

Whole Family Approach Case Study – Miranda

Miranda is 28, married to Nick (29). They have two children, Henry (5) and Kelly (9) and they are expecting their third child. Miranda is white British and Nick is of Cypriot heritage. They live in a market town and the children are of mixed White British and Cypriot heritage



Miranda

- Since her teenage years Miranda has struggled with her mental health, with periods of mania and depression, and she was recently diagnosed with Bi-Polar Affective Disorder.
- Miranda's Bipolar Affective Disorder has been stable for the last few years, however, after losing her mother 3 months ago, Miranda has been struggling with her grief and there are concerns that it could trigger a depressive episode. She is staying in, skipping her medication and not attending her antenatal appointments.
- There are concerns with how she will cope with a new born and the impact on her children, who are subject to a child in need plan due to concerns of child neglect and mental health challenges, impacting on her ability to care for the children.

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Henry, 5 years old

- Henry feels sad when his mum is sad, she doesn't stop crying and she shouts at his dad a lot on the phone. This scares him and keeps him awake in the night.
- When his dad is away, Henry is always hungry as his mum doesn't cook, his sister Kelly just tells him to eat cereal.
- He is often late for school and sometimes presents as unkempt with dirty fingernails, greasy hair, and ill-fitting clothing.
- He struggles to settle and concentrate in class and finds it hard to make friends because he is bossy and impulsive.

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Kelly, 9 years old

- Kelly knows when her mum gets sad and stays in bed, she needs to look after herself and Henry as her dad is never there.
- She keeps getting a sore tummy and she is often in the school medical room. Staff think it is anxiety related. She has lost weight and is looking tired.
- She has also been arguing a lot with her friends and has started talking back in class.
- She misses spending time with her mum and feels lonely.

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Nick

- Nick works as a long-distance lorry driver. He struggles to deal with Miranda when she is experiencing periods of emotional distress, whatever he advises her to do, she doesn't want to know.
- He takes on extra shifts to get extra pay as they have another child on the way.
- He knows the children need to be his priority. His mother and sister offer to help but Miranda won't accept it and nor will she accept help from her best friend and their mother.
- An appointment has been booked for Miranda to see her GP and Nick will attend the GP appointment to support her. Making sure she goes is not something he can guarantee.

Source: Adapted from a Dorset Safeguarding Children Partnership case study (used with permission)

Reflections



Questions for reflection:

- Do we understand the impact of presenting behaviour on the person and those in the household? What is day to day life like and how much risk and harm may the presenting behaviour cause for others and does this need intervention?
- What are the family beliefs, rules, values and fears that stop them seeking and accessing support? How can we support people to consider their options?
- Have you sufficiently considered the history of the household members and impact of this, adverse childhood experiences, trauma and repeat behaviours and patterns?
- When people are only just doing enough, but change isn't being seen, how is this recognised and how do you respond to it?
- Do we understand the impact of the caring responsibility on the care giver; is this a reasonable impact or do they need support? (what is reasonable?)

Reflections



When you consider making referrals or signposting

- How do you decide if it is necessary and proportionate?
- Do you consider if the family member needs an introduction to a new service; will they self-refer without support?
- Have you considered their level of confidence and does this mean they need practical support?
- Have you considered family rules, culture, beliefs and values and how this can impact on making the referral or affect future intervention?
- How does your own values and biases influence the interpretation of need?

**Pause here and form your own
conclusions.**

**Please only proceed once you
have done so.**

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Possible routes for support

Miranda

- Family network meeting
- Referral to perinatal mental health services
- Pre-birth assessment
- Signpost to grief and bereavement counselling
- Medication review with GP
- Mental Health Support Group
- Homestart-UK
- Friends and friends’ family support
- Nick to call, when away from home at 8am, to remind Miranda to take medication
- Miranda’s best friend to call by the home
- Nick’s mum to provide child care when Miranda attends appointments

Henry

- Meetings with school nurse / school counselling / pastoral support
- Respite with family
- Young Carers assessment
- Explore after school clubs

Kelly

- Meetings with school nurse / school counselling / pastoral support
- Respite with family
- Young Carers Assessment
- Referral to CAMHS
- Appointment with GP (physical health/GP assessment)

Nick

- Support to understand his ability to make decisions for the children (Dad has parental responsibility)
- Dad’s group
- Friends and family check-ins

Whole Family

- A family network meeting was held with Miranda, Nick, Nick’s mum and sister, and Miranda’s mum and best friend. They worked together.
- Citizens Advice Bureau
- Early Help offer
- Call an early Child in Need meeting

Whole Family Approach Case Study – Miranda

Outcomes achieved: Miranda and Nick



- After signposting, Miranda now regularly attends a monthly Bipolar UK Women's Peer Support Group which is online and an in-person support group. There is also a family and friends support group which Nick has been signposted to.
- To help with her grief, Miranda has accessed the resources and support provided by Mind.
- A family network meeting was held with Miranda, Nick, Nick's mum and sister, and Miranda's best friend and her mum. They worked together to decide the best way forward for the family and a plan was developed.
- Miranda and Nick engaged with the Essex Child and Family Wellbeing Service (ECFWS) for Henry so they can support him with his emotions and feelings related to Miranda's fluctuation of moods and his sleeping.
- The school nurse is in regular contact with Nick and Miranda and attends the CIN (child in need) meetings. They have been sent a copy of the Family Network plan.
- Miranda had a medication review with her GP, and her medication was increased following discussion. A follow-up review was scheduled for one month's time with Miranda's Midwife, Maternity, Perinatal mental health & GP.
- Nick's mum and sister and Miranda's friend will support Miranda when the baby is due to help relieve some stress.
- The GP made a referral to EPUT's Perinatal Mental Health Service. This service provides specialist support to promote emotional wellbeing during pregnancy and to help ensure a positive postnatal experience, with a focus on relapse prevention.
- The CIN plan will continue to be reviewed and updated as progress is made, with the hope that the plan will no longer be needed.

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Outcomes achieved: Kelly and Henry



- As agreed in the Family Network Meeting, Henry and Kelly have joined a breakfast club at school and their aunt takes them to and from school with their cousins. They also now both get school dinners.
- It was also agreed that when Miranda is experiencing a manic or depressive episode, and herself and Nick need support, Henry and Kelly will stay with Nick's mum.
- The Essex Child and Family Wellbeing Service met with Henry to help with his emotional wellbeing and sleeping. He was able to open up about how he feels when his mum is sad and shouts at his dad.
- The School Nurse (ECFWS) made a referral to SET CAMHs for Kelly to support her emotion wellbeing and anxiety.
- Miranda and Kelly will have every other Saturday together to go out or do crafts at home, so they spend some quality time together.
- To make sure Kelly is eating well, Miranda and Nick, his sister and mum will provide her with an evening meal and meals at the weekends and monitor her food intake. School will monitor her eating in the breakfast club and at lunchtimes.
- Kelly works with the School counsellor to address her anxiety and her behaviour at school.