

### Tiny Talkers Case Study

This child lives in Chatham with his mum and Dad, he is the youngest sibling of two and mum's stepdaughter lives with them. (there is no biological link between the two siblings)

He was originally referred to tiny talkers by the health visitor.

He had scored significantly below the required standard for Tiny Talkers, and the health visitor had put into place other referrals to specialist health practitioners.

The health visitor felt that mum could potentially benefit from some of the strategies used in our session to help her support little one at home.

At this stage mum and the health visitor felt that accessing a group in a setting was not the most appropriate course to take, so with support from her line manager a one-off home visit was arranged for the course worker to attend the home environment.

In the health visitors report she had highlighted that the child would often become very frustrated with not being able to communicate.

He would often headbutt the wall or floor, had no awareness of danger and finds many situations (hair washing/cutting and cutting nails) difficult. If he did attend any toddler groups, they would often have to leave due to him not being able to cope within the setting and being emotionally distraught while there.

On the visit the group worker spent about an hour with mum, talking through the activities that she had brought with her and explaining the theory behind the practice.

Little one was observed during the session, he would use a pec board to communicate his needs with mum, when these were not met or interpreted wrong, he would throw himself to the ground and continually bang his head on the floor or the corner of the wall.

The group worker observed that mum had bubble wrap on the wall and some places on the floor.

We tried the ready steady go with bubbles to distract him from this, and some progression was observed, with him engaging with bubble play. Mum was left with some resources to use at home and was told the group worker would arrange a follow up call in a few weeks to discuss progress and arrange a follow up visit.

All this information was fed back to the health visitor and the group worker has an electronic record of those conversations recorded.

The group worker did return to the home setting after a follow up call. Mum reported that some of the suggestions had worked for them as a family and the ready steady go practice worked well to distract him from head banging. Mum agreed to try the Tiny Talkers sessions.

We arranged for a visit for both mum and little one to view the room where the sessions would be held.

All this information was again reported back to the health visitor.

Mum and little one completed the 4-week course. Little one would engage on his terms after the first session it was agreed with Mum that course facilitator would be the only one to talk and give instructions as he was overwhelmed with the acoustics and others encouragement.

Some sensory toys were also introduced into the sessions that would enable little one to regulate and be calm.

During the sessions he would often wander off and MC would encourage him back or take a little break to enable little one to have a calm time and calm his emotions. He would often struggle with the social aspect of the group, sharing and turn taking, so Sr would use bubbles or sensory toys as a distraction.

Following completion of the course mum does feel improvement is slowly being made. They have some other referrals into specialist pathways and have been offered a place on the Little Adventurers course when it is rolled out.