

# Her Edit

Our issue, our voice



Issue Fourteen  
November/December 2015

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## The Care Issue

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Front cover picture  
Courtesy Honeypot

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# Her Edit



## Welcome to Her Edit

**P**ossibly one the hottest political hot potatoes of our generation is the subject of 'care'. The care we demand from our National Health Service, the care our families demand of us, how we are going to care for our parents - and pay for it - and, as we all live longer, who will care for us?

When we launched Her Edit our ambition was not just to produce an interesting read, but to create a space where all women could have a voice, share their concerns and their successes and the issues which affect them.

As women we are often used to being put in the carer's role, but with growing pressures on care service budgets, more and more children are having to bear the responsibility of being a carer. Please read Lisa and her daughter Rebecca's story and then read some more about the Honeypot charity which supports them.

There is no charge for Her Edit, so we're going to ask everyone who downloads a copy to donate as much as they feel able to Honeypot. They are a small charity so anything we are able to raise will have an impact and help them with their fabulous work.

Our next issue will be in 2016, so until then, thank you for your continued support and I wish you a very jolly and peaceful holidays.

# Her Edit

# Her Issue Fourteen

- 2 The Editor
- 3 Contents
- 5 The Curator
- 11 The Carer
- 19 The Care Professionals
- 21 The Doctor
- 23 The Care-home Manager
- 25 The Adult Nurse
- 27 The Paediatric Nurse
- 29 The Charity
- 33 Her Agenda



1 1

5



# Past caring



TEXT  
Julia Farley

IMAGE  
The Snettisham Great Torc, Iron Age, about 75 BC  
Found at Ken Hill, Snettisham, Norfolk ©The Trustees of the British Museum

# Julia Farley



Dr Julia Farley completed her PhD at the University of Leicester in 2012 and is now curator of the European Iron Age collections at the British Museum in London.

Her research focuses on Late Iron Age metalwork and metalworking technologies.

She is lead curator of the museum's latest critically acclaimed blockbuster [Celts: art and identity](#) and was contributing author and co-editor of the exhibition catalogue.

IMAGE

Julia Farley (left) with Fraser Hunter, principal curator of Iron Age and Roman Collections at National Museums Scotland and co-author of the exhibition catalogue.

# Her Edit

I remember the first time I held something truly ancient. I was in a draughty and rather unglamorous portacabin in the suburbs of Croydon, and the object in question was a small fragment of a Bronze Age axe.

It had been uncovered in the woods behind the house where I grew up, unearthed by an archaeologist sometime before I was born. Holding it, I felt a humbling sense of connection to the deep past. But more than that, I was reminded of our responsibility to care for what remains of that richly peopled ancient world.

I was about 17, and I had wheedled my way in as a volunteer at the Croydon Natural History and Scientific Society (CNHSS). It was the kind people of the CNHSS who first welcomed me into the world of archaeology and museums. That portacabin was a magical place, full of fascinating archaeology and all kinds of miraculous odds and ends, from a mammoth tusk to an oil lamp from Pompeii.

Today, I am the Curator of the European Iron Age collections at the British Museum. The collection I care for, and the team I work with, are much larger, but I still feel the same sense of awe. There is still magic in wandering through silent galleries after closing, or sliding open a draw at one of our off-site stores to reveal rows of objects carefully nestled in their foam cut-outs.

I think a lot about what it means to care for an archaeological collection. Although preserving the objects safely for the next generation is a huge part of the work of the museum, this kind of care is not just about protection. The lives of objects do not stop when they enter a museum.

Our collections play an active role in research and, perhaps even more importantly, in presenting that work to the public. As curators, we are also storytellers. We care for the past by preserving, but also by promoting and championing our collections.

Over the last eighteen months, I have had the enormous pleasure of working on a major new exhibition at the British Museum, *Celts: art and identity*. The show tells the story of the different peoples who have used or been given the name 'Celts'.

