

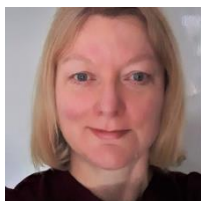


# Home-Start Bristol prep course volunteer pack

## Contents

<b>Who's Who at Home-Start Bristol?</b> .....	2
Prep course outline .....	4
Week 1 Role of the Volunteer.....	5
Week 2 Building relationships – values, communication .....	8
Week 3 Supporting families .....	14
Week 4 Safeguarding & confidentiality .....	17
Week 5 Children & play .....	27
Speech & Language .....	32
Ages and Stages .....	33
Sleep – needs & tips.....	36
End of prep Quiz – test yourself! .....	39

## Who's Who at Home-Start Bristol?

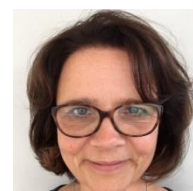


### **Terri Fletcher, Manager**

I joined Home-Start Bristol in 2021 and have been working for charities supporting families and children for over 25 years. I qualified as a social worker back in 1995, but my career has been focussed on preventative services because I believe that can make the biggest difference to families.

### **Katherine Stephens, Administrator**

I am the person you are likely to speak to if you phone into the office. My job is to support the team to support families so I am involved in everything from marketing to recruiting volunteers.



### **Becky Lockyer, Administrator**

I joined the team in 2021 and am often the first point of contact for families and referrers when they call or email the office. My main responsibilities are data analysis, financial processing, and reporting; collating the statistical information required for grant applications and monitoring.

### **Alex Wyatt, Senior Family Support Coordinator**

I joined Home-Start Bristol as a volunteer and have since worked as an administrator, coordinator and now senior coordinator for the team. I am passionate about supporting volunteers who are the lifeblood of Home-Start.

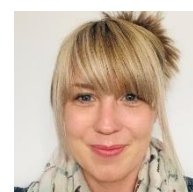


### **Ina Hume, Family Support Coordinator**

I have been with Home-Start Bristol since 2015. I have a particular interest in domestic abuse and also outdoor projects and am the lead coordinator for our volunteer training course.

### **Marie Wathen, Family Support Coordinator**

I began volunteering for Home Start Bristol before joining the staff team as a Family Support Worker. I am able to work with the whole family and work alongside the volunteer where needed. I am a trained Sleep Practitioner and have the knowledge to assist with toilet training.



### **Beth Wills, Family Support Coordinator and Group Worker**

My background is in early years. I have a strong interest in perinatal mental health and all things early years' related including breastfeeding, sleep training and school readiness. I run groups in Bristol.

### **Anna Pope, Group Worker**

I have recently joined Home-Start Bristol as a group worker to help set up and run groups in South Gloucestershire. I have been working with children and families for many years in various different roles and I'm really excited to be part of expanding on the great work Home-Start do.



### **Judith Case, Family Support Coordinator**

I have recently joined the team at Home Start Bristol as a Family Support Coordinator. My background is in teaching and I love working with children of all ages and their families. I have four children and three young grandchildren and feel passionately that a happy family is always a work in progress and an achievable goal when parents are well supported.

### **Sarah West, Family Support Coordinator**

I joined Home-Start in 2023 as a Family Support Coordinator. My background is in education, specialising in Early Years as well as SEND with a particular focus on Autism. I have been working with families and children in various capacities for many years, mainly focusing on child development, early education and supporting those with additional needs. I am passionate about working with young children and their families as well as alongside our amazing volunteers.



### **Helen Greer, Senior Coordinator (Business Development)**

I joined Home-Start as a Trustee at the end of 2020 having had the opportunity to meet lots of schemes from across the country through my job. After two years on the Board I joined the staff team in April 2023 as a Senior Coordinator for Business Development. I have a varied role encompassing supporting the Board, marketing and communications and some admin but a large part of my role is fundraising.

### **Tania Chiddy, Group Worker**

I was a Homestart Bristol volunteer for seven years, before joining the staff team as a Group Workers in South Bristol. I am interested in supporting young mums, mental health and improving children's life chances.



### **Maroussia, Janet & Celia are your volunteer reps!**



You can email or call us (though if you have safeguarding concerns go straight to your coordinator or to the office)

- Maroussia – [maroussia@homestartbristol.org.uk](mailto:maroussia@homestartbristol.org.uk)
- Janet – [Janet.hsb@hotmail.com](mailto:Janet.hsb@hotmail.com) or phone/text 07340 042736

# Prep course outline

Session	Topic	Content
Week 1	Introduction to Homestart and the Role of the Volunteer	<ul style="list-style-type: none"><li>• meet your prep group</li><li>• introduction to Home-Start Bristol</li><li>• role of a volunteer</li></ul>
Week 2	Values and Attitudes Relationship Building : Listening and Communication	<ul style="list-style-type: none"><li>• values and attitudes</li><li>• diversity</li><li>• relationship building</li><li>• communication</li></ul>
Week 3	Supporting families	<ul style="list-style-type: none"><li>• challenges of being a parent</li><li>• impact on wellbeing</li><li>• how to support families</li><li>• boundaries</li></ul>
Week 4	Safeguarding Children and Confidentiality	<ul style="list-style-type: none"><li>• safeguarding</li><li>• types of abuse</li><li>• confidentiality</li></ul>
Week 5	Meeting the Needs of Children and Play	<ul style="list-style-type: none"><li>• engaging children</li><li>• needs of children</li><li>• play</li></ul>

# Week 1 Role of the Volunteer

## Video

Introduction to Home-Start: A Journey Together (13')

<https://www.youtube.com/watch?v=p6IA-9CROoU>

## Book

Naomi Stadlen, *What Mothers Do: especially when it looks like nothing* (2005)

*Naomi Stadlen explores mothers' experiences to reveal what they – and you – are doing when it may look, to everyone else, like nothing. (thanks to Jen)*

## Radio

Changing in a Crisis, A Thorough Examination with Drs Chris and Xand: Can I change? (Episode 7, 6/12/22)

