Better Start Bradford Innovation Hub

Family Action Perinatal Support Service Final Report NOVEMBER 2023

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford and Family Action Perinatal Support Service team.

The document provides an overview of the Family Action Perinatal Support Project, its performance and findings from the implementation evaluation including an interpretation of these findings by BSBIH. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB.

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Approved by:

Produced for Better Start Bradford

Executive Summary

Project Background

Data suggests that as many as a third of women in the Better Start Bradford area may experience anxiety and low mood during the perinatal period. This can impact on their ability to parent responsively which can have implications for children's social and emotional well being.

The Family Action Perinatal Support Service (FAPSS) provides emotional support to families during pregnancy and the first year of a child's life where a mother or primary carer is experiencing mild to moderate mental health issues. The project seeks to promote good maternal mental health by supporting women to access services through volunteer peer supporters. Families can also participate in therapeutic group work led by trained staff, which aims to improve parent/child attachment, create social networks and reduce social isolation. The project aims to reduce social isolation and symptoms of anxiety and depression, improve mother-infant interaction and responsive parenting and through this improve the social and emotional development of infants and the wellbeing of families. The project began delivery in the Better Start Bradford area in 2015 and is now in its third contract period. This evaluation and report covers the entire delivery from 1st April 2015 to 30th September 2023.

Evaluation Aims

As one of the first of the BSB projects, Family Action did not go through the service design process during initial commissioning or set up. The logic model for the intervention was not finalised until June 2017, so there was a period where the data requirements did not align with the logic model. The model was also adapted following the first contract period of the project, Subsequently, an evaluation was planned to establish what the needs of women who access the service are, what service they go on to be offered and access, and whether they stay engaged with the service. The evaluation also set out to provide a clear picture of project delivery, implementation and reach in recognition of the project being adaptive and further changes being made to the model at the start of the third contract period.

It was anticipated that once sufficient women had accessed the service and completed measures of anxiety and depression, a before and after evaluation would be possible. Unfortunately the data required for this type of evaluation is not currently in a usable format. However, the project are working to prepare this data and once it is received, the analysis will be undertaken and the report will be updated with those findings.

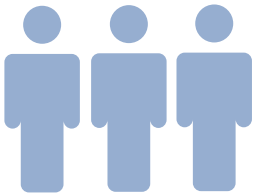
Key Findings

Recruitment

562

Recruitment targets related to the number of women receiving an initial assessment.
It was anticipated that 105 women would be assessed in the first two years and 140 each subsequent year (1120 total). The project achieved 50% of this target.

Reach



The project aimed to recruit a representative number of women from three main ethnic groups in the BSB area.
49% of women were Asian/Asian British Pakistani, 16% were White British, and 6% were White Other. This suggests that the project were slightly over representative of Asian Pakistani, and White British women, while White Other women were underepresented.

Implementation

Implementation targets related to the maintenance of a sufficient pool of available volunteers each year (35).
The project appear to have met this target for the first 6 years of delivery, with the available volunteer pool declining in years 7 and 8 and the first half of year 9.

Executive Summary

Key findings

- **Recruitment:** The number of referrals into the project never reached the anticipated levels estimated during service design. It was expected that 180 referrals would be made each year, 140 (78%) of which would go on to be assessed. The project were consistently unable to meet recruitment targets. It is worth noting that even if anticipated numbers of referrals were lower, the proportion of referrals converted to recruited women was still than expected (57%). There are a number possible explanations for lower than anticipated referrals including issues not being identified by referring agencies.

- **Retention:** There is significant loss of women from the point of referral to the end of the assessment period and this has been consistent across the delivery of the project. More than 40% of women were assessed as having either severe or minimal/no mental health issues as measured by the tools used by FAPSS putting them above and below the threshold of eligibility for the project as defined in service design. This may suggest the service was not best placed to meet the needs of these women which were too high or low and may go some way to explain the high levels of service decline and disengagement . It is also possible that the fluctuating nature of mental health and the competing priorities in women's lives make it difficult for them to stay engaged.

- **Satisfaction:** Relatively high rates of completion of the project satisfaction questionnaires by women who have accessed support, and the high levels of satisfaction reported, suggests for those women that do stay engaged with the service, the support is highly valued.

- **Volunteers:** While the number of newly appointed volunteers has fallen recently, the project maintained a sufficient pool of volunteers for the majority of delivery. Evidence suggests that the experience of volunteering with the project is valued by the volunteers and supports them to move on to paid employment and further education.

Recommendations for practice

Optimise recruitment and retention:

- Continue work to strengthen referral pathways for families.
- Ensure eligibility for the project is understood as a large proportion of women are assessed as having mental health needs above and below the threshold for the service
- Levels of disengagement remain high and further work is needed to explore why this is the case.
- Further recruitment of volunteers would help to increase numbers as well as the diversity of language speakers amongst them.

The project should continue to work to it's strengths in providing personalised support to families which is highly valued by those who access it. Volunteer peer support is an important part of the BSB offer, given the diversity of experience and languages they provide.

Recommendations for evaluation

Improve data capture

Issues with project data capture remain and further implementation evaluation could be supported through improvements in the data collection process, particularly:

- better linking of dates to recorded items (including outcome measures), to allow better analysis of participant journeys
- Improving data completeness to increase confidence in findings

BSBIH intends to continue to work with FAPSS to produce a before and after evaluation which will use scores from the the GAD-7 (anxiety) and PHQ-9 (depression) measures used by the project. This has the potential to improve the evidence base for the project. However, we anticipate this including a small sample group and given that there will be no control group, limited conclusions will be possible.

Project Background

About Family Action Perinatal Support Service

Within the BSB area many women experience poor mental health during the perinatal period, which can impact their wellbeing. Analysis of the BiBBS cohort suggests that of pregnant women, around 30% reported mild symptoms of depression and 20% mild symptoms of anxiety. Poor parental mental health and social isolation can reduce the ability to parent responsively and has the potential to have negative impacts on the social and emotional development of infants. Statutory mental health services can take time to access and there may also be a reluctance to use these services amongst pregnant women and new mothers due to stigma around poor mental, mistrust of services, or personal preference.

Family Action offers a suite of support for women experiencing social isolation or with mild to moderate symptoms of depression and/or anxiety from pregnancy to the first birthday of a child. The primary offer is of peer support, in which women are linked to a volunteer peer supporter who acts as a befriender and listening ear and may support the woman to access activities and services that reduce social isolation. Peer supporters work flexibly, meeting women in their homes, in the community, or remotely using phone and/or video calls. Alongside this, the project introduced the 'My Baby and Me' group, which uses a 'Theraplay' model to develop bonding and play between mother and infants through learning and activities. In 2022 the project added 'Recovery' model work, delivered one-to-one with women and trained members of staff working on building confidence and mental resilience techniques. Women work with the project to make use of the support that best suits them, often using more than one element in any sequence.

The project aims to reduce symptoms of anxiety and depression, improve mother-infant interaction and responsive parenting and through this improve the social and emotional development of infants and young children. The project also aims to reduce social isolation amongst pregnant women and new mothers, which may improve the experience of early parenting as well as improving the opportunities and experiences available to infants and young children, contributing the positive infant development and family wellbeing.

