting them individually. TAF’s work ensured that the young person and parents had a safe space and felt comfortable in developing a better relationship with other professionals, which resulted in the positive outcome.

The feedback from the mother has shown the impact the TAF Support Worker had on the young person and their family:

* “Got the right professionals in to work with us as a family.”
* “Supported X and myself when needed”.
* “X has gone from hitting me every day, to not at all”.

**Case Study 6.**

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

Ronnie is a 16-year-old young person who was referred to the service citing low mood, self-harm behaviours, and anxiety. There were historic cases of domestic violence and a history of substance abuse within the family. The initial PI-ED (Paediatric Index of Emotional distress) score was 26, which indicates a high level of emotional distress.

During the initial meeting with Ronnie, it was clear that they would find it very difficult to speak 1:1; the intensity of the first meeting in school proved to be high and because of this, the therapist decided it would be best for the relationship to re-arrange, allowing Ronnie to better prepare for a therapeutic session, now having met the therapist and having a better idea of what might lay ahead.

Due to difficulties in school, Ronnie travelled to the therapy room for all future sessions, which helped to decrease Ronnie’s anxiety, and in turn, supported a more robust therapeutic relationship. From the onset, Ronnie was able to express concerns and worries, recalling events from their past and present to bring to the session. Immediately, concerns were raised regarding an online incident and potential sexual grooming but because of the change in environment and the rapport that was quickly built during this initial session, the therapist and Ronnie agreed to bring the parent into the session to discuss this as a group. Ronnie felt able to express these concerns to the parent with the support of the therapist and plans were made with ease to safeguard Ronnie. The session concluded with a clear plan of action for all people involved and everyone was given the opportunity to share their thoughts and concerns, as well as hopes for the future. It was visible the impact this had for Ronnie, being able to lean on people for support instead of fearing their opinions and judgement. The parent in turn also felt less isolated in this and was happy to receive the support and re-assurance of the therapist.

As sessions progressed, Ronnie dipped in and out of utilising the space for in-depth reflection and exploration and escaping via creativity and crafts. What Ronnie valued was the option, the space, and the time to see where they sat in the situation and allowing the therapist to join them with this. The person-centred approach this therapist supported Ronnie to find their own voice and use their own preferred ways of dealing with situations. This was a stark contrast to the directive nature of other services and professionals Ronnie had previously experienced. The relationship built between therapist and Ronnie created safety and somewhere neutral for Ronnie to discuss difficult topics such as self-harm, and appropriate resources and skills were implemented to ensure Ronnie’s safety, as well as empowering Ronnie to take positive steps for their own wellbeing without feeling judged or told off. Over the weeks, Ronnie grew in confidence and developed better ideas on how to best help themselves.

As we reach the end of the support for Ronnie, they are finding themselves ready to leave the service, and excited for what lays ahead. Ronnie and parent have had small positive steps with their communication, and both feel able to reach the other person where appropriate. Both the parent and Ronnie have created positive relationships with a professional and can now reflect on this as a time of transition and change instead of something entirely negative.

Ronnie entered the service feeling low and hopeless and is leaving feeling nervous but excited about their prospects.

**Case Study 7.**

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

Lee, 7 years old at the point of referral, was discussed in the Early Help Hub, where it was determined amongst a multi-agency panel that the best intervention for Lee would be therapy explicitly delivered by the Anglesey Emotional Wellbeing Service. The referral raised Issues concerning Lee’s physical assaults towards his mother and early signs of controlling behaviour. In addition, a report from school highlighted their concerns, where they described Lee’s behaviour towards his peers as ‘concerning’, and ‘violent.’

During the initial assessment, Lee’s mother described Lee’s behaviour as ‘out of control’. Lee was exposed to domestic abuse in his early life; however, Mum did not feel that this had impacted on Lee as he was ‘never’ directly exposed to any violence or aggression, but he was in the house when most incidents occurred.

Further discussion during the assessment indicated that in Lee’s infancy, there could have been short-term effects due to his indirect exposure to domestic violence, such as bed-wetting, difficulty sleeping or falling asleep, and a loss of drive to participate in fun and stimulating activities.

