

Appendix C

Service User feedback, participation and engagement activities, and case studies 2021-2022



1. 42nd Street service user feedback

What was really good about your care?



- It wasn't too intense and I felt listened to about what I wanted. I also got a lot of support and about that happened through my sessions.
- It was great to have someone to talk to and listen about the problems and positive things I experience on a weekly basis. I didn't feel judged and felt like I was accepted for who I am.
- I enjoyed learning about how different ways to manage my anxiety and I got on really well with my practitioner.
- I am more self-aware and I know what to do instead of bottling up and I'm better at communicating my feelings now.
- It's helped me with my confidence and anxiety and to push myself out of my comfort zone.
- I feel more confident. I am managing a lot better than I was before.
- The support given helped me a lot, the people who gave the support made me feel understood and gave me great advice. They helped me understand my feelings a lot more and it has overall been a life-changing thing for me.
- I can now deal with my thoughts and overthinking better and also challenge my anxious thoughts and feelings. My self-esteem has improved. Feeling relief because I have been able to speak about how I feel each week.
- I felt I was always listened to and everything I said was taken into consideration
- Having someone to talk to and get things off my chest and not bottle them up
- Absolutely everything if there was something wrong they were there straight away with the best support and advice. They help extremely well with my sleeping and anxiety.
- I was listened to. I was able to open up about things I haven't opened up about before and it has helped me to heal.
- It was good to always have someone to talk to.
- the time to talk about it
- It wasn't structured and it was an open space for me to explore my feelings.
- Having someone who listened about my problems, no matter how small.
- I bonded really well with my psychosocial practitioner, we had a lot in common and he really helped me with my confidence and anxiety issues over the months we worked together.
- I liked how I was given information on how to stop doing one thing and things to do that were better.
- How you make me look at things differently
- It was nice knowing someone was at the end of the phone if I needed support.
- Being able to talk about anything
- Felt like easy to talk about problems, without feeling judged, felt like I could do something about my problems
- I felt like I was given ways to cope with how I was feeling. I feel like I was heard, respected and listened to at a time when I wasn't feeling heard or seen in other parts of my life.
- That I got listened to and got strategies how to help with the problems I was going through.
- Feel like my confidence has grown and I can speak to people without being shy. Being able to speak about my dad without getting really upset
- I feel like if anything happened I could just tell you and it wasn't a big issue. It was easy to talk and I knew I was safe and you actually listened to me and cared and didn't leave me after two sessions.
- I found it reassuring
- Just helpful just to talk about stuff
- The way I could actually express myself.

- I know I have learned so much from our session. I never talked to someone that I don't know about what we talked about and instead of judging me or not listening to me you did everything that you could to help me out. I will remember that sometimes it good to ask for help even for people that you never talked about, what to do when I start having anxiety, sometimes I have to remember about people that loves me and support me when nobody else does those things and what to do when I don't have anyone to talk to, like write about things that I'm grateful. I have noticed that as well I remember when I started I was feeling so empty inside and now I'm not feeling like this anymore I still having my anxiety attack but I know what to do when this happens. I know that there is a lot for me to work on but I think I'm on the right path
- Everything
- I was really listened to and able to work on things and talk at my pace and I learnt loads of really important things and gained tremendously.
- Talking about things that I couldn't talk about with others and I didn't feel like I was just whining or that I'd annoy the therapist. I'm always in a better mood when I leave. It was easy to talk to [WORKER].
- Getting to learn more about my anxiety and understand it better.
- My mood isn't as bad because I know how to cope with it, I use breathing techniques and the stop techniques which help. I think about things more now before I panic about it. It's been helpful to be able speak about how I feel which has helped me to open up to others.
- Positive experience. Helped to improve my ability to deal with stress. I enjoyed talking about things and going over my week
- Learning new ways to calm down, having someone to speak to about how I feel
- I felt I was really understood and discussed ways to cope with my feelings and panic attacks. At first I felt uncomfortable talking to new people but I felt at ease after a very sessions as [WORKER] helped me feel at ease and understood me.
- Been helpful having someone to talk to and get things of my chest and this helps me feel better when I can talk to someone.
- Having the support has made me feel better. Having someone talk has helped me get things 'out'
- Working on my anxiety really helped & introducing and developing techniques and the worksheets we used were good. When sessions first started, I was in school and had a set routine which didn't leave any time at all for me. Was caring for mum and dad and had my phone on me constantly in case they needed me. cooking, washing, caring, leaving little time for me and things I wanted to do. had a lot of responsibilities. now I'm at college and passed the year with distinctions. making more time for me, friends, started my own business which is going really well & able to manage my time really well. Social anxiety & ordering food and going shopping now is ok and feel alright doing this. Even been shopping on my own! still get a bit nervous meeting new clients but don't let it get in the way and feels loads more confident.
- The consistency, a lot of space to express myself and lengthily.
- I can talk about how I'm feeling, it lets the frustration out

Was there anything you didn't like or anything that needs improving?



