



Support and friendship
for families

Home-Start Family Consultations:

July - August 2011

Home-Start Charnwood –

Family Case Study & Volunteer perspective

Compiled by Helen Wootton with full support from Sonia & Tina

The referral information:

Sonia

A 23 year old single parent of a 5 year old and a 5 month old infant is referred by her Health Visitor after her partner left her.

She has no family support in the area as her own mother died last year and she is now the legal guardian of her 10 year old (half) brother. She feels very isolated.

Her GP has recently diagnosed depression and is referring her to the practise counsellor.

What we have subsequently learned from Sonia:

- Sonia's mother and father separated when she was 11 years old. Her mother had a casual 'fling' for a few weeks which led to the birth of her half brother - Kyle. This man did not stay involved and Kyle has always been allowed to 'assume' that Sonia's father is also his Dad
- This paternity issue is something that Sonia has asked Social Workers to help to address with her brother. Although they think he is unaware, he does wonder why he is treated differently
- Her 21 year old brother lives permanently with their Dad
- Sonia's mother died in 2009 from alcohol related health problems. Social Services stepped in but neither Sonia nor Kyle have been given details of a key worker from this branch of CYPS
- At the time of death Sonia agreed to 'take in' Kyle as she wouldn't have wanted to see him placed in care - but this has never been formalised and Sonia is unaware of any legal obligations or rights - or who his 'legal' guardian is.
- Her father and 21 year old brother both have alcohol dependency issues. Her brother frequently has seizures and has been admitted to hospital with liver problems.
- Sonia had a 3 month old baby when her mother died and quickly developed (post natal) depression
- Sonia relocated (from city to county) to ensure that her brother could stay in his familiar school and be near to his friends and family members
- It was the School Education Welfare Officer who arranged for Kyle to have weekly counselling at the Laura Centre. Sonia was informed that two teachers would have training in bereavement issues in order to support Kyle at school. It was this officer who advised that Sonia should be able to claim Kyle's child benefit - which she subsequently achieved
- Sonia is the only member of her family who has never been unemployed and at the time was on maternity leave from her job - which she enjoyed and intended to return to.

- Sonia's long term ex partner suffered from mental health issues and was subsequently admitted to hospital
- Following release from hospital her ex partner went on to commit Domestic Violence & Battery against Sonia for which he was charged, given a custodial sentence and became subject to an injunction to prevent further contact with Sonia or the children
- Sonia accrued debts including housing arrears when her maternity pay had ceased and she was not claiming any benefits
- After 5 months of returning to work she had been unable to satisfactorily arrange child care for the all 3 children and was forced to leave her job
- Sonia approached a housing support charity and a housing association, but could not avoid being issued with an eviction notice
- The family are now in temporary accommodation in Loughborough but Sonia hopes to be re-housed in Syston and therefore wants to keep the 2 older children in their familiar schools, which means a 2 hour journey each way
- Kyle's behaviour has been deteriorating at home and at school since Sept 2010 – one year after the death of his mother and when the counselling and engagement from the school abruptly stopped. Most recently the police were involved in an incident where Kyle was accused of having stolen a scooter
- Sonia's father only agrees to help reluctantly and occasionally, and Sonia complains that he refuses to implement the boundaries and routines that Sonia puts in place and feels need to be consistent.
- Sonia feels that no-one is interested or responding to her regular cries for 'help'

What are the influencers & challenges for Sonia?

- Sonia wanted Home-Start to offer support with dealing with behaviour of her brother, and her own isolation/ emotional well being
- To date, Sonia feels that the HS volunteer is her only constant, reliable 'friend'. A positive role model, an influence who offers signposting and guidance; but more importantly always follows through on her commitment. The volunteer has offered very practical help and respite as well as being her emotional support
- GP referred Sonia for counselling 8 months ago and has prescribed sleeping tablets, but is reluctant to prescribe anti depressants and asks to see her weekly to see how she gets on without
- This is time consuming – another appointment to fit in to a hectic schedule. It is only following her 'crisis' point that Sonia eventually gets a prescription for anti-depressant. She is still waiting for the therapy and in particular feels she needs bereavement counselling
- Sonia had been excited to return to work, at the same time her Dad and older brother were 'off the alcohol' and helping out more.
- 3 weeks later her mood became lower as Dad & brother started drinking again, eventually leading to her brother being hospitalised after he has alcohol induced seizures and she was then spending days & nights visiting him and caring for him on his return to the home. Kyle has witnessed the behaviour and the seizures

- Sonia had a falling out with her neighbour/friend, and the police were involved. Both had been drinking and Sonia was subsequently charged with affray.
- With no child care from neighbour, Sonia has to resign from job. She is told that as she 'voluntarily' resigned she is not entitled to benefits for several weeks. Sonia's debts become worsened by this scenario
- Following the DV incident, Social Services visit the home. Sonia felt that they 'inspected her, the house and the food situation; that they interrogated her and told her they would carry out unannounced spot checks'.
- Sonia is contacted by Victim Support and someone from the Police DV response team but doesn't need their support. She is largely frustrated that she continues to tell her story all over again but that she continues to feel that no-one is listening to her.
- Sonia remains adamant that she can 'manage' her own life but that she wants help with Kyle
- Sonia has appointments with Benefits Office in Leicester, the Job Centre, a Housing charity in Loughborough, Court (rent arrears)
- Home-Start sign-posted her to Bridge Housing who agreed to represent her at Court re; the eviction ;but this did not transpire and Sonia attended alone
- Bailiff arrives at property re: unpaid council tax, which further adds to Sonia's stress and she begins to feel that the amount of her problems are insurmountable
- Sonia's 5 year old is referred to a speech therapist by her GP
- Sonia is relieved to have her child's delayed development explained and to see that action is being taken eventually. She feels that her GP does listen and tries to help. He also writes to support a housing application
- Sonia is evicted and the family are put in temporary housing, her mood is now at its lowest and her mental state is fragile. To transport Kyle to school costs approx £70 per week in bus fares and they are leaving at 7am, often returning after 5pm
- **Sonia reaches crisis point** one evening. She contacts her ex partner asking him to take the children so that she could end things. She contacted the HS volunteer on the same evening asking her to call because she 'has a knife and just wants to be with her Mum'. The volunteer arrives to find the ex partner in the home, one child asleep upstairs and Sonia has a kitchen knife on her lap
- With Sonia's agreement the volunteer called Social Services – who authorise that her ex partner can stay in the house overnight – despite the injunction – to keep the whole family safe.
- When offered help from the mental health Crisis Team, Sonia declined stating that her Home-Start volunteer already does exactly what they would be offering
- Home-Start make a referral to Social Services, evidencing the 'escalation' of stress factors and Sonia's reduced parenting capacity and resilience at this time
- Sonia is visited by the 4th Social Worker in the last 12 months. She repeats her story again and identifies the 'help' that she feels she needs. The SW informs her