A clinical assessment in the form of the PI-ED (Paediatric Index of Emotional Distress) demonstrated that Lee felt scared, annoyed, and sad. Lee also revealed that he did not like to be away from Mum for extended periods of time, as this left him feeling ‘nervous’, and ‘afraid Mum wouldn’t come back.’

From the information gathered during the assessment, it was determined that a creative and playful therapeutic approach would best suit Lee’s age and his needs. The hope for Lee was that this type of approach complimented by a person-centred model would help validate Lee’s own experiences through his individual lens. Although Mum felt that Lee was not directly impacted by his father’s harmful behaviour within the home, there were clear indicators that Lee was exhibiting difficulty regulating his emotions and was communicating his feelings through his behaviours because of the residual trauma left in his body following his past experiences.

Initially, Lee resisted talking about sensitive topics; to aid him, the ‘telephone’ game was introduced - a straightforward design that we later named the ‘speech-transmitting device.’ This tool, alongside a therapeutic approach and a reassuring environment supported Lee to talk confidently without the need for eye contact. It proved effective in that Lee could start to make sense of his own world.



Later, it became apparent that Lee expressed himself best through drawing and colouring. ‘Monsters and Ghosts’ were introduced to explore some of Lee’s experiences that he found difficult to cope with, fundamentally Lee’s trauma.

Lee was diligent when drawing his monster’s ‘powers’. Lee’s monster was ‘eyeBol,’ and he lived inside of his head. When talking about what ‘eyeBol’ did, Lee was able to describe the many eyes his monster had to keep ‘Mum and me safe’. Lee’s ghost was a depiction of the feelings he had experienced in the past, and how they can sometimes ‘pop up’ in the present.

Verbalising, drawing, and naming Lee’s thoughts and feelings helped him to externalise parts of his internal dialogue. Although therapy was challenging for Lee at times, creative tools and an empathic approach helped Lee feel a sense of relief whilst being supported in a space where he experienced safety and unconditional positive regard.

As a result of therapy, Lee’s negative behaviour towards his peers in school has reduced. Lee finds comfort in connections with his peers and has recently joined a football team. Mum reports Lee is thriving and thoroughly enjoys being outside with his friends.



Young person’s views:

 “I like sessions, I get to do fun things”.

“Thank you for coming to see me at school”.

Parents’ views:

“A massive thanks to you for helping Lee. I know that his behaviour will take time to understand and manage, but I think that this time with you has made such a difference to the way Lee talks about how he is feeling. Me and my partner have seen a happier Lee lately”.

“Football has been a big thing for Lee, we didn’t think he would manage the boundaries and the rules, however he has taken to it, and I think he enjoys the structure”.

**Case Study 8.**

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

Polly, a 13-year-old with Developmental Language Disorder (DLD), was expelled from school and had minor police related incidents. Living with her single mother and four siblings, including twins with health issues, Polly’s DLD impacts her social interactions, leading to her exclusion from school. Her mother, juggling work and family, reached out to Teulu Mon for our support. Polly struggles with self-expression, causing social withdrawal and a distorted self-image, worsened by negative school feedback. Her typical angry demeanour contradicts her true nature, straining relationships.

The assessment identified Polly’s anger, linked to DLD, as a key challenge, with a PI-ED (Paediatric Index of Emotional distress) score of 20 suggesting psychological distress. The therapeutic intervention aimed to enhance her communication, emotional control, social skills, educational support, family involvement, self-perception, and future planning, fostering a nurturing environment for her development.

As a therapist, I was actively involved with Polly. She resides with her single mother, who cares for five children, including baby twins with pulmonary issues following their premature birth. Despite her overall good health, Polly’s DLD significantly affected her social behaviour and skills.

Her recent exclusion from school had been a source of concern for both Polly and her mother. The latter, amidst the demands of caring for a large family and working full-time, was unable to homeschool Polly and sought our service’s support, along with Snap Cymru’s, to appeal the exclusion. Polly’s desire to return to school was evident, yet she had already missed two months of education.

Her self-image had been damaged by her perceived differences from her peers and the negative perceptions of adults at school. Polly’s coping mechanisms includes spending hours getting ready as a way to mask her challenges and avoiding situations that required communication.