- I think face to face would have been better but I know that was because of Covid.
- The only bad thing is that I was unable to do face to face sessions which would've helped me to talk to other people about how I feel
- I had 3 counsellors during the 9 months - each time I built a bond with one counsellor I found I had to say goodbye and build a new one.
- All appointments should be face to face with Covid.
- The school never really told me at the school what time the session was so I was late and got less time.
- More cushioned chairs in the classroom we use and a brighter and more colourful space

Is there anything else you want to tell us about the service you received?



- 42nd Street has given me confidence to move forward with my life. I know things will get better.
- I would recommend 42nd Street for anyone struggling with their mental health.

- Honestly everything was amazing and [WORKER] was honestly one of the nicest most supportive person I have spoken to.
- That it's amazing.
- It was good and it helped me.
- Knowing I had weekly sessions to help me through my problems, a lot concerning school, has helped me with my confidence and self-esteem.
- I would recommend 42nd Street to anyone, it was hard admitting I needed emotional support but I feel like a huge weight has been lifted from my shoulders.
- The therapist I saw was very supportive and helped me a lot.
- I think twelve sessions is a really good idea, gives you enough time to get them to know you and then talk. Some people need a bit of time to open up.
- You have helped me so much and listened me like nobody else. I'm very sad that it's our last session, I can't thank you enough for what you have done for me.
- I really liked that we had an exact time and that we did some sheets and I felt very safe and also that if something would happen there was a trusted adult who was there for me.

2. Salford CAMHS Case studies 2021-22

Case Study 1: MFT Children's Eating Disorder Service

N was referred to CEDS in November 2020 at the age of 16. Her GP had been seeing her regularly since August 2020 following her mum having concerns about N restricting her eating, significant weight loss over lockdown, and expressing negative body image thoughts and fear of weight gain. The GP had referred her to an adult eating disorder service, and it took some time for this referral to be redirected to CEDS which was the appropriate service given her age. On assessment, N was within the normal weight range for her height and age at 95% of the median BMI, but otherwise met criteria for Anorexia Nervosa. A family-based treatment approach was commenced with weekly appointments with a senior eating disorder practitioner and input from a specialist dietitian.

N was eating a very limited range of foods in small portions and experienced marked anxiety both about food and her body, as well as social anxiety and low mood. This meant that changes often needed to be paced gradually. Further challenges arose when the practitioner seeing N was required to shield and work from home in February and March 2021. However, the therapeutic relationship between the practitioner and the family was well established, and the family were happy to take part in video link appointments over those two months with ongoing clinic based physical monitoring provided by colleagues in the team.

After 11 months of treatment, N has gained around 5kg, and is able to eat a wide range of foods independently. She and her mum report that 'the old N' is back with a marked improvement in mood and decrease in social anxiety. N has found that her eating disorder cognitions are less intense and she can now take a step back from them and make choices that support her health and wellbeing. The focus of appointments, which are now fortnightly, is on relapse prevention and working towards an ending in treatment

Case Study 2: Youth Justice Service CAMHS

What was the CYP situation when they came to the YJS Service?

A young person known to the YJS presented at A&E following reports of suicidal ideation and emotional distress. The young person was currently supported by CAMHS, so consequently I had not had any involvement in his treatment. All young people discharged from A&E require 7 day follow up assessment however due to YJS involvement and his complexities the CAMHS team requested my support. I agreed to complete a risk assessment and explore treatment options with the CAMHS team. Historically the young person had refused talking therapy and CAMHS interventions.

What support did the YJS – CAMHS Service provide?

I met with the young person and his family at the family home, to help reduce any anxiety around attending the CAMHS clinic. He engaged well and I was able to complete an initial assessment and provide a helpful formulation of the young person's difficulties, to share with professionals supporting him and his family.

What was the impact of YJS- CAMHS support on the CYP?

