



# Family Action Perinatal Peer Support

## Final Report

### Better Start Bradford Innovation Hub

*This is a report of the implementation evaluation provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and project team, to aid BSB in decision-making regarding recommissioning. The document provides an overview of the project’s performance and findings from the implementation evaluation including an interpretation of these findings by the 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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**Version 2, 07/12/2017**

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## Contents

|   |    |
|---|----|
| Conclusions & Recommendations.....                                      | 3  |
| A. Objectives of the evaluation .....                                   | 4  |
| B. Project performance summary .....                                    | 5  |
| C. Evaluation findings.....   | 8  |
| D. Caveats to findings.....   | 15 |
| a. Were all evaluation objectives (from the evaluation plan) met? ..... | 15 |
| b. Logic model .....  | 17 |
| c. Data quality .....   | 18 |
| E. Context.....   | 19 |
| a. Need.....  | 19 |
| b. Fidelity of service delivery/changes to delivery model .....         | 19 |
| c. Staff changes or challenges .....                                    | 19 |
| d. Changes in other services .....                                      | 19 |
| e. Role of project within BSB and wider community .....                 | 19 |
| f. Other alternative projects with similar eligibility criteria.....    | 20 |
| F. Potential for future evaluation .....                                | 20 |
| a. Evaluability checklist .....   | 20 |
| b. Emerging evidence base .....   | 20 |
| c. Challenges to address going forward .....                            | 21 |
| G. BSBIH Recommendations.....   | 21 |
| H. Appendices .....   | 21 |

## Conclusions & Recommendations from the Evaluation

- The number of women who have been referred to the service is fewer than anticipated, and the service has been constantly developing. The findings of this report are preliminary.
- The conversion rate from initial referrals to support ending as a result of a review decision is very low (10%)
- There are fewer than anticipated numbers of referrals
- The service is working with 'ineligible' women, i.e. those who are not depressed or are severely depressed (according to original criteria)
- The service successfully works with women from a wide variety of backgrounds and language groups
- Measures are being completed by women and therefore appear acceptable
- Volunteer numbers have declined and are below target

In order to be able to evaluate future commissioned periods of Family Action a comprehensive service design process needs to be undertaken. Recommendations include:

- A revision of the logic model so that service inputs, activities and outputs can be monitored and credibly linked to the outcomes for users of the service
- Eligibility criteria needs tightening and adhered to (with careful monitoring), including a process for signposting/transferring 'inappropriate referrals', e.g. not depressed/severely depressed before, during, or after Family Action service
- Improve the referral pathway, and establish level of need for the service to potentially increase initial numbers and conversion rate
- Establish clear model (and target) for recruitment of volunteers and matching procedure (volunteers versus staff). Regarding volunteer numbers the target could be revised to an overall number of 'active' volunteers as opposed to an annual intake/training of volunteers
- Improve the rates of consent to share data for women who have accepted referrals
- Consider the most appropriate data system for data collection and reporting to facilitate high quality and complete data reports.

## A. Objectives of the evaluation

This report is provided for Better Start Bradford (BSB) by the Better Start Bradford Innovation Hub (BSBIH) to evaluate the performance of the Family Action Perinatal Peer Support (referred to hereafter as Family Action) project within the BSB programme.

Specifically, this report will consider the implementation of Family Action, in relation to the mutually agreed progression criteria;

- Recruitment: Number of women
- Reach: Ethnicity of women
- Implementation: Number of volunteers

Additionally, the report will consider contextual factors relating to project delivery, evaluability, and wider relevant factors as per the evaluation questions and objectives within the evaluation plan.

This document reflects the BSBIH's understanding of the performance of Family Action, based upon the data provided by the service provider. Given the importance of data for evaluation and recommissioning, this report will also provide an assessment of the quality and usability of the data capture procedures and resulting data provided by the project. This understanding will also underpin the BSBIH's assessment of the future evaluation potential of the project, if it were to be recommissioned.

### a. What we already know about Family Action Perinatal Peer Support Service

Family Action Perinatal Peer Support service is a multi-component programme designed to reduce or prevent perinatal depression or isolation in pregnant women with or at risk of mild to moderate depression or isolation. All women accepted to the programme have their needs assessed by Family Action staff. They may then be offered continued support from Family Action staff, who are typically qualified and experienced in family support. If appropriate and acceptable to a family a peer supporter will be offered. The final element comprises referrals to two group based parenting programmes (Theraplay, Solihull), which may also be offered to families after assessment, alongside ongoing support.



Eligibility criteria:

- Pregnant women, or women with a child under one year, who live in the BSB commissioned area
- The women present with mild to moderate depression, or are at risk of mild to moderate depression (the key indicator being that they are socially isolated).

Family Action did not go through the service design process during commissioning or set up. The logic model for the intervention was not finalised until June 2017, so there has not been an opportunity to match the data requirements to the logic model.

The logic model for the Family Action Perinatal Peer Support service has been developed by the BSB team to reflect the emergent Better Start Bradford model. Outcomes in the logic model are based on the peer support programme and were developed by Family Action as part of a theory of change workshop in November 2011 (Barlow and Coe, 2012).

## B. Project performance summary

### Data

An essential component of the project's performance is a working consent process and complete collection and reporting of the agreed minimal data set at an individual level.

