Case study – Quarter - 1 Building Strong Families

**Family**

MUM

CE

**Referral/Concerns**

Referral received from Family Liaison Officer at Primary School due to concerns with angers issues and threats of violence towards his mother. C witnessed domestic abuse between his parents 2 years ago and since then has told people that he wishes he could die.

**Needs identified by the Family First Action Plan**

After carrying out an initial assessment with Mother and completing a Distance Travel Tool it was evident that intervention through Building Strong Families would need to be provided to support C further.

Mother would like the intervention from the Building Strong Families service to focus on C’s anger issues and how the escalation can impact their daily life. During the assessment C displayed an active role in supporting C at home and was eager to explore any new strategies that could help improve relationships within the family.

A Family First plan was discussed and put into place to support with the following goals:

* To support C to recognise his feelings and emotions especially anger, exploring tools and strategies that can help support this.
* To provide support C when talking about Domestic Violence and enable to him to access support service who can help support this.
* To provide support to mother to explore parenting strategies/programmes to help support C when he is displaying difficult emotions/behaviours.

Support for C will be delivered through 9 direct work sessions with a mid-way review being held following direct work session 6.

Weekly sessions will take place through direct 1:1 support for C in school, while support for mother will take place in the family home/over the phone/virtually.

**Support provided**

7 Direct Work sessions were delivered to C with the Intervention focused on the goals set through the Families First Plan. Mother was unable to partake in any direct work sessions due to work commitments and a new training opportunity, therefore opted out of BSF support.

Support was provided using Therapeutic approaches and Solution Focused strategies.

**Understanding feeling and emotions.**

C has been supported to recognise and understand emotions and feelings delivered therapeutically to provide him with the opportunity and recourses to explore and identify how these emotions and feelings can impact his behaviours. C enjoyed adapting UNO using the colours to talk openly about specific feelings and emotions, and then implementing different strategies based on the ‘calming’ colour.

C has received support to help him to communicate big emotions so that he can explore his own responses to negative emotions and experiment with his responses to develop self-regulation skills. C actively engaged with the exercise ‘How to be the boss of your brain’ where he was able to understand what is happening within his brain, and use the tools learnt to understand how these high emotions drive difficult behaviours, to identity the triggers and respond appropriately using healthy emotional outlets.

Being the boss of your brain allowed C to understand his emotions, make better decisions and navigate his life effectively, so that when these emotions arise C can pause, feel the emotion and regain control.

C found that using games such as UNO and implementing breathing techniques helped him to stay focused and enter a calmer state.

**Helping Parents to find safe and effective behaviour strategies to remain calm in challenging situations.**

Numerous attempts to meet with mother were made to discuss various parenting strategies, however due to mothers new work commitments and new training opportunities this was not possible. Mother openly talked about the lack of boundaries within the household and how she felt helpless when trying to enforce them. Talking through de-escalation strategies mother was able to overcome her sense of helplessness and develop a support network to help improve relationships between family members. Knowing how escalation cycle works can help mother to deal with situations and prevent herself and C from repeating the same unhelpful cycle of behaviours. Identifying C’s triggers and planning on how to cope with those situations has helped mother to remain calm in the moment, focusing on connection rather than correction.

Due to ongoing work commitments, consistent 1-1 meetings proved difficult, therefore mother opted to continue with parenting courses, but to complete them online with ACORNS and opt out of BSF Support.

**Coping Strategies.**

Several different coping strategies have been practiced throughout the sessions and C has been supported to implement these confidentially whilst at school or at home to maintain his physical health and mental wellbeing.

**Outcomes**

C has enjoyed the direct work sessions and has engaged well throughout the Building Strong Families intervention. C has always had open and honest communication about his emotions, feelings and worries taking ownership of these feelings to help achieve the goals set within the Families First plan.

C has been curious to explore and identify innovative ideas to help calm his fight or flight response and lessen the negative effects of anxiety, to allow the opportunity for him to pause and consider all options before making any decisions.

C has a clearer understanding of his own feelings and emotions, how these impact on his body and his behaviour towards others.

C has learnt new coping skills and has built a toolbox of techniques to use confidentially when feeling anxious, worried, and upset.

C is receiving support from play therapy where support is being provided to help him in processing his past experiences and to understand and manage the emotions he feels as a result.

5 sessions have been completed to date with a further 4 sessions to follow. C is responding well and seems positive about the sessions.

Not all outcomes have been achieved due to mother opting out of the BSF support before the end of the intervention.

Whilst we encourage a holistic approach with all families so that parents gain the necessary skills and understanding to support their child. We know that this is likely to achieve better longer term outcomes for the child and their family. However we recognise that sometimes circumstances change, as in this case and parents are not able to fully commit to whole intervention with BSF.