

HWB APPENDIX 4 (Report Ref 3.1)
Example case studies supporting Appendix 3 reporting requirements.

Mental Health Champions: Primary School Pupils' Feedback

The We Eat Elephants Programme

"Helps us a lot to be a kind to each other

Helps us to understand feelings of others and ourselves

Help us to learn new things.

Review our feelings

Actions to other people

Positive and kind to ourselves and others

Think about negative things we have done in the past and that we shouldn't do again"

HWB APPENDIX 4 (Report Ref 3.1)**Example case studies supporting Appendix 3 reporting requirements.****Youth in Mind: Buddies Case Studies****Case Study 1**

<i>Presenting Issues, Goals & Aims (building of work of Buddy/WRAP?)</i>
Youth worker one to one support for young person under CAMHS for autism assessment, anxiety and behavioural issues. Young person struggles attending school due to issues interacting with peers and triggers for autistic crisis, high anxiety around exams and change to any structure in day. Will not leave the home at all without parents. Has no peer support system or interaction outside of school setting. Isolation, low confidence and low self-esteem: <ul style="list-style-type: none">• Confidence and resilience• Lack of social interactions with peers• Anxiety• Struggles with independent travel• Barriers to independence• Behavioural issues in school• Anxiety around exams• Anxiety about attending college• Community engagement• Emotional wellbeing• College life• Interpersonal skills• Life skills
<i>Summary of Work Completed; for example, relationship-building, signposting, work with family & friends, partnership work with other professionals, engagement with MYMUP, partner agencies and CAMHS</i>
Young person struggled with anxiety and situations that have social interactions with non family members, particularly peers. Parents were concerned about his lack of a friend and independent living skills – he would not even leave the home to go to the corner shop without parents and his only socialising was film night with his Grandad. He found his autism made it challenging for him to make friends and felt most other young people don't like him and he gets things wrong when he tries to make friend. Encouraged that our one to one sessions happen in youth provisions to enable him to develop the confidence to be comfortable with the space and in later sessions to enable him to see other young people on ADS socialising with each other and view what a youth club is like and the opportunities available. He began to open up really well – shared many of his interests which enabled the youth worker to sign post him to opportunities to interact with peers whilst doing something he enjoys such as he likes walking so told him about our three peaks challenge and he loves films so got him information on Shipley College's film club. He was struggling with anxiety during his exams. During one to one, discussed resilience strategies for his exams and provided extra support and encouragement via text messages – this enabled the youth worker and his parents to help him to cope with the change to

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structure at school due to the exams and minimise his anxiety of failing.

During our one to ones we discussed long term outcomes of his “dream job” to help him focus on rewards for going through something he finds challenging right now i.e school and exams. Discussed college life – how the structure is different to school and how he will find it a more positive experience than his school experience due to this. Provided IAG on colleges and supported him in making his choice of college – advised parents of his choice to ensure support in making applications.

I provided him with the opportunities to attend Buddies bike rides sessions, buddies cook and eat and buddies drop in as well as providing membership form for Inclusion youth club to ensure he has opportunities to meet peers and develop interpersonal skills.

He was very proud to attain a place at his chosen college but getting distressed and anxious about the taster day the college runs for new students in July so I arranged for me to take him on a college visit when it was quiet to enable him to get familiar with the space and view where his course lessons will run . I also arranged for him to meet some staff and introduced him to student support staff so he knows there is extra assistance if he needs it to increase his confidence about attending.

I showed him both food halls as this can be a trigger for his autism crisis, as well as ensured he knew where quiet areas around the College are. I took him to where I run the youth sessions at the College so he was aware of where there is additional support and opportunities to make friends. During the College tour I introduced him to five youth club members as we went around the College, three of whom do the same subject area as him.

With parents support we used the College visit as an opportunity to encourage him to attempt the train journey home from College independently to enable him to feel more confident about traveling to College in September and build independent living skills. I supported him getting the ticket and reading the time table and he felt brave enough to board the train alone. He achieved completing the full journey without crisis and was very proud when he got home.

He attends his taster session at college this week, will be attending three buddies activities with me over summer and we have arranged for him to come see me at Shipley College’s Fresher’s Fair where I will have a stall. He advised me he shall be joining the Shipley College youth club sessions on Wednesdays from September.