Data submissions have been made consistently and in the time-frame requested, though there have been a number of instances where key columns/tables have been omitted and numerous inconsistencies in the data that have required additional data queries and cleaning which ultimately causes delay in production of reports and raises concerns regarding data quality.

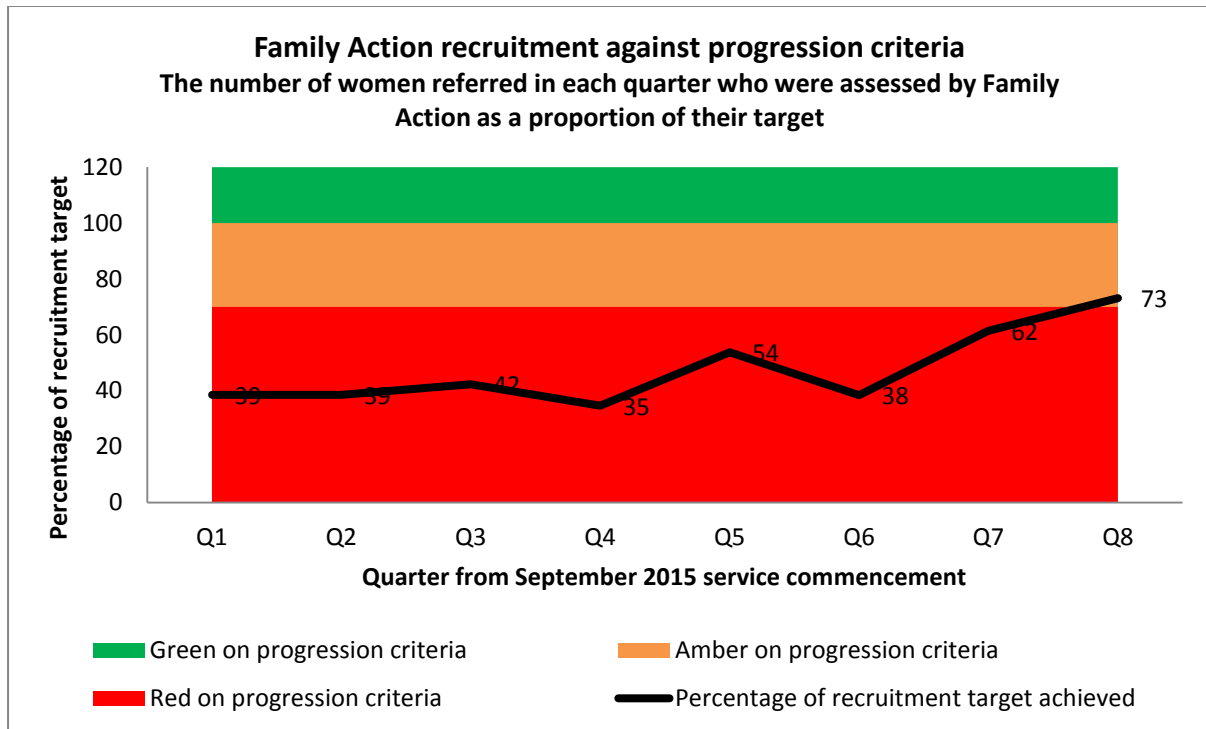
Of all referrals accepted by Family Action 62% of women consented to share data. This means that we are unable to report demographics and outcomes on nearly 40% of women who use this service. The women who did not consent to data sharing may have actively chosen not to consent to data sharing, or it may be because they were never engaged enough with the service to be asked to consent to data sharing.

Three progression criteria were agreed with Family Action: recruitment, reach and implementation.

- The target for **recruitment** was the original target set when Family Action was commissioned, i.e. 105 per annum.
- For **reach** the target is based on the ethnicity of women living in the three wards who delivered their infant in the period. The target for reach was 55% Asian/Asian British: Pakistani, White: British 15%, White: Other 10%, Other 20%.

