**Warwickshire School Health and Wellbeing Service**

**Case Study**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Alice Middleton**  | **Warwickshire Area:** | **Caldecote – North Warwickshire**  |

|  |
| --- |
| **Please could you describe the issue the service user/s were experiencing and seeking advice for?** |
| Following the completion of the year 9 health needs questionnaire, I offered a young person an appointment in school to discuss his answers. The young person attended the appointment and shared his father did not work therefore his mother sometimes struggled to afford food. He shared things had started to improve and he always ate however reported sometimes his mother had to go without meals which made him worry. The young person shared he lost his grandfather a couple of months before completing the questionnaire therefore was struggling with this at the time. At the appointment with myself he reported that he was “over it” and declined bereavement support. During the appointment the young person shared he worried about his father as he knew he had a medical problem, however father refused to share the details with him. The young person reported not knowing what the medical condition was caused him to worry about the possibilities of his father’s illness. The young person shared he has lost his grandfather and therefore this makes him worry about his father’s health. The young person shared his father would not discuss the situation with him, however he shared he felt confident discussing things with his mother and would feel able to seek reassurance from mother.The young person shared he had historically been bullied, and felt discriminated against as part of the bullying. The young person reported that the bullying had now stopped and therefore was no longer an issue. He reported he was now friends with some of the peers that bullied him. The young person answered one of the bullying questions to report every few weeks someone told him they would not like him unless he did what they said. When school health explored this further the young person shared he would be encouraged to do “silly things” that would get him trouble, and then the bullies would laugh at him. The young person shared he had never felt pressured to take part in any criminal actives or take drugs or alcohol. The young person reported he was happy in school and the community at the current time and had no worries about bullying. The young person shared if he felt bullied he would be able to talk to trusted adults and friends. The young person identified parents and his school mentor as trusted adults. In the initial appointment the child gave consent for me to contact mother to explore the issues of food, father’s health and bullying further. The young person also consented to meet with school health again in 2 weeks to be offered further support.  |
| **Please describe the care you provided:** |
| During the initial contact I listened to young person’s concerns. This allowed me to recognise the following key areas which needed exploring further to identify what support was required. * The young person shared he was worrying about fathers health/was he a young carer?
* Although the young person reported he always had enough food to eat, he did share he was worrying about mothers access to food, therefore this would suggest food may be limited at home.
* The young person reported historical bullying and a recent bereavement, could these things on top of the worry he is having about parents be impacting his emotional health, if so during the completion of the questionnaire he reported he would not know how to access support for his emotional health.

