



**HOME IS WHERE
WE START FROM**



Map of local Home-Starts across the UK



While the dots are where Home-Starts are located, many of them will offer support to parents over a wider area.

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We are especially grateful to the families who have spoken with us and allowed us to share their stories, which so powerfully bring to life the need and the opportunities we have to make a difference.

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Foreword



Peter Grigg
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It has been a year like no other for families. Wave after wave of lockdowns have pushed all families to the limit. If parenting and nurturing children was not hard enough, the global pandemic, social isolation and economic turbulence have magnified the pressure and anxiety of every possible challenge a family might face.

Yet, it is in times of crisis that fundamental human values are revealed. In our communities, so many have risen to the collective challenge – in hospitals, supermarkets, food banks. The pandemic has demonstrated that we are capable of co-operating at scale with social purpose and a selflessness that many previously may not have thought possible.

It is this spirit of kindness that we celebrate in this report. As Home-Start charities working with volunteers, staff and families in communities across the UK, this report highlights the humanity, humility and care that we have witnessed over the past 15 months. We surveyed families from across our network of local Home-Starts across four UK nations to explore what has made the biggest difference. Crucially, we consider how we might build on this extraordinary effort in order for society to “build back” – not just better, but fairer and kinder too.

In a year when so many have yearned to get outside, it may seem odd to provide this reminder of the importance of the home environment for children. But home truly is where it starts from. Supporting parents to not just cope, but feel confident to thrive, in their role as caregivers on a day-to-day basis is what Home-Start has been doing for fifty years.

We know first-hand the value of compassionate, non-judgemental, volunteer and expert support for parents and carers. In this report we shout this loudly and proudly because – after this strange period of extended isolation – childhood can’t wait. We look forward to working with families, communities, funders and decision makers in the months and years ahead to make a fairer, kinder future for families a reality. Home-Start is here to play our part.

A note on terminology



The focus of this report is on the voices of parents from our survey of families supported by local Home-Start’, and on the support offered by volunteers and Home-Start practitioners working alongside families experiencing challenges. It is helpful to define these terms.

VOLUNTEERS

The National Council for Voluntary Organisations (NCVO) defines volunteering as “any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives”.

In a Home-Start context, the term ‘volunteer’ most often refers to home-visiting volunteers, who are at the heart of the Home-Start model and in the main are parents themselves, recruited from the local community. In some local Home-Start settings, our volunteers are referred to as ‘befrienders’ or as ‘peer mentors’. Additionally, volunteers may be ‘peer supporters’ or ‘champions’, drawn more explicitly from the community they are working with, such as young mums, or those with lived experience of challenges, like perinatal mental illness or domestic abuse. Volunteers also play important additional roles within local Home-Starts as trustees, in fundraising, in administrative roles and, in a few places, as workers in charity shops. These roles are much valued and given due regard in our governance processes. However, for the purposes of this report, the word ‘volunteer’ refers to those in frontline roles offering support to families.

PRACTITIONERS

In this report we use the term ‘practitioner’ to refer to the paid members of staff working directly with families in local Home-Start organisations. Alongside the administrative, fundraising and managerial staff, who do the valuable work of maintaining organisations, our practitioners are in roles such as family support workers, volunteer coordinators, group facilitators and project managers. These staff bring a wealth of experience, skills and knowledge about the very particular nature of supporting volunteer home-visiting and peer support, and provide the organisational matrix within which this work may be undertaken safely and to good effect.

FAMILY/FAMILIES

For the purposes of this report, we use the words ‘family’ and ‘families’ to denote the different constellations of relationships between caregiving adults and children within the home. This includes lone parent families; co-habiting, married and same-sex relationship families; extended and blended families; and adoptive, foster and kinship carer families.

PARENT/PARENTS

Similarly, the report uses ‘parent’ or ‘parents’ to include mothers, fathers, and caregivers. Local Home-Starts predominantly support mothers and female caregivers, so most often the support offered is with the mother or female caregiver in particular, unless stated otherwise.

Within the Home-Start federation we recognise the very important role that fathers play in their children’s lives, and we are working to promote the inclusion of fathers and to understand better the barriers to inclusion of fathers in our support. In practice, our support and many measures of impact focus on parents rather than on children. Our training, and the approach established by Margaret Harrison, is clear about the role of the parent-child relationship in promoting children’s development, and the importance of intervening to support parents for the benefit of child outcomes.

A NOTE ON QUOTES FROM PARENTS

In our quotes from parents who responded to our survey, we have included information about them. Where we have stated that they are ‘living with a partner’ this includes respondents who may be married, in a civil partnership or co-habiting.

Executive summary

Over a year on from *Babies in Lockdown*,ⁱ the report informed by UK parents with babies and young children, we have once again listened to parents' voices. It has been an extraordinary year of disruption and challenges for individuals, for families, and for organisations. Navigating the changing landscape continues to be a priority for Home-Start – building the resilience of our network so we can support the resilience of families.

The landscape has shifted from one of emergency response to tentative horizon-scanning for a 'new normal'. In the year that has passed, more than 600,000 babies will have been born in the UK. Countless numbers of parents, extended families and friends will have missed out on the informal and essential fabric of connections that are normally a part of family life before school. Toddlers have missed out on opportunities for socialisation or new experiences, and their mums and dads have missed out on opportunities to share the triumphs and tribulations of being a parent, or to find a listening ear for their concerns.

There are other concerns, too, about what has not happened over the course of the last year. Services such as health visiting, already overstretched, have been disrupted by redeployment and burgeoning caseloads. This risks missing opportunities for picking up on developmental delays, addressing loneliness in the absence of mother and baby groups, and responding to domestic abuse kindled by confinement to the home in a time of heightened pressure.



This report combines the findings from our latest survey of more than 1,200 parents with the learning from our network of local Home-Starts, shining a light on their challenges and on the sustenance and hope that can arise from ordinary human connections. This is combined with what we know from research about the impacts of adversity on a) the youngest in society, and; b) on the parents who, despite a desire to give their children the best start for life, find themselves needing and benefiting from the kind of parent-powered support which Home-Start provides.

We highlight the assets that exist within parent communities, and how bringing people together can lighten the load for parents and, in so doing, empower them. We paint a picture of the breadth and depth of our work with families across the UK, working within and alongside public services, and the difference it can make.

We make the case for doing things differently: for recognising the place for our kind of parent-powered responses to the needs of families experiencing challenges and to the existing inequalities exposed in the past year. We set out what is needed to build on this vital work, and to secure the very important place of volunteer home-visiting within the range of support that is available to families.

i. Best Beginnings, Home-Start UK, & the Parent-Infant Foundation (2020) *Babies in lockdown: listening to parents to build back better*.

We suggest that our approach is all the more necessary now, as we turn to face the future. There is much to be learned from understanding the impact of trauma on individuals and on communities, and much to be gained from relationship-based compassion, kindness and connectivity. Our view is that we must champion the unique, often understated connections between parents and home-visiting volunteers, and the value of relationship-based support, rooted in communities, within and alongside public services, as a doorway to recovery and resilience.

The huge strength in being a federated network is that we have the potential to harness local context, needs, knowledge, passion and experience while drawing on the scale and capacity available across the federation. Local impact coupled with national reach is a potent combination.

As we move into the second year of unprecedented change resulting from COVID-19, there is an urgent need for decision makers, funders, commissioners, and politicians to address the needs of families with the youngest children. Together, public services and civil society must be empowered to build upon the understanding and support of families that has been galvanised across communities. The network of more than 180 local Home-Starts across all four nations of the UK, has enormous experience of what makes a difference for families, built on the human qualities of giving, learning, sharing and receiving that were first highlighted by our founder in 1973. The creativity, energy and care that has been demonstrated across the network over the past year has been extraordinary, and has benefited very many families.

We know first-hand of the value of this for individuals. We hope that in this report we can share this, or shout it from the roof-tops even, because now it matters more than ever, and home is where we start from. The years ahead will be challenging, but we have opportunities to make a difference, and Home-Starts are committed to building back better, fairer and kinder.

BUILDING BACK BETTER MUST START WITH FAMILIES

Our kind of parent-powered support – which builds upon parents’ strengths, strengthens core skills, celebrates relationships, fosters connections, and reduces sources of stress – can play a crucial role in moving towards recovery and resilience.

BUILDING BACK FAIRER MUST START WITH FAMILIES

The findings from our survey and insights from local Home-Starts tell us that what is shown in the data it is not simply about the ‘poorest’ but reflects the inequality of security – that fundamental safe base for families that comes from access to affordable and stable housing, not being hungry, being able to meet basic needs, access to quality facilities and services, and not experiencing additional adversities arising from trauma and discrimination.

BUILDING BACK KINDER MUST START WITH FAMILIES

The principles of supporting responsive relationships, strengthening core life skills and reducing sources of stress in families’ lives are the golden threads running through the work of local Home-Starts. They are founded on the humility, humanity and humour first highlighted by our founder in 1973, and woven through the ordinary day-to-day interactions between our families, our volunteers, and our staff across the Home-Start network. This is our contribution to building back kinder.



1. Home is where we start from

WHY IT MATTERS

The first 1,001 days of life from pregnancy lay the foundations for physical and mental health. Babies' brains are developing rapidly, and are at their most adaptable in the womb and in the earliest years of life. These years can be turbulent; full of challenge and opportunity, vulnerability and growth.

To give children the best start for life during the vital first five years takes nurturing relationships, an enriching home environment, and parents who are well supported and enabled to undertake this essential role. In particular, socio-economic factors have a stronger influence on younger children's health outcomes than those of older children, suggesting that families' circumstances are crucial in the years before school.

The Home-Start approach and our roots in communities mean that we are well placed to reach and support families facing challenges and experiencing distress, be that disability, poverty, poor physical or mental health, isolation or a relationship breakdown. The COVID-19 pandemic and lockdowns have acted as magnifiers, exacerbating existing issues, presenting new challenges, and creating additional pressure within homes. We are already witnessing the impact of this in rising levels of domestic abuse, mental illness and child poverty.

THE POWER OF PARENTS AND THE IMPORTANCE OF HOME

Home-Start is built upon a model of parent-powered support, which addresses directly some of the stressors that are impacting families. We seek to build upon parents' strengths, to empower and enable them so that they can move forwards in their lives with renewed and restored capacities.

Our families told us that a trusted relationship between parent and volunteer that starts in the home is one of the key drivers of impact. It has enabled many to feel more comfortable about asking for help and more confident. Importantly, Home-Start support also meant parents have felt less judged by others.

The parents of young children who we surveyed told us about the challenges they have faced in the past year. The key findings include:

- Most parents of children aged 0–5 have found parenting more challenging during the pandemic.
- Prior to contact with Home-Start, just 1 in 5 usually found it easy to ask for help.
- Home-Start has been a lifeline for parents during the pandemic.
- Almost all parents experienced challenges across multiple domains relating to themselves and their children.



2. The challenges of parenting: from conception to reception

IT TAKES A VILLAGE

Young children develop within the context of relationships, where strong attachments with loving caregivers underpin their early development and act as a buffer against adversity.

The context within which parents undertake their parenting journey makes a difference. Some parents, no matter how resilient they are, will face the challenges of adverse events. For others, the more chronic impacts of environment or unresolved trauma will mean that the ordinary demands of parenting are more challenging.

The gap between disadvantaged children and their peers has widened, and existing inequalities have been magnified by the pandemic. At the same time, access to support has been more difficult, with services already overstretched and hollowed out following a decade of austerity.

Home-Starts look to support home environments where children can thrive, through relationship-based interventions to address the stressors parents are experiencing. Our workforce of volunteers and staff are effectively trained, supported and equipped to tailor their support to the individual needs of each family.



Feeling isolated was the most common challenge faced by parents, with three-quarters (75%) of our survey respondents saying that they felt cut off from family and friends.

HOW ARE FAMILIES COPING?

Over half of parents with young children we surveyed do not believe that they have coped well over the last year.

- **Half (52%)** of all parents told us that they have not coped well.
- **Over a third (36%)** of parents told us that they feel their children have not coped well.
- Parents' perceptions are that their children aged four or five have **fared significantly worse** than their younger children.
- **Over three-quarters (79%)** of parents told us that their children aged between three and five needed their attention more during the last year.
- **Almost two-thirds (64%)** of respondents reported that their baby had become more clingy.
- **Almost half (47%)** said that their baby was crying more or having more tantrums.

However, our survey also found that parents were not feeling the effects of the pandemic equally. Consistent with other emerging research on the disproportionate impact of the pandemic across different groups, our survey revealed the depth of impacts for individuals experiencing poor mental health, isolation, financial insecurity or disability – in particular, how differences in experience and expectation were shaped by income.





STRESS AND ITS IMPACT ON CAREGIVING

Whatever the reason a parent comes to Home-Start, some circumstances make the job of being a parent a much greater challenge. Local Home-Starts support families through their challenging times.

A pile-up of stressors on families has a wear-and-tear effect on parents. Adversity, whether acute or chronic, impacts on parents' wellbeing, their social networks and resources and their ability to provide nurturing care.

Our approach supports parents, supporting children. Local Home-Starts have worked in creative and agile ways to address the range of challenges experienced by families. In the main report we give examples of the work of local Home-Starts supporting families across a range of issues.

POVERTY

Despite parents' desires to do their very best in giving their children a good start, in the UK today there is no guarantee that parents will be able to provide the basic needs for their families.

Of the 4.2 million children in poverty before the pandemic, 1.3 million were babies or children aged under five, with households with a child under three facing the highest risks of poverty.

Rising unemployment, falling income, and juggling work and caring responsibilities have placed financial pressure on families across the board. As many as 1.1 million additional people – including 200,000 children – were estimated to have fallen below the poverty line by the end of 2020. This brings the total number of children living in poverty to 4.5 million – an overall increase of 5% since before the pandemic.ⁱⁱ



ii. Little Village (2021) *It Takes a Village: how to make all childhoods matter*. www.wp.littlevillagehq.org/wp-content/uploads/2021/02/Anniversary_1080px_V8.pdf



Local Home-Starts are seeing first-hand the impact of poverty on families as a result of rising bills, falling income and barriers to accessing the technology that we have all relied upon over the past year. Food insecurity, fuel bills and digital poverty have all increased in households with children, particularly those headed by lone parents.

Home-Start has been a lifeline for families by helping them in essential ways to access food, as and other things that they need for their babies and young children.

Home-Starts have supported families in the following ways:

- Helping with increased fuel costs
- Support to access technology or data
- Providing social support for those who are isolated and cannot access online services
- Providing vital emotional support for those experiencing financial shocks arising from the pandemic.

SOCIAL ISOLATION AND LONELINESS

Through the pandemic, parents have been deprived of opportunities for sharing experiences, enjoying adult company and getting out of the house. Additionally, we have heard that difficulties accessing vital services, such as health visiting, have left many parents feeling abandoned, alone and angry about the loss of support.

- **Being cut off from family and friends was cited as the main challenge by three-quarters (75%) of the parents we surveyed.**
- **Nearly three-quarters (74%) of parents we surveyed said that support from Home-Start helped them to feel less alone.**

Home-Starts have brought families together through online groups and shared digital activities, such as storytelling, crafts or cooking, to address isolation, strengthen parent-child relationships and build social and community networks.



PARENTAL MENTAL HEALTH ACROSS THE FIRST 1,001 DAYS

Perinatal mental health problems affect many women and often go unidentified, undiagnosed, or untreated.

Local Home-Starts, alongside universal and specialist public services, help address perinatal mental illness in a preventative way with expectant or new mums and, increasingly, with dads. They do this through peer support, raising awareness, supporting early identification of difficulties, and assisting women to access one-to-one or group support or more specialist interventions where appropriate.

DOMESTIC VIOLENCE AND ABUSE

Women who have experienced domestic violence and abuse can be left struggling with the legacy of that trauma, alone and without support. They may go on to face other forms of disadvantage, such as poor mental health, isolation and poverty, with enduring consequences for themselves and their children.

The effects of exposure to domestic abuse on children are far reaching and can include mental health difficulties, behavioural challenges, and neurological impacts.

We are committed to working to support the families we serve who have been affected by domestic abuse. Local Home-Starts have built up expertise, share learning across the network, and work with specialist domestic abuse partners to develop services and deliver training for volunteers.

3. The Home-Start approach

OUR PLACE IN THE WIDER SYSTEMS OF FAMILY SUPPORT

Home-Starts come alongside families in their challenging times with humility, humanity and humour, led by volunteers who have time to care, have experience and understanding of family life, and can be flexible in their approach.

MEETING PARENTS ON THEIR OWN TERMS

It is the ordinary interactions outside more formal approaches, and the value of connection, that stand out to parents as being of benefit. The little things that make a difference in an ordinary way, without stigma, thresholds or diagnosis, and before situations deteriorate, and add up to bigger impacts.

Support from Home-Start helps parents to make connections with peers, build their social networks, normalise the challenges of parenting and receive practical help. This support is provided in a holistic way, tailored to the particular needs of the family.

Home-Starts across the UK are alongside parents in relation to a wide range of issues – from healthy eating and managing routines to financial budgeting and employability, and from difficulties in relationships to poor mental health. We support parents in practical and emotional ways.

Parents we surveyed told us that support from Home-Start has lessened feelings of loneliness and helped them to cope. The support has also provided hope for the future, helped people feel more confident in their parenting and helped parents have fun with their children.

HOW HOME-START'S MODEL MAKES A DIFFERENCE

When families find themselves vulnerable, they might need to realise and build on their strengths. Our core model of volunteer-led home-visiting support, provided alongside a wide range of projects, activities, group support and targeted interventions in response to local need, allows us to work responsively with parents to meet their unique needs.

The science of child development and resilience suggests a set of 'design principles'ⁱⁱⁱ that those in decision-making positions or providing a service for families can use to guide them in finding ways to improve outcomes for children and families.

The strength in the Home-Start model is that we can hold in mind these essential principles and use them not only to inform our approach but also to tailor the support offered to a family.

These three principles are:

- 1 Support responsive relationships for children and adults.
- 2 Strengthen core life skills.
- 3 Reduce sources of stress in the lives of children and families.

iii. *Three Principles to Improve Outcomes for Children and Families*. 2021 update. Harvard Center on the Developing Child. Available at: www.developingchild.harvard.edu/resources/three-early-childhood-development-principlesimprove-child-family-outcomes.

THE POWER OF VOLUNTEERS

Home-Start staff and volunteers offer continuity and consistency of contact with families, often visiting homes once or twice a week over many months, enabling relationships of trust to form with parents and children. There is something unique and valuable in informed, responsive support that is freely given.

Home-Start harnesses the experience, knowledge and skills rooted in communities, in other parents and caregivers. In so doing, we enable volunteers to quietly work their ordinary magic in strengthening families.

The elements of a personalised offer of support negotiated between volunteer, family and Home-Start practitioner serve to tip the balance in favour of improving the resilience of parents and children.

‘Being there’ was selected by more parents than any other aspect of Home-Start support, with almost two-thirds (63%) of parents choosing this. This highlights the importance for parents of knowing that there is someone to whom they can turn if they need to.

TIPPING THE BALANCE IN FAVOUR OF PARENTS AND CHILDREN

It is not just parental knowledge of early development that is important; crucially, it is parents’ capacity to put this knowledge into action.

Parents who are experiencing high ongoing levels of stress and trauma are less likely to have the emotional resources to do what they may know is best for their child. Parents who themselves have experienced early adversity are likely less able to deploy all of the skills they have to cope with challenging circumstances.

Working alongside other universal, specialist, statutory and voluntary sector services in communities, Home-Start’s relationships with parents – and with their children – can scaffold a parent’s influence over their child’s early development in the following ways:

- Supporting parental wellbeing.
- Supporting the home learning environment.
- Supporting parent-child interactions.



THE POWER OF CONNECTION

Local Home-Starts have been agile in their responses to the pandemic, many moving swiftly to find new ways of providing support. These included:

- Providing one-to-one and group support online, by text or telephone, or face-to-face.
- Offering doorstep visits.
- Setting up walking or outdoor groups.
- Working with food banks and baby banks to help deliver essentials.
- Distributing Government funds to those experiencing poverty.
- Supporting families to quickly access what they needed to adjust to new circumstances.

Across our UK-wide federated network we have distributed emergency relief and COVID-19 pandemic response funds amounting to more than £700,000 to increase our support for families and provide vital goods, food, access to technology, warm clothes and activities for children.

THE DIGITAL PIVOT

Technology has been valuable for maintaining relationships and connections during the pandemic. It has enabled our services to adapt in order to continue to offer Home-Start support to families. However, certain groups have been, and still are, at risk of being excluded. Lack of access to technology, data or suitable environments in which to use technology is preventing people from connecting with friends and family or from accessing education, information, advice and support.

Supporting families remotely has also raised concerns about what is lost in the relationship when working online, and the difficulties in keeping children and families safe.

We have worked hard to address issues of digital exclusion and build confidence in using digital communication channels among our volunteers, our practitioners and the families we work with. Local Home-Starts have offered many services online, including groups for babies, toddlers, twins and multiple siblings, along with digital one-to-one support and online sessions for expectant parents.

The COVID-19 pandemic has opened up other ways of working with our families, and we are exploring actively how digital technology offers another option for engagement alongside our traditional face-to-face contact.

PLAY AND PLAYFULNESS

The pathway to secure attachment in children is sometimes framed through the lens of parents being “bigger, stronger, wiser and kind”,^{iv} recognising the important role that parents have in supporting their child’s developmental progress, alongside the things that can get in the way of this.

This lens also recognises the fundamental place of play and playfulness along this pathway, whether that is the patience, curiosity and kindness a relaxed parent is able to bring to the interactions with their child; the rough and tumble of ‘horse-play’ that arises more safely and more easily within secure relationships; the imagination and creativity that are fostered by attuned relationships; the good-humoured responses that a parent whose own resources are topped up can offer to a child who has overstepped the mark; or the much-needed understanding they can bring to a child who has experienced a small but nonetheless crushing defeat. All of this is more difficult in circumstances of adversity and stress.

At Home-Start, we know the importance of play for families, and we know this can be more difficult for parents when they are overstretched and their own resilience is low. We work in ways that value fun, humour and joy, and we celebrate positive connections in the relationships between parents and their children – even just for moments, and no matter what challenges a family is facing.

iv. www.circleofsecurityinternational.com/circle-of-security-model/what-is-the-circle-of-security

4 Where now for families?

In so much of the pandemic response across the UK, there has been a disappointing lack of strategic focus on the family and family relationships, on childcare, and on the early years. Because of this, we see an urgent need for greater ambition and clarity on families, babies and children as we begin to consider recovery. So much has been placed on hold, and child development is not something that can wait.

We have observed parental burnout and isolation, pressure on parental and child mental health and the very real effects of poverty on families. Parents are worried about lost opportunities for play and socialisation, and they are anxious because their children have missed out on so much.



At the same time, the insight gained during this remarkable period offers us hope for the future. The humanity, humility and care we have witnessed in communities gives us a clear steer for strengthening the resilience of families moving forwards. Based on this, we conclude with three calls to action that we believe should inform our societal response for families and children:

1. WE NEED TO BUILD BACK BETTER

This is a moment to fundamentally consider redesigning family support systems in a coordinated way that places families and children at the heart, responds to the trauma of the pandemic, and makes up for lost time in terms of child development.

2. WE NEED TO BUILD BACK FAIRER

The pandemic has harshly exposed inequality that was there before but has now been magnified. Our response to this must address these structural inequalities that contribute to poorer outcomes for ethnic minority groups, younger parents, lone parents and those on low incomes, and help to rebalance the unequitable nature of caregiving.

3. WE NEED TO BUILD BACK KINDER

Our children truly are our future. Strong healthy relationships, nurturing and safe home environments, and kind, compassionate communities must be at the heart of our approach as we move forwards.