Its scope spans from the Atlantic to the Black sea and from 2,500 years ago to the present day. Beginning with ancient Greek references to the Keltoi, their 'barbarian' neighbours to the west, *Celts* explores how the name was subsequently redefined and applied to the modern 'Celtic nations'.

The exhibition was organised in partnership with National Museums Scotland, and just as they have lent generously from their collections, we have also been able to draw on the British Museum's own internationally significant Iron Age collection.

It has been wonderful to see objects from our collections placed in their wider context, alongside star loans from all across Europe. For me, sharing these stories with the public is the best way to honour and care for the incredible collection which I have the privilege of looking after.

You can follow Julia on twitter @julia\_farley

*Celts: art and identity* continues at the British Museum until 31 January 2016.

**'As curators, we are also storytellers.'**



## IMAGES

Left to right:

The Battersea Shield. Bronze, glass. Found in the River Thames at Battersea Bridge, London, England, 350-50 BC. © The Trustees of the British Museum; Gundestrup Cauldron. Silver. Gundestrup, northern Denmark, 100 BC-AD 1. © The National Museum of Denmark; Hunterston brooch. Silver, gold and amber. Hunterston, south-west Scotland, AD 700-800. © National Museums Scotland, Edinburgh; Horned helmet. Bronze. From the River Thames at Waterloo Bridge, London, England, 200-50 BC. © The Trustees of the British Museum

Her Edit

# Team spirits

Ongoing health problems mean that Lisa, aged 36, often depends on her 13-year old daughter Rebecca for care and support.

She told Her Edit about the challenges they face, why the charity Honeypot are invaluable and the joys of being a close team of two.

IMAGE  
Rebecca (left) and Lisa at the ITV studios, courtesy Lisa Kent



**L**isa is just 36 years old, but has a slightly weary and resigned air of someone much older. Pregnancy in her early twenties left her with a raft of ongoing health complications and, with a partner not prepared to commit to raising a family, as a single parent.

things you take for granted until you can't do them.' Last year Lisa's condition became so bad that she now has to use a wheelchair and consequently she has come to rely more and more on Rebecca. Because Lisa is able to take care of her personal needs, such as showering independently, for most of the time, she doesn't qualify for any social care support from her local authority.

Unable to work, things are clearly difficult financially and have become more so in recent years. Lisa would love to return to work, but her mobility is an issue.

She was diagnosed with Postural tachycardia syndrome (PoTS), a condition affecting one's heart rate. Although Lisa has had periods where her health has improved, a number of subsequent conditions including fibromyalgia and Ehlers-Danlos syndrome (EDS) type symptoms have contrived to impair her mobility and leave her in considerable pain.

**'I would like to go back to college to train as a counsellor...but I can't travel independently.'**

Of course the good thing to come from Lisa's pregnancy was her daughter Rebecca, now aged 13. They are a 'very good, close team' who clearly share an affectionate bond many parents would envy. Part of this comes from Lisa's reliance on Rebecca when she has been most poorly for a range of care needs from help with personal care to household chores.

Lisa talks with great pride about her very capable daughter:

'Some nights she cooks the dinner because I can't; she does the washing-up and is always making me cups of tea and making sure I'm ok. They're the little

'At the moment I have a mobility vehicle with a hoist, so I'm dependent on someone to help me. I would like to go back to college to train as a counsellor and volunteer as a pastor, but I can't travel independently. A

fully accessible vehicle is around £13,000 which is beyond our reach.'

One-off grants such as for school uniforms have been withdrawn as part of austerity budgets and Lisa now has to pay a portion of her council tax.

This resilient team of two hasn't had a holiday for several years, but material matters appear to be less of a concern to Lisa than the issue of responsibility lying on Rebecca's shoulders.



IMAGE  
Lisa (top) and Rebecca enjoy a rare outing together

# Her Edit



IMAGE  
Rebecca at the ITV studios during her appearance on the Lorraine programme

'She would phone several times during the day to remind me to take my medication. I have an automatic medicine dispenser now which has taken some pressure off, but she still goes to the office at school to phone and check I've remembered. I often wonder who the adult is.'

