

Bump-Start: What do we know about who the service is reaching and what it is achieving? *Extract from analysis of service to date to illustrate the process of review and reflection we are operating.*

Between February 2014 and end May 2015 (16 months) the Bump-Start service has received 40 referrals for mothers living in Birkenhead. This exploratory report examines what our records show in relation to who is receiving support; the time frame in which support is happening; the scope of support being given; and whether any of these issues relate to specific referrers, or to the needs of mothers in different situations. This will provide us with a basis upon which we can look at the outcomes for parents found within this time scale and make judgements on which mothers, in what situations, benefit from this service. This may result in decisions to change our approach to referral or acceptance criteria, or to the support mothers receive. It will contribute to ways in which we monitor these mothers¹ and their children’s journeys going forward.

Approximately one third of these mothers are still receiving support. Two have ended Bump-Start support but have been transferred to support from an alternative Home-Start service; two have moved on to receive support from another Project service. Where they live in or in streets adjoining the project’s target areas mothers being supported will be encouraged to access other project services. Monitoring of children’s and mother’s outcomes will develop and continue.

Profile of mothers

Age

Under 20 years	2 (5%)
20s	28 (70%)
30s	6 (15%)
Unknown	4 (10%)
TOTAL	40 (100%)

Ethnicity

White British	33 (82.5%)
White East European	3 (7.5%)
Central American	1 (2.5%)
Mixed race	1 (2.5%)
Unknown	2 (5%)
TOTAL	40 (100%)

¹ To avoid confusion, the term ‘mother’ is used here as short hand for the person receiving support. In most cases support is focussed on the mother but in a minority of cases support has benefited the partner/father directly too – a section of this report explores what we know about this help. ‘Grandmother’ is used to identify the role of the maternal mother, who play a part in the support available to several of these families.

Household poverty status – using proxy measures of housing (privately rented, social housing, living with parents, hostel), no one working in household, and no access to a car.

Three poverty indicators	18 (45%)
Two poverty indicators	8 (20%)
One poverty indicator	10 (25%) – all in work, running cars, not home owners
Unknown	4 (10%) ²
TOTAL	40 (100%)

None of the families owned their own houses; more were living in privately rented housing than in social housing, three were in hostels and two with a parent.

DISCUSSION

What does this overview of mothers referred to Bump-Start tell us? We examine the age profile further below to explore whether the cluster of mothers in their 20s represents a particular group of vulnerable women. The smaller number of mothers in their 30s and absence of any in their 40s is partly accountable for by the likelihood that women in poorer communities, with less demanding careers and fewer qualifications, tend to start families earlier and, if pregnant later in life, may feel better equipped to cope.

The demographic spread, although unlikely to be representative of the constituency as a whole at such small scale, is missing two ethnic groups which might be expected to appear – Chinese and Asian mothers. This may be a feature of actual or perceived stronger family support.

The proxy poverty indicators appear to show that this group of mothers meets the Trust’s objective of reaching poorer families, whilst offering a universal service.

We would welcome comments on this from referrers and others in the sector.

Is the profile of Bump-Start families a reflection of where referrals come from?

Referrer	No. of referrals received		% of referrals received
Self	14		35%
Health Visitor	9		22.5%
Midwives – hospital	4	5	12.5%
Midwives – community	1		
Home-Start Breast Feeding project	4		10%
Women’s Refuge	2		5%
GPs	2		5%
Children & Young People’s Dept.	1		2.5%
Gateway (safeguarding)	1		2.5%
Pathways Team (care leavers)	1		2.5%
Forum Housing	1		2.5%
9 agencies	40		100%

² 2 are at the beginning of support, poverty status will become known; 1 did not accept support, therefore is unknown; 1 engaged very briefly.

DISCUSSION

What is driving the large number of self referrals?

Why are so few referrals being received from midwives?

We would welcome suggestions or comments.

From referral to support

Support was not accepted by 7 mothers (17.5% of referrals). A further 2 mothers, both of whom had previously lost care of one or more child, had accepted support, received a visit from the co-ordinator but did not engage further. The remaining 31 families were supported in the following ways:

- 9 (20% of those supported) received Co-ordinator support
- Of those 9, 7 received time limited co-ordinator support
- 2 have received substantial and on-going co-ordinator support
- 22 (71% of all those supported) have been supported by a volunteer. Of those families 2 have received support for a more limited period of time
- In all, 22 families have received support over a sustained period of time. This represents 55% of referrals and 71% of all receiving support.

