

## **Pen Picture –The Thomas Family**

*Family circumstances* – Mum, Dad and 4 young boys (ages 9, 4, 2 and 12 weeks) moved into the Mayhill Flying Start area from Port Talbot. Family were allocated to a Flying Start Health Visitor and older children attend the local school, 2 year old attends the Flying Start Childcare.

*Referral into Parenting* – It was identified by the Flying Start Health Visitor that the Parents were experiencing issues around parenting, especially with the behaviour of the 9 year old and there was also cause for concern around home conditions. When the Flying Start Health Visitor discussed a parenting referral, the parents at first declined as they had already received parenting support in their previous address and not had a good relationship with the professionals delivering the support. The Health Visitor continued to sell the parenting team service and the family agreed to meet with a parenting and dad's worker to find out more about the service and break down the barriers that the parents perceived to have, prior to them committing to a referral. A joint visit was arranged between the Health Visitor and a parenting worker and dad's worker where the two members of the team informed the parents about the support parenting could offer. The parents saw this as positive and that the team is committed to helping parents who require some additional support, whilst recognising the stresses and challenges that parents face on a daily basis. The parents agreed to the referral and the Health Visitor submitted this. Because of the urgent nature of the referral, to prevent a social services referral and family breakdown it was agreed with the approval of line managers, that the referral would take priority and be allocated immediately. This was important and a key aspect as the putting the referral on the waiting list would have been detrimental to the family's challenges and also the family had taken time to agree to the referral, it could be argued that they could have changed their mind to support if it had been put on the waiting list. This illustrated good practice and collaborative working by the Health Visitor and the parenting team in identifying and being proactive in supporting families in need.

Support to the family commenced in the form of weekly home visits by the same parenting and dad's worker who undertook the initial visit, to maintain consistency. Once the family were engaged, the both parents decided that they wanted to attend the groups that the team had to offer. Dad attended a dad's parenting group and a group called superdads which encourages dads to positively interact with their children in afterschool activities. Mum began to attend the parenting group of mums in the family centre, facilitated by the parenting team. Within a couple of weeks from the referral date, both parents were committed to being at home for weekly sessions and also attending the relevant groups.

Some issues that have been addressed during the weekly sessions at the home, for example boundaries, house rules, parenting styles, parentline plus tools, toilet training, praise and positive encouragement, importance of keeping the children busy and stimulated – organising activities, play, time-out and other issues as they have arisen. These topics have been delivered and

discussed whilst using the method involving motivational interviewing and dialogue. These issues have also been complimented by sessions in the parenting and dad's group; the groups act as a reinforcement and repetition of what is covered in the home. Through discussions with both parents, it has become apparent that their own upbringings were problematic and they received extremely negative role models throughout childhood. These are issues which have been explored and addressed as it is evident that these considerably affect their ability to parent their own children, thus having to learn new skills.

As the family were being seen more often, it was identified that whilst they are engaging with services a referral to the Team Around the Family (TAF) would be advantageous in getting all the professionals involved in a meeting to see how they could best support the family. The Health Visitor referred to the TAF team and because of the nature of the issues, this referral was again seen as a priority and immediate action was taken to set up a meeting. There have been a few TAF meetings since this referral and during the previous meeting it was identified that positive changes have been made.

The family were committed to try out new things in order to make positive changes to their circumstances. The foundations of the work around parenting and home conditions were built by introducing the concept of solution focused practice which had a positive influence on the family. By focusing in a positive way, rather than just looking at the problem allowed the family to identify strengths and progress that they had already made. Following three sessions of the solution focused approach it was apparent that the method had influenced the family so much that they started to mirror the approach by adopting positive language, to one another and especially to their children. An example of a session that took place was that the parents and the 9 year old were asked to list all the good things about the 9 year old's behaviour and were asked for 20 positive changes. Following the hour long session both parents and their son exceed the expectation and were able to write 65 positive changes. This task in itself was incredible as Dad commented that a few months ago he would have struggled to think of 4 things. This was reinforced by the change in parents' language as they began to use words such as 'I am proud of him' and 'I take pride in the house.' Observations around physical contact were also observed. Where previously the 4 year old would refuse having his hair washed and cut and shied away from touch, the family were observed to 'cuddle' more and be close to each other in a far more nurturing way. It is clear to observe that both parents' have increased in confidence, this has been evidenced by changes in their appearance, smiling more, appearing more motivated and positive in their everyday lives. They have also taken pride in making their home a comfortable family environment by decorating the house, room by room keeping on top of the cleaning and buying new furniture.

This pen picture illustrates two main points. Firstly, how partnership working between the Flying Start Health Visitor, the parenting team and the TAF team has been successful. Without the rapid, intense intervention to maintain 'good

enough parenting', the family would have been subjected to a referral to Social services and at risk of family breakdown.

Secondly, the methods used were chosen carefully and based on the needs of the family. The initial visits to engage the family and build positive relationships were key to the success of future work. The sessions looking at parenting and behaviour issues were facilitated with motivational interviewing at the core. Once relationships were formed, issues were being addressed and the situation was improving it was then time to introduce the solution focused approach which has been influential in maintaining the family's progress by keeping them motivated and encouraged to progress even further. Both parents still attend groups and visits have now reduced to fortnightly sessions because of the improvements made.

This is a family, who at first were reluctant to become involved in parenting services, however during our last visit informed us how much they look forward to our home sessions because of the positive impact they have had on the family.