Evaluation Aims

FAPSS was one of the first projects commissioned by BSB, before a systematic process of service design was in place, so it initially had no logic model or formally agreed data requirements. In 2017 a logic model was developed, data requirements were finalised, and an evaluation plan was agreed which aimed to establish who accessing the project and what support they were receiving, as well as whether they stay engaged with the service. The evaluation set out to provide a clear picture of project delivery, implementation and reach. The implementation evaluation also aimed to move the project towards a place where a before and after type evaluation was appropriate.

By 2021, the project had a further updated logic model and theory of change. Evaluation plans were updated to establish whether the whether the new logic model could be demonstrated in action. In addition to understanding what services women are offered, what services women take up, and whether families remain engaged with the intervention, the evaluation looked to explore the engagement of volunteers with the service.

BSBIH does intend to complete a before and after analysis of the GAD-7 (anxiety) and PHQ-9 (depression) measures recorded by the project. However, this data is not yet available and the analysis will be completed once it has been received in an appropriate format. This may be presented as a stand alone document or later addition to this report.

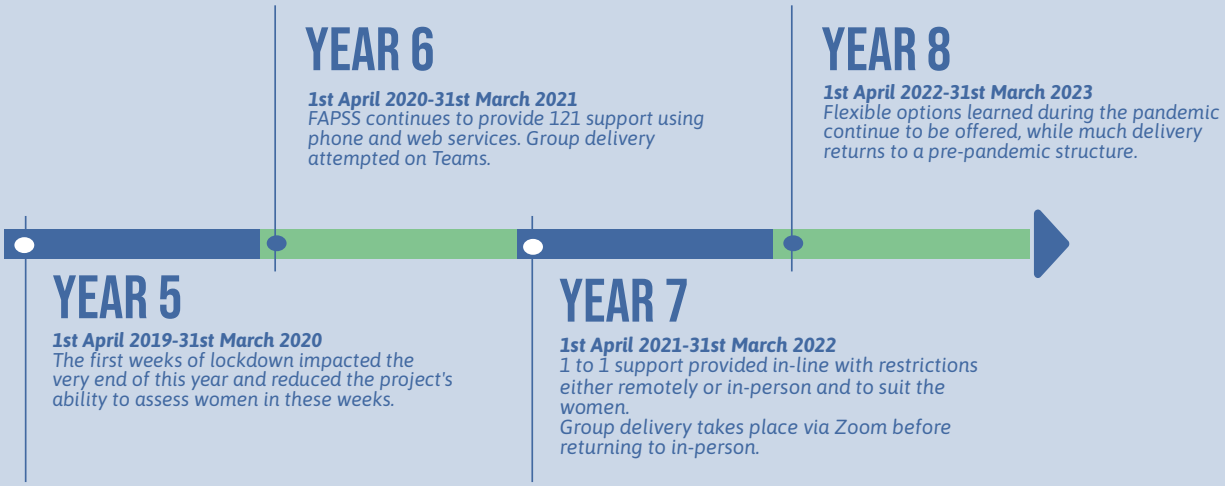
Covid 19

Impact on the project

Covid-19 social restrictions prevented all in-person support for significant periods of time between 2020 and 2022 significantly impacting on the model of delivery for this project. The project purchased two Zoom licenses and continued to provide 1 to1 support using Zoom, WhatsApp and phone. As restrictions were eased the peer support element continued to be delivered in whichever way women wanted and to-date they remain flexible and will offer in-person and remote support.

FAPSS initially attempted to deliver My Baby and Me via Microsoft Teams during this time, but did not find it successful. They then successfully delivered 3 groups via Zoom in 2021, before moving back to in-person delivery of group sessions from autumn 2021 with appropriate precautions and risk assessment.

The pandemic is known to have increased anxiety and isolation in general and particularly amongst pregnant women and families of infants and young children.



Data

Data requirements were not in place for the first contract of delivery making data from this period very difficult to interpret. During set up of the second contract, data requirements were agreed and the quality of data did improve, although it remained insufficient to complete some basic reporting. Data quality has continued to improve in Contract 3 and is now sufficient for basic reporting, however some issues remain which limit our ability to perform more in depth analysis.

While the project has improved their data capture overall, this report necessarily includes data from periods when the data capture was less comprehensive and the quality varied and all findings must seen within the context of this data quality.

Evaluation Findings

Implementation Evaluation

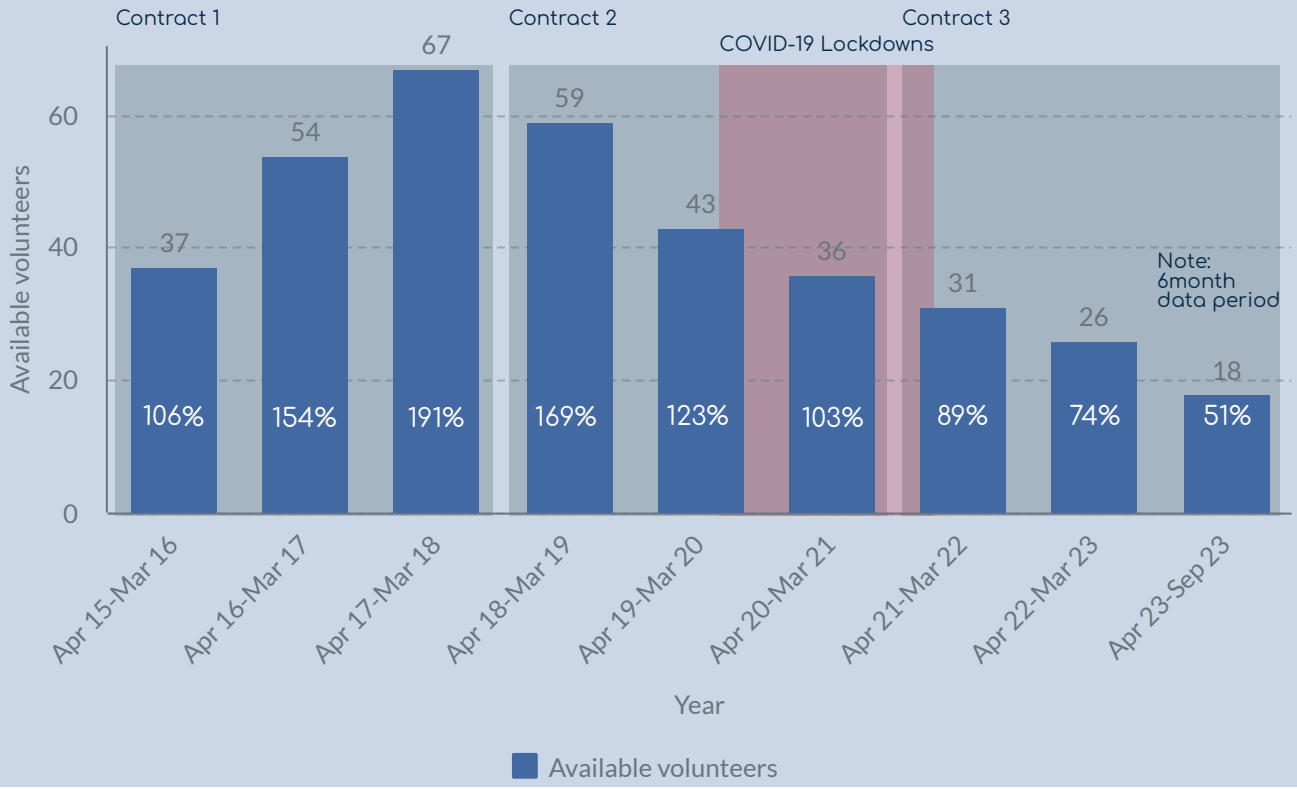
How many volunteers was the project able to maintain?