This seems to me to be at the core of this relationship; a child's instinctive desire to take care of their parent when they're vulnerable and a parent's self-reproach when they feel they're not fulfilling the perceived prescribed parental responsibility.

Not being able to do the 'usual' things parents might do with their children is frustrating for Lisa, but makes help all the more valuable. She's quite overwhelmed describing how they were 'blessed' when a local church took Rebecca on an outward-bound course for two nights. I think she must be quite an independent young woman, but Lisa says:

'She enjoys it, but she's always relieved to be back. She says, 'I want cuddles now.'

In a situation where a child is caring for an adult, it is perhaps the onus of responsibility which is most contrary to contemporary thought which says childhood should be free of duty, obligation or care.

**'If it's only three minutes on the phone you know they're having fun.'**

Rebecca has taken on an adult role early in life. Lisa tells me how before she had her Carelink pendant (it automatically alerts someone if she becomes unconscious), she depended on Rebecca to put her in the recovery position if she had passed out. Rebecca first phoned for an ambulance when she was four or five years old.

I suppose we assume childhood is our only opportunity in life to put our own needs and wants first and with an expectation (though not necessarily realised!) that they'll be met.

Lisa says Rebecca will 'check in to make sure it's ok to go to homework club or whether I need her to come home', so the opportunity not to have to put someone else's needs first is welcome and, Lisa points out, needed.

Honeypot give Rebecca a holiday each year at Honeypot House. Lisa says

'They took her to a theme park, on a roller coaster; taught them bowling and taught Rebecca how to ride a bike. They get to stay up late and watch a movie with sweets and popcorn; just have some fun really. The children are supposed to ring home each day, but I can tell she's busy and going off to do something. If it's only three minutes on the phone you know they're having fun.'

# Her Edit

Listening to Lisa it seems that Rebecca's respite is as valuable to her as it is for Rebecca.

'It's great just to know she's allowed to be a child for a couple of days, not have any worry and do the things children take for granted. When she leaves for Honeypot she can look really weighed down and drawn. When she comes back it's like I've got a different child again.'

Honeypot also run a mentoring scheme which links a volunteer to a child carer and they meet up once a month. Inevitably though Lisa sometimes feels these are things she should be doing with or for her daughter.

'Sometimes you feel a bit of a failure. You think, 'I should be doing this or that.'

Lisa tells me that when Rebecca was younger she would often feel 'stressed out' and would express it as anger, but despite, or perhaps because of, her

childhood, Rebecca is a curious, energetic teenager with eclectic interests in engineering, photography and 'stargazing'. She has 'chosen her options sensibly' giving her scope to develop a career in any of these areas.

And of course Rebecca loves the same teenage preoccupations as her contemporaries. Lisa describes last year as 'the worst year of my life' and, recognising the team of two needed a boost, Honeypot

put Lisa and Rebecca forward for a feature on ITV's Lorraine programme.

Rebecca was taken to the hair and makeup room ostensibly while her mum was being interviewed in the studio, until she was surprised by her favourite band, the female foursome vocal group, Little Mix. The clip brings a tear to your eye, not least to see Lisa's sheer pleasure in the delight of her daughter.

**'When she comes back it's like I've got a different child again.'**

The four young women nestle round Lisa on the studio sofa and offer her tickets for next year's tour and the opportunity to 'hang out back stage'.

Lisa is as excited at the prospect as Rebecca. While I wonder for a moment if Rebecca might want to go to the gig with a friend her own age rather than take her mum, it's out-weighed by admiration for Lisa venturing to a Little Mix gig!

The dynamics of parent/child relationships are often complicated and subject to stress and fluctuation, especially as children reach teenage years. You might think Lisa and Rebecca's circumstances would add an extra complexity, but I wonder if it just makes them both more giving and forgiving people.

'At times when I've been very bad and can't get out of bed, we'll cuddle up together and watch a film together. That's special for us.'

