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| **Anonymised Case Study** | | | |
| **Date support started** | 22nd of March 2023 | **Date support ended** | Present |
| **Background** | | | |
| The family were referred to Barnardo’s Family Life Skills Service on the 24th of January 2023. The initial referral that outlined that mum would benefit from some support with challenging behaviours, sleep issues and housing.  The family dynamics are as follows:  Mum  Child A – 4 years old  Mum is a single parent who had fled an abusive relationship and was living at the maternal grandparent’s home in a box room, sharing a single bed with Child A. | | | |
| **What initially mattered to the people we worked with** | | | |
| Very early on in support the family presented as homeless and were placed in temporary homeless accommodation. On first meeting mum the Family Life Skills Worker and mum discussed priority needs and how the Family Life Skills Service could support the presenting needs. Mum identified that even though she was homeless and understood her focus should be on her housing situation, her own wellbeing was her biggest concern. Mum disclosed that she was feeling really low and overwhelmed. Mum said she felt ‘Selfish, for wanting to access support for her own mental health’ but mum identified how much it was impacting her relationships, and mum felt it was having an effect on Child A’s behaviours. Mum had been in an abusive relationship with Child A’s father. Child A had witnessed some of the abuse, and this too was having an effect on the ‘Guilt’ the parent felt. The FLSS worker did speak to mum about support for Child A after such trauma. Mum did help want help with Child A’s behaviours and in particular sleep. The family had no access to cooking facilities in their accommodation and mum was missing meals due to the costs of having to eat out. Mum felt ‘Unsafe’ in her accommodation as the property was ‘All males and no other children’ were housed there. Mum had asked for referrals to groups to ‘Keep me busy and out of my accommodation.’ | | | |
| **What we planned together** | | | |
| Following a Family Star assessment completed with the FLSS Worker and with mum the following was identified: -   * Mum to see her GP to access specialist mental health support. * A referral to Y-Bont for counselling. * Ongoing emotional support for mum and regular check ins. * Co-ordination with housing and current housing officer. * A referral to Barnardo’s Cost of Living Fund to support with regular meals for the family. * Mum to attend Non-Violent Resistance Programme parenting group. * Support for mum to be a present parent and repair relationships with Child A by using reconciliation gestures and positive communications. * Developing boundaries to support mum with Child A’s challenging behaviour. * Developing mum’s confidence in implementing new strategies with Child A. * A referral to Flying Start for mum to access additional support and attend Flying Start groups. * When ready, a referral to the Domestic Abuse Safety Unit (DASU). * A referral to Use Your Loaf. * A referral to Cook and Eat sessions.   Support was a mix of face to face, group support, online and phone. | | | |
| **What we actually did. What worked? What didn’t? Why?** | | | |
| Initially mum spoke to her GP about her mental health and accessed support via the Fitness Referral Program rather than a prescription for medication. Mum is now accesses boxing classes which she feels has helped her emotional wellbeing. The Family Life Skills Worker completed a referral to Y-Bont, and mum accesses weekly support from a counsellor.  The Family Life Skills Worker submitted a referral to Barnardo’s Cost of Living Fund and was successful in securing mum a £300 payment to support with meal costs. This meant that the family had at least two hot meals a day, and that mum wasn’t skipping meals altogether to ensure Child A could eat.  The Family Life Skills Worker made contact with the Housing Support Team and co-ordinated support to avoid duplication of work. The Family Life Skills Worker discussed mums concerns around safety in the temporary homeless accommodation the family were staying in. Within a couple of weeks, the family were allocated a new build 2-bedroom flat. The Housing Officer completed a referral to Citizens Advice Bureau for some debt advice and support with budgeting for mum. Mum had a very small amount of debt, which mum has now tackled. The Family Life Skills Worker completed a successful application to the Buttle Trust, which saw mum allocated £1,500 to support with furnishing the new accommodation, buy toys and equipment for the child, and provide school uniform ready for the school new term. Together with the Family Life Skills Worker, Mum identified key pieces of furniture for her Child A’s bedroom such as bedding, curtains, soft furnishings, as well as breakfast stools so the family could eat together.  Mum attended the Non-Violent Resistance Programme and successfully completed all 10 sessions. Mum engaged well and formed supportive relationships with other parents attending the group. Together the parents from the Non-Violent Resistance Programme decided to form a WhatsApp group so they could provide each other with peer support outside of the group sessions. The group have since shared that they have attended community events together, including fun days and information sessions, Stand NW sessions, and the odd coffee out together. They continue to check in with each other weekly. This has significantly improved mum’s emotional wellbeing.  During one of the Non-Violent Resistance Programme sessions, mum spoke about how helpful she was finding the program, not only with Child A but with other family relationships. Mum said that she had *‘I have learnt to respond and not react and regulate my emotions.’* Mum went onto say that she was even helping her friends with their children too. Mum commented that her parents had noticed a change in her and said she was much calmer. This also meant that as a result Child A’s behaviour had improved as well as sleep. Mum had been supported with some boundary setting and sleep routines. Mum has also been given emotional support and guidance and offered some mindfulness sessions and resources.  During the Non-Violent Resistance Programme sessions, it was identified that a referral to the Nurture Programme would benefit mum and in her continued progress. Mum was really keen to continue her journey and together with the rest of the Non-Violent Resistance Programme parents, the Family Life Skills Worker supported mum to sign up for the Nurture Programme starting in September 2023. At the end of the 10-week Non-Violent Resistance Programme mum was supported to attend the Women’s Centre to discuss a possible referral to Own my life Course. Mum had a consultation with a practitioner and has since signed up to a confidence building course, as well as the Own My Life Course.  