Despite these issues, Polly’s family relationships remained strong. Her mother’s strong backing and the close bonds with her grandmother and sister provided a crucial support system. However, Polly’s behavioural challenges, particularly her anger and inability to control her temper, had taken a toll on her self-image. The isolation experienced during lockdown exacerbated these issues, as she was unable to practice and develop her coping social skills.

Polly had expressed a desire to make money through social media, yet she harboured concerns about her future, sometimes mentioning that she would be dead by the age of twenty-three. The therapeutic intervention aimed to address Polly’s immediate needs and support her long-term well-being and success, creating a supportive and understanding environment for her progress. Through this comprehensive approach, we hoped to empower Polly to overcome her challenges and thrive.

Upon initial evaluation, it became evident that Polly’s primary challenges came from her anger and temper issues, as underscored by the PI-ED score of 20, signalling a heightened risk of psychological distress. The therapeutic intervention was designed with a multifaceted approach to address these concerns comprehensively.

The first objective focused on improving communication. The goal was to strengthen Polly’s ability to express herself and comprehend others, thereby enhancing her interactions and reducing misunderstandings. Jointly, emotional regulation was identified as a critical area. The plan included developing and implementing strategies to help Polly manage her intense emotions and temper, equipping her with tools for better emotional control. Family engagement was also vital. Involving Polly’s family in the therapeutic process guaranteed a consistent support system and reinforcement of positive behaviours at home. To help Polly with her self-esteem, the intervention sought to improve her self-perception and assist her in recognising her strengths and potential.

The initial assessment was conducted at home, where Polly’s interactions and behaviour were observed in the presence of her mother. This setting allowed for an open discussion about Polly’s needs and concerns, laying the ground for a tailored support plan. During the first session after that at her local GP Surgery, efforts were concentrated on establishing a therapeutic relationship between Polly and myself. Initial therapeutic activities and assessments were introduced, providing valuable insights into Polly’s response to therapy. Our second session, saw the continuation of therapeutic activities, coupled with an assessment of Polly’s progress. This led to a thoughtful adjustment of the therapy goals to better align with Polly’s evolving needs. In the third session, there was a determined effort to further develop therapeutic strategies. Engaging with Polly was vital to foster trust and enhance communication.

The school appeal process involved devoted advocacy for Polly’s educational needs and proactive collaboration with educational authorities to secure an appropriate school placement. I supported Polly’s mother with this process but unfortunately, the appeal was unsuccessful.

By the fourth session, there was a significant focus on reviewing Polly’s adaptation to therapy. As the rapport between Polly, her mother and I strengthened, it became possible to delve into deeper issues affecting her. Mum asked me to go with her to a new school to discuss the enrolment of Polly and to ensure her needs were explained in depth to the school. It was a supportive effort to ensure that Polly and her mum were well-assisted and represented during the enrolment process and that discussions with school enable a successful nurturing educational environment.

My next home visit was to get an update on the school and transport situation, assessing Polly’s readiness for school and addressing any logistical challenges that mum encountered related to transportation. By the next time I visited them again, I was greeted with the news of Polly’s acceptance to the new school and with the care needs in place for her. It was a milestone and a turning point for Polly. Appeals to the local authority were made to advocate for Polly’s transportation needs, but unfortunately it was unsuccessful to secure the necessary support. Instead, I completed some work with Polly and her mum which focused on trusting each other so Polly might be able to use public transport to attend school without mum worrying that she would not come home on the bus.

On the first day of Polly’s reintegration to school, Polly was nervous but the support from the school was excellent and allowed her to adjust to the new setting. Her mum had updated me throughout her first week, praising how well she was doing. Mum also noticed vast improvements with her sleep and her behaviour at home. She reported that Polly seemed to be more settled and calmer.

Reflecting on the therapeutic journey with Polly, it seems evident that external work from the therapy room was a cornerstone of effective therapeutic practice. The collaboration with educational authorities, advocacy groups like Snap Cymru, and the family’s involvement were instrumental in navigating the complexities of Polly’s situation. This multi-faceted approach not only addressed her immediate educational and emotional needs but also started a more hopeful path for her long-term well-being.

Polly’s improved communication, emotional regulation, and social interactions have significantly impacted her family, bringing a more harmonious and supportive home environment. Polly’s mother, who faced the daunting task of managing her daughter’s challenges alone, now witnesses a young girl who was capable of engaging with her education and returning home independently.

