



## **Home-Start in Scotland.**

### **Home-Start support for families in the perinatal period and their contribution to PNIMH.**

This summary report has been compiled by Becky Saunders, Head of Policy & Development (Family Mental Health) at Home-Start UK & Douglas Guest, Programme Development Manager for Scotland.

#### **Biographies**

Becky is a Child & Adolescent Psychotherapist. She has extensive experience of delivering clinical parent-infant services to parents experiencing mental health problems in the perinatal period. She has previously held roles as head of early years training at OXPIP, one of the UK's founding specialist parent-infant relationship services. Becky has developed and delivered training across the UK, including to Flying Start in Wales and several of the 'A Better Start' localities. She has trained and supervised specialist parent-infant psychotherapists across the UK. Becky contributed to the development, writing and initial piloting of the NSPCC 'Pregnancy in Mind' training.

E: [bsaunders@home-start.org.uk](mailto:bsaunders@home-start.org.uk)

M: 077986181

Douglas has a background in community development, policy, equalities and funding. His areas of professional interest include digital diversification of services to reach more families to complement existing service provision, and for those families that are culturally hard to reach or remote rural families that would not otherwise access support. He has also been active around volunteer's week, volunteering strategies, co-production, Dads inclusion and Refugee awareness. Douglas co-created Year of the Dad, having grown Fathers Network Scotland as a trustee and then working as Programme Manager. Previously, he has been a Funding and Stakeholder manager at The Equality and Human Rights Commission (and its predecessor Commission for Racial Equality) for nearly a decade. Douglas has been a trainer for a Local Authority Drug and Alcohol Action Team and at Grampian Health Promotions training young people on life skills.

E: [dguest@home-start.org.uk](mailto:dguest@home-start.org.uk)

M: 07747794844

## **Our impact in Scotland**

For an introduction to the work of Home-Start across Scotland there is a short film available on youtube:

<https://www.youtube.com/watch?v=5ABB2y0ULwl>

The 31 local Home-Starts in Scotland have helped more families than ever in 2019. In the last 5 years, we have reached 45% more families – that's 3,496 families, with 6,672 children – all being supported by our local community network of 1,511 volunteers and expert staff.

**The impact report also shows that:**

- **94% of families feel less isolated**
- **94% of families are more able to manage their children's behaviour**
- **94% of parents are more able to cope with their own mental health**

As well as supporting more families than ever, Home-Starts in Scotland are supporting families through increasingly difficult times. From rising poverty and social isolation to stretched mental health and social services, the support that Home-Starts offer is more adaptive than ever. We are working in innovative, creative and empowering ways with volunteers, through group work, in local Home-Start settings and in partnership with community and statutory services. We offer a core home-visiting volunteer service alongside a range of additional projects and services. These include breast feeding support, Video Interaction Guidance, Dad's Groups, Intensive Family Support, Young Mums Groups (see Case Studies at end of report)

Recent research by academics at Cardiff University<sup>i</sup>, has been demonstrated that nearly 95% of parents suffering with mental health issues saw an improvement following the support of a Home-Start home-visiting volunteer. The research, which used Home-Start's administrative data, is one of the largest ever academic studies into the charity sector's work with families. It showed that completing Home-Start's support resulted in high rates of improvement in the most stressed families, including: •96% of those facing isolation •94% of those experiencing low self-esteem, and •95% of those coping with mental health issues. The research, which involved over 10,000 families, also showed a significant dose response effect in that the more frequently visits occurred, the faster families improved.

A further recent study<sup>ii</sup> analysed data returned by around 300 local Home-Start charities between 2010 and 2018. The study used complete data from as many as 43,000 families. Using statistical techniques, they found a large improvement effect in this very large population. The analysis showed that families receiving two or three hours of voluntary, home-based support each week see a significant and substantial improvement in the challenges they face.



*Table 1. Scores before and after Home-Start intervention on a short parental coping scale.*

(Effect Size above 0.8 is usually classed as large)

Coping item	No. families	Mean before	Standard deviation	Mean after	Standard deviation	P value	Effect Size
Parenting skills	39781	3.004	1.194	4.027	0.935	<0.001	0.89
Parental well-being	43034	2.366	1.179	3.774	1.050	<0.001	1.23
Children's well-being	34297	3.387	1.512	4.293	0.906	<0.001	0.65
Family Management	39814	2.649	1.242	3.852	1.049	<0.001	0.93
Total Score	28297	12.036	3.562	16.053	3.029	<0.001	1.17

Home-Start's in Scotland are supported by Home-Start Scotland and are part of a wider network of Home-Start's across the UK. This federated model has the benefits of bringing together the potential to harness local context, needs, knowledge, passion and experience whilst also drawing on the scale, expertise and profile available across the federation. Local impact coupled with national depth and breadth is a powerful combination.