Listening to Tina – the Home-Start Volunteer

I have a lot of admiration for Sonia, she can be feisty and has shown great resilience over the last 18 months.

Should her stepbrother be placed in care going forward – the cost to the country will be considerably more than the amount that would have been needed to support the family.

My perspective is that Social Services have only ever undertaken Risk Assessments – as opposed to putting into place managing strategies, building a rapport or relationship and offering continuity.

Sonia has had to repeat her whole story multiple times to different workers, and to date they seem to have over promised and under delivered.

If counselling had been provided 8 months ago when first requested this may have prevented the ‘stretch and stress’ turning into a crisis

Each service appears to take a silo (or linear) approach to resolving its own functional problem – no-one is joining the dots and looking at the issues from the family’s perspective.

A co-ordinated – and congruent - approach would have most helped Sonia.

he is only there to carry out a core assessment and will pass the file onto a colleague

- NOW Sonia appears to have decided that her brother needs to go into foster care or looked after services, and she wants to just see him at weekends

“Right now I feel as though I hate him.

I just want to go back to my normal life and be his sister again”

What Sonia really WANTED – both now and then

- A KEY WORKER to be allocated right at the beginning and to stick with it until Kyle is 16. Someone who knows the history and the issues. Someone to pro-actively help Sonia, to navigate through all of the services and to link up all of the appropriate services at the appropriate time
- For professionals to follow through on what they say they will do. She knows that she her case isn’t ‘urgent’ because no child is being harmed – but she expresses that being ignored is probably one of the causes which LEADS to the children being hit/harmed
- She has been adamant from the first interview with Social Services that (bereavement) counselling and facing the issue of paternity should be available to Kyle immediately and on an ongoing basis
- Financial help for the care of her step brother – perhaps in the form of a foster parent allowance. Sonia only gets an additional child benefit for her brother. Her rent arrears and debt problems might then have been prevented
- Some respite (or paid childcare) each week to allow Sonia to have a break, to sort out her debts and issues, or to simply parent her own children and feel that she has a normal (age appropriate) life
- Longer term professional help for her own mental health and grieving issues
- To be able to financially maintain a stable home

Final Thoughts from Sonia

I knew that I needed help in Sept 2010. I asked for it. I feel that I was more or less ignored. At this point Kyle's behaviour and attitude had changed completely; I couldn't manage him and I was starting to feel that I could no longer manage my own life. There is no-one my age with a 10 year old child, how was I supposed to know what to do or what was 'normal'. We had always had a great relationship as sister/brother but this changed – it had to, I was enforcing rules and boundaries. I was going to his parent's evenings and talking to his teachers every week. He stopped talking to me about anything important or personal. He seems to take his anger out on my children.

I wanted regular respite – remember I had a 3 month old baby, a 5 year old and had also just lost my own mother when I agreed to take Kyle into my home. I had depression, was waiting for counselling of my own and started to feel angry that if Kyle had been placed into foster care it would be costing a lot of money. But no-one was interested in giving me anything. I needed a break. I wanted to be able to carry on working but couldn't afford child care for 3 of them. This meant that my main source of adult interaction and sense of achievement within my work had been pulled away from me. I'm only 23 but I've been working since I left school, and I was at level 2 of my hospitality qualification. This all feels wasted and lost now.

My Health Visitor and the mental health Crisis team had been great and I had weekly visits from them after my first 'melt down' but it only lasted a few short weeks. **I needed something longer.** If this had been in place I might not have ended up having a second 'melt down' and seriously thinking about suicide. I believed that everyone would get what they needed if I was no longer around – it felt as if somehow **my being here was what was preventing the help from being given.**

Right from the beginning I have asked that we find a way **to talk to Kyle about his paternity.** I have nightmares that some bloke is going to turn up one day and try to take Kyle away from us – because he can. I know I'm not his legal guardian or custodian or anything. And the worst thing is that every time I talk to a new social worker, they know nothing about our history and say they'll have to look into. But I never hear from any of them again. **Where are Kyle's notes about his care arrangements** following my Mums death? Shouldn't he have someone he could phone or talk to – not just now but perhaps in a year or two when he starts asking questions about where he belongs or who decided he should live with me?

My **'normal' life** was something I was **happy to manage and take full responsibility** for but none of this situation feels 'normal' or 'chosen' or 'deserved'. I agreed to take responsibility for Kyle but it feels that it's too much for me to do alone.

What I want most would be a good relationship with Kyle – but also to have some **balance** return to my own life. Maybe when Kyle lost his Mum you could say that he also lost his sister – so to get her back I'm starting to believe **he will have to go into care.**

Home-Start Hinckley and District – Family Case Study & Volunteer perspective

Compiled by Jennie Wroe, Scheme Manager with full support from Roxy and Bernie

The referral information:

Roxy

A 35 year old single parent of a 5 year old and a 5 month old baby is referred by her Social Worker.