Offering an urgent assessment and consultation with the professional network supporting the family has initially reduced the risk of the young person moving into the care system. Although this is in the early stages and the presenting issues are to try to contain the problems within the family, I am hopeful we can develop a package of care

Case Study 3: Starlac (Salford's Integrated CAMHS for cared for children)

K(13) and J(11) were referred to STARLAC by their Social Worker. They had been placed together for several years, initially with their older brother. Over the last 12 months, both girls had, at times, withdrawn from the foster family. This was something that their older brother had done which led to him leaving the foster home. The sisters seemed to take turns in ignoring their carers; one would engage well with the family whilst the other stayed in their room, refusing to join in with anything. Both said that they did not like being in care because it was 'not normal'. They said they wanted to live with their birth family but did not agree which member of the family would be able to offer them a home. They would often argue about this and could say very hurtful things to each other.

Core group meetings were held to try and think from the sisters' perspective about what they might be feeling and communicating. It was acknowledged that this was very difficult for everyone in the network; their carers were working hard to offer them love and a positive example of family life, their social worker found it hard that they were saying they were unhappy when they had a loving home, and the fostering social worker was unsure how to advise the carers. K and J's school found it hard to believe they were saying they were unhappy as they presented extremely well in school. They had no mental health needs.

K and J's mum has been unable to accept that her children are looked after. She repeatedly tells them that they will be returning to her care. The social work team have tried to work with her to accept that her children are in foster care and to give them permission to live in a foster family. She has been unable to manage this.

It was agreed that individual therapeutic work would not achieve anything as the children were showing emotional distress because they were looked after. This could be framed as a reaction that could be expected from children who have had to leave home and live with a strange family. Instead, the core group worked on a formulation for the situation and thought about how the sisters could be best supported with their emotional struggles. The formulation is below:

K and J presented with emotional difficulties associated with family life. It is hard for them to join in family meals and outings, despite the best efforts of a very experienced and attuned foster home. Their distress shows itself in running away from the family group, wanting to eat meals (including Christmas dinner) separately from the family, and not speaking to family members for weeks at a time. When they are out of the home at school, they show no difficulties. Their difficulties are only apparent in family settings. K and J's birth mother has not been able to accept them being in care nor been able to help them to settle into foster care. Repeated messages that they will return to her care have contributed to the de-stabilisation of their foster placement. In addition, both girls have different views about whether they want to return to the care of their mother so they cannot support each other with their views. There are strengths in their relationship, but these are rarely verbalised between the sisters, instead they are seen in their non-verbal behaviour with each other. Both siblings have said that they find being in care hard. This is difficult for foster carers to hear when they are trying to build a close, nurturing relationship with K and J. However, this needs to be acknowledged and accepted by carers, and a different kind of relationship built with them. It is the focus on traditional family life that seems to be extremely difficult for K and J to cope with as it reminds them of something that they cannot have with their birth family.

This led to the carers and social worker validating the feelings that the sisters were expressing and letting them know they are there for them when they are ready. In turn, this reduced the stress in the home and went at the pace of the young people.

It was acknowledged that some children find being in care very difficult and talk about this openly. This can be challenging for carers and social workers doing their best to help children thrive. When parents cannot accept that their children are in care this leaves children vulnerable to additional emotional pressure. This is compounded when siblings have different opinions about their parents as they cannot rely on the support of the other.

3. Kooth Case Study - Salford

*M came to Kooth as she was feeling low and was over thinking things. She shared during therapeutic message support when first coming to Kooth, 'I've not had the best of weeks and I've been feeling like nothing is going right at the moment'. She was finding it hard to communicate with people around her and had experienced a difficult year, having lost 5 people very close to her over that period, including 2 grandparents that she was very close to. This has resulted in M suffering with panic attacks and feelings of anxiety. M used to go out with friends and have lots of hobbies, but she now finds these difficult to engage in.