My holistic approach to therapy was important and considered Polly’s environment and support system. It evidences that Polly’s progress is not just dependent on the therapeutic sessions I delivered but also on the stability and support I provided outside of the therapy room towards the best care for Polly and her family. Polly’s transition to a new school, with the necessary care and needs in place, illustrates the power of a nurturing adaptative educational environment combined with our therapeutic collaboration, and the importance of advocating for Polly’s rights.

Parent’s Feedback

The help and support has really helped my daughter in so many different ways. She communicates a lot better with her language which makes family home a lot better, easier, and happier for everyone. My relationship with Polly has gone a lot stronger and my understanding with her needs has gone much better. Never in a million years did I think we would get to where we are today. I wake up with a smile on my face now knowing my daughter has a future and is happy going to school. So, I thank you for fighting for what matters and that is every child deserve a chance in life.

**Case Study 9.**

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

C, a 7-year-old girl, has been struggling with emotional regulation following exposure to domestic violence (DV) and her parents’ separation. Living with her single mother and 2 siblings, C’s emotional challenges have significantly impacted her social interactions and emotional regulation. Her mother, overwhelmed by the situation, reached out for therapeutic support.

C’s primary issues stem from her inability to regulate her emotions, often resulting in out-bursts. Witnessing DV and experiencing parental separation have left her feeling insecure and anxious. Her emotional distress is evident in her interactions at school and home, where she often appears agitated.

The therapeutic goals for C encompass several key areas. First, the aim is to help C identify and understand her emotions. This involves using emotion cards and storytelling to as-sist her in labelling her feelings, along with mindfulness exercises to help her stay present and calm. Enhancing C’s ability to express her emotions verbally is another objective, achieved through art activities and encouraging journaling or drawing to articulate her emotions.

Strengthening family support and understanding is crucial, involving regular family therapy sessions to improve communication and support, and educating the mother on emotional regulation techniques to use at home. Lastly, boosting C’s confidence and self-worth is targeted through activities that highlight her strengths and achievements, and encouraging participation in hobbies and interests to build competence.

The therapeutic interventions began with an initial assessment conducted at home to observe C’s natural interactions and gather comprehensive background information. The first session focused on building rapport and trust, introducing basic emotion identification activities. Subsequent sessions gradually introduced more complex emotion regulation techniques, with regular check-ins with the mother to monitor progress and adjust strategies as needed.

Progress has been noted in several areas. C has begun to identify and label her emotions more accurately, showing improvement in using words to express her feelings instead of acting out. Additionally, there has been improved communication between C and her mother, who now feels more equipped to handle C’s emotional outbursts.

C’s journey highlights the importance of a supportive and understanding environment in fostering emotional regulation and communication skills. The collaborative approach, in-volving both individual and family therapy, has been crucial in addressing C’s needs. The positive changes in C’s behaviour and emotional awareness are a testament to the resilience and potential for growth in young children when provided with the right support.

Reflecting on this case, it is evident that a comprehensive, integrative approach that extends beyond traditional therapy sessions can lead to meaningful progress. The lessons learned from C’s case will continue to shape my therapeutic practices, emphasizing the importance of empathy, perseverance, and collaboration in supporting children through their challenges.­­­­­­­­­­­­­­­­­­­­­­­­­­

**Case Study 10.**

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

A referral for Rob 11, was admitted following a ‘What Matters Assessment’ conducted by the children’s and family services. It was identified during the assessment that Rob was having difficulty attending school due to heightened anxiety, resulting in a conflict in parenting strategies implemented by both Rob’s parents to encourage him to attend school.

In the first instance it was felt that it was best to conduct and assessment with Rob’s parents. This was organised at their home and a discussion was held to gather information that related to their parenting styles. Talking to Rob’s parents revealed that there were difficulties within their relationship. Mum was feeling overwhelmed with the daily “battle” to get Rob to attend school, whilst Dad felt “frustrated” with mum’s leniency, and flexibility surrounding Rob’s resistance towards education.