Mum is new to the area and is isolated.

Having difficulties coping with a five year old.

Baby with feeding problems.

Household is chaotic and disorganised

Requires help to manage finances.

What we subsequently learned from Roxy:

On our initial visit we established that the 5 month old baby was in foster care due to Roxy's alcoholism and the baby was born with Foetal Alcohol Syndrome.

- The baby was born prematurely by emergency caesarean.
- Roxy had been **living in refuge** when the baby was born and the baby had gone immediately into the care of the local authorities.
- Both children were currently on the **child protection register** under the category of 'Neglect'
- Roxy was also smoking cannabis to elevate anxiety.
- Roxy's mother was living with her to help her reduce the use of drink and drugs and prepare for the baby coming home and helping with the five year old starting school.
- Roxy was allowed to visit the baby on a daily basis and work towards getting the baby home.
- For a time visiting rights with the baby were suspended due to the increased use of alcohol.
- An Alcohol and drugs worker was allocated to Roxy with whom she subsequently engaged well with.
- Roxy has been in four different refuge's relating to two individual domestic abusive relationships.
- Roxy engaged with workers to draw up a child in need plan and cooperated with a parenting assessment.
- At 22 years old and whilst training to be a nurse Roxy suffered a sever psychotic breakdown. She was hospitalised for six months and has been on medication ever since.
- Roxy has been in two violent relationships.
- At the age of 15 she was raped. Roxy had her first drink three days later to help her get to school (half a bottle of whisky)
- From the age of 18 she went to the pub with her dad. She reports this is the only time she really got to speak with her dad.
- Throughout school she was bullied.
- At home she reports being physically and mentally abused by her older brother.

- Her parents devalued what she was experiencing and she feels she wasn't listened to at home or school about the bullying.
- Her family didn't believe she had been a victim of rape.
- A couple of years later the perpetrator of the rape was convicted and jailed for raping eight other youngsters.
- Roxy lost her father when he was 53 after a battle with cancer. He had also battled with depression.

What are the influencers & challenges for Roxy?

- Roxy wanted Home-Start to offer support with dealing with the behaviour of her five year old and support with the baby when he came home. To help her with her confidence and motivation in establishing routines.
- To date, Roxy feels that the HS volunteer and Organiser are the only constant, reliable source of support. She reports the volunteers listening to her and taking on board her situation without judging her. The volunteer challenges but in a way she can understand and not take offence to. The volunteer has offered very practical help and respite as well as being her emotional support. Roxy fears the withdrawal of her volunteer but understands that this will happen at some stage.
- Social Worker referred Roxy for Drug and Alcohol support as part of the child protection plan.
- This worked initially but the worker changed and Roxy found this very disruptive and was reluctant to share all the information again and had lost some trust in the service. Roxy no longer uses the services but understands she can if she wanted to in the future.
- Hospital staff had very little knowledge of looking after an alcoholic mum. She had mixed messages from different midwives assigned to her. Roxy was worried about the risk of not drinking whilst in hospital to the point she self-medicated without the staff knowing. This, she feels strongly, led to her inability to cope in hospital with her new born. The sudden withdrawal from alcohol and the mix of medication had a huge effect on her. This impaired her instinct and ability to parent from when the new baby arrived. Leading to the baby being removed.
- Social Worker initiated Home Care to help with routines on a more regular basis.
- This helped Roxy on the road to establishing some routines before the baby came home. However this was discontinued when the children came off the child protection register
- GP prescribes Roxy with regular medication.
- Roxy takes the medication that is prescribed on a regular basis. She also self-medicates when feeling low. No one has ever been through with her the consequences of drinking whilst on certain medications. She has never asked the questions or been asked if the medication will be working if drinks at the same time.
- Following the last period in refuge Roxy attended a programme to help her identify suitable, healthy relationships.
- Roxy attended the programme on a regular basis and gelled with the other women at the group. This was disbanded due to lack of funding.

- Roxy's family support is erratic. Roxy's mother offered at great deal of help initially which she is grateful for and would like to see more of her mother again.
- Roxy's mother cannot understand her daughter's needs and often belittles her for not being able to do more for herself. She offers to take the children away on holiday but there hasn't been an offer for Roxy to go with them. This leads to some resentment and a further splitting of the family.
- Roxy's brother introduced cannabis to Roxy as a way to help her cope.
- Roxy is still very much influenced by her older brother who is still, to some extent, controlling and bullying her.
- Roxy has a history of debts from a previous relationship that was violent and controlling and all the debts were in her name. This causes on going stress.
- A debt adviser has been introduced but depending on Roxy's level of coping she sometimes misses appointments.

What Roxy really WANTED

- A consistent person, to pull all the agencies together, and who was NOT going to end the support when her children came off the child protection register.
- Consistent, available mental health support.
- Help from childhood. A key person at school that would have listened to her and take action against the bully's. Also someone to provide a link between home and school so the approach could be consistent.
- For workers/agencies/professionals to follow through on what they say they will do.
- Financial help that was more accessible.
- Longer term professional help for her own mental health.
- Counselling for her eldest child to help deal with the DV that he witnessed and his chaotic time and experiences in different refuges.
- Not to have to move home and her support networks because of a perpetrator. She was already a victim and moving made her more vulnerable which contributed to the next abusive relationship

Listening to Bernie – the Home-Start Volunteer

I can see how Roxy has been a victim of circumstances and some poor judgements.

She is an articulate lady that is desperate to be loved.

She shows all the signs of being consistently devalued and has very little self-respect or confidence in her capabilities.

I believed she needs to have a constant mentor. Someone who isn't going to judge her but someone she can trust to give her good advice and challenge her in a proactive and supportive way. Set her goals and build her confidence to enable her to believe she can achieve successes. Help her believe in herself again.

