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The health befriending network-Improving asylum seeker and refugee women's access to healthcare

A Social Return on Investment approach

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Executive summary

- The Health Befriending Network was based within the Refugee Council in 4 areas of the country, funded by the health and social care volunteering fund, this was a 3 year project running from March 2011-2014.
- The Leeds branch of the project aimed to ensure that asylum seeking and refugee women, the majority of whom were pregnant, understood their entitlements to and accessed timely health care, including maternity care. It also aimed to help asylum seeking and refugee women connect better to the local community, experiencing less social isolation.
- Volunteer befrienders, who were themselves asylum seeking and refugee mothers, received training to provide support and guidance to clients.
- The evaluation of the project demonstrates that it far exceeded its expectations, surpassing all targets; training more women than expected for the befriending role who then provided support to more clients than expected. The project helped women to overcome social isolation and also access appropriate health and social care services. It also helped the befrienders to develop new skills and confidence and move on to new careers.
- This report provides evidence demonstrating the cost-effectiveness of the Health Befriending Network with the aim of ensuring it becomes integrated into mainstream refugee health services.

Future aims

The Health Befriending Network (HBN) fulfils the current agendas in the provision of health care: it engages hard to reach vulnerable groups, improves access to care and provides a means of tackling health inequalities. It also supports the integration and expansion of volunteering programmes. The Network ensures that asylum seeker and new migrants (the 'target group') are at the centre of the design, provision and receipt of care. In order to fully realise the benefits of this project, the HBN needs to be integrated into specialist refugee health services, currently provided by the existing system. This could be achieved by developing health professionals who currently work within the system as champions for the HBN. The underlying principles of the HBN could also be applied to other vulnerable groups and provide a role model for the provision of patient led services.

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1. Background

A comprehensive evaluation of the Health Befriending Network (HBN) was carried out in 2013 by the Charities Evaluation service¹. The evaluation report concluded that the HBN was 'an innovative, effective and highly cost effective volunteer led service, that is clearly benefiting the quality of life and health and wellbeing of some of the most disadvantaged members of UK society' (p65). This social return on investment analysis is an adjunct to this report and has two primary aims:

- To assess the overall cost-effectiveness of the Health Befriending Network
- To establish a business case for future funding

1.1 Health care needs for Asylum Seekers and Refugees

Asylum seekers and refugees (AS&R) have some of the poorest health outcomes in the United Kingdom (UK). They may arrive in poor physical and mental health due to poverty and deprivation in their home country, which often continues after their arrival in the UK². Their past experiences, and reasons for seeking asylum, expose them to numerous health risks. Women who claim asylum may have experienced gender-specific violence such as rape, female genital mutilation, forced abortion, domestic abuse, prostitution or human trafficking. These experiences can exacerbate poor underlying physical and mental health. The very process of asylum, of leaving their own country (and often their family and children) and living in poverty, puts them at considerable risk of social isolation. This can lead to further deterioration of their physical and mental health. This social isolation can be exacerbated by language and communication difficulties. To compound these problems, AS&R may experience barriers which delay their access to health services. Due to a lack of awareness of the services available and possibly a different cultural approach to health care, they often present directly to accident and emergency when they need health services³. This in turn puts undue pressure on already struggling health services.

¹ James, D. (2013). Interim evaluation report: The Health Befriending Network. London: Charities Evaluation Services.

² Aspinall P, Watters C (2010) *Refugees and Asylum Seekers. A Review from an Equality and Human Rights Perspective*. Equality and Human Rights Commission, Manchester

³ O'Donnell B, Higgins C, Chauhan R, & Mullen K. (2007). "They think we're OK and we know we're not". A qualitative study of asylum seekers' access, knowledge and views to health care in the UK. *BMC Health Services Research*, 7(1), 75.

AS&R women have increased risk of poor perinatal outcome (including miscarriage, stillbirth and neonatal death), as well as increased maternal morbidity and mortality; AS&R women make up 14% of maternal deaths in the UK, even though they are only 0.5% of the total birthing population⁴. AS&R women require significant input from maternity services and may frequently need referral to specialist social and psychological support. However, due to the constraints on the NHS Maternity Service, these needs are often not met, resulting in AS&R women experiencing poor care and attitudes⁵.