### **Why use volunteers?**

The overall finding from the literature<sup>iii</sup> is that volunteer projects are not a substitute for professional support for parents, but that they can make a unique and valuable contribution to achieving positive child outcomes:

- Volunteers can build a relationship of trust and equality with parents.
- Volunteers may reach and be accepted by parents who do not engage with other services.
- Volunteers help to create the conditions for change.
- Volunteers who are themselves parents from the target community may be beneficiaries as well.

Home-Start was highlighted in this review of the evidence for peer support models as contributing towards direct outcomes for social & emotional development:

*'Home Start offers unstructured one-to-one trained volunteer social support to families with young children (particularly families who are socially and economically vulnerable). Parents who receive Home Start in the UK consistently report that it helps them parent better, manage their children's behaviour better, and be more involved in child development (Kenkre J 2011, McAuley 2004)'.*

*Table 1. Summary of the evidence of making effective use of volunteers (Source: Volunteering and early childhood outcomes: A review of the evidence<sup>iv</sup>*

Volunteers are effective when	Volunteers are not effective when
Their distinctive non-professional contribution is understood and valued.	They are seen as a cheap replacement for health professionals.
Their role is to empower the parent with information and support.	They are positioned as expert teachers
There are realistic expectations about what they can achieve and the likely timescales.	They are seen as 'the answer' and there are rigid, short-term targets which require intensive monitoring and data collection.
They are supported by local health and social care professionals.	Professionals ignore or obstruct their activity

This effectiveness is something that Scottish Home-Starts have demonstrated in their work in localities. There is room for development in further building relationships with local health and social care professionals and a strong will to do so evidenced in our recent mapping survey.

Home-Start's are well positioned to be a key part of an integrated whole family approach to perinatal and parent infant mental health. There is good evidence of this as a model across the Home-Start network, and the power of volunteers in making a positive contribution to outcomes in parent-infant mental health. This in turn frees up capacity within specialist clinical teams to attend to parents with more severe, acute or enduring perinatal mental health problems.<sup>v</sup> An example of this from Home-Start Oldham, Stockport &Tameside highlights the positive benefits between Home-Start, the Early Attachment Service (EAS) and the Specialist Perinatal Health Visitors. Through this partnership the EAS service offers specialist training and supervision to the Home-Start team, and in turn they have gained understanding of the role of volunteers in supporting parent-infant relationships and enabling parents to access statutory supports when indicated, and confidence in what can be offered by a non-clinical workforce.

As noted by Robin Balbernie, Honorary Advisor to the Association for Infant Mental Health (AIMH-UK),formerly Clinical Director PIP UK; Consultant Child Psychotherapist:

*'A volunteer, regardless of background, is working within the remit of infant mental health if they keep within their mind a focus on the relationship between the baby and primary caregiver. Just by believing in the importance of this primary relationship, and communicating that as much by action as by words, they are modelling holding the baby in mind.....a baby who is held in mind, when the caregiver can reflect on their inner work experiences, is more likely to have a positive relationship and develop a secure attachment' (personal communication)*

The recently published Principles of Perinatal Peer Support<sup>vi</sup> confirm that Home-Start's approach is consistent with the principles outlined, and which Home-Start UK, and beneficiaries of Home-Start support were instrumental in developing. The Perinatal Peer Support Principles are a set of five values designed to give peer supporters the confidence to create and deliver peer support that meets the needs of women and families affected by mental health problems during pregnancy or the postnatal period. These values are embedded in the Home-Start approach and include clearly defined boundaries and parameters for the work, good support and supervision structures, ongoing monitoring of risk, and the need to identify when difficulties escalated or were beyond the scope and limitations of a community based family support charity and required more specialist care. Many work closely with allied services to allow for step-up or step-down from/into Home-Start either when there is a need for more specialist support, or linked to a planned ending of another service.

Adherence to the principles helps to ensure that peer support during this important time is:

- safe
- inclusive
- informed
- benefitting everyone involved
- distinct from – but closely connected to – clinical perinatal mental health services.

## Mapping of perinatal & Parent-Infant Mental Health Activities

In November of this year, as part of a UK wide development around Perinatal and Parent Infant Mental Health all local Home-Starts received a survey to gather information around current activities, areas of identified unmet needs and the support needs of the network to facilitate their work in this area.