Achievements & Outcomes; what has changed, how have things improved

- Walked independently to BYC for a one to one.
- Took first independent journey on public transport.
- Learned new resilience tools to reduce anxiety during exams.
- Understand benefits of college.
- Successful application to college.
- Completed all his GCSE exams.
- Demonstrated independent living skills.
- Attained understanding of trigger points around autism.
- Attained understanding of trigger points for anxiety.
- Visited somewhere new.
- Knows of other informal learning opportunities and community activities.

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<i>Next steps</i>
<ul style="list-style-type: none">• Attending three “buddies” trips over summer to enhance confidence on public transport and allow him the opportunity to interact with peers.• Attending college in September• Attending Shipley Collage Youth group on Wednesday’s lunch times in September which will provide him with the opportunity to make new friends and socialise with peers by participating in the activities we plan and deliver.• Is joining Bradford Youth Service Shipley team on the Three Peaks Challenge next year.• Is joining D of E run by Shipley College with Bradford Youth Service support in September.

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Presenting Issues, Goals & Aims (building of work of Buddy/WRAP?)
Girl B was referred to the Buddy project whilst in her last year at school. The referral came through CAMHS after girl B was brought to hospital by her mother who was concerned that she was expressing suicidal thoughts. The referral requested a Buddy to help girl B to become less isolated, support her low moods and build up herself esteem and confidence. When we began our initial discussion it became apparent that girl B was feeling very down due to not fitting in with friendship groups, she did not stick up for herself and was a target for bullying within her peer group, she was hating her life and could not see a positive future.
Summary of Work Completed; for example, relationship-building, signposting, work with family & friends, partnership work with other professionals, engagement with MYMUP, partner agencies and CAMHS
We talked and shared ideas about how we would spend time together and what we would like to explore over the next few weeks. The first session built on positives in her life which were; a very supportive family life, a healthy relationship with her boyfriend, and highly achieving at school. The help girl B really needed and wanted was to improve confidence, become more assertive, make good decisions and choices, and to recognise and become proud of her achievements, she wanted to be able to look forward to her future. The next few weeks I worked with girl B in her own home where she felt comfortable and safe, and explored situations and scenarios around confidence, self esteem and setting targets to put situations into practice. Over the weeks girl B seemed happier, and slowly began to become more socially involved in the community. Mum began regularly reporting to me over the weeks how much she was coming out of her shell and seemed much more confident and happier in herself.
Achievements & Outcomes; what has changed, how have things improved
I began to offer the young person opportunities within her community and outside, and by the end of the 12 week she had applied and taken part in a two week NCS programme where she attended on her own and made new friends. She applied for a place at Shipley College to study health and social care and pending exams results has been accepted. She attended her prom, her leaving school event, and is regularly travelling to another city on her own to see her boyfriend, these are achievements girl B struggled with when I met her. On the last session I worked with her she showed me new clothes she had bought, a new hairstyle and had make up and said she had never felt as good about herself as she does now, and was looking forward to the summer months and a new start at College in September - meeting new people and learning new things. She felt very confident that she had achieved in her GCSEs.
Next steps
Completing the NCS programme over the summer. Starting Shipley College to study health and social care in September 2018.
Young People / Families Feedback on Experience
Mum also contacted me to say; ' <i>thank you so much for what the buddies scheme has done for my daughter.</i> '

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Case Study 3

<i>Presenting Issues, Goals & Aims (building of work of Buddy/WRAP?)</i>
I first met Boy C in February after he was referred through CAMHS for the Buddy Project, Boy C is 15 years of age, my first meeting with him involved doing an initial assessment, this involved Boy C, mum and sister, the issues discussed involved Boy C being socially isolated and not being involved in any personal and social activities away from school. Boy C and his family originate from Iraq and relocated to Syria to escape conflict in his country, Boy C moved to England in 2013 to claim refugee status, Boy C is a wheelchair user who suffers from cerebral palsy, Boy C also has post traumatic stress due to his experiences and this has impacted on his mental health, Boy C speaks fantastic English.
<i>Summary of Work Completed; for example, relationship-building, signposting, work with family & friends, partnership work with other professionals, engagement with MYMUP, partner agencies and CAMHS</i>
Boy C has many interests which include table tennis, basketball, watching films and gaming. Boy C in my experience is very easy to communicate with, he is very talkative and likes to laugh, Boy C is a well mannered, polite young person who is respectful of others.
<i>Achievements & Outcomes; what has changed, how have things improved</i>
Boy C throughout the Buddy project has participated in a variety different activities, Boy C was introduced to the Star club based at Culture Fusion, these sessions cater for young people with disabilities, this gave Boy C the opportunity to meet other young people, Boy C instantly made a good impression on his peers, Boy C socialises well with others and loves to have banter with other young people, especially when he was beating his peers at FIFA 18. Boy C has been attending the Star Club sessions on a weekly basis from which he has made new friends, Boy C has also been supporting in being signposted for additional Maths sessions which were run on a Saturday morning at the local community centre.
<i>Next steps</i>
The buddy project has worked really well for Boy C in regards to meeting other young people, Boy C will continue enjoying and attending the Thursday night youth club sessions at Star club due to his older brother being a driver, Boy C has been a pleasure to work with and has always taken on new challenges with a smile on his face. Boy C was referred to the Bradford South WRAP group.