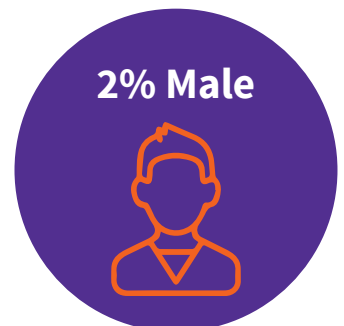
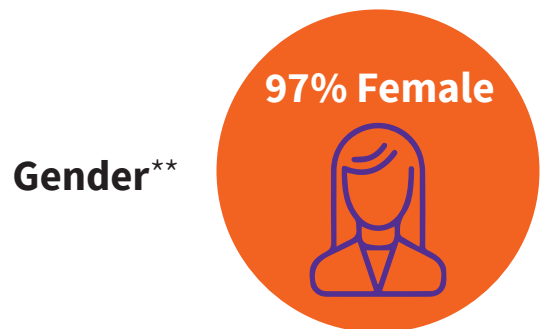
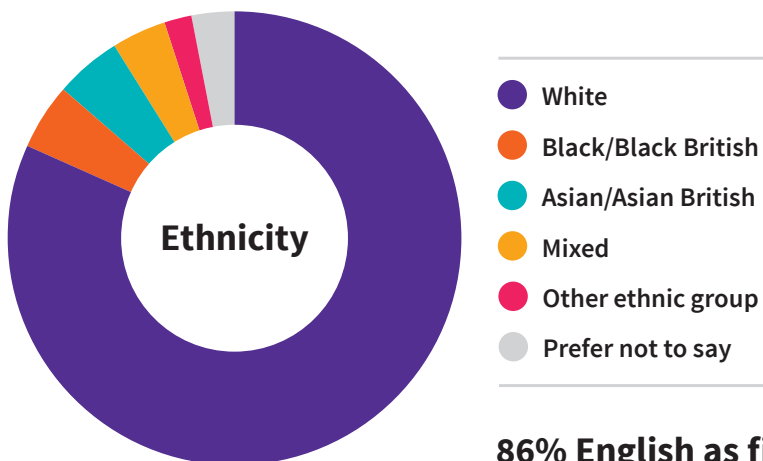
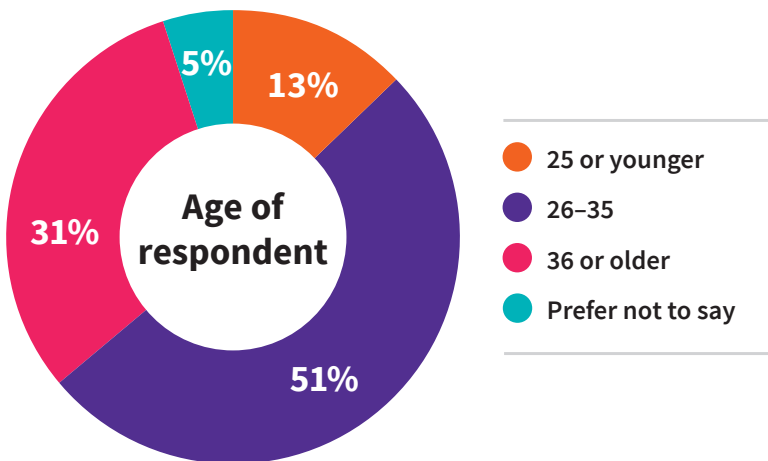
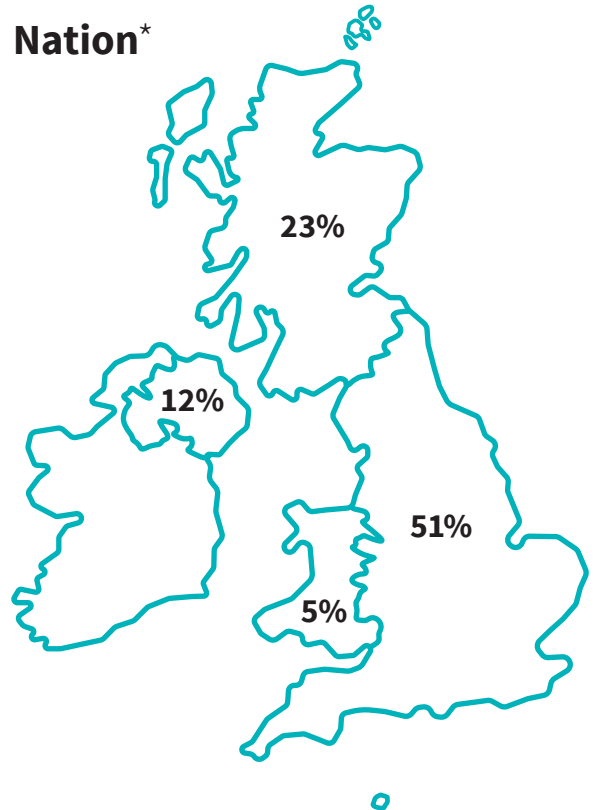
v. *Three Principles to Improve Outcomes for Children and Families*. 2021 update. Harvard Center on the Developing Child. Available at: www.developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes



Our survey of families

Home-Start UK commissioned Critical Research to work with us to gain insights into the impacts that COVID-19 is continuing to have on families of all backgrounds from across the UK.

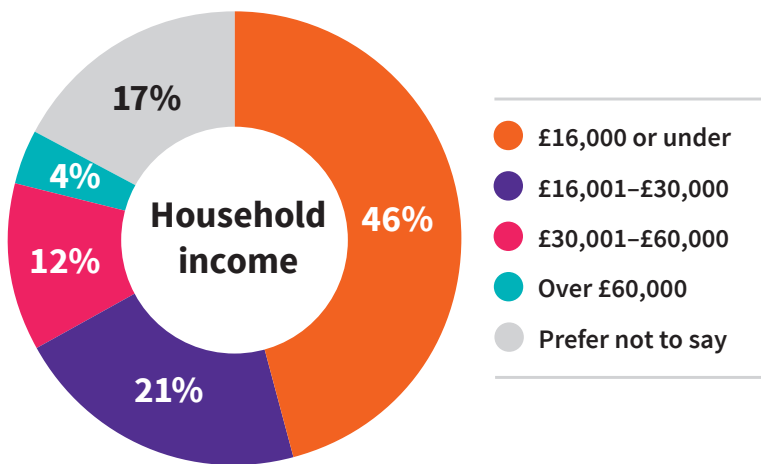
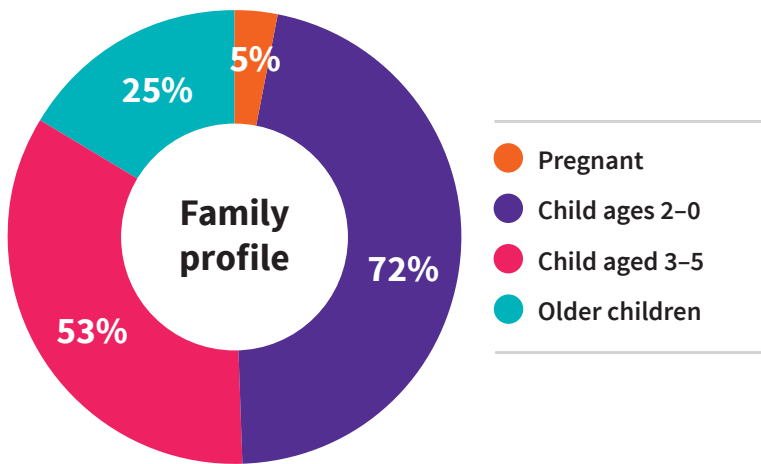
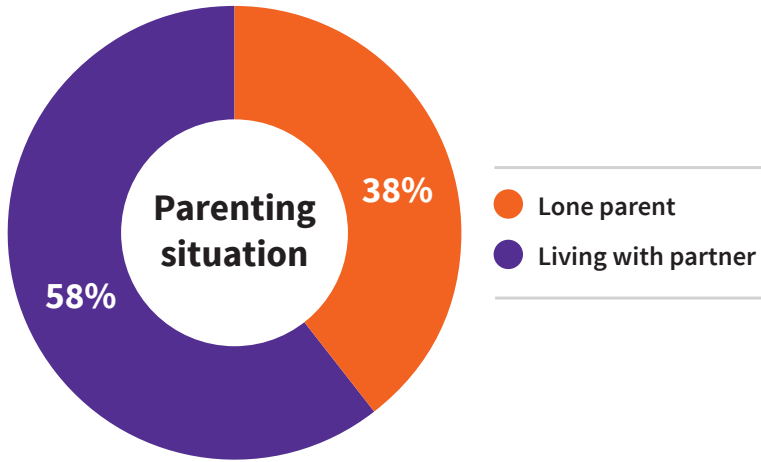
The online survey was live between 6 April and 26 April 2021.



86% English as first language

* 8% of responses (93 in total) could not be attributed to a local Home-Start and therefore 'nation' was not recorded. Base: All respondents (1,238).

** 1% of respondents chose not to answer the question.



Your most recent contact with

HOME START

Contact frequency	Percentage
Within the last year	47%
1-2 years ago	29%
More than 2 years ago	20%
Can't recall	4%

Base: All respondents (1,238).

Home is where we start from



1 Home is where we start from

1.1 Why it matters

The first five years of childhood are a crucial stage of a child's development. During this time, the foundations for lifelong health and wellbeing are laid. Nurturing relationships and an enriching home environment during these years, provided by parents who are well supported and enabled to undertake this essential role, give children the building blocks they need to become healthy, resilient and productive citizens of the future.

These years can be turbulent; they are full of challenge and opportunity, vulnerability and growth. Parents most often want the best for their children, but – sometimes temporarily and at other times for longer – they can be overwhelmed by circumstances. In sharing the story of Home-Start and the families we support, we hope to shine a light on contemporary family life and the needs of parents and children, and call for those who are in a position to make a difference to prioritise meeting those needs.



The first 1,001 days

It is widely recognised that what happens in the first 1,001 days of life, from pregnancy, lays the foundations for physical and mental health. Babies' brains are developing fast, and are at their most adaptable in the womb and in the early years of life.

Before birth, brain development can be impacted by the mother's emotional state. In these crucial years many millions of neural connections are made, building the architecture of the brain from which later developments will arise. Babies' brains are strongly influenced by their environment. Parent-infant relationships are vitally important in this, shaping a babies' experience of the world, giving it meaning and supporting the infant to feel safe and secure.

It was a very difficult year for me... there was the challenge of being isolated and away from home and family, it was the most difficult thing, I was alone and threatened and depressed. While I am pregnant I have nobody to talk with, now I have my baby and we can live more safe with... your support I am so grateful for you and for everybody helped me thank you.

A mother, 26 years old, with one child under one year old. She is a lone parent and is from another ethnic group. She preferred not to state her location or her annual household income.

Home-Start UK is a family support charity whose vision is "For every parent to have the support they need to give their children the best possible start in life".¹ We work with families in communities right across the UK. Starting from the home, our approach is as individual as the people we're helping. Without judgement, we offer compassionate, confidential help and expert support. We are a federated network of over 180 local Home-Starts working with families, most of whom have children under five years old.

We don't operate to 'thresholds of entry' – rather, we support any family experiencing distress or overwhelm, who would benefit from our support.

Our approach and our roots in local in communities mean that we are also well placed to reach families ‘at risk’ from adversity, be that disability, poverty, poor physical or mental health, isolation or a relationship breakdown.

The majority of families receiving support from us benefit from home-visiting volunteers, who regularly meet with the family at home. This includes practical support and resources, emotional support for parents, and activities involving children in the family. In addition to this core home-visiting support, many local Home-Starts provide further opportunities and parental engagement through group sessions, services such as outreach into antenatal settings, infant feeding support, or a range of evidence-based school-readiness and parenting programmes.

Home-Start support works on many levels:

- Helping to identify emerging difficulties early on.
- Preventing worsening mental health.
- Signposting and facilitating access to allied or specialist services.
- Strengthening community networks.
- Reducing stigma.
- Reducing social isolation.
- Promoting healthy relationship development.
- Increasing parents’ confidence in their parenting and personal capacities.
- Building opportunities for positive interactions.
- Supporting people to manage their emotions.
- Modelling parenting skills.

Alongside other local services, each independent local Home-Start works to meet the needs of their local communities, supporters and – most importantly of all – the families they serve.

The importance of relationships has been demonstrated in so many ways during the pandemic, and the realities and possibilities for connection have been turned upside down. Home-Starts, undoubtedly, have risen to the challenge to make connections with parents in need. Our volunteers and staff have done this by sharing time, kindness, practical help, compassion, generosity and vital moments of fun with families in these difficult times. These are our founding qualities and values, and they have served us well.

Parenting and caring for a child are highly contextual – shaped by the combination of access to resources, parental distress, and parental knowledge and expectations.² The social gradients, which show how the extent to which people's health is determined by their socio-economic position, are steeper for younger children than for older ones around a variety of child outcomes, which suggests that families’ material circumstances have more impact before children reach school age.³

However, a recent review of the research on early childhood development found that there is increasing evidence that “parental involvement in early learning has a greater impact on children’s wellbeing and achievement than any other factor”.⁴

So, what parents do at home, and how they are empowered to do this, is more important than their material circumstances alone.

“Individual children and young people’s ability to cope with and rebound from adverse experiences is related to a number of characteristics and supporting factors. These include factors such as their age and developmental stage, the presence of resilience promoting relationships in their lives and access to wider family support.”⁵

1.2 Rising to the challenge

Throughout the country, tens of thousands of enthusiastic and committed Home-Start volunteers and dedicated, passionate staff are working alongside parents to support families and their babies, toddlers and young children during the important early years of life – from conception to reception. We want to tell you about them.

The COVID-19 pandemic has illuminated the importance of human connection and relationships. Deprived of close contacts outside the home, with less access to services, schools and nurseries, and dealing with new and escalating worries, parents have been experiencing unprecedented pressures that affect family life.⁶

The majority of parents of children aged five or under who we surveyed have found parenting more challenging during the pandemic (87%).



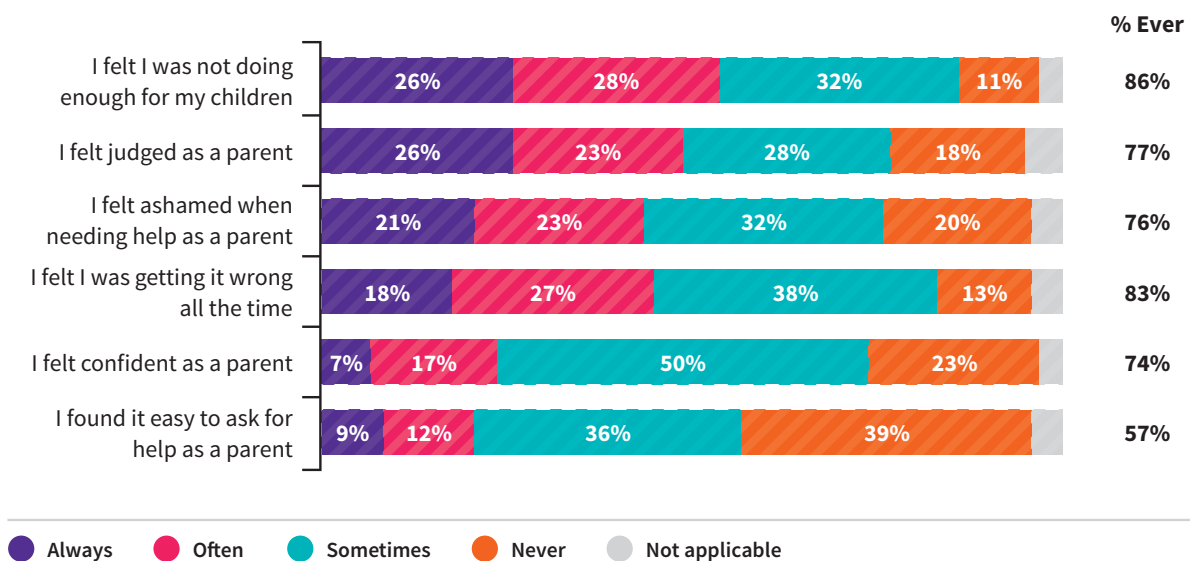
Most parents of children aged five or under who we surveyed have found parenting more challenging during the pandemic.

- **Almost half (47%)** say that their experience of parenting has been much more challenging. **A further 4 in 10 (40%)** say it has been more challenging.
- This is particularly the case for parents with three or more children: **just over half (54%) have found parenting much more challenging** (compared to 41% of those with one child).

Before their contact with Home-Start, just a fifth of parents (21%) usually found it easy to ask for help.

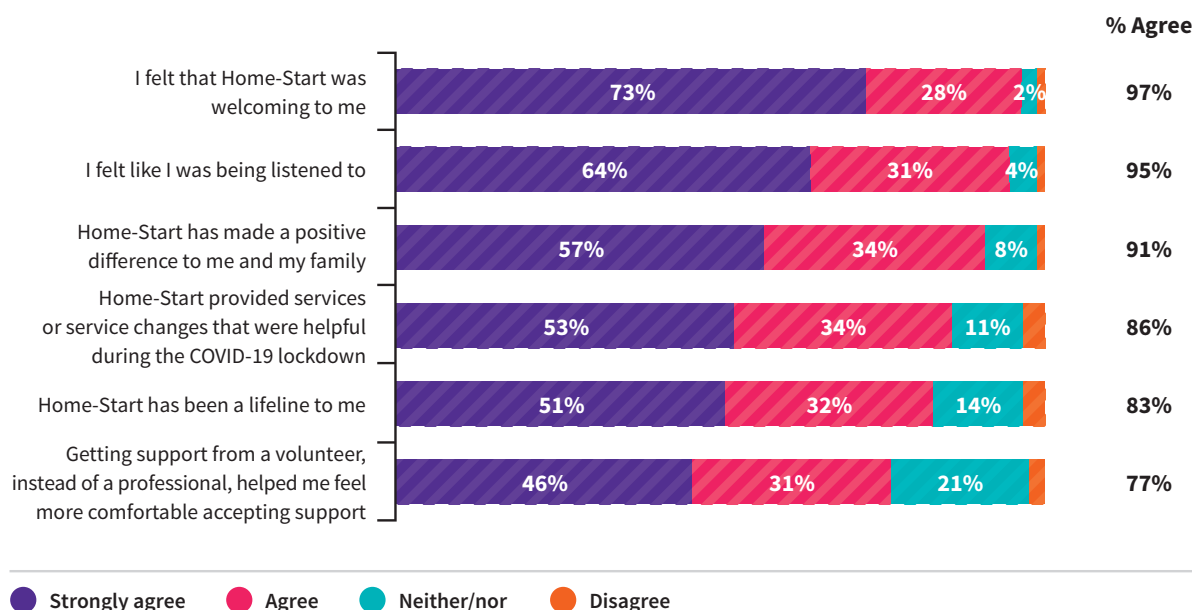
- **Almost half (45%)** of parents always or often felt ashamed about needing help.
- **Most (85%) parents** reported feeling that they were never doing enough for their children, feeling judged or feeling that they were getting it wrong all the time. A minority felt confident in asking for help.

Feelings prior to contact with Home-Start



B11. Thinking about your experiences of parenting before your contact with Home-Start, for each of the following statements, please select the option that best applies to you. Base: All parents of children aged 0-5 (1,231).

Experience of Home-Start support



C5. Thinking about the support you received from Home-Start, to what extent do you agree or disagree with each of the following statements? Base: All respondents (1,238). Figures have been rounded.

Kindness, compassion and practical help make all the difference when you are a parent with young children, but not everyone has the relationships that are needed to make this a reality. Over the last year, and for many years before that, Home-Starts have demonstrated in countless and significant ways the difference they can make for families in harnessing the capacity for care and the wisdom, skills and experience of parents. During the pandemic, alongside the unfolding tragedy, we have witnessed the best of humanity as people have come together in communities to offer sustenance and support.

At the level of family and community, entrenched social issues are part of a dynamic system. This complex network of causes and effects are not easily addressed by targeting one difficulty alone, as they are often interconnected.

For example, offering a parenting course, no matter how well evidenced, is unlikely to achieve the desired outcomes if a parent's circumstances mean that they are unable to use the skills, techniques and strategies they have learned because their resources are being depleted by more immediate concerns, such as paying the bills or putting food on the table.

Home-Start has been a lifeline for parents during the pandemic.

- **Most parents (83%)** agree that Home-Start has been a lifeline, and a similar proportion (86%) believe that Home-Start provided services or service changes that helped them during lockdown.
- **The majority (91%)** believe that Home-Start has made a positive difference to them and their family.
- **Over three-quarters (77%)** valued the fact that they were getting support from a volunteer instead of a professional.

They have been a true blessing, professional but still warm and approachable and always respectful with no judgements

A mother, 43 years old, from the South East of England, with one four-year-old child. She is White, a lone parent, and her annual household income is £16k or under.

Home-Start is built upon a model of parent-powered support, which addresses directly some of the stressors that are impacting families. It enables overwhelmed parents to benefit from practical assistance and the support of another thinking mind – one that is less overwhelmed than theirs – which can bring curiosity and kindness to a parent’s own capacities until they are better able to cope.

This approach of people helping people in a holistic way, over time, and working together to identify needs and wants is what enables Home-Starts to harness the experience, knowledge and skills rooted in communities, in other parents and carers, and in so doing to quietly work their ordinary magic in strengthening families. Our relationship-based support is provided in the main by volunteers, who usually have lived experience themselves. They formulate with a parent the shape of the help to be offered, meeting the challenges and worries of parenting with empathy and patience.

The approach builds trust, companionship and an alliance to address difficulties while keeping the child’s developmental needs in mind. The relationships developed make it possible to restore parental capacities, identify concerns and create a bridge to more specialist or statutory support earlier on if it is needed, before families’ difficulties escalate.

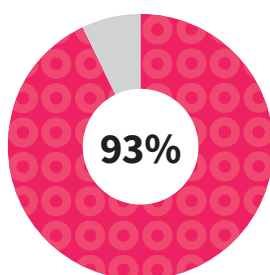
Families may come to Home-Start for a variety of reasons; whatever it is that prompts a ‘referral’ will be just one facet of their lives. The Home-Start approach makes it easier to engage with families across multiple domains of family life, starting where it matters most: in the home.

Almost all parents in our survey experienced challenges across multiple domains relating to themselves and their children.

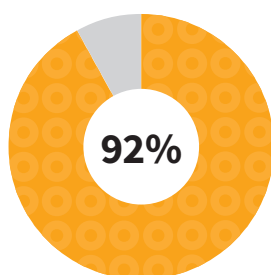
I am live alone with my husband i have no other family and friends in Greenock and whole Scotland basically i came from Pakistan. I really don't know about the Greenock and don't know about the people of Greenock but Home-Start they helped me a lot they give me confident to go out to meet new peoples and i able to know about new places. i am so happy with home start and feel more confident inside me.

A mother, 29 years old, from the West of Scotland, with one two-year-old child. She is Asian and lives with her partner. Their annual household income is £16k or under.

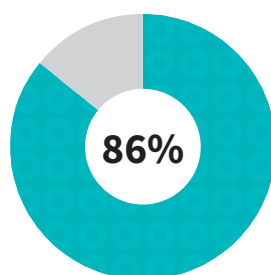
Biggest challenges in the last 12 months (summary)



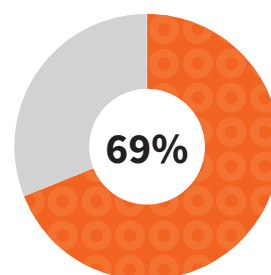
Wellbeing



Child development and behaviour



Family life



Household and financial

B4. What have been the biggest challenges that you have faced in the last year? Base: All respondents (1,238).

1.3 The power of parents

Our support seeks to enable and empower parents to take forward restored and renewed capacities, stronger relationships, and richer connections within their communities – and so be on a stronger footing in their family life.

A trusting relationship between a volunteer and a family is one of the key drivers of this impact.⁷ Research and experience tell us that a critical element contributing to this development of trust is that families see volunteers as peers: someone who is ‘on their side’, rather than a professional who offers expert ‘judgement’ on their parenting or has the power to remove their children. Our volunteers are drawn from the local community, are parents themselves, and often have been supported by Home-Start themselves.

Contact with Home-Start has empowered parents to feel more comfortable about asking for help.