### Summary of Scottish Home-Start activity in Perinatal Period.

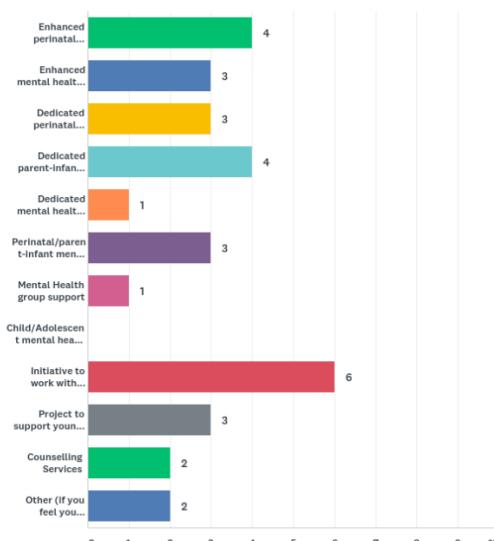
*There were 16 responses in total from Scottish Home-Start Schemes.*

Responses were received from:

- Aberdeen
- Angus
- Dundee
- East Lothian
- East Highlands
- Garioch
- Glasgow North
- Glasgow South
- Levenmouth
- Orkney
- Perth
- Renfrewshire
- Stirling
- West Lothian
- Wigtownshire

### Of the Local Home-Start's who responded to the survey:

Q4 Does your Home-Start undertake any of the following activities? Please select all that apply.



In addition to the core service of home-visiting volunteers who receive a 10 week course of preparation before they are matched with families who have been assessed for support by a Home-Start worker (many of whom will have children who fall into the perinatal or pre-school age range), the survey identified a range of additional services:

4 offer enhanced Perinatal Mental Health volunteer home-visiting

3 have a dedicated perinatal mental health project

4 offer dedicated parent-infant mental health support

3 offer group support for perinatal/parent-infant mental health

6 offer dedicated initiative to give support for fathers in perinatal period

3 offer support for young mothers

2 offer counselling services

**Comments:**

- We provide community based support throughout women's pregnancy and during the first year of child's life, through volunteer peer befrienders and weekly Perinatal support group.
- Healthy Minds Happy Babies - in one area (due to start in another area in the new year)
- First 1001 Days Family Support Worker - working directly with families
- Early Daze - group for mums with babies up to 6 months
- Dads2Be - now qualified to run this course and will be running them in the New Year in partnership with Dadswork.
- 'Bumps & Beyond' project (from conception to 1 year old). Offering volunteer home-visiting and group support to families throughout this stage
- We have started to get volunteers living in Inverclyde trained - one cohort undertook a half day of perinatal mood disorder training from Crossreach Bluebell. We have secured funding towards the costs of getting the same group of volunteers trained in a more intensive 5 week counselling skills approach training, again delivered by Bluebell.
- A perinatal mental health support group co-delivered with Health Visitors. For mothers & babies to age 1
- Staff and volunteers will receive training in Perinatal Mental Health during 2020. We have also made initial contact with relevant people in NHS Grampian to discuss possible partnership working

**Many of the local Home-Starts are working in partnership with other agencies across statutory and voluntary sector to deliver services around perinatal mental health issues.**

3 are working with the Local NHS Perinatal Mental Health Team

3 are working with the Local NHS Health Board

5 are working with the local Health Visitors

2 are working with Children's Social Care

5 are working with locality Midwives

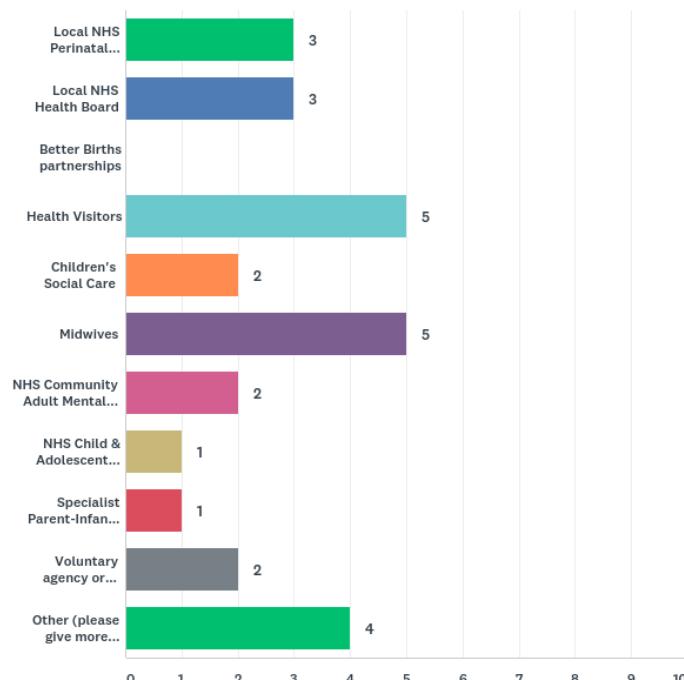
2 are working with an NHS Community Adult Mental Health Team