Roxy had a Social Worker she trusted and worked well with in order to improve her situation and gain back her baby. However, in my opinion these services withdrew too early. Routines and motivation for household tasks continue to be difficult to manage.

A clear vision of the consequences should have been given to Roxy as way to prevent and support her with her abstinence from drink.

Final Thoughts from Roxy

We asked Roxy what she wants for the future....

She would like to know that more help for vulnerable children being offered in schools.

That children's views are listened to a validated.

She wants for her sons and other children to be helped in school with not only education but socialising skills as well. Otherwise the 'whole' person will be missing.

Consistent, available mental health support in a way that a person can access and accept it.

"Home-Start supports me, and in turn my children, in the way that I need it, where I need it (in my home) and how I need it, not many people can say that".

Roxy feels strongly that if she had been listened to either at home or at school about the bullying she was going through both physically and mentally her confidence and self-esteem would have been stronger and intact. This would possible have prevented her from being groomed and later raped which in turn wouldn't have led to her first drink!

Her need to be liked, accepted and loved has lead her into abusive relationships, several house moves (around the country) and what she sees as a life time of mental health issues in front of her.

Home-Start Melton & Rutland – Family Case Study & Volunteer perspective

Compiled by Sarah Marsh with full support from Sue & Karen

The referral information:

Sue and Pete

Now a mother of 7 children Sue was first referred for Home-Start support after the birth of her 4th child when she was suffering from post natal illness. She received home visiting support for approximately 18 months during which time she recovered from PNI and went on to have 5th child without suffering PNI.

Sue then self referred herself for support over 5 years later following serious brain illness in her husband Pete. She then had 6 children the youngest being then 1 year old.

She has little family support in the area as her mother and sister work full time some way away. She lives in a tiny village with no public transport. She does not drive and following his illness nor could Neil. She feels, and is, very isolated.

What has subsequently happened for Sue and the family:

- Pete was assessed adult social care who made a referral to Headway. Pete needed to be accompanied at all times for 18 months after his brain illness.
- Due to Pete's illness preventing him working the family got into rent arrears. He had previously been working full time as a farming contractor and was not entitled to sick pay. Sue was concentrating on getting him and the family through the period and did not have the energy to focus on the money which Pete had always done. During his illness Pete's 'entitlements' changed several times and each time benefits stopped for a significant period before being recalculated. They had no income other than child allowance during these periods.
- Sue's 5th child had severe dietary intolerances and developmental delay. He underwent a series of assessments and hospital appointments with out clear diagnosis. He had been attending a nursery with specialist support. He was now to go to mainstream school and he began attending the nearest village school.
- He began to struggle with school and his development seemed to reverse. Sue tried to get the school to provide additional support but they found it difficult to provide what Sue wanted. Finally Sue pushed for him to be moved to specialist school. This transfer took nearly 18 months to happen.
- Sue had some health concerns with her breast but following hospital tests she was told not to worry.
- Sue found she was pregnant with her 7th child and some 5 months into the pregnancy Sue was diagnosed with breast cancer which had spread to her lungs.
- The 7th child was induced to be born around 1 ½ months early so that Sue could begin treatment. The baby girl is thriving.
- Sue is on a programme of palliative treatment aimed at prolonging her life but knows she will not recover.

- Pete and Sue had severe relationship problems – Pete had no emotional support in dealing with Sue’s illness and decided to leave.
- The family hold their own way forward meeting and Pete comes back home
- Macmillan nurses recommend Sue and Pete need to move from their overcrowded house to a bungalow which will be easier for Sue to move around in.

What are the influencers & challenges for Sue?

- Sue wanted Home-Start to offer support with dealing with the challenges of raising her family whilst dealing with her husband’s brain illness.
- To date, Sue feels that the HS volunteer has been her constant, reliable ‘friend’ or surrogate mum. The volunteer, Karen, has been supporting the family for nearly 2 years and she has been a tower of strength. She has helped with signposting and guidance, she has provided very practical support, she has provided emotional support by being there to off load to and importantly always follows through on her commitment, even when her own family have needed her.
- Sue had been dealing with child no 4’s special needs at home but felt that school could not properly support him..
- Karen was able to help Sue think though and prepare what she wanted to talk to school about. She encouraged her to write down specific things she wanted to know and ask for a transfer to a specialist school. When the transfer seemed to have stalled the volunteer helped Sue push for it to happen.
- After her diagnosis of breast cancer Sue and Pete went to their children’s centre to ask for some additional support. A TAF was arranged by the Family Outreach Worker. Due to their attendance at hospital appointments the family could not attend the TAF meeting. A suggested plan was drawn up and the lead professional was to be FOW.
- The family did not really engage with the plan and felt that they would be OK for the time being. FOW left suddenly but passed on to a colleague.
- Sue’s treatment commenced and initially she responded particularly well – she was feeling better with more energy and less breathlessness. Sue was offered anti depressants during this period but having used them in the past was very reluctant to start taking them again
- Sue now feels more drained by her treatment and feels she has been misled by some of the ‘experts’ about her condition.
- Macmillan Nurses are supporting Sue and suggest that the family should try to move to a bungalow to help with her mobility around the house in the near future while Sue has the strength to be involved.
- Pete and Sue visit ‘housing’ and are told how to bid for houses that are council owned. They try one or two but following no success they don’t really have the energy or time to follow up. They know that the council do not have the sort of housing they need but do not have the income for private housing.
- CAB provides support to help get DLA and mobility benefits for Sue.
- Several attempts are made to access the relevant benefits and allowances and eventually things seem to have fallen in place.

Listening to Lin – the Home-Start Volunteer

Sometimes I am in awe of Sue - she has shown so much courage and determination since her diagnosis.