1.2 The Health Befriending Network

Befriending is the development and maintenance of a one to one supportive relationship between two individuals⁶. The concept of befriending as a form of volunteer social support has been used in mental health and been shown to be effective in improving health outcomes⁷. Part of the vision of the recent Government is a focus on the integration of the third sector working in partnership with the National Health Service. The guiding principle of the HBN is that of 'working *with*, not *for*', which underlies the NHS aim of ensuring that services are developed with the client at the centre, providing an integral part of the development of services and not just the receiver of services.

*'No decision about me, without me'*⁸.

The Leeds Health Befriending Network (HBN) has established a successful befriending programme, where mainly pregnant AS&R women are supported by peers who are trained for this role. Volunteer befrienders, who themselves tend to be asylum-seeking and refugee mothers, receive training to provide support and guidance to clients. They ensure the befriendees know how to access health, maternity care and social support; they help them register with health professionals and accompany them to appointments and antenatal classes. In addition they provide extensive social support by helping clients' access appointments with solicitors, housing and schools depending on need. The befrienders also nurture social support

⁴ CMACE. Perinatal Mortality 2009: London, 2010

⁵ Briscoe L, Lavender T (2009) Exploring maternity care for asylum seekers and refugees. *British Journal of Midwifery* 17(1): 17-23

⁶ Dean, J., Goodlad, R. (1998). Supporting Community Participation: The Role and Impact of Befriending. York: Pavilion Publishing and Joseph Rowntree Foundation.

⁷ Mead, Nicola, Lester, Helen, Chew-Graham, Carolyn, Gask, Linda, & Bower, Peter. (2010). Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis. *The British Journal of Psychiatry*, 196(2), 96-101

⁸ *Liberating the NHS: No decision about me, without me*. Department of Health 2012

to mitigate the potential for isolation, by facilitating engagement with the local community and accompanying the client to places she can meet people and make friends. This has been successful in increasing access to timely maternity and other health care and also appears to have improved health outcomes for a number of women⁹.

“Building is the key word in a befriending. Whilst my clients were busy building barriers between themselves and the outside world, I am constantly building trust. Whilst they are building ways to avoid communicating with anyone, I would be a step ahead building that friendship.”

(Volunteer)

In addition, the volunteers themselves have become involved in a number of wider activities including: the recruitment, teaching and assessment of health care students at the Universities of Leeds and Bradford; taking an active role in groups and committees that provide advice and direction to the improvement of maternity services (including the Maternity Services Liaison Committee, Healthwatch and the Maternity Stream of the City of Sanctuary); been integral (both on and off screen) to the development of educational DVDs, and presented at National and International Conferences where they have won awards for their presentations.

1.2.1 Objectives, activities and targets:

The main objectives and targets of the HBN were to:

- Recruit , train and support volunteers
- Offer information and signposting to refugees and asylum seekers
- Offer befriending to refugees and asylum seekers with health needs

The following table indicates the extent to which the programme exceeded its targets in these areas:

⁹ McCarthy, Rose, & Haith-Cooper, Melanie. (2013). Evaluating the impact of befriending for pregnant asylum-seeking and refugee women. *British Journal of Midwifery*, 21(6), 404-409.

Activity	Total for 2.5 years
Number of volunteers trained	76
Number of volunteers from refugee background	61
Number of clients matched with volunteers	168
Health briefing for AS&R by Volunteer coordinator	388
Health Briefing for AS&R at Angel Lodge	3771
Health Course for AS&R at Angel Lodge	480

Table 1: Activity

1.2.2 The intermediate outcomes of the HBN were identified by the evaluation report as:

- Better understanding of health and social care entitlements
- Improved access to health and social care services to better meet needs
- Reduced isolation and connectedness to local communities

1.2.3 Key factors that impact on the success of the HBN

“Asylum seekers are the least likely people to volunteer but the most likely if asked.”

(Rick Lynch, volunteer manager 2011)

The evaluation of the Health Befriending Network by the Charities Evaluation service found that AS&R were receptive to health messages from peers, in a way that they may not have been from health professionals (see appendix).