- Risks & needs assessment. M initially shared occasional thoughts of not wanting to be here with no intention of acting on these but in recent interventions, she shared that she no longer experiences these thoughts. M does not experience thoughts of harm or self-harm issues.
- M's risk started off as medium after the first assessment, this then reduced to low risk due to no longer experiencing suicidal thoughts.
- M is struggling with issues around sadness, depression, sleep, anxiety and stress at college.
- Intervention. The same practitioner completed the assessment process and provided consistency. Through this approach a good rapport was built, and the risk was lowered.
- The practitioner provided M with a safe and secure environment where she was able to offload her worries and concerns and also safely explore bereavement issues. This was something M struggled with and was reluctant to share worries and concerns to family members or friends.
- Psychoeducation and relevant resources based on anxiety and panic attacks were explored during 'chat sessions' and information was also sent in a message afterwards. This enabled M to explore possible triggers and coping strategies to help in future situations.
- This allowed M to share about some of her anxieties and issues at work and in College and goals were set based on reaching out for support when needed.
- M was able to collaboratively set appropriate goals to work towards, such as: looking at ways she can communicate with others. This resulted in her confiding to her mother with regards to how she was feeling. They were then able to seek support from her GP, in order to receive future external support.
- Safeguarding. M initially presented with suicide ideation but in recent interventions, no risk was identified. Coping strategies were explored, if these thoughts do return and M also has crisis information for reference too.
- Outcomes: Goals and other observed outcomes. M identified and achieved the following goals: work towards speaking to line manager about work issues; work towards speaking to College about support with my placement; to attend a booked chat session on Kooth.
- M is also working towards goals based on challenging thoughts and problems and to look at ways of communicating feelings.
- In the EOS feedback completed at the end of a chat, M fed back that she felt heard, understood and respected in her Kooth chats and confirmed that she would recommend Kooth to a friend.
- She also fed back that what was talked about during the session was important to her and that the person helping her was a good fit for her.
- M also gave positive feedback, "thank you so much for everything."

- Conclusion. M first came to Kooth feeling low, anxious and was struggling to talk and reach out to others.
- By setting and reviewing goals with a practitioner, the communication element improved immensely and she was able to reach out to her mother, tutor at College and workplace in regards to her needs and how she was feeling. This resulted in some positive changes for M, including being able to receive the appropriate support from those close to her. M was also able to visit her GP to consider face to face support in the future.
- M is aware that she can return to Kooth as and when needed in the future, for help and support.

4. Gaddum

<p>Summary (Brief outline)</p>	<p>The young carer I am supporting helps to care for his mother who has chronic health issues and also suffers with her mental health, both anxiety and depression. I have been supporting the young carer since August 2021.</p>
<p>Background (Any background information which provides a context to the case study that includes gender and age of the person, any significant circumstance, current or previous care packages put in place etc.)</p>	<p>The young carer I am supporting is a 12-year-old male. The young carer was referred into the services due to his caring role supporting his Mother at home. The young carers mother has chronic health issues, often causing her to be physically sick a lot of the time, she also suffers with depression and anxiety. The young carer also has his own medical conditions, he has allergies and asthma, this has caused him to have time in hospital. When the young carer was allocated to me and I started working with him in August 2021 he did not have a school placement.</p>
<p>Challenge (The problem being addressed, reason for referral, main issues concerns identified)</p>	<p>The young carer needed support from our services mainly to address his increased caring role as he did not have a school placement at the time of the referral. This meant that his caring role had increased greatly due to him being at home and he began to feel isolated, which affected his mood on a day to day basis. The young carer had problems with bullying in the past at his previous primary school which also caused him to feel isolated and had trouble processing his emotions. The young carer also took on his mother's emotions due to him being at home all of the time.</p>
<p>Approach (A description of what has been done to address the issue)</p>	<p>During my time working with the young carer I was asked to write a letter to support a school placement at a specific school that the young wished to attend. It was vital that the young carer attended this school for several reasons; it was close to home for his caring responsibilities, the students who bullied him in his primary school did not go to this school and his elder brother also attends the sixth form attached to the school making it easier for their caring responsibilities. I composed the letter detailing the importance of the young carer gaining a school placement at the specific school. I then sent this letter to the young carer's mother who sent this off as part of the appeal process to the school.</p>
<p>Obstacles and issues (The difficulties encountered or gaps in service provision)</p>	<p>For the majority of my time supporting the young carer he did not have a school placement meaning that the 1:1 sessions had to be conducted via zoom meetings. Whilst this was not ideal this was the only way the 1:1 sessions could be conducted. This raised a variety of issues such as; the young carer not being fully engaged on zoom, relying on his mother to arrange the sessions which often proved difficult with no responses/sessions missed and the young carer was not in a space that he could speak freely.</p>