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Presenting Issues, Goals & Aims (building of work of Buddy/WRAP?)
D was diagnosed with autism while at primary school. He started to develop a tremor in his left hand in 2013. This tremor has been persistent and now affects all the left side of his body. It has not organic cause and he now has a marked deterioration affecting his speech and mobility. It appears that D is experiencing Catatonia, a neurological complication that can occur in autistic spectrum disorder. Stress and anxiety are the main causes.
On the first visit, the buddy met with mum and D and talked about how best he could be supported. Mum had heard about the buddy programme from another mother and had heard lots of good things. An action plan was devised that looked at getting D to attend youth provision. He is very isolated and mum is very concerned that he is not interacting with others. D was also keen on making new friends and going to new youth centres.
Summary of Work Completed; for example, relationship-building, signposting, work with family & friends, partnership work with other professionals, engagement with MYMUP, partner agencies and CAMHS
Due to D's mobility issues, one to ones were done at home. The worker built up a relationship with D by finding out his interest and talking to him about school and other things that were concerning him. Mum was also very concerned about her son attending sessions and the buddy also had to build a trusting relationship with mum. The buddy arranged for transport to and from provision and supported him to attend the sessions. The buddy had also worked with other buddies that were friends of D so they also arranged for the friends to come along to the sessions with D. D attended the R space Youth projects but after speaking to his buddy he felt that this was not the place for him, as he had a cousin that attended. The buddy discussed this with mum and looked at supporting him into the Inclusion group that runs from Culture Fusion. The buddy supported him to attend and engaged him in activities. He really enjoyed the sessions and was able to meet new friends.
Achievements & Outcomes; what has changed, how have things improved
D is now a regular member at the Inclusion group and took part in a cycling project with the group. His mum attended the session also and he had lots of fun riding the adapted bikes, something he hasn't done due to his condition. He will continue to attend and continue to meet with his friends at the group.
Young People / Families Feedback on Experience
Mum was really pleased that D had found a place he could regularly attend. Mum was introduced to staff and arrangement where agreed for his future involvement without support from the buddy. Mum was upset that the buddying was due to end and had wished for it to continue. Mum was very positive about the experience and asked if the buddy would like to continue doing paid one to one work with the young person, the worker kindly declined but signposted to Bradnet to help provide more support for D.