- The support from Home-Start has also increased parents’ confidence and eased their sense of feeling judged (among those who found this most difficult previously).

This whole situation of COVID has been the worst time in my life. No family in the UK, feeling lost, losing hope... I was alone, mental health issues, faced racism, had very low confidence, needed help with depression...

It’s been life changing, I didn’t think I was worthy of help and my support worker showed me I am worth it by listening and never judging me, helped me better my situation, by the end of the call I would always walk away with a smile.

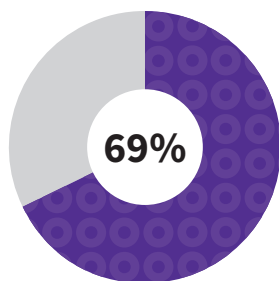
It has been a complete lifeline, I have no-one else. Like an angel to keep an eye on me unconditionally.

A mother, 35 years old, from London, with a two-year-old child and a three-year-old child. She is Black, she is a lone parent, and her annual household income is £16k or under.



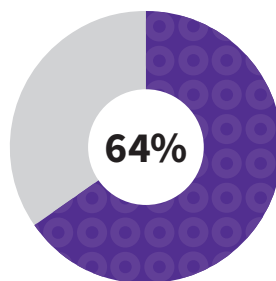
Impact of Home-Start support on parents’ experiences

Easier to ask for help



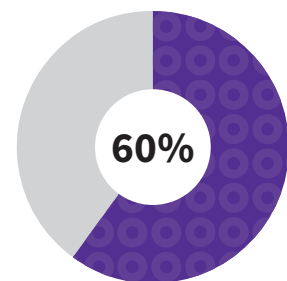
% Yes

Feeling more confident



% Yes

Feeling less judged



% Yes

B12b. Do you feel that your contact with Home-Start has helped to improve any of these aspects?

Base: All who always/ often felt judged (605)/ only sometimes/ never feel confident as a parent (899)/ only sometimes or never found it easy to ask for help prior to contact with Home-Start (929).

1.4 The importance of home

At this point in time, we are at a crossroads. In the organisation of support for families, there is fertile ground for a shift in the application of our understanding. We have the opportunity to develop a concordant appreciation and resourcing of the services offering relationship-based volunteer-led support to families in need, which recognises the role and value of these services within a broader, integrated ecosystem of family support.

We know that directly supporting parents has positive impacts on child outcomes.⁸ Systems, therefore, need to be built that: start from the agency of parents; bring together public services and local organisations like Home-Starts; renegotiate power relationships in family support; have trust in local communities; and learn from collective experience.

I have been concerned I'm on the verge of a breakdown on several occasions. A rapid deterioration in my marital relationship, plus trying to home-school alongside toddlers at home, all without outside space, outside support or the ability to see friends to vent and offload. A horrible year.

A mother, 41 years old, from the South East of England, with a two-year-old child and at least one child over age six. She is White and lives with her partner. She preferred not to state their annual household income.

Such a vision has been put forward in Scotland, in *The Promise*,⁹ in response to the Care Review, which sets out “a higher collective ambition that enables loving, supportive and nurturing relationships as a basis on which to thrive”.

The title for this report – *Home is Where We Start From* – encapsulates both the challenge and the importance of ‘home’: as the safe base of our early attachments; as the place where we are often most ourselves, or most vulnerable; as the place of our closest relationships; and as a place away from the outside world, behind closed doors. It is also, crucially, a place that we can be invited into by parents and a point of early intervention in relationship-based support.

Home is a place where Home-Start volunteers and staff can foster the facilitating environment of parent and child, support nurturing relationships while addressing stressors, and be alongside a parent in their challenging times.

Home-Start have helped me with finance and budgeting and help me understand my child's thought process more. When he feels sad he comes over to me for a cuddle.

A mother, 21 years old, from Wales, with one child who is one year old. She is White and is a lone parent. Her annual household income is £16k or under.



The challenges of parenting: from conception to reception



2

The challenges of parenting: from conception to reception

Even before the pandemic, being a parent was not without difficulties for many. The well-known phrase ‘it takes a village to raise a child’ points to the challenges inherent in the role of being a parent to a vulnerable, dependent, small being.

The transition to parenthood, whether for a first or a subsequent baby, stirs up powerful feelings. The way a parent relates to their child is shaped by experiences from their own childhood as well as by their cultural, religious or community beliefs about children and families.



This past year has been extremely stressful and difficult. My husband lost his job due to the pandemic and has managed to get another job at a lower income than his old job. We have been stuck indoors together 24/7 due to lockdown and working from home with two SEN kids and a baby. The baby cries as soon as he sees another person, as he hasn't been able to socialise with anyone since he was 10 weeks old. It's been a very lonely and depressing time and it feels like it will never end even though restrictions are starting to be lifted, as we have done this before and we will probably be in another lockdown again.

A mother, 35 years old, from Northern Ireland, with a one-year-old child and a five-year-old child. She is White and she lives with her partner. She preferred not to state their annual household income.

2.1 It takes a village

Young children develop in the context of relationships, and the attachment relationship between baby and parents or caregivers is central to healthy development. A secure, warm, responsive and predictable relationship with at least one caregiver influences the development of brain architecture, the building blocks for good infant mental health, and the template for future relationships. No other stage in life depends more on the external environment for growth and development.^{10,11}

It has been difficult as a parent of a disabled child to deal with lack of face-to-face appointments and adapting to new diagnoses without as much support as I'd like. However, I have felt much calmer and more relaxed with the slower pace of life that the pandemic has introduced.

A mother, 31 years old, from the North of England, with one two-year-old child. She is White and lives with her partner. Their annual household income is £16k–£30k.

In the years before a child starts going to school, the tapestry of support and facilities around a family will likely consist of extended family, friends, universal services, community-run and voluntary sector services, early years settings, and community facilities, such as swimming pools, libraries, playgrounds and parks. Parents pass on clothing, equipment, guidance and reassurance to one another in dynamic and personal ways. They swap childcare, arrange trips out and share laughter and tears. They offer companionship to one another in the mundanity and questions of parenthood.

For some families, no matter how resilient, life intervenes with challenges that are difficult to overcome. For others, unresolved trauma, poor mental health, poverty or other adversities impact on their family life. So, context matters.¹²

It has been difficult this past year or so, as my child is struggling to wear his cochlear implants and this is so, so stressful, as he is so behind developmentally.

A mother, 25 years old, from the South East of England, with one two-year-old child. She is White and she lives with her partner. She preferred not to state their annual household income.

Attending to potential sources of stress affecting families protects children both directly and indirectly. Supporting home environments where children can thrive means addressing the stressors their parents are experiencing.

It also means ensuring that those who work with parents are effectively trained, supported and equipped, and that support is delivered in ways that are relationship-based and reduce stress rather than exacerbate it.

The Social Mobility Commission¹³ recently noted that there is no overarching strategy for the early years to support families with all their children's development needs. In recent years, the gap between disadvantaged children and their peers has widened. With these existing inequalities magnified by the pandemic, addressing the needs of parents is all the more urgent. At the same time, access to many of the vital services needed to make the difference for these families has dwindled through the closure of children's centres and the hollowing out of services as a result of a decade of austerity.

Our survey of parents demonstrated the multitude of challenges that families are facing. On average, respondents selected 10 challenges that applied to them from a list of 28 provided.

HOME-START SOUTHWARK

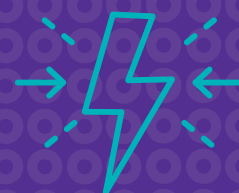
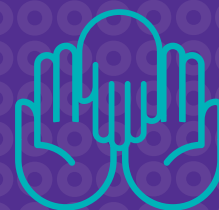
Home-Start Southwark works with parents in support of children's home learning environment through the Home-Start Big Hopes Big Future[®] programme and supports children's transitions to nursery or primary school through a pilot of the Being Together toolkit.

The toolkit aims to promote parents' and children's wellbeing by enhancing positive interactions and simple shared experiences. Sessions include:

- Water play.
- Rhymes, songs and stories.
- Moving to learn, and learning to move.

Over a number of weekly sessions, parents are supported to observe their child's progress and their part in it. The sessions promote fun, enjoyment, involvement, focus and communication. The one-to-one online support is given by staff and trained volunteers, with parents using everyday household items as learning resources.

Healthy Movers sessions on Zoom involve parents and their under-fives in the home in activities that involve physical movement. As lockdown restrictions ease, the plan is for these sessions to take place in the park.





I have an older child with ASD, a 4yr old and a newborn baby. The lack of social interaction for my children has been hard, and the delay of health appointments. Trying to navigate speech/language and dietician appointments by phone has been difficult. Not being able to attend because services are only able to offer remote support.

A mother, from Wales, with a baby under 1 and a four-year-old. She is Asian, 35 years old, and lives with her partner, they have a household income of £16–£30K.

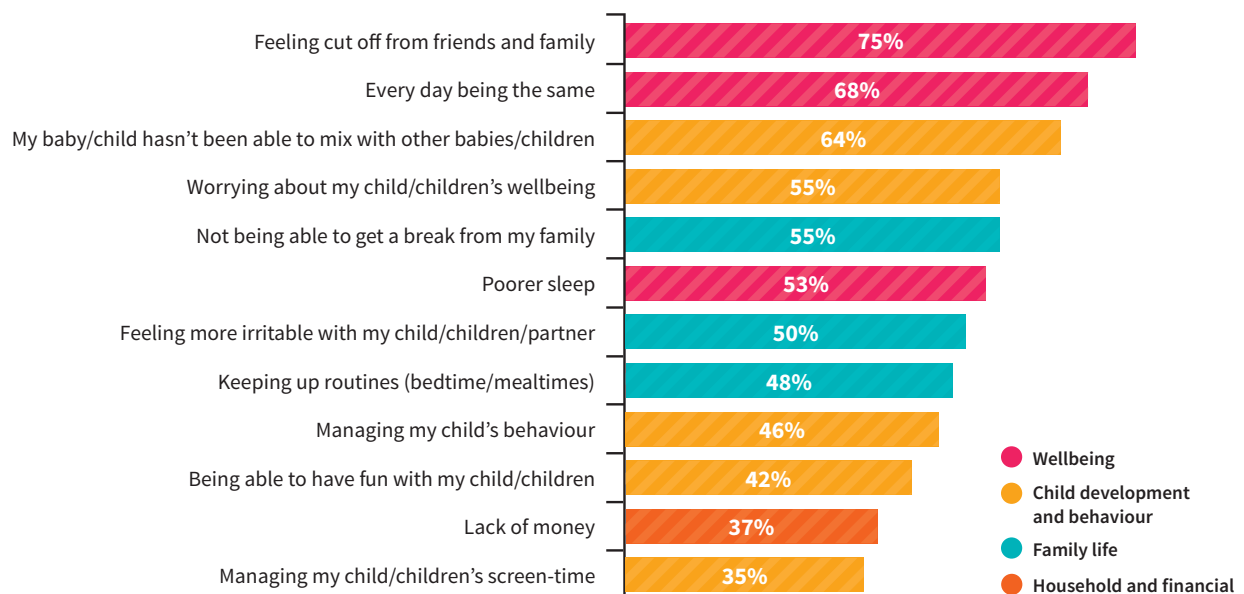
Feeling isolated was the most common challenge faced by parents.

- ▶ Parents of children aged two or under were more likely to be concerned about their child not being able to mix with other children (72% of parents of a child aged two or under vs 64% on average across the sample).
- ▶ Parents of three or more children found not being able to get a break from their family one of the biggest challenges (66% of those with three or more children vs 57% on average across the sample).

Additionally, Just over a quarter (28%) selected challenges around pregnancy and childbirth (rising to almost half (45%) of those who were pregnant at the time of the survey).

These challenges included not having the maternity experience they wanted (21%) or the antenatal or postnatal care they needed (18%).

Biggest challenges in the last 12 months*



B4. What have been the biggest challenges that you have faced in the last year? Base: All respondents (1,238).

* Displaying all challenges experienced by at least 33% of respondents.

2.2 How are families coping?

Our previous report, *Babies in Lockdown*, highlighted the particular strains felt by parents of children under three during lockdown and the resulting restrictions.¹⁴ It revealed the disproportionate impact of the pandemic on expectant parents and parents of young children, and the marked impact on parents who were already facing the challenges of poverty, poor mental health or raising a child as a lone parent.

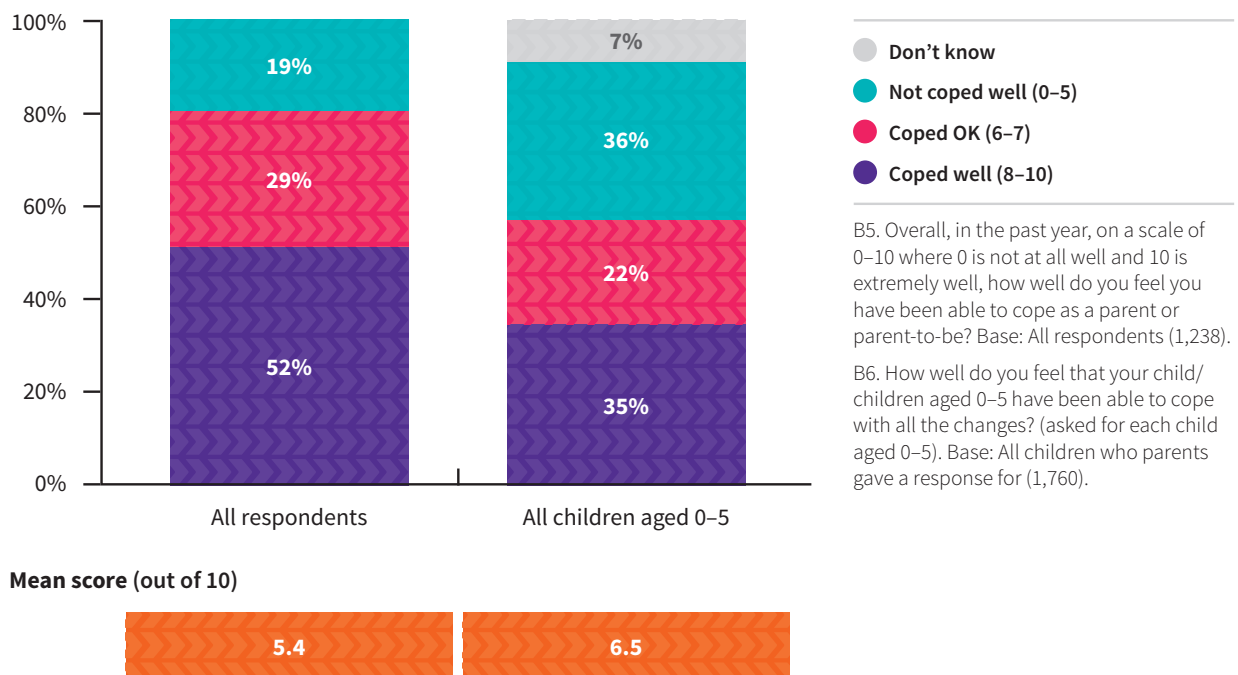
In our recent survey we found, similarly, that parents' coping was impacted by the pandemic and consequent public health measures.

Emerging research tells us that the families we often work with – young parents, lone parents, parents with disabilities and those with pre-existing mental health difficulties – are the very same families for whom there has been an increased risk of mental health problems during the pandemic, or who will not benefit from recovery equally unless action is taken.¹⁵

Over half of parents with young children we surveyed do not believe that they have coped well over the last year.

- ▶ Parents believe that their children have coped better than they have over the last year, with 52% of all parents stating that they had not coped well vs 36% feeling that their children had not coped well.
- ▶ Parents with only one child felt more able to cope than parents with more children: although almost a quarter (23%) of parents with one child felt that they coped well, under a fifth (16%) of those with two or more children felt the same.
- ▶ Parental coping was higher among those with a household income of more than £30,000 or more (mean score in higher income was 5.8 vs 5.4 for those on the lowest incomes).

Impact of the pandemic on parental and child coping



HOME-START KIRKLEES

Home-Start Kirklees works with mums aged 16–24. Many of these parents are single and are learning to live independently for the first time, with a new baby. The mums supported include those who have experienced domestic abuse, homelessness, relationship breakdown and mental health problems.

“I was nervous at first, but everyone is so chatty and made me feel welcome. I’m glad I came.” Supported Parent

On their first visit, they talk to each parent about their concerns, worries and circumstances. They adopt a person-centred approach to the delivery of themed group sessions – for example, if they have parents who are talking to them about abusive or controlling relationships, they ask an external partner to visit their groups to deliver a session about healthy and safe relationships and to identify services in the community that are available to help.

“The Base was fun; it makes you think about how even a bit of alcohol can make a difference when you are looking after a baby.” Supported Parent

During the first year of the project, Home-Start Kirklees supported 40 families with a total of 57 children, 40 of whom were aged two or under. Of these 40 young parents, 38 attended group support and two had one-to-one home-visiting support with the Group Worker. Of the 38 young parents who attended group sessions, 14 also had some element of one-to-one support.

“If Home-Start hadn’t helped me sort out all the other things first that were causing me so much stress, I wouldn’t have been able to come to group at all. I would have been far too anxious, but getting the other things out of the way first with their support has helped me to manage my anxiety.” Supported Parent



The groups covered a range of issues:

Health and wellbeing	Positive parenting	Independent living
Looking after me	School-readiness activities	Housing advice
Smoking cessation	Bookstart	Independent legal advice
Safe sexual health	Child development	Home safety
Paediatric first aid	Themed celebration days	Food planning and prep
Staying safe online	Sensory play	Managing budgets
Healthy eating and weaning	Emotional wellbeing	Skills portfolio
Drug and alcohol awareness	Family scrapbooks	Affordable warmth
Sun safety	Outdoor play	Careers advice
Dental hygiene	Messy play	Outings to local facilities
	Music and sound	

There is growing evidence too that the past year of lockdowns has impacted the language skills of young children, with concerns around how this will affect their long-term learning.¹⁶ This research suggests that the public health measures in response to the pandemic have deprived the youngest children of the social contact and experiences that are essential for increasing vocabulary.

Reduced contact with extended family, combined with social distancing, no play dates, and adults wearing face coverings in public, have all contributed to a reduced exposure to conversations and everyday learning experiences for children.

The parents in our survey told us about how they believed their children were coping and how they had seen their children’s behaviour changing over the past year.

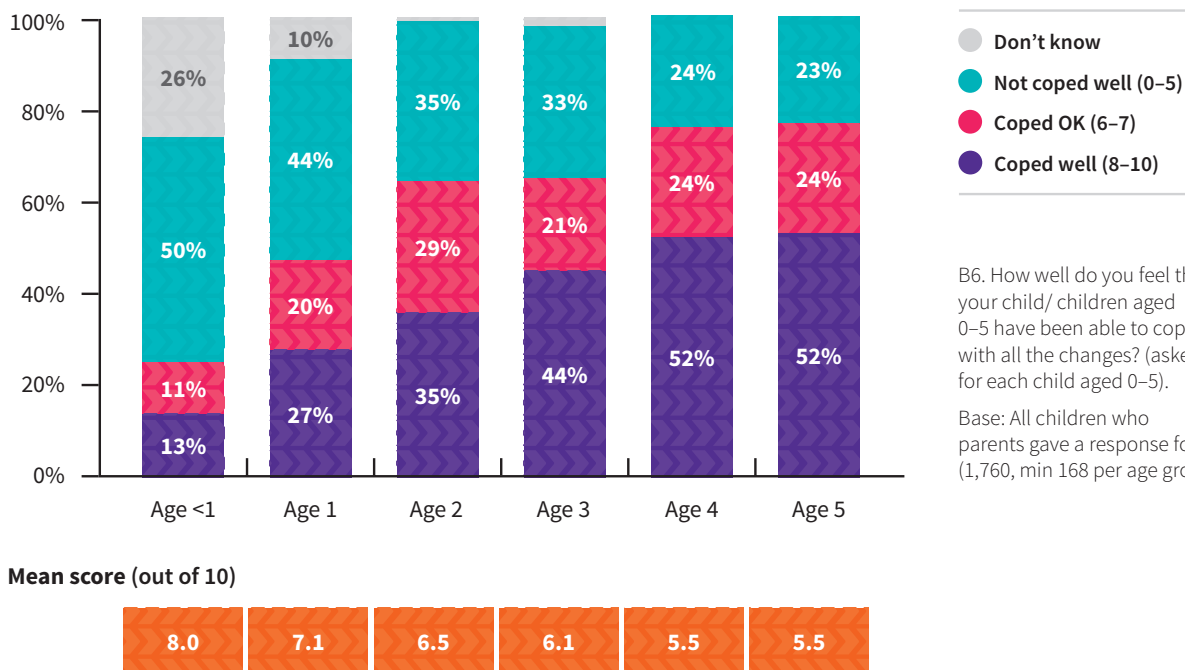
Parents’ perceptions are that their children aged four or five have fared significantly worse than younger children.

- Half (50%) of parents with a baby under the age of one believe their child has coped well, in contrast with about a quarter (24%) of parents with four- or five-year-olds.

I feel my two-year-old has lacked in social aspects of his life and the bonding time with family, like grandparents etc. He has never had any time away from us, not like my eldest, so I worry what he will be like when lockdown is over. I personally feel like I have no time for myself but at the same time, feel very lonely as there has been very little opportunity for me to meet other mums and make friends. Also I get very anxious in crowded places and don’t want this to reflect on to my children.

A mother, 35 years old, with a two-year-old child and at least one child over age six. She is White, she lives with her partner, and their annual household income is £30k–£60k. She preferred not to state their location.

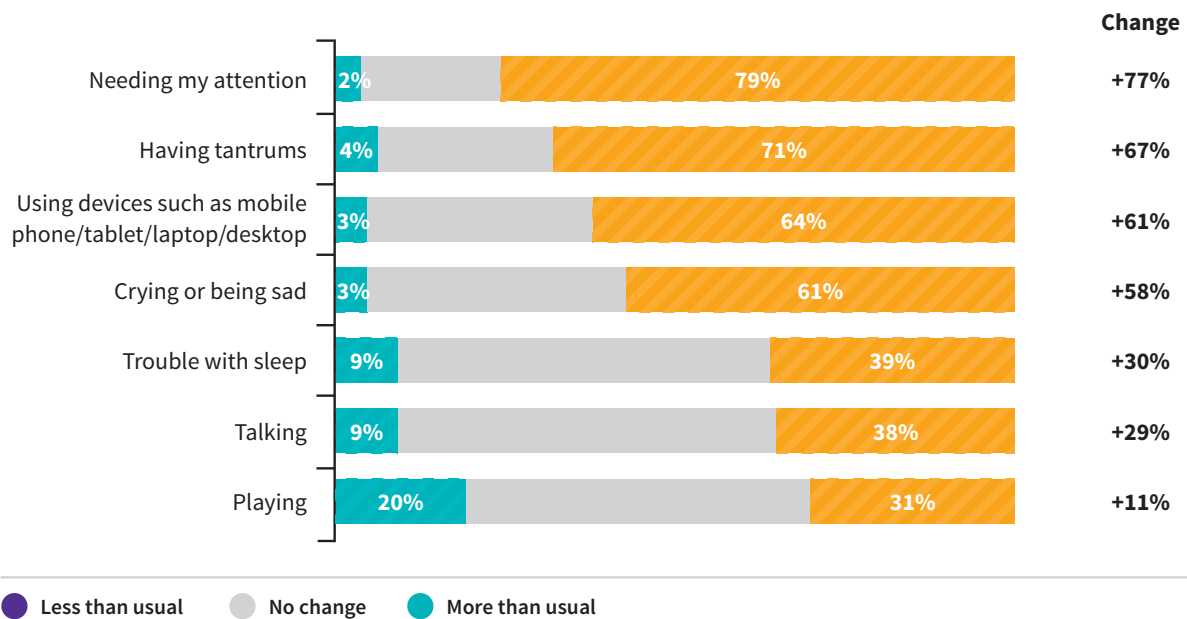
Parent reports of child’s coping by age of child



B6. How well do you feel that your child/ children aged 0-5 have been able to cope with all the changes? (asked for each child aged 0-5).