<p>Evidence of good practice</p> <p>(what worked well, the positives that can be taken forward)</p>	<p>The letter that I composed as part of the appeal process help to get the young carer in the specific school that he needed to attend.</p> <p>I persisted with the 1:1 sessions, rearranged the sessions if needed and arranged them at times that suited the young carer, often outside of generic working hours. This was to ensure that the young carer received the vital support he needed at a time that he felt isolated and had limited access to other services.</p>
<p>Actual outcomes</p> <p>(what happened)</p>	<p>I still have ongoing 1:1 sessions with the young carer, however they are now conducted in school. Arranging the 1:1 sessions have become easier and more reliable. In addition to this, the young carer is much more talkative and interactive during the sessions compared to the sessions on zoom.</p> <p>The young carer is really enjoying being at school and he stated that it has also improved his caring role at home as he is at school and goes to after school clubs. The young carer is now a much happier person in himself.</p> <p>I received a text message from the young carer's mother recently thanking me for my patience and persistence with supporting the young carer. She stated that the young carer is really enjoying the sessions and that he has got a gift for me to show his appreciation.</p>

5. Mental health Liaison Team Case Study

17-year-old female with a history of suicidal thoughts and more recently taking overdoses. She was presenting with emotional dysregulation and maladaptive coping. No meaningful activity in the community and finds engagement with professionals difficult. Open to Emerge and social services. She has presented to A&E multiple times in the last 3 months and her risks were escalating, despite attempts to increase community support with Rapid Response and HBT and Route 29. Due to increasing risks and active plans to end her life by taking an overdose and jumping from a bridge, it was the agreement of professionals involved that the young person needed a short-term crisis admission to a mental health unit.

- Number of presentations to A&E October to December – 9
- Total number of hours spent in A&E and on EAU - 148
- Number of professionals meetings involving MHLT this quarter – 2
- Number of attendances under Section 136 MHA this quarter – 4
- Services involved – Salford Royal A&E, MHLT, safeguarding nurses, Emerge, HBT, RRT, the police, GMAIC, social services, Route 29.

6. Salford Integrated Community Response (ICRS) Case study

Background

Known as;

Freddie

Gender: Male

Age: 16

Ethnicity: White/British

Sexuality: Heterosexual

Needs: Being assessed by the Social communications pathway for suspected additional needs

Referred by: Early Help South

Freddie had previously been diagnosed with OCD and was due to start sessions of CBT with CAMHS in March 2020, he was offered telephone support during the first lockdown which Freddie struggled with. He finds it hard to engage with people over the phone and made the difficult decision to decline the support until Face to face could be offered. As the pandemic continued, Freddie's anxieties exasperated and his parents became concerned that his rituals were getting worse as a result of the excessive time at home and lack of support. In April 2021, Freddie was expelled from school after an incident where he had masturbated at the back of his class. Subsequently, Freddie's friends had rejected him. His family found him using their phone to look up porn excessively, they were embarrassed and began to panic that Freddie presented as a risk to others. Freddie was moved schools two months before finishing high school and was banned from any device use. He was isolated and confused with no one to reach out to.

Presenting Issues

- Freddie had **experienced rejection from his peers** as a result of the incident at school.
- Freddie felt his **parents were ashamed of him** and he **had heard family members voice their embarrassment of the incident at school.**
- Freddie felt there was no one he could talk to and **was being punished by moving schools** so close to him finishing year 11.
- Freddie's parents reported that **Freddie had been using their phone to look up porn excessively.** They had concerned that Freddie would send explicit photos to pupils without consent and had now banned him from any phone/ laptop use.
- On referral to ICR, Freddie had identified that **he would like support with his anxieties and worries** related to his OCD. However, parents and early help wanted support to focus around the incident at school.
- Freddie was anxious about his OCD and was worried that he would not be able to manage it when in public. This combined with the incident meant that Freddie **had not been leaving the house, he was completely isolated.**
- Freddie's parents were conscious that the school holidays were vastly approaching and they were becoming panicked about whether Freddie could manage at home alone.

Impact of COVID-19

- Freddie's support with CAMHS had to be put on hold. Freddie had already waited for a year on their waiting list but due to Covid-19 had to be put back on a waiting list, causing distress for both Freddie and his parents.
- Freddie's fear of leaving the house was exasperated by the lockdown as he was not able to test out his anxieties that he would not be able to manage his OCD when in public.

Engagement

- Freddie was anxious to start support so ICR worker arranged for Freddie's teaching assistant to attend their first engagement session to help him feel at ease.
- Freddie was noticeably uncomfortable and unsettled during engagement sessions as though he wanted to explore something but was not ready. ICR worker acknowledged this and took additional time to focus on problem free talk and respond to the slower pace Freddie needed.