*Changing in a Crisis – a family in crisis; how can people facing significant obstacles make positive and successful changes using a strengths-based approach. Interview with a social worker and a mum. Particularly relevant from 4' 30" to 22'. (thanks to Stephanie)*

<https://www.bbc.co.uk/sounds/play/p0dl279n>

## Group Agreements



- Phones on silent
- One person talk at a time
- Join in, have a go
- Respect others opinions
- Take a break if you need it
- No such thing as a silly question
- Confidentiality



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## The Home-Start Ethos

Parenting is **challenging** for everyone, it can feel **lonely**, **worrying**, **frustrating**, **heart breaking** and **overwhelming**

We **reassure** parents that difficulties in bringing up children are **common**, and encourage **enjoyment** in family life

We encourage parents' **strengths** and **emotional well-being** for the ultimate benefit of their children

We encourage families to widen their **network** of relationships and to use the **support and services** available within the **community**

We develop a **relationship** of trust with the family, our approach is **flexible** to meet the needs of the family

We recognise that when parents **feel better supported**, they are better able to meet the needs of their children

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8



## Home-Start Volunteers are not

- Cleaners
- Babysitters
- Taxi drivers
- Personal shoppers
- Miracle workers
- A replacement for professional services



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# Week 2 Building relationships – values, communication

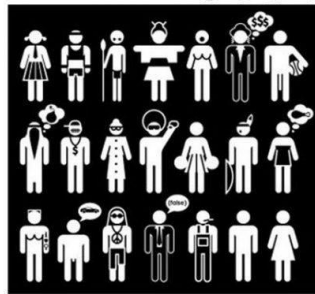
## Video

Alma's not normal, BBC comedy series 2021

*Alma spent some of her childhood in care and works as an escort, having left school without qualifications. In the 6<sup>th</sup> episode Alma receives her care records. Food for thought when filling in diary sheets...*

**Q: How would you define or explain stereotypes and prejudice?**

## Stereotypes, Prejudice and Discrimination



### Stereotype:

- Overgeneralized idea about a group of people.

### Prejudice:

- Undeserved (usually negative) attitude towards a group of people. *Ethnocentrism* is an example of a prejudice.

### Discrimination:

- An action based on a prejudice.



## Our Local Area

- **Bristol** population 472,000
- 81% White (72% White British), 19% BAME. Largest minority groups: Somali, Pakistani & Indian
- 3.6% Mixed, 5.5% Asian, 6% Black (2011 figures)
- 32% Christian, 6.7% Muslim, 5.1% no religion
- 11.9% aged 16+ identify as LGBTQ
- **South Gloucestershire** population 290,000.
- 91% White (86.5% White British) 9% BAME
- 7% LGBTQ
- 15% of population considered to have a disability
- Note: 2021 Census data, except if noted otherwise

12



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## Equality, Fairness & Diversity Policy

- Home-Start is committed to the 2010 Equality Act and the 1998 Human Rights Act
- We welcome and value difference in all aspects of our work
- We are committed to a culture that does not tolerate victimisation, discrimination, harassment or bullying and will investigate and act if such behaviour is reported

11



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## The Listening Wheel

- **Open Questions:** How? What? Where? Who? Why?
- **Summarising:** shows that you have listened and understood the person's circumstances and feelings
- **Reflecting:** Repeating back a word or phrase encourages the person to carry on and expand
- **Clarifying:** Sometimes an individual may gloss over an important point, asking for clarification can help the person feel clearer for themselves
- **Short Words of Encouragement:** The person may need help to go on with their story – use words like 'yes' or 'go on' 'say more'
- **Reacting:** We can show that we have understood the situation by reacting to it 'That sounds very difficult'



20

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## Talking with families: useful phrases

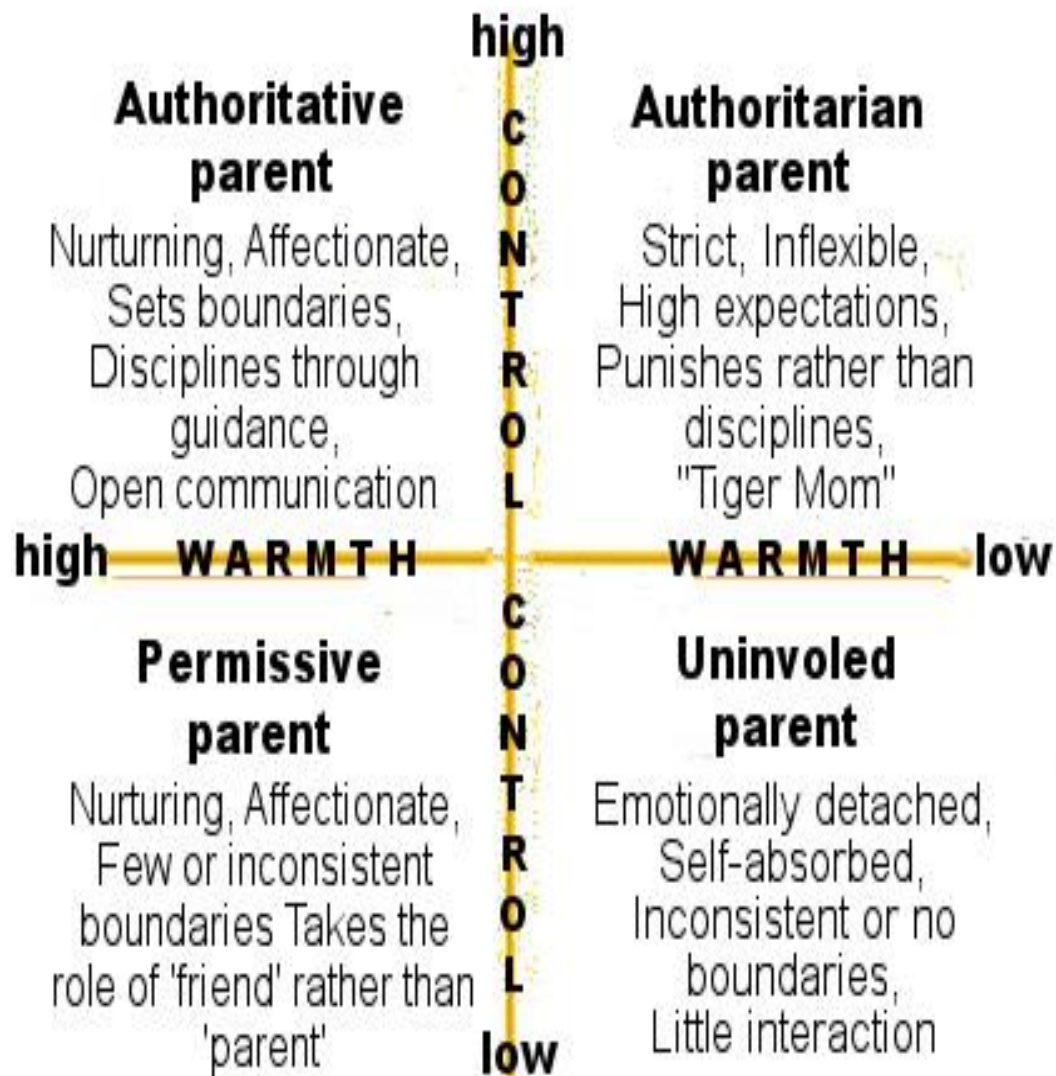
- How have things been this week?
- What would you like us to focus on today?
- What's gone well since we last talked?
- Sounds like you handled that really well, how did you feel?
- What are you worried about?
- That sounds difficult, how did you handle that?
- What else did you do?
- Other parents have found this helpful...
- What are the options?
- What needs to happen next?