149
volunteers were appointed

Available volunteer figures were calculated by including all volunteers who had been appointed before the end of each year and resigned in or after the year (or have not been recorded as having resigned). There were a number of issues with volunteer data, including volunteers who had a resignation reason recorded but no resignation date and vice versa. We also cannot account for things such as volunteers who have not resigned but may temporarily be unavailable due to sickness/maternity or other reasons, or who may have ceased activity without officially notifying the project. This means it is likely that figures here over represent available volunteers.

In general the figures show a decline in available volunteers since Contract 1 with this decline taking them below the target of 35 available throughout Contract 3. It is worth noting that this decline coincides with a cost of living crisis which may make it difficult for women to prioritise volunteering activities.

Also of note is that the decline in volunteers has coincided with an overall increase in the number of women supported between Contract 2 and 3 (see previous page). This is likely to be due to volunteers being able to support more women given that some request only remote support.



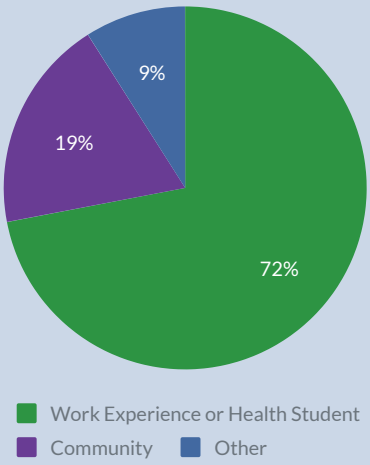
Evaluation Findings

Implementation Evaluation

What were the characteristics of volunteers?

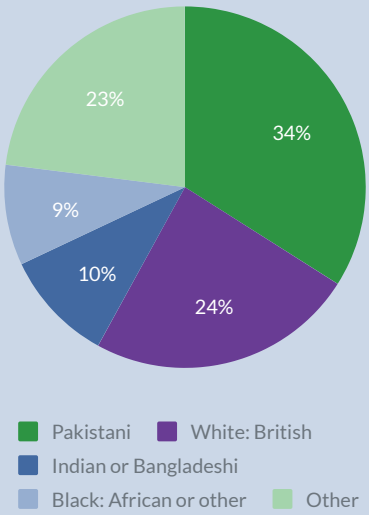
149 people were appointed as volunteer peer supporters in the lifetime of the project, including people with a wide range of backgrounds and experiences. Charts here are based on available data so not all total 149.

% Volunteers by Motivation



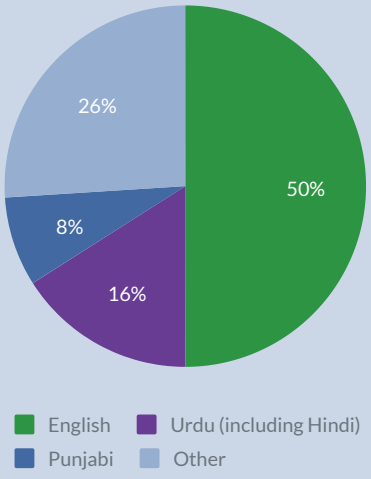
Other motivations included lived experience and previously having been supported by the service.

% Volunteers by Ethnicity



Other ethnicities included several Eastern European and mixed ethnicities.

% Volunteers by First Language



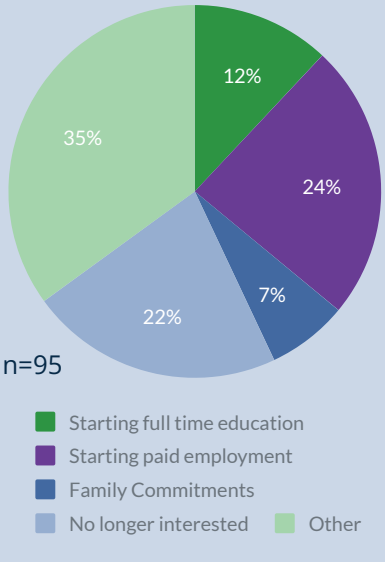
Other languages included Arabic, Bangali, Gujarati, Polish, Romanian, Russian, and Spanish

Why did volunteers leave the service?

130 people have an end to their volunteering recorded.

More than a quarter of volunteers who left the service did not have a reason for leaving recorded. However of those who did, more than a third (36%) went onto to paid employment or entered full time education. Given that 72% of appointed volunteers were motivated to take the role as work experience, this suggests that volunteering with the project offered an opportunity to develop the skills and confidence to pursue further personal development.

% Volunteers by reasons for leaving



Evaluation Findings

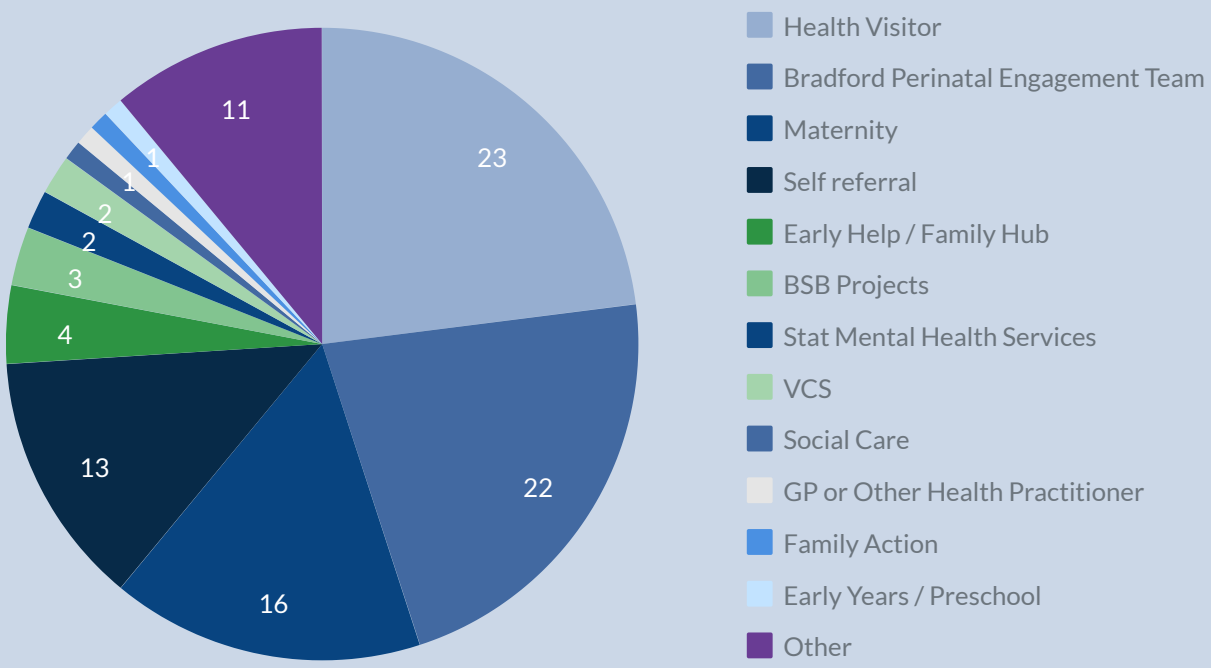
Implementation Evaluation

Referrals

It was anticipated that the project would receive 180 referrals per year, 1530 over the delivery period. The project received referrals for 981 unique women (65% of anticipated).

