

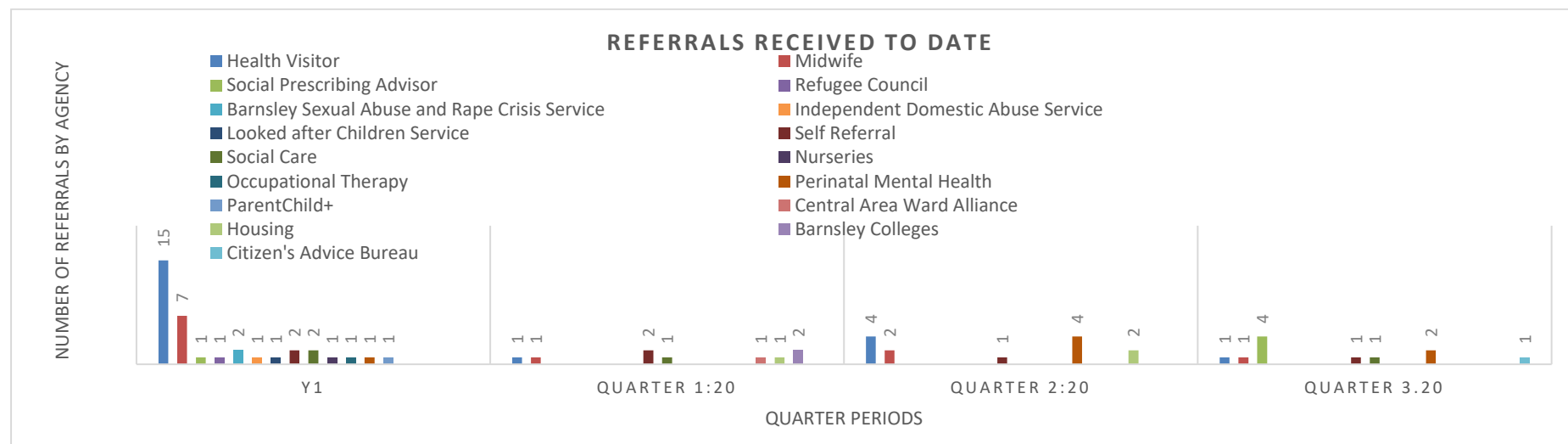
Barnsley Central Area Support Service for New Mothers

Year Two, Quarter 3: Up to 15th December 2020

Briefing following on from Council Presentation on 9/12/2020

1. Referrals

The table below demonstrates the number of referrals received to date and the range of referral sources.



The table below illustrates the number of eligible referrals received across each quarter since April 20

Eligible Referrals Per Quarter Since April 2020				
Month	Q1	Q2	Q3	Q4
	3/9	6/13	7/11	Health Integration Team have stated that they will be referring at least 3 mums in January 21. On 21 st January 21, the Senior Family Support Coordinator is delivering an information session to the team to support this, at their request.
<ul style="list-style-type: none"> The number of eligible referrals in quarter 3 is higher than the number of out of area referrals. Most referrals have been received during the end of Nov and beginning of Dec 20. We are receiving more requests about our service. No one has declined the service during year 2, which means we are receiving referrals that are more appropriate. 				

Q1 – LR (22/4/20); LC (1/5/20) and KD (6/6/20)

Q2 – TJ (27/8/20); SW (3/8/20); DS 2/09/20; JG (4/9/20); AV (24/9/20) and KJ(25/09/20)

Q3 – HB (28/10/20); EH (20/11/20); EW (24/11/20); LW (25/11/20); RS (8/12/20); YA (14/12/20); Carol (Health Integration Team - mum referral requested yesterday receiving today (16/12/20)

Caseload carried on from Y1 19/20 - 36 Referrals, including 10 out of area and 4 declined.