This evaluation report identified six key aspects that contributed to the success of the Network:

1. Recruiting the right people

‘They are inspirational volunteers who give time and commitment beyond what is asked’

“They are the most amazing women I have ever known. I ask them to give three hours a week and they give twenty without hesitation” (Coordinator)

2. Adopting the right approach

'In our role if someone is scared, distressed, you can hold their hand, you can give them a hug if they need it. A social worker just watches. You get to the point where they are just friendships, real friendships and I think that's why it works. We can achieve things some professionals never could'. (Volunteer)

3. Focussing on empowerment

'It gave me that capacity to go by myself, strength I never had before.' (Client)

4. A befriending 'plus' model with opportunities for social and group activities

'I used to stay in the house all the time. It gave me something to look forward to come here...you're not allowed to do anything when you are an asylum seeker'. (Client)

5. The quality of befriender support and management

'I've volunteered other places and this is the best, I like the support and the flexibility'
(Volunteer)

6. Positive engagement with other providers

'It's a pleasure to work with (the HBN)...there's no empty talking, but practical stuff, and I like it'
(Project partner)

2. Methods

2.1 Social return on investment (SROI)

This analysis is based on the principles of social return on investment (SROI). SROI is a means of measuring the wider social and economic value of a project or service. If cost-benefit only captures direct monetary value, much of the 'softer' outcomes to the individuals and society as a whole (such as increased confidence and better relationships) are missed.

'It is now more important than ever that we allow for better recognition of those who create social and environmental value, leading to more efficient movement of resources to the right people, in the right place, at the right time'¹⁰.

SROI is calculated by using the ratio of the cost (or investment) in a service to the value of social benefits or outcomes. Using SROI to inform public sector commissioning decisions is in line with HM Treasury guidance on value for money appraisals.

2.2 Scoping the SROI

The Refugee Council identified the need to explore the cost-benefit of the HBN in order to build a case for future funding and expansion of the network. The Charities Evaluation Service have already undertaken a comprehensive analysis of the activities and outcomes of the HBN, it was therefore felt that this could be used as part of the evidence for developing a retrospective analysis of the HBN in Leeds.

2.3 Identifying stakeholders and gathering evidence

Much of the evidence was already gathered from the Charities evaluation report, which included analysis of existing data, focus groups with volunteer befrienders, online satisfaction surveys and qualitative interviews with clients, volunteers, coordinators and project partners. Further evidence was collated from one to one meetings with the volunteer coordinator, written feedback from befrienders, clients and healthcare students, volunteer worksheets and the content of conference presentations.

¹⁰ A guide to social return on investment. Cabinet office, Office of the third sector. Foreword, p3.

The following stakeholders (amongst others) were impacted in some way by the HBN.

- Refugee council
- Volunteer coordinator
- Befriender volunteers
- Clients (and their families)
- University of Bradford
- University of Leeds
- Midwifery students
- Maternity service providers
- National Health Service
- City of Sanctuary
- Maternity Action
- York Street Health and Wellbeing practice
- Leeds city council
- Choto Moni Children's centre
- Leeds Asylum seekers support network (LASSN)
- Refugee community organisations (RCO)
- Red Cross
- West Yorkshire Playhouse
- Local Supervisory Agency

2.4 Valuing outcomes and SROI calculation

The results of the engagement and evidence gathering activities were inputted into an impact map. The value of the outcomes was determined for the different stakeholder groups and an overall figure was calculated. The SROI is calculated by dividing the value of the project impact (total value of the benefits) by the amount of investment in establishing and maintaining the project.

3. Results

3.1 Inputs

The inputs are the investments required for establishing and maintaining the HBN. These mainly relate to the employment of a volunteer coordinator, training and travel costs (see table 1). The volunteers also invest their time and energy into the project and these inputs need to be acknowledged. In addition many of the training costs and conference fees were waived due to the support of the project from the wider community.

Input description	Cost
Volunteer coordinator pay (including NI and pensions)	£22,027
Staff travel	£1,053
Training and development	£693
Volunteer travel/subsistence	£6,397
Transport and creche	£1,582
Venue hire	£135
Other client travel	£704
Indirect costs	£12,250
Other miscellaneous costs, telephone	£63
Total	£44,904

Table 2 Annual input into the Leeds HBN

3.2 Outputs

Almost all the women who volunteered for this project were unemployed or students at the start of the programme and 73% were asylum seekers or refugees. They needed support to gain confidence, knowledge and belief that they were wanted and useful. They did this through initial and ongoing training and by hearing positive feedback directly from their clients.