23

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# PARENTING STYLES





On a humorous note, Ina's son loves this map of different child punishments across Europe (not to be taken too literally!)





...but interestingly, if you went to private school, you are **significantly** more likely to say “supper” – 7% in the general population, 18% in private schools. (Raw data; precise map)

# Week 3 Supporting families

## Video

Brain Builders: How a child's brain develops through early experiences (4')

*Video watched during the session*

<https://www.youtube.com/watch?v=hMyDFYskZSU>

Relational Frame Theory (RFT) From your ACT Auntie (7')

<https://www.youtube.com/watch?v=XvnEn1Y-gcQ>

*How past relationships and experiences can trap us in a web of negative thoughts, feelings and behaviours, and how to get past our unhelpful labels. Helpful insights into our and other people's thoughts & feelings. (Thanks to Deirdre)*

Perinatal (postnatal) mental health video: Women talking about their experience of perinatal mental illness. MIND (6')

<https://www.youtube.com/watch?v=w0aaM9XzwTA>

*Women talk about their thoughts and feelings, and how they were able to recover with support and understanding.*



## Working in partnership

### Resources

Foodbank  
Babybank  
Bristol Charities  
Lords Mayor's Vouchers

### Perinatal Mental Health Services

Bluebell  
Mothers for Mothers  
Rockabye

### Community Resources

Community groups and resources  
E.g. Southmead Trust

### Specialist Services

Next Link (DV)  
SARI (racism, inequality)  
SARSASS (Sexual assault, rape)  
Jigsaw (special needs)  
Vitamins (well-being, mental health)

### Children's Centres 1:1 and groupwork Parenting Groups

### Children's Services

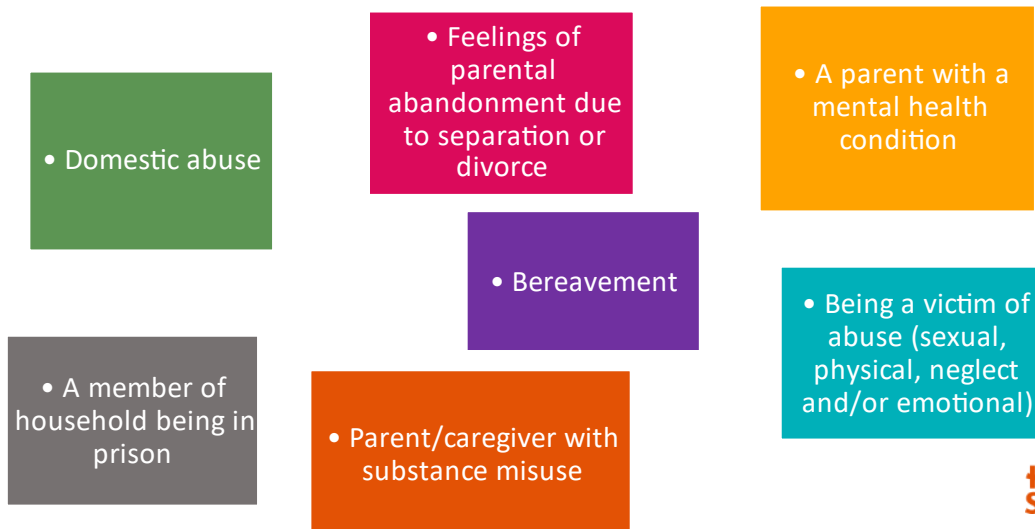
Families in Focus  
First Response  
ART (Access and Response Team)

## Common effects of trauma

- ☐ Mood changes
- ☐ Unclear sense of self
- ☐ Feeling incapable or worthless
- ☐ Feeling unsafe in the world, pervasive negative view of others
- ☐ Hypervigilance
- ☐ Lack of meaningful relationships, or trust in others
- ☐ Intrusive thoughts
- ☐ Flashbacks
- ☐ Difficulty concentrating or memory difficulties
- ☐ Self harm or substance misuse
- ☐ Sleeping difficulties
- ☐ Physical pain
- ☐ Fatigue

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## What are Adverse Childhood Experiences?