# Her Edit

## We had three quick questions for Rebecca

1. What's the most difficult part of caring for your mum when she's not well?

If she has blacked out then calling for an ambulance is the hardest part of it.

2. What's the best thing about going to Honeypot House?

It relieves the stress of caring and gives you the joy of a holiday if you don't have a holiday often.

3. The Christmas fairy has granted you three wishes - what would you choose?

For mum to be able to do more with me.

# Why should I care?

Four women working in different areas of the healthcare sector talk about the challenges and the rewards of working in a 'caring profession'.



IMAGES  
Left to right:

Dr Madeleine Hilson, Nicola Hudson, Jessica Branton and Joanne Cranney

## Madeleine Hilson

Madeleine Hilson is a junior doctor training to be a GP.

She trained for five years at Hull York Medical School, graduating in 2011, and has worked in various hospitals and departments around the north east.

She is currently working in Scarborough hospital, North Yorkshire.

I think the most uplifting experience I have had was having the privilege of caring for a man with Down's Syndrome who was approaching the end of life.

Unfortunately in medicine we do not often have the time to sit down to talk with patients in the way in which I had imagined a doctor would be able to. In this situation, I was involved in palliative care where time with patients is valued and we are able to go beyond the hospital based doctor-patient relationship. I was able to spend time talking to him about his illness and how it had affected his life.

My favourite memory is being able to write a poem with him which he then read out at a thanksgiving service. There was not a dry eye in the house. I still have a copy of the poem that we wrote to remind me why I do my job.

Being a doctor has certainly changed my perspective on life. I worked in a sexual health clinic where I saw smartly dressed business men who carelessly put their families at risk by having unprotected sex abroad. Then I also worked with teenagers who were very responsible about their sexual health.

These are just one example from one speciality within medicine, but in the many different jobs that I have done, I am constantly reminded that we should not judge a book by its cover. I love my job, but like every other doctor I have times when I find it difficult. At the moment I am pregnant and I am finding it difficult to work long hours, although work have been supportive.

Like everyone else, I make mistakes when I am tired. The realisation that in medicine these mistakes can kill someone is horrifying; obviously it's the very last thing anyone would ever want to happen.

Right now there is a lot of concern within the medical profession about the future of the NHS. If the government's proposed changes to the junior doctor contract are implemented I believe there will be a real threat to patient safety.

Controls on our working hours will be lost and the risk of us making mistakes will increase. I find that a very frightening prospect.

I am also worried about the state of the NHS when I return from maternity leave. I fear myself and other

women will be penalised for taking time out to have a family or wanting to work part time.

There is a lot of talk about a doctors' strike to highlight our concerns. Going on strike feels contrary to everything we signed up for when we went into medicine, but at the moment it seems to be the only way to make a stand for future patient safety. To strike or not is something that is playing on the minds of a lot of junior doctors at the moment.

I've just been working in Obstetrics and am now working on the Paediatric Ward, which, as I'm pregnant is quite challenging. It is difficult to see poorly babies or pregnancy complications, and not relate it back to myself. I try to switch off on my drive home or talk to colleagues about upsetting cases, but inevitably you do end up bringing work home.

More time for patients would make a huge improvement to both patient and doctor satisfaction. At the end of the day, I went in to medicine because I am interested in people. I resent the time pressures on us as a profession and the fact that it limits our patient interaction.

My career choice doesn't always match up to my expectations. I am training to be a GP and I had imagined I would have time to get to know patients and feel like a valued part of the community.

In reality, time constraints mean 10 minute appointments, which just is not enough time to diagnose and treat a problem, let alone get to know the person with the condition. GP training has really opened my eyes; 40% of the patients we see

actually have a social care problem. This is incredibly frustrating as with better governance and social care provision this should not happen.

I think in the UK we are incredibly lucky to have the health service provision we do. The NHS constantly ranks as one of the top healthcare systems in the world. All the evidence suggests that a fee paying, private system does not provide good healthcare. The USA, for example, has one of the worst healthcare systems and I fear that at the moment our government is trying to emulate their model.