Where did referrals come from?

Referrals came from a wide range of sources, with Health Visitors, the Perinatal Engagement Team, Midwives, and self referrals making up the vast majority. The proportion of referrals from Health Visitors and midwives suggests good awareness of the project amongst these practitioners.



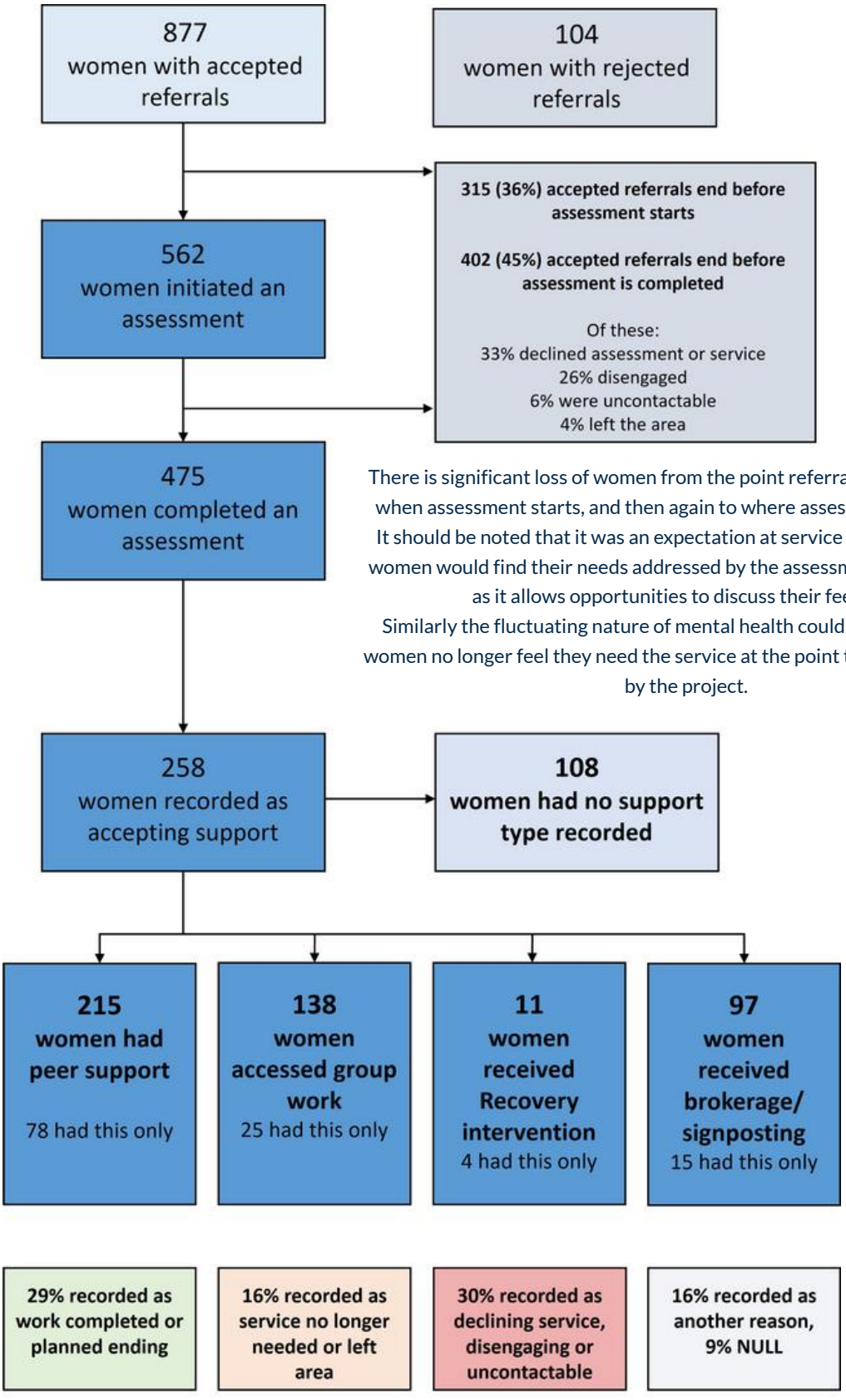
Why were women referred?

Most women (56%) were referred citing multiple criteria from *parental mental health*, *attachment*, and *isolation*, with 32% citing *parental mental health* only.

Nearly 90% were recorded as having been referred postnatally, although this is not from the full set of referrals but rather from those who completed assessment, so women may have initially been referred antenatally and completed assessment following the birth of their child.

653 women were referred multiple times in a two month period, with 183 of those having referrals from multiple sources in that period. 22 women had referrals 9 or more months apart and these women are assumed to have been referred in relation to a second or subsequent pregnancy/child.

Participant Flow Diagram



There is significant loss of women from the point referrals are accepted to when assessment starts, and then again to where assessment completes. It should be noted that it was an expectation at service design that some women would find their needs addressed by the assessment process itself as it allows opportunities to discuss their feelings.
Similarly the fluctuating nature of mental health could mean that some women no longer feel they need the service at the point they are contacted by the project.

Evaluation Findings

Implementation Evaluation

Participants

How many women received an initial assessment?

562

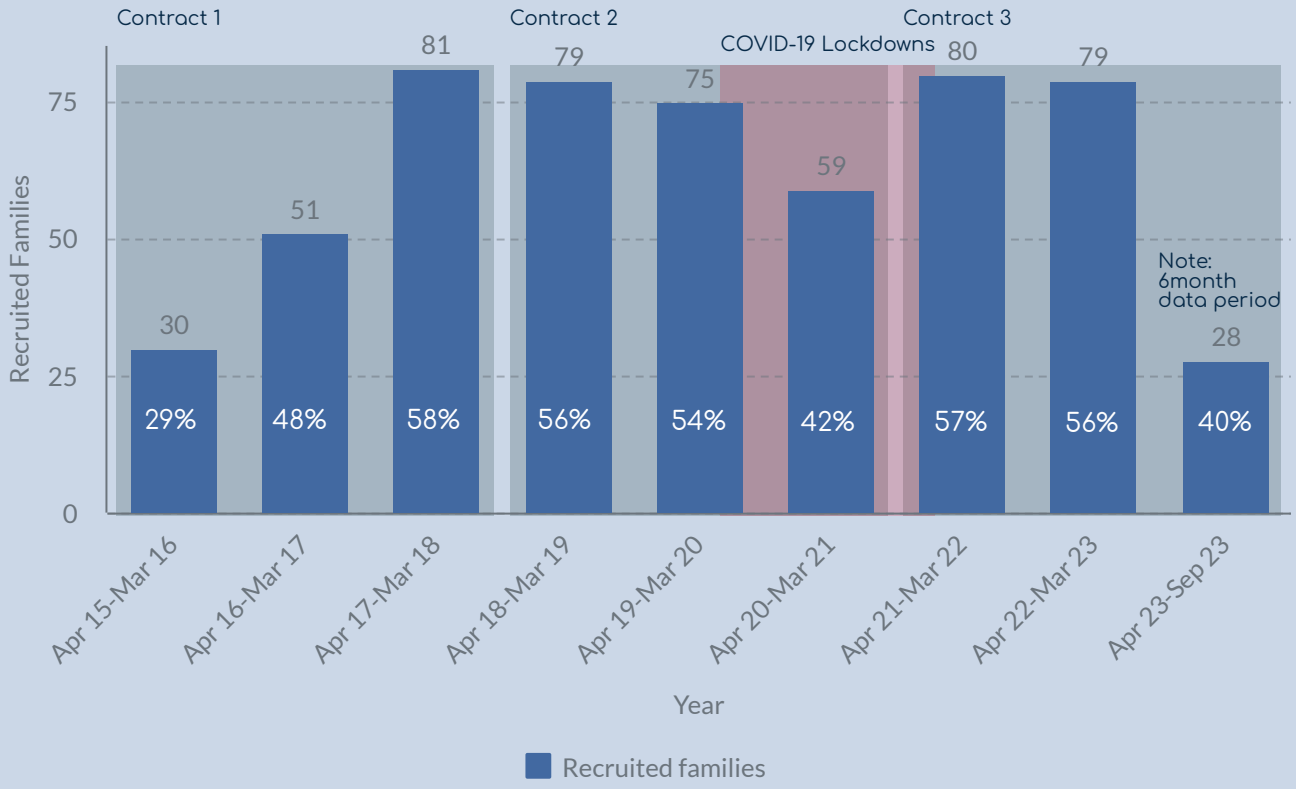
47% of anticipated number of women initiating assessments