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7

## Positive Childhood Experiences (PCEs)



feeling able to talk  
to your family  
about feelings



feeling a sense of  
belonging in high  
school



feeling your family  
stood by you during  
difficult times



feeling safe and protected  
by an adult in your home



feeling supported by  
friends



enjoying participation  
in community  
traditions



have at least two  
non-parent adults  
who took genuine  
interest in you



[mezzosolutions.com](http://mezzosolutions.com)



# Week 4 Safeguarding & confidentiality

## How Confidentiality Relates to the Role of a Volunteer

- Maintaining confidentiality is essential to the role.
- Do not discuss families in ways that would identify them to others.
- Access to the information we hold is limited to those who have a genuine need to see and use it.
- Breaches of confidentiality are taken seriously
- Store any identifying information securely
- **Remember – Child Protection overrides confidentiality**
- If in doubt, talk to your coordinator



## Safeguarding and child protection

- **Safeguarding:**  
'any action we take to promote the welfare of children and protect them from harm-this is everyone's responsibility. Everyone has a role to play.'



**Child Protection:** 'a part of safeguarding and promoting welfare. This refers to activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.' (police, social services).  
Significant harm= "the ill treatment or the impairment of the health or development of the child"



## Why is Safeguarding/Child Protection Important?

- 50,010 children on child protection plans in England (30.03.21) equivalent to 1 in every 250 children
- There were 198,790 Section 47 enquiries initiated in the same year, where significant harm or a likelihood of it was suspected (Department for Education, 2021)
- 388,490 children were considered in need at 31 March 2021
- At the end of March 2022 258 children were on Child Protection plans in Bristol, 694 in care. In S. Glos 214 children on CP plans

Gov.UK + local stats



## Legislation and Guidance

- The Children Act 1989
- We all have a duty to work with local authorities to promote the welfare of children and young people (The Children Act 2004) This includes when we have child protection concerns.
- Local Safeguarding Partnerships
- UNCRC (United Nations Convention on the Rights of the Child)  
In force in the UK since 1992

[History of child protection in the UK | NSPCC Learning](#)



## What are the Four categories of abuse?

- Physical
- Sexual
- Neglect
- Emotional

In Groups take one category each.  
What signs and symptoms might you expect to see for each category of abuse?



10

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## Neglect

Neglect is a **persistent** failure to meet a child's basic physical, emotional or psychological needs, likely to result in the serious impairment of the child's health or development.

- Inadequate food, clothing or shelter
- Parents/caregivers' failure to protect child from harm/danger
- Child left with inappropriate carers
- lack of care from parent
- Parent not seeking appropriate medical attention
- Child's failure to grow/thrive
- Child is unkempt and hungry
- Child demonstrates attachment issues
- On-going health issues /frequent accidents
- Child does better out of the home environment



11

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## Emotional Abuse

Emotional abuse is the **persistent** emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Parent/caregiver telling child they are worthless, unloved or inadequate
- Child routinely ignored, made fun of or belittled.
- Age or developmentally inappropriate expectations on children.
- Domestic abuse in household
- Serious bullying
- Causing children to feel frightened or in danger
- Exploiting and corrupting children
- Behaviour problems, self harm, low selfesteem and poor peer relationships



12

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## Physical Abuse

Physical abuse is any physical harm to a child such as hitting, shaking, throwing, poisoning, burning, drowning, suffocating, induced illness. Child trafficking is also classed as physical abuse.

- Bruising or injuries, particularly in atypical areas
- Burns or scalds
- Unexplained injuries or differing stories
- Regular unexplained illnesses
- Regular trips to A & E
- Unwillingness to remove clothing, child constantly covered up



15

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## Sexual Abuse

Sexual abuse is forcing or enticing a child to take part in or witness sexual activities, whether or not the child is aware of what is happening. Child sexual exploitation (CSE) and Female Genital Mutilation (FGM) are both types of sexual abuse.

- Changes in behaviour, e.g. increased aggression, withdrawal, clinginess
- Sleep problems, regressive behaviour, e.g. bed wetting
- Fear of a particular person
- Inappropriate sexual knowledge/language/behaviour
- Physical symptoms/indicators
- Poor hygiene and social isolation
- Unexplained injuries and bruises on sexual parts of the body
- Injuries to the mouth



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14

## Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. Witnessing domestic abuse can seriously harm children and is child abuse.

Domestic abuse can happen:

- Inside and outside the home
- In person or by remote/digital means
- Both men and women can be abused or abusers
- Women are much more likely than men to be the victims of high risk or severe domestic abuse
- Risk is increased when trying to flee the relationship
- Effects can last for a long time after the relationship ends



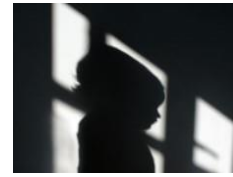
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13



## Possible Warning signs of neglect and abuse

- Changes in a child's behaviour
- Out of the ordinary responses to parents/ carers/ other adults
- Concerning behaviour by parents towards child
- Concerning/unusual things that children say or do
- Unusual or unexplained injuries
- Unexplained pain or discomfort
- Flinching or being withdrawn or unresponsive
- Self-harming or risky behaviours
- Regressive behaviours
- Significantly under or overweight



**If in doubt check it out with your coordinator**



16



## Who to report to at Home -Start Bristol

- **Contact your Home-Start Coordinator** immediately with any concerns  
Or speak to Terri Fletcher, **Safeguarding lead** for Home-Start Bristol 07864352354  
Or ring the office Tel: 0117 950 1170 (office)

If you can't get hold of anyone you can also ring and speak to the **Families in Focus** team for advice

- North: 0117 352 1499
- East / Central: 0117 357 6460
- South: 0117 903 7770

- **In an emergency Contact Social Services or the Police**

South Glos: Access and Referral Team	01454 866000 (Mon – Thurs 9.00 – 5.00/Friday 9.00 – 4.30)
Bristol: First Response	0117 903 6444
Out of hours 01454 615165	Police 999

- Make sure you've got these numbers with you during your visits.
- **Remember - It is better to err on the side of caution and get it wrong than to do nothing**



25



## Is this safe practice?

1. A parent sends a friend request to a worker on Facebook, the worker accepts the friend request.
2. A volunteer takes a photo of the children playing in the garden.
3. A child has not been collected from a relative's house in time for the visit. The parent phones the volunteer, who picks the child up and drives them home as it was on their way.
4. A parent asks a volunteer to get their child dressed while they go upstairs to get on with some jobs.
5. A volunteer is feeling worried after a visit on a Friday afternoon. They can't get hold of a coordinator so they decide to leave it until Monday and talk to their partner instead.
6. As a volunteer is leaving a visit a worker from another organisation arrives and asks how the family is getting on. The volunteer repeats the conversation she has just had with the parent who is feeling very stressed.
7. A parent starts a conversation by saying, 'I've got something to tell you, you won't tell anyone will you?' The volunteer doesn't want to upset the parent so agrees.