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Case Study 5

<i>Presenting Issues, Goals & Aims (building of work of Buddy/WRAP?)</i>
YP was referred through the Bradford Royal Infirmary route following various attempts on taking own life following family bereavement and trauma. YP is not currently in education and is waiting for home schooling due to mental health. Family didn't feel that YP was ready to attend groups due to unstable mental health. YP takes medication to manage panic attacks and low mood. Parent's felt that we need to take it slow with YP. One parent is suffering emotionally from the family bereavement and is also managing profound mental health problems. The other parent is caring for both. YP has some friends and sometimes socialises with them locally but is lonely and feels conscious about weight management. YP did not want to attend any groups but was happy to work with me, the buddy on a one to one basis.
<i>Summary of Work Completed; for example, relationship-building, signposting, work with family & friends, partnership work with other professionals, engagement with MYMUP, partner agencies and CAMHS</i>
In the first stages I met with the parent to discuss the issues and then with the YP. We had various one to one sessions over a few weeks. In the meantime I had heard from the CAMHS worker who also mentioned YPs self-confidence linking to weight management. YP opened up well to me and seemed very comfortable to talk about relationships and the history of the family trauma how this led to it impacting on their mental health. I took YP to my office to look online at IAG around nutrition and health. We did some work around calories and the YP identified some areas where she can make improvements from now on in her diet such as swapping pop for water and eating more proteins and vegetables. We also found information on how the right foods can make a difference to the mood of a person and how this can affect mental health. We also looked at some gyms that would meet the needs of the YP and then we visited one that is affordable and is near enough for parent to take them regularly. Parent was very pleased that YP has made this kind of progress and has paid for the membership and committed to taking the YP as and when. I did offer to attend alongside however YP has gone ahead without me. YP feels happy and confidence is growing. CAMHS worker seems pleased about the progress. I have contacted the education team for updates about progress with home schooling and am waiting for a response. YP has been introduced to MYMUP and seems interested in the interventions. Doesn't have much accessibility at home so doesn't often use it. Advised parent to get advice from Citizens Advice Bureau or the Benefits Service regarding benefits for caring for the YP as one parent can't work due to looking after other parent and young person.
<i>Achievements & Outcomes; what has changed, how have things improved</i>
YP is attending a gym with parental support on a regular basis several times per week. YP is starting to feel confident showing an interest in nutrition and health. YP has started to express an interest in the possibility of attending a small group setting to help build self-confidence and has agreed to visit a provision next week. Parent's confidence in YPs mental health has also grown.

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Next steps
✓ Bus training for the gym sessions, working with parents to allow this to happen. ✓ Build a girl ✓ WRAP
Young People / Families Feedback on Experience
Dad expressed to me that he is very pleased that the YP has got a buddy and her progress has improved since the intervention started. They like having me around, the YP is happier at home and starting to show interest in life outside of the house. YP's parents say that they trust me and are grateful for the service.

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Youth in Mind: Yorkshire Mentoring Case Studies

Case Study 6

An only child with supportive parents Amanda has just turned 16 and completed her GCSEs at a reputable girls' school. Amanda has suffered from anxiety and a lack of confidence for some time, the pressure of teenage friendships and exams making it more difficult for her to cope. It seemed school life was a big driver in her unhappiness.

Amanda was allocated to Mentor, Lisa; they took the relationship slowly, meeting weekly to fortnightly in a local coffee shop and starting with some icebreaker activities like "what's your favourite...." These activities were mutual, which allowed Amanda to feel more comfortable getting to know Lisa. Lisa and Amanda identified two key areas to work on together:

1. Coping with anxiety
2. Researching colleges and other post-GCSE options

The mentoring sessions contained a lot of relationship-building and relationship-based activities; this helped to build Amanda's confidence around making conversation and opening up – something she'd mentioned her friends were good at and that she wished she could be good at too.

With the college-related goal, they did some practical research together; looking online at course options, journey times to colleges etc. and calling colleges to get answers to some of Amanda's questions.

For the anxiety goal Lisa encouraged Amanda to write down some more "SMART" goals that may help her to achieve the overarching goal, for example, to practice mindfulness, write down feelings, and to have some fun and activity in their sessions. Amanda and Lisa did a range of activities, such as taking walks in the sun, going bowling and getting their nails done.

The sessions have been really effective for Amanda, who has gained confidence. Amanda and Lisa still have 3 sessions left, the focus of which is to plan to keep busy and positive over the holidays and to review the goals and get feedback.

Case Study 7

Ben, a young boy, aged 13, was referred to Yorkshire Mentoring Service shortly following his exclusion from school, he was allocated to Mentor, Dave. Ben's relationship with his mother had collapsed and he had hit out at her physically. Consequently, he had moved in with his Gran and her husband. Ben's father has a separate family and lives over 100 miles away.

Ben's family struggled to cope with his ADHD, Tourette's and Conduct Disorder; the main strategies for dealing with his behaviour were denial and punishment.

Ben had already completed a range of interventions, including a Buddy and a WRAP but required ongoing support to address ongoing issues with behaviour and bullying.

Ben had developed a computer-based game, which he discussed with Dave; they discussed how he could develop these skills and Dave arranged a meeting with the Managing Director of a well-known local games company. The meeting was a thoroughly life-affirming moment for Ben; he had the opportunity to showcase his skills and receive some high-praise and constructive feedback regarding next steps.