	Total	Per year average
Volunteers recruited	80	32
Volunteers trained	76	30
No. of volunteers with asylum background	61	24
No. of clients matched with volunteers	149	60
No. of clients given access to health services	149	60
No. of clients connected with Refugee community organisations	1459	584
No. of clients briefed on health access	4589	1835
No. of volunteers who attended Dementia Awareness training	14	6
No. of volunteers who have gone onto further training	42	16
No. of volunteers who have gone onto employment (off benefit)	22	9
No. on reduced benefits	16	6
No. of volunteers trained to use technology to access health information	16	6

Table 3: Outputs

Other outputs include:

Maternity services

- Volunteer coordinator chaired the advisory group for the maternity stream of the Yorkshire and Humber Health Innovation and Education Cluster (HIEC).
 - Attended workshops on vulnerable women
- Lay member of the midwifery committee of the Nursing and Midwifery Council leading to direct consultation with AS&R women in Leeds on the renewal of the midwifery rules and standards
- Auditors of midwifery services for Yorkshire and the Humber
- Members of Leeds Maternity Service Liaison Committee and Leeds Healthwatch.

User representatives for Bradford University - involved in recruitment, teaching assessment and research projects

Conference presentations including:

- Embedding Ambassadors in Community Health Conference.
- Two national conferences for community midwives
- Three 'Why Refugee Women' Conferences
- Two Health Innovation and Education Cluster conferences.
- City of Sanctuary national conference
- Sanctuary seekers and Health care conference
- Brussels international Optimising Childbirth Across Europe Conference (2 papers were presented and the HBN won a prize)
- Research and Innovation in Recruitment and Retention of Pre-Registration Nursing and Midwifery Students Conference, Heriot Watt University, Edinburgh

Workshops facilitated

- Training session on working with AS&R women to student midwives, student supervisors of midwifery and post graduate physiotherapists.

'Of all of the sessions I have partaken in so far in my midwifery training, this one left the biggest impression on me. I will never forget the journeys of the women we were lucky enough to be in the company of, or wiping away tears as unimaginable experiences were recited (with laughter and smiles!) by figures of utter strength and determination. I left the session feeling awe for those who can find the strength required to carry on through such desperate times, and determination to never again show allegiance to a system which only serves to prolong them.'

(Midwifery student)

- Ran workshops at the Health and Social Care Volunteering Fund Conference , Maternity Action training
- Ran a weekly stall at PAFRAS (Positive Action for Asylum Seekers and Refugees) representing the Refugee Council.

- Volunteers gave a talk at Leeds University about seeking asylum.

“The 4 women shared their personal experiences and were amazing. 100 students signed up but only 60 could be squeezed in. The women spoke with confidence and smiles even though their stories were hard to share. You could have heard a pin drop and afterwards many people said they were the most inspirational speakers they had ever heard.”

(Coordinator)

National issues

- Key note speaker at the House of Commons for the launch of the Refugee Council’s dignity in pregnancy campaign
- **Home office Implementation guidance** – Coordinator, three volunteers, two clients and a few children, met up with the guidance group to feedback women’s REAL experiences of problems they had encountered with the Home office implementation of policies, especially concerning the dispersal of pregnant women and mothers with very young babies.
- **Female Genital Mutilation (FGM)**: Volunteer assisted in the national understanding of the impact of FGM by presenting the Key note Speech at a BME conference in 2013 in Leeds on her experience of FGM
- The coordinator and HBN volunteers were integral to the development of the Maternity Stream of Sanctuary

3.3 Outcomes

The direct beneficiaries of the HBN are the befrienders who volunteer to support AS&R women during acutely difficult times in their lives and their clients (befriendees). However it is clear from the service evaluation and stakeholder engagement that the benefits of the HBN are far more extensive and the impacts reach beyond the local community to educational awareness, maternity services development and Government policy.

3.3.1 Volunteer befrienders

The HBN provided training and educational opportunities to the volunteers. It also engendered greater confidence, self-worth and sense of purpose. The combination of these factors led to a development of new skills, an increase in educational and employment opportunities and improved health and social wellbeing.

- **Increased confidence, self-worth and sense of purpose**

The volunteers emphasised the impact on their confidence and sense of self-worth through working as befrienders for the HBN. They identified how the work had given them a sense of purpose, introduced them to new friends and people from different backgrounds and cultures and built up their confidence.