I have been in the position before when I have treated patients who have been transferred from a private hospital because they have suffered complications as a result of their treatment. For example, if you suffer a heart attack in a private hospital, they do not have the facilities for treatment, so patients are sent to the NHS to be looked after.

If you develop an infection or bleeding after a private operation, patients come to an NHS hospital for treatment. I find this morally challenging. In the NHS we can only refer patients for treatment if they meet certain criteria because we practice evidence based medicine which takes into account many things including the risks and benefit of the proposed treatment.

The private healthcare system specialises in investigations and treatment on demand and then leaves the NHS left to pick up the pieces at the cost of the taxpayer.

**'I fear myself and other women will be penalised for taking time out to have a family.'**

## Nicola Hudson

Nicola Hudson worked in banking for over a decade before taking time out to be a full time mother to her two children. She worked part-time in an administrative role at a care home, then went on to complete her Registered Managers Award and an NVQ4 in Adult Health and Social Care. She is now the manager of Blenheim Lodge

**W**ow – where to start. Life as a care home manager is diverse, constantly changing, stressful, requires very long hours and presents you with a huge variety of problems to overcome and regulations to be adhered to.

These are some of the down sides, although at least with the regulations and the bureaucracy, once you resign yourself to the fact that they are there for the benefit of residents, the staff, the home and yourself, then it's easier to bear.

But there are many good sides as well; sometimes you feel you are winning if you are balancing the books and setting budgets, but there are greater rewards. Seeing a resident benefit from the care we can offer which has helped them to regain their independence or seeing smiling faces; most rewarding are the interactions with residents when they are feeling there is hope and life ahead.

There are times that make the job worthwhile. For example seeing a resident who has been in their own shell for a long time who, once you have found the key to unlock the door, smiles, laughs and interacts with you.

It is a demanding job that needs hard work and tenacity and I find that it is generally no good looking back – I have to look forward at new ways of working and thinking. Many 'problems' which residents have (or perhaps they are our problems?) cannot be overcome unless staff can look at the whole picture. There may be mental, physical, social or educational barriers which need to be addressed to improve what we perceive as the problem. With elderly care we cannot just look the answer up in a book – it requires thought to find a solution which needs to be as individual as the resident.

Staff play a massive part in the lives of our residents so training, instruction and education of our

workforce is essential for a smooth running home in which our residents can live hopefully, happily and able to think of our home as their home.

When the inevitable happens, I believe our residents must continue to be treated as an individual; their comfort and well being and ensuring they are as free as possible from anxiety or pain is paramount.

To achieve this we rely on the training and experience of our staff and, very importantly, families must be involved as much as they want to be. At the end, we have to give priority to the family members left behind, regardless of the loss or sadness we are feeling.

I believe activities are crucial to brightening each resident's life and can help to increase mental or physical independence or enable them to communicate or continue to be part of the community.

A good activities person is a positive thinker, a good listener and encourages interaction between residents. Exercise is a very important part of the activities; it not only has the obvious benefit of maintaining residents' general fitness levels, but has the advantage of reducing the risks of falls and injuries. We find exercise also makes residents come alive. They're talking, laughing and having fun together which is great.

Despite the inevitable sadnesses and the daily challenges of the job, I am still here after eight years. I like to think our home now provides a much higher level of care than when I took it over.

Everyone in the team focuses on the important aspects of life and strives to make the home the best as it can be for the residents. When I feel that everyone benefits then the more difficult parts of my job feel worthwhile.

*'Sometimes you feel you are winning if you are balancing the books...'*

## Jessica Branton

Jessica Branton qualified as an Adult Nurse at the University of Southampton and has now returned home to Exmoor where she is working in one of the local hospitals.

Here she shares some of the challenges and joys of her job.

I've always known from a pretty young age that nursing was what I wanted to do. I think that this is partly because I was very close to my grandmother who was a nurse. Hearing her stories inspired me to follow in her footsteps. Also I always knew I wanted to do a job where I could feel I was making a difference and helping people, even if just in a small way.