She is very self reliant and only asks for help when she really needs it – They really do want to cope on their own if they can.

Sometimes they do ask for help – such as with housing now – and you know that they really need the help then.

But you also know they will find the process of accepting help difficult. She needs someone with patience who can help at the right speed. The moving process will be very difficult and energy consuming. They really need someone to do the difficult bits for them – the fighting, the chasing up. But that person has to be someone they accept because they do want to cope on their own as much as possible.

You do also wonder that as they have already 'turned down' several offers of help it will be much harder to get the help they want and now need badly.

They really need a joined up service that can be taken at the speed the family are ready

- Sue is making plans for her family after her death. She really wants to know now that support will be in place when it is needed and is worried that it won't be.

What Sue really WANTED – both now and then

- A key worker to be allocated right at the beginning and to stay with them to that they know the history and the issues. That person can help the family to link up all of the appropriate services at the time that is right for the family. They can help manage the care and support that will be needed, without having to battle for everything.
- Earlier diagnosis for Pete, Sue and their child with special needs would have made life a lot smoother. In each case early suspicions of illness or issues were raised with relevant professionals but allowed to rest until they became a crisis.
- Financial stability and clarity – benefits come and go – money is stopped first, then restarted. Some support coping with this would allow space from the worry and energy it drains.
- 'The feeling the services are working for me, not against me. ' It feels like every service the family have used has put hurdles and barriers in the way so that they question whether they are not really eligible or allowed to use the service.
- Longer term help for her family in place before Sue's illness claims her life, with professionals already identified.

The referral information:

Mum is parent of two daughters, both under 5 years old.

Mum was being controlled by ex-partner which affected her self-esteem and around having the children. Mum was very depressed and this impacted on the children as they did not often have the opportunity to go out and play.

The referral was received from the family's Health Visitor, stating mum had depression and was isolated.

There were also concerns over the children's development due to limited interaction at home and not accessing local facilities.

Home-Start North West Leicestershire – Family Case Study & Volunteer perspective

What we have subsequently learned from mum

- Mum was 41 and the two girls were 3 years old and 1 year old.
- At point of referral, mum didn't disclose full information regarding domestic abuse etc. Initial focus was that she wanted help to take the children out and somebody to talk to.
- Father would either not turn up on time to collect children, or at all. He would also say he only wanted one of the children at a time, thus not allowing mum any time for herself.
- The Home environment was very isolated. Mum spent time in back room, with curtain's closed – very dark.
- Due to previous Domestic Abuse, mum blamed herself and was reluctant to seek support.
- Financial difficulties – mum was pushing bills and final demands into drawers as felt unable to deal with them.
- 1 month into support bailiffs were knocking on the door due to non payment of council tax.
- The family's Volunteer accompanied mum to the Council offices to make payment arrangements.
- 3 months into support, mum's mental health dipped severely and CPN became involved.
- 13 months into support, mum's mother became very ill, which ended up putting further strain on to the family.
- Mum took the support of the CAB to help with her debt issues.
- At the end of support, this was still on going and working well.
- Family is now closed. They were supported for 18 months.

The influences and challenges for mum

- Mum wanted Home-Start to offer support with dealing with the abuse she had suffered and the effect on her own isolation/ emotional well being as well as the children's.
- To date, mum has said that looking back, she wishes that she had have accepted help earlier and accepted that the relationship she was in was very bad and ended it sooner. The difficult times she was having had been going on for years. The more her partner put her through, the worse she felt and the lower she became. Even though help was offered by Home-Start, she didn't feel able to accept it at first. She looks back on "the low times" and feels bad about how it must have been for her girls. She wishes she had gone through a Solicitor to get proper visits with their dad set up but was scared to do that at the time. Now, they are all a lot better. The girls are happier and mum says they have a good routine and, generally, a happy life.
- Mum and Home-Start tried to prioritise which aspects of her circumstances (issues or problems) it was most helpful to get support on first.
- Mum agrees it would have been better if she had sorted out the girl's visits to their dad properly through a solicitor. They wouldn't have had to go through him not turning up and saying he only wanted one at a time.
- Mum was worried about losing her girls or having them taken away from her which she knew she had to focus away from.
- Mum says she was always scared that she would lose her girls. Because she knew she was so low, she thought that by accepting help, they would be able to see that and take the girls away from her. Looking back, she knows that was all part of her mental health issues. There was a delay in getting a CPN, but mum thinks that perhaps getting that support earlier, would have helped her.
- Following her frustrations mum began to finally accept the support offered by Home-Start.
- Mum found it difficult to actually get a CPN. She said it took so long for the referral to go through but Home-Start helped her to turn all of this around. She said that once she accepted their help, the volunteer took her to the solicitor, Citizens Advice Bureau and helped mum to maintain the support she needed.
- Mum looks to the future and reflects on her Home-Start support and self esteem.
- In the past mum did not think she could picture "success or contentment". Looking back, she said things were so bad for so long but she always wanted to have children and be a happy family. Now, she still wants that (to have children and be a happy family) but she realises that she can do that without a partner. Mum went on to explain that as long as her girls are safe, happy and loved and they manage to get by, then she would be happy too.

"The top three things I most want for my children in the next 5 yrs is happiness, a good education and self belief."