Time scale of support

- *Duration of support – over view - to follow*
- *Support during pregnancy – to follow*

Why are we receiving late referrals?

Bump-Start referrals are accepted from 20 weeks of pregnancy with the aim of supporting the mother through the established stage of pregnancy until her child is 6 months old. The rationale for this is to support the mother during the period when stress might impact on the foetus and to support mother in her preparations for birth and parenthood. In establishing the service a minority of referrals have been made at an earlier stage of pregnancy and the Co-ordinator accepts these, while confirming with the referrer and In addition to delays in attracting any referrals, the project has encountered difficulties in securing referrals towards the end of the first three months of pregnancy (between 20 and 28 weeks).

Stage of gestation when referred	number	%
Up to 28 weeks	15	37.5%
29-34 weeks	12	30%
35-40 weeks	8	20%
Unknown	5	12.5%
	40	100%

Are late referrals related to when referrers become aware of the pregnancy, or the need?

Referrer - referrals made in each period of gestation	Up to 28 weeks	29-34 weeks	35-40 weeks	Unknown ³
Midwives (5)	4		1	
GPs (2)	1	1		
Self (14)	6	3	3	2
Breast Feeding Project (4)	1	2	1	
Health Visitors (9)	2	4	2	1
Refuge (2)		1		
Pathway team (1)			1	
Gateway (1)				
CYPD (1)	1			
Forum Housing (1)				1

- *Reasons for delayed support during pregnancy – to follow*
- *Support in baby's 1st 6 months – to follow*
- *Characteristics of time limited support: what support given, reasons for early ending*

Characteristics of sustained support

- *Volunteer sustained support, linked to mother's needs*
- *Co-ordinator sustained support, linked to mother's needs*
- *Family support available: role of partners and grandmother*
- *Mothers who are care leavers*

Extract 1

What type of families will benefit from Bump-Start?

Mothers and families with complex needs

Bump-Start was planned as a universal service to support pregnant women where there were low level concerns regarding issues such as isolation, depression or stress, associated with poverty. The service aimed to impact on the mother's ability to bond or engage easily with a new baby, with the long-term objective of supporting healthy development in the baby and increasing the chances of a child growing up in poverty being better equipped to do well at school. It was not intended to cater for women in need of significant support or at risk of mental health problems which would suggest the need for intensive therapeutic support – typically in receipt of multi-agency support – and identified as 'Level 3'. Neither was it intended to make any impact where there were significant concerns about existing children, where a pregnant woman might be facing a pre-birth assessment, with one or more child previously taken into care – identified as 'Level 4'. In the event, both categories of women have been referred and accepted by the service.

³ Unknowns are where family did not take up support or engaged very briefly.

Of the 40 referrals to date: 65% (26) have been as Level 2; 5% (2) have been at Level 3 and 27.5% (11) at Level 4 – no level is recorded for one family (2.5%) where we were unable to make contact.

The reality of family situations is however more complex than a single assessment at referral reveals: families receiving support can make dramatic improvements in their circumstances and no longer require aspects of support they previously relied upon; others unravel as hidden or unidentified needs emerge in a family with ostensibly few problems. All family support and social care services are under pressure with shrinking resources and it is unsurprising that there have been unanticipated and unsought referrals at higher levels of need.

Extract 2

Mothers at risk of losing care of their children

Six mothers were referred to Bump-Start who had previously lost a child/ren to care – from 1 to 5 children in each case, experiencing a variety of care situations. Of those six mothers, two responded by disguised compliance – accepting the Co-ordinator’s initial referral but avoiding further contact, except in one case to seek support at the stage when the baby was at risk of being removed. Contact has ended for these two mothers but it is almost inevitable that both have lost custody of their child.

Of the four mothers who accepted support, all are still caring for their ‘Bump-Start’ baby.

Two additional mothers, both with specific additional needs – a care leaver who has experienced multiple abusive situations and a mother with learning difficulties – are currently at risk of losing care of their child.

DISCUSSION

Are the results for this group of mothers, with significant need for support, sufficient to justify continuing to offer them the service? What are the risks?

What follow on support can be given so that mothers in this situation are not left unsupported when Bump-Start support ends and fail to sustain the care for their child? How do we work with other services around on-going support, if we seek to continue support for families with more complex needs?

If a decision is reached to refuse referrals where there are more complex needs, will we lose the opportunity to turn round situations where the volunteer input may provide a crucial difference?