

Learning Partnership West Youth Links Case Studies – Lot 1

Data Set 9 - Case Study 1

Referral date:	Referred 14/04/14
Start date (of intervention):	15/05/2014
End date:	07/07/2014
Reason for Referral:	<p>YP had not accessed main stream school for over a year and was becoming isolated as he refused to leave the house due to a chronic medical condition.</p> <p>The referral stated that he would only be interested in swimming and requested LPW provide staff to help him adjust to the idea of engaging with the outside world again as he 'felt socially isolated'.</p> <p>It was agreed that we would make contact with him to at least assess his situation for ourselves as no other services would engage.</p>
Description of activity (planned and/or executed) and goals identified:	<p>Engagement with YP started gently with the first home visit based solely on giving YP and mum a chance to talk about all the issues they currently viewed as the most important. I aimed to be encouraging and supportive, allowing both to voice their opinions on what they believed had failed in the past in order to build trust and also a picture of what kind of approaches had been attempted previously.</p> <p>Regular visits followed, during work hours and evenings, where we developed a relationship of honesty and reliability. I was then able to conduct more in depth conversations with him around his feelings about his condition.</p> <p>He became more honest as our relationship grew and seemed to move with more ease. I invited the YP to a local youth centre outside of session to see the facilities. This stemmed from YP mentioning that, due to his recent inactivity, he would like to build up strength. I reassured him that there would not be any other young people around – he was concerned about how he would look to others – and YP accepted.</p> <p>The environment at the youth centre was designed to be relaxed and inviting, providing an easy first day. YP attended with mother and both were anxious at the start, but over a number of attendances in similarly constructed circumstances, the sessions were able to progress to 1:1 with just me and him present.</p> <p>He was able to begin to address concerns around his condition and also explore a number of activities he enjoyed. The issues around mobility became less important as the exercises around self-confidence became more effective.</p>

	<p>YP began to arrive at sessions with his crutches only, issuing challenges to himself such as walking the length of the sports hall unaided and completing a game of pool using only the table for support.</p> <p>Regular sessions and support led to YP being more comfortable in social situations outside of the sessions and he began to request more activities that were focussed outside the house.</p> <p>I also encouraged him to engage with the Hospital Education Service as he had almost entirely disengaged with education as he felt his pain levels were too high. I accompanied him on the first visit and slowly built up from an hour a week to much more regular attendance.</p>
Outcomes:	<p>In order to empower him, we designed an action plan that was entirely on his terms. He suggested how long he felt he would need 1:1 support and the timescales for integrating with other young people. With gentle challenge he agreed to some activities that were outside of his comfort zone.</p> <p>Eventually our contact became less as he was not calling me as regularly as he had been. I carried out a home visit to see how he was doing and mother stated that contact was dropping because he was doing more activities of his own. This was confirmed by the family's doctor, who said that there had been a significant improvement in YP's attitude and state of mind around his pain and that LPW involvement had been most effective.</p> <p>Recommendation was to let the family continue supporting each other and to keep communication open should LPW involvement be required at a later date.</p> <p>I called again to check status around 6 weeks later. Mother said that he was still doing very well, no longer uses his crutches and his chair almost not at all. Confidence was high for the future and, although there were still some difficult days, they were featuring much less.</p> <p>Mother thanked LPW and said that she will keep us informed as and when needed.</p> <p>I received really positive feedback from Early Help around this engagement and it has been very rewarding to see his confidence and self-esteem increase so dramatically. He has now developed positive social relationships and his health and mental wellbeing have also improved beyond initial expectations. He is also working towards achieving qualifications through the hospital education service.</p>