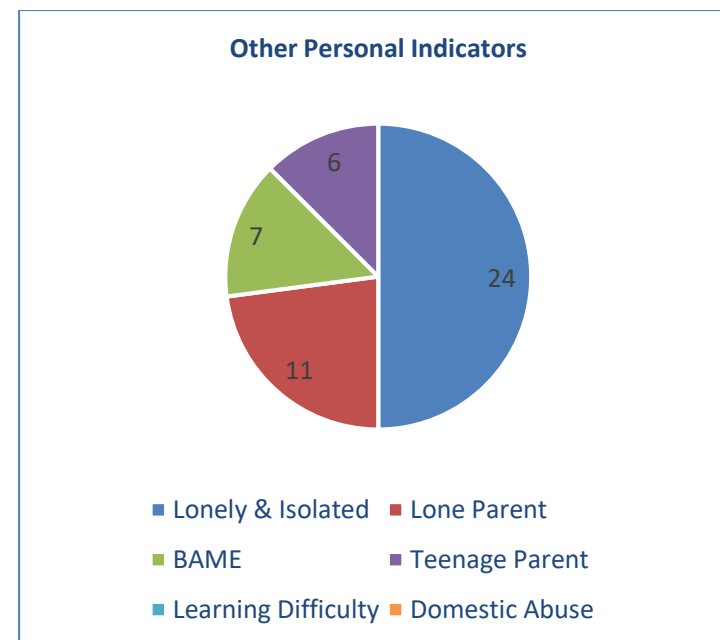
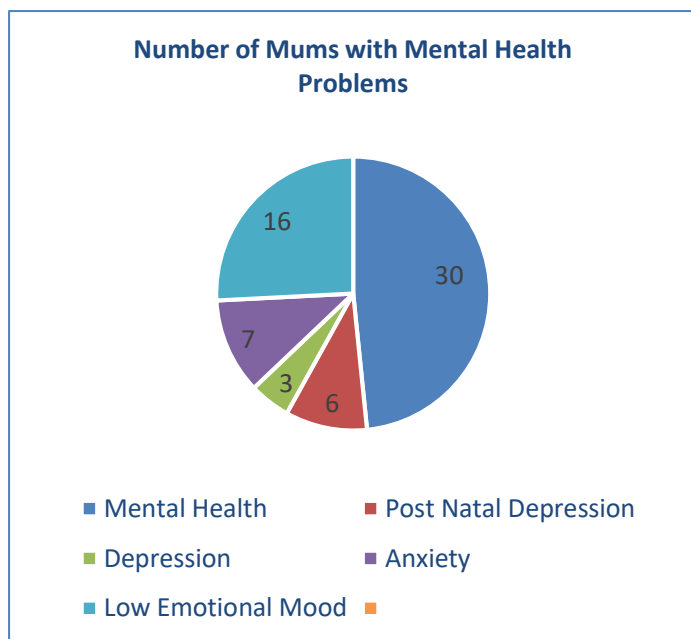
Since April 20/21 – 33 referrals received, including 19 out of area

To Date: Of 69 referrals to date:

Forty-one mums are eligible for our service; four mums are in the initial assessment stage and 18 mums matched with volunteers or paid staff and receiving ongoing support. Two mums are not ready to access the service due to personal circumstances and are on hold.

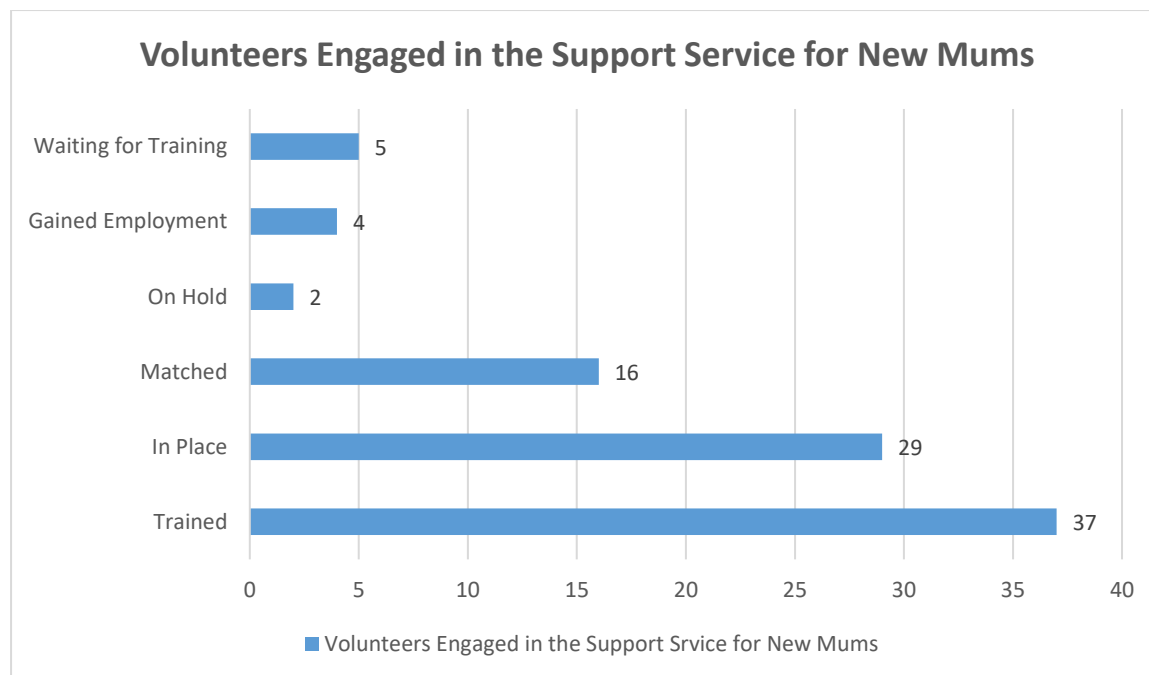
Support has ended for 13 mums; of these, we supported six mums until they were ready to end the service, 3 other mums moved out of area, after receiving brief intervention. One mums disengaged after receiving initial support. Four mums have declined the service to date; of these, one mum began accessing clinical therapy elsewhere, one mums cited a lack of time as their reason for declining and two mums gave no reason for their decline. No one has declined the service during year 2.