Base: All children who parents gave a response for (1,760, min 168 per age group).

Changes in behaviour as a result of the pandemic (children aged 3–5)



B9. Thinking now about your child/children aged 3–5, and their behaviour, for each of the following aspects, please say whether you feel that their behaviour may have changed during the pandemic. Base: All with children aged 3–5 who gave a response (653).



Parents reported that their children aged between three and five years of age needed their attention more during the last year.

- Tantrums and crying or being sad were more common behaviours among children aged between three and five during the pandemic.
- Most parents of children this age reported an increase in device use.
- However, on balance children aged between three and five years spent more time playing than usual.

I love attending the groups, as it's a great way to just breathe and have a bit of adult interaction as well as watch my children develop new skills and explore different environments and meet other children. The staff are so welcoming – Home-Start is the best lifeline I ever made. I would recommend anyone struggling and needing that little push, Home-Start is the best place to begin.

A mother, 30 years old, from the North of England, with a two-year-old child and a five-year-old child. She preferred not to state her relationship status or her annual household income.



HOME-START GARIOCH

Home-Start Garioch worked with one couple who have four children, two of which are aged under five. The family were living in poverty due to their immigration status and had no recourse to public funds. They were relying on food parcels from their church and food banks, but they weren't sure how to use the food items they received to cook healthy meals. The children were very isolated, with few opportunities to play, learn or socialise with other children. The parents were finding it difficult to effectively support the children's early learning and development.

The parents' mental health was being impacted by their situation. They were stressed and anxious about their lack of money, and about being unable to provide their children with a healthy diet. The parents were also very socially isolated, and this was exacerbated by the lockdown, which meant they were less able to access support from their local church. Their self-esteem was very low – they felt their parenting skills were very poor because they were unable to meet the needs of their children.

Home-Start Garioch provided emotional support and connection with other parents and children through the Rising Stars weekly group, which since March has been meeting remotely via Zoom. They signposted the family to a Community Centre, who were able to provide the family with a tablet and access to broadband.

Mum took part in Home-Start's Evening Stars parent peer-support group. Home-Start also allocated the family a place on the Cook'n'Connect project, which gave them access to fresh and store-cupboard food supplies and support to cook healthy meals and snacks, and liaised with food banks to make sure the family could continue to access food parcels.



The children are now joining in with games, songs, crafts and other activities. They are enjoying socialising with other children and have taken the Zoom approach in their stride. The parents are getting information and advice on activities they can do at home to support the children's early learning and development.

The children's diet has improved now that the family's ability to access food is more secure. Increased food security has reduced the parents' stress and anxiety and increased their confidence as parents. Involvement in Rising Stars, Evening Stars and Cook'n'Connect has connected them with other parents and created new friendships and informal support networks. Cook'n'Connect has increased the family's knowledge, skills and confidence in providing healthy meals and in adapting dishes from their own food culture to incorporate the food available to them.





2.3 Stress and its impact on caregiving

2.3.1 SUPPORTING PARENTS SUPPORTING CHILDREN

Whatever the reason a parent comes to Home-Start, some circumstances make the job of being a parent a much greater challenge. In this section, some of these challenges, along with the work of local Home-Starts to address them, are explored.

A pile-up of stressors on families has a wear-and-tear effect, depleting internal resources that in more favourable situations parents could use to plan, focus, adjust and adapt in more healthful ways, and to resist the more impulsive responses characteristic of 'fight-or-flight' states. Additionally, early adversity, chronic discrimination and intergenerational trauma can affect how an individual perceives a particular situation.¹⁷ With their threat and reward systems out of kilter, a person's response to a stressor may in itself add to further and ongoing stress. So, social determinants have direct and indirect impacts on parents' wellbeing, their social capital and networks, and their ability to provide good care and a positive home learning environment.¹⁸

The orientation of our work is in support of parents, but all the time our approach is developmentally informed and keeps babies and young children in mind. We understand that anyone working with a family in the early years is not only providing a service to the parent but also has an essential role in promoting infant mental health and all aspects of early child development.

In our *Babies in Lockdown*¹⁹ report, we highlight key findings for parents, babies and services:

- **A third (34%)** of parents we surveyed believed that their baby's interaction with them had changed during the lockdown period.
- **Almost half (47%)** of parents reported that their baby had become more clingy. One-quarter (26%) reported their baby crying more than usual.

A year later, in our most recent survey of parents:

- **Almost two-thirds (64%)** of respondents reported that their baby had become more clingy.
- **Almost half (47%)** said that their baby was crying more or having tantrums.

While the differences between the two survey populations might account for the increase, these findings should give us pause for thought. There is a complex interplay between parental anxiety and distress and infant experiences and behaviour. Although the data does not tell us what has caused the changes, the findings are concerning and point to the importance of supporting parent-child relationships while reducing stressors.



2.3.2 POVERTY

The early years within the family are pivotal and precious. Parents’ hopes and wishes for their children meet with the challenges of their lived realities, their experiences and the choices available to them.

Despite parents’ desires to do their very best in giving their children a good start, childhood in the UK today means that there is no guarantee that they will be able to provide the basic needs for security: healthy food, a comfortable home, suitable clothing, space to play safely and positive learning opportunities.

A recent ‘pulse’^{vi} survey of local Home-Starts suggested that families have become more worried about energy costs since the start of the pandemic.

PULSE SURVEY ON FUEL POVERTY

Home-Starts see the harsh realities of poverty affecting families’ everyday lives: the grind of worrying about making ends meet and putting food on the table; the relentless balancing act of choosing between providing a hot meal or heating the house, paying the bills or buying much-needed items for a child.

Agree/Strongly agree that families are worried about rising energy bills as a result of lockdown	86%
Worried about higher energy bills because of being at home more	77%
Worried about higher energy bills because they are a lone parent	55%
Worried about higher energy bills because they have had a drop in income as a result of the pandemic	63%
Worried about higher energy bills because they use a pre-payment meter	55%

Base: 49 local Home-Starts responded.

vi. Pulse surveys are snapshot surveys we conduct with our network via our intranet @Home.

HOME-START ESSEX

Home-Start Essex have supported families through the Warm and Safe project by purchasing gas and electricity for the families. They have also been making referrals when required to Citizens Advice as part of their winter warmer fund or the Green Doctor to support local partnership working.

They have purchased vouchers for food, clothing and toiletries, as well as coats through the Warm and Safe project, so families can use the money saved to pay other bills, including gas and electricity. They have received donations of coats, wellies and clothes to allocate to families in need.

Charities such as ours have been a life raft for many families over recent months – helping them in essential ways to stay afloat by providing access to food banks and baby banks; assistance with fuel costs; and access to technology to support home-schooling, reduce isolation and provide much-needed emotional support.

As the pandemic-related restrictions have continued, research has highlighted that the struggles of meeting the competing demands of family, schooling and work have been felt especially acutely by parents on a low income, lone parents and those supporting children with special educational needs. These parents also reported elevated mental health problems, such as higher levels of stress, depression and anxiety.²⁰

For me there was an extreme feeling of isolation and being cut off from a support network. My child also started displaying high levels of anxiety and obsessive behaviour. This was extremely difficult to cope with as a single parent with no form of respite at all due to lockdown. I was really struggling physically and mentally.

A mother, 43 years old, from the South East of England, with one four-year-old child. She is White, she is a lone parent, and her annual household income is £16k or under.

The recent *Aftershocks*²¹ report from the Resolution Foundation found that pre-crisis financial vulnerabilities have played an important role in people's ability to adjust to the financial shocks brought about by the pandemic.

The impact on family finances has been highly uneven, with some households weathering the crisis without employment or income hits, along with saving more or paying off debt as a result of reduced opportunities to spend. Meanwhile, those households that started the crisis with low savings, high debt or higher housing costs have tended to see their position deteriorate further with the associated costs of staying at home increasing spending, alongside loss of income.

While the temporary £20 uplift to Universal Credit, along with interventions such as furlough, has boosted families' ability to manage these financial shocks, the financial resilience of families is precarious. Rising unemployment, falling income, and juggling work and caring responsibilities have placed financial pressure on families across the board.²²

A report into early years learning provision during the pandemic from Ofsted²³ noted that parents who needed to continue to work outside the home and had fewer financial resources were unable to offer their young children the same levels of support as wealthier parents and those who were working from home. They cited the stresses related to deteriorating family finances, poverty, larger families and overcrowded households as impacting on parents' capacity to support their young children.

HOME-START NORTH BELFAST

Unable to undertake home visiting due to the pandemic, Home-Start North Belfast have been finding innovative ways to offer connection and practical support to families. These include offering food vouchers, picking up laundry and returning it washed and ironed, and sending a mum flowers and new outfits for her twins on their birthday.

It is not simply the direct impact of material circumstances that is making it harder for families to cope, but also the secondary impacts as individuals are ground down by associated fears and anxieties. As well as 'everyday insecurities', this creates more entrenched and harmful 'ontological insecurities': a deeply felt sense of being unsafe that results from experiences of powerlessness and the inability to exercise control over fundamental aspects of life.²⁴ In turn, this can impact on trust, help-seeking and parents' feelings of agency.

HOME-START SUTTON

Home-Start Sutton is funded by Public Health to provide a service to families with children under five living in temporary accommodation. The Pod, a weekly drop-in, switched to offering online one-to-one support during the pandemic. As well as being a safe space for children to play, it gives families access to a comprehensive range of information, advice and assistance on various welfare and child development needs.

As experts by experience, Home-Start parents helped to produce a handbook for families living in temporary accommodation. Newly recruited Parent Ambassadors are receiving training to represent parents in temporary accommodation at Primary Care Networks.

Home-Start Westminster, Kensington and Chelsea, Hammersmith and Fulham all support families living in temporary or emergency accommodation, such as refuges. Alongside core services, staff and trained volunteers assist families to access specialist services and links to other support services.



In terms of the breadth of families with young children facing poverty, we know that of the 4.2 million children in poverty before the pandemic, 1.3 million were babies or children aged under five, with households with a child under three facing the highest risks of poverty.²⁵ Parents and children of colour also experience the cumulative impacts of the intersectionality of poverty, exclusion and discrimination, which are detrimental to health and life chances from the very start of life. Almost half (46%) of children in families from Black, Asian and minority ethnic families live in poverty, compared with a quarter (26%) of children in White British families.

Poverty and deprivation have effects within families because they make parenting more difficult. They also have effects within communities by reducing access to resources and services. The persistent strain over the course of the pandemic has affected families' wellbeing, with parents expressing feelings of loss of control, loss of routines, loss of motivation and the stigma of having to seek assistance. In the first two months of the Spring 2020 lockdown, food insecurity increased by 250%.^{26,27}

We don't yet know the full impact of the COVID-19 pandemic on poverty in the UK, but it will doubtless rise, and the secondary impacts of the pandemic will cast a long shadow on families who are already struggling. We are seeing a rising wave of poverty pulling more families into difficulties, and gaps are widening in terms of inequalities.

When you're cut off from the outside world, everything is 100 times harder, as you're alone, there's no one answering phones, fear of going outside but struggling because everyone's climbing the walls keeping the house running, internet, electric, food, the children's routine disappeared and even the younger ones seemed more irritable, accessing any kind of services were scary with being constantly asked 'Is this necessary?', even a trip to A&E. The social judgement of people questioning your parenting because you had to take them shopping with you, feeling like you're not a real person, questioning your own parenting skills.

A mother, 37 years old, from the North of England, with a two-year-old child and a four-year-old child. She is White, she is a lone parent, and her annual household income is £16k or under.

HOME-START GREENWICH

Home-Start Greenwich received funding from the Royal Borough of Greenwich Together for Winter Fund to help them deliver emergency food provision and continue to fund their Fuel Bank, which has been supporting families since November 2020.

As well as enhancing their food provision with culturally appropriate foods for multicultural families, they are running a cookery club for those who have opted to take part, supplying 30 families with recipe cards, ingredients and a tutorial video so they can learn some of the delicious recipes from the hot food that Home-Start supplied in partnership with First Choice Caribbean Hut. The feedback from parents who have taken part has been very positive.





14% of adults

living with children reported experiencing moderate or severe food insecurity in the last 6 months. 2.3 million children live in these households.

10% of parents and guardians,

affecting an estimated 1.9 million children, reported that food insecurity had affected their children in a variety of ways in the last 6 months.



Parents have been forced to:

- rely on only a few kinds of low-cost food to feed their children (6%)
- provide unbalanced meals (5%)
- give smaller portions (1%)
- skip meals entirely (2%).



12% of adults

living with children reported skipping meals because they could not afford or access food in the last 6 months.





HOME-START OXFORD

The 'Playfull' project run by Home-Start Oxford sought to improve engagement with Growing Mindsⁱ families and raise awareness of the opportunities to share home learning experiences with children through cooking, food, and mealtimes. It also aimed to increase the range of food that families eat, improve knowledge of nutrition, share ideas on budgeting and reduce food waste.

They used the online sessions as a stimulus to discuss ways to encourage home learning and to celebrate parents' successes and families' achievements. All participants were supplied with a recipe bag on a Monday morning, which included all the ingredients needed to cook the dish, a recipe card (with tips), an information sheet with handy hints on coping without certain kitchen equipment, safety tips and ways to include children in daily activities in the kitchen, and a weekly activity to do with the children (for example, cress seeds or a craft activity).

A video of the Growing Minds Coordinator (Lucy) cooking the recipe with her family was also sent via WhatsApp, or messages, for parents to follow. This supported parents who might have found it challenging to follow the recipe card, highlighted hygiene tips, and role-modelled how children could be involved safely.

“Before joining Playfull, I had never made a Zoom call. I can now video call my friends and family.”

“I have really enjoyed cooking all the meals, even the ones we were not that keen on. It's been good to try new things.”

“It's been great getting the kids involved in a household job – never thought of doing that before, we've really enjoyed it.”

Feedback from parents who have been participating in Playfull.

i. Growing Minds is a seven-year project led by Oxfordshire Community Foundation and launched in January 2020 to promote school readiness in children from birth to age five in two disadvantaged communities in Oxfordshire. Initially, a partnership of community-based organisations provided free books, parent-child groups promoting a strong home learning environment and in-home practical support. In the pandemic this has shifted from face-to-face contact to phone-based and virtual forms of support, including one-to-one phone calls with a practitioner, activity ideas shared through emails and WhatsApp groups, online baby and toddler groups, and organising ad hoc practical help (e.g. delivery of necessities) when deemed necessary.

Rising unemployment, falling income, and juggling work and caring responsibilities have placed financial pressure on families across the board. As many as 1.1 million additional people – including 200,000 children – were estimated to have fallen below the poverty line by the end of 2020. This brings the total number of children living in poverty to 4.5 million – an overall increase of 5% since before the pandemic.²⁸

As well as families being swept into poverty, the depth of the poverty they experience has increased, with estimates that a quarter (25%) of those babies and toddlers currently experiencing poverty are living 50% below the poverty line. Almost half (56%)²⁹ of children in one-parent households live in poverty.

HOME-START CYMRU

Poverty is a major issue for refugee and asylum families. Home-Start Cymru provides a lifeline to around 40 families, supporting them emotionally and practically, sourcing household items, equipment, clothes, nappies and food bank vouchers, and supporting them with access to grants.

Their family support worker, herself originally an asylum seeker supported by Home-Start, is able to bring her lived experience to her role, and in the support of a dedicated group of volunteers speaking a range of languages. This has been invaluable in supporting families to navigate the changing guidance and information during the pandemic.

Home-Start Cymru are looking forward to when they can re-open their playgroup, held in the local library, which really helps parents to meet others and enjoy activities with their children.



DONNA, 30

“Losing my baby hit me like a ton of bricks. It was the start of a real rough patch for me and I felt very low. My sister was connected to Home-Start, so I decided to get in touch and ask for help. Home-Start has been a big part of our lives ever since.

“Miscarrying my baby and the state of the house almost pushed me to the brink of losing my kids. I couldn’t clean the house, I found managing the kids challenging and I just felt so overwhelmed. Home-Start helped me to pick up the pieces.

“Our living arrangements were awful and it got me down. I was pregnant again and couldn’t cope with the thought that I’d have to take my baby home to a house in such disrepair. There was mould and damp all over the walls. In some areas the ceiling had fallen through and I was desperately worried about the effect this was having on my kids’ health.

“I’d contacted the council, but after months of speaking to various people I was no further on. When I told Nicky from Home-Start she was straight round. She took photos of everything and contacted environmental health. I was crying to Nicky about it on the Monday and by the following Friday we were moving out. Honestly, if it wasn’t for Nicky I’m convinced we’d still be there.



“Home-Start got me on a parenting course and encouraged me to find a different way to look at things. This has helped me to manage the kids’ behaviour better. Now I’m confident in my ability to raise the kids. It’s also helped me to manage my own mental health.

“Money’s tight and it’s been stressing me out thinking about how we can keep the house warm this winter or put food on the table this Christmas. Money I’d saved for the kids’ presents has had to go on bills, leaving them with little to unwrap.

“I couldn’t believe it when Home-Start told us they were giving us some money to put towards food and our gas meter. I don’t find it easy to take help, but Home-Start never make me feel uncomfortable about it. Thanks to Home-Start I don’t have to worry about having a warm house or having enough food this winter. I’m touched by the kindness we’ve been shown.”

2.3.3 SOCIAL ISOLATION AND LONELINESS

Even before the pandemic, a fifth of people in the UK often or always felt lonely. For some families, the changes in their lives have meant more time at home together, no long commutes, and more time to spend as a family – but this has not been the case for everyone.

Stress, change and isolation are all triggers for loneliness, and all of these have been features of the past year. The way we work, socialise, educate our children and interact with others outside our homes has changed in unprecedented ways as a result of the public health measures deployed in the face of COVID-19.

With the closure of children's centres, playgroups and other places where parents with young children could meet, many parents have been deprived of these vital opportunities for sharing experiences, enjoying adult company and getting out of the house. Difficulties accessing other vital services, such as health visiting, have left many parents feeling abandoned, alone and angry about the loss of support.

I felt alone and didn't know the area and I didn't have any friends. I was depressed and I was referred to Home-Start by a health visitor one day when I went to a weigh clinic with my daughter.

A mother, 31 years old, from the West of England, with a two-year-old child and a four-year-old child. She is Asian, she lives with her partner, and their annual household income is £16k–£30k.

Feeling isolated, feeling scared and unknown fear of what the future is going to look like. Also trying to build my confidence to meet people as I am scared of the virus.

A mother, 31 years old, from London. She has four children of ages one, three, four and five. She is Asian, she is a lone parent, and her annual household income is £16k or under.

This situation comes in the wake of a decade of austerity already hollowing out public services, with local authority budgets cut by nearly a third from 2010 to 2018, according to the National Audit Office, and the public health grant falling by £700 million in real terms between 2014/15 and 2019/20, as revealed by a Health Foundation report.³⁰

Evidence also tells us that these impacts have not been experienced uniformly across the population, with the burden of insecurity falling unequally upon different people. Experiences of racism, for example, have contributed to people of colour being at increased risk of factors that cause loneliness, such as feelings of not belonging and discrimination.³¹

Alongside the tightening and loosening of restrictions, talk of recovery and gradual shifts in our daily experiences, there are widening gaps between those who will be able to adapt quickly and those who will feel the impact for a long time to come. Higher levels of poor mental health, grief, and loss of work are all contributing to loneliness.

No one was allowed to come with me to antenatal appointments. I found this very stressful, as I had a previous stillbirth. No birth partner, as my sister could not travel due to COVID-19. No visitors were allowed on the ward after a baby was born, and I had to stay in a week ... due to low birth weight, and I found this extremely isolating. No community midwives were allowed, so no breastfeeding support – I had to go to local health clinic if wanted to see one. Had a C-section so I found this so hard... Shops not open to purchase baby items, which made it so much harder to buy what you needed, and more expensive. No visitors allowed to see baby – very lonely and isolating. No baby groups allowed, so no chance to meet other mummies and make friends, find support.

A mother, from Northern Ireland, who has one child under one year old. She is a lone parent and her annual household income is £16k or under. She preferred not to state her age.

Being cut off from family and friends was cited as a challenge by three-quarters (75%) of the parents we surveyed, coming out at the top of the range of challenges experienced.

Recent research from the Red Cross³² showed that two-fifths (41%) of UK adults feel lonelier since lockdown, with almost a third (31%) feeling that they have no one to turn to. A third (33%) reported that they hadn't had a meaningful conversation with someone in the last week. This loneliness has impacted on people's feelings of being able to cope.

Nearly three-quarters (74%) of parents we surveyed said that support from Home-Start helped them to feel less alone.

Their research highlighted the importance of engaging in meaningful conversations for building confidence in our ability to cope with the crisis. People living with children aged under five were less likely to be able to have those conversations, with just under half (48%) of those parents reporting having a meaningful conversation within the last week, compared with two-thirds (67%) of the UK population as a whole.

At Home-Start, we recognised the vital lifeline that our contacts with families signified during the restrictions, and we were able to move quickly to fund and coordinate activity across the network to address loneliness.

It's been so hard being pregnant and having a toddler. I've been isolated from family and friends. This pregnancy experience has been lonely and the midwives have been overwhelmed with work. My partner was unable to come to any appointments with me. It's all been a blur during this pregnancy. I haven't been able to take my little boy to toddler groups or meet up with his friends.

A mother, 32 years old, from the West of England, with a child under one year old and a child aged two. She is White and lives with her partner. Their annual household income is £16k-£30k.

My child has ASD and it has been hard to cope with a diagnosis and his behaviour without having childcare support or regular groups and socialisation which I believe has hindered his development too.

A mother, 29 years old, from the East of Scotland, with one three-year-old child. She is White and lives with her partner. Their annual household income is £16k-£30k.



HOME-STARTS IN WALES – HELPING WORKING FAMILIES

Helping Working Families is a project operating across Wales centred around co-production with working families so that power is shared. Everyone is expected to bring assets (whether hearts, minds or heads) to their participation, no matter what their role, and positive outcomes are defined as goals rather than focusing on deficits or needs. Clear themes can be seen for families across Wales – loneliness and isolation, poor transport, lack of childcare, high costs of leisure activities and now the impact of COVID-19.

“While no charity can change the circumstances we find ourselves in, lockdown with small children has often felt incredibly isolating and terrifying and having another adult to talk to who knows me, my situation and my children, when I'm feeling desperate has made a big difference towards helping me get through it.” Mum from Monmouthshire



SARAH, 34

Sarah has three children aged five, three and one. She had her youngest just three weeks before lockdown. All the support she had in place to help when her new baby arrived disappeared overnight. Sarah shares how the last year has been for her.

“As my pregnancy progressed my health declined, but I felt well supported. Mum had booked time off work to help out when my third baby arrived. I had my Home-Start volunteer, my midwife and health visitor. Everything was in place.

“My daughter was three weeks old when we went into lockdown. Overnight all support was taken away. No midwives or health visitors – we were on our own. With my husband working six days a week as a mechanic, I only had my three young children for company. As busy and frantic as that was, it was also very isolating.

“Suddenly we couldn’t get our usual supermarket delivery. Shops were selling out of essentials and my anxiety returned with a vengeance. In those early days Home-Start dropped off nappies, fruit and vegetables and a meat box from the butcher. Not only that, but they’d stop for a doorstep chat. It was a lifesaver.

“I have epilepsy and my son has asthma so we’ve spent the last year shielding. I felt trapped. I was so lonely and believed everything I did was wrong. In many ways I felt similar to when I had postnatal depression after my first daughter. But this time the cause of my anxiety wasn’t what was happening in my brain, it was what was happening outside my front door, a door I was increasingly reluctant to walk through.

“Without Home-Start I can’t see how I’d have got through this. It makes me tearful to think about it. It’s not just the essentials Home-Start delivered, or the activity packs that helped to entertain the kids, it’s the personal contact they continued to provide throughout lockdown. They’d always check in and ask how I was. It made me feel cared for.

“After months of being inside, going out feels very scary. I’ve been avoiding going out at all costs. I don’t even want to go in the garden now. I try to

build myself up to go somewhere, and then, within minutes I manage to talk myself out of it.