1 is working with the Specialist Parent-Infant relationship service

2 are working with a Voluntary agency or social enterprise working on Mental Health issues

4 are working in partnership with other agencies

**Q6 Does your Home-Start participate in any partnership working in relation to Perinatal Mental Health or Mental Health issues with the following:Please select all that apply.**



**Comments:**

- We receive referrals from the mother and baby unit at Leverndale hospital; from SNIPS team, midwifery, CPN and from the Family Nurse Partnership.
- Manager is trustee of Maternal Mental Health Scotland

- Good referral pathways onto local MH Vol Orgs
- We work closely with Family Nurse Practitioners
- Stepping Out Mental Health Project (Healthy Minds Happy Babies) Dadswork - Dads2Be
- We work with vulnerable in Pregnancy Midwives

**Local Home-Starts are using evidence based programmes to support parents in the perinatal period in addition to delivering core services**

1 is using Mellow Parenting

6 are using the Solihull Approach

3 are using or referring onto practitioners using Triple P

2 are using or referring onto practitioners using Incredible Years

1 is using the Freedom Programme

5 are using Video Interaction Guidance (VIG)

In addition Home-Start's make use of Mellow Bumps, PEEP, Raising Children with confidence and Baby Massage.

**Areas of identified unmet need, or where schemes would like support for developing existing offer, are:**

A majority of respondents highlighted a need for additional funding to support them in maintaining access to their services for families and for developing their work in perinatal and parent infant mental health. Within this was articulated a need for additional or ongoing training and supervision. Many of the respondents cited the need for extending partnership working and for dedicated opportunities and time available to foster partnership relationships and co-develop areas of work. Respondents also cited the need to raise awareness of Home-Start services for families in the antenatal period and for better referral pathways to be established at this time.

## **Annex 1. Case Studies from Local Home-Starts**

# Digital

Home-Start UK - Douglas Guest  
dguest@home-start.org.uk



Support and friendship  
for families

## Funding

- SCVO £10,000
- R.S. MacDonald £40,000

Originally this project was an Action Learning set with 6 local Home-Starts supported by a Scottish Government improvement advisor.

A small internal fund of £3,000 was used to provide digital mentoring for each Home-Start and to research technology issues across the network and how digital advances can be used to improve service provision.

This 9-month pilot phase established the feasibility of the project and the needs it would be addressing.

Key to securing this funding was the strong case study that HSUK presented to funders, drawing on the learning from this pilot period.

Digital work reaches out to rural and urban families facing isolation and loneliness by improving digital participation.

Remoteness is a consistent issue facing rural Home-Starts, and many schemes are also struggling to connect with families where there is a language or cultural barrier. Digital participation bridges these divides and includes families in Home-Start's services where support would not previously have been possible.

This work will give both volunteers and families new tools and understanding to use technology to improve their lives by reducing isolation, poverty and poor mental health.

Alongside this remote support a Scotland-wide e-learning platform is being developed that will give volunteers new digital skills with which to support families.

This platform will be designed to train volunteers to help families become digitally savvy and find new ways to engage with their communities online.

## How it works

An RS Macdonald funded pilot project in Home-Start Caithness and Home-Start MAJIK tested a proof of concept of the digital approach, this is rolling into a second phase of development. The pilot will scope what digital mediums would work best for families and volunteers, and how training could be incorporated into the standard volunteer training.

The aim is to prove digital remote support is possible and how best to deliver this to families that may not normally receive a service from Home-Start. This will help us to diversify the families we support as well as our volunteers. Specific work for this project will look at families with disabilities and dads.

The SCVO funded e-learning tool is being designed to upskill staff and volunteers on digital inclusion so that they can support families in their home to be more digitally aware and able. This learning and development phase will develop into a product that can be rolled out across the Home-Start network.

Progress of volunteers and families is being monitored through a Basic Digital Skills questionnaire that is taken at the beginning and end of their learning.