In the initial appointment school health were able to query some of the questionnaire answers to ensure the safety of the young person. Throughout the discussion the young person reported he always had enough access to food and confirmed he never missed meals. School health also questioned the bullying concerns, as the young person shared he was no longer being bullied as he had made friends with the peers involved. School health enquired about these friendships to determine if the young person appeared to be involved in an inappropriate friendship or at risk of exploitation. The young person shared his friendships were safe and with peers at school, he was also able to identify trusted adults he would talk to if he felt worried about anything. In the initial meeting I provided the young person with the useful website and app list which he could utilise to help manage his own emotional health. The useful website list also shares resources young people can utilise for bereavement, therefore even though he did not feel he required support at the current time for the loss of his grandfather, he would know how to access support should his feelings change in the future. School health advised the young person to seek reassurance from mother with regards to father’s health; mother was listed as a trusted adult he could talk to and may have been able to elaborate on the situation further to make him feel more at ease with the circumstances. I explained our chat health service to the young person and provided him with the details so he could access this for support between 9-5 Monday to Friday. I also gave the young person details of ChildLine, and explained he can contact their service for support out of hours when chat health is not available. During the initial appointment I was able to offer reassurance that I would explore these issues further and meet with the young person again to offer ongoing support until improvements were made. I contacted mother over the phone to discuss the prior meeting with the young person. Mother confirmed that the young person’s father was unwell however shared she also did not know what was wrong with him. I explained to mother that the young person was worrying about his father and linked this to the loss of his grandfather. Mother advised school health she would speak with her son and reassure him as she knew that his father did not have a terminal condition or cancer which is what his grandfather passed away from. Mother advised school health that the home environment can sometimes be difficult as mother and father have separated, however still remain living together due to father’s ill health and unemployment. Mother shared father is often negative and due to fathers emotional health she provided most of the young person’s care to reduce father’s pressure. Mother shared fathers emotional health also impacted on the young person’s relationship with his father as they spoke about limited things and father would often be critical of the young person. Thought-out my interventions and involvement with the family I was able to get consent from mother and the young person to make a young carers referral. Mother shared she was aware of historical bullying however had no current concerns with the young person’s friendships and relationships. Mother reported that school allocated her son a mentor and since this change her son had been doing well at school and behaviour and peers were no longer an issue. Whilst discussing the young person’s concerns mother recognised that home environment and lived experiences may have affected the young person’s emotional health. Mother shared that the young person also struggled with sleep. School health were able to reassure mother they could offer the young person emotional health and sleep support. Due to the outbreak of COVID 19 school health’s face to face follow up appointment with the young person was cancelled. School health provided the young people with a letter explaining this and providing our contact details so he could access the service. School health contacted mother and the young person over the phone and were able offer emotional health and sleep advice remotely via phone, and email to share resources. During this contact school health were also updated that the young person was struggling with the COVID 19 restrictions, therefore I was able to offer support around this and signpost the young person to the Warwickshire RISE website for COVID19 resources. School health will continue to review emotional health support remotely or once the young person returns to school. School have also provided the young person with the option of accessing the school counsellor. Mother shared that the young person always ate meals however shared she did not always have enough money to buy food to eat herself therefore missed meals to ensure her son ate. Mother shared there was not free access to lots of food at home. Mother advised me that her wage was the family’s sole income and this was currently limited due to paying off debts. School health shared details of an emergency food bank mother could access in her area that day to collect food for over the weekend. School health also made a referral to an online food bank who deliver food packages the next working day to the home address. I also contacted local family information services to try and identify agencies mother could access for financial support. I updated mother that each time I had been signposted to citizen’s advice who were a free agency mother could access. Throughout the support I offered to the family I made several referrals to the food bank to ensure the family had adequate access to food whilst financial support was being sought. With mothers consent and the young person’s contribution I supported the family to complete an application to initiate early help support to try to improve the family’s relationships, home environment and also look at finances. School were also involved in the process as mother reported they had historically been really supportive. At the meeting school were able to support mother by informing her on how to make an application for free school meals. Following the early help application school health were advised the early help process was not initiated as when they liaised with mother she reported she did not feel the family required a family support worker. Mother shared her main concerns were food and finances and therefore the family had instead been allocated a screenings and advice officer who could offer appropriate support. The screenings and advice officer was able to offer food vouchers and also refer mother to financial support. By involving school in the early help process they also provided extra support with the family’s access to food. When school’s closed due to the outbreak of COVID19 school liaised with school health to reassure them they were still providing free school meals to the young person and delivering these to the home address.  |
| **Please describe the outcomes of the care provided to the service user:** |
| * During these meetings school health were able to listen to the young person’s feelings and concerns.
* School health were able to explore the young person’s situation further through discussion with the young person and mother to ensure safety.
* School health were able advocate the young person’s feelings on difficult subjects to mother. This allowed school health to provide mother with advice around the impact situations may have on young people. Mother was then able to offer reassurance to the young person and seek further support.
* School health were able to provide mother with a chance to offload concerns and offer reassurance, and support to the family. School health ensured mother had been offered support for her own emotional health.
* School health were able to sign post mother to appropriate food bank support and also make referrals to a food bank who could deliver packages the following day to ensure the family had access to food.
* School health were able to identify the young person had some caring roles at home and were therefore able to make an onward referral to young carers for support.
* School health were able to initiate the early help process for the family to be offered early help support. School health involved the young person in this process to ensure he contributed to the referral
* School health were able to involve school in the early help application process to ensure school were also offering support.
* School were able to support mother with the process of applying for free school meals.
* During the COVID19 outbreak school supported the family’s access to food by delivering some basic essentials and a daily free packed lunch for the young person.
* School health were able to provide mother and the young person with advice and support around sleep, emotional health, dealing with frustration and managing emotions. School health had to deliver support virtually by phone and email due to the outbreak of COVID19, however by offering support in this way it prevented a delay in the young person’s access to support.
* School health were able to provide resources to the young person which he could utilise to enable him mange his own emotional health.
* School health were able to provide the young person with support contacts including the CHAT health service details so he is aware of where he can get support for his emotional health and how.
* School health and school have been able to discuss support available to ensure the young person will be supported appropriately on his return to school following the COVID19 outbreak.
* School health have provided mother with alternate contacts to access financial support from and encouraged mother to contact the family support team should she require further support.
* School health were able to provide mother with our details and reassure her we will offer the young person emotional health support once he returns to school if this is something he wishes to engage with. School health were also able to advise mother that should the young person or family require any further support in the future, or should she decide she wants to initiate and engage with family support that she can contact the service.
* From school health completing the health needs questionnaire with this young person they were able to highlight many areas where the child and family required support. School health were then able to offer support and make appropriate referrals to other services to ensure the family were given the opportunity to access support services.
 |
| **Could you describe the impact of your intervention:** |
| * The health needs questionnaire allowed this young person to share his lifestyle, emotions and feelings. The completion of the questionnaire gave school health the opportunity to ensure the young person’s views were heard and identify areas where he may require further support.
* School health were then able to contact the young person’s mother to advocate how the young person felt about difficult situations at home.
* School health were able to explore the young person’s questionnaire answers further with himself and mother to highlight any concerns and therefore enable early intervention, which could prevent long term issues arising.
* School health were able to implement support for the whole family by initiating the early help process so that appropriate, targeted support could be offered. Unfortunately mother decided not to fully engage with family support however did liaise with the screening and advice officer for support. Mother also engaged with financial support provided however this unfortunately identified that mother was not entitled to any financial benefits. School health were able to provide mother with the citizens advice details who she could access as an alternative financial support.
* This process would have made mother more aware of what support early help can provide and the agencies she can access this through, therefore should circumstances change in the future mother will be able to access support.
* School health were able to offer mother food bank support when circumstances at home were difficult. Mother has shared the situation at home has improved following support and she is now more aware of support services and how to access these.
* School health were able to liaise with school to ensure they were aware of the situation and following this school have been able to offer further support to the young person. School are also regularly monitoring the situation and are another support network the young person and mother can utilise.
* Despite the outbreak of COVID 19 school health have been able to provide support for emotional health, sleep, frustration, and dealing with emotions. This support took place over the phone and resources were emailed to the young person which he can utilise to help him manage his own emotional health. The young person was also signposted to a useful website to help young people deal with the COVID 19 outbreak. School health offering support over the phone ensured the young person was not prevented from accessing support or delayed.
* By school health sharing support contacts the young person will now have the knowledge of where he can get support from for his emotional health and how. This may empower the young person to access emotional health support in the future should he require it.
 |