Over time while working with Ben, Dave noticed that Ben's Tourette's-related ticks and noises began to reduce. While Ben was quite "cheeky", he allowed himself to analyse his behaviour and accept differing views; he got to a point where he was able to explore what terms he could accept in a future meeting with his mother.

In December 2017 Dave and Ben attended an evening at the Youth in Mind Christmas Party; a number of young people were waiting downstairs and then walked together up 4 flights of stairs to the party. Ben was walking alongside a girl and they seemed to really hit it off; by the time they reached the top floor, they were finishing each other's sentences. They had a wonderful time talking to each other all evening; sparked a real friendship.

Ben and Dave often met in a local café for their sessions, they also made several trips, such as doing photography in the park, going on walks together, going to see a professional football match and attending a session provided by an expert in mindfulness.

Ben and Dave evolved their own methodologies; for example, "MTA" (Mother, Triggers, Anger), an acronym they came up with together to help Ben understand his anger. Ben and Dave ascribed a scale from 1 to 5 to help Ben articulate how he felt about his mother, and to help Dave highlight when there were small shifts up and down the scale and open discussions around why the rating had moved up or down and helping Ben to understand the situation and his reactions better. Ben attributed language and labels to the scale that he could relate to which helped him to articulate his feelings.

Dave spent the first 3 months of support building a trusting working relationship with Ben, and helping him to develop self awareness and skills around emotional literacy. Following this, they spent the latter 3 months of the mentor-mentee relationship identifying and working towards three goals that Ben wanted to achieve by the time he turned 18 years old:

1. Have enough money and training to be an IT teacher
2. Have a girlfriend.
3. Live independently, away from his guardians

Identifying these goals was itself an achievement. Following the setting of these goals Dave and Ben began taking small, manageable steps towards achieving them, for example, going

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to a careers night at a local college. Ben recognised that an education is essential to giving him opportunities in life and helping him to achieve his goals; a lot of work was done around helping Ben to get back to school, and by the end of the Mentoring relationship he was back at school full time.

Ben gave the following feedback regarding his experience with Yorkshire Mentoring:

1. Was mentoring what you expected?

No, thought we'd be sat in the living room talking, not going to an RSPB sanctuary, seeing a games company, doing photography and having cakes in a café.

2. Would you recommend it?

Yes. We shook hands at the last meeting, rare for us. We'd laugh a lot. I got back to school full time & have a clearer idea of what I want

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BACKGROUND
<p>Nazia (name changed to protect identity) is a 15yr old female of Pakistani and White British dual heritage.</p> <p>Nazia is diagnosed with Autism, has a history of deliberate self-harm and overdose and has experienced ongoing bullying in school which resulted in low mood and low self-esteem and suicidal ideation. Nazia has very poor sleep both in terms of sleep initiation and maintenance.</p> <p>Nazia lives with her father and twin brother; they are being offered family therapy as to address a difficult family relationship, including some aggression from brother towards dad.</p> <p>Having attended an urgent mental health assessment following a trigger at school related to historic sexual abuse, Nazia was referred by CAMHS to the Safer Space. Nazia had informed the CAMHS worker that she did not want to return home that evening as she was unable to cope with her stress alone or with help from her father. CAMHS contacted the Safer Space manager during the afternoon and a planned admission for 22:00 that night was arranged.</p>
SAFER SPACE STAY
<p>Nazia arrived at the Safer Space just after 22:00 with her father. After her father left Nazia sat with staff at the kitchen table and had a cold drink; she was very quiet and gave little eye contact, retiring to her bedroom shortly after. At midnight Nazia came down stairs to join staff in the kitchen, on entering the kitchen she walked over to the fridge where she helped herself to some yogurt, and she then sat and had a chat with staff. Nazia spoke about her favourite subjects at school, issues around food and dieting and her mental health, she also spoke about her Autism diagnosis, explaining why she gives little eye contact and informing staff that she was not being rude nor was it done intentionally. As the evening went on Nazia became more relaxed and she stated that she would like to use the service again in the future. She informed staff that she is addicted to her studies and would be doing some work for her mock exams before going to bed. Nazia retired to her bedroom at 02:00, she was checked on in the night and found to be asleep and settled under the duvet.</p> <p>Nazia was awake and dressed at 08.30 lying on the bed, she completed a feedback form and waited for the Wellbeing Manager from her school to pick her up at 09:50am.</p>
OUTCOMES
<p>Nazia benefited from her overnight stay at the Safer Space; once settled and relaxed she was able to approach staff and talk comfortably about issues. Nazia was also able to focus on her studying in the bedroom away from the issues she is currently experiencing in her home environment. The Safer Space provided Nazia with a safe calm environment.</p> <p>In her feedback form Nazia stated that she really liked feeling independent and having her own space, and informed staff that she was eternally grateful when she left.</p>