## Looking after yourself

### If in doubt, Talk it out

**Make use of the FREE DAS counselling helpline.**

0117 934 2121

Call 24 hours a day, 365 days a year

Available to all volunteers and staff.

Where a counsellor is not immediately available, an appointment will be made.





<p>1</p>  <p>DEFINITION OF A CHILD</p>	<p>2</p>  <p>NO DISCRIMINATION</p>	<p>3</p>  <p>BEST INTERESTS OF THE CHILD</p>	<p>4</p>  <p>MAKING RIGHTS REAL</p>	<p>5</p>  <p>FAMILY GUIDANCE AS CHILDREN DEVELOP</p>	<p>6</p>  <p>LIFE, SURVIVAL AND DEVELOPMENT</p>	<p>7</p>  <p>NAME AND NATIONALITY</p>
<p>8</p>  <p>IDENTITY</p>	<p>9</p>  <p>KEEPING FAMILIES TOGETHER</p>	<p>10</p>  <p>CONTACT WITH PARENTS ACROSS COUNTRIES</p>	<p>11</p>  <p>PROTECTION FROM KIDNAPPING</p>	<p>12</p>  <p>RESPECT FOR CHILDREN'S VIEWS</p>	<p>13</p>  <p>SHARING THOUGHTS FREELY</p>	<p>14</p>  <p>FREEDOM OF THOUGHT AND RELIGION</p>
<p>15</p>  <p>SETTING UP OR JOINING GROUPS</p>	<p>16</p>  <p>PROTECTION OF PRIVACY</p>	<p>17</p>  <p>ACCESS TO INFORMATION</p>	<p>18</p>  <p>RESPONSIBILITY OF PARENTS</p>	<p>19</p>  <p>PROTECTION FROM VIOLENCE</p>	<p>20</p>  <p>CHILDREN WITHOUT FAMILIES</p>	<p>21</p>  <p>CHILDREN WHO ARE ADOPTED</p>
<p>22</p>  <p>REFUGEE CHILDREN</p>	<p>23</p>  <p>CHILDREN WITH DISABILITIES</p>	<p>24</p>  <p>HEALTH, WATER, FOOD, ENVIRONMENT</p>	<p>25</p>  <p>REVIEW OF A CHILD'S PLACEMENT</p>	<p>26</p>  <p>SOCIAL AND ECONOMIC HELP</p>	<p>27</p>  <p>FOOD, CLOTHING, A SAFE HOME</p>	<p>28</p>  <p>ACCESS TO EDUCATION</p>
<p>29</p>  <p>AIMS OF EDUCATION</p>	<p>30</p>  <p>MINORITY CULTURE, LANGUAGE AND RELIGION</p>	<p>31</p>  <p>REST, PLAY, CULTURE, ARTS</p>	<p>32</p>  <p>PROTECTION FROM HARMFUL WORK</p>	<p>33</p>  <p>PROTECTION FROM HARMFUL DRUGS</p>	<p>34</p>  <p>PROTECTION FROM SEXUAL ABUSE</p>	<p>35</p>  <p>PREVENTION OF SALE AND TRAFFICKING</p>
<p>36</p>  <p>PROTECTION FROM EXPLOITATION</p>	<p>37</p>  <p>CHILDREN IN DETENTION</p>	<p>38</p>  <p>PROTECTION IN WAR</p>	<p>39</p>  <p>RECOVERY AND REINTEGRATION</p>	<p>40</p>  <p>CHILDREN WHO BREAK THE LAW</p>	<p>41</p>  <p>BEST LAW FOR CHILDREN APPLIES</p>	<p>42</p>  <p>EVERYONE MUST KNOW CHILDREN'S RIGHTS</p>
<p>43-54</p>  <p>HOW THE CONVENTION WORKS</p>	<h1>CONVENTION ON THE RIGHTS OF THE CHILD</h1>					



## Non accidental injury sites

Ears – especially pinch marks involving both sides of the ear

The “triangle of safety” (ears, side of face, and neck, top of shoulders): accidental injuries in this area are unusual