The Family Life Skills Worker did have a conversation with mum about the risk of over subscribing and how this could cause some stress, but mum said she was *‘Loving all the courses, I feel loads better getting out and meeting people.’* Mum has also signed up to the next Cygnet Programme to be delivered by Barnardo’s as she would like a better understanding of her own autism spectrum disorder behaviours and some of the behaviours Child A displays. She is currently on a waiting list for this support.  Mum has just completed a healthy Cook and Eat session delivered by the Family Life Skills Worker where mum made her first ever cakes as well as a main meal for her family. Mum commented on how proud she was of herself as mum has *‘Never made anything like that before and I now have confidence with food and how good it all looks.’* Mum was also given £60 in vouchers as part of Barnardo’s Driving Health Futures Scheme to buy kitchen equipment or food to carry on cooking healthy food at home with Child A.  The Family Life Skills Worker did discuss a referral to the Domestic Abuse Safety Unit for support for Child A, but mum felt Child A was a bit young at this time as Child A is 4 years old. Mum shared should this cause an issue for Child A going forward, a referral can be made. Mum share Child A’s behaviour has settled now, and Child A has a good sleeping routine in Child A’s new room and mum reports the relationship between them both has improved. There are still a few questions around some possible autism spectrum disorder and attention deficit hyperactivity disorder behaviours, but school have been supportive and have said they will refer to the Neurodevelopment Team if Child A’s behaviours worsen.  Mum’s confidence and self-esteem has grown, she now has a part time job at the hospital, and mum is looking at returning to part time study at some point. | | | |
| **Challenges and risks we faced. How we dealt with them** | | | |
| The initial barrier for the family was living in temporary homeless accommodation which mum felt was unsuitable. This was overcome by the Family Life Skills Worker liaising with the Housing Support Team whereby the family were allocated a 2-bedroom flat. Once mum moved into her new accommodation this wasn’t an issue. Mum has engaged well at every stage and attended all appointments. | | | |
| **Outcomes we achieved** | | | |
| Mum feels much more able to cope now and says that her overall mental health and wellbeing is good. Mum has improved her relationship with Child A and her own reactions to some of Child A’s behaviours. Mum feels that she is a present parent now and has used lots of the communication tools discussed in the Non-Violent Resistance Programme to help de-escalate situations. Mum has learnt to validate Child A’s feelings and support Child A to regulate their emotions. Mum recognises her own trigger points, and Mum has taken steps to reduce this. Mum has used some of the mindfulness techniques and the skills taught to her by her counsellor and Mum says she feels calmer and in control of her own emotions. Mum says that family relationships have also improved in general. Mum is engaging well in the community and accessing different services. Mum feels she has a good support network. Mum is also very happy in her new property. Mum is financially stable now too. Mum feels she is a good place and is ready to start the Own My Life Course as Mum would like to have a better understanding of what happened in her last relationships. Mum is still accessing peer support with the parents from Non-Violent Resistance Programme. The family have a secure home, and new furniture in Child A’s room. Mum is employed now and looking forward to building her skills set, mum has applied to work for the NHS. | | | |
| **Comments, compliments and criticisms from the family and stakeholders** | | | |
| Mum has commented that she feels so much more confident now and that things have turned around for her. Mum says she is excited for the future instead of ‘Getting through the day.’ Mum thanked the Family Life Skills Worker for all the help and support provided. Mum has said she is much more knowledgeable and understands Child A a bit more now, as well as some of her own behaviours. Mum has also reflected on her own reactions as a young person and how the impact that may have had on her own parents. Mum is keen to address this with her family and ‘Make amends.’ | | | |
| **What we learned as a service** | | | |
| The admission of mum struggling with her own mental health and the impact that was having on mum’s parenting abilities illustrates the affect that poor parental mental health has, not only on the parent, but also on the child, their behaviours, responses, and their own resilience. It demonstrates how important it is in prioritising self-care and model this to our young people. As a service we know that children whose parents have poor mental health are more at risk of developing social, emotional and behaviour problems, leading to poorer outcomes. Poor mental health often means that parents aren’t available or present to their children which can lead to children feeling unsafe and affect attachment and security. Parents can struggle to be consistent, and this can lead to confusion and unpredictability. The child may feel alone, isolated and struggle to self-regulate. They may struggle to form positive relationships in the future and often seek out similar patterns or traits.  After witnessing the transformative effects, a positive, supportive group can have on parents, their relationships and overall wellness, it is clear to see the advantages of peer led support alongside person centred support. Mum accessed several groups and formed nurturing relationships within the groups. Being part of such groups, mum gained a sense of belonging, which helped reduced social isolation. The parents helped each other problem solve and offered practical solutions to each other, they shared their concerns and worries and created a caring, safe space to let off steam or just arrive with each other. The parents were all in the same boat and therefore able to recognise each other’s struggles and anxieties. This created a connection and community of emotional support, understanding and acceptance. The parents felt heard and validated by their peers. It reminded them that there is no perfect parent or perfect child, it helped dispel some of the social media myths displaying perfect families. The group promoted self-care and gave each other permission to take 5, thus promoting parent and child mental health and wellbeing. Being part of the group gave Mum the confidence to open up her world, attend other community activities, other groups, and trainings. Having the WhatsApp group meant that support was always there and available outside of office hours. This has helped reduce reliance on services. | | | |