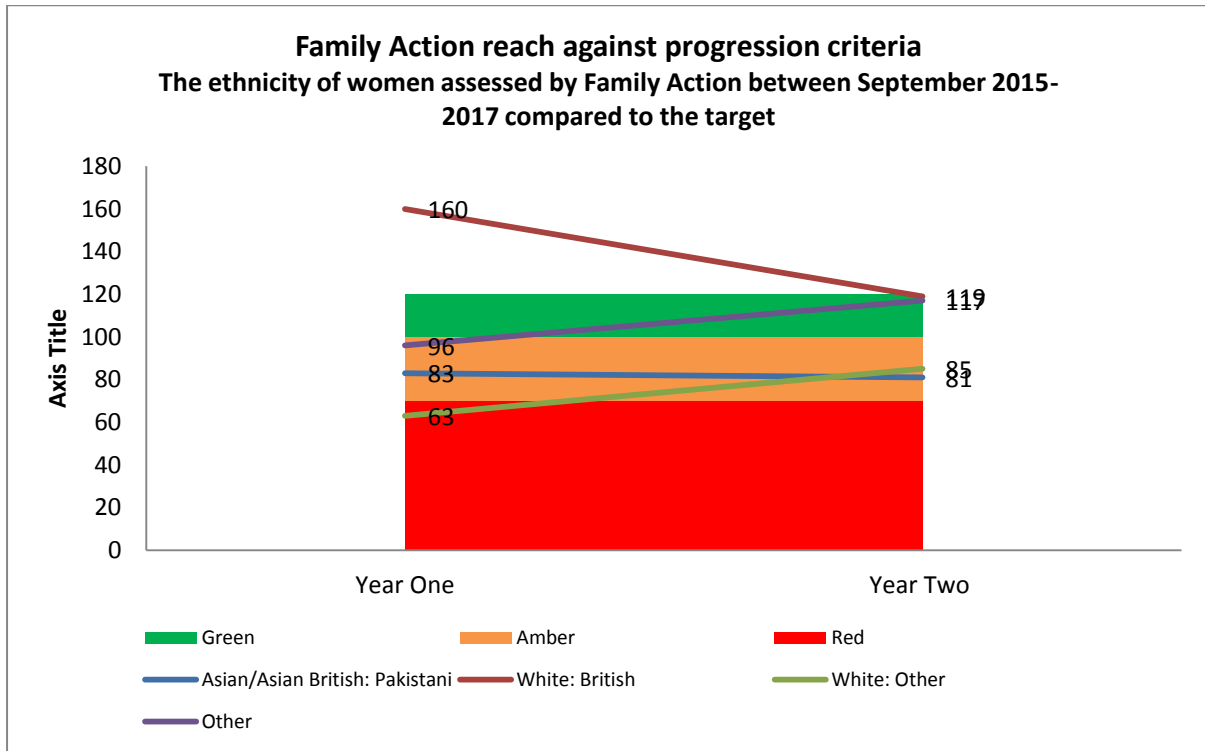
For **implementation** the target is the number of volunteers to be trained as outlined in the original commission, i.e. 45 per annum. The figures below show Family Actions performance on these criteria.

Figure 1: Recruitment against progression criteria



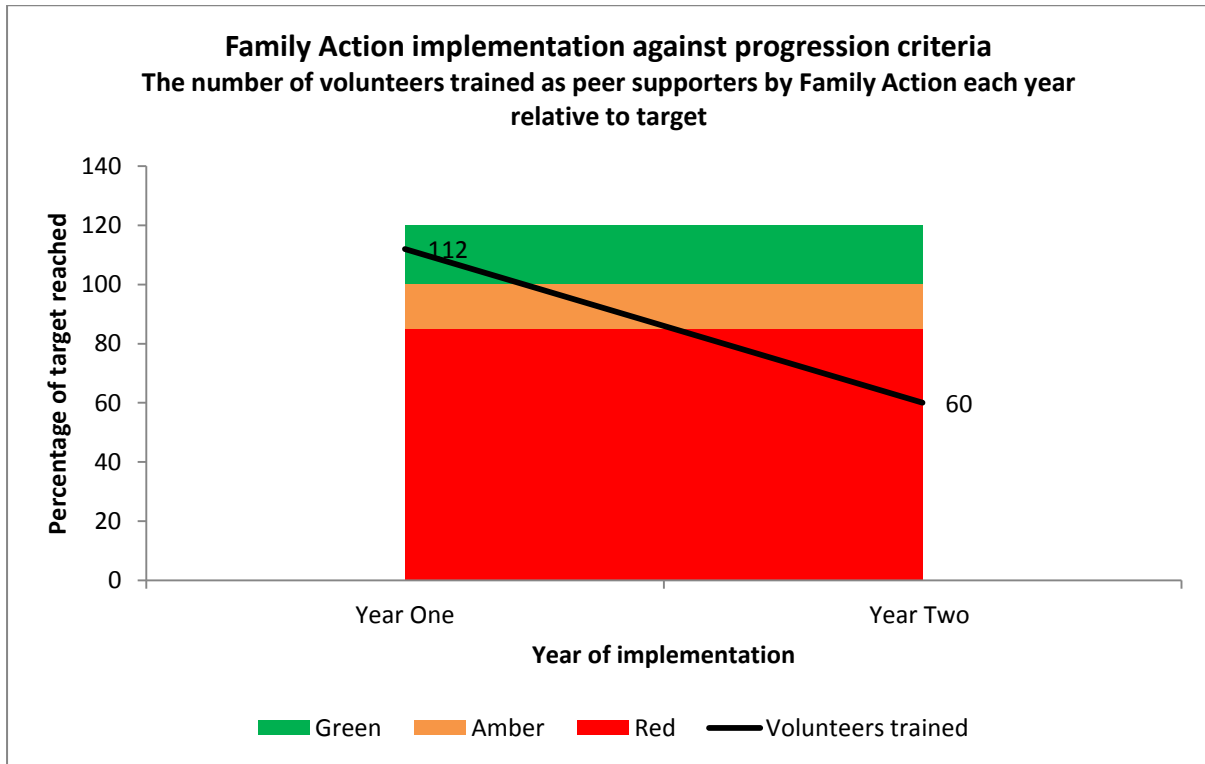
- Recruitment is defined as the number of women for whom assessment commenced, as identified in their record.
- The target for recruitment was 105 women for whom assessment was commenced per annum, which has been operationalised as 26 women per quarter.
- Figure 1 indicates that Family Action were consistently in the red on the recruitment progression criterion, with the exception of the final quarter, quarter 8.