Inner aspects of arms

Back and side of trunk, except directly over the bony spine

Black eyes, especially if bilateral

Soft tissues of cheeks

Intra-oral injuries

Forearms when raised to protect self

Chest and abdomen

Any groin or genital injury

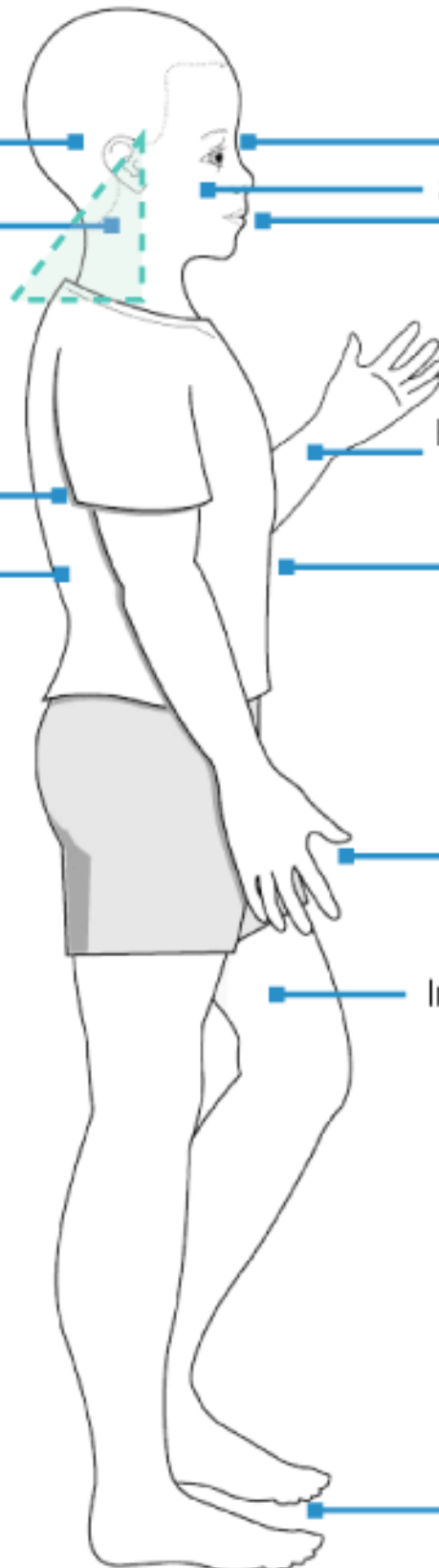
Inner aspects of thighs

Soles of feet

## REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fit the explanation
- delays in presentation
- untreated injuries





# Week 5 Children & play

## Video

Babies – film trailer (2'40) <https://www.youtube.com/watch?v=vB36k0hGxDM>

*A 2010 documentary looking at one year in the life of four babies from around the world, from Mongolia to Namibia to San Francisco to Tokyo (79 mins). (full film available on Vimeo but you need a login to watch)*

Serve and return (6') <https://www.youtube.com/watch?v=KNrnZag17Ek>

*Positive 'serve and return' interactions between small children and adults, with 5 clear and simple steps for putting this into practice.*

Still Face experiment (3') <https://www.youtube.com/watch?v=leHcsFqK7So>

*Famous experiment where a mother stops responding to baby and disengages for one minute. It shows how baby reacts with distress, and finally the restoration of interaction and harmony. **Warning:** this can be distressing to watch.*

Dance of the nappy (10') <https://www.youtube.com/watch?v=LRZVWnzK1Bc>

*A mum changes baby's nappy. A psychologist unpacks the 'dance' of reactivity and attunement going on between mother and baby. This is an extract from The Connected Baby documentary.*

The pyramid of speech and language development (5'20)

<https://www.youtube.com/watch?v=5Z0rvMbLP2o>

*Clips showing infants and adult interactions illustrating the steps in non-verbal communication that constitute the building blocks for language and communication.*

TED Talk – Molly Wright – How Every Child Can Thrive by 5 (7'30)

[https://www.ted.com/talks/molly\\_wright\\_how\\_every\\_child\\_can\\_thrive\\_by\\_five?language=en](https://www.ted.com/talks/molly_wright_how_every_child_can_thrive_by_five?language=en)

*7-year-old Molly explains the benefits of play in the early years on brain development and to support long-term development, learning and wellbeing.*

School readiness – a mission possible (2'00)

<https://www.youtube.com/watch?v=RK85GXs3qVo>

*What school readiness looks like in preschool / nursery, by children in Newham.*

## Websites

Not Fine in School [www.notfineinschool.co.uk](http://www.notfineinschool.co.uk)

*Not Fine in School was created as a resource for families with children experiencing school attendance barriers – i.e. unmet Special Educational Needs & Disabilities (diagnosed or suspected), physical or mental illness, bullying &*

*assault, trauma, excessive academic pressure, overly strict behaviour policies, a missing sense of belonging, and an irrelevant curriculum. (thanks Jen)*



## Benefits of Secure Attachment

Research demonstrates that children who are securely attached as infants tend to show:

A greater belief  
that they can  
achieve things

Better  
management of  
feelings

Higher self-  
esteem

Better at coping  
under stress

More positive  
friendships with  
peers

Healthier  
romantic  
relationships in  
adulthood

Greater social  
skills

Better  
relationships  
with parents  
and siblings

Greater trust in  
life

Better mental  
health over  
lifespan

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## Consequences of Poor Attachment

Research suggests that failure to form secure attachments early in life can have a negative impact on a child:

Less interest in playing and in interacting playfully with others

Poorer ability to be soothed and calmed when upset

Poorer ability to cope with stress and anxiety

Struggles with behaviour in later childhood and throughout their life

Poorer ability to form trusting relationships

Poorer emotional awareness and understanding



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## Why Play Matters

Emotional Benefits	Social Benefits	Physical Benefits
Reduces fear, anxiety, stress, irritability	Increases empathy, compassion and sharing	Positive emotions improve immune, cardiovascular and endocrine systems
Creates joy, fun, shared pleasure	Helps children learn to make choices	Decreases stress, fatigue, injury and depression
Promotes self-esteem	Models relationships based on inclusion and cooperation	Increases range of motion, agility, coordination, balance and flexibility
Through play children explore their feelings and make meaning of their experiences	Improves communication skills	
Children try out a range of roles, emotions and behaviours in play	Increases attention and focus	
Play helps infants and toddlers gain a sense of independence and identity.		

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## School Readiness – what does this look like?

### EYFS defines School Readiness as

'the broad range of knowledge and skills that provide the right foundation for good future progress through school and life.'

(Statutory Framework for the EYFS 2014.)

13 24/01/2019

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## The Role of the Volunteer...

Supporting and encouraging parents to strengthen their relationship with their child by:

- ✓ Developing a trust relationship with parents to enable open and honest conversations
- ✓ Supporting parents to set boundaries and routines with their children
- ✓ Remaining calm when a child is upset or misbehaving
- ✓ Talking to parents about times when they handled things well; helping reflection on what made it work
- ✓ Playing, listening and talking with children
- ✓ Helping parents question what their children's behaviour might be communicating



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## Speech & Language

### Pre-verbal communication in children under 5

1/5 children have a speech & language delay

Lack of **language** or lack of **communication**?