Nursing is such a rewarding career. I'm newly qualified so have only been practising for three years, but even in that time I've had the most wonderful, albeit often challenging, experiences.

I couldn't choose just one occasion above others which has been particularly gratifying. It's always enormously rewarding when you are thanked after you have given so much physical care and emotional support to a patient. You can see how genuinely grateful they are and how you've touched that person's life.

Nursing has certainly changed my perspective on life. It has made me value life a lot more. You have the opportunity to see both the beginning of a new life and the ending of another. It is constantly challenging and changing, but it makes you appreciate how wonderful life is and also how fragile it can be.

The most demanding part of the job can be the 'what ifs' - thinking maybe you could have done more, but part of the reason I love nursing is because it is incredibly challenging.

I am a very reflective person and often find myself analysing situations and wondering if something could have been done better. Losing a patient is always hard and supporting their family through

that time is also exceptionally difficult; often you'll have built up a relationship not just with the patient, but also their family. I think it's essential to involve the patient and their family in decisions to help make the process a little bit easier.

As a newly qualified nurse I'm hoping to build on my experience and knowledge at present as I know I have so much to learn. I have a lot of ambitions for the future, but for now it's just one step at a time!

I've always had quite far to travel to work so I have time in the car to reflect back on what happened during the day. It's important not to take everything home with you though, as then your work and home life becomes blurred. Having a supportive team at work to share things with makes a huge difference to relieving the stress of the job.

I think nursing within the NHS is of a very high standard. You always hear about bad things that happen and I think it's sad that it receives more attention than the far greater amount of good that nurses do.

Nursing is not an easy career choice and I think you have to be a certain type of person to do it. Sometimes you encounter practice that you feel is not up to standard in which case you have a responsibility to raise the issue. However, I've been fortunate enough in my training to work alongside some incredible nurses who've inspired me and guided me as to the type of nurse I wish to be.

Nursing is forever changing and progressing so it is essential to be open to change in order for the standard of care to continue to improve.

**'It's always enormously rewarding when you are thanked after you have given so much physical care.'**

## Joanne Cranney

Joanne has been a registered nurse for two and a half years. She currently specialises in paediatrics in Mount Isa, a small mining town in remote North West Queensland.

The majority of her patients are Indigenous Australians and Torres Strait Islanders. Joanne talks about the special challenges of cultural, geographical and social factors in the area.

I grew up listening to stories from my mum and grandmother about their nursing careers and I decided at a very young age that that's what I wanted to do. The prospect of the opportunity of travelling around Australia and possibly other countries as a nurse was a huge factor in my decision to become as nurse.

Being a nurse has changed so many aspects of my life and mostly for the better. Although nursing can be very challenging, it has made me realise how lucky I am. Many people and even children where I work are not so lucky. Although it's very disheartening to see, it certainly makes me see how fortunate I am.

The most challenging aspect of the job is trying not to get too involved and keeping an appropriate boundary. Sometimes I have to take a step back and recognise I have done all I can for that patient and their family for now. I have found this more difficult in my current job than previously.

It can be very hard to keep my work at work. We care for many children from a very low socio-economic background, many of whom don't have parents to look after them properly. I find it very frustrating and very difficult to resist the impulse to give them all the love and care they need and deserve.

We go above and beyond for these patients. We make runs to the local supermarket before and after work to get their favourite meal or a toy they like or maybe organise big birthday parties for them. Another challenging aspect of my job is trying to remember the lyrics to the most recent Disney movies! That and having a never ending level of enthusiasm and joy, but we do it and at the end of the day hope that we have made a little difference to someone's life. There is an enormous gap in the availability of

quality of health care for indigenous Australians compared to white Australians. My ambition for the future is to be able to use my skills as a nurse to enable all Australians have access to the best quality health care regardless of their culture, socio-economic background or geographical position.