- A volunteer to help improve the quality of her and her children's lives.
- Help with her self esteem and self belief so she was able to pass this in to her children.
- Also, support from a volunteer who could help mum even though she often moved at a "slow pace", which at times, was frustrating to the volunteer, yet entirely understandable.
- Access to a CPN much earlier than she actually did it as the volunteer noted it was clear that once this was in place, she improved. Also, it would have been better if she'd been able to contact a solicitor with regard to the children's visits to their father at an earlier stage. But because of her mental health, mum was unable to bring herself to do this.
- Mum often said that she felt that the health visitors were "looking down" on her. This may have been because of her general lack of self esteem, but to her, it felt real. However, Home-Start has made an enormous difference to this family's life as although the relevant services were out there, the volunteer agreed that Mum would never have gone to them.
- The volunteer acknowledged that Mum needed somebody to be-friend her, empower and encourage her and ultimately support her to go and get, for herself, the help that she so needed.
- Home-Start were able to provide emotional and practical help from helping her to access the relevant information to encouraging her to play with and take an active part in, her daughter's lives. This ultimately had a positive impact not only on mum's well being, but that of the children too.
- The volunteer thought that it did not matter how wonderful an array of services you can have on offer for families. If they do not have the emotional ability to be in a place to recognise that they need them, or how to actually go and ask for help, it can be a waste of time.

Listening to the Home-Start Volunteer

At the time I started to visit this family, I wasn't sure if the mum would engage. It took time and gentle encouragement, but within a short space of time, I managed to gain her trust.

She had two daughters under five years old and an older son, of 18, from a previous relationship. Her partner had recently left her after subjecting her to years of abusive, both physically and mentally.

Subsequently, she was extremely depressed and had very, very low self esteem.

She was an excellent mum to her girls in the sense they were always clean, loved and cared for. However, due to her low mood, the impact on the girls became clear. They rarely went out and didn't engage in play.

Mum was struggling financially too. She felt unable to deal with bills and her finances were spiraling out of control. She had bailiffs knocking at the door and threats to disconnect services.

Often, parents need practical and emotional support to be actively encouraged to engage with appropriate services. By offering a home visiting volunteer, this enables families to get the help they need.

Final Thoughts from mum

One thing I have learnt from my past is that it's better to have a good network of support around you and of course, I know I have to let people help me too. So, I know that having friends and family around me and being able to get support from organisations, if I need it, will be helpful.

I could not have gone on to get help from solicitors and other organisations, without the gentle one to one support and encouragement from my volunteer.

So, it wouldn't have mattered how many organisations were there to help, I wouldn't have had the strength to get there. So it's important to put the emotional support in place to help people to get to the point where they are ready and able to take further help.

I needed to be encouraged or even sometimes taken to these places - I would not have gone alone.

The referral information:

Ann is 28 years old and is parent of 4 children and is pregnant with twins.

The father (named John here) of the oldest child (10) and the twins is in prison.

The father of the middle 3 children (6, 5 & 4) died of a drug overdose.

The referral requested a volunteer would be useful to help get out and about with 4 children under 5.

In addition the family could do with some respite for mum (pregnant with twins) and allowing her a chance to get on with jobs around the house.

**Home-Start South Leicestershire –
Family Case Study & Volunteer perspective**

What we have subsequently learned from mum

- Ann has known John, since she was 12. They met when they were in care.
- Ann's mother was an alcoholic, she 'didn't do a thing' and was violent to her 3 children. They moved around every 3-5 months. Ann looked after her siblings ('though nobody showed me how to'). Her grandmother (who also spent time in care as a child) helped out as much as she could. 'I was fostered a few times when there was an emergency and ended up in a children's home when I was 12'. Ann keeps in touch with her mother but her children are unaware she is their grandmother.
- John also spent time in foster homes. 'His mum had loads of different men; they all physically abused him and she let them'. When they met in the care home they 'stuck together like glue and always looked out for each other ... we're really close - we've only had each other as friends and we've never trusted anyone else'. John has never been able to hold down a job as he has a problem with men telling him what to do and he 'hits out'. He has been in prison 3 times for GBH but this last time has received counseling which has helped him understand the reasons he behaves this way. He can see he needs to get a job away from other men (either on his own or with Ann) and is feeling optimistic about the future for the first time when he comes out of prison at the end of this year. 'He has never been violent to me or the kids'.
- Their eldest son (10) has had behaviour problems since he was 2 - poor social and relationship skills with staff and peers. Ann feels investigations are required as some of his father's relatives have been diagnosed with ADHD or Autism and she would like a proper assessment made before he moves up to middle school - 'before it's too late'. Ann feels however that she is not taken seriously by the school who she feels are quick to blame his behaviour on him being the oldest of 6 children and his dad being in prison. She feels agencies pre-judge the family's situation.
- Ann has been on the housing list for 4 years. Their rented house is small and overcrowded. She receives a lot of complaints from neighbours about noise levels when the children are playing in the yard. Ann struggles on a day-to-day basis with bringing up 6 children but manages as best she can. She worries about people thinking she's a bad mother for fear of Social Care coming round and taking her children away. She worries about her eldest son getting into trouble like his Dad.

She struggles to make ends meet financially and has low self-esteem. She also feels she is 'being judged' all the time.

- Ann has done 2 floristry courses and hopes 'to make a go of doing flowers for weddings and funerals when the twins are older'. She would like to set up her own business and is currently learning to drive (the grandmother of her middle children has remained in touch and is funding the lessons). Ann feels this would be something John could help her out with when he is out of prison. She also has a long-term aim to become a midwife.
- Ann hopes that, when John comes out of prison, they can be a family unit 'but I can't hold out too much hope in case anything happens again'.