# Perinatal Mental Health

Home-Start Glasgow North  
[info@homestartglasgownorth.org.uk](mailto:info@homestartglasgownorth.org.uk)



## Funding

- NHS (1 Year)
- Trusthouse Foundation (3 Years)
- BoS (Awaiting outcome)

Annual project costs are £22,100, with funding secured for three years.

Initial funding was through a successful tender with the NHS. Key to securing this investment was established partnership links through other services.

An NHS evaluation of the pilot provided useful learning and helped us to secure further multi-year funding from Trusthouse, a project which incorporates additional services and training into the pilot project.

HSGN works closely with its community to identify and support local need. This process identified in conjunction with other research the need for a specialist service supporting women with poor mental health during the perinatal period.

This work was based on the findings of a research paper commissioned by Greater Glasgow and Clyde NHS Health Improvement, called 'From Bumps to Bundles: Exploring mental health in the perinatal period'.

This research strongly suggests that social support is vital to supporting good mental health, preventing mental health problems and maintaining recovery from mental ill health in the perinatal period.

## How it works

This pilot was to target the "just coping" mums, whose mental health did not currently necessitate specialist mental health services, but who were at risk of deterioration.

The nature of this support was primarily through peer support from trained home-visiting volunteers, but families were also signposted to other services including baby massage and counseling for postnatal depression.

Our home-visiting peer support service provided emotional and practical support in the home from pregnancy and through the first year after birth, to help reduce stress and mental illness in mothers.

This support was provided by carefully selected and extensively trained volunteers with parenting experience, and was tailored to each family's needs, focusing on growth and empowerment and including some or all of the following:

- "listening ear" emotional support;
- parenting support (e.g. modelling positive play, supporting secure attachment, offering praise and encouragement, reassurance that all parents struggle sometimes, supporting language development through reading, and developing healthy routines);
- support with healthy living (e.g. walks and outdoor pursuits, healthy cooking ideas);
- information on other services and resources in the community (e.g. specialist mental health services, bounce and rhyme at local libraries, free cultural events);

# Bumps and Beyond

Home-Start Angus - Julie Thomson  
homestartangus@btconnect.com



## Funding

- Big Lottery (£315,427 over 5 years)
- Tayside NHS Trust (£15,000)
- BLF Communities and Families (£8,540)
- Robertson Trust (£39,000)

## Beneficiaries

- 222 beneficiaries over 4 years broken down by year. In Year 1 there were 10 families with 16 parents and 10 children
- In Years 2-4 15 additional families with 24 parents and 15 children per year.

Bumps and Beyond builds the confidence and independence of families by supporting parents during the prenatal stage and throughout the first year. Volunteers help families to develop links with universal health and childcare services, as well as providing practical, emotional and group support.

The project aims to:

- Respond to the long-term damaging effects of stress, anxiety and adverse emotional strain on the foetus' neurological, physical and emotional development;
- Provide help for mothers at the right time to change these negative trends and improve health bonding.

*"Children whose lives are in crisis have almost always got an explanation for their behaviour and almost always that goes back to the early months of life, even antenatally."*

Bumps and Beyond is a referral-led project that doesn't specify a target demographic for service users. However the service is designed for parents struggling to be reached by statutory services, and has been working with more families who have complex needs than Home-Start's core work.

## How it works

The project operates on an open referral system, with any professional working with pre-natal families able to refer, as well as self-referral from parents-to-be. Leaflets, posters and other materials inform parents and professionals how to get involved. Initial home visits are carried out by a coordinator who matches families with a volunteer if the family confirms interest in the service.

Areas of support include:

- |  |  |
|--|--|
| • Practical help to attend appointments          | with groups and services   |
| • Reassurance where parents have low self-esteem | • Help for families to establish networks of support in preparation for the birth of a baby and beyond |
| • A listening ear for parents who feel isolated  | • Help understanding child development and the importance of attachment                                |
| • "Chumming up" to help parent make links        |  |

Review of progress begin with initial assessment by the coordinator, and then on a 3 monthly basis where progress is assessed against the initial visit.

# Breast Buddies

Home-Start Perth & Kinross - Hannah Dalgety  
info@homestartperth.org.uk



Support and friendship  
for families

## Funding

- Community Innovation Fund (through NHS Tayside)
  - Maternal and Infant Nutrition Fund (NHS pot of funding through Scot Gov)
  - Total running costs of £21,379 per year
- Key to securing this funding was strong evidence of need to funders and developing good relationships with the local health board. Funders sought innovative projects that were deeply rooted in the needs of the community, and organisations with an excellent track-record of supporting volunteers.