Figure 2: Reach against progression criteria



- Reach is calculated using the women who commenced assessment with Family Action. Reach is calculated by comparing the proportion of women from each of the four main ethnic groups with the proportion that would have been expected given the ethnic composition of the population living in the BSB area who gave birth in the time period. So, if 15% of the maternity population were White British, and the proportion of Family Action women for whom assessment commenced and information about ethnic background was available who identified as White British was 17.85%, this would mean that 119% of the target for white British women was met.
- The target for reach was 55% Asian/Asian British: Pakistani, White: British 15%, White: Other 10%, Other 20%.
- Figure 2 indicates that Family Action were nearly always in the green or amber on their reach progression criterion over the two years of the project.

Figure 3: Implementation against progression criteria



- Implementation is calculated using the number of volunteers trained each contract year as a proportion of the target. The problem with this progression criterion is that as the service matures fewer volunteers will need to be trained if volunteers trained in earlier contract periods continue to deliver the project. As such going into the red on this criterion may not reflect a failure of implementation so should be interpreted with caution.
- The target for implementation was 45 volunteers trained per year – this equates to 50 in year 1 and 27 in year 2 (total of 77 from a target of 90).
- Family Action is in the green in the first contract year and goes into red in the second contract year, however caution should be exercised in interpreting this progression criterion.

### C. Evaluation findings

The evaluation plan for this intervention outlined the following objectives:

1. The demographic characteristics of families who were referred to Family Action and the demographic characteristics of the families where an assessment was initiated
2. The number of referrals received and assessments initiated



3. How many referrals are accepted as eligible by Family Action
4. How many referrals are being rejected as ineligible without assessment
5. If women are willing to engage with the assessment process
6. What assessment Family Action is completing with women
7. What the needs of women identified in the assessment period are
8. How many women after the assessment phase are offered further support from Family Action
9. How many women after the assessment phase are found to be ineligible for further support from Family Action
10. If women are taking up the offer of further support from Family Action after the assessment phase
11. Proportion of women who are paired with a peer supporter and the proportion of women who receive continued one to one support from a paid member of staff.
12. Number of trained peer supporters

Objective 12 is answered by the implementation progression criterion

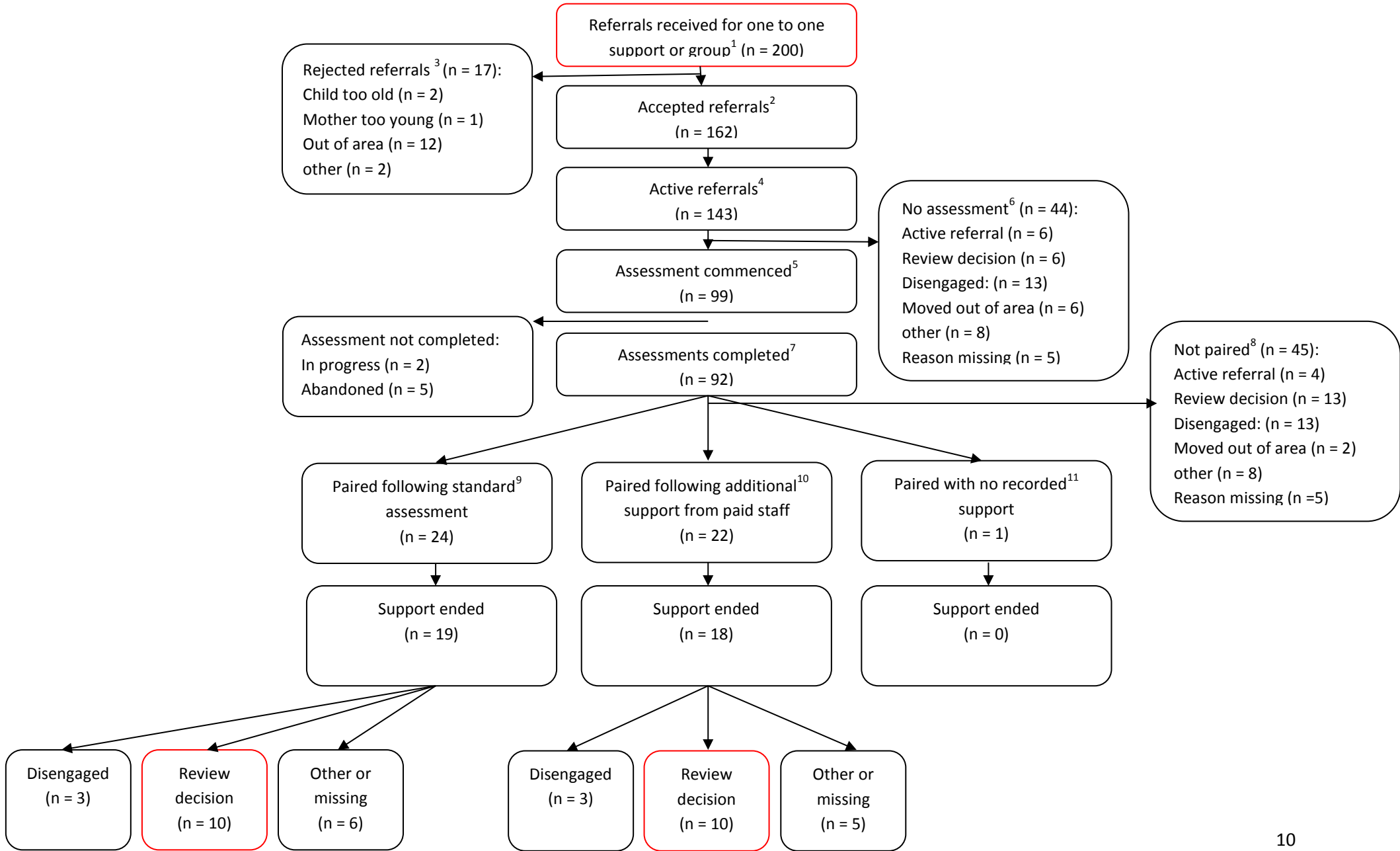
Figure 4 below shows the flow of *accepted* and *eligible* women through Family Action between September 2015 and September 2017, and relates to objectives 2, 3, 4, 5, 8, 9, 10 and 11.