1:1 Support

At assessment, Freddie said he wanted to explore something but hadn't felt comfortable enough to until now. Freddie went on to ask the ICR worker about the **sexual drives and impulses he was experiencing**.

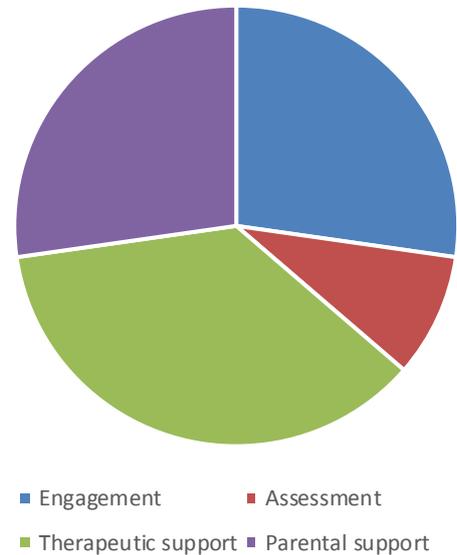
Freddie opened up about his sexual frustrations he was experiencing and the negative response he received following the incident at school. This was, for Freddie, the first time he could explore this in a safe space with a supportive adult. It allowed Freddie the opportunity to explore how to approach sex in a safe way and to understand appropriate sexual behaviour.

ICR worker and Freddie were able to explore how this experience had **knocked Freddie's confidence to be around other people** and how he worried about making new friends for **fear of rejection**.

Freddie was able to **challenge his negative core beliefs** of himself to help re-build him confidence to go out in public again

Freddie's confidence grew and **he was referred to the ICR Youth Voice group** for continued support.

Support offered



Group support

Freddie was referred to onwards support through the ICR Youth Voice group.

Freddie was anxious and nervous to be around people again for fear of judgement and rejection by others.

Due to his work on boundaries with his ICR worker and being able to explore his sexual drives, his confidence increased and Freddie felt able to attend this group.

During the group Freddie was able to work on...

Freddie has now been an active member since the start of Summer, the progress Freddie had made through 1:1 support gave him the confidence to access the group and that group has allowed Freddie to challenge his negative core beliefs and create safe attachments to other young people.

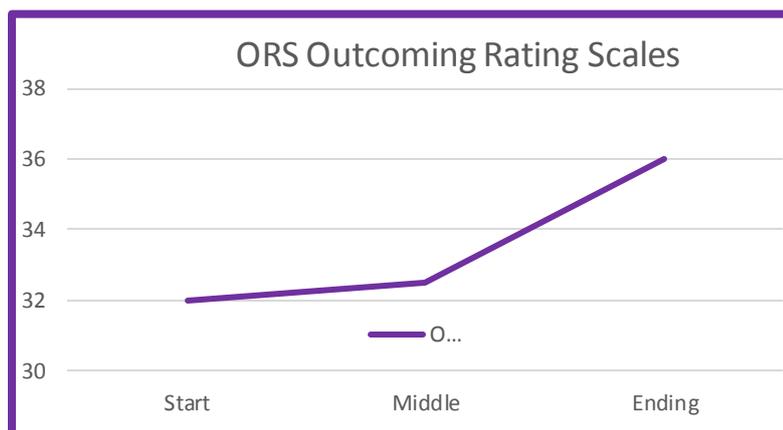
Boundaries

No one had explored with Freddie appropriate / inappropriate sexual behaviour, so following the incident he was left confused and ashamed.

ICR worker was able to provide a safe space to explore these boundaries without being judged and to help Freddie identify for himself where the boundaries should be within his world.

ICR worker was able to offer support to Freddie's parents to help reduce their anxieties around Freddie's understanding of boundaries and to help empower them to support Freddie by encouraging open conversations and working towards being able to use his devices again.

Through normalising his feelings, Freddie felt empowered to go on and access further support in a group setting something he had feared as a result of his peer rejection.



Outcomes

Freddie was able to explore his sexual drives and desires in a safe space. **He was able to understand and normalise his experiences in a space that was not judgemental**. This was important for Freddie as the incident and the following events had caused him to feel isolated and rejected.