“For both my and my son’s mental health, he has returned to school. My anxiety was starting to affect him, and he was also becoming increasingly reluctant to go out. I knew he had to go back to school, and that it would also force me to go out for school drop-offs and pickups.

“Our baby has hardly met any of my family. When she sees my mum she becomes clingy. She hasn’t been able to bond with her like the others have. She’s only seen her aunts and uncles a handful of times – they’re practically strangers to her.

“When Home-Start dropped off the wellies and puddle suits for the kids you should have seen their faces. It really gave us the motivation to go out. Home-Start told us we could do this. And we did. The kids got in their new wellies and we went to the beach near us. This was a big deal. We hadn’t been out in weeks. It was lovely to see the kids slide down the sand dunes. We’ve been quite a few times since. It’s still hard to leave the house, but I feel like I’m slowly getting there thanks to the support and motivation Home-Start has given me.

“Home-Start has been a big part of our lives for three years now – ever since my second child was born. Attending Home-Start’s family group soon became a big part of my week. I made friends with the mums and it was lovely to see the children play. Sadly, I only got to take my baby once before lockdown happened. Thankfully, the family groups moved online. It was so good to see everyone’s faces. It really helped to combat the loneliness I was feeling.

“This last year has been hard. Home-Start has made such a difference to us during lockdown, and continues to help us as we find our feet outside our front door.”

Government Loneliness COVID-19 fund evaluation

The Government launched a major effort to tackle loneliness during the coronavirus outbreak and period of social distancing, pledging £750 million to ensure that charities could continue their vital work supporting the country during the COVID-19 outbreak and to ensure that, for people of all ages and backgrounds, staying at home would not need to lead to loneliness.

Home-Start UK are proud to be part of this Government support package for charities, and to be able to have passed on a total of £675,000 to our Home-Start network. This was our Government Loneliness COVID-19 fund, from the Department for Digital, Culture, Media and Sport (DCMS).

Even in normal times, feelings of isolation and loneliness among parents are early indicators of poor future outcomes for families and children. This is why, for almost 50 years, Home-Start has worked to support parents to connect with others and build their confidence as caregivers. We place great emphasis on the value of our staff and volunteers standing alongside parents, offering compassionate, non-judgemental, accessible and trusted support.

During lockdown, local Home-Starts reported real concerns about the impact of both physical and emotional isolation on families. The pandemic, enforced social isolation and economic turbulence magnified the pressure and anxiety of every possible challenge a family might face. Yet at the same time, Home-Starts faced major disruption to their ability to support parents as normal.

At a critical moment, this funding enabled us to rise to the challenge. As Home-Start charities working with volunteers, staff and families in communities, we witnessed how this important funding enabled us to support over a 1,000 mothers and their children between Autumn 2020 and the end of March 2021.

Recognising that Black, Asian and Minority Ethnic (BAME) families were being disproportionately affected by COVID-19, it is of note that just under 34% of participants identified as being from a group other than White (English/Welsh/Scottish/Northern Irish/British).

Almost 63% of participants identified themselves as having physical or mental health condition or illness lasting or expected to last for 12 months or more.

Using the Office for National Statistics loneliness measure and additional wellbeing measure, we asked mums for scores on how they felt at the start and end of support (within the funding timeline).





Key findings

We found that 48% of mums we worked with through this funding 'often or always' felt lonely at the start, compared with 23% at the end.

Between the start and end of our support, we saw movement in the right direction across all of the wellbeing measure items, including how happy mums felt yesterday and how anxious they felt yesterday. These show good progress, but Home-Starts feel:

“The (outcome measures) results won't give the true picture of how much impact Home-Start has with families.”

We learned in our feedback from local Home-Starts that asking direct questions such as the outcome measures used can be both helpful and challenging, especially when we cannot connect in our usual face-to-face ways.

“These were mums having first babies with no support, no health visitors, no baby weigh-ins, nothing.”

There are reports of their local Home-Start being the only contact when the world shut down, even when they had new babies.

We also asked local Home-Starts if they believed that this funding had an impact on loneliness. It did. It was positive, and it made a difference to a lot of families when they were at their most vulnerable. However, a short burst of support is rarely enough. Home-Starts have not stopped supporting families.

As one Home-Start put it:

“yes, we are seeing an impact, but not if we approached it as three months only. The impact is coming from having a longer plan, the 'real work' is still happening”.

As everyone transitions into whatever the world looks like now, Home-Starts are still there for parents when they need us most, because childhood can't wait.

2.3.4 PARENTAL MENTAL HEALTH ACROSS THE FIRST 1,001 DAYS

Home-Starts across the UK are working with families with babies and toddlers in the first 1,001 days of life, offering core services and more specialist and targeted interventions, where volunteers receive additional training and supervision.

In some areas, such as in Greater Manchester, Home-Starts sit within the perinatal pathways, fully integrated with early attachment and perinatal mental health provision.³³ In others, there are well-established links with perinatal mental health services specialist parent-infant relationship services, and primary care, and models of intervention have been developed over time and evaluated.

Pregnancy and childbirth increase women's risk of developing a serious mental illness. Many mothers will not meet the criteria for a diagnosis of mental illness but will nonetheless experience significant mental distress.



Being scared of going out because I might catch COVID – also how to keep safe, having HS call me, drop off shopping and knowing that I had someone who checks in with me every week... It has been a lifeline for me and supported me through a bereavement. Excellent emotional support and Home-Start actually saw me as a human being.

A mother, 29 years old, from London, with a one-year-old child and a two-year-old child. She is Asian, she is a lone parent, and her annual household income is £16k or under.

HOME-START LAKELAND AND FERMANAGH

Home-Start Lakeland & Fermanagh have been providing connections to new mums who need a little extra support. This started with weekly phone calls and then garden visits from a volunteer when it was permitted.

According to the Royal College of Psychiatrists, around 10%–15% of women are affected by depression and anxiety during pregnancy, with the same numbers of women experiencing postnatal depression. In addition, 70% of women will hide or underplay the severity of their perinatal illness. Suicide remains a leading cause of death for new mothers in the year after birth.

Postnatal depression can also affect partners, with at least a fifth of fathers experiencing significant psychological distress at some point in their baby's first year. Contributing factors include having no close family or friends to offer support, and recent stressful life events.

It remains the case that many mothers will experience severe depression, without having the support around them to spot the signs of deteriorating mental health. Without knowing that it is a treatable illness, and without being helped to access specialist support, they will suffer needless distress. If untreated, perinatal mental health problems can have a devastating impact on the individual affected and their family. In the UK, they all too often go unrecognised, undiagnosed and untreated.



HOME-START STROUD AND GLOUCESTER

Home-Start groups in Gloucestershire include Bump Start, for pregnant women; Best Start, for parents and babies aged six months or under; and Mothers in Mind, a drop-in for mums experiencing anxiety, depression and isolation.

Mothers in Mind is a model of support for women with mild to moderate mental health issues.³⁴ Mothers can access support in the antenatal period until their child is aged two. The project started in 2016 as an initiative from the Maternal Mental Health Alliance to pilot approaches to improving care for mothers with perinatal mental health problems and their babies, and to share learning from four areas across the UK.

“The myth of the ‘perfect parent’ pervades the consciousness of many mothers we spoke to, creating a greater sense of isolation, anxiety and failure.” Mothers in Mind Worker

The model has been developed with the experiences and voices of the women it served at its heart. Central to the model are the specially trained home-visiting volunteer befrienders, who visit families in their home each week.

The project recognises that a whole-system approach helps with identifying and treating perinatal mental illness early. This approach involves all those who come into contact with mothers and their partners in raising awareness of perinatal

mental illness, being alert to the signs of difficulties, and being aware of factors that increase the risks to a mother’s mental health at this important time in her life. The project supports mothers to navigate local services and access specialist help when needed, offering social and emotional support and, crucially, increasing capacity in the support available for mothers who don’t meet thresholds for services and providing a bridge for those who do not want to access professional services or are not yet ready to do so.

“Home-Start complements what we do ... They do the bit that is hard for us, e.g. the big blocks of time.” Health Visitor

Services and professionals work in complementary and integrated ways to ensure that women get the help that they need, in a timely way, whether that is from informal open-access community-based services, targeted peer support, home-visiting, participating in a group, or referral to more specialised treatment and mental health services.

“At Home-Start we are able to spend time with families, and to develop a relationship over time. We offer compassionate, personalised and responsive care. We have the opportunity to offer what many professional services are unable to in weekly, unhurried, consistent and flexible contacts.” Alex Corgier, Home-Start Stroud and Gloucester



According to our survey of the women using our ‘Mothers in Mind’ service in 2017:

- **90%** of respondents agreed it was important to address the stigma around maternal mental health.
- **Three-quarters (77%)** reported ‘putting on a mask’ to hide how they were feeling.
- **Only half (54%)** of women felt able to be open about their own mental health with professionals.
- The **remaining half (46%)** stated that they hadn’t told a professional about their own mental health because of fears about their baby being removed from their care, fear of being judged, or a lack of trust in services.

Within the Home-Start network there are growing programmes of work and partnerships with professional services that enable this important, delicate and complex work to be done with the appropriate planning, training and supervision and located within a multidisciplinary network of care and support where there are clearly defined roles and boundaries.

Services such as Home-Start can support family wellbeing and resilience, offer services in a timely way, and identify perinatal mental health and parent-infant relationship issues early – and often before families reach the thresholds for statutory provision.

The alliances forged over time through the relationships built up in Home-Start support are just one of the ‘magic ingredients’ of being alongside parents as a volunteer. This relationship supports parents in recognising and acknowledging the stressful situations associated with parenting, and in responding to the daily hassles in the home and in the parenting relationship. With this, parents are better able to cope, better able to support their children in managing their own emotions, and better able to engage with specialist services. Engaging fathers in the perinatal period can help them strengthen their relationship with their family and support them with anxiety, stress and mental health issues.

When all new parents are supported for their mental health it has far better outcomes for the whole family and the child’s development.

Mark Williams, Fathers Reaching Out

At Home-Start, with services such as Dad Matters, we are seeing dads engage with services that have traditionally been targeted at mums, and we are starting to train and support volunteer fathers to work within our local Home-Starts and with Home-Start families. Dad Matters and other initiatives aimed at fathers work directly with services that support dads and do outreach work with antenatal and maternity services. They connect with others supporting families, especially those with babies, to increase engagement and knowledge across the sector. At Home-Start, we want to make sure dads know how important they are, how to access support when they need it and why they are valuable in their baby’s development. As a service that still is predominantly offered to mothers by volunteers who are mothers, we know that there is still much work to be done to engage all parents.

HOME-START LONDON

Home-Start London is made up of 13 local Home-Starts operating across 24 boroughs. Good practice in perinatal mental health support has been shared across the local network, with targeted Home-Start provision for parents in the perinatal period now available in 11 boroughs from volunteers who have had additional training in perinatal and infant mental health.

Home-Start London is working with Central & North West London (CNWL) NHS Foundation Trust to pilot a perinatal peer-support model with 70 families under the care of CNWL perinatal mental health services in five boroughs. This pilot is supported by **Home-Start Barnet, Brent, Enfield & Harrow, Home-Start Westminster and Home-Start Hillingdon.**



HOME-START GLASGOW SOUTH

Home-Start Glasgow South has been delivering dad-specific antenatal workshops since December 2018.

They carried out research to determine what antenatal support was available to dads. The results showed that in Glasgow, dads or partners were invited to some antenatal classes but excluded from others, and there were no dedicated resources to help dads-to-be improve their skills, knowledge and understanding during the run-up to parenthood. NHS Lothian Maternity services, however, were in the 11th year of delivering their Dads2Be workshops, consisting of four weeks of support and education for dads.

Following training with NHS Lothian, Mellow Bumps and Solihull Approach, Home-Start Glasgow South made links with the New Victoria

Hospital and agreed that their dads' antenatal workshops would be promoted by their Dads Coordinator at the NHS antenatal classes for couples and provided externally.

Six months later, they reached an agreement to provide the dads' antenatal workshops in partnership with the NHS antenatal education delivered at the New Victoria, and these continued to take place until the COVID-19 pandemic halted non-essential services on hospital grounds. Since social distancing restrictions have been in place, the dads' antenatal workshops have continued online, both independently and in partnership, with social enterprise Merry-Go-Round of Strathbungo.

The current plan is to continue online for as long as social distancing guidelines remain in place.

Lindsey was previously supported by a Home-Start volunteer. She has gone on to become a Maternal Mental Health Champion for the Maternal Mental Health Alliance (MMHA):

"I was referred by my community midwife to my local Home-Start Charity in Northern Ireland when I had seven-week-old twin girls and a 13-month-old son. At that time, I was struggling to cope both mentally and physically with having three children under the age of one. I joined their weekly family group in a local church hall and soon after I received an unbelievable Homestart volunteer, who came to my house on a weekly basis for five months.

"The volunteer would help with the children if I needed to pop out and do shopping, do house work, catch an hours sleep or she would help me take the kids for a walk and we would stop for coffee. She was also a great listener, who has now remained a close friend. The family group got me out to attend a social circle to meet other amazing mums, who again most have

remained friends. It was nice to be surrounded by a non-judgemental group of people, who all shared similar parent struggles. I struggled with perinatal mental health and the support that I received from Homestart came at a time when it was much needed and appreciated, and I will be forever grateful for their help.

"I reached out to the Maternal Mental Health Alliance to become a Champion as I wanted to share my story about my issues with perinatal anxiety and how I struggled with stress and panic attacks. I wanted to help raise awareness, particularly in Northern Ireland around the factors of perinatal mental health and to encourage other struggling mums to speak out and seek help. I wanted to influence as best as I could to get better and much-needed maternal mental health services, for those mums who desperately need them."

Lindsey has gone on to get involved in a range of activities for the MMHA including speaking at the Institute for Health Visitors conference in 2019 and contributing to a consultation on strategy for the Maternal Mental Health Alliance.

POPPY

Poppy moved to Scotland while she was pregnant with her first child. Six weeks after her baby was born, Poppy was diagnosed with postnatal depression. Poppy believes Home-Start's support helped her to get better much faster than she would have been able to do on her own. She is now a Home-Start volunteer and waiting to be matched with her first family.

"I was sat on the sofa crying, very close to calling an ambulance and asking someone to take me away. The diagnosis of postnatal depression came soon after.

"I have muscular dystrophy. It's never stopped me from doing what I wanted to do. I was a teacher, enjoyed a full and active life, and had moved to Scotland to be closer to my partner. But, once our baby arrived, my disability stopped me from being able to carry her and pick her up from the floor. I was desperately worried it would also stop me bonding with her but, as a disabled mum, I was offered little support.

"When I received my diagnosis of postnatal depression I was referred to Home-Start. This was the only organisation that took action to help me. Home-Start coordinator Amanda was always there to listen. And, when I talked about some of the challenges I faced, she'd come up with suggestions. Amanda put me in touch with an occupational therapist who fitted a stair lift for me. It made life so much easier. That's just one example of how they made my life easier.

"My confidence had gone. I felt anxious and depressed. I couldn't cope with the thought of attending mum and baby groups. Attending Home-Start's family group meeting for the first time felt like I was about to climb a massive mountain. It took me three hours to get ready. But over time attending the group gave me a purpose – a reason to get dressed in the morning. It put me on the path to recovery.

"When I walked into the room I felt the warmth straight away. There was absolutely no judgement and support was always available, whether it was to pick my daughter up off the floor or to help when changing her.

"With each session I felt my confidence building. I never felt any pressure and was able to take small steps to feeling well again. Home-Start empowered me to take decisions and signposted me to other organisations when I needed help.

"When I had my Disability Living Allowance stopped, I took it as a huge blow and didn't feel able to fight it. Home-Start helped me to challenge it. They signposted me to Citizens Advice, helped me apply for a Personal Independence Payment and supported me when it went to court. Throughout the whole stressful process they were there to encourage me. We won the case and I felt elated.

"Lynn, my Home-Start volunteer visited me every week from when my baby was eight weeks old. She was a rock to me. My family are in Cornwall and my friends in Manchester so I felt isolated. Lynn removed my feelings of isolation and we are now great friends.

"Home-Start didn't just help me find a way out of my depression, but they helped me to build a future. When my baby was one, I felt ready to go back to work. Home-Start helped me with applications and interview practice. I got a part-time job as an additional support needs assistant. The job turned into a full-time role and now, excitingly, I feel ready to move back into teaching.

"Home-Start played a huge role in my recovery. There's no question I would have been depressed for much longer had Home-Start not come into my life when they did. I was in a scary place, but they found solutions to my problems, provided reassurance and gave me the motivation I needed.

"Home-Start is an amazing organisation. I was in a very dark place and so I understand what it's like. That's why I'm now a Home-Start volunteer, so I can help people like how Home-Start helped me."

2.3.5 DOMESTIC VIOLENCE AND ABUSE

Each local Home-Start board will determine whether their organisation will work in a targeted way with families experiencing domestic abuse, depending upon the specialist skills, safeguarding processes and organisational partnerships for their setting. In addition, many local Home-Starts will find that a woman they are supporting, who has been referred for other reasons, either discloses domestic abuse or has experienced it in the past.

Women who have experienced domestic violence and abuse can be left struggling with the legacy of that trauma alone, without support. They may go on to face other forms of disadvantage, such as poor mental health, poverty, or using drugs and alcohol to cope. The consequences of women's multiple disadvantages can be devastating and enduring. For those who are mothers, fears about being separated from their children lead many to avoid seeking help.

Refugee and migrant women are especially vulnerable to domestic violence, because they face additional barriers to reporting it. These include having no recourse to public funds, lack of knowledge of the criminal justice system, language barriers, and concerns about impacts on their asylum claim or migration status.³⁴



I was new to the area after fleeing domestic violence. Being a lone parent to young children, I felt isolated and depressed.

A mother, 42 years old, from the South East of England, with a two-year-old child and a three-year-old child. She is Black, she is a lone parent, and her annual household income is £16k or under.

I was struggling with every aspect of parenting to small children and was entirely overwhelmed by the immense responsibility whilst recovering from domestic violence.

A mother, 31 years old, from the East of Scotland, with one four-year-old child. She is White, she is a lone parent, and her annual household income is £16k or under.

I wasn't working by then. I had left my husband due to domestic violence and I had no recourse to public funds.

A mother, 27 years old, from Northern Ireland, with a three-year-old child and a five-year-old child. She is White, she is a lone parent, and her annual household income is £16k or under.

Research from NSPCC³⁵ shows that 1 in 5 children are exposed to domestic abuse. Children who are exposed to the domestic abuse of a parent often have more behavioural and emotional problems than their peers, both internalising (such as depression and anxiety) and externalising (such as aggression or anti-social behaviour).³⁶

Neurological studies have shown that being exposed to domestic violence or direct abuse can also affect the way the brain processes perceived threat or reward, creating a response pattern that may make children more vulnerable to mental health issues, such as anxiety, that may persist into adulthood.³⁷

At Home-Start we have collaborated with specialist partners, such as Against Violence and Abuse (AVA) and the For Baby's Sake Trust, to develop additional training for our volunteers. Some local Home-Starts have built up experience and expertise in supporting women who have experienced domestic abuse, and their children. Across the network, Home-Starts have come together to share resources, learn from one another and identify good practice through our Safe Harbour project.

HOME-START SHEPWAY – ENHANCED DOMESTIC ABUSE PROJECT

Over the past 11 years, Home-Start Shepway have listened to many women who have suffered domestic abuse and have developed their services to better support them to move forward with their lives.

The Enhanced Domestic Abuse Project (EDAP) is tailored to meet the needs of parents and children as they embark on the journey to rebuild their lives after suffering abuse. At the heart of this approach is the one-to-one support in the home from Independent Domestic Violence Advisors and volunteers who have undertaken advanced specialist training. Home-Start Shepway also runs groups to help victims understand the abuse and rebuild their lives. They plan the weekly programmes and work alongside volunteers to deliver training, information, activities and tools aimed at strengthening resilience and independence in vulnerable families.

Home-Start Shepway is the only provider of domestic abuse support services in Folkestone and Hythe District, supporting women who are suffering from the effects of living with an abusive partner, providing practical and emotional support, and reducing their isolation.

“These courses have helped me so much to heal and to look inward and create my own coping strategies. I am so thankful to everyone who helps to bring these courses together. I don’t know where I’d be without it. Thank you so much.”*

Before the pandemic, Home-Start Shepway received referrals 15–18 times a month for families with issues related to domestic abuse. They anticipate that the need for their services will rise dramatically as we emerge from the COVID-19 restrictions.



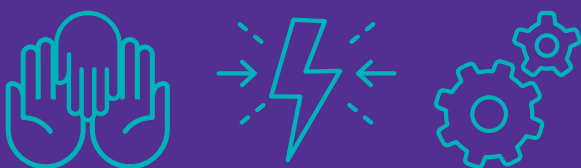
“I have learned all about unhealthy relationships. Things I didn’t know were abuse I now know! I know about warning signs and what’s unacceptable.”*

The programme supports women through peer-support group sessions, helping victims to communicate their thoughts and feelings and take steps to address the impact that the violence has had on them. The sessions build women’s confidence and self-esteem, develop their core skills, and empower them to make positive changes.

The project allows women to take ownership of the process and use the positive experience of the programme to support others and potentially become specialised volunteers themselves. Some women build enough confidence to co-facilitate the groups and then use this experience as the basis of further training, preparation for work and increasing their engagement in the community.

During the pandemic, Home-Start have been able to continue this invaluable support online.

“Thank you for giving me this opportunity, thank you for listening, thank you for caring, thank you for getting me this far and thank you so much for helping me find myself again.”*



AMY, 27

Amy is a single parent to two children aged two and three. Amy lived in a women's refuge for 11 months after she fled her abusive partner. When she was discharged from the refuge she felt very anxious about living by herself. Years of abuse had damaged Amy's confidence. Home-Start have been working with Amy since she moved on from the refuge. During that time, Amy has thrived and she is now planning to volunteer for Home-Start.

"My youngest child's dad abused me mentally, financially, emotionally and physically. Whenever we argued he'd take the phone off me so I couldn't call anyone. I felt broken. My health visitor spotted signs of abuse and advised me to get away. Somehow one day, when he tried to strangle me as I held our two-month-old, I got the strength to leave him.

"I moved into a women's refuge where I lived for 11 months. In that time I felt safe and secure – things I didn't feel outside the refuge. I didn't want to leave. There, I had 24/7 support, lots of cameras and people who understood.

"The refuge referred me to Home-Start to help me with my mental health and to build up my confidence. We'd moved into a property, and for the first time we were on our own. The nights were the worst. I didn't know what to do with myself.

"I felt only able to take care of my children's basic needs. They'd be changed and fed, but that was about it. We had no routine and hours would pass without us actually doing anything. I struggled with their behaviour and would end up shouting at them. Tracey, my Home-Start coordinator helped me to find ways to talk to them calmly, and that made such a difference to their mood.

"I joined Home-Start's Play, Learn, Grow online programme to help with my parenting. With each session I felt more confident in establishing daily routines. I learned about letting children decide on what activities to do, and about being more child-led. I've been asked if I'd be willing to volunteer to help develop the next session. I'm really happy to do this and be able to help other parents.

"We have a good routine now from when the boys wake to bedtime. During that time, some of the day is child-led. My son will tell me when he wants his tea, and then it will be bath, bed and story.

"Having the support of Home-Start has made such a difference to my confidence. I was always anxious about my parenting – was I doing enough? How could I do more? But, now I feel we have the right things in place.

"Tracey helped to inspire me to be more active. If I get up in the morning and I feel low, I try to change my mood. The other day I woke up tired. Normally I'd sit in front of the TV all day, but instead I decorated the bathroom.

"At first I thought the boys' behaviour was getting better, but actually it's my behaviour that is better. I'm finally taking control and by doing that I'm making two little boys much happier.

"There's really no part of my life that Home-Start hasn't touched. From helping to get a bath installed to sorting out my debts, Home-Start have provided solutions to my problems, and in doing so have taken away my stress. They've built my confidence and encouraged me to be the best parent I can be.