“Volunteering has been my resurrection”

“I used to think I was nothing, now I think I am something and when I wear my Refugee Council badge I feel like a professional.”

“It makes me proud ... to give that chance and help, I mean before I was so stressed but now I can say I am here to help, I am happy, I mean if I have that knowledge why don't I help, I can be an example also for people”.

(Volunteers)

“My doctor has taken me off my antidepressants because now I feel useful.”

“it takes your mind off your own problems when you are helping somebody so nothing in your life has importance when you are helping someone else.”

(Volunteers)

- **Development of new skills**

An integral part of the befriender programme is the training of volunteers in health issues and specifically the difference between accessing health, maternity and mental health care in countries of origin and the UK. They received training in the role of different health care specialists, and how to refer women to these services. They developed skills in identifying preconceptions regarding health and access to care. The volunteers identified a number of additional new skills that they had acquired whilst being involved in the HBN, including:

- Listening, empowering and empathy.
 - Public speaking and conference presentation
 - Improved English language skills
 - Administration support skills such as in computer technology, preparing for presentations and organisational skills.
-
- **Increased education and employment opportunities**
 - Nine volunteers are employed in health related jobs
 - Seven volunteers have applied for or are now studying midwifery
 - Five are employed as interpreters
 - Two employed as counsellors
 - A further volunteer is studying pharmacy at degree level

3.3.2 Clients

The clients identified their increased understanding of systems, better access to services and improved health and social wellbeing as well reduced isolation, increased resilience and confidence.

- **Better access to services leading to improved health and social wellbeing**

Due to increased awareness of the services available and the support given to access these services, the clients increased compliance with treatment, acquired the appropriate medication required and appeared to take better care of themselves.

Prior to gaining support from a befriender, the client did not register with a GP because: *"I was too scared that they would deport me."*

"Meanwhile the client was not given any folic acid, on calling the GP receptionist she did not know the medical name for the tablets, she used the prescribed iron tablets by mistake, a long discussion later and the doctor himself produced the correct prescription"
(Volunteer describing how she supported a client to have the correct medication)

"Meeting face to face was the reassurance she needed. Her self-harming stopped and her mental health improved"
(Volunteer referring to the mental health of a client)

- **Increased resilience and confidence (reduced social isolation)**

A number of clients described how the HBN had helped them regain a trust in others that they had lost through their experiences of injustice or ill-treatment. It returned a sense of self-worth and confidence to people who had previously felt worthless; it gave them some hope for their future.

"She took me out of my loneliness corner"
(Client referring to her befriender)

"I used to think I was like a piece of meat that could be kicked around. I can't believe that people are clapping ME!"
(Client after singing in Asmarina voices choir at the West Yorkshire Playhouse)

3.3.3 Outcomes for other stakeholders

- Adding quality to midwifery education
- Improving awareness of ASR issues amongst healthcare students

- Referral to charities including counselling and HIV charities, thus avoiding using valuable NHS resources

3.3.4 Valuing outcomes

An important principle of SROI is the valuation of outcomes. Valuations are arrived at by a number of methods using the concept of a financial proxy (a way of providing a quantifiable means of attributing a value to a given outcome). The values have been derived using information from Unit Costs of Health and Social Care 2011 (www.pssru.ac.uk)

Stakeholder	Outcome	Indicators	Financial proxy	Quantity	Value £
Volunteer	Increased confidence and self-worth	Number of people self-reporting increase in confidence and improved dietary habits	Measure of activity that impacts on self-confidence such as belonging to weight watchers or gym	32	£610
	Increased employment opportunities	Number of volunteers who move into employment and no longer claim job seekers allowance	Cost of job seekers allowance/year (£57.35/week)	15	£2982
Client	Increased awareness of appropriate use of health services	Number of people informed on appropriate access to health services	Difference in cost between use of GP and A and E services (one contact)	1835	£75
	Improved health and social wellbeing	Improved health, less requirement of services	Average cost of GP visit, based on 3 additional visit/year	60	£93
	Number of people self-reporting increase in confidence	Number of people self-reporting increase in confidence and improved dietary habits	Measure of activity that impacts on self-confidence such as belonging to weight watchers or gym	60	£610

Table 4 Key outcomes for volunteers and clients assessed over 12 month period

The impact of the Health Befriending Network on the befrienders and clients was therefore conservatively estimated at: £244,055 per annum

The total investment in the same period to generate this value (over one year) was: £44,904

The SROI is the impact divided by the investment, which means there is a social return of

£5.44 for every £1

invested in the HBN

Due to the difficulty in assigning a monetary value to many of the outcomes identified, this calculation can be seen as a conservative estimate of the benefit of the programme. The value is likely to be a considerable underestimation as it is not possible to capture all outcomes of the network and does not take into account the significant health benefits for specific clients (see case study, appendix 1). It has also only included the SROI on the clients and befrienders themselves and not the wider stakeholder group.