It was anticipated that the project would initiate assessments of 105 women per year for the first two years of delivery and then 140 women every subsequent year, seeing a total of 1120 to the end of September 2023. The project actually started assessments for 562 women, 47% of the target.

Of these, 475 (85%) had an assessment completion date recorded, suggesting 15% of women who start an assessment leave the service before it is completed. As a proportion of accepted referrals, 64% of women initiated an assessment, but just over half went on to complete. However, it is unclear from the data whether some women are still awaiting their assessment to start or conclude.

It's worth noting that targets for the number of women assessed by the service were based on assumed numbers of annual referrals that were never met (180 referrals per year). Even so, the proportion of referrals transitioning to assessed women remains lower than anticipated (64% vs 78%). More work is needed to understand why so many women disengage before assessments are completed.

It is also noted that the anticipated number of recruited women was 140 for every year of the project, including the first year and years impacted by COVID-19. This allows no recognition of establishing the service or external impacts on delivery.



Evaluation Findings

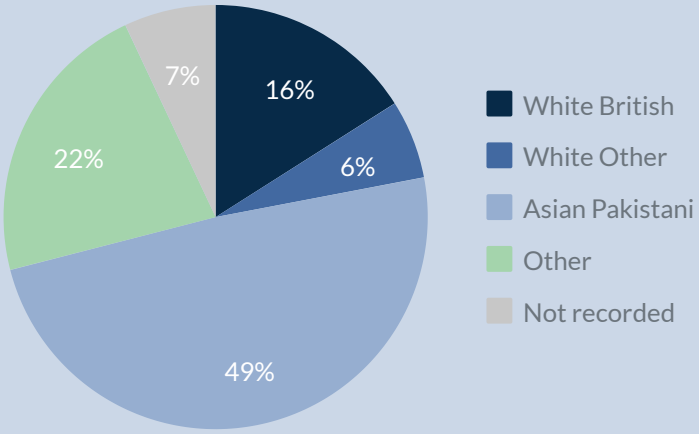
Implementation Evaluation

Participants

Who were the women assessed by the project??

Ethnicity

% of women assessed by ethnicity

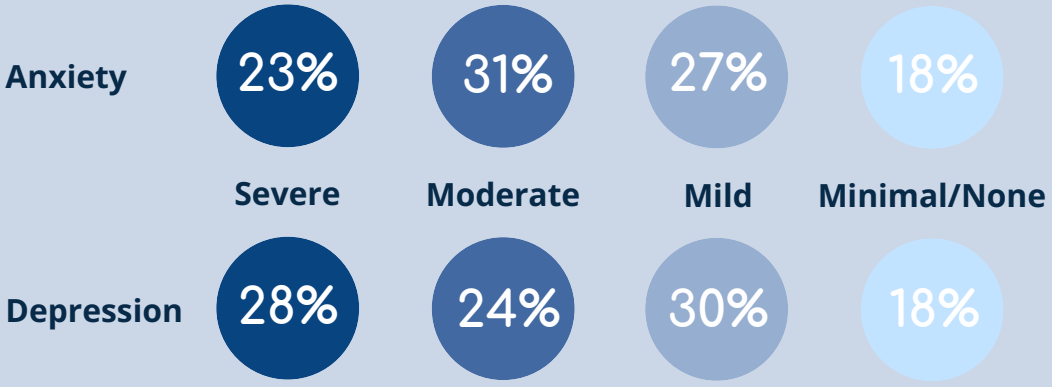


The majority of women assessed by the service were of Asian Pakistani background (49%) in line with the maternal population of the BSB area. 16% of women were White British, slightly higher than observed in the BSB population (13%), and 6 % were recorded as having an other White background, fewer than observed in the BSB population (10%). Other backgrounds included Black African, Caribbean and Other, and Mixed ethnicities.

Mental Health

Women are assessed by the Family Action Perinatal Support service to measure their anxiety and depression using the Patient Health Depression Questionnaire (PHQ-9) and the Generalised Anxiety Disorder Assessment (GAD-7). Initial assessments suggest that over a quarter of women are experiencing severe levels of anxiety and/or depression when they first access the service. This is higher than the mild to moderate mental health issues outlined in the eligibility for the service. Just over half of those assessed fit this criteria with just under 20% recorded as below this threshold.

% of women assessed by GAD 7 and PHQ 9 Score



Evaluation Findings

Implementation Evaluation

Participants

What support did women go on to receive?

As shown in the participant flow diagram, 215 women were matched with a volunteer (78 only received peer support), 138 women accessed group work (25 accessed only group work), 11 women accessed the Recovery Intervention (4 accessed only this), and 97 women received some form of brokerage or signposting (4 people only received this) and 4 women were recorded as receiving some other form of support. The majority of women accessed 2 or more elements of the service.

126 women received 1 element of the project

109 women received 2 elements of the project

40 women received 3 elements of the project

2 women received 4 elements of the project

How able was the project to support the access needs of participating women?

The project asked women about their access needs at the point of referral. This included their language needs, and possible transport to or use of creche at group sessions.

411 women were recorded as needing an interpreter
335 women were recorded as needing creche facilities
275 needed support with transport

It is not possible to determine from the data whether being offered support with access influenced whether or not women engaged with the service.

Evaluation Findings

Implementation Evaluation

Of the 411 women requesting an interpreter, 321 were recorded as having a need for a specific language.

20 different languages were requested, with Urdu and Punjabi most frequently requested.

57 women were recorded as actually being offered an interpreter.

Of those who were not recorded as having been offered an interpreter, 97 disengaged or declined the service, 16 became ineligible (for example exceeding the threshold for need, or moving out of area), and 71 had no ending recorded.
The remaining 184 went on to receive some level of support, including brokerage into other services. It is possible that those not offered an interpreter were matched with a volunteer with whom they shared a language, as is likely to have been the case for 50 Urdu speakers who were not offered an interpreter, but do appear to have received support.

All 335 women who indicated a need for a creche in order to attend sessions were then offered that. A further 2 women for whom no record of a request was made were offered creche, meaning a total of of 337 women were offered creche in order to attend sessions.

All 275 women who indicated a need for transport in order to attend sessions were then offered transport. A further 62 women for whom no record of a request was made were offered transport, meaning a total of of 337 women were offered transport in order to attend sessions.