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#### PRE-INTENTIONAL

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- haven't worked out how to communicate needs
- no pointing
- no response to name

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#### PRE-VERBAL

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- no words but...
- point, lead you, give you the thing they want you to do
- taking turns (e.g. ball)
- joint attention
- imitation (of sounds / actions)
- social games (peekaboo)



## How to support children & families

- ❖ Help the family notice the positives
- ❖ Improving understanding
  - get down to their level
  - speak clearly
  - give processing time
  - repeat, don't rephrase
- ❖ Modelling language
  - narrate – talk about what you are doing. Narrate what they are doing, avoid questions
    - *I see you're building a tower.*
    - *You're pushing a block. I wonder if it's a car.*
    - *You're looking through the window. It's dark outside now. It's night.*
  - speak clearly
  - songs, nursery rhymes – rhythm of language & imitating actions / sounds
- ❖ Friendly sabotage
  - stop your nursery rhyme → give them a chance to make the gesture / say a word
  - put a snack in a box they can't open
- ❖ Play, play, play!
  - sing
  - dance
  - sensory play (sand, playdough, water...)
  - turn taking (throw and catch)
  - read books

*Thanks to Susannah & Katrina for their session on Emerging Needs and Pre-verbal communication – 16/6/2022*

## Ages and Stages

As a child grows, learns and explores they learn to become capable and develop skills and experience in situations.

Depending on the child's developmental stage and age often means that there are tell tale behavioural challenges that occur.

This is evident in the 'terrible twos' catch phrase. This is due to the age and the level of frustration and feelings they may have and the capability of being able to express themselves and develop independence.

Focusing on the behaviour often tends to lead to placing an emphasis on the negative rather than identifying and looking at the root cause of the behaviour.

It is key to look at the cause and understand the needs, thoughts, feelings or intentions that are driving the behaviour.

Ideally, we can identify and examine the most common challenging behaviours based on age, stage of development and certain behavioural traits.

This can lead to engaging in strategies that have been proven to support and guide a child's behaviour and lead to a more positive outcome for all.

Age	Behaviour Traits	Tips
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### 18 Month Old

More demanding and less adaptable.

Can be quite dependent. They may have strong needs and demands, but cannot communicate them effectively.

May resist being touched.

Rearrange the setting/situation to avoid problems or pre-empt the situation to alleviate potential problems.

Talking to them usually doesn't work as they are not at the age to be reasoned with so short responses or words will work better.

Distract, redirect.

### 2 Year Old

Great imbalance. Moves between extremes of aggression and withdrawal. Bossy, rigid, selfish, possessive, jealous. Likes sameness, repetition, predictability; changes are very hard, even minor ones; toys, etc. all have a 'proper place'. It's the age of opposite extremes.

More adaptable.

Tends to be quiet and calm.

Willing to cuddle and accept affection.

They enjoy rituals, especially at bedtimes.

Can display their frustration in the way of a 'tantrum'.

Distract them or change the scene.

Can be less demanding.

Show them lots of attention and affection and praise for the good behaviour.

Avoid giving too many choices.

Avoid questions that can be answered by no.

Follow a good consistent routine.

Praise good behaviour.

Anticipate difficult times or situations and avoid if possible. Don't expect them to wait for things or to share easily.

### **3 year olds**

Often time of emotional calm. May be happy, contented much of the time.

Gets along well with others. Likes others and wants to please them

Enjoy talking/conversation; time of great motor uncertainty and fluctuating fine motor capabilities.

At this age, children tend to be much better with almost anyone other than the principal caregiver.

Change subject or distract by bringing in something nice so child forgets to object.

Simplify changes as much as possible.

Avoid head-on clashes..... pick your battles and let some small things slide, if safe to do so.

Let them know they are greatest child ever and praise and give lots of love and affection as emotions may be very fragile. They may express fears or anxieties. So we could use heavy use of positive phrases: "let's," "how about," "and" "maybe you could."

Give in when things aren't important.

Difficulty making changes. May be good in long periods of play, but very poor at changing from one activity to another.

Enthusiasm, good-will and common sense and of course praise.

### **4 year olds**

They tend to be energetic and may go to extremes. Often enjoys own impish, humorous ways.

May be selfish, rough, impatient, and loud. Loves adventure. Socially silly and larger-than-life manners.

Praise and compliments work wonders as does having a conversation with them.

Ignore profanity, boasting, super-silly way of talking, if possible, but enjoy the silliness and even join in with it.

They usually like and respects boundaries/limits.

### **5 year olds**

Tend to be calm, quiet, and well-balanced.

Usually tries only what he knows he can do, so is comfortably well-adjusted.

Friendly, loving, appreciative, wants to please and do the right thing; wants and means to be good; not yet able to admit to wrongdoing and as much as they try, does not always tell the truth.

Prevention is much better than punishment. A child's wish to be good and do the right thing is strong.

Praising is always a great way to promote good behaviour.

If given consistent expectations they will learn what is acceptable and what is not.

## 5-6 year olds

Ignore refusal or be impersonal when child answers commands with "I won't."

They can be highly emotional at times. Loves one minute, hates the next.

Praise it may not be easy to find something to praise but try hard; avoid resistance and head-on collisions; sidestep issues if possible- choose your battles

Patience and skill.

There may be much confusion. May demand, rebel, argue, and fight. When in good mood, is cheerful, energetic and enthusiastic.

Needs a lot of praise, but behaviour often merit criticism. This only makes all behaviour worse.

Age of extreme imbalance. May be very rude, resistant, and defiant

## Sleep – needs & tips

Age	Average Number of Hours Needed	
	Night- time	Daytime
12 Months	$11 \frac{1}{2}$	$2 \frac{1}{2}$
2 Years	$11 \frac{3}{4}$	$1 \frac{1}{4}$
3 Years	11	1
4 Years	$11 \frac{1}{2}$	
5 Years	11	
6 Years	$10 \frac{3}{4}$	
7 Years	$10 \frac{1}{2}$	
8 Years	$10 \frac{1}{4}$	
9 Years	10	
10 Years	$9 \frac{3}{4}$	
11 Years	$9 \frac{1}{2}$	
12 Years	$9 \frac{1}{2}$	
13 Years	$9 \frac{1}{4}$	
14 Years	9	
15 Years	$8 \frac{3}{4}$	
16 Years	$8 \frac{1}{2}$	

## How to deal with night awakenings

Decide what time is acceptable for starting the day. If this is 6.30 am then if your child wakes before that time you should treat it as a night waking.