The influences and challenges for mum

- Ann wanted Home-Start to support and built a good relationship with the Coordinator.
- 'Home-Start is the only service I've ever let through my door. Anyone else would have got the door slammed in their face. Mary (Home-Start Co-ordinator) didn't push me; she told me what help Home-Start could give if I wanted it. She gave me some information and said she would get back to me and she did. She was friendly, didn't have a clipboard, didn't scare me. I felt relaxed around her. When I said I was fine she could see I wasn't and she knows what she's doing. Others would walk away.'
- Ann felt she needed to build trust after her experience with other services. She did not fully trust Social Care and for a long time felt they were waiting for her to slip up and take the kids away whilst at school, she felt she was not taken seriously because she was a single parent with 6 children. Ann feels the Job centre asking what she has been doing to get a job is a bit unrealistic at the moment and the CBII are not really helpful because they also ask her to do unrealistic things.
- Mary gave me 2 volunteers who visit on different days. At first I didn't trust them, but they're really good - they treat me like a friend. We chat and they give me time to get on with some jobs so I can clean up and this makes me feel a lot better. They take the kids out - they get really excited on the days the volunteers come. They bring books, games and puzzles and give me time to spend with some of my children individually
- Ann utilised some very specific services that were signposted to her by Home-Start.
- They have given me safety equipment to help make the home safe for the children and they have also arranged for me to have toys from the mobile toy library. They managed to get me help from SALT also with one of my son's speech and he's much better now - a right chatterer.
- Ann has felt her confidence increase as well as receive grant help for clothing for her children's school uniforms.
- My volunteers and Coordinator tell me I am a good mum - they've given me confidence to stand up to the teachers and push for a proper assessment. Mary leads my CAF. Home-Start has helped me with clothing by getting grants for uniforms and a bed and waterproof mattress. I've had Christmas vouchers - these are all good but all the other stuff is the main thing - help, trust and friendship to everyone in my family.'

- Ann has attended Home-Start support groups and shared her experiences with others as well as getting support from a volunteer to attend appointments.
- I go to a Home-Start group – I never thought I would do that but the twins like seeing other children and I have a chat with the mums, staff and volunteers. They relieve my stress, bring ideas and encourage me to do things with the children so we're all happier and they give me adult conversation. They help me to get to appointments which is really difficult – surgeries don't like you going in with 6 children. I need them to be with me a lot longer yet – it's taken me almost a year to trust them. Home-Start doesn't give in – they don't judge you. They waited for me to accept them and f I've needed to get hold of them I can.
- Ann feels she is more relaxed overall and this has had a positive impact on the children too.
- When I visit my partner in prison he can see I am more relaxed and less worried and stressed. I get a bit of time to myself – to do jobs, catch up on things, get a bit of shopping or have a driving lesson. The kids are happier because I've got more time with them. My eldest son tells his Dad when he visits him in prison about the volunteers and how great they are – John wants them to carry on coming when he's out of prison at the end of the year.

Volunteer: "The voluntary aspect of Home-Start is really important to Ann, i.e. the fact that she was able to decide whether she wanted us or not, and that we are helping her because we want to, not because we're paid to".

What Ann really WANTED – both now and then

- Help to cope with the day-to-day demands of bringing up 6 children of varying ages as a lone parent.
- Some adult company and friendship.
- An extra pair of hands to play with the children, attend school and doctors' appointments.
- Someone to support her in her attempts to get help for her eldest son, ie an advocate with the school and doctor.
- Someone on her side to help her deal with a difficult landlord, complaining neighbours.
- Some respite to give her the opportunity to continue with her driving lessons, in order to start planning for future work to provide for her family.
- Any available help to ease the financial burden of having a family of 6 children.
- Help with her own self-worth and confidence as a parent.
- An opportunity to meet other people and make some friends

Listening to the Home-Start Volunteer

This is an extremely vulnerable family with all sorts of needs, past and present. Mum is doing her best but her dominant son can be very controlling of both his mother and siblings. The second oldest (aged 6) tries to make everything right so both children are taking on adult roles.

Mum is paranoid that, if she does things wrong, her children will be taken away. It does feel as though the input from some agencies is punitive rather than helpful. She needs more people on her side other than Home-Start.

There are concerns about when Ann's partner comes out of prison – whether he will accept Home-Start and how he will cope with the stresses and chaos in the home. Support for Ann needs to continue long-term as she is the key figure in holding the family together. She needs constant reassurance and encouragement as she feels totally judged by everyone.

Home-Start's approach is appropriate for this fragile family – not judging, listening, letting her pass her thoughts over us, giving her ideas and tips, allowing her to plan for the future; being a positive influence on the children – we know they enjoy us coming by the way they all greet us.

There's a lot of work been done by us both over the past 17 months but it's only been in the past 6 months that we've seen really positive results.

Final Thoughts from Ann

I am looking for somewhere permanent to live that's comfortable and where the kids feel settled. We know we've got a long wait because we need a big house, but it'll be worth it when we get it. When we've got a nice home I shan't ever move again – I'll never do the same as my mum did to me.

I would like for the all the kids to get on at school, especially my eldest.

I want our family to get and stay together. I'm really hoping that, with the help my partner has had in prison this time, things will work out for us all as a family but I can't hold out too much hope in case anything happens again.'

The referral information:

Sharon & Tom

Original referral:

Sharon (husband Tom), with one male child aged 15 months and 25 weeks pregnant

From Registered nurse therapist at Common Mental Health Problem Service.

Sharon had suffered with Post Natal Depression after birth of first child.

At that point her physical and mental health was OK but she was beginning to struggle.

Her husband worked 7 days a week, with long hours through the summer.

She was estranged from her family and had no other support.