Evaluation Findings

Implementation Evaluation

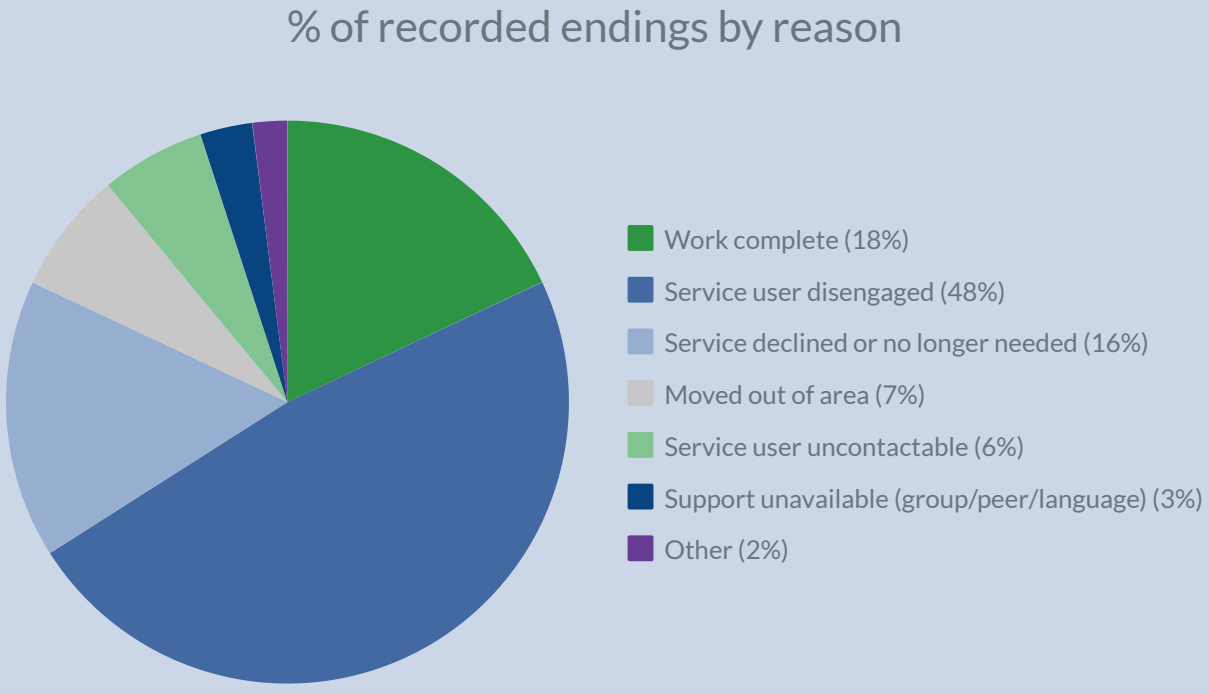
Why did women leave the project?

While we have attempted to provide an overview of ending reasons for referrals and participants in the flow diagram on page 9, many women had multiple ending reasons recorded, while other records had no recorded ending reason making this data very difficult to interpret.

Based on available data, passive disengagement and actively declining the service make up over 60% of the total endings recorded. This could suggest that women do not receive sufficient information about the service at the point of referral and/or that the type of support available through FAPPS does not suit a significant proportion of eligible women. However, high rates of satisfaction amongst women who do choose to participate, suggest it is valued by a good number of women who access the different types of support through the service. Another possible explanation is that the very nature of low mood and anxiety could make it difficult for women to remain engaged, particularly where they have competing priorities in day to day life.

Less than 3% of recorded endings were due to the service being unavailable suggesting that the project have the capacity to ensure women receive the appropriate support.

Only 18% of endings were recorded as *work complete*, with a further 11% recorded as *planned ending* alongside other reasons. It is likely that this is an underestimate due to the amount of missing data. This interpretation is supported by the number of people who have provided satisfaction feedback (n=178) which we would expect to be the absolute minimum number of women who felt their support had concluded.



Evaluation Findings

Implementation Evaluation

Where were women referred to?

Data related to referrals made by the project were entered in free text format and include notes on referrals already made by others, such as Health Visitors and midwives, as well as offers to refer that were rejected. Recorded referrals included those where formal referral forms were completed as well as those where information was provided about services or suggestions made about other possible groups and activities. Some women turned down onward referrals, while others received multiple referrals to different services and organisations. These factors make the onward referrals hard to quantify, however we do see referrals being made to wide range of services and activities including many BSB projects. Including:

Little Minds Matter
HENRY
Better Start Imagine
Talking Together
Incredible Years
Baby Steps
Bradford Doulas
Home Start
ESOL for Pregnancy;
Activities run by the Neighbourhoods Project

Alongside these were referrals to many statutory and voluntary services including, but not limited to:
IAPT/MyWellbeing College
Specialist Mother and Baby Mental Health service (SMABs)
GPs and Health Visitors
Child Services
Early Help
Staying Put
Bevan House
Physiotherapy services
Baby banks
Employment and benefits support
Language and skills development courses
Stay and Play groups

The diversity of referrals suggests that the project is responsive to individual needs and overall well informed about local support available.

Satisfaction

What did women say about the support they received?

178 women responded to the satisfaction surveys; this is 71% of the women who accepted support from FAPSS and gives good weight to the findings for the service in terms of those who choose to take it up. The scores overall are extremely high and suggest that those who took up the services found it extremely helpful. This data does not tell us anything about women who did not take part or disengaged.

100% **of respondents had a median score of 4 or more**

98% of respondents agreed or strongly agreed that the project was helpful to them

99% of respondents agreed or strongly agreed that they were satisfied with the support they received

99% of respondents agreed or strongly agreed that the project gave them useful information

95% of respondents agreed or strongly agreed that the project was easy to access

99% of respondents agreed or strongly agreed that they would recommend the project to family or friends

100% of respondents were happy with the project overall

X has been amazing she has gone above and beyond to help and support me she has found various services to help me for the future I am very happy with this service! I will be very grateful to X she is a great listener and also helped be straight away.

I think services like the Perinatal Support Service are really important in providing a safe space and the right environment for vulnerable new mums who have a lack of emotional support from their partners and are limited in the help they have to raise a new born and to get to grips with everything.

Perinatal at Family Action has given me a lot of support and helped me improve my life and understand my children. I never felt a change in my life in the past 2 years until I attended the Baby and Me group.

Family Action Perinatal is doing a great job they are supportive in emotional terms and helping me bond with baby and for regulating emotions for children and mums too and I loved the Baby and Me group.

Evaluation Findings

Conclusions

Referrals
Referrals never reached the anticipated levels based on the predicted eligibility within the population, nor did referrals ever meet the expected number for recruitment. There are several possible explanations for this including that there was not a sufficient level of awareness about the project amongst statutory or other potential referring services; that the service did not appeal to all eligible women; or that estimates of eligible women were too high. However, it is also possible that services have not been ableto identify eligible women, i.e. those with mild to moderate levels of anxiety and low mood, for a range of possible reasons. Further work is needed to understand low referral numbers and optimise referrals.

Recruitment and retention
Recruitment also never reached anticipated level, nor did the proportion of referrals converted to recruited women (57% compared to anticipated 78%). It may be that peer support does not suit all women who are eligible for the service, but it may also reflect that a large of proportion of women assessed by the project have needs that sit outside the eligibility threshold for the service. This may also explain high levels of disengagement. However, it should be noted that those who did take up the support, rated it highly on project satisfaction surveys, suggesting FAPSS is providing a valuable service to a significant proportion of eligible women. It is also possible that the fluctuating nature of mental health means that women who felt they would benefit from the project at the point of referral, no longer felt they needed the service when it was offered. Similarly, experiencing low mood and/or anxiety as well as competing priorities in women's everyday lives may make it difficult for them to stay engaged.