The footnotes below the figure relate to the interpretation of Figure 4.

Note: Numbers reported are total engaged with service between 01/04/2015 – 30/09/2017; 'group only referrals' are included; duplicates and records with missing or erroneous data have been removed.

Figure 4 indicates that of the 200 referrals made to Family Action in the two year period 20 (10%) women were paired with a peer supporter and support was ended as a result of a review decision.

Figure 4: Flow of participants through Family Action



Footnotes:

- 1 Contains all referrals to service, both for 1:1 support and group work; 3 duplicates (same URN and date received) were removed
- 2 Referrals with a complete date accepted, and no rejected date or reason for rejection; 2 duplicates (same URN and date received) removed
- 3 Referrals with a complete date accepted, and a complete rejected date or a complete reason for rejection
- 4 Referrals with a complete date accepted and a complete active date; 1 duplicate (same URN and date received) removed
- 5 Number of assessments with a created date (assessment export), associated with a referral with complete accepted and active dates; 4 removed due to incomplete data
- 6 Number of referrals with no associated assessment record (assessment export)
- 7 Number of assessments with a complete date completed and a 'Complete' status, associated with a referral with complete accepted and active dates; 4 removed due to incomplete data
- 8 Number of referrals with complete assessments (7), not matched to a volunteer (not present in the volunteers extract)
- 9 Number of referrals with complete assessments (7), paired with a volunteer (present in volunteers extract), and with record of 4 or fewer contacts (excluding phone calls)
- 10 Number of referrals with complete assessments (7), paired with a volunteer (present in volunteers extract), and with record of more than 4 contacts (excluding phone calls)
- 11 Number of referrals with complete assessments (7), paired with a volunteer (present in volunteers extract), and with no record of any contact (not present in the 'face-to-face' extract)

To answer the objective 1 of understanding the demographic characteristics of the women assessed by Family Action Figures 5 and 6 and Table 1 below shows the ethnic group of women, the languages spoken by women and the age of women.