Leaving work behind at the end of the day is an aspect of my job I struggle with. At the end of my shift, I have to ask myself 'have I done everything I could for my patients today?' It's something I have to continually work hard at. If it has been a particularly stressful day I find it useful to debrief with my colleagues or my mum.

Sometimes I also feel very helpless that I can't do more for my patients, as we often seem to be restricted by red tape. I would like to see more preventative health care, community care and follow up for patients.

**'Leaving work behind at the end of the day is an aspect of my job I struggle with.'**

Nursing is much more difficult than I ever expected, not just

academically, but emotionally too.

I fell into paediatric nursing really. My first job when I left university just happened to be in paediatrics as there weren't many options to choose from. After working in this area for over two years, I never want to do anything else. The fun I have at work is beyond what I could imagine and I learn so much from the children I care for.

We have to make everything a big game. Some of the most simple care we provide becomes an hour long exercise in fun and patience. Just giving a simple medication or performing a set of observations can become the most difficult aspect of the day. You need to use every trick in the book. I occasionally need to bribe my patients with the promise of walks outside with an ice cream in the sun and lots of crazy dancing or singing "Let It Go" from Frozen (always a crowd pleaser!).

# The sweetest feeling

Since 1996, the Honeypot charity has provided respite and outreach support to young carers and vulnerable children between the ages of five and twelve. Every Friday a bus collects 12 children from school and gives them a break from the stress and responsibility of their home lives at Honeypot House in the New Forest. There is also the Honey Playbus which visits communities providing a rare opportunity for play for children often leading difficult lives in deprived and challenging circumstances.

Every Honeypot Child receives a birthday card and a Christmas present – as many as possible are hand delivered – and possibly the only present they'll receive. Next year Honeypot will be extending their services opening a second Honeypot house in Wales.



**T**he notion of a job for life has long passed into employment mythology; today we all expect we'll work for a number of different employers and might anticipate a number of different roles, but if anyone epitomises the concept of 'career change', it's Simmi Woodwal.

Originally training in law and working for an airline, Simmi grew disillusioned with 'making money for other people' and via voluntary work and a degree in psychology moved into the charity sector. Simmi's journey took her from a highflying (excuse the pun) and lucrative career to working with victims of domestic violence, their families and a series of children's charities for the next 17 years.

'I wanted to be a hot shot career woman in a glass office, but I was always attracted to caring professions; like a doctor, something to help people and make a real difference.

Motivated to give children 'the voice they should have' she took over as Chief Executive at the Honeypot Children's Charity eight years ago. Talking to Simmi, her affection for and dedication to the organisation is palpable, but the difficult economic climate presents challenges.

'It's difficult for small charities and there are so many children's charities all chasing the same pot. You just have to believe in your cause and get the message out there. There is such a demand on people, so we encourage people to come and see where their money is spent. Honeypot is very transparent and donors can see the difference their money makes.'

Indeed at least 75p from every pound donated to Honeypot goes directly to pay for children's

services. Honeypot receives no public funds, although Simmi has worked for charities in the past which rely heavily on local or central government funding.

'I don't think there is any compromise. As long as charities are providing the services they do, that's great.'

Next year marks 20 years since Honeypot was founded and to celebrate they are extending their reach with a second Honeypot House in Powys in Wales.

Simmi is evidently hugely proud of the achievement. Wales has the highest number of young carers in the UK so there is a desperate need. It will also supplement the services offered by the original Honeypot House in Hampshire.

**'I wanted to be a hot shot career woman in a glass office.'**

The charity collects every child from their home for their respite break, so the need for a geographical spread is huge.

Given the difficulties of running a small charity, I wonder what challenges Simmi and what inspires her. While her answer is perhaps somewhat predictable, her genuine enthusiasm and passion underlines its authenticity.

'I have a great team working with me; I believe in always taking on people who are better than you. I also spend time meeting other chief execs so you can share things and learn.

'But although it sounds really clichéd, the thing which inspires you to do your job better is when you meet the kids and you see the difference in them when they have had a break. I still get goose bumps. I think the day the butterflies stop, I'll be out the door.'