Breast Buddies (BB) is a peer support programme designed to protect, promote and normalise breastfeeding across Perth & Kinross. It enables mothers to breastfeed for as long as they are happy to do so.

Lots of mothers are stopping breastfeeding before they want to because of external pressures, or lack of confidence and support. This can heighten the risk of post-natal depression.

BB empowers mothers by building a supportive community of breastfeeding mum that will support them to breastfeed for longer through a range of activities happening online and in their communities.

## How it works

Volunteers (who are all mothers themselves) are trained by a part-time BB coordinator to provide non-judgemental breastfeeding advice, encouragement and support to groups, at pop-up venues across Perth and Kinross, and through one-to-one support.

Referrals are made through social media, through midwives and healthcare professionals, friends and family, and through self-referral. The service is promoted through social media (Facebook) where a Breast Buddies group has over 500 mothers sharing advice and support. This is run alongside a text service that is run in partnership with NHS Tayside.

The service is reached through four main activities:

- Pop-up cafés: cafés across the county host mothers' support groups where mums are able to socialise and provide peer support. This public service is also combatting the stigma of breastfeeding and the attitudes mothers face in public, and grows mums' confidence to breastfeed in public spaces as they wish to.
- Breast buddies groups: Volunteers run groups of up to 12 mums as another space for peer support in a more private setting
- Facebook group: Volunteers help to administrate a Facebook group with over 500 mums sharing advice and experiences, promoting groups and café sessions, and signposting additional services.
- Text service: this reaches a wider and broader audience of mums needing support with breastfeeding.

Volunteers contribute to the project through a broad range of roles. As well as running sessions they also monitor and administrate the Facebook page, organise rotas for groups and other administrative support, and provide other support where they have professional expertise or inter-

# Dads' Work

Home-Start Glasgow South - Ryan Warren  
theteam@homestartglasgowsouth.org.uk



Support and friendship  
for families

The Dads' work was initially created to expand on Home-Start Glasgow South's work strengthening the relationships between dads and their children. This took the form of weekly group activities at first and has grown to include a much wider range of dad specific resources tackling challenges such as social isolation, self-esteem and mental health, parental confidence and inclusion in learning and development.

The Dads' groups provide an opportunity for dads. An opportunity to spend stress free and quality time with their children, to engage with peers on difficulties and stresses of family life, and to develop and learn together as parents in a supportive environment.

## Funding

Initially there was no specific funding for this work, but time and resources were found to include this as part of a Family Support Co-ordinators (FSC) weekly remit. A need for bespoke support for dads became clear as this developed and was driven forward by the commitment and enthusiasm of the FSC.

Key to securing this funding was the identification of a significant unmet need in community services. As HSGS established pilot dads groups there was a huge improvement in relationships, confidence, communication between families and schools, and improved attainment for children in schools. These case studies highlighted the need to invest in this type of work, and the excellent results funders could expect to see.

The project also meets a key ask from funders like The Big Lottery who want to see co-production in the development of projects they fund. Dads' groups were guided by the needs of dads, and have developed through their leadership and skills, which has been strongly evidenced to funders.

## How it works

The dads involved in this group were just like any other dads who hold many interests, most of all the desire to see their children happy. The dads were therefore keen to get stuck into any activity planned that their children enjoyed. The group showed particular interest in outdoor activities such as landscaping and so activities were developed to utilise the school's open spaces and give the group a space of their own.

The attitudes and interactions of the dads has generated interest from other parents within the community seeking similar opportunities. Activities change with the desires of the dads and there is a continuous stream of engaging activities designed to engage dads and their children together and as part of a group.

This is positively impacting the relationships with their children and improving their parenting confidence. The groups are an important source of targeted social support that reduces isolation.

The Dads' Co-ordinator is working with local organisations, businesses and statutory services to expand this work by:

- Developing the first dad specific antenatal services within Glasgow alongside the Midwifery services for NHS Glasgow and Clyde as well as delivering non-NHS antenatal support.
- Collaborating with Smithycroft Young Parent Base to develop new opportunities for school age parents in a unique and tailored way.
- Developing new services that include parents from all backgrounds and circumstances usually isolated or stigmatised by family services. This includes single fathers and those with previous criminal offences.

# Video Interaction Guidance

Home-Start Glasgow North - Anita Heyes  
info@homestartglasgownorth.org.uk



VIG is a relationship-based intervention that supports attuned interactions and attachment. Home-Start Glasgow North believes that parents can enhance their relationship with their children if the VIG model is followed and applied.

