The power of volunteers

A volunteer programme that gives support to vulnerable families demonstrated that a small investment in training and support can bring about enormous change. **Pauline Lee**, **Sarah Cook** and **Catherine Mee** explain more.

Being a new parent can be tough for anyone and even more so when there are mental health needs. When a 2012 review of the integrated parent-infant mental health (PIMH) care pathway in Tameside and Glossop indicated that more support was required for parents at risk because of mild to moderate mental health needs (Lee and Mee, 2015), a partnership approach was adopted. Although there was professional support available for these parents, it was limited and some families are reluctant to seek help because of a perceived stigma.

We decided we needed low-level individual support for parents to help them along the five ways to wellbeing (New Economic Foundation, 2008), to promote the development of positive parent-infant relationships, and to engage families with local children's centres and other community provisions. This type of proactive parental engagement and support would mean that specialist resources were used more appropriately while promoting long-term community support networks. So Home-Start Oldham, Stockport and Tameside (HOST), the Tameside and Glossop early attachment service (EAS) and Tameside health visiting service developed enhanced training for volunteers.

Volunteers' contributions are vital, and not just because they offer a way of increasing manpower for very little cost. The support given by volunteers is unlikely to be achieved by an equivalent number of paid workers, simply because the nature of the relationship with the family is peer-to-peer, rather than professional to family. This brings huge potential benefits in terms of trust, the ability to engage families who are less willing to be involved with statutory services, and the possibility of developing a relationship with the family, which can make it more likely that positive change can occur in the future (Institute for Voluntary Action Research, 2016).

In Tameside and Glossop, there is a comprehensive and cost-effective PIMH provision of services led by EAS. The new support need that had been identified seemed like an ideal opportunity to develop a partnership project with HOST, in which HOST volunteers would be given purpose-designed training on fostering sensitive and responsive parent-infant relationships.

VOLUNTEERS

Home-Start recruits, trains and supports volunteers, who are parents themselves, to provide weekly home visiting support to families who have a wide range of needs, and at least one child under the age of five. In 2014, HOST appointed a new PIMH coordinator, funded by the clinical commissioning group, to work in close partnership with EAS. Through this partnership, the EAS has been able to offer regular individual and group supervision, specialist training and development opportunities to the PIMH coordinator and the Home-Start coordinators.

The PIMH coordinator acts as a conduit. She benefits from being a part of the EAS team and brings the knowledge and learning from this into the wider Home-Start team. Equally, the EAS team can understand the full potential of using volunteers to support the development of the parent-infant relationship. The EAS has gained confidence in the support that can be offered by non-clinical staff, thanks to being involved in the high quality of training and supervision given to volunteers.

The existing Home-Start training gives volunteers a 10-week preparation course before being matched to a family. Once matched, the volunteer will visit the family for two to three hours a week and offer a wide range of practical help and emotional support. This is overseen by Home-Start coordinators, who review the support given to each family to ensure that existing needs, as well as any new ones, are being met.

The enhanced PIMH training was provided in addition to the preparation course over four days. It draws on theories from attachment, infant development, psychoanalysis and neuroscience. It focuses on pregnancy through to six months of age from the varying perspectives of the parent, the infant and the parent-infant relationship. It covers the importance of early

brain development, perinatal mental health, reflective functioning, the Solihull approach, newborn behavioural observation, emotional development of the baby, risks in relationships and the concept of 'ghosts in the nursery' (Fraiberg et al, 1975).

The training is delivered through an experiential approach where information is shared and volunteers are encouraged to share their thoughts, feelings and experiences. The arena of PIMH is particularly emotive and inevitably stirs up thoughts in all of us about how we were as infants and children, how we were parented and how we parent our own children. The training is given by three professionals – the PIMH coordinator from HOST, a health visitor and an EAS specialist – to make the most of their diverse knowledge. Many of the concepts that are discussed are experienced live during the training, such as mirroring of emotions and containment.

The training translates theory into practice through the use of group exercises, bringing in various resources – such as keepsake books and dream catchers – and encouraging volunteers to think about how these might be used to support the parent-infant relationship. Volunteers give feedback at the end of each training session, verbally and via Post-it notes, to allow facilitators to gauge how the session was experienced and what needs to be adapted or considered in the following session.