Freddie's confidence had improved and he was able to access further ICR support through the ICR group. This was a very big achievement for Freddie that had pushed him out of his comfort zone as he had at the start of support been fearful of not being able to manage his OCD in public and fearful of whether he would be accepted by others.

ICR were able to **share information with parents to help create a more open space at home for parents to discuss with Freddie about sex and help empower him**. This in turn **reduced the the anxieties of Freddie's parents** and their worry for his potential risk to others.

Freddie's confidence in public has improved, he has reported starting to spend time with his friends again and has been out of the house on his own more. Freddie has also started college and was accepted onto the sports course he had wanted.

Freddie has rejoined a football club. Prior to the incident in school he had loved football but had felt uncomfortable joining a new team for fear of how people would judge him.

You really helped me to understand what was going on in my head and you never judged me"

I really liked being able to talk to someone because I haven't had this before

Feedback from Freddie

" I have found the project extremely helpful to me as a practitioner and I have seen first-hand how positive the outcomes for the young people using the service are"

I found the referral process easy to do and time efficient and from the referral to the service contacting the young person was very fast.

Feedback from EH worker

Parents have reported how happy they are with the service and found it very helpful to them too.

The parents told me that they were pleased because their son had been waiting so long for some support from CAMHS and were beginning to feel helpless with ICR involved they felt they were finally getting the support he needed and their son really enjoyed the

Feedback from ICR group facilitator

'Freddie has attended every group session bar one, where he had a family funeral. He has been engaged, talkative, polite and helpful. A real pleasure to have in the group, he brings a great reflective energy to the group and his logical thinking skills are very impressive!'

Feedback from ICR group facilitator

4. Homestart Case Study Family

Date of case study:	05.01.22
Case study author:	Senior PIMH coordinator

Section A: Background information and context

Source of referral: Health Visitor

Reason for referral

First time parents who had twin girls who were 2 months old. Mum feeling particularly Isolated and low in confidence. Would like support in getting out and about with the children.

Assessed need from initial visit

We were unable to meet face to face (due to Covid 19 restrictions) so Coordinator arranged a zoom call with the family. Both mum and dad and the children were there the conversation was predominantly with mum and occasionally with dad. The twins are the families first children they were born at 37 +1 weeks by caesarean and c1 had lower birth weight and spent 2 days in NICU the whole family came home after 5 days.

She lives with her partner who works full time and she is in a support bubble with her mum.

She feels C1 & C2 are developing their own personalities C1 needs more settling and wants to be held more.

She has felt anxious and at times felt like she was struggling with her mental health. C1 has extra weigh ins with the HV as she has struggled to increase her weight. Mum is mixed feeding breast morning and night and bottles in the day and this is working well for her and the babies.

Mum was feeling really tired as she said she was not getting much sleep as the babies were waking at different times in the night (her partner was back at work so she did most of the night feeding.) She said she felt like she was struggling with her mental health (low mood, lack of confidence and feeling anxious about the welfare of the babies)

Mum says she needs help when managing 2 babies on her own as she worries about going out by herself and or being able to cope.

She is feeling isolated and wants to get out and about and feels if she had a volunteer this would be a big help. She would like help with a routine around the house (when able) and support to access baby clubs preferable not on line when they become available. She feels she has lost her confidence.

From the initial visit coping scores, completed with mum she identified the following as areas for support

- Managing the child's behaviour (getting to know the babies and what they need/ want)
- Being involved in the child's learning and development (play ideas and going baby clubs and groups)
- Childs wellbeing (struggling to cope when both babies are crying or needing something at the same time)
- Help with not becoming isolated (accessing groups and getting to know the local area with the volunteer)
- The day to day running in the home (when able helping with a routine)
- Use of services (when face to face services become available)

Section B: Support Provided

- Family were introduced to a volunteer (who had the additional PIMH training), who began a weekly 2-hour visit (initially walk and talks) focusing on the agreed support at the initial visit
- Signposting to "Tiny happy people" / getting it right from the start leaflet and dad matters leaflet and information.
- Referral to the imagination library
- At the first supervision the volunteer shared the visits were going well. They were doing walk and talk visits, mum really opened up about how anxious she was feeling about caring for the girls and she did not feel comfortable going out alone in case they both started crying. She worried that her children would not be developing as well as she was not able to go out with them on her own.

The volunteer observed how anxious mum was when out with the babies and how she struggled if one of them was unsettled and she could not work out why.