Satisfaction
Relatively high rates of completion of the project satisfaction questionnaires by women who have accessed support, and the high levels of satisfaction reported, suggests for those women that do stay engaged with the service, the support is highly valued.

Accessible Service
The 100% offer of transport and creche to those who indicated a need for it, suggests the service is able to meet many access needs; language support appears to be the most challenging aspect of this. Although we believe a significant proportion of the required language need is met by volunteers and staff, it may be a contributing factor in the high disengagement rates. 95% of those who completed the satisfaction survey indicated that the service was easy or very easy to access, suggesting that for some the process is working well, however this data misses the vast majority of referred women.

Volunteers
Volunteering numbers started extremely strongly for the project and dipped significantly in the last contract period. We have no strong evidence of why this is, but we do see a recent dip in volunteer numbers across BSB projects and there is significant anecdotal evidence that this relates to cost of living pressures moving volunteers into paid work.

A high proportion of volunteers were motivated to take part to gain work experience and a significant proportion do leave to take up paid work or further education, suggesting that volunteering within FAPSS offers an opportunity to increase skills and employability within the community.

Despite the fall in volunteers recently this has not been matched by a fall in recruitment, suggesting the project is able to maintain higher than expected recruitment through greater use of paid staff delivering My Baby and Me group and Recovery work.

Theory of Change and Logic Model in Action
It has been had to assess the logic model in action given the changes to the service during the three contract periods, including the impacts of COVID-19, and the data quality overall. However, BSBIH has worked closely with the project recently to develop an updated theory of change that represents the work as it is currently delivered and some possible areas for development. We would suggest that some assumptions in the logic model/service design related the proportion of women taking up the service led to over estimates, and that these may need adjusting.

Evidence for Perinatal Peer Support Service

Evidence Rating

This project was unrated by the EIF at the point that it was commissioned by BSB and although Family Action had been delivering similar services elsewhere in the country for a number of years the project was initially commissioned without a logic model or theory of change specific to delivery in Bradford.

Source: EIF

Prior to Contract 2 a theory of change logic model was developed for evaluation. The project has continued to change the available offer through addition of My Baby and Me, and Recovery work and therefore those documents have not been fully tested.

BSBIH has worked with Family Action in Bradford across the last few months to develop an updated theory of change that is representative of the work currently being delivered and the possible direction of travel as BSB comes to and end. The project remains unrated on the EIF scale, although evidence from elsewhere (see below) suggests that similar services within Family Action may be in a position to progress up the scale.

Evidence Review

When this project was first commissioned by BSB the main evidence for the project was Barlow and Coe (2012) evaluation of the Family Action Perinatal Support Project in four areas (not including Bradford) across the UK. This evaluation suggested that there were improvements in a range of mental health and wellbeing measures amongst the families taking part and that the project fills a gap in service provision for mild-moderate perinatal mental health conditions.

Since then, perinatal support services run by Family Action in Medway (2018) Stockton (2023) [available at: Demonstrating our Impact - Family Action (family-action.org.uk)] have both been evaluated as having positive impact on perinatal mental health in both interviews with participants and standard assessments such as WEMWEBS, GAD-7, and PHQ-9. These evaluations include participants receiving peer support and attending groups, overall using similar models of provision to that offered in BSB. Numbers in both these evaluations were quite small (fewer than 200 referrals each), and neither provides much detail on the implementation of the service, which we are able to compare to. Wider research on a range of peer support models for perinatal mental health tend to indicate promise, but similar to those completed with Family Action lack scale for strong conclusions to be drawn.

Recommendations

Recommendations for Practice

Optimise recruitment and retention:

- Continue work to strengthen referral pathways for families.
- Ensure eligibility for the project is understood as a large proportion of women are assessed as having mental health needs above and below the threshold for the service
- Levels of disengagement remain high and further work is needed to explore why this is the case.
- Further recruitment of volunteers would help to increase numbers as well as the diversity of language speakers amongst them.

The project should continue to work to it's strengths in providing personalised support to families which is highly valued by those who access it. FAPSS may continue to increase the support provided by paid members of staff in order to meet the needs of referred women, and manage declining volunteer numbers, however, the diversity and life experience offered by a wide volunteer pool, should not be underestimated and where possible we would recommend retaining volunteer peer support as part of the offer.

Recommendations for Evaluation

If the project were to have further implementation evaluation this would be supported through improvements in the data collection process, particularly better recording dates of events and measures. Likewise ensuring minimal missing data would increase confidence in any results obtained. It is recognised that the project are obliged to use Family Action's nationally chosen data systems which limit their ability to make changes to data capture, however, we would encourage the project to continue to work on their data collection processes to ensure as thorough a data set as possible is available in future.

BSBIH intends to continue to work with FAPSS to produce a before and after evaluation which will use scores from the the GAD-7 (anxiety) and PHQ-9 (depression) measures used by the project. This has the potential to improve the evidence base for the project. However, we anticipate this including a small sample group and given that there will be no control group, limited conclusions will be possible.

Appendix to final report

Key Findings

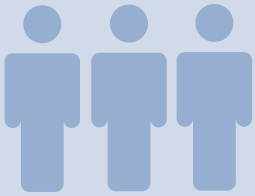
This appendix provides an update to include final numbers for the evaluation of Family Action Perinatal Support Service from the start of delivery in April 2015 to 31st March 2024.

Recruitment

638

Recruitment targets related to the number of women receiving an initial assessment.
It was anticipated that 105 women would be assessed in the first two years and 140 each subsequent year (1190 total). The project achieved 54% of this target.

Reach



The project aimed to recruit a representative number of women from the three main ethnic groups in the BSB area.
49% of women were Asian/Asian British Pakistani, 18% were White British, and 5% were White Other. This suggests the project is under representative of those of White Other backgrounds and over representative of White British women. However, findings from the BiBBS cohort suggest White British women are more likely to report symptoms of anxiety and depression,

Implementation

Implementation targets related to the maintenance of a sufficient pool of available volunteers each year (35). The project appear to have met this target for the first 6 years of delivery (with performance ranging from 103% to 191% of target), with the available volunteer pool declining in years 7 (89% or target), 8 (74% of target) and 9 (54% of target).

Before and After Evaluation

Since the final report was completed, a before and after evaluation of the project was undertaken using a subsample of pre and post measures completed by participating women (n=100). These measures were the PHQ-9 (a measure of depressive symptoms) and the GAD-7 (a measure of anxiety symptoms). A full description of findings can be found on page 3 of this appendix but headline findings are shown below.

