

## **Mike's story**

*Mike was 22 and had been homeless since he was 16. He had resided in 3 different homelessness hostels. He had been using large quantities of strong cannabis for some time, his relationship with his whole family had broken down as a result of his anger issues, he wasn't working, was depressed and was difficult to engage with. Mike's experience of service provision was that they repeatedly asked him 'how crap his life was', he would consistently be referred (and re-referred) to a range of services e.g. substance misuse services, advised to talk to his GP about his depression and encouraged to go on various training courses he was not interested in and could not find the motivation to attend due to his depression. His social network had gradually become primarily other people in similar situations.*

*Mike ended up in a small supported housing project where he was allocated a key worker who did things differently. The key worker took time to build a trusting rapport and concentrated on finding out what Mike was interested in and good at. It emerged that he was a rugby fanatic - but hadn't had the opportunity since school to enjoy it in some capacity. His key worker quickly supported him to take up a rugby coaching course where he coached young people rugby skills and developed new friendships with the other organisers. This changed Mike's life - he was doing something he loved, was filling his time more positively and as a result significantly reduced his cannabis use and again as a result became less angry, more positive and re-established close relationships with his family again. Sounds simple? I agree. Mike hadn't been asked what he was good at in 6 years of services - yet it was this information that eventually helped him find a better life.*

## **Anne's story**

*Anne was 68 when she moved into a sheltered housing scheme following a serious stroke which severely impacted her mobility. She had lost a lot of confidence and became very depressed and isolated. She used to view herself as the person that looked after everyone and she would regularly pop into to see her friends and neighbours and undertake chores and run errands for them.*

*Anne's lack of confidence and depression had a further impact on her health as her lifestyle had become more sedentary, her diet had become worse (she was 'comfort eating') and she began putting on more weight, which left her vulnerable to further illness.*

*A specialist volunteer service visited Anne and asked her about her past. They found out she had been an office manager for years. This was a job she loved as she enjoyed organising things. She also shared that she really missed her friends who she had cut off since her stroke and subsequent depression. She had made the assumption it was too late to patch things up with them.*

*With Anne's permission, the volunteer phoned Anne's best friend and explained the situation to her. Anne's friend was delighted to hear about Anne and was very keen to welcome her back into her life. Anne re-established this relationship and subsequently other former relationships.*

*The volunteer also put her in touch with the Stroke Association where she joined a peer group of people that had been through a similar circumstance. She quickly took up the opportunity to chair the group when the chair became vacant and was able to put her office management skills to use again.*

*Anne's confidence grew significantly. She began physically moving more, doing more exercises and eating more healthily as she discovered that life was still worth living. Of course she still had to deal with the symptoms of the stroke (they couldn't be fixed), but due to Anne re-establishing her social network and utilising her old office skills again, it stopped her from dwelling on it as much and helped her to build more resilience in coping with it.*