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Refugee and Asylum Seeking Children: Bevan Healthcare

Case Study 9

Child A

- Female, 15 years, Syrian
- Referred to children's counsellor with PTSD with somatization post verbal harassment and historical sexual advances documented in pre-departure report
- Referred for psychiatric evaluation in 2016 in Syria
- Particularly struggling with OCD-type behaviours, stress and stomach ache, school reported difficulties managing her
- Techniques engaged by counsellor included keeping a diary and structuring her time, empowering herself to be in control of things she felt were controlling her
- Highly successful intervention, discharged when mutually agreed between counsellor and child

Case Study 10

Child B

- Male, 16 years, Vietnamese
- Resident at Palm Cove Society and then placed in Foster Care, victim of human trafficking along with his mother and referred by Modern Slavery Police Team
- Poor physical health, cigarette burns noted by GP
- Referred to counsellor for depression, anxiety, and nightmares due to torture in Vietnam and in UK
- Agencies attempting to reunite child with mother who remains missing
- Nervous around people, using techniques to build trust with people
- Talking therapy techniques engaged
- Continues to see counsellor weekly

Case Study 11

Child C

- Male, 3 years, Pakistani
- Mother fled domestic violence, father also violently abusive to child
- Referred to counselling by GP with behaviour problems and poor appetite
- Child had shown violent behaviours to mother
- Counsellor engaged both mother and child in a family therapy approach, helping mother to relax and be calm to child
- Successfully discharged

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Compass Buzz

Case Study 12

A Teaching Assistant (TA) submitted a Request for Support to Compass BUZZ on 8th May 2018. The duty Wellbeing Worker contacted them and discussed the Request for Support in more detail, as a result of this case discussion it was agreed that Compass BUZZ would provide some support.

Background

*Laura is an 11 year old pupil. The TA reported that she was finding it hard to control her emotions on a day-to-day basis and said that she became easily upset or angry, which in turn caused her distress. This worsened when friends tried to help as she did not want them to ask her about it.

Support Delivered

The TA who works closely with Laura on a daily basis was identified as the most appropriate member of staff to co-deliver the session. The Wellbeing Worker explored if the TA felt confident enough to deliver the first session with her support or whether she wanted the Wellbeing Worker to lead the whole session; following discussion it was agreed it would be beneficial for the Wellbeing Worker to lead the first session and the TA to observe.

The Wellbeing Worker explained that they would complete the 'Three houses' worksheet as a means of identifying what Laura was worried about; what she felt was going well and what she thought needed to change. Laura thought she got angry a lot and was unable to find any ways of keeping calm.

Several things were identified that might help; it was agreed that a 'distraction box' would be created for Laura, techniques and strategies were discussed with the TA that might help Laura to calm down – these mainly revolved around ensuring that there was an open communication channel between Laura and her TA in order to build up trust so that Laura would feel comfortable talking to the TA about her worries. The Wellbeing Worker showed Laura the 'high-five breathing technique' and suggested she practice this before getting to the point of feeling 'angry'.

At the start of the second session the TA said how proud she was that Laura was trying so hard to make some positive changes - Laura agreed that she was feeling a lot happier. We completed the 'my self-esteem turtle' exercise and discussed using a scaling technique; one being calm and five being angry so that both Laura and the TA could recognise when her emotions were building.

Outcome

The Wellbeing Worker met Laura and the TA for a third and final session. Laura stated she was happy because "*I am more confident to go up to the teacher and tell them my feelings*". The TA mentioned that only once within the previous week had Laura reached 'five' (angry) on the five point scale and Laura had gone out into the playground and thrown her ball against the wall as an outlet. Laura said that "*now I have my five point scale I know what to do and how to act*".

*Name changed to ensure anonymity of the child.