**Home-Start Blaby District Oadby & Wigston –
Family Consultation & Volunteer perspective**

Compiled by Kay Hewitt with full support from Tom & Susan

How things unfolded for Sharon & Tom:

- Sharon was starting to feel anxious about recurrence of PND and lack of family support. Tom's father visited weekly
- June 08 Sharon had baby Sam (male)
- Volunteer tried to help source PND groups in locality
- April 09 Sharon attended MIMS (Homestart) course, volunteer helping out with childcare
- May 09 Sharon started self harming, CPN and crisis team involved, with possibility of being admitted to hospital, but anxious about leaving children, especially C2 as she was self harming. Financial issues were also a cause for concern, especially if Tom needed to take time off work to look after children.
- Sharon was admitted to Brandon unit and volunteer continued to visit family home and support Tom practically and emotionally. She also visited Sharon in hospital, Sharon was still self harming and having panic attacks as well as worrying about Tom and children. Sharon underwent ECT.
- Tom then having concerns about how Sharon would cope when she came out of hospital, although it looked like she would be in for 4-6 weeks. Health professionals talked about trying to arrange childcare so that Tom could return to work – difficult because job is not 9-5 and he felt he should be with children. Homestart were asked if they could provide more support which they were unable to do as vol already visiting twice a week
- June 09 Health Visitor called to see family and suggested foster care – Tom said he would rather give up work than consider this option. Sharon coming out of hospital for few hours a week. Whilst in hospital took an overdose (intensive care) and still no counseling being offered.
- July 09 hospital started to suggest Sharon was discharged but Tom felt this was not appropriate. He had some contact with LAMP. She then discharged herself, was sent home with no medication, was self harming and crisis team involved, was then readmitted – change of ward and so change of consultant
- August 09 slight improvements in Sharon, coming out for a day at a time.
- Oct 09 Tom and children attending Homestart family group. 3 sessions/week planned at preschool for C1 from Jan 2010. Tom's "laid off" from job. Spoke to CAB re job situation and benefits

- This pattern of hospitalization, gradual discharge, full discharge and then back into hospital continued, with no individual counseling/therapy ever being set up. Sometimes Sharon has been sectioned and this has been very distressing for all.
- There has been some very serious self harming and many suicide attempts.
- Sept 10 Tom made decision to separate from Sharon, although he continues to visit and support her and ensures boys have contact. In Reach helping with benefits etc.
- April/May 2011 Sharon was discharged from hospital into sheltered accommodation, she made two suicide attempts and was readmitted to hospital.
- Recently Sharon has been transferred to small unit in Northampton which Tom and Sharon feel will be very beneficial for her and should offer her the care and therapy she requires.

What have been the influencers & challenges for Tom & Sharon?

What would it have been helpful to get support on quickly first?

The timing of the support that I got from HS was very important for me. Initially it fell from M to me. At the time I didn't think I needed it but I know now I really did. I took the support on because it was there and initially just went along with it because it had been there before for M so it fell to me by default. I started getting home visiting support from J and then it was suggested I also went to the HS group to enable me to engage with other parents and give the boys time to socialize and begin to access other services.

I certainly wouldn't have known about the services out there if it wasn't for HS and to be honest I don't think I would have sought them out myself. My support from HS has proved to be invaluable. Personally, I understood the reasons that things were difficult for me but I never accessed other services to help me with that - I'm not that sort of person.

Were there any particular public or support services you found to be helpful?

HS got me funding for a play place for my youngest when he was 2 which I understand isn't available now so that was a real help. It was HS that told me about this as I wouldn't have found out myself. I don't use health visiting or other services. In my experience I've not found many of the other services particularly helpful - I felt like after M got really ill they gave me a wide berth. Social Services said they couldn't offer me any support and even the CPN said they couldn't do anything. I think that made me reluctant to try and get help or support from other sources.

I think that it would help if some of these services that should be there to support families thought about how much it actually takes for people to ask for help.

What does success mean to you now at this stage?

Success to me now means bringing up the kids - seeing them as they are today. That's down to the help I've had from my volunteer Susan and the group. It's regular and consistent support and the stability of the support needs to be there for both me and the children. I think you can find yourself quite quickly on your own in these situations. There aren't any quick fixes or miraculous answers to these problems.

Listening to Susan – the Home-Start Volunteer

“For Tom Home-Start has been a lifeline. Services from other agencies have been very mixed, sometimes OK & sometimes not. Mental Health services on the whole have been very poor, regular staff changes & a lack of care.

If Sharon had had better & quicker services, such as counselling and an integrated response from the start things may have been quite different. Preventing the stress turning into a crisis. If other professionals had taken the time to talk to Home-Start they could have created a more co-ordinated approach which would have helped Sharon & in turn Tom & the boys.”

Services need to invest more time and be in it for the long game. It's important to be asked about things even if things haven't changed that much. Life isn't all about quick fixes and changes – we tend to go along at a pace and things don't change that miraculously. That's why the consistent and sustained support that HS has given me and my family is so important. HS support works because it gives time and the more time you spend with someone the more you get out of that relationship.

What do you want for your children in the next 5/10 years?

For the future, I want my sons to have as normal a childhood as possible, to do normal things, to be happy and feel loved. It's always going to be more difficult whilst they're younger so the support I'm getting now will hold me and them in good stead for the future. One of the really important outcomes from me attending HS group is that I'm building important relationships now with other parents both at group and outside in my wider life. Hopefully those relationships will continue to grow and thrive throughout my life as they have become strong friendships. The children have also made good friendships that they'll probably take with them into school and beyond.

What you find helpful in supporting you to achieve some of this in the future?

I meet up with other HS parents outside group and that's the after care that originates with HS but continues on into the future. Some of the excellent work HS does goes unnoticed but it wouldn't happen if HS wasn't there in the first place

Without HS there would be a big gap in mine and the boy's lives. I know there are other services out there like Sure Start but I don't think they understand the problems as much as HS seem to. The relationship between home visiting volunteer and parent/family is a very unique one which other services don't seem to have been able to capture. Perhaps it's because the investment in resources, time, and longevity is too much but the end result is that they'll never offer the same quality or relevant support.

Other services can talk to you about all those very important elements of healthy child development, etc and eating 5 a day, keeping fit, etc. but HS helps with equally important things like raising self-confidence and self-esteem and helping families who are isolated to come together. I think HS has given me the time to stop and think and that has made me realise how much of our lives we spend on autopilot. When I go to HS group or when J comes to see us I can for that brief period of time take a break, talk about how I'm feeling and be around other people who are in similar situations to me.

Volunteer:
“Home-Start has been a lifeline”