Official census figures from 2011 say 166,000 children act as the main carers in their household, but research commissioned by Nottingham University in collaboration with the BBC, put the figure at 700,000 with 13 per cent of them under the age of nine.

Inevitably one wonders how any adult, even in the most difficult of circumstances, could allow a situation to develop whereby they are dependent on their child – particularly at such young ages – and essentially deny them their childhood.

Simmi is quick to dismiss any suggestion that parents should be judged or condemned and I immediately feel negative and cynical asking the question, especially as she has a 21 year old daughter of her own.

'None of us are always in control of what happens to us. Anyone can develop an illness or a disability. Parents who are ill or disabled may have social workers and carers assigned to them, but there will always be times when they may need extra help, and children are not given that support package.

'We know parents feel so guilty and part of what we can do at Honeypot is give parents some peace of mind that we are can give their children some support. Sometimes drugs or alcohol are a problem, but that is not the majority of cases.'

There is clearly an issue of assessing the scale of the issue when official and independent estimates of the problem are so much at variance. There also appears to be a failure to offer support to families at an early stage and the introduction of stricter criteria assessments means there is less support in all areas.

I'm speaking to Simmi the week the founder of the charity Kid's Company, Camila Batmanghelidjh, and its Chair, Alan Yentob, appear before the Public Administration and Constitutional Affairs select committee following allegations of misconduct at the charity.

Is the very public meltdown of the hipster choice charity something that could happen to any third sector organisation I wonder? Simmi declines to comment on Kid's Company, except to graciously note the charity had carried out some good

work helping a lot of children and to take the opportunity to emphasise the strict governance under which Honeypot operates. So finally, because this will effectively be our Christmas issue and because it's in the best pantomime tradition, I offer Simmi three policy wishes.

She's been very self-possessed throughout our conversation so I'm a bit surprised when she hesitates and on the spot. She is clear about the three things she is working towards making happen though: greater awareness of young carers, more support for young carers in this age group and, because Honeypot is entirely funded by donation, some more generous individuals to help its work carry on.

As someone who's worked in the charity sector for over 15 years, I feel qualified to say Simmi is one of the warmest and most genuine individuals I've come across. Honeypot is the only charity offering support to carers in this age group and the children need it. I hope we can help to make some wishes come true this Christmas.

Just £10 can pay for arts and crafts materials for a Playbus session for 12 children while just £50 could give a child a day's respite break at Honeypot House. At least 75p in every pound goes directly to children's services. To make a donation and find out more about Honeypot visit [the website](#)

# Her Agenda

## Carers Rights Day

This year Carers Rights Day is 20 November. It brings together organisations and individuals to help carers know their rights and help and support available.

Show your support at the Carers UK website

<http://www.carersuk.org/news-and-campaigns/campaigns/carers-rights-day>

## Crisis at Christmas

A simple one. Offer your skills to this national charity to help single homeless people at Christmas.

Visit the website for details

<http://www.crisis.org.uk/pages/volunteer-christmas.html>

## The Art Fund

The Art Fund has been supporting museums and galleries in the UK for over a century helping them to display and care for great art works and treasures.

A National Art Pass gets to you free and discounted admission to exhibitions and makes a great Christmas gift.

<http://www.artfund.org>

## Sreepur village gift cards

Buy these beautiful Christmas cards made by the women in Sreepur Village in Bangladesh and help support the women and children in this incredibly impoverished area

<http://www.sreepurcards.org/handmade-cards-sreepur-designs.html>

## Afternoon tea

Spend a Sunday afternoon giving a tea party for older people on their own.

Contact the Elderly is a fabulous charity that helps people over the age of 70 feel less isolated and alone

<http://www.contact-the-elderly.org.uk/>

## Gingerbread

Welfare changes are having a huge impact on single parents.

Gingerbread not only campaigns on issues affecting single parents, but offers vital practical help and advice.

<http://www.gingerbread.org.uk>

# Her Edit

FOR THE INDEPENDENTLY MINDED WOMAN

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