"Without Home-Start I think I'd be much the same as when I first left the refuge. My life would be a mess. Home-Start has helped me to get my life back in control. I now determine the life we have as a family – not anyone else, and that is very freeing."

The Home-Start approach



3 The Home-Start approach

3.1 Our place in the wider systems of family support

Relationships are complex and messy. Families are unique and don't easily fit defined criteria; needs are multi-layered and often interact with one other give rise to vulnerabilities.³⁸ The environment parents are able to provide for their babies, made up of their internal resources alongside external resources in relationships, home and the community, is in turn influenced by a wider context of geography, history, culture and society.

In the face of the extraordinary challenges and impacts of the past year, existing inequalities have been magnified. There is an urgent need to alleviate distress, build parental capacities, and seek to make a positive difference for families. We have an unprecedented chance to address the widening disparities in opportunities and outcomes for parents, and the developmental outcomes of their children. Home-Start has a vital place in contributing to ways of thinking about how as a society we can support parents and their children in achieving flourishing lives, in which more choices are available to them that can promote health and wellbeing.

On the ground, this is what local Home-Starts do with humility, humanity and humour,³⁹ led by volunteers who have time to care, who have experience and understanding of family life and who can be flexible in their approach.



Our approach has been honed over many years by our practitioners, volunteers and the local Home-Starts enabling them, together with Home-Start UK. In doing so, we have reflected on the balance of flexibility and governance that best allows for the development of trusting relationships and creative, developmentally informed intervention that is asset-based and respectful of parents' knowledge, skills and lived experiences.

This allows us to step into the private sphere of the family, typically within the intimate space of their home, to be alongside parents in their challenges, and to nurture them so that they may, in turn, nurture their children. In small ways, one relationship at a time, we can attend to individual needs and the social injustices, health inequalities and systemic unfairness that they signal, and build the capacity and the real autonomy of parents.

What makes Home-Start Stroud so invaluable is that they do not have a limit on the length of time they stay involved with families ... they get to know the families so that the support is tailored to suit.

Referrer to Home-Start Stroud & Gloucester

3.2 Meeting parents on their own terms

It is often the ordinary interactions outside more formal approaches, and the value of connection, that stand out to parents as being of benefit. The little things that make a difference in an ordinary way, without stigma, thresholds or diagnosis, and before situations deteriorate, add up to bigger impacts. They can be difficult to measure, and it is a challenge to provide the kind of evidence that would meet the criteria for the gold-standard randomised-controlled trials.

Recent research from Nesta⁴⁰ has highlighted that parents value different things about the support they receive from professionals and from other parents. Support from other parents offers opportunities to:

- Make connections with peers.
- Build their social networks.
- Receive emotional support so that they might normalise the challenges of parenting and feel less alone.
- Receive practical help.

From our decades of working in partnership with parents, we know that they often want both practical and emotional support in these crucial early years, as well as help to access other services within the community.

Without the help of Home-Start and the support and guidance they have given me and my children, I would not have found the confidence to be able to ask for help when I now need it. Although I still have my issues and still lack confidence as being a single parent it has still improved from what it was and for that I will be eternally grateful. My relationships with my children have improved and will hopefully continue to and I have more confidence in spending fun time with them without the need to have other adults with me as support.

A mother, 28 years old, from the North of England, with a four-year-old child and a five-year-old child. She is White, she is a lone parent, and her annual household income is £16k or under.

This is why Home-Starts across the UK are alongside parents in relation to a wide range of issues – from healthy eating and managing routines to financial budgeting and employability – as part of our core service of home-visiting by peer-support volunteers.

So, whether a parent comes to Home-Start because they are feeling alone, experiencing poor mental health, or struggling with a physical disability or a child with additional learning needs, we will meet them where they are at and tailor support to their needs. At the same time, we will give them opportunities to become involved in some of the more issue-specific or targeted groups or support programmes offered by Home-Start or elsewhere in the community.

HOME-START EREWASH

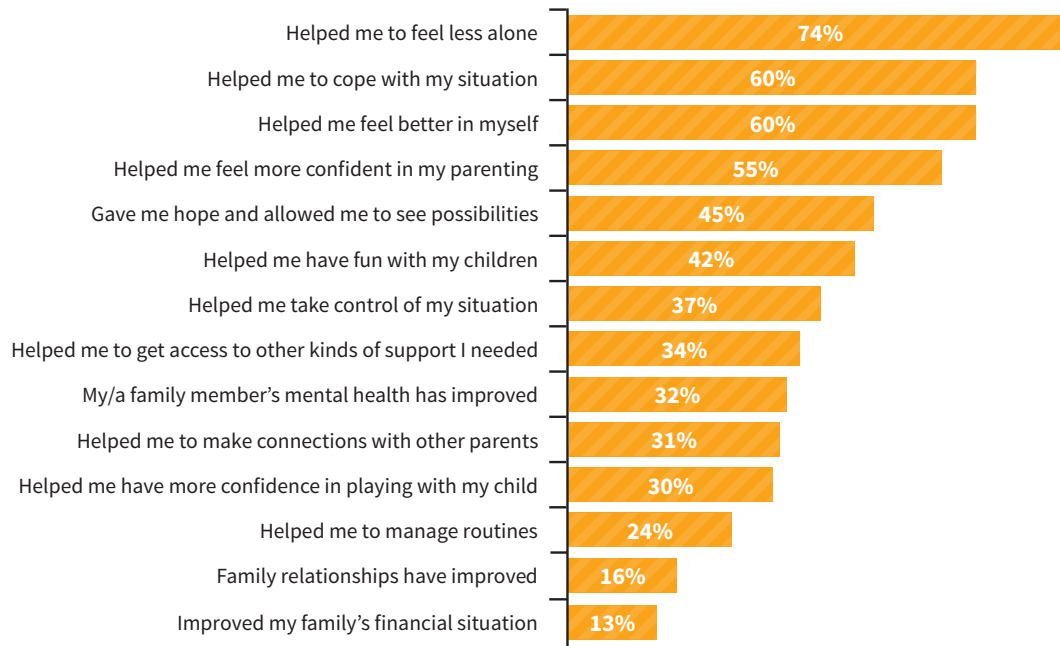
Home-Start Erewash have been awarded a three-year National Lottery Community Fund grant totalling £380,000 to continue their mental wellbeing support to parents.

The support includes four strands:

- An eight-week group programme, Breathe Together, which looks at ways for parents to create a space for themselves to acknowledge and manage anxiety and isolation.
- A Bridge Together connection café, to encourage parents experiencing isolation and loneliness to engage with each other and form supportive friendships in their community.
- Parents Together – volunteer befriending that supports parents to meet their individual needs.
- A counselling service which offers 28 sessions of person-centred therapy for those who need more intensive support for their psychological wellbeing.

Currently, all of these services are being delivered virtually.

Impact of support from Home-Start during the last year*



C4. In which of the following ways have you been supported by your local Home-Start, in the last year?

* Displaying support received by at least 10% of respondents. Base: All respondents (1,238).

3.3 How Home-Start's model makes a difference

Strong family relationships, adaptive coping skills and the protective factors afforded by the contexts in which families live are the most important buffers against stress for parents and children. When families find themselves vulnerable, they need support to strengthen their coping skills and build resilience. Home-Start occupies a kind of transitional space in “the area between family and friends and statutory services”⁴¹ to provide that support so they can cope better with the challenges they face.

A separate study by Home-Start⁴² analysed data returned from local Home-Starts between 2010 and 2018. The analysed data from as many as 43,000 families showed that two or three hours of voluntary, home-based support each week led to significant and substantial improvement in the challenges that families faced.

Support from Home-Start has lessened feelings of loneliness and helped people to cope.

- The support has also provided hope for the future, helped people feel more confident in their parenting and helped people have fun with their children.
- For parents who struggled to cope in the last year, the impact of support from Home-Start has been greater, with significantly higher agreement for four of the top five benefits mentioned.



The Home-Start theory of change was articulated by Kenkre and Young⁴³ as informed by a transactional model of development.⁴⁴ The model works in the following way:



Interest is growing in exploring the common elements of what makes for effective support.⁴⁵ The ‘common elements’ approach looks to isolate core components of evidence-based programmes – for example, the practices, routines and strategies they use. From this, the thinking goes that these elements can be integrated into the practitioners’ ‘toolbox’ – as a set of approaches to use in everyday practice.

Our federated network offers fertile ground for such thinking. We are able to draw on local practice experience, national development opportunities and aggregate data to iterate our responses to families.

Alongside the range of evidence-based interventions and evidence-informed approaches, the science of child development and resilience suggests a set of ‘design principles’⁴⁶ that those in decision-making positions and those providing a service for families can use to guide them in finding ways to improve outcomes for children and families.



The strength in the Home-Start model is that we can hold in mind these essential principles and use them not only to inform our approach but also to tailor the support offered to a family to be as effective as possible, with an intentional focus on what is required to best suit the particular family.

These three principles are:

- 1 Support responsive relationships for children and adults.
- 2 Strengthen core life skills.
- 3 Reduce sources of stress in the lives of children and families.



ANNIE

Following a lengthy hospital stay and a traumatic birth, Annie was discharged home to her two young children with special needs. Initially reluctant to have help, Annie was matched with a Home-Start volunteer. Annie describes how Home-Start improved her quality of life and mental wellbeing.



“Our path to parenthood hasn’t been an easy one. Our first son, Zach, was stillborn following a traumatic labour. After Zach, I experienced two devastating miscarriages, before having our second son, Theo. Theo was the light at the end of a very dark tunnel. Soon after Theo was born, I fell pregnant with our daughter. We were delighted to finally have the family we longed for.

“While I was pregnant with Izzie, Theo was diagnosed with cerebral palsy. We were thrown by the news. At the same time I was having a difficult pregnancy and had six major bleeds. Due to placenta issues, I was put on bed rest in hospital. I was desperate to have my daughter and return home to my son, who was just one.

“In hospital I felt very vulnerable. I had too much time to think and I was terrified of losing another child. I was too scared of loving her and tried to focus on being strong. Looking back now, I can see I was on the edge of a nervous breakdown.

“The birth was traumatic. The last thing I remember before being put under a general anaesthetic was the medics shouting for more blood. When I came round, I was in intensive care. I was told I’d had a daughter who was in NICC. During labour they had to perform a hysterectomy, and I was put into a low coma to help me recover. More surgery followed. I was numb and physically broken. But, I had to be strong and focus on getting better for my daughter.

“After 10 weeks in hospital our daughter was well enough to come home. As time went by the extent of her health issues became apparent. She started having seizures, was diagnosed with drug-resistant epilepsy and life-limiting microcephaly, and is blind. When my health visitor recommended Home-Start support I was reluctant. I was adamant I didn’t

need any help, even when my husband returned to work. I’m so grateful now that my health visitor encouraged me to try it. If I hadn’t had Home-Start in the early days, with two very needy children, I wouldn’t have left the house. I didn’t realise it at the time, but my mental health was poor. And even going for a walk around the block was a massive undertaking to get the kids ready.

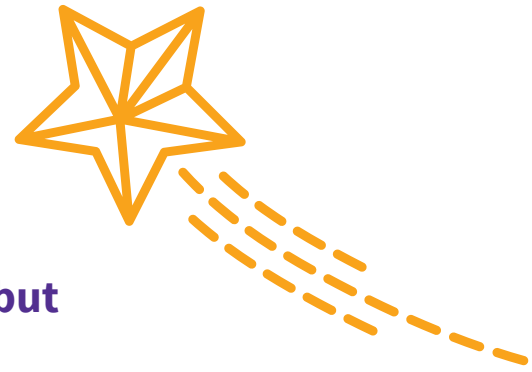
“We were matched with a wonderful volunteer. She is a grandmother and has since become a much valued family friend. From the very first time she visited, it was clear she saw my children, not their disabilities. She came into our home, scooped the children up and instinctively knew what we needed. She’d chivvy me along and would often suggest places to take them. When my son started pre-school, she’d come along to sit in the car with my daughter.

“Having her in my life has had a huge impact on my mental wellbeing. I never realised it at the time, but I was like a zombie, just focused on getting through the day. Home-Start helped me to get to a place where I felt I was able to live.

“Losing Zach has taught us a lot and brought us closer together as a family. We appreciate everything we have and take nothing for granted. I was told our son would never walk or talk – he does both nonstop. When she was a baby, my daughter would cry all the time. Now, she is the happiest little girl.

“My children are now seven and eight, and even though we no longer receive Home-Start support, our wonderful volunteer is still in our lives. The children are doing well, as am I, and we are so thankful for the support and kindness we were lucky to have received. Our quality of life improved with Home-Start’s help.”

3.4 The power of volunteers



“There is no rocket science to the thoughtful, responsive and ordinary help we give families but there is some magic in it.” Local Home-Start Practitioner

The recent NSPCC Learning review drew extensively on Home-Start models of support.⁴⁷ It found evidence of improvements in mothers’ mental health, sense of wellbeing, parenting confidence, stress levels and relationships with their children following support from a volunteer.

They also noted that volunteer-led support reduces social isolation and has impacts on overcoming reluctance or stigma associated with accessing services or addressing mental health needs. The exact benefits can be hard to quantify, but they are broadly understood to include impacts not only for parents, but ultimately for the child.

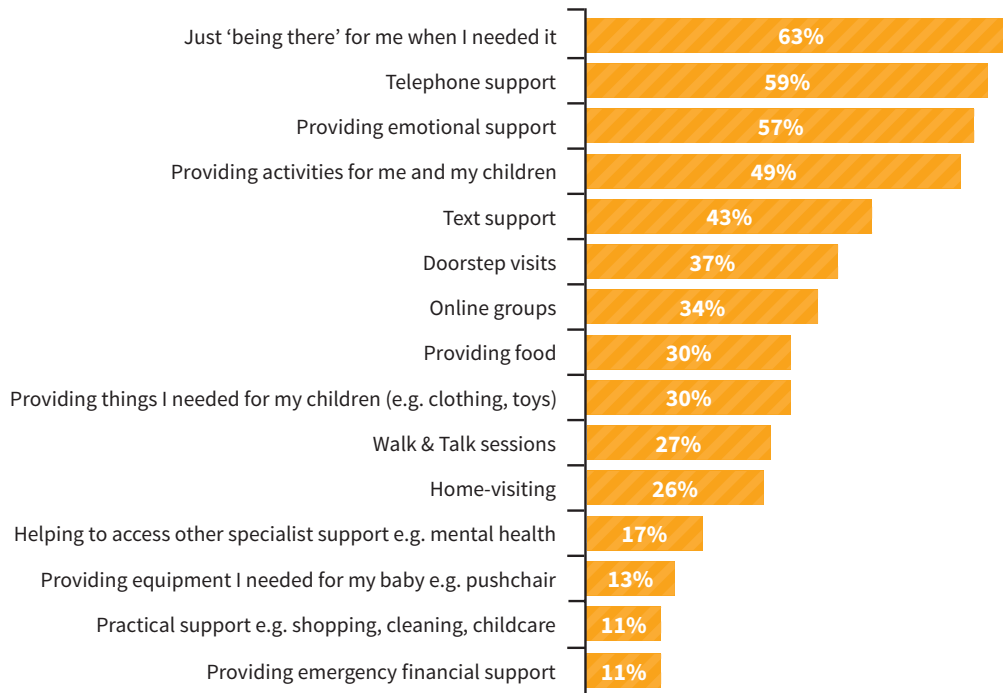
The review highlighted the following components of effective volunteer-led services:

- Ensuring that volunteers are from similar backgrounds, share lived experience, or are parents themselves.
- The importance of a volunteer coordinator, training and ongoing supervision.
- Careful assessment of needs and matching between volunteers and family.

All of these elements are consistent with the Home-Start approach.



Support received from Home-Start in the last year*



C4. In which of the following ways have you been supported by your local Home-Start, in the last year?

* Displaying support received by at least 10% of respondents. Base: All respondents (1,238).

Home-Starts have supported parents in many different ways.

- ▶ The **type of support provided** includes emotional as well as practical support.
- ▶ **'Being there' was selected by more parents than any other aspect of Home-Start support.** Almost two-thirds (63%) of parents chose this, highlighting the importance for parents of knowing that there is someone to whom they can turn if they need to.



The role of volunteers within the wider ecosystem of family support merits definition. Our experience has been that partnership working develops greater confidence in volunteer services and a better understanding of roles.⁴⁸

Volunteer support is beneficial for parents who experience 'mild to moderate' mental health needs, where available professional support is limited. Volunteer-led support additionally offers the kind of functions and networks that may previously have been held within the community and which are not a part of the remit of professional or more specialist support.⁴⁹

The kind of individualised non-professional support offered by volunteers, or within community-based groups, facilitates proactive parental engagement and opportunities for working preventatively. It helps to ensure that specialist resources are used more appropriately, while promoting long-term community capacity.⁵⁰

For any family, their first contact with Home-Start will be with a staff member who meets with them in their home to talk, listen and better understand their needs before beginning the matching process with a volunteer.

The voluntary nature of the arrangement and the initial meeting between parent and volunteer are key aspects in building an alliance between the family, the volunteer and the coordinator. Volunteers and families then agree the timing of visits and other details between themselves, considering the volunteer's availability and the family's needs. There is the opportunity for these to flex over time, by mutual agreement.

The support from Home-Start has been a massive support to me both emotionally and mentally as I already had daily challenges due to the kids and my own medical needs... And the kindness and generosity and listening ears and over all compassion has given me the confidence and motivation to face the challenges in everyday life... The pandemic has been hard for many reasons but knowing that I have this support helps me so much and I am forever grateful for all the help and support.

A mother, 41 years old, from the North of England, with a one-year-old child and a three-year-old child. She is White and lives with her partner. Their annual household income is £16k-£30k.



“When I started speaking to the Home-Start volunteer I was overwhelmed someone would give up their free time to be there for me. I felt the world was a less lonely place and there were people that really cared. This support during the pandemic has helped to keep me grounded.”

New mum, Give A Little Love campaign

The biggest challenge has been my daughter's routine. Normally she sees family four or five times a week but during the lockdown we got stuck far away from family. Luckily our volunteer from Home-Start called every week and it gave me a friendly voice. We started going for walks and the routine has settled again.

A mother, 28 years old, from the North of Scotland, with one three-year-old child. She is White, she is a lone parent, and her annual household income is £16k or under.

Home-Start staff and volunteers can offer continuity and consistency of contact with families, often visiting homes once a week over many months, enabling relationships of trust to form with parents and children. There is something unique and valuable in informed, responsive support that is freely given.

Some parents might themselves have grown up with significant deprivation, faced extensive waiting lists or experienced not meeting the thresholds for support. For them, the offer of a volunteer – someone who wishes to undertake the role for no financial reward, who is also a parent and who gives of their time – can be a balsam to feelings of isolation, shame and loneliness.

Furthermore, the regular contact and the time available for a volunteer to ‘check in’ with a parent, even if they don’t always answer the door or the phone, can be a valuable bridge towards a healthier engagement.

I don't think I could have got through most days if it wasn't for the help I got from Home-Start. The lady I speak to every week is like my fairy godmother. Absolutely love her!

A mother, 25 years old, from the North of Scotland, with a one-year-old child and a five-year-old child. She is White and lives with her partner. Their annual household income is £16k-£30k.

3.5 Tipping the balance in favour of parents and children

“The period from pregnancy to age three is when children are most susceptible to environmental influences. Investing in this period is one of the most efficient and effective ways to help eliminate extreme poverty and inequality, boost shared prosperity, and create the human capital needed for economies to diversify and grow.”⁵¹

It is not just parental knowledge of early development that is important; crucially, it is parents’ capacity to put this knowledge into action.⁵²

Parents who are experiencing high ongoing levels of stress and trauma are less likely to have the emotional resources to do what they may know is best for their child. Alongside this, patterns of parenting passed down from one generation to the next can compound adversities, as parents’ own early life experiences and attachment security present additional challenges.

Parents who themselves have experienced early adversity are likely less able to deploy all of the skills they have to cope with challenging circumstances.⁵³

The Home-Start volunteers I have been in contact with have been extremely friendly, kind and good fun. The main service I availed of was the weekly Zoom playgroup/toddler sensory art group. It was lovely to see familiar faces and they made the activities great fun for the kids. More recently, I was offered a place on the laughter yoga sessions and it has been a great boost of positivity as I try to incorporate the techniques each day!

A mother, from Northern Ireland, with one three-year-old child. She is White and she lives with her partner. She preferred not to state her age or her annual household income.



Home-Start relationships with parents, and with their children, can scaffold a parent’s influence over their child’s early development in the following ways:

1. SUPPORTING PARENTAL WELLBEING

Babies and young children benefit from parents who are responsive and nurturing in their care. Excessive stress, unresolved trauma and poor mental health can all have a negative impact on the developing child and their important attachment relationships.

2. SUPPORTING THE HOME LEARNING ENVIRONMENT

Parents’ concept of their importance and role in their child’s early development, a child’s capacity to play, access to outdoor spaces and opportunities to enrich learning all have an impact on the home learning environment. Our volunteers can support parents to make improvements.

3. SUPPORTING PARENT-CHILD INTERACTIONS

In tandem with the first two types of support, volunteers can influence parent-child interactions through their own interactions with parents, by raising awareness, by modelling developmental interactions, by offering feedback, by building confidence and simply by having fun.

Factors that threaten early child development tend to group together. They are often compounded by a lack of services and by social exclusion, so being exposed to one risk factor raises the risk of being exposed to several. Adversity coupled with little access to support undermines families' capacity to provide nurturing care for their babies and young children.

Local Home-Start services play a valuable role alongside other universal, specialist, statutory and voluntary sector services in a community. Our support takes account of not just the home learning environment but whether the home is safe, secure, warm and comfortable, and whether there is adequate food and nutrition.

We consider and support parents' wellbeing and mental health. These needs are often below the thresholds for specialist services but can be enough to reduce a parent's ability to care for their child as well as they could do if they received the right help at the right time. Home-Start support offers the opportunity for timely help and can identify issues early, referring parents for specialist support if appropriate.

Whatever the elements of a personalised offer of support negotiated between volunteer, family and Home-Start practitioner, they serve to tip the balance in favour of parents and children to support their resilience. The role that relationships play in this, and the opportunities available within relationship-based support to address multiple areas of need, are valued in the Home-Start model – from the training, supervision and oversight of volunteers through to the governance structures of local Home-Start organisations and the learning community across the network.

How Home-Start helps to tip the balance

Negative outcomes

Stressors such as:
mental illness, relationship breakdown,
poverty or isolation



Positive outcomes



Supporting responsive
relationships



Reducing sources
of stress



Strengthening
core skills



3.6 The power of connection

Local charities have collaborated more quickly and more effectively during the coronavirus crisis, according to research from New Philanthropy Capital.⁵⁴ Local Home-Starts have been no exception in their work with local authorities, funders and other voluntary groups to address the needs of families. They have been strengthening collaboration between organisations, and fostering a powerful sense of shared purpose.

Local Home-Starts have been agile in their responses to the pandemic, many moving swiftly to find new ways of providing support. These included:

- Providing support online or by telephone.
- Offering doorstep visits.
- Setting up walking or outdoor groups.
- Working with food banks and baby banks to help deliver essentials.
- Supporting families to quickly access what they needed to adjust to new circumstances.

Throughout the last year, Home-Starts came together as a community to support one another, to maintain focus, to learn about what is working and what isn't, and to attend to resilience and wellbeing within our own membership as funding issues arose and the real risk of burnout developed. Our own infrastructure has been tested and has risen to the challenge, and we have learned about what we need to strengthen and secure that resilience for the future.