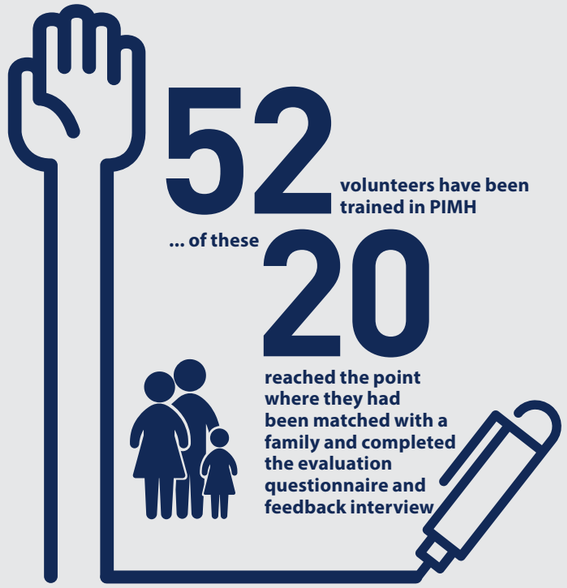

TABLE 1: COMPARISON OF PARENTS' RATINGS OF THE TWO GROUPS OF VOLUNTEERS

		MEAN SCORE†		P*
		ENHANCED TRAINING	NORMAL TRAINING	
1	They helped me with my own problems	3.00	2.46	<.05
2	They helped me build a relationship with my baby	2.85	1.96	<.01
3	They helped me understand baby states	2.35	1.23	<.01
4	They helped me understand the importance of brain development	2.60	1.35	<.01
5	They helped me with soothing my crying baby	2.75	1.59	<.01
6	They helped me with feeding my baby	2.70	1.65	<.01
7	They helped me with my child's sleep	2.70	1.50	<.01
8	They helped me with coping when things were difficult	2.90	2.60	<.05
9	They helped me recognise baby stress signs	2.25	1.08	<.01
10	They helped me realise how important my relationship is to the development of my baby's mind	2.70	1.46	<.01
11	I feel more confident about my ability to care for my baby	3.00	2.01	<.01
12	I valued the fact that the volunteers were parents themselves	3.00	2.89	Not sig
13	They helped me realise how much my baby has a thinking mind	2.65	1.39	<.01
14	I felt the service was unable to meet my needs	1.00	1.00	Not sig

†**Scoring on the questionnaire:** Certainly true = 3, Partly true = 2, Not true=1, Don't know = 0 *Mann-Whitney U test

SUPPORT

The families are offered a tailored package of intervention dependent on their individual needs. This could involve supporting the development of the parent-infant relationship through reflective functioning of the parents, increased intuition with their baby's communication cues and helping parents think about their babies' thought processes. The PIMH coordinator matches a PIMH-trained volunteer with the family to follow an action plan that has been agreed by the family, volunteer and coordinator.

To ascertain the difference that the enhanced training made, we devised a simple questionnaire that all families, regardless of whether or not they had a PIMH-trained volunteer, would complete at their six-month review and at the end of their Home-Start support. All families with a child of two years or under, or expecting a baby, were asked to complete the questionnaire. At the end of the enhanced training, volunteers were also asked to complete an evaluation.

At the time of writing, a total of 52 volunteers have been trained in PIMH. Of these, 20 reached the point where they had been matched with a family and completed the evaluation questionnaire and the feedback interview. The comparison group comprised 76 volunteers who were yet to receive the PIMH training, but had completed the evaluation questionnaire with a family.

The knowledge and confidence parents acquired under the two training regimes differed dramatically, particularly in issues around the relationships with their babies (see table 1). It was clear that the parents receiving a service from the specially trained volunteers felt more confident in building a good relationship with their infant.

Focus groups with volunteers, who were using their new knowledge in their work with families, revealed they had found the preparation course helpful, but the PIMH course had given them much more in-depth knowledge. They found the course to be very emotional at times, but it encouraged them to think differently about parent-infant relationships.

CONFIDENCE

The volunteers described how it had informed their work. One said: *'As I was doing the course, I was matched with a family where Mum had no maternal instincts. She ignored the baby. The course helped me to help her. I went back to the child to help her to see what the child needed. When the child does this, do that. She learned to react to the child. I wouldn't have done what I did without the course; it gave me confidence.'*

Another volunteer said: *'The family I am with have a four-year-old and a one-year-old. Mum has postnatal depression. I started the PIMH course and began to observe more and look at what the baby is telling us. I haven't been saying what to do, but just showing. I have noticed that the baby is now more independent, Mum is including the baby more and there is more interaction.'*

The evaluation demonstrated that a fairly short, targeted training course for volunteers could have a remarkable impact. For health visitors, there have been wide-ranging benefits. Networking and understanding of one another's roles and available services has improved, and this has helped support families. Some families have not engaged with health visitors and other agencies but have accepted the befriending approach offered by Home-Start volunteers. This can support families to engage with services when they are ready. Volunteer feedback reveals that, while they find it beneficial and rewarding to help families, the work can also have an emotional impact, which requires support to be available.

Best of all, the impact on parents' experiences has been even bigger than we could have hoped. We are optimistic that the relatively modest investment in time and expertise will bring real benefits to them, their children and the society in which they live. **CP**

KEY POINTS

- **Tameside and Glossop early attachment service aims to meet the needs of all parents, from those with a high level of need through to a universal provision**
- **Some families are nonetheless isolated and may also be reluctant to seek professional help because of a perceived stigma**
- **Volunteers are often more able to engage families who are less willing to be involved with statutory services**
- **A partnership project with Home-Start and health visiting was developed, in which volunteers were given a purpose-designed training around the fostering of sensitive and responsive parent-infant relationships**
- **Results showed that this short training course had a remarkable impact on parents' knowledge and confidence in building relationships with their infants.**

PAULINE LEE
Consultant clinical psychologist, clinical lead, Tameside and Glossop Early Attachment Service, Pennine Care NHS Foundation Trust

SARAH COOK
Chief executive, Home-Start Oldham, Stockport and Tameside

CATHERINE MEE
Clinical pathway lead, Children's Universal and Universal Plus services (Tameside Community Services), Tameside and Glossop Integrated Care NHS Foundation Trust

REFERENCES

Fraiberg S, Adelson E, Shapiro V. (1975) Ghosts in the nursery: a psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry* **14**: 387-421.

Institute For Voluntary Action Research. (2016) *Volunteering and early childhood outcomes: a review of the evidence.* Big Lottery Fund: London

Lee P, Mee C. (2015) The Tameside and Glossop early attachment service: meeting the emotional needs of parents and their babies. *Community Practitioner* **88(8)**: 31-5.

New Economic Foundation. (2008) *Foresight mental capital and wellbeing project.* Government Office for Science: London.

To view the full version of this research article, go to **bit.ly/CP_research_lee**