VIG is an evidence-based intervention which aims to improve communication and relationships. The intervention is based on respect, empowerment and collaboration and aims to promote greater parental sensitivity to the child's initiatives, leading to attunement and mutual emotional wellbeing.

The intervention aims to promote greater parental sensitivity to the child's initiatives, leading to attunement and mutual emotional wellbeing. This enables the child to regulate arousal and stress and learn to relate empathically to others.

Focus of the interactions of parents and children and how these develop, are initiated and responded to, is believed to be key to this process, as opposed to focus on solely the child's behaviour or responses.

Supporting the parents to reflect on their skills, patterns and relationships with their children provides an opportunity to deepen discussions, enhance self-awareness and build parents' confidence in their parenting skills and relationships with their children.

In addition to this the model includes staff development through the clinical supervision and accredited programme provided. It also provides a shared language in relation to the intervention which is also implemented in the NHS, in local authorities by teachers, educational psychologists, and social workers and in voluntary agencies.

The ecological and systemic approach also leads to improved relationships and confidence in relation to engaging in education, local community and wider family.

## How it works

The intervention involves visiting the family at home for 7-18 weeks. In practical terms:

- Family and Guider negotiate goals. Asking families what they want to change helps ensure they are engaged in the process.
- Adult-child interactions are then filmed and edited, to produce a short film focusing on the positive aspects of their interaction.
- In the video review sessions that follow, family and Guider review the micro-analysis of successful moments, particularly when the adult has responded in an attuned way to the child's action or initiative.

Family and Guider reflect collaboratively on what they are doing that is contributing towards achieving their goals, celebrate success and then make further goals for change. Significant change has been noted after an average of six VIG sessions.

In addition to the direct VIG work HSGN have secured funding from HSUK as part of the Good Ideas project. The aim of the project is to promote awareness of the VIG intervention and support other Home-Start projects across the UK to implement the intervention as part of the tools they use to support families.

This will include 5 free places for Home-Start practitioners to attend the 2 day initial VIG training course and 4 months of supervision in order to implement the project.

## Young Mums

Home-Start Glasgow North - Nikki O'Hara  
info@homestartglasgownorth.org.uk



This new project is designed to prevent young mums from feeling isolated and lonely by encouraging them to support each other in a group setting, and supporting them to become part of their local communities. Our project is also looking to extend our reach to include families from marginalised communities including LGBT, BME, and Looked After and Accommodated mothers.

### Funding

- The British Red Cross
- The Co-op

Initial funding of £10,000 was received for one year of the project.

Key to securing this funding was taking the time to carefully think about the application and what the community needed. Incorporating young mums with marginalised communities required Glasgow North to be creative about their application and to think outside the box.

Consultation with the local community and other organisations already connecting with these groups was also an important part of the planning process.

### How it works

HSGN are already connected with a number of organisations who have established trusting relationships with our intended focus group and will provide a platform for our work. Our intention would be to develop deeper relationships with these organisations whilst building further connections in our community.

Their experience and knowledge will assist us in our approach to connecting with "difficult to reach" young Mums who are experiencing loneliness and isolation. By increasing our presence, visibility and with a flexible approach we hope to engage a more diverse group of young Mums in family group, helping decrease their loneliness and isolation.

### Challenges and learning

This is a new demographic focus for HSGN as the majority of their current family groups are 25+. Working closely with other organisations who have already captivated this group and developed good relationships has been an important part of piloting this work.

To increase our profile/visibility with the LGBT community we have developed a sub-group who are progressing with the LGBT charter.

Listen to and share advice with colleagues across the network. There are many, many inspirational projects and pieces of work going on across the UK and by attending events like the Good Ideas event, it can motivate you and inspire you.

### Why this work matters to YOUR scheme:

- Connecting with new demographics in your community through local partnerships
- Working in partnership with local organisations to increase your capacity and connections in the community.

# Satellite projects



Support and friendship  
for families

Home-Start Renfrewshire & Inverclyde - Lisa Carberry  
[theteam@home-start-renfrewshire.org.uk](mailto:theteam@home-start-renfrewshire.org.uk)

A Satellite Home-Start project has been established in Inverclyde in response to ongoing requests from the community to expand into this area. Inverclyde has high levels of deprivation and families in need of support.

A successful Big Lottery bid allowed Home-Start Renfrewshire and Inverclyde (HSRI) to set up a satellite project in the community running home-visiting through volunteers, family groups, and work with schools and agencies.