Although the referral indicated that Rob needed therapeutic support, the assessment highlighted the need for a relational approach with Rob’s parents to help highlight destructive patterns that were interfering with attachment, and ultimately preventing them from bonding and working in unity to support Robs needs.

With the parent’s consent, it was agreed that the service would work with them, to help increase their resilience as parents. A robust six-week plan was set out where therapy would be carried out at our therapeutic space in Bangor.

Both mum and Dad benefited from a safe and confidential space away from Rob to make sense of their stresses. Their stint in therapy gave them the opportunity to spend one to one time with one another reflecting on the impact of their parenting styles, and the negative effect this was having on Rob. Both parents were permitted the freedom to talk openly and honestly about their conflicts with one another, resulting in them being able to see how this was affecting Rob and his ability to feel safe and secure.

Through therapy the couple where able to gain an understanding that while family and social stresses increase the chances of low mood in children, a negative parenting style means children face family and social anxiety. Due to the high level of hostile parenting and low level of positive parenting, Rob’s view of himself had shrunk. Rob’s inability to feel confident meant that he was avoiding situations that caused him to further overwhelm.

A psychoeducational approach helped Rob’s parents gain insight into how a child’s ability to grow, learn and explore requires a healthy, safe environment. In contrast, child’s intellectual, social and emotional growth can be harmed by poor parenting. Rob’s parents learnt how their own behaviours were negatively impacting Rob’s ability to talk openly about what was deterring him from attending school.

Following therapy, Rob’s parents have worked hard to communicate better with one another, and they are reminded of the impact that their own behaviours have on Rob. After six weeks of intense support, the family situation has improved. Rob spends more time outside of his bedroom, and he has recently started to access a reduced timetable in school.

Parents’ feedback:

“This has been a difficult journey; however, we can see the difference our positive actions have had on Rob”.

“We understand the importance of being on the ‘same page’, and we approach things very differently now.”

“Thank you for helping us. We know things will take time with Rob; however he is starting to take small steps to returning to school, and we feel this is down to the therapy we received”.

**Case Study 11.**

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

Riley is a 16-year-old female who was recently re-referred to the service regarding high levels of anxiety and low mood and a tendency to self-isolate.

The initial assessment was completed by the same worker who previously saw Riley at the request of the parent and young person. During the assessment it became clear that the biggest environmental factor that previously impacted the service: struggles attending school, had now diminished leaving Riley in a more accessible place to undertake therapeutic sessions.

Riley’s parent reflected on their experiences over the last year and told me how disappointed they were with education but that they had found a way forward, much more beneficial for both of their mental health. The assessment ascertained that Riley would again benefit from the service to reflect in depth the causes of anxiety and have the space to explore this without immediate threat of re-traumatisation from the education experience.

It was again agreed that the same worker would complete the 6 sessions with Riley in an outreach venue. Sessions were easier for Riley to settle into, already knowing the therapist and knowing that they had slightly more control of their situation they were in really supported the therapeutic environment. Riley reflected on their situation in depth and felt that no changes had occurred and throughout the course of the sessions felt they were in the same situation as the year before.

However, with the use of gentle questioning and some therapeutically led conversations, Riley was able to begin to appreciate the changes they had made to their own life, and the many positive steps they had taken for their life to be what it is now. There were celebrations within sessions that appeared to lift Riley somewhat. Riley had taken many positive steps in their life and embarked on new experiences independently. It was important to also sit with the existing worries, and the feelings that surrounded Riley in their current life.

Riley was able to isolate the things they felt were an issue and decide whether this was something they wanted to tackle now, or whether this would do more damage than it would solve. Riley expressed concerns for home but also recognised that there was very little they could do about it. We sat with how difficult this can be for an older young person, not yet ready to leave home but not feeling the most settled there either. For Riley, knowing someone was listening, understand their concerns and valued them, was enough of a comfort for them to feel like they could manage this.

Riley towards the end of the sessions started to look forwards and was keen to know what happens after sessions end. We spoke about potential support being available at further educational settings, GP, other charities, and that another re-referral would be welcome to our service.

Working with Riley over both referrals was an insightful experience and really emphasised the value of the initial working relationship and how this can help with the delivery of a more in-depth service the next time around. It also highlighted how difficult work can be when the biggest concern for the young person is ongoing and out of their control.