- By December 2020, our COVID-19 emergency appeal had raised £178,000, which had been distributed to 167 Home-Starts. The funds were used to secure essential supplies for families, such as food, baby supplies, equipment and technology for staying connected. They were also used for the technology needed by Home-Starts to support families remotely.
- Our Power-Up project offered targeted support to 55 Home-Starts to build their fundraising capacity during the pandemic. Five fundraising associates were recruited and fielded, raising over £1.2 million: a return of over £29 for every £1 spent.
- The John Lewis Partnership's Give a Little Love campaign has allowed us to distribute £412,000 to 139 Home-Starts to fund family support activities, family essentials and the means to access support



(data, phones and other devices), warm outdoor clothing, toys and games for children. This funding also allowed Home-Start UK to launch targeted volunteer advertising campaigns, which ensured that 2,317 volunteers were referred to local Home-Starts, and to distribute 5,000 donated items of brand new warm winter clothing.

- Thanks to £150,000 of short-term investment from the Scottish Government Winter Fund, our local Home-Starts across Scotland were able to invest in a boost of support for the families they were already connected with. This extra support focused on tackling loneliness and isolation.
- We developed a series of wellbeing webinars, a Home-Start wellbeing at work plan and a national pilot of facilitated reflective work discussion groups for practitioners. These initiatives aim to promote the emotional resilience of staff who have been undertaking the complex tasks of engaging with distressed families, changing working practices, and supporting organisations during a pandemic.

One of the strengths of being a federated network is in the connections that local Home-Starts have with one another and with Home-Start UK, which afford us opportunities to strengthen our impact, support one another, share resources and identify needs.

3.7 The digital pivot

Being in lockdown has helped with bonding with my baby as we haven't had many visitors, and also has helped with my breastfeeding journey. I have found it difficult to know when it is OK to let my baby mix with other people, and I worry that he might not be as sociable due to COVID restrictions and everyone apart from our support bubble having to be social distanced. I did also find it quite lonely in the first few weeks, as I don't know many people in the area, and there weren't any classes. Things like the Home-Start baby bistro on Zoom have been great to speak to other mums but it's not the same as meeting in person. However, now that things are opening up again I hope that we will be able to get out and about more to meet other mums and babies.

A mother, 34 years old, from the North of England, with one child under one year old. She is mixed race and lives with her partner. She preferred not to state her annual household income.

Technology has been valuable for enabling us to maintain relationships and connections while adhering to public health measures. It has enabled our services to adapt in agile ways to continue to offer Home-Start support to families. However, although digital tools and the shift to online ways of working have been helpful for many, certain groups are at risk of being excluded. Lack of access to technology, data or suitable environments in which to use technology is preventing people from connecting with friends and family and from accessing education, information, advice and support.

Simply having available tech does not automatically lead to access, as those with digital devices may have varying degrees of digital literacy. With that in mind, we have worked hard to address issues of digital exclusion and confidence in using digital communication channels among our volunteers, our practitioners and the families we work with.



HOME-START WIGTOWNSHIRE

Home-Start Wigtownshire were able to provide laptops and printers for families who needed them, while using technology to provide their existing services. Over the period of lockdowns, they made 936 online and telephone contacts with families, and 289 online and telephone contacts with volunteers.

For some of the families supported by Home-Start Wigtownshire, who faced a number of challenges in their daily lives, receiving digital equipment gave them support in multiple areas – keeping them connected, giving them access to emotional support, enabling children to keep on with schooling, and ameliorating some of the negative impacts for families who had suffered drops in their income due to the pandemic.



“As a staff team we knew our families had mobile phones but did not fully appreciate how difficult it was for families to have the same opportunities as others, particularly around education and keeping in touch.”

Manager, Home-Start Wigtownshire



Being home for five months with three children, one of whom has SEND, not getting any break or help. Constant financial worries, trying to juggle home-schooling when we didn't have access to appropriate devices, lack of support or understanding from school.

A mother, from the North of Scotland, with a four-year-old child and at least one child over age six. She is White and lives with her partner. She preferred not to state her age or her annual household income.

I moved to a new area when I had my baby. Lockdown made my postnatal depression worse as I didn't know anyone. My partner lost his job which meant money has been a worry also. I am trying to make friends but it is very difficult with all the lockdowns, and I don't like Zoom so I haven't gone to any online groups.

A mother, 29 years old, from Northern Ireland, with a one-year-old child. She is White, she lives with her partner, and their annual household income is £16k or under.

HOME-START KERNOW

Home-Start Kernow now offers digital baby groups, toddler groups, twins and multiples groups, parent-to-parent support, and sessions for expectant parents. Two families at either end of the county had twins in lockdown. Both fathers had been sent home quickly after the birth and the mothers and babies were left in hospital for several days, facing the difficulties and delights of new parenthood to twins, in an isolated room, with no visitors and only minimal support allowed from the staff. These parents and babies attended Home-Start Kernow's twins group and discussed their shared experiences.

You could see some of the traumas they were feeling visibly disperse as they both agreed they had "got through it and were happy to be at home" and realised they were not alone in their journey. Since then, they have both been immersed in the twins family network and through this peer support they have learned from one another about dual nappy changing, feeding, sleep, toys and play, with a wider pool of twin families throughout Cornwall.

Before the pandemic, Home-Starts in many areas were already exploring digital services as a way to overcome geographic or other barriers for families. The rapid expansion of digital services over the past year has turbocharged this exploration into new ways of working. It has also necessitated careful consideration of the balance of benefits and risks, especially for those working in a relational way.

Mental health is already bad ... worse now ... my appointments are online ... don't like it and hard to get peace and no privacy to talk to counsellor.

A mother, 33 years old, from Northern Ireland, with one three-year-old child. She is White, she is a lone parent, and her annual household income is £16k or under.

A long-term increase in reliance on digital technology may improve access to services for many people. However, it may exclude or create barriers for people who choose not to – or cannot afford to – invest in technology, and for those who prefer ‘traditional’ methods of accessing certain services. It is important to consider people with additional needs and people whose access depends on family factors, and to provide support or make adaptations to ensure that vulnerable people have the equipment, internet connection and skills needed.

It is also necessary to consider whether digital technology will offer the most effective engagement with a family and ensure that any digital pivot does not replace opportunities for face-to-face contact.

For some parents and volunteers, technology may hinder their ability to trust and develop rapport, but others may feel more comfortable with meeting remotely. However, this can mean Home-Starts feel they ‘must’ offer digital services, even when they have concerns that it is not always appropriate to do so. For example, in an initial meeting with a family, or where there are safeguarding concerns, it can be difficult to observe the behaviours and interactions that help inform assessment, such as body language, interaction with children and the home environment.

HOME-START CAITHNESS

Home-Start Caithness began their digital engagement project in 2019 by surveying families about the digital platforms they would prefer to use. This led them to establish a closed Facebook group. They began to offer volunteer-led peer support by text and started to build more engagement around their Facebook page.

They offered some digital resilience training to volunteers and included some online training in their volunteer preparation course, with both interventions focusing on online safety. In 2019 they offered an online summer programme, sending out packs of activities for families over the six weeks of the summer holidays, with 25 families and eight volunteers taking part.

Caithness staff wrote: **“Developing our Facebook posts has been really worthwhile, which is building a community that people can trust. In a rural isolated community trust is everything and we know it develops slowly.”**





HOME-START HOST

Home-Start HOST used to provide home-visiting from a community volunteer workforce, but in recent times they have had to support vulnerable families using phone or video calls. This makes it harder to start new relationships with families and more difficult for volunteers to pick up the cues that help them to help families.

Volunteers are less able to see the effects of their work, and this has had an impact on recruiting and retaining volunteers. COVID-19 has also affected relationships between HOST and public sector services, such as health visiting and social work.

These relationships play a vital role in families getting the help they need. A series of events facilitated in November 2020 by Professor Deborah James of Manchester Metropolitan University as part of the Economic and Social Research Council Festival of Social Science explored the impact of digital delivery on volunteers and families, volunteer co-ordinators, public sector workers and community services. Participants' stories from home and work life in the context of COVID-19 were gathered in four locality workshops (Oldham, Tameside, Stockport and Bolton).

Dr Emma Swift from Manchester Metropolitan University reviewed the recordings of the locality workshops and presented her analysis. She drew out eight ideas that participants had explored as being useful when considering "What makes a good digital home visit?"



Set the environment: Consider the framing of your camera: does it look warm and inviting? Consider any visuals: a cup of tea, pens and notepads as props. Consider your posture and non-verbal communications; try to relax. All these things can help break down hierarchy.



Create time to talk: Use mirroring and non-verbal communication over video calls, provide affirmation or reassurance over the phone. Offer to call back at a time that is more suitable if the parent appears unable to talk for some reason.



Listen for openings: Enable parents to paint a picture of their world; ask them to describe things. Listen to the pictures they are painting themselves and have them clear in your mind. Try to make the unconscious conscious – try to pick up on the little things.



Self care: "You have to work out how to best protect yourself as well... If you're speaking to 3, 4, 5 families, you can hear many traumatic stories from each of them... you can't go from one call to the next if you're not able to recover."



Be flexible: You can offer telephone or video calls. Some families may not want to have their camera on, but could you leave yours on to build up a connection? "Families don't want to do video calls, they just want to do it over the phone".



Consider yourself the welcome visitor: Consider yourself as a 'welcome visitor' for the family whether in person or on digital visits. You can try to replicate the welcoming interaction that you would have face-to-face in an online context.



Build confidence: It is important to build your own confidence and that of the family you're working with. Have confidence in the technology you are using. "Anything you can spot that's positive is really good and that'll give mum so much confidence."



Support each other: Keep in contact with families and colleagues, both formally and informally. Have regular team meetings. Have regular meetings with a manager. All of these reduce pressure and provide reassurance in these challenging times.

3.8 Play and playfulness

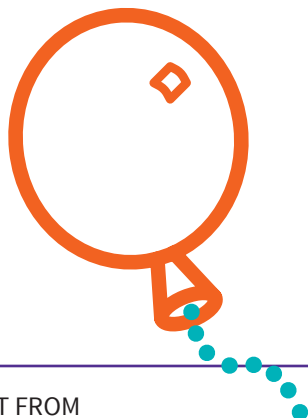
The pathway to secure attachment in children is sometimes framed through the lens of parents being “bigger, stronger, wiser and kind”,⁵⁵ and recognises the important role that parents have in supporting their child’s developmental progress, alongside the things that can get in the way of this for parents.

This lens also recognises the fundamental place of play and playfulness along this pathway, whether that is the patience, curiosity and kindness a relaxed parent is able to bring to the interactions with their child; the rough and tumble of ‘horse-play’ that arises more safely and more easily within secure relationships; the imagination and creativity that are fostered by attuned relationships; the good-humoured responses that a parent whose own resources are topped up can offer to a child who has overstepped the mark; or the much-needed understanding they can bring to a child who has experienced a small but nonetheless crushing defeat. All of this is more difficult in circumstances of adversity and stress.

As we move towards recovery from the pandemic we must include a focus the importance of play, of fun, of humour and of joy, even just for moments, and no matter what the challenges a family are facing. This is often difficult for parents when they are overstretched and their own resilience is low.

Research from Great Ormond Street Hospital⁵⁶ noted that like other pandemic-related experiences, what has happened to play has been very different depending on family circumstances.

Our own research with parents highlighted the impact of the pandemic on play and, importantly, on parents’ concerns which need to be addressed. Despite some parents having more opportunity to play with their children, there were nevertheless widely held worries about behaviour, boredom, increased use of devices, or, conversely, the struggles of digital poverty, and the impact of the lack of social opportunities for children.



Parents we surveyed told of their concerns around their children’s experiences during the pandemic. For some, there was a positive impact on play:

- **A third (35%)** of parents saw an increase in their child playing or interacting with them.

For many, there were significant challenges:

- **Almost half (46%)** of parents cited managing children’s behaviour as one of their biggest challenges.
- **Two-fifths (42%)** of parents were finding it a challenge to have fun with their child.

Among parents of three- to five-year-olds:

- **Over three-quarters (79%)** felt their children were needing their attention more than usual.
- **A third (64%)** stated that their children were using devices (mobile/laptop/tablet) more than usual.

Play is often considered as something just for children, which sits outside the serious business of learning. An emphasis on being ‘school ready’ can disregard the centrality of play in children’s development and overlook the importance of play in developing the very skills and capacities that will help children to engage in learning.

In times of uncertainty, when schools and workplaces have been closed, friends have been separated and families isolated, play, for some, has been an essential way to stay socially connected and to bring light and laughter into family homes. However, the lockdowns and restrictions have curtailed access to play spaces and opportunities for social play.

He’s really struggled with the non-interaction when at parks etc. to the point now where if someone says hello to him he will hide behind me.

A mother, 21 years old, from the Midlands, with a child under one year old and a child aged three. She is White, she is a lone parent, and her annual household income is £16k or under.

The act of playing allows children to conjure different worlds or situations and to engage with aspects of life that are worrisome, frightening, comforting or exciting. Play provides a space within which they can try out new skills, make mistakes, test relationships and try out identities.

All of this supports children to develop the kind of flexibility, skills and imaginative capacities that will help them to learn, to navigate life, to be open to new opportunities and to manage the challenges of the future.

During the pandemic, Home-Start volunteers and practitioners have had to find new ways to support parents to engage with their children through play, bringing much-needed joyful moments into the home.

We have found that the following approaches can support confidence and boost parents’ awareness of the importance of play – as well as their enjoyment of it.

- Sitting on the floor with a box of toys can help to engage young children in a video call.
- Dropping off activity packs or messy play materials.
- WhatsApp groups for play ideas.
- Sharing ‘tiny adventures’ on social media.
- Playing together in an online group.



HOME-START CYMRU

Prosiect Paratoi/Preparation Project is a unique service for families speaking English or Welsh in Denbighshire. The project brings specially trained volunteers together with families to support them in development and play. Before the pandemic, the volunteers would visit weekly for reading stories and playing games, and this has moved to telephone and digital support, with the aim of building parents’ confidence and enjoyment in playful interactions with their young child. When possible, the families are encouraged and supported to attend community facilities, such as libraries and swimming pools.

Distress, trauma and adversity in children's lives can inhibit their ability to play. As adults, we can feel inhibited about play for reasons often linked to our own childhood experiences and paucity of play. Additionally, the kind of stresses parents have experienced during the pandemic erode their bandwidth for playful curiosity, relaxation and joy.

Play is at the heart of emotional wellbeing, learning and good mental health. It is also an essential element of responding to the trauma of the past year, often overlaid on existing trauma, and as a society we neglect this to our cost.

Play can be a healing experience in the relationships between parent and child, fostering enjoyment and curiosity and enabling children to work through tensions and manage difficult or overwhelming feelings. Children and parents can discover good things about themselves and each other through moments of fun and laughter. Playful interactions offer unique opportunities for deepening understanding, strengthening relationships and healing within the family environment. Playfulness supports hope.

Home-Start have provided me with not only a service but a family. I feel as though I just have a huge bunch of extended family who welcomed me with open arms and helped me along in life with no judgement at all. Not only have I benefited from having them in my life but my son has too, he really enjoys having someone else there to play with especially on my bad days where I find it hard to get down and play. They have gave me all the help in the world with every obstacle I've come across as a parent in my time with them, they've even gone as far as helping me throughout the process of my child being tested for autism. They've done small things that have made a huge impact on our life in order to make things easier for us.

A mother, 22 years old, from the West of Scotland, with a three-year-old child. She is White, she lives with her partner and their annual household income is £16k or under.

HOME-START KERNOW

Alongside one-to-one support, Home-Start Kernow offers targeted group support for families experiencing poor mental health and isolation. During the first lockdown, instead of coming together for facilitated play sessions, Home-Start Kernow packaged up Arts and Crafts, Planting and Nature, Summer Fun and Safety packs and sent them out to the families so they could stay connected and supported and have some quality time together. They also provided these packs to families receiving home visits, as they recognised the practical and emotional benefits of receiving them.

As the restrictions extended, Home-Start Kernow offered an online Zoom group. These weekly sessions offered families a place to meet together virtually for singing, dancing and activities, with time for the children and adults to talk to each other. In particular, but



not exclusively, this benefited isolated single parents, who were unable to see any other people. One of them commented, "you are the only faces I have seen in six months".

The weekly group united them all, enabling them to share their experience of parenting during a lockdown and providing the magic of Home-Start's peer-to-peer support. This learning enabled Home-Start Kernow to develop their online groups and services to continue to support families during the subsequent lockdowns and restrictions, overcoming some of the geographical barriers Cornwall has always faced.

Watch Me Play!

All types of play can be helpful, but child-led play in the presence of a thoughtful and noticing adult can help children to express themselves. Letting the child take the lead can be challenging for parents and practitioners alike. Play involves children trying out and working through difficult feelings. It can be fun and at the same time an important opportunity to explore emotions. The Watch Me Play! approach provides a framework for thinking about children's play, promoting observation and engaging with parents in noticing. It can give parents confidence in being with their child in play, scaffolding their child's experience and exploration, and coming to learn something more about their child's feelings.

“After attending Watch Me Play! training myself I started to introduce it with one of our families and their volunteer. Having observed how Watch Me Play! worked, the volunteer was really interested about learning more and subsequently attended the next training session. Attending the training gave the volunteer the confidence to continue with Watch Me Play! with her family, which has had a very positive impact on them. Mum finds her two-year-old very energetic and at times finds it hard to manage his behaviour. During Watch Me Play! he becomes noticeably calmer and will sit and focus on playing. This in turn has a calming effect on Mum and she visibly finds joy in his discoveries and enjoyment. Seeing these benefits and the positive impact, the volunteer has now started using Watch Me Play! with another family with a baby of eight months”.

Kat Butler, Project Coordinator, Home-Start Butser

“Completing the WMP training last year has enabled me to have the conversations with families about the importance of play with their children, especially when to be involved and when to observe. Families I have spoken to find this concept of not taking over quite difficult. I have modelled a Watch Me Play! session which wasn't planned but the opportunity arose during a FaceTime call with a family where the children were quite fractious. Conversations with the parent later were very positive and reports that what I had done would be copied.”

**Practitioner, Home-Start Oldham,
Stockport and Tameside**

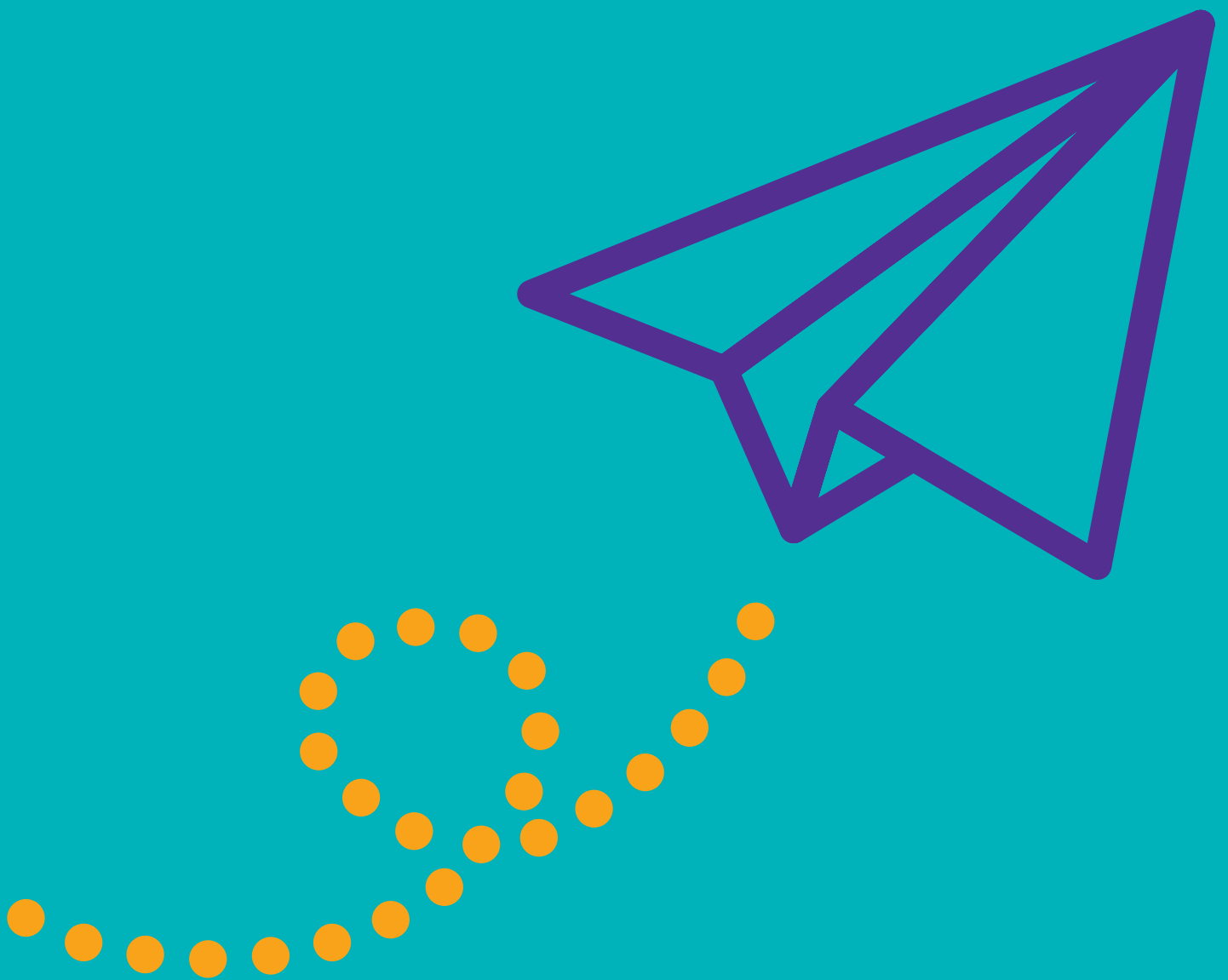


“Introducing the Watch Me Play! approach in Home-Start branches has been a very exciting initiative. It's been interesting to explore with staff and volunteers in different branches how they can apply the approach and learn with families about how this type of play-based support works for them. The discussions in the supervision groups have allowed me to understand more about the unique ways of engaging with families that Home-Start makes possible. Over time, the supervision groups are contributing to understanding about ways of introducing the approach to families, about online and face-to-face (including outdoor) work and about what is helpful and what can make it more difficult for families to do. I'm hopeful that as this pilot goes forward we will continue to learn together and that the work will be enjoyable and rewarding for families, volunteers and staff.”

**Dr Jenifer Wakelyn, Deputy Manager,
Lead Child and Adolescent Psychotherapist
FIRST STEP, Tavistock & Portman**

To find out more about Watch Me Play! visit www.tavistockandportman.nhs.uk/watch-me-play

Where now for families?



4 Where now for families?

In so much of the pandemic response across the UK, there has been a disappointing lack of strategic focus on the family and family relationships, on childcare, or on the early years. Because of this, we see an urgent need for greater ambition and clarity on families, babies and children as we begin to consider recovery. So much has been placed on hold, and child development is not something that can wait.

We have observed parental burnout and isolation, pressure on parental and child mental health, and the very real effects of poverty on families. Parents are worried about lost opportunities for play and socialisation, and they are anxious because their children have missed out on so much.

At the same time, the insight gained during this remarkable period offers us hope for the future. The humanity, humility and care we have witnessed in communities gives us a clear steer for strengthening the resilience of families moving forwards. Based on this, we conclude with three calls to action that we believe should inform our societal response for families and children.

1. WE NEED TO BUILD BACK BETTER

This is a moment to fundamentally consider the re-designing family support systems in a coordinated way that places families and children at the heart, responds to the trauma of the pandemic, and makes up for lost time in terms of child development.

2. WE NEED TO BUILD BACK FAIRER

The pandemic has harshly exposed inequality that was there before, while magnifying it further. Our response to this must address these structural inequalities that contribute to poorer outcomes for ethnic minority groups, younger parents, lone parents and those on low incomes, and help rebalance the unequitable nature of caregiving.

3. WE NEED TO BUILD BACK KINDER

Our children truly are our future. Strengthening healthy relationships, nurturing and safe home environments, and kind, compassionate communities must be at the heart of our approach as we move forwards.

What happens next must reflect the impact of the pandemic and make the most of the groundswell of awareness about the challenges for families. There is not just a moral imperative to do things differently, but an economic one too. Investment in early years has been shown time and again to be a wise use of public funds, saving future spending by avoiding costs to the public purse that arise from poorer life outcomes. Making a difference for families makes a difference for society.