Figure 5: Ethnic group of women referred

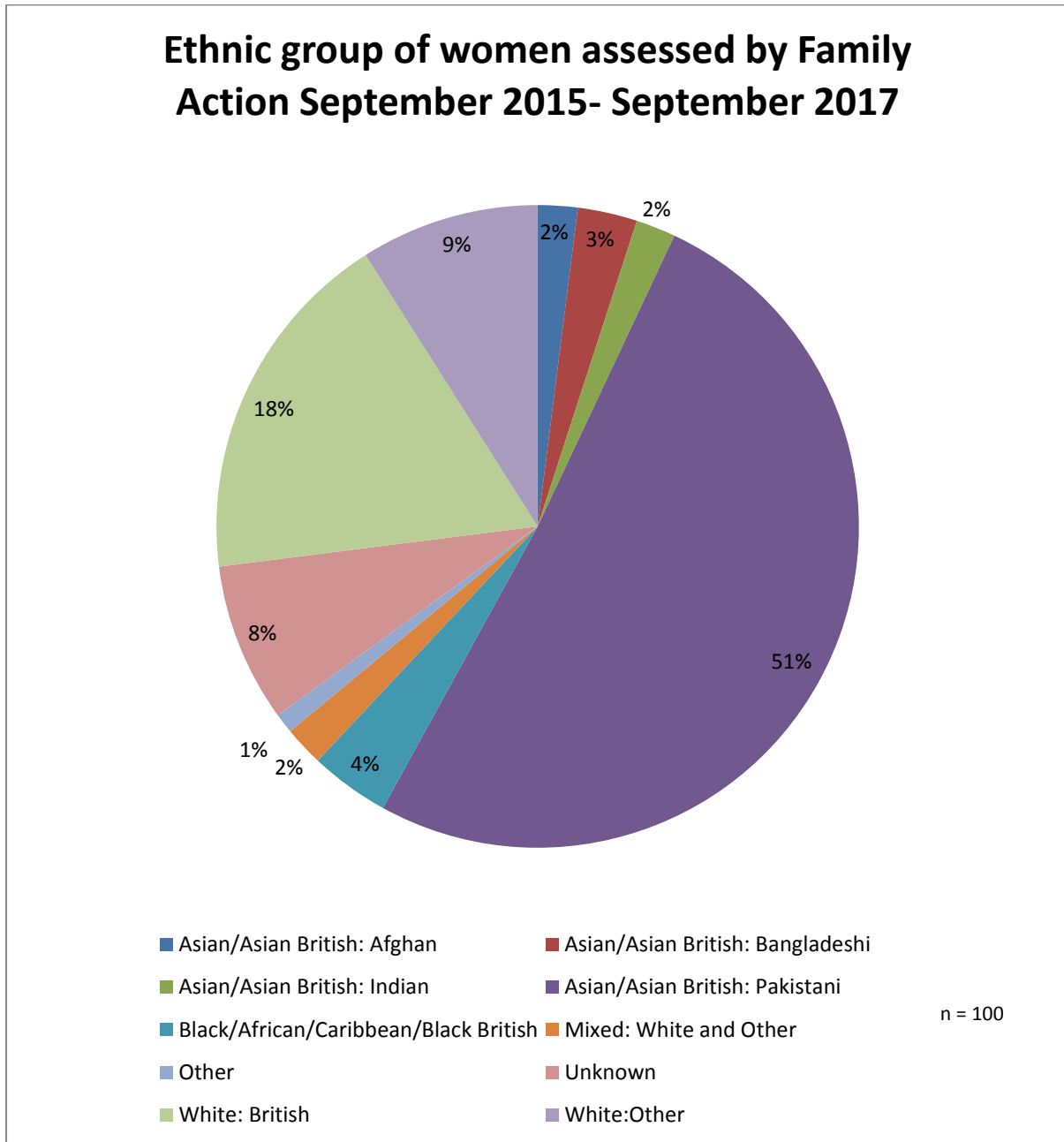
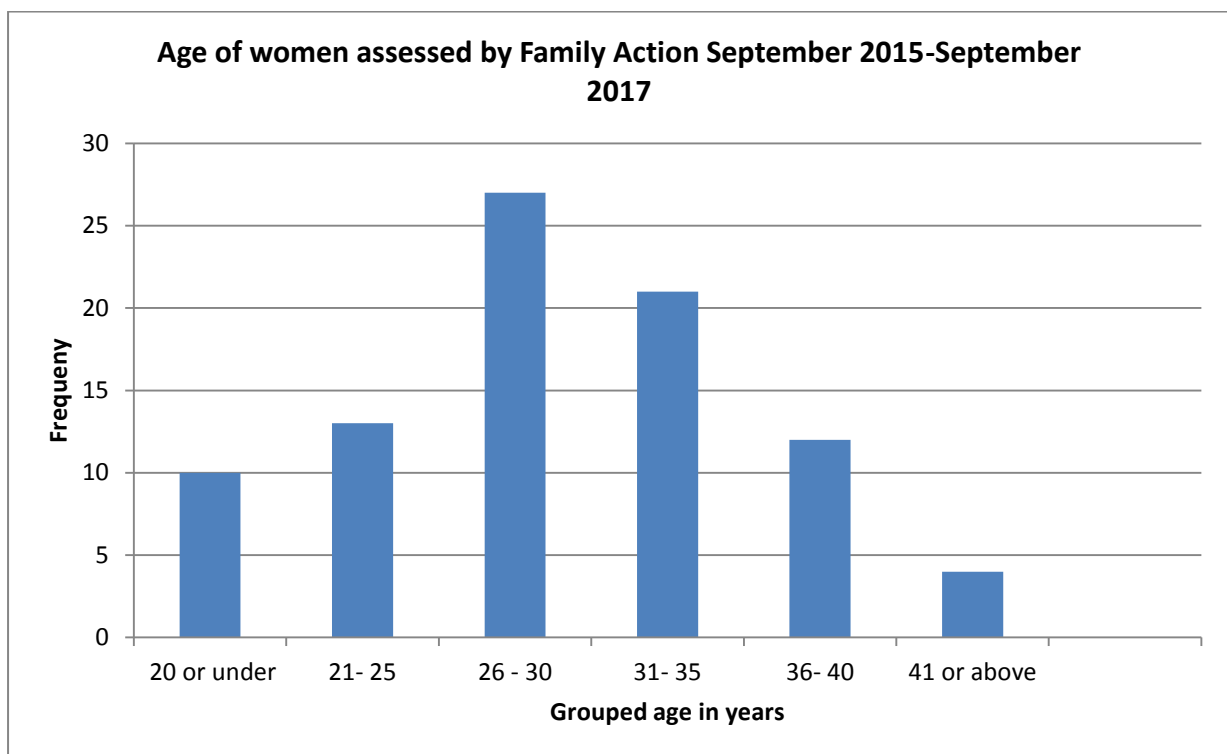


Table 1: Languages spoken by Family Action clients

| Language spoken | Number of women |
|-----------------|-----------------|
| English         | 60              |
| Albanian        | 1               |
| Amharic         | 1               |
| Arabic          | 1               |
| Bengali         | 2               |
| Czech           | 1               |
| Farsi           | 1               |

|         |     |
|---------|-----|
| Polish  | 2   |
| Punjabi | 7   |
| Pushto  | 1   |
| Russian | 1   |
| Tamil   | 1   |
| Urdu    | 7   |
| Missing | 14  |
|         |     |
| Total   | 100 |

Figure 6: Age of women assessed



Objective 6 was to understand what assessment Family Action were completing with women. Table 2 below shows the completion levels of each of the measures used by Family Action.