The project is designed to bring the Home-Start model into a community where we have not previously worked and do not have a base, but where there is a clear need for our services. Requests to expand across areas is a frequent ask for schemes, but this project allows us to deliver the services without incurring a considerable expansion in our core costs and administrative needs.

Funding	Beneficiaries
<ul style="list-style-type: none"><li>• Big Lottery (5 year funding)</li><li>• Robertson Trust</li><li>• Inverclyde Council</li><li>• Tesco Bank</li></ul> <p>Key to securing this funding was the request for this project from the community and the evidenced need in the area. Home-Start's strong reputation tackling these issues was also important to funders.</p>	<ul style="list-style-type: none"><li>• 2015-2016 – 2 families</li><li>• 2016-2017 – 24 families</li><li>• 2017-2018 – 32 families</li></ul> <p>The project benefits parents, children and local service providers, and targets vulnerable families as the key beneficiary target for this work. This is defined by HSRI as families facing a combination of risks. Substance misuse, lone parents and domestic abuse are included in these risks, families facing more than one risk are prioritised as more vulnerable.</p>

## How it works

Satellite activities were established following a long relationship-building period across the community. The volunteer coordinator networked extensively, particularly targeting Inverclyde council, local NHS health boards and services, health visitors and local schools, HSRI began to establish a focused service delivering the following areas of support:

- 1-2-1 support through home-visiting volunteers
- Family groups including Book Bug
- Language development groups

There is an open-referral process with the majority coming through health visitors and GPs, as well as through self- and peer-referral. The service is advertised through word-of-mouth, leaflets and posters in GPs and other local health and education settings.

# Intensive Family Support

Home-Start Glasgow South  
theteam@homestartglasgowsouth.org.uk



## Funding

- Health & Social Care Partnership

Key to securing this funding was the historic relationship between Glasgow South and the social work departments.

As the Social Work Department continues to come under pressure they have opted to create a more formal partnership with Home-Start Glasgow South in our Intensive Family Support Service delivered by paid Family Support Workers

Run in partnership with the Health and Social Care Partnership, Intensive Family Support is targeted at families who are almost ready to move on from Social Work support or who are on the threshold of Child Protection measures.

Families facing complex and intensive challenges are given support from a specialist Family Support Worker. The key objective is to help the family move from Social Work support to a Home-Start Glasgow South Volunteer via a Family Support Worker and ultimately on to independence.

## How it works

Social Workers pass relevant information to the Family Support Worker (FSW). The FSW meets the family and discusses their needs and circumstances, and support is designed around these needs.

Support for the family can range from:

- Accompanying the family to court
- Liaising with lawyers, police and courts on the family's behalf
- Accompanying members to rape crisis meeting, addiction support etc.
- Accompanying family members to child protection meetings

As well as practical support, advice and representation, the FSW offers families emotional support and encouragement. The FSW is able to access statutory services and offer support that is beyond what would be expected from a volunteer, for example liaising with lawyers and the police on the family's behalf, and organising nursery or school places for children.

Social workers work alongside HSGS in supporting the family and monitoring progress. The intensive support through the FSW provides early intervention and aims to stop the family's situation from deteriorating.

As well as the set objective of helping families move on from Social Work support, HSGS is working to protect children at risk of harm and neglect.

The FSW works in close partnership with social work monitoring and sharing information, providing weekly updates and attending Case Conferences and Core Group meetings with them.

---

<sup>i</sup> Warner, N. 2019. The nature of home-visiting supports and improvements in emotional well-being for Home-Start parents. Cardiff University briefing paper for Home-Start UK

<sup>ii</sup> Sugarman, P., and Chadasama, K., 2019 Volunteer-led family intervention: the UK Home-Start programme

<sup>iii</sup> Volunteering and early childhood outcomes: A review of the evidence. Institute for Voluntary Action

Research & Parents 1<sup>st</sup> May 2016 <https://www.ivar.org.uk/research-report/volunteering-and-early-childhood-outcomes/>

<sup>iv</sup> Volunteering and early childhood outcomes: A review of the evidence. Institute for Voluntary Action Research & Parents 1<sup>st</sup> May 2016

<sup>v</sup> Lee, P., Cook, S., & Mee, C. 2017 Enhancing the parent-infant relationship through training volunteers <https://www.communitypractitioner.co.uk/resources/2017/05/power-volunteers>

<sup>vi</sup> The Perinatal Peer Support Principles. Maternal Mental Health Alliance December 2019.

<https://maternalmentalhealthalliance.org/psp/>