Personal Indicators:



Mums and their families have received support for a longer duration due to their needs increasing during the COVID-19 period, particularly lone parents, BAME families and other isolated families, whose mental health is at a higher risk of deterioration. These mums are telling us that the support is having a positive impact on their lives.

2. Volunteer Information



3. Social Value

Families:

- A qualified Social Worker with 24 years' experience of supporting families leads the Service and contributes an additional 7 hours per week voluntary support.
- Eighteen families are matched, two to the Senior Family Support Coordinator
- Capacity to take on more referrals is greater due to the increased number of volunteers in place, which exceeds the target set, and the continued interest in the volunteering position.

- Mums and families receive intense support, two to three hours per visit once or twice per week, reflecting their need, similar to the Family Nurse Partnership model.
- The primary focus is our mums emotional and mental health and well-being including isolation and loneliness and on the connection mums have with their pregnancy and/or baby, supporting the work of Health Visitors and Midwives.
- Secondary support is provided as we act as advocates for mums who feel overwhelmed by their mental health or external factors such as debt, relationship and childcare issues. We work in partnership with a wide range of agencies ensuring mums obtain the right support from the right people with informed advice, avoiding duplication of their story and further deterioration.
- We aim to extend the reach, rather than duplicate the support offered by other services, such as Citizen's Advice, Independent Domestic Abuse Service, Food Banks and the Refugee Council, reducing mums waiting time and waiting lists and empowering people to be able to support themselves. When supporting with issues such as childcare or weaning, we promote Family Centre's, Families Information Service, NHS Virtual Weaning Groups, etc. Many mums did not know about these services or needed a gentle reminder.
- Where we do make a referral or signpost to another service this is due to this work not having been previously undertaken by any other service. Usually this is due to there being no other services involved. In these cases, the secondary support needs of mums would not necessarily have been identified and support would not have been provided as other services would not have been aware of the need without our involvement.

Volunteers:

- Volunteers have continued to provide services during Covid-19 restrictions with many delivering face-to-face visits and other forms of support.
- Through the volunteer opportunity, we are supporting people to gain employment and prepare to gain employment through successfully completing their education and training. Most volunteers' ambition is to work in midwifery, nursing, social work, family support or education. Therefore, they are going on to continue to support the community, which will help people and the economy.
- We have delivered five Peer Support Volunteer training programmes and 12 Practice Development Group training sessions and engaged ten partner agencies in upskilling volunteers.
- Four volunteers that we have trained have moved on to employment.

- Thirty-two volunteers are parents to young children and almost all volunteers have experienced challenges in their life. Some are volunteering as a way to complete their own recovery journey and give back to the community.

4. Challenges and Solutions

Due to Covid-19 emerging as we were beginning to create some momentum the service has been impacted on in the following ways;

- A lack of community venues for meetings and hot desking
- Closure of play groups has prevented face to face promotion of the service and the forging of relationships with play group leaders.
- Closure of other support services has put increased pressure on staff and volunteers to meet unexpected needs.
- Reduced opportunity for joint work with our health partners has significantly impacted on opportunities to generate appropriate services in clinics and during joint visits.
- There has been a reduction in some volunteer availability due to childcare, illness or shielding.

We will respond to these challenges by continuing to do the following;

- ✓ Provide virtual visits and telephone support for those who are isolated or shielding
- ✓ Continue to provide face-to-face visits
- ✓ Utilise IT platforms to connect mums with other mums
- ✓ Promote publicity via social media mums groups
- ✓ Attend schools and community playgroups to raise the profile of the project and generate self-referrals
- ✓ Distribute information bulletins regularly to [partner agencies].
- ✓ Attend Health partner meetings
- ✓ Target midwives individually.
- ✓ Continue to deliver volunteer training online
- ✓ Family Lives will continue to offer training for staff and volunteers to maintain a skilled workers and volunteers.

5. Note

Although we have engaged 37 mums, we have engaged 37 volunteers, equating to 74 people benefiting from the project. We believe had Covid-19 not emerged the project would have seen a higher number of referrals particularly self-referrals.

Lesley Brewin
Senior Family Support Coordinator
15/12/2020