**Table 2: Completion of measures by women assessed**

|                                | Measure |      |       |       |
|--------------------------------|---------|------|-------|-------|
|                                | MSSI    | MPAS | GAD-7 | PHQ-9 |
| Number of women completing     | 86      | 75   | 87    | 92    |
| Number of women not completing | 14      | 25   | 13    | 8     |
| Total                          | 100     | 100  | 100   | 100   |

Objective 7 was to understand what the needs of women identified during the assessment phase were. Table 3 shows the scoring bands of women assessed by Family Action on the PHQ-9 measure at the first time they were asked to complete PHQ-9.

**Table 3: Depression scores on PHQ-9 of women assessed**

| PHQ-9 Scoring band     | Not depressed | Mild depression | Moderate depression | Moderately severe depression | Severe depression |
|------------------------|---------------|-----------------|---------------------|------------------------------|-------------------|
| Scoring range on PHQ-9 | 0-4           | 5-9             | 10-14               | 15-19                        | 20-27             |
| Frequency              | 18            | 28              | 19                  | 10                           | 8                 |

### Conclusions from the Evaluation:

- The number of women who have been referred to the service is fewer than anticipated, and the service has been constantly developing. The findings of this report are preliminary.



- The conversion rate from initial referrals to support ending as a result of a review decision is very low (10%)
- There are fewer than anticipated numbers of referrals
- The service is working with ‘ineligible’ women, i.e. those who are not depressed or are severely depressed (according to original criteria)
- The service successfully works with women from a wide variety of backgrounds and language groups
- Measures are being completed by women and therefore appear acceptable
- Volunteer numbers have declined and are below target

## D. Caveats to findings

### a. Were all evaluation objectives (from the evaluation plan) met?

Table 4 below is the implementation evaluation plan table from the evaluation plan prepared for Family Action. It has been modified to explain if this evaluation report meets all of the initial evaluation objectives.

Table 4: Updated implementation table from evaluation plan

| Areas to measure                           | Research questions  | Data source and collection method   | Has this objective been met?   |
|--|---|---|--|
| Content                                    | Not to be assessed at this point  | Not applicable  | Not applicable   |
| Frequency/Duration (Dosage, Dose delivery) | Not to be assessed at this point  | Not applicable  | Not applicable   |
| Coverage (reach)                           | <p>What were the demographic characteristics of families who were referred to Family Action?</p> <p>What were the demographic characteristics of families who were assessed by Family</p> | <p><i>From monitoring data</i></p> <p>Sociodemographic background data on parents including ethnicity, language spoken, and age</p> | <p><i>It has not been possible to outline the demographic characteristics of families referred.</i></p> <p><i>The demographic characteristics of families assessed</i></p> |

|             |  |  |   |
|-------------|--|--|---|
|             | <p>Action?</p> <p>PHQ-9 scores</p> <p>What proportion of assessed women screen positively mild to moderate depression?</p>   |  | <p>are outlined in Figs 5&amp;6 and table 1</p>   |
| Recruitment | <p>How many families were referred?</p> <p>How many families received someone to one (n.b. defined as delivered by either a professional or a peer) support?</p> <p>How many families disengaged with the project?</p> | <p><i>From monitoring data</i></p> <p>Anticipated number of families referred per year</p> <p>Actual number of families referred per year</p> <p>Anticipated number of families supported per year</p> <p>Actual number of families supported per year</p> <p>Number of families matched to volunteer</p> <p>Number of families matched to staff</p> <p>Drop out dates for families</p> <p>Reasons for drop-out/non-completion/non matching with volunteer/unplanned ending, service declined, reasons for visit</p> | <p><i>This is outlined in Fig 4</i></p> <p><i>There is no data for reasons for drop out</i></p> |



|   |   |  |  |
|---|---|--|--|
| cancellation                            |   |  |  |
| Strategies to facilitate implementation | Not to be assessed at this point  | Not applicable   | Not applicable   |
| Participant responsiveness              | Not to be assessed at this point  | Not applicable   | Not applicable   |
| Context                                 | What factors at political, economic, organisational and group levels affected the implementation? | <i>Examination of quarterly/ annual reports around the key challenges of implementation and corresponding action plans</i> | <i>Some of the key challenges are outlined below in section E.</i> |

## b. Logic model

Data requirements for Family Action were developed without a full understanding of the service as the service was set up, the data available does not fully measure the components of the service identified in the logic model. The main reasons for this are:

- Family Action did not have a pre commissioning process of service design or a phase in which data requirements were resolved before the project began delivery.
- Family Action is not a manualised intervention with a pre-existing agreed logic model from which data requirements could be drawn
- The Innovation Hub was not fully staffed until the second contract year with Family Action so were unable to address these issues until relatively late in the contract

The logic model which was developed in June 2017 is included as an appendix to this report. There are a number of key concepts in the logic model which were not considered when the data collection items and processes were developed.

In the ‘need’ column of the logic model no appropriate measures of social isolation or maternal stress have been identified in the data.

In the ‘activities’ column the data does not well reflect the assessment of need or the personalised support planned for women which links to the outputs column with the distinctions made between



women who were offered, commenced and completed support not being clear as to the nature of the support offered.

### c. Data quality

Family Action have worked well with the Innovation Hub to support data capture and sharing and have always produced data reports on time. However, there are a number of specific concerns with the quality of that data.