Data Set 9 - Case Study 2

Referral date:	01/05/2014
Start date (of intervention):	15/5/2014
End date:	Ongoing
Reason for Referral:	<p>K was struggling with her behaviour in school, and was going through a negotiated transfer to try to avoid a permanent exclusion.</p> <p>She presented as aggressive and prone to violent outbursts and risky behaviour. K has a history of refusing to engage with services.</p>
Description of activity (planned and/or executed) and goals identified:	
<p>YP is a 13 year old, white British female. Comes from a large family and it was clear from our first meeting that she felt in competition with other siblings for attention from her mum and step dad. Three of her older sisters have also gone through the negotiated transfer process which failed leading to permanent exclusions. She presented as an extrovert in our first few meetings, she would be very loud and seem to put on a bit of a show.</p> <p>Her behaviour in school consisted of daily classroom disruption, walking out of class, pushing a teacher, being extremely verbally abusive and aggressive to staff and students and bullying other students.</p> <p>She developed a good professional relationship where she felt able to confide in me and talk about her problems. She was prone to violent outbursts and the police have been called to the home several times. She was at risk of being taken into temporary foster care but was taken to her older sisters instead.</p> <p>During our time working together she ran away from home twice. She ran away with a friend and was brought back by police after contacting me. I continued to make contact with her and made it clear I was still there to support her. She has now turned a corner and resumed engagement. We reassessed our work together and discussed what has been working and what hasn't. She wants to continue to work with me and make positive steps forward in her education.</p> <p>She very much wants to attend Kidsco. During our 1 to 1 sessions I made her aware of rights and choices and the importance of education and how it can affect her life positively in the future.</p> <p>She is now engaging in home tutoring as a first step. This is a really positive</p>	

move forward for her. Through my liaison with social care, she is also starting with a respite foster carer once a fortnight from this month. She wants this support as she is unhappy at home and would like a break from the family environment. It seems as if the knowledge of this upcoming support has already taken a weight off her shoulders as she is presenting as much more calm and upbeat. She is also able to look to the future and we are going to continue to work together on the next phase of her action plan which includes attendance at the Girls group.

Outcomes:	
<p>Continue to not engage in risky or antisocial behaviour.</p> <p>Continue to engage in home tutoring with the aim of returning to full time education.</p> <p>Continuing to meet with me and receive 1 to1 support</p> <p>Continue to open up about family issues and develop communication skills.</p>	

Data Set 9 - Case Study 3

Referral date:	31 st March 2014
Start date (of intervention):	4 th April 2014
End date:	Ongoing through attendance at closed group
Reason for Referral:	<p>YP is a 14 year old young white female. She lives with her parents and four younger siblings. B's Mum has serious concerns over her behaviour which is becoming increasingly challenging due to being bullied at school for the past 3 years. She often punches and kicks walls and is covered in bruises and scars which her mum says is a direct result of the frustration of being bullied. B is reluctant to report incidents of bullying which are a daily occurrence and her mum feels they have had very little support from the school who are too quick to criticise her behaviour.</p> <p>B is often aggressive towards her parents and siblings which is making life at home very difficult. B's relationship with her father has completely broken down and they are often</p>

arguing.

Description of activity (planned and/or executed) and goals identified:

At school she was very rarely in lessons and at home she was constantly arguing with family members or spending long periods of time alone in her room. She began self-harming and explained to me that it was because she hates herself and that this is how the bullies have made her feel. She was reluctant to believe that anyone could help her as she feels that everyone thinks that she is to blame and nobody had helped to improve her situation thus far.

I ensured that we met on a regular basis away from school or the home in order to build a good relationship with her...

I met her the following week and she told me that she had not punched any walls since I spoke to her that lunch time. I again emphasised the importance of her taking care of herself and that this was a very positive step. We discussed how we could introduce some positive activities in to her life and she said she would like to join a girls football team. I contacted one which she started attending immediately and has continued to do so regularly. She told me that she is really enjoying it and has made some new friends. I have had great feedback from the coach who says that she is engaging extremely well with the other girls and is very keen to learn.

She has said to me that she would like to become a vet and we have also discussed her doing some volunteering on a Saturday with animals which we are going to look into.

She has also started attending the Girls group where I can carry out further support in a group setting on issues such as self-esteem, healthy relationship and positive engagement. She receives regular 1:1's and has started building up a record of achievement folder.

Outcomes:

There is a long way to go with B but during the short space of time I have worked with her I have seen some significant improvements.

B is much more confident around me and is positive and cheerful. She has informed me that she has not self-harmed for a while now and knows that if she does she can talk to me and we can access the appropriate support for her. B is attending the girl's football sessions on a regular basis.

I will continue to meet with B on a one to one basis as this is very valuable time for her to talk about any issues she has and for us to continue to explore ways in which she can develop.

I will also continue to contact the school and liaise with her head of house as there is a lot of work that needs to be addressed within that setting and I am in regular contact with her mum to keep her updated on any progress we have made.