- Take your child back to bed if they get out of bed leading them by the hand if possible
- Don't give them eye contact or get engaged in conversation with them
- Keep the lights dim
- Use a set phrase of "It is night time, go to sleep"
- If they are waking for feeds and are over 6 months, see your Health Visitor for advice.
- If you think that your child is waking because they are ill or uncomfortable seek medical advice immediately.

## Sleep awareness – case study

Single mum Sharon lives with her one child Lucy who has just turned 3. They live in a third floor two-bedroomed flat. Lucy sleeps in her own room. She falls asleep at 9pm and wakes at 6am. You have seen Lucy's room it is cluttered with toys, the curtains are falling down and there is a tv and DVD player in the bedroom. Sharon puts Lucy to bed with a DVD on and tries to start the tidying up and jobs in the house. Lucy cries and cries so Sharon lies with her and checks her phone until Lucy falls asleep. When Lucy falls asleep Sharon creeps out. Lucy wakes several times in the night and the pattern continues with Sharon next to her and trying to creep out. Quite often Sharon ends up falling asleep alongside her for the night. They are both shattered; Lucy is struggling at nursery and the state of the house is getting more and more on top of Sharon.

### **Questions:**

1. As a Home-Start Volunteer what questions would you ask?
2. What support could you provide?
3. What suggestions for changes could you make?

***Have a think before checking answers!***

## Sleep awareness case study answers

1. As a Home-Start Volunteer what questions would you ask?
  - Can you tell me a bit more about the bedtime/daytime routine?
  - Does Lucy nap?
  - Do you have any support during the night?
  - Is there anyone else that could have Lucy in the day so you could rest?

## 2. What support could you provide?

- Practical support, tidy bedroom and clear clutter to make it more relaxing, if possible fix the curtain.
- Play with Lucy so Sharon can get some jobs done
- Be a friendly ear to listen
- Refer to Family Support Worker if needed through Co-ordinator

## 3. What suggestions for changes could you make?

- Suggest removing the tv/dvd no blue light an hour before bed (tv/tablet/kindle/phone etc, even with a filter)
- Sharon's mobile phone also transmits a blue light that can interfere with Lucy's sleep and be distracting.
- Fix curtains
- Clear toys out of bedroom or if this isn't possible cover the toys.
- Try and look at the bedroom from the child's point of view, so from their bed. Does the dressing gown hung up look scary in the dark? The poster you have displayed, how does that look with a nightlight on or in the dark? Can you remember when you were a child waking and thinking something looked differently in the night.
- Suggest a bedtime routine bath, fine motor toys, story, bed, possible sleepy foods snack or milk if tea is too early. Take care that the child doesn't fall asleep drinking the milk.
- Discuss sleep associations if you are comfortable

## What is a sleep association?

Sleep associations occur when a child learns to fall asleep with a certain object, set of conditions or activity. This could be dummy, bottle, breastfeeding, thumb, teddy, blanket, light, covers, temperature, tv, white noise, being held or rocked. If the child then wakes they would expect the conditions or association to be the same to get them back to sleep. So, think of the impact of going to sleep with the light on and then waking in the dark. We often expect children to want to sleep in the same conditions that we do, e.g. dark tucked in and they may rather have a light on and kick the covers off. Eventually we would look at ways to change sleep associations, so teaching the child to fall asleep by themselves, without that object or activity. This takes some work and commitment from the family though, so if they are not prepared to implement all the changes in one go it could be done in stages. It normally takes up to 4 weeks to change the behaviour and day 3-5 can be worse as the child can fight against the change when they realise what is happening.

# End of prep Quiz – test yourself!

1. Name three Home-Start policies
2. Does Home-Start investigate child protection issues
3. Who's welfare is paramount in child protection issues
4. List 3 things to do to keep safe when visiting
5. What are the criteria for a family to receive H/S x 3 reasons
6. If you have concerns who do you contact
7. How often and how long is each visit
8. List types of support for volunteers x 3
9. What 2 things does a volunteer complete after each visit
10. What do we mean by the three-way partnership
11. Why might a family be reluctant to accept support x 3
12. 1 reason why a family might find H/S helpful
13. List 3 things to ensure boundaries are kept
14. List 3 people/organisations who can refer to H/S
15. List 3 needs of children and adults
16. How long is the average length of visiting
17. What is our website address (please look at it)
18. How often do co-ordinators carryout review visits

## Quiz answers

1	Name three Home-Start policies	Child Protection, confidentiality, Equal ops
2	Does Home-Start investigate child protection issues	No
3	Who 's welfare is paramount in child protection issues	The child/ren
4	List 3 things to do to keep safe when visiting	Do not enter house if unsure, do not take lots of money, know the area, let someone know where you are, know the exit routes, take mobile, take identity card
5	What are the criteria for a family to receive H/S 3 reasons	1 child under 5, live in area, want us
6	If you have concerns who do you contact	Co-ordinator/office
7	How often and how long is each visit	1 x a week/2-3 hours
8	List types of support for volunteers x 3	Telephone, supervision, VTE's, peer support
9	What 2 things does a volunteer complete after each visit	Diary sheet/expense form
10	What do we mean by the three way partnership	Confidentiality between mum, vol and Co-ordinator
11	Why might a family be reluctant to accept support x 3	Fear of being judged, failing as mum, house too messy, too shy to have stranger visit
12	1 reason why a family might find H/S helpful	Multiple birth, PND, isolation, ill health (parent/child) DV
13	List 3 things to ensure boundaries are kept	Do not give phone number, money, do not have children overnight, do not stay beyond 2-3 hours
14	List 3 people/organisations who can refer to H/S	Health Visitors, Midwives, CPN, other charities, SW, school, nursery, self
15	List 3 needs of children and adults	Love, security, money, food, health
16	How long is the average length of visiting	6-7 months
17	What is our website address (please look at it)	<a href="http://www.homestartbristol.org.uk">www.homestartbristol.org.uk</a>
18	How often do Co-ordinators carryout review visits	6 weeks and every 3 months



