

# EARLY HELP STRATEGY CASE STUDIES

2023-2024

Help for  
**Your Family**



# CASE STUDIES:

## Case Study 1: Presenting Issues

Concerns raised by school following Child D child stating he is 'scared' of his dad and was going to stay with him that weekend. He has reported that he has told his mum but she 'doesn't care'. Mum told us she was finding it very difficult to manage her child's behaviour, there were continuous arguments at home which an impact on all family members. There had also been previous Domestic Abuse between Mum and Dad.

## Intervention Provided:

A robust team around the family was put in place, the worker supported all family members to safely participate, ensuring that Child D's welfare was paramount. Direct work with Child D included the 3 houses tool, anger awareness, mediation, lived experiences and good choices, bad choices. Parenting work was completed with Mum focusing on positive parenting- the importance of consistency, rewards, and appropriate consequences. Dad was supported to have a voice and safely participate and to better understand the impact on his child and develop strategies for improving communication. The worker provided containment throughout the work with family by following the Solihull approach.

## Impact

Mum: On a scale of 0-10, with 0 meaning things have not improved for you and your family, and 10, the situation has improved so much that you feel confident that you can sustain changes, where would you score:

"It's a 10, he now accepts the rules, I can't describe how it feels now to live in this house. It's our sanctuary, it's so calm and peaceful, it's our happy place. It's easy now, I'm content, and no longer stressed. He is at school every day, he is pleasant, polite, we are getting on so well. It's amazing how different things are, it's a wonderful feeling. I found the worker really helpful, she always asked how I felt, and my opinions. He is really behaving now, it's so much better in the house, it's really calm and nice. I would give worker a 9, and if any of my friends needed help, I would tell them not to worry because she is really lovely and kind".

To the child/ young person (Scale on the work that was completed, anger awareness, behaviour, lived life experiences as part of the plan). Can you tell us what has changed for you since meeting/working with your support worker?

Child D: "Worker was great, she was a brilliant negotiator between me and Mum, she was really nice. Worker came to see me in school, we talked about me, and my life, what I liked about it, what I didn't like about it. If I had a friend who was needing some help, I would definitely recommend her. Me and Mum haven't argued for a month, maybe 2 months, it's great, it's so peaceful now. I would give worker a 10 out of 10".

Would you recommend the service to family and friends, and if not, why not.

"Absolutely, I already have, I've shared my experiences with friends, and have recommended Parenting and Family Support Service to a friend who is struggling. I'm not embarrassed anymore; I'm shouting it from the rooftops I HAD A PAFSS WORKER! Thank God I did!"

## Case Study 2: Presenting Need

During the 48-hour post-birth contact, an Early Days Worker found that mum seemed down and overwhelmed and as such, arranged a home visit. Due to mum not speaking English as their primary language, the Say HI app was used to facilitate a conversation. Mum explained that she was feeling very isolated, and this was supported by her daughters and partner.

## Prevention Provided

Although a GP appointment had been booked, the Early Days Worker sought consent to speak to the Perinatal Wellbeing Health Visiting Service who confirmed the mum had disengaged from the universal offer. The Early Days Worker maintained regular contact with Mum and took steps to ensure engagement in supportive services. This included joint visits with health visiting, 1-1 and group based breastfeeding support, and facilitating engagement with first friends play sessions, the infant massage offer, and LIGHT peer support groups. The Early Days Worker has also encouraged Mum to build relationships and friends with other families that speak her language. All this work has been facilitated using the Family Hub translator boxes.

## Impact

The mum had a noticeably better relationship with her baby, had better mental wellbeing, and reported that she was enjoying all the groups and the new relationships she had built. This translated into mum appearing healthier and leaving the house more frequently, including to use local shops and the park which she had not been doing before.

The Early Days Worker described the translator boxes as a “breakthrough moment” as it enabled mum to engage in a host of different groups and support offers that previously included many barriers to mum having a positive experience.

## Case Study 3: Presenting Need

Child B, a 11-year-old child questioning their gender was experiencing mental health difficulties, their history included suicide attempts and self-harm. School attendance and attainment was dropping, and Mum was finding it difficult to meet this child's needs alongside those of her four children, two of whom had learning needs. Mum was a single parent after leaving a domestic abuse relationship and had recently been bereaved of her own parents who she described as 'her rocks'. The family home, owned by Mum was too small for the family, creating an environment where frustrations were escalated because everyone was 'on top of' each other. The family's Lead Practitioner felt overwhelmed by the range of needs with the family and wanted to escalate the family to other services.

## Intervention Provided

The Early Help Coordinators helped pull together all services who were supporting Child B and family to ensure multi-agency approach was in place. The Early Help Coordinator modelled relational practice, using a strengths-based and solution focused approach with the family to develop trust, engagement and bring about positive change. Use of Outcome Star ensured the child's voice was heard. The Lead Practitioner felt confident to manage their Team Around the Family process with support from the Early help Coordinator, pulling in Parenting and Family Support Service, CAMHS, all Schools and Doncaster Council SEND services. An enhanced transition to Secondary School plan was developed to reduce anxiety for Mum and child, as this had been a significant worry for both; Counselling helped the child better manage their worries too. Mum began Counselling and was supported by SENDIAS and the Local Offer to meet the needs of her children. Parenting support helped Mum to confidently implement routines and boundaries, improving school attendance and keeping things calm and organised in the family home.

## Impact

The Lead Practitioner understands that even though the family had a wide range of needs, they did not require higher tier services, they feel confident in leading whole family, multi-agency help. The family is stable, support remains in place and things are improving steadily. The child's counselling will be extended to allow for further support until they settle in Secondary school, when they can explore gender identity further. Mum feels more confident and able to challenge services to ensure the needs of all her children are met and family home is calmer.

## Case Study 4: Presenting Issues

Child C, a young man with low school attendance due to poor sleep routine due to ADHD medication not being taken by him. History of poor communication between parent and Child C leading to his needs not being understood by parents, resulting in growing frustration between family members, leading to missing overnight episodes, and Police being involved due to anti-social behaviour. Parents recognised Child C's vulnerabilities due to dual diagnosis of ASD and ADHD, however, Child C was struggling with this diagnosis.

## Intervention Provided:

A good rapport between parent and Lead Practitioner was built, leading to a holistic and whole family early help assessment; this identified mental health support needs for parent to help them develop the capacity to build a positive relationship with child through the containment and reciprocity. With practitioner support, parents accessed their GP, then undertook the Solihull Online parenting a child with ASD programme; and a safety plan was developed to prevent escalation. Once parent had a better understanding of ASD, missing episodes were better managed, and eventually were no longer happening. Family meetings were held to improve communication between Child C and siblings, which in turn further improved parent and child relationships as parents better understood the young man's thoughts, feelings and experiences. Regular Team Around the Family meetings with Child C present, enabled school and community practitioners to better understand his needs and helped him feel listened to and valued. A tailored timetable was put in place, which resulted in a steady increase in attendance. Direct work with the Child C helped him understand his diagnosis and feel in more control and willing to take his medication, which was reviewed and renewed by CAMHS, enabling him to better manage his ADHD.

## Impact

Improved parental well-being and family dynamic was evident. All family members said they were getting on better, and conflict was reduced. Child C was able to sustain his improved attendance, allowing school to work with him to prepare for a transition to college and give him the opportunities to sit exams that would help him achieve a brighter future. Child C felt happier about himself, he moved away from peers involved in Anti-Social Behaviour, spent more time at home and felt better connected to his family, he has applied for a college place.