

## Case studies to illustrate intervention work and challenges to delivery

### 1. Side by Side Case Study: ways in which volunteers can make an impact on the home learning environment

#### Background

Child C is two and a half and has a diagnosis of Down syndrome which has delayed his development. He lacks the confidence to play with his peers and never moves far away from mum. He can become very shy and refuses to join in with activities preferring to remain on the outer circle of any play. Child C can sometimes become fixated on one toy and at other times he struggles to remain focused. He has issues with food, mum reports *'he will only eat the same things'* and he dislikes his hands being dirty, refusing to touch or pick up some food. As a family they do not attend any other groups. Mum is currently expecting another baby.

#### Input

Mum and child C joined a Sensory Peep (Parent Early Education Partnership) group ('Side by Side') at the Hub every Thursday afternoon for two hours with her volunteer. The group activities were messy play involving food. Over the weeks we had a variety of foods, smells, tastes and textures. The child and mother were encouraged to explore the food using their hands, kitchen utensils, mouths, mix the foods together, smell the food, taste and make as much mess as they want to. Support and encouragement was given by the volunteer to show mum that it is fun and beneficial to play with food. Dad came towards the end of the group to pick them up.

#### Outcome

The family did not attend the group on a regular basis to begin with so progress was slow. Child C preferred to sit away from the group with mum, venturing over occasionally to get an object to take to mum (mum was unable to get down to the floor due to pregnancy). We brought mum's chair closer into the group but child C still preferred to remain away from the group than to join.

Child C and mum refused to get involved in any of the messy play and child C would go to the door waving 'bye'. Dad would always arrive early to pick the family up causing a little distraction to the group and the family would leave during messy play. We supported the volunteer to ask mum what she thought the reasons were for child C not engaging with activities. Mum was unsure of the reasons and said *'he has always been this way, he's a mummy's boy'*. The volunteer was supported to discuss aspects of child behaviour and how modelling behaviour can be used to recognise and value mum's interaction with child C. Mum was encouraged to recognise how her behaviour may influence child C's behaviour; how he would want to sit on a chair instead of on the floor with everyone else, because mum did, and his reluctance to join in with the messy play, because mum didn't get involved.

During one session the volunteer was trying to engage child C in the messy play using yoghurt. He was standing in between mum's legs with his hands behind his back, the volunteer covered her hands in yoghurt and was talking to him *'yoghurt, it's nice, look C,'* laughing and rubbing the yoghurt over her hands, clapping so the yoghurt squirted out. When he brought his hand out from behind his back the volunteer rubbed the yoghurt on his hand. He gave a negative response and indicated for mum to wipe it off. The volunteer supported mum to reassure him and to begin to play with the yoghurt on his hand. Child C wiped it on his clothes. He then got mum's hands and brought them round and indicated to her to put her hands in the yoghurt. The volunteer encouraged and reassured mum. Once it was on mum's hands he began to touch and play with the yoghurt. The volunteer encouraged mum to put her fingers to her mouth and taste the yoghurt using positive language as reassurance. Child C was watching mum, who said, *'C have some yoghurt mmm' 'look mummy's having some yoghurt'*. Child C took hold of mum's hand and brought it up to his lips and tasted the yoghurt. Mum was thrilled. Dad had been watching through the window.

After this session the family's attendance improved and mum spoke about how she had introduced yoghurt at home and was trying to introduce more messy play within the home. During the following sessions the volunteer encouraged and supported the family to get involved with the messy play, inviting dad to get involved if he wanted. The offer was refused so she suggested dad sit in the waiting room until the session had finished so not to confuse or distract child C. Mum and child C gained confidence over the sessions and more play and interaction was observed. The volunteer encouraged mum to start thinking about accessing the two year funding for a nursery place as they had a new baby on the way and child C would benefit greatly from being with his peers. Mum agreed that this would probably be beneficial as he would be expected to start pre-school once he turns three in December.

Towards the end of the group we asked parents for their feedback and mum strongly agreed that the group had given her the confidence to introduce new activities and that she had learnt new sensory activities to do with her child. She felt more confidence about attending other groups and in her own ability to interact with her child. She said as a result of attending the group her child was more willing to try new things and he was showing an awareness of his senses and his taste was developing.