Over the following weeks and months, the volunteer was able to listen to mums concerns and to give her strategies and ideas to try these included

- soothing techniques for a crying baby,
- baby states,
- Brazelton baby illustrations
- grab bag this includes baby friendly toys, a mirror, rattle floaty scarf for "peek a boo" a book etc.)
- Baby bonding thought bubbles

She was also able to tell mum all the good things she was doing with the children and reassure her she was doing a good job.

Following the 3-month review mum felt her confidence had really grown as a mum and she said " **having the time to talk things over with the volunteer had been invaluable to help her put things into perspective** " " **I now feel like I am going to be able to go out with the girls by myself and I will cope** "

The volunteer was able to identify local parks and different cafes which mum was happy to try out and by the end of the support she was going out with the babies by herself.

Section C: Outcomes

What were the outcomes of the support provided?

Mum said she had really valued and enjoyed the visits/ support from the volunteer

They have been going on walks and stopping for a drink at a coffee shop. She said the volunteer had been great in boosting her confidence with the babies and has helped her "**be less critical of herself**"

She feels she is getting to know the babies needs and has been supported by the volunteer to be curious about what the babies might be trying to tell her or what they are thinking about.

Mum is feeling so much more confident now, she goes out with the twins alone and although she says she still worries how she may cope if they both need something at the same time, these worries are much less frequent.

She is more confident in meeting the twin's individual needs she was confident in describing what their different cries mean. She feels the twins are in a good routine and she can keep on top of the home with the help of her partner.

She said "**I feel like a good mum**"

With the PIMH questions at review and end review mum identified

- They helped me with my crying baby from "**partly true**" to "**certainly true**"
- They helped me with feeding my baby from "**partly true**" to "**certainty true**"
- They helped me recognise baby stress signs from "**partly true**" to "**certainty true**"
- They helped me realise how important my relationship is to the development of my baby's mind from "**not true**" to "**certainty true**"
- Helped me realise my baby has a thinking mind from "**don't know**" to "**certainty true**"

Next Steps

Please describe the next steps for the service user and any onward referrals

Mum is returning to work part time and also going to college, she wanted to get involved in some baby groups/clubs. She was signposted her to the local baby social clubs at the children's hubs and the family information service.

Section D: Impact upon the service user

Notes: Please describe the impact that the project has had upon the service user, (with specific reference to their mental health and bonding and attachment with their infant). Were there any unexpected benefits of the project for the service user?

Mum said *"I would not have the confidence to do as much as I have or go as many places I have without the support of the volunteer"*

"being placed with a volunteer has really been invaluable for me, they reassured me when I had so many doubts / concerns as a new mum."

Voice of the child (mum was encouraged to say what the babies would say about the support if they could talk)

"c1 knows mummy is less stressed when the volunteer is helping"

"it was lovely for c1 & 2 to be able to develop a relationship with someone rather than a member of the family"

Mums anxiety about the children's wellbeing was greatly reduced and she felt an improvement in her mental health. She said she still had a low mood occasionally but she knew it would pass and she would talk about this with her partner so he could help her at that particular time.

She felt confident enough to look for childcare for when she returned to work and college (something that she said she could not imagine doing only a few months ago.)

Section E: Conclusion

What has worked well?

- Timely referral from the Health visitor ensured the family received support when they were starting to find things difficult.
- Coordinator identifying and introducing a volunteer who had the additional PIMH training within 2 weeks of the initial contact with the family.
- A mixture of practical and emotional support offered to mum at a pace that felt ok for the family (some visits were just listening when mum was struggling, and others were a visit to a café and a walk and talk (when restrictions allowed)
- Regular supervision with the volunteer and coordinator opportunity to review and change the support when needed.
- The volunteer being open to the ideas discussed in the PIMH training and using her supervisions to discuss her observations and how she was supporting the family. This was particularly useful when mum talked about how anxious she got when she was out with the babies and one or both would be crying.

- The volunteer was always willing to give things ago and was able to help mum see how well she was doing and how strong her relationship was with the babies.
- For the coordinator to be able to discuss the case in her clinical supervision to ensure that PIMH support and voice of the child were always considered.
- The parent's openness to learning about the importance of the relationship between parent and baby and the volunteer's ability to discuss this without the parent feeling like it is a judgement of her and undermining her parenting
- The experience of the volunteer who was able to always keep the baby in mind and gently help mum with this too.

Difficulties: Please tell us about any gaps where services were needed but could not be provided

Only face to face groups as none were available at the beginning of the support.