4. Conclusion

This report has shown that the HBN is not only a successful cost effective service, but actually provides cost benefits to the NHS and UK economy as a whole. It demonstrates that embedding the HBN into current mainstream refugee health services as a way of continuing with the service would be a cost effective strategy and that the financial benefits would far outweigh the costs of the service.

In addition, this report has highlighted the potential broader role of the befriender in informing health care education and government policy. Ensuring health professionals are well prepared to care for asylum seekers and refugees within the NHS could impact on the quality of care provided and the outcomes of services, including ensuring care is safe and relevant.

Appendix 1 - Case study 1

Sara¹¹ is a 28 year old woman who had leave to remain from Kenya, but was destitute as had no access to services. She was HIV positive and pregnant. After connecting with the Refugee Council she was linked with a befriender, who was also HIV positive. Amongst other support, the befriender accompanied her to medical appointments. The consultant explained the importance of taking anti-viral medication and when she had to take it. When Sara left the consultation the client she said to the befriender that she didn't need to take the medication because she had been told that 'god had cured her'.

Potential cost to the NHS of caring for someone with AIDS (due to not taking antiviral medication)

£41,000 per year

The befriender, explained the need to take medication and that she would need to take it for life. The befriender ensured that she kept taking the medication and the viral load came down. The befriender also introduced her to antenatal classes organised by the National Childbirth Trust, here she learnt about her choices in England and about strategies to maximise her chances of a normal birth.

Additional cost of caesarean section compared to normal birth

£1,400

The befriender also linked her into a volunteer organisation to support women who are HIV positive so that she got information more information about HIV and the implications for the baby. This was of particular benefit when she was in hospital and when a midwife encouraged her to breastfeed her baby; she had gained the knowledge and confidence to challenge the midwife's advice (breastfeeding is not recommended for babies of HIV positive mothers in high income countries)¹².

¹¹ Name and some minor aspects of the case changed to protect confidentiality

¹² British HIV Association (BHIVA) and Children's HIV Association (CHIVA) Position Statement on Infant Feeding in the UK, 2010: www.bhiva.org

Annual cost of HIV treatment

£ 18,000

Sara had a normal birth and felt she could do anything after that. Since then Sara has herself become a volunteer and moved into part time employment.

Added value of gaining employment

+ £6,881

Total potential ANNUAL cost savings of HBN for this client alone: **£49,681** (in addition to £1,400 as a one off cost saving)

Appendix 2- Case study 2

Hona¹³ arrived in Leeds with five young children, she had no family in the UK and knew no one. She was referred to the Refugee Council, who allocated her a befriender. The befriender helped get Hona's children into school and register the family with a GP. The youngest of the children were four-month old twins and the eldest was 10 years old.

Soon after arriving, Hona became ill and had to go to hospital with chest problems, where she was told that she would have to be on medication for the rest of her life to help manage her medical condition. Hona didn't fully understand what the doctor and nurses said to her and believed that she was going to die. She was very frightened by this and told the befriender that she just wanted to 'end it all' and seriously considered suicide. Both Hona and the befriender were from the same country and had the same cultural response to hearing bad news; the befriender understood Hona's desire to die there and then given her understanding of the information that she had been given. However, in order to clarify what had been said, the befriender contacted a trusted doctor and explained what had happened. The doctor explained that she wasn't going to die, but that she just needed to take medication to relieve her symptoms and manage her illness. As the doctor was known and trusted by the volunteer, the client understood and believed what was being told to her. With this acknowledgement of how Hona felt, she was referred for counselling and mental health support.

The support provided by the befriender avoided a potential suicide and the abandonment of five parentless children, the financial implications of which would be vast.

¹³ Name and some minor aspects of the case changed to protect confidentiality

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