The consent rate is low (61%) meaning that we cannot report outcomes or demographics on a large proportion of the families they see.

'Group work only' referrals are duplicated within the 'referrals' export, and outcomes such as whether assessed or paired are common to both those referred for 1:1 support and group work; the care pathway for women referred to group work is therefore unclear. No group attendance data have been submitted and we cannot quantify the level of support given to those not assessed or paired.

There are a number of duplicate referrals (same URN, same date), and referrals with multiple, conflicting rows in the 'reasons for referral' extract. These have been rationalised where possible for the purpose of evaluation.

A number of women have assessment scores (PHQ, MPAS etc.) but do not feature in the 'assessments' extract, it is unclear whether the assessments were completed in addition to the formal assessment process (in group or otherwise), or whether data are missing from the 'assessments' extract.

There are a number of records with both accepted and rejected dates, with missing accepted dates, with case closure types but no end date and with the reverse; errors/omissions such as these make it difficult to reliably summarise activity as women are likely to be counted twice or excluded without resolution/inference (potentially inappropriate) on a record by record basis.

Assessment completed date of assessment export does not match date assessment completed of referral export.

Data submissions have been made consistently and in the time-frame requested, though there have been a number of instances where key columns/tables have been omitted and this has introduced delay.

Number of women have been referred/accepted with no record of children; it is unclear whether the woman was pregnant at the time of referral and it is therefore unclear whether eligibility criteria was met.



## E. Context

### a. Need

At this time we do not know the level of women in the BSB area who have mild/moderate depression and/or who are at risk of depression due to social isolation. It is however known that up to 40% of women will have some depressive symptoms in the perinatal period. Based on this estimate up to 560 BSB women per year could be eligible for Family Action.

### b. Fidelity of service delivery/changes to delivery model

As the service design process was not part of the initial commissioning of Family Action there is no record of what the intended service model was. During the ongoing monitoring it has not been possible to accurately record changes to service delivery as there was no description of what the service should look like.

The changes in referral origin of service users and support given to women over time indicate that there has been drift in the model.

### c. Staff changes or challenges

No data available

### d. Changes in other services

When Family Action was commissioned children's centres were individually managed and had universal programmes and outreach activities into the community. During the contact children's centres have moved to a cluster model, and have new providers. These changes have made joint working with children's centres as initially envisaged more problematic.

### e. Role of project within BSB and wider community

The project invests substantially in the volunteers recruited to the project, and makes conscious steps to recruit volunteers from the local community and that have lived experience of similar needs to those of service users. At present there is no systematic evaluation of the impact of the project on volunteers. There is reason to think that the volunteers have benefited from their involvement with Family Action, however these benefits are not the reason why the project has been commissioned.



Family Action are delivering part of the Babies and Bonding service. There is some staff overlap with staff contracted for part of their hours to Babies and Bonding and part of their hours for Perinatal Peer Support.

One of the aims of the project is to support service users to access services provided locally and the data provided by Family Action to IH does not include information on where their participants have been supported to access routine services, for example IAPT services or Baby Clinics.

## **f. Other alternative projects with similar eligibility criteria**

In the BSB programme Home-start has also been commissioned. It is another trained peer supporter intervention, which also (amongst a broader set of criteria) includes perinatal mental health problems and the risk of perinatal mental health as eligibility criteria. Home-start is commissioned to work with fewer women than Family Action.

Family Action and Home-start have drawn up protocols for joint working including referring to the other project if required. As Family Action and Home-start have only both been operational since April 2017 (two years into Family Action's commissioned period) the overlap has been fairly short and there is no information about the process the protocol follows and what data is required to monitor it.

Family Action are delivering part of the Babies and Bonding service. Babies and Bonding is an Infant Mental Health Service and Family Action has been commissioned to provide community messaging as part of this service. At present the Babies and Bonding service is still under development so the degree to which the projects will overlap in client group is unclear.

## **F. Potential for future evaluation**

### **a. Evaluability checklist**

Not applicable as the project requires work to develop the logic model.

### **b. Emerging evidence base**

No new evidence relevant to this intervention has been forthcoming during the time between the evaluation plan being developed and the evaluation taking place.



### c. Challenges to address going forward

Data quality is challenging, and service design is incomplete. It is important to resolve these challenges.

## G. BSBIH Recommendations

In order to be able to evaluate future commissioned periods of Family Action a comprehensive service design process needs to be undertaken. Recommendations include:

- A revision of the logic model so that service inputs, activities and outputs can be monitored and credibly linked to the outcomes for users of the service
- Eligibility criteria needs tightening and adhered to (with careful monitoring), including a process for signposting/transferring 'inappropriate referrals', e.g. not depressed/severely depressed before, during, or after Family Action service
- Improve the referral pathway, and establish level of need for the service to potentially increase initial numbers and conversion rate
- Establish clear model (and target) for recruitment of volunteers and matching procedure (volunteers versus staff). Regarding volunteer numbers the target could be revised to an overall number of 'active' volunteers as opposed to an annual intake/training of volunteers
- Improve the rates of consent to share data for women who have accepted referrals
- Consider the most appropriate data system for data collection and reporting to facilitate high quality and complete data reports.

## H. Appendices (sent as separate files)

Service design document

Logic model

Data requirements

Evaluation plan