## **2. Bump-Start Case Study: engaging parents in the antenatal period**

### **Background**

We received a referral from the Breastfeeding Peer Support team. Mum is pregnant with her third child and living in the Birkenhead area. Her first two children were removed several years previous and are now living with their maternal grandmother. The relationship between maternal grandmother and mum has broken down and this has had an impact on how much contact mum has with her children. Mum is a single parent and the father of the third child will not be involved. Mum has a social worker and has been warned that she may have to complete a 5 day assessment whilst on the maternity unit.

### **Input**

Initially the family engaged poorly with Home-Start and contact was sporadic during the pregnancy. Mum was in very regular contact with the co-ordinator whilst she was in hospital. It was decided by Children's Services that when mum came out of hospital she would go to a mother and baby unit in Sheffield, therefore our support was postponed. However upon mum's arrival back home she rang and asked for support to resume. Home-Start provided the family with baby clothes as well as applying for a grant for the home to be carpeted. The volunteer is worked hard to build up a trusting relationship with the family.

### **Outcome**

- Mum breastfed the baby until 6 weeks old, supporting increased bonding between mum and baby
- Maximising income calculation was undertaken with mum to ensure that the family were in receipt of all the benefits they were entitled too
- Baby clothes were provided and this had removed some stress from mum
- Mum feels less isolated and has improved emotional well being
- She and baby are attending the local Children's Centre with her volunteer
- She is attending baby massage sessions with her volunteer
- A trusting relationship has developed between mum and the volunteer. The mum is now allowing the volunteer to hold and feed the baby which is a massive achievement as previously mum would not allow anyone to hold or feed her baby.

### **3. Home Play Case Study:** challenges to engaging parents with support to make an impact on the home learning environment

#### **Background**

Mum is a teenager with a one year old child. She lives on her own in privately rented housing in Birkenhead and has some support from her mother who lives nearby. She was referred to the Birkenhead Project by her mother, who knew about the Home Play service through her work.

We were told that mum found social interaction difficult. She did not like to be in a group of more than two or three people as she found it very confusing and had difficulty in communicating if she felt there were too many people around her. Her own mum suggested that her daughter's partner, although not living with her, had a tendency to attempt to control the young woman's activities. Mum is also receiving support from a Family Nurse Partnership (FNP) nurse, a service which provides visits every 1-2 weeks, to her home.

#### **Input**

The initial visit took place a week after Jenny was referred. At this first contact the Birkenhead Project's Family and Volunteer Co-ordinator and the sessional Play Worker went to her home, where mother/referrer was waiting with her daughter and grandchild. This first meeting went well and mum seemed keen to take up the offer of visits by the Play Worker. Our Play Worker is in her early 20s and was herself a teenage mother.

The first session took place the following week and seemed to go well. The toddler enjoyed reading and got involved in all the play activities. Mum did not join in the play, but sat back and watched. There were a number of interruptions from her partner '*making his presence well known*'. He was very noisy and caused disruption making a big play of looking for his phone. The play worker suggested that they could make a visit to the local library when she came the next week. The library is very near mum's home and she agreed to this suggestion.

#### **Outcome**

Since that first visit there has been no face-to-face contact with the family. The second session was cancelled by mum as her brother was having a baby and she had forgotten about the Home Play visit. At the third session the play worker arrived on time after texting two hours earlier to remind mum that she was coming. The door was not answered - blinds, windows, curtains were all shut and there was a broken pane of glass in the front door. The worker left, sending mum a text to say she had knocked and that we would be in touch about the next session.

The Family and Volunteer Co-ordinator contacted the FNP nurse to share our concerns about mum but they were aware of the issues relating to the broken window, would be working on those with mum and intended to visit themselves the following week. A fourth visit was confirmed by text for the following week but as no response was received a decision was made to visit only if an acknowledgement was received. Mum responded to a subsequent text from the Family and Volunteer Coordinator to say she was still keen to have support - a good friend's baby had died suddenly and that was why she hadn't been available. She appeared very keen for the next session to take place. In the event she cancelled at the last minute, by text, saying she wasn't well. The subsequent visit was unsuccessful and after contacting the FNP nurse to keep them in the picture it was agreed that the Family and Volunteer Co-ordinator would maintain contact weekly by text for a month and visit if invited. Our underlying supposition is that mum may be in a relationship which is limiting her ability to maintain relationships and that we will keep the door open to working with her in the future.