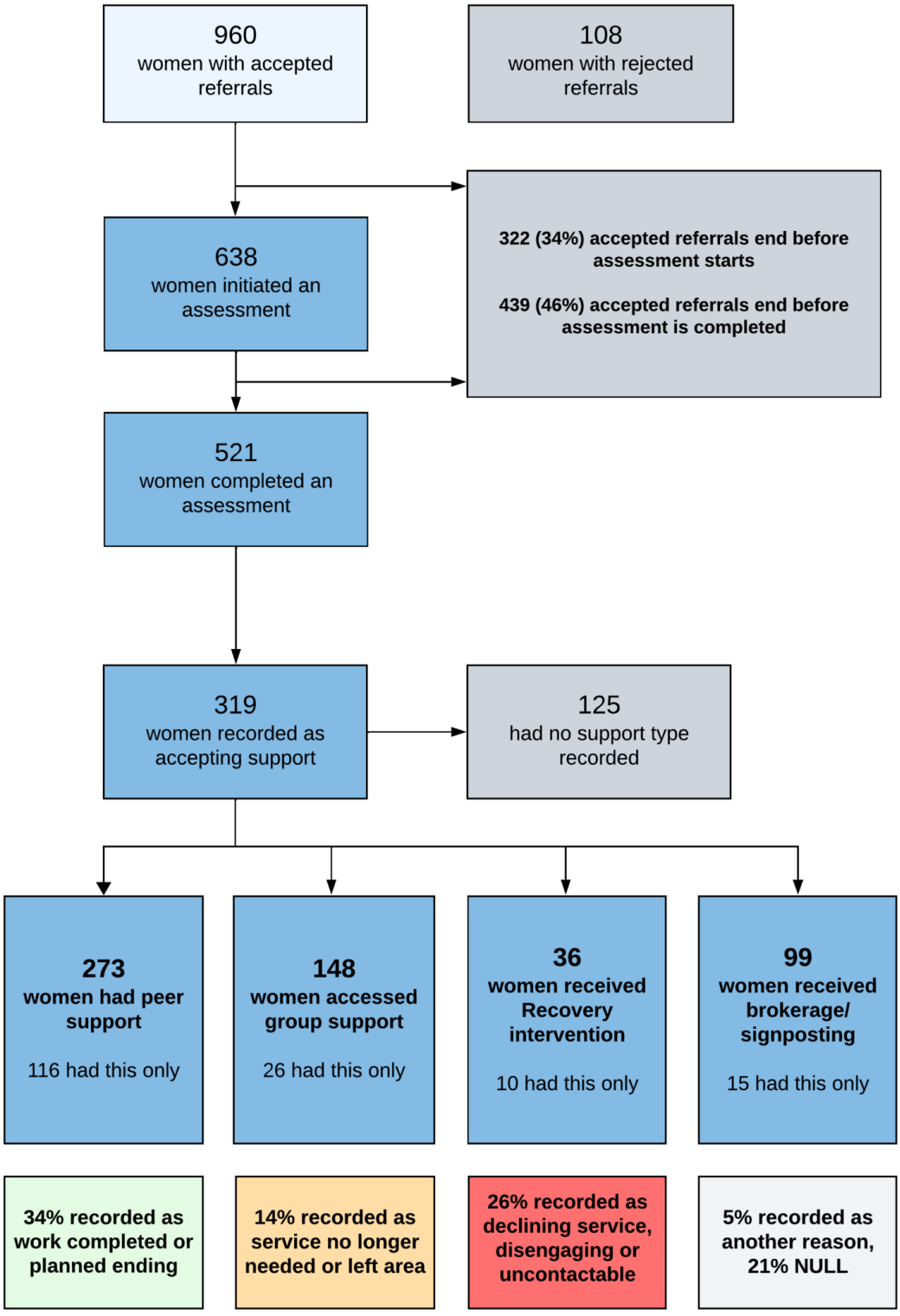
Women receiving FAPSS:

- had an average depression score of 11.69 at the start of their support, which indicates clinically important symptoms. At the end of their support the average score had dropped to 5.72, which indicates mild symptoms.

- had an average depression score of 11.28 at the start of their support, which indicates clinically important symptoms. Average scores at the end of support had dropped to 6.15, which indicates mild symptoms.

Findings suggest accessing Family Action Peer Support may lead to improvements in symptoms of depression and anxiety for women. However, given the relatively low number of pre and post measures included in the analysis, and the lack of a control group these findings should be interpreted with caution. These results do not tell us that the project is effective, however, they do give a promising indication that participation in the project may result in improved mental health outcomes.

Participant Flow Diagram



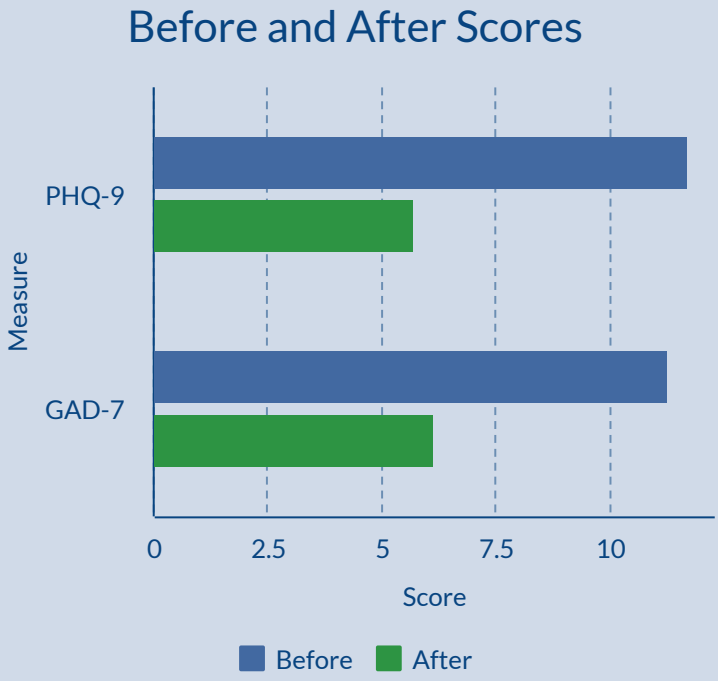
Before and After Evaluation

The project collect data from participants at the start and end of their support. The first set of measures are collected as part of the initial assessment and the second are collected as part of reviews with participants at the end of their support.

The assessments collected include the Patient Health Questionnaire 9 (PHQ9) which is a measure of depression and the Generalised Anxiety Disorder Assessment 7 (GAD7) which is a measure of anxiety.

The reported analysis was completed using a subsample of pre and post measures (n=100). This is due to issues in how the data is recorded and variation in how consistently the measures are completed by participants.
It is worth noting that this accounts for less than a third of the number of participants recorded as having received any support from the service but around three quarters (73%) of those recorded as ending support due to a review decision or work being completed.

For this reason findings should be interpreted cautiously as they not be representative of all participants who received support from the project. Additionally, the lack of a control group means that we are not able to compare outcomes against individuals that did not receive the project and can therefore not draw conclusions about the effectiveness of the project. However, the main findings of the analysis are presented below.



For the PHQ-9 measure, the average score before receiving Family Action was 11.69 (SD = 5.02). This had decreased to 5.72 (SD = 3.92) at the end of support. This is a reduction of 5.97 points and was found to be **statistically significant** (indicated by the 95% confidence intervals of the score distributions).

For the GAD-7 measure, the average score was 11.28 (SD = 4.17) before receiving Family Action support and 6.15 (SD = 3.89) at the end. This is a reduction of 5.13 points and was also found to be **statistically significant**.

Scores above 10 on either measure indicate clinically relevant symptoms, suggesting that the project is seeing women with mental health needs. The change in scores observed for both the PHQ-9 and GAD-7 from the start to end of support indicate a shift from clinically relevant to mild symptoms.

While these findings don't tell us about the effectiveness of the project, they do suggest that receiving support from Family Action may reduce symptoms of depression and anxiety for women.