

<b>Project</b>		<b>Nacro Osmaston Family Project</b>	
<b>Lead delivery partner</b>		<b>Nacro</b>	
<b>Theme</b>	<b>Improving life skills</b>	<b>Priority</b>	<b>2</b>
<b>Activity</b>	<b>Families and children 0-10</b>	<b>Budget code</b>	
<b>Project outcomes (from SLA)</b>			
<u>Qualitative</u>			
<ol style="list-style-type: none"> <li>1. Children have the best start in life by being supported and enabled to develop their individual personality, talents and aspire to a successful life.</li> <li>2. Young people fulfil their aspirations and dreams through being provided relevant opportunities.</li> <li>3. Families are better equipped with skills to support their children through being empowered and supported.</li> </ol>			
<u>Quantitative</u>			
One - one support in the home to be offered to 70 parents we will provide support and encouragement to increase self-esteem and confidence and to signpost to further learning and opportunities			
<b>Reporting period dates</b>	<b>January – March 2019</b>	<b>No and age of people benefiting from the service during the reporting period</b>	<b>New Parents = 14 children 0-10 = 28 children 10 + = 11</b>
<b>Introduction</b>			
The service provides support to parents who live within the defined BLT area.			
Parents are also identified and referred through links with local agencies including other agencies working in the area, local schools, Health Teams, Social Care and individuals who may self refer.			
The aim is to support and enhance family's relationships, to encourage families to spend time together taking part in activities that will have a long term benefit for the area.			

The service will support families both within the home and through telephone contact to start to embed the behaviour management techniques outlined in the Handling Children's Behaviour Parenting Programme

**Activities undertaken during reporting period**

Support has taken place in the family home on a weekly basis with telephone contact or text messages of support offered in-between.

Referrals for support this quarter have come from School, Children's Centres under 11's MAT's, safeguarding officers. Referrals give details of the issues within the family as well as risk assessment completed by the referral agency.

Each parent has an experienced family support worker who makes the initial visit with the referring agency to be introduced to the family. On the second visit a support plan is drawn up with the parents and set outcomes are agreed.

We use a solution-focused approach to support parents, it is a strengths-based approach, emphasizing the resources that people possess and how these can be applied to a positive change process. SFA focuses on strengths and 'life without the problem' rather than a detailed analysis of problem dimensions.

The setting of specific, concrete, and realistic goals is an important component of SFA. Goals are formulated and amplified through conversations about what parents want to be different in the future.

Support to parents in this quarter have included:

- One to one support directly with parents and children in their own homes
- Case conferences for children subject to safeguarding plan.
- Children in need reviews
- Attending Team around the family meetings
- Completion of an Early Help Assessments
- Attending professionals meetings
- Support with EHCP
- Support with DLA paperwork and appeal process if necessary

Parents receive weekly visit usually for up to 3 months occasionally in complex cases support is offered for a longer period of time particularly if support is part of a safeguarding plan after a child protection conference.

### Case Study 1 – Nacro Parenting Support (ABL)

**Referral Agency** – Health Visiting Team

**Children's age:** 10yrs;7mths    7yrs;2mths

#### Overveiw of Issues

Mum is a very caring, loving but concerned single parent; son has a diagnosis of ADHD and was recently diagnosed with Autism. Mum was struggling to deal with his challenging behaviours; violent outbursts towards mum and sibling, for no apparent reason or trigger. When out in the community he often uses verbal abuse, and sometimes racist comments and swearing towards members of the public who are unknown to him. School have serious concerns and have requested an Educational Psychologist to assess him. He has high levels of anxiety and anger issues, to the point that he has hurt children and staff in school, has destroyed a classroom by tipping over tables and chairs, pulling books from the bookcase and throwing crayons across the room. On one occasion he smashed the glass out of the door with anger, but grinned when doing so. He has been excluded fourteen times in one term and is in danger of permanent exclusion. EWO is now involved in the case. Mum has a fraught relationship with school, but has always put her children's needs first and only wants the best for them. She attends all meetings and co-operates with school, but feels more confident when another adult is with her for support. His behaviour is also having an impact on his sibling who is finding it hard to understand why her brother does the things he does. He is under the Community Paediatrician and has been prescribed medication for ADHD and Autism.

The referral was put in by the Health Visitor to support mum in accessing courses and training opportunities so she can develop her knowledge and understanding of both conditions enabling her to help her son.

My support is ongoing, and outcomes are being achieved.

#### ABL Outcomes

- To enhance family relationship – we accessed the Chatterbox Café which mum now often takes her children to. She accesses the Children Centres; these opportunities have also strengthened son's social skills.
- Mum has gained confidence in addressing school issues, attending GP/Paediatricians appointments. Mum has completed the handling Children's behaviour and ADHD course. I have arranged for mum to attend a three week course on Autism in May. These courses will enable mum to develop good coping strategies that will reduce son's behavioural difficulties.

When working with parents who have children with complex needs; Learning difficulties, Mental Health issues, ADHD, Autism, Behavioural difficulties I am often asked by parents to attend an assessment meeting with the Educational Psychologist, which is often very daunting for parents but, I remind parents they know their child best and they can answer the questions, nothing to worry about. We prepare by thinking about questions the Educational Psychologist might ask parent.

### Questions to ask yourself

- What behaviours have I observed that I have questions or concerns about?
- What observations can I offer about his strengths, weaknesses, personality or temperament, academic likes and dislikes, or other traits?
- What is the specific academic skill areas in which his school performance is low relative to his peers?
- What underlying processing problem such as short-term memory problems or persistent anxiety do I suspect may be affecting his performance?

### Questions to ask Educational Psychologist

- What information will you want from me?
- Will you be asking school for information and records? Will you interview school staff?
- Will you observe my child in the classroom? Will you interview me? How will you interview my child?
- What type of tests will you use? Will you evaluate his social, emotional, and/or psychological status?
- How should I prepare my child for the evaluation process?
- Will your final report integrate all of the individual tests done so that I have an overall picture of my child's strengths and needs?
- How soon can I expect to receive the evaluation results? When will you review the evaluation results with me?

Comments from Families

- Having someone to support me in meetings when things get really stressful
- My worker has given me new strategies in trying to support my son's challenging behaviours
- Someone is listening to me at last
- My head was all over the place, I now try to stay calm thanks
- Not blaming me

**Timescales**

Project on track and outcomes met

**Plans for next reporting period**

To continue to offer one to one support to families. To continue to routinely ask for feedback from the referring agency that can be included in the report. To include examples of the sessions we deliver.