

Early Help Case Examples

James is a 16 year old young man who was initially referred to the Epsom Families Team for Early Help in relation to a Youth Restorative Intervention due to low level crime. He was associating with a pro-criminal peer group, was not achieving in Education, and was involving himself in petty crime, drugs, and anti-social behaviour. His behaviour quickly escalated and this culminated in him appearing in Court for serious charges relating to knives, and was sentenced to a 12 month Referral Order. He had to meet with a Community Panel to agree what he would have to achieve to successfully meet the requirements of the Court.

He has engaged very well with his Support Worker, and through an intensive programme of support for both James and his carers at home, we have seen him reflect on his previous attitudes and behaviours. Though the journey has not always been smooth sailing, we are able to report that James has desisted from further offending, is associating with a positive peer group, is attending education, and has removed himself from the negative peer group which was the source of much of the negative behaviours.

The outlook for James is now very different from a year ago, James is now reaching his education potential, he is happy in a positive romantic relationship, and he can see a future for himself within his community.

A referral came into the Early Help Hub because the mother was facing domestic abuse. Her children were being emotionally impacted by witnessing the domestic abuse from their father towards their mother and inconsistent contact arrangements where their father would turn up nearly every day at their family home to take the children for contact. This caused a disruption to the children's routine.

An Early Help assessment was completed to gain the whole family's views. Mother was not willing to make a statement to the police of the domestic abuse she faced, as she was worried about the repercussions from her ex-partner and his family.

We were able to build a strong relationship with the mother where she engaged really well with us. This enabled her to gain confidence and we supported her at Court to seek a non-molestation order against her ex-partner. We also completed sessions with the children to ensure they had a safe person to talk to. We also arranged for the mother to start on the Freedom Programme to educate her around domestic abuse, and increase her confidence in managing her situation.

The children's mother felt supported and able to continue her life with the support of a non-molestation order. The children felt that they had a more stable routine as they were no longer exposed to the difficulties in their parent's relationship, and were able to spend time with both mum and dad in a safer and more consistent context.

Eddie was referred to YMCA for one to one mentoring following a step down from being on a four-year child protection plan. On referral, Eddie presented with complex issues. Eddie's school were struggling to keep him in education, Eddie would not engage with any services, mum was struggling to manage his challenging behaviour at home and mum had yet to be able to secure permanent housing for the family.

The YMCA mentor established a package of support for both Eddie and his mum in order to improve quality of life for them. This work included supporting mum to secure permanent housing, holding weekly one to one sessions for Eddie focussing on consequential thinking, anger management, clear boundaries, rules and consequences, developing coping strategies for self harm and anxiety, reducing criminal behaviour, emotional development and keeping himself safe. Work was undertaken with Eddie both in school and at home to ensure that strategies and boundaries were

being mediated consistently and fairly and to ensure improved communication between school and family.

Wider family mediation was facilitated by the mentor in order to improve relationships within the family and provide both Eddie and mum with additional support when required.

In partnership with the school an EHCP plan was written and additional support was secured for Eddie to ensure he was able to successfully complete his GCSE's. YMCA's mentor successfully referred and supported Eddie to attend CAMHS for support with suicidal thoughts and Eddie's self harm and anxiety greatly reduced. Following GCSE's the mentor worked with Eddie and his mum to identify suitable post 16 education. A specialist residential college for ASD students in Bournemouth was found and a place was secured and the Mentor worked with the local authority SEN and social care departments to successfully secure a fully funded 2 year residential placement which Eddie began in September 2017.

The G family were referred to our service by the Early Help Co-Ordination Hub due to difficulties relating to their 10 year old son M who had not been in education for almost a year and was displaying extremely challenging behaviour at home. The family were very proactive in seeking appropriate support but were having difficulties progressing attempts to secure an education health care plan (EHCP) and a diagnosis of suspected Autistic Spectrum Disorder for M. M's regular outbursts were also creating a lot of tension within the family home and having a detrimental impact on his elder sister L's emotional well-being.

The referral stated concerns about parent's ability to impose boundaries. They were already in touch with relevant agencies but being frustrated by lack of a co-ordinated plan. Therefore, work has been quite light touch and involved weekly visits to discuss how the family are managing and offering emotional support and supporting parents to discuss some differences in opinion. It has included meeting both children and seeking their views as well as parents in completing an Early Help Assessment. I have also sign-posted the family to additional sources of support such as support groups and events locally and supported the family in completing an application for Disability living allowance for M due to his additional needs.

Finally, the work has involved regular liaison and advocacy on the families behalf with the various professionals involved, including pressing CAMHS to expedite an ASD assessment, and convening a TAF meeting that was attended by CAMHS, Surrey SEN and the families daughter's school, and where a comprehensive support plan was agreed. At this meeting it was agreed that there was not an on-going need for my involvement but that it would be helpful for the family support team to return to chair a second TAF meeting to review progress against agreed targets.

Mum had lived in several foster homes during her childhood due to her own mother's severe mental health difficulties. She described herself then as angry and very badly behaved. At the age of 24 she was parenting three children under the age of 6 years old.

There was a history of cannabis and alcohol use which continued after the 1st child's birth, but had stopped by the time of our involvement. She became known to the Children's Centre when 1st daughter attended our nursery.

Initially, Mum's demeanour toward staff and professionals was quiet, bordering on rude/belligerent and immature. Mum started to engage slightly more with the centre staff upon the birth of her 2nd child - this was very gradual. Unexpectedly mum attended our parent craft group with another mum who already attended. She then asked to join a parenting course that we were advertising. On completion of this course she asked Outreach worker for help with her oldest child's behaviour.

A long period of involvement with the family then started, with weekly home visits and 1:1 sessions in centre working on parent skills and Page 104
Page 104
behaviour management. Mum was difficult to communicate effectively with, she did not seem comfortable with face to face conversation and would busy herself with the children or housework during our sessions. She gave away very little

information about herself or about what exactly she needed and wanted to achieve from them work together. Other professionals have described it as like 'getting blood out of a stone'.

Mum appeared to find it very difficult to put advice & suggestions into practice, so intense home-visiting with 'coaching and guiding' through challenges as they arose were given; These included a couple of tea time and bedtime visits.

Mum then became pregnant with 3rd child. Two months later she ends her relationship with partner due to infidelity and long running domestic abuse - This was a huge sign of strength in that she put the wellbeing of her children first.

At this point mum disclosed significant historic and current debt, much of which caused by now ex - partner. Another intense period of home-visiting and centre visits to support her with this because mum felt unable to make the required phone calls and level of communication due to low self - confidence and lack of articulation needed to liaise with the many companies demanding debt payments. We also accompanied mum to several CAB visits to help with other aspects of managing priority debts. Mum told us she feel's anxious when talking to people and 'gets her words muddled'.

Over time, by watching and listening to Outreach worker managing these difficult conversations with authority she was able to start making some of these calls herself, with the Outreach worker guiding her when she lost confidence or got stuck on words during the conversation.

As the birth of new baby approaches mum is subject to CP initial assessment due to midwives' concerns, during the assessment mum discloses likely previous sexual abuse of oldest daughter by ex- partner. The family were then subject to CP plan.

Mum has made enormous progress both personally and as a parent-she has grown in confidence, being able to carry out every- day tasks that she previously felt unable to achieve or would not even attempt. She has a better understanding of the needs of her children emotionally and in terms of their behaviour, and is now able to properly safeguard them and provide stable and appropriate parenting.

This page is intentionally left blank