4.1 Building back better

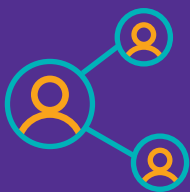
The range of services and systems available to families is broad, often fragmented and variable. Policy relating to family and parenting support in the UK is devolved to the respective governments across the four nations, and family support looks very different in different parts of the UK. Given the range of services and contexts involved in promoting positive outcomes for children, there is an urgent need for integrated approaches, overarching strategies, and clear and accountable leadership if we are to stand any chance of “levelling up” opportunities for all families.⁵⁷

In 2020, Home-Start UK joined with other charities to publish a set of overarching principles for recovery as we emerge from the pandemic.⁵⁸ This publication set out the key principles that should underpin a cross-government approach for children and families. In Scotland, *The Promise*⁵⁹ sets out 10 principles of family support, many of which are resonant with these principles too.

The recent *Best Start for Life* report,⁶⁰ arising from the UK Government’s *Early Years Healthy Development Review*, also signals a compatible direction of change to improve the landscape for parents with babies and young children.

The shared priorities that should shape family support and early years services across the UK, broadly speaking, include:

- **Early help:** Recognising the utility in prevention and early intervention to support families who find themselves struggling.
- **Integrated approaches:** Moving towards establishing integrated systems for commissioning and delivering services.
- **Focusing on wellbeing:** In particular on improving access to perinatal, infant and child mental health services.
- **Focusing on the outcomes gaps:** In particular on the role of early education and the home environment in relation to social mobility.
- **A parent-powered approach:** Family support should be re-designed and improved alongside people in a holistic way, over time, listening carefully to the strengths and assets of families and communities to harness the experience, knowledge and skills of parents and caregivers in communities.



Building vital social connections and informal support networks, particularly in the first 1,001 days.



Supporting families that public services struggle to reach, and connecting these families to other professional services they might benefit from.



Bringing in parents' voices and ideas so that local family support services are more responsive, innovative, authentic and trusted.



Achieving positive impacts on both children's and parents' outcomes.



Preventing costs to public services.

Adapted with permission from *Parents helping parents – Because it takes a village to raise a child* (Nesta 2020).

At Home-Start we are ready to play our part in shaping this new landscape to the benefit of families across the UK. Home-Starts build and strengthen vital social connections. We reach the families who might not otherwise engage with statutory services, and we form a bridge in practical and emotional ways. We listen to parents and respond to what they are telling us, and all the time we are striving to hold the child in mind, reflecting back to parents their important role in their child's world, the positive differences they can make, and the moments of joy and shared connection they create.

I came into lockdown with a prem baby fresh out of hospital with severe birth trauma having to be confined to the home I nearly died in, with all support and health visitor services cut off without warning, without Home-Start my depression and anxiety would probably have ended with me unable to care for my children, I'd be a lot worse off mentally and prob the breakdown of my relationship. They have literally been my only lifeline that's kept me and my children going thru this last 14mths.

A mother, 37 years old, with a one-year-old child and a three-year-old child. She is White, she lives with her partner, and their annual household income is £30k-£60k.

- The range of services and systems available to and impacting upon families is broad and often fragmented. 'Levelling up' must involve a focus on the crucial infrastructure supporting family life.
- Parents in our survey told us about the vital lifeline offered by Home-Starts across the UK. Public services often struggle to reach those most in need, and years of austerity have pushed services to concentrate on firefighting when difficulties are more urgent and problems more entrenched. Home-Start support strengthens connections within communities and acts as a bridge to other services.
- As part of a joined-up, multidisciplinary range of services for families, our approach of people helping people in a holistic way, over time, working with each other to identify needs and wants, and harnessing the experience, knowledge and skills of other parents and caregivers can make a real difference.
- There must be sustained and thoughtful investment in public services, charities, communities and families to strengthen resilience and to support recovery in the wake of COVID-19. We need to build services framed by overarching principles for recovery that support and enhance the caregiving capacity of parents so that all children can receive nurturing care and thrive, not just survive.



BUILDING BACK BETTER MUST START WITH FAMILIES

Our kind of parent-powered support – which builds upon parents' assets, strengthens core skills, celebrates relationships, fosters connections, and reduces sources of stress – can play a crucial role in moving towards recovery and resilience.

4.2 Building back fairer

The pandemic has magnified existing disadvantages, widened and deepened inequalities, and brought new challenges to families who previously have not required support. Context matters when it comes to parenting, and the multi-layered impact we have seen includes reduced access to food; the loss of informal and affordable care; reduced support for emotional wellbeing and mental health; and lost opportunities for children to develop social skills.

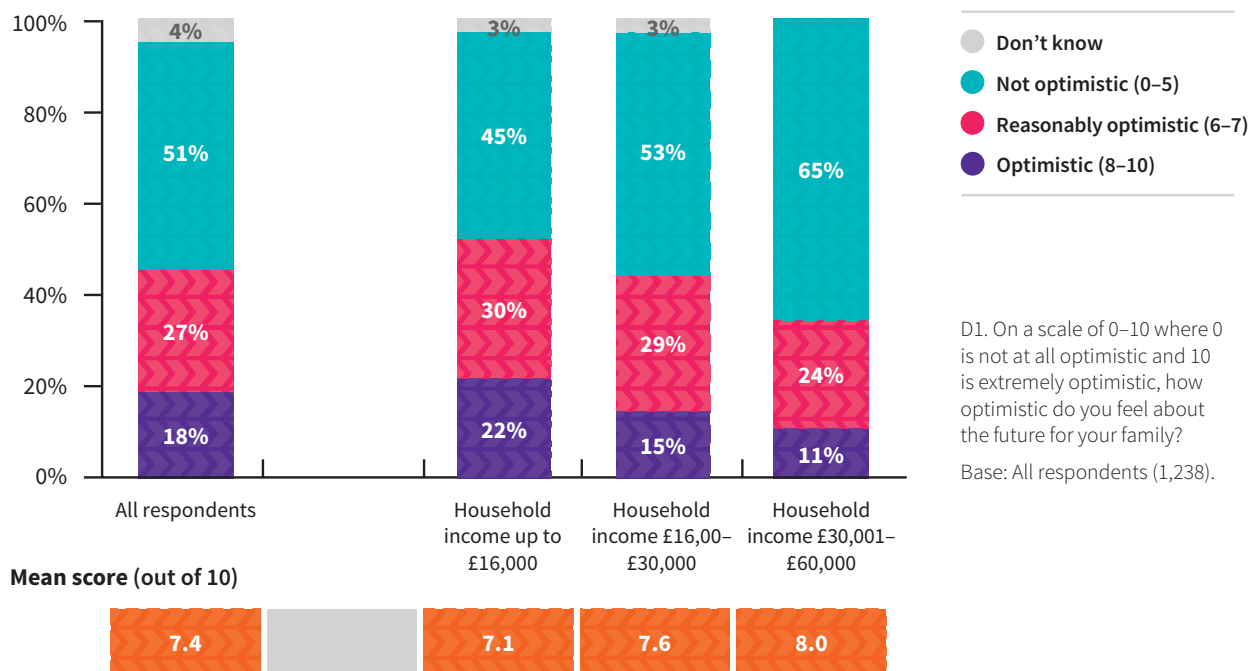
On aeroplanes, the instruction for parents is always clear: sort out your own oxygen mask before helping your child. Yet with family support, there is never the same attention to the way in which multiple stressors and inequalities restrict a parent's capacity to care for children. It is more of a case of blaming parents for not having any spare oxygen.

The needs and contexts of children under five and their parents are well described in research and a developing policy landscape across the UK.⁶¹⁻⁶⁴ Yet despite the knowledge that parental involvement has a greater impact on children's development than any other factor, too often parents are not getting the support that they need, or they are parenting in contexts which militate against this essential involvement.

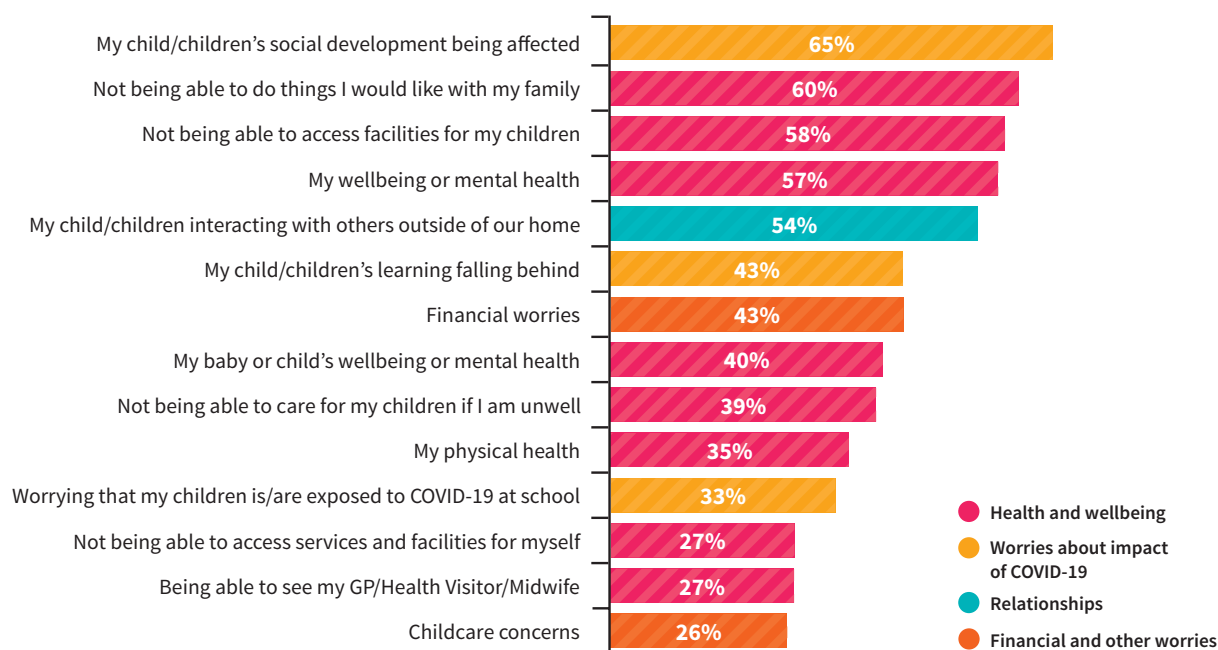


Almost all of the parents in our survey are concerned about the health and wellbeing of themselves and their family.

Optimism for the future



Main concerns/worries for the year ahead*



D2. Looking forward to the year ahead, what would you say are your main concerns? What are the things that worry you? (prompted list)
 Base: All respondents (1,238). * Displaying all concerns experienced by at least 25% of respondents.

Parents in our survey made clear that their worries for their children came before concern for themselves, a finding echoed in research for the Royal Foundation.⁶⁵ To respond to this, we must not simply restore our depleted services and struggle on with old ways of working. We must harness the voices of parents of all backgrounds that have been marginalised or previously ignored, and understand how we can build systems of support and services to deliver fair and meaningful assistance.

There are important questions for us all – from charities to funders, policymakers and those working in communities – as to how we take a braver, bolder step forwards to address the inequalities and systemic unfairness that can leave families behind. The barriers to access and availability of high-quality services for families must be addressed. ‘Building back’ and ‘levelling up’ will be no more than slogans unless these exposed inequalities can be addressed.

Most concerns are focused on children's development and wellbeing.

- In general, parents placed their concerns about their child ahead of worries about themselves, even though more than half (57%) were concerned about their own mental health.
- Parents' own mental health was the most common concern among those who felt that they had not coped well over the last year (72% cited this as a key concern in contrast to 56% of total sample).





Our research told us that parents place concerns about their child ahead of worries about themselves, although more than half of all our respondents were concerned about their own mental health.

Parents' own mental health was the most common concern among those who felt that they had not coped well over the last year. Coping showed a clear gradient along income lines, with those on the lowest incomes more likely to feel that they were not coping well.

It was notable in our research that those on the lowest incomes were also those who felt least optimistic about the future.

BUILDING BACK FAIRER MUST START WITH FAMILIES

These data are not simply about the 'poorest' but reflect the inequality of security – that fundamental safe base for families that comes from access to affordable and stable housing, not being hungry, being able to meet basic needs, access to quality facilities and services, and not experiencing additional adversities arising from trauma and discrimination.



4.3 Building back kinder

We have described in this report the central importance of trusted relationships between families and Home-Start volunteers and practitioners. Kindness is a core essence of what we offer to families when providing practical, financial and emotional support. But focusing on kindness is not just a ‘soft touch’. The fundamental re-shift we have seen during the pandemic needs to continue in the form of more relational support for families, as is so well articulated in Hilary Cottam’s *Radical Help*.⁶⁶ This requires listening and responding to the voices of families, recognising the nurturing they need to, in turn, nurture their children.

Parents supported by local Home-Starts are passionate about the difference that their involvement with Home-Start has made. Many go on to become volunteers themselves or progress to join staff teams; others go on to continue their advocacy and build their voice in other settings. The responses from parents in the research for this report, as well as to the earlier *Babies in Lockdown* report, highlight both the urgency in their stories and their determination to have their say. (Almost half of the parents we surveyed expressed an interest in participating in follow-up contact to share their experience and help others.)

What has happened to families, and the strengths they have demonstrated – rather than what is wrong or what is lacking – need to be the lens through which the wider system of family support is organised, as so well demonstrated in the principles of asset-based community development described for example by Cormac Russell from Nurture Development.⁶⁷ Rebuilding connections, and hope, for those with ‘lockdown babies’ and for parents with children in their earliest years, when the contexts and environments within which they live are so crucial, is essential. The importance of connection, and of relationships, is a golden thread running through the work of local Home-Starts and

our humble contribution to building back kinder. As we have demonstrated in this report, this focus on kindness should include the a central role for play, fun, humour and joy. Research from Great Ormond Street Hospital⁶⁸ noted that like other pandemic-related experiences, what has happened to play has been very different depending on family circumstances. The distress, trauma and adversity of the pandemic has in some circumstances inhibited children’s lives and their ability to play. So we urge that play is also prioritised in a kinder recovery.

Charities and civil society have a key role in supporting building back kinder, but our final observation is that the role of charities needs careful attention and support. Charities have experienced serious impacts on income and fundraising. Many have seen erosion of their armies of brilliant volunteers – particularly among older people – and the financial aftershocks of the pandemic for the third sector will be profound but have not yet fully been felt. For charities and civil society to fulfil this role – which we all seek to do – their work will need to be underpinned by system-wide recognition, funding and infrastructure. Home-Start, for one, is ready to play our part.

Home-Start have been very helpful to us. I am always grateful for the help that they kindly give to our family.

A mother, 30 years old, from the North East of England, with one four-year-old child. She is Asian or Asian British, she lives with her partner, and their annual household income is £16k–£30k.



Home-Start has long been described as a family. The centrality of relationships in our work facilitates the building of bonds and connections, recognising the strengths and assets within and between individuals, and enriching communities. Our approach is founded upon the openness, curiosity and kindness, without judgement, that we believe are the catalysts for change.

The voices of families, their experiences, their desires and hopes and their challenges shape how Home-Starts engage with families. Contemporary family life, new challenges, old barriers and widening inequalities mean we must listen to the voices of the families we are alongside, and listen out for and learn from the seldom-heard voices of those we are not.

The pandemic-related events of the past year have curtailed access to play spaces and opportunities for social play, elevated a focus on 'catch-up' for missed learning, and understandably heightened parents' concerns about the impact of reduced opportunities for their child's social interaction and socialisation. Play offers vital opportunities for addressing these concerns and attending to trauma, and it must not be relegated to an afterthought in practice or in policy responses to the pandemic.

What has happened to families, rather than what is wrong with them, needs to be the lens through which we view our responses as individuals, as organisations and as policy makers. What has happened to 'frontline' organisations and to the dedicated people who serve families in formal and informal ways within communities must also be recognised if we are to build thriving communities in the coming years.



BUILDING BACK KINDER MUST START WITH FAMILIES

The principles of supporting responsive relationships, strengthening core life skills and reducing sources of stress in families' lives are the golden threads running through the work of local Home-Starts. They are founded on the humility, humanity and humour first highlighted by our founder in 1973, and they are woven through the ordinary day-to-day interactions between our families, our volunteers, and our staff across the Home-Start network. This is our contribution to building back kinder.

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A NOTE ON THE TITLE

The title of this report is borrowed from a gifted and creative psychoanalyst, D. W. Winnicott,⁶⁹ who in his lifetime made lasting contributions to our understanding of the development and the minds of children.

Winnicott recognised the importance of a facilitating environment and of play for children’s development. He also acknowledged the ways in which experiences of insecurity, neglect and abuse are communicated through behaviour – often the ‘bad’ behaviour that challenges parents, services and society. He put forward that ‘the ordinary good-enough mother’ need not be perfect and would inevitably make mistakes in the care of her infant. He observed that parenting could be characterised as a ‘succession of failures put right’, as the moment-to-moment interactions between caregiver and baby would see parents tuning in to the baby and making adaptations and adjustments in the serve and return of their exchanges.

This idea of the ‘good-enough mother’ has offered solace to parents ever since Winnicott coined the expression. This compassionate understanding of the importance and the challenges of early relationships, and the ordinariness of emotions, sits at the core of the Home-Start work with families.

Annex

Methodology

Home is where we start from aims to shine a light on the Home-Start approach, the issues that families are facing, the work of local Home-Starts and the voices of families who have been given a lifeline by the work of Home-Start.

The findings and recommendations in this report arise from a combination of analyses based on a review of the evidence, an online survey conducted with parents who have received support from Home-Start, and information gathered from discussions with local Home-Start managers and frontline staff, along with contributions from allied professionals and data from national projects conducted over the past year.

Survey of parents

As part of the research for this report, we commissioned Critical Research to undertake a survey of parents who have been supported by local Home-Starts.

The main objective of this research was to gather the experiences of parents with at least one child aged 0–5 years. An open invite to an online survey was sent to parents who had received support from a local Home-Start in the last year.

- The survey was open from 6 April to 26 April 2021.
- The survey was a 15-minute questionnaire, which included some free-text responses.
- We received responses from 1,238 people supported by approximately 125 local Home-Starts.
- The free-text responses were analysed qualitatively.

The commentary notes significant differences* (at the 95% confidence level) by nation, age and other key groups where sample sizes allow.

The vast majority of respondents (97%) were mothers, with only 2% being fathers or other co-parents of children 0–5 years old. This is an over-representation of females in our sample population in relation to the UK population. The mix of respondents might be understood to reflect the nature of Home-Start support and channels of dissemination through our network of local Home-Start organisations, alongside the self-selection in respondents who then responded to our survey link. 1,110 respondents completed the survey via a mobile phone and 128 via a desktop PC or tablet.

It is important to note that there are significant inconsistencies in how demographic data for pregnant or new mothers; new fathers and other co-parents; and parents of children aged five or under are collected by public services across the four nations. This limits the ability to create a comprehensive comparator for most variables; therefore applying weighting to reflect these profiles by nation may not give an accurate representation of results. This is especially true for the ethnicity of pregnant or new parents, as there seems to be a significant variation in how data is collected from different health entities across the four nations.

Due to the nature of our respondent population and pandemic-related issues impacting on access to up to date demographic data for the cohort of parents supported, who are by definition not representative of the UK population as a whole, we chose to take a closer look at the unweighted data in an attempt to understand the impact on individuals in more

*The total sample size for the survey was 1,238. The unweighted sample size by nation was: England, 634; Scotland, 290; Wales, 68; NI, 153.

We have not interviewed the whole population, therefore results are subject to sampling error. This means that results have a range of error which varies according to sample size and the result. We have identified significant differences at the 95% confidence level. This means that 95 times out of 100 we can be confident that the result will lie within the range of error: for a result of 70% on a sample size of 1,000, 95 times out of 100 the result will fall between 67% and 73%; for a result of 70% on a sample size of 100, 95 times out of 100 the result will fall between 61% and 79%.

detail, using available national-level data for context where possible (Table 2.) The study biases that arise from analysing an unweighted sample must be acknowledged in the report findings. The data has been analysed by relevant demographic factors to increase the accurate representation and understanding of the findings, and deeper insights were captured through the qualitative data in quotes from participants. The decision not to weight the data may have an impact on contextualising the survey findings at a population level, and the profile of respondents may differ from the profile of those supported by Home-Start across the UK.

Ethnicity

Of the survey respondents, 83% were White, with Black, Asian and minority ethnic groups making up 14% of the total sample and with some variation across the four nations. Overall, there were few significant differences by ethnic group; however, sample sizes were small (<100). Analysis of the survey findings includes exploring and accounting for the differences between groups and subgroups.

Geographic spread

ENGLAND	SCOTLAND	WALES	NORTHERN IRELAND
<ul style="list-style-type: none"> 38% lone parent 37% aged <31 41% with one child 73% child aged 0–2; 51% child aged 3–5 79% White ethnic group 84% English first language 45% household income 16k or less 	<ul style="list-style-type: none"> 38% lone parent 40% aged <31 35% with one child 73% child aged 0–2; 53% child aged 3–5 86% White ethnic group 86% English first language 53% household income 16k or less 	<ul style="list-style-type: none"> 56% lone parent 37% aged <31 30% with one child 68% child aged 0–2; 59% child aged 3–5 87% White ethnic group 87% English first language 51% household income 16k or less 	<ul style="list-style-type: none"> 26% lone parent 27% aged <31 34% with one child 76% child aged 0–2; 58% child aged 3–5 95% White ethnic group 93% English first language 35% household income 16k or less

Relationship status

According to ONS data, 61.4% of people in England and Wales were living with a partner in 2018. In this survey, those who were married, in a civil partnership, or co-habiting comprised 58% of respondents, with 38% being lone parents.

Household income

While we did not collect information on other indicators of socio-economic background, such as employment, education or home ownership, we did ask respondents for information about their household income. The largest number (46%) of respondents have an annual household income of £16,000 or under, with 21% having an income of £16,001–£30,000 and 12% having an income of £30,001–£60,000.

Demographic profile of respondents

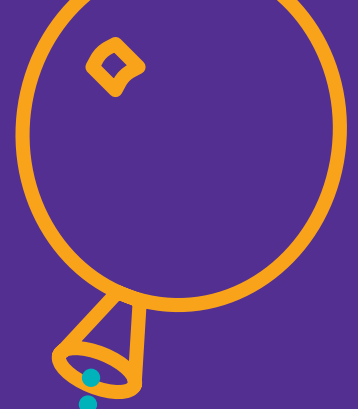
	Survey (total n=1238)	ONS
Mother/partner		
Mother	97%	
Father/Partner	2%	
Age		
25 or younger	13%	9.8%
26–35	51%	12.5%
36 or older	31%	
Prefer not to say		
Family profile		
Pregnant	5%	
Child aged 0–2	72%	
Child aged 3–5	53%	
Older children	25%	
Location¹		ONS
England	51%	86%
Northern Ireland	12%	4%
Scotland	23%	7%
Wales	5%	3%

1. Nation figures do not add up to 100% due to 8% in the sample not attributed to a particular location.

2. ONS figures relate to all UK adults unless otherwise specified. Our survey looks specifically at parents of young children who have been supported by Home-Start. While comparators are useful in terms of context, we would not expect figures to be similar to our survey population.

3. Maternity Services data set from NHS Digital.

	Survey (total n=1238)	ONS ²
Ethnicity		England and Wales*/ ONS
Asian	5%	9.7%/7.5%
Black	4%	4.2%/3.3%
Mixed	4%	1.9%/2.2%
Other	2%	4.1%/1.0%
White	83%	65.6%/86%
Not known/stated		14.6%
English as a first language		England and Wales³
Yes	86%	59%
No		14.8%
Prefer not to say		26.2%
Relationship status		ONS
Living with a partner	58%	61.4%
Lone parent	38%	14.7%
Prefer not to say		
Annual household income		
£16,000 or under	46%	
£16,001–£30,000	21%	
£30,001–£60,000	12%	
More than £60,000	14%	
Prefer not to say	17%	



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