

## Better Start Bradford Innovation Hub

# Family Action Perinatal Peer Support End of Contract Report - October 2020

*This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the Family Action Perinatal Peer Support team. The document provides an overview of the Family Action Perinatal Support Project, its performance and findings from the implementation evaluation for the project's second contract period. 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 in October 2018.*

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Approved by:

Sara Ahern Better Start Bradford Innovation Hub Programme Manager



Produced for Better Start Bradford

# Executive Summary

## Project Summary

The Family Action Perinatal Peer Support Service provides emotional support to families during pregnancy and the first year of a child's life where a mother or primary carer has been diagnosed with a low to moderate level of perinatal mental illness, including anxiety and social isolation. The project seeks to promote good maternal mental health by supporting women to access services through volunteer befrienders aiming to reduce risks to the unborn child and provide for the safe development of the baby. Volunteers usually work on a 1:1 basis in the home but also accompany service users to groups in community venues when necessary. Women can also participate in Therapeutic group work (Theraplay), led by trained staff, which aims to improve parent/child attachment, create social networks and reduce social isolation.

This is the second contract period for the project. For details of the evaluation of the first contract period please see the BSBIH Family Action Perinatal peer Support Implementation Evaluation which can be requested from Better Start Bradford or the Better Start Innovation Hub team.

The current report provides findings from an implementation evaluation covering 2 years and 3 months of project delivery between 1st April 2018 and 30th June 2020 and includes a range of data sources including project monitoring data, and project satisfaction questionnaires.

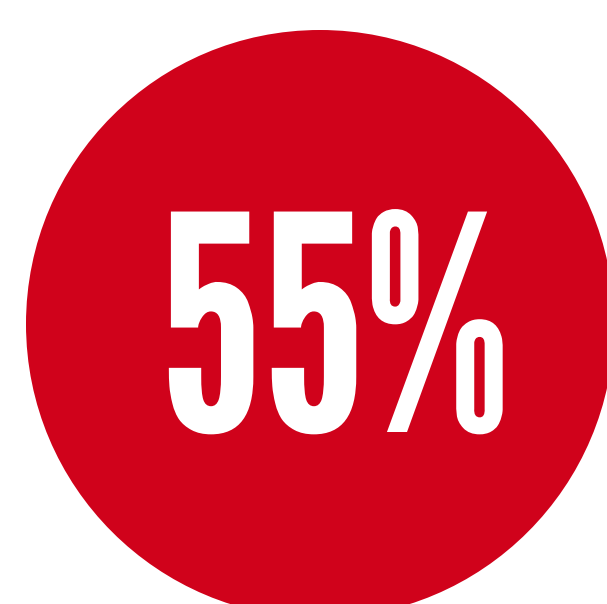
## Project performance

### Data



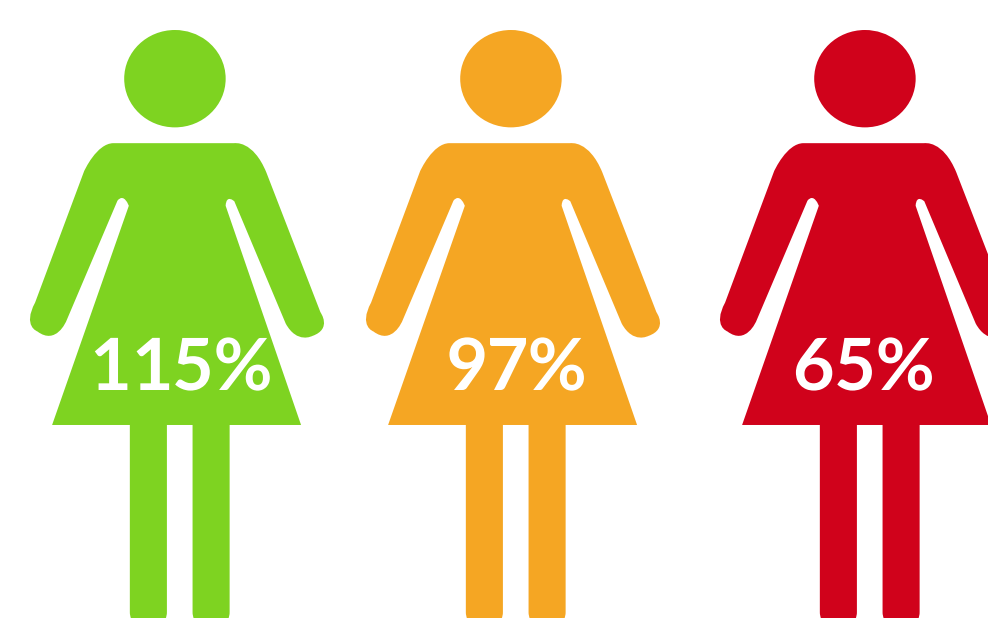
The project has worked closely with the Innovation Hub to improve the quality and completeness of project monitoring data. However, some issues still remain with data capture and these issues should be addressed moving forward. The project is in **AMBER**.

### Recruitment



Annual recruitment targets related to the number of families initiating assessments with the service each year. Overall the project achieved 51% of the target placing the project in **RED** for this progression criteria.

### Reach



The project aimed to engage a representative number of families from three main ethnic groups in the Better Start Bradford area. The project exceeded the target for White: British women (115%) placing them in **GREEN**, were just below target for Asian: Pakistani women (97%) placing them in **AMBER** and did not reach the target for White: Other (65%) placing them in **RED** for this group.

### Implementation



Annual implementation targets related to the number of volunteers available to support families each year. The target was 35. The project exceeded the target in Year 1 and 2 and were slightly under target in Year 3. Overall this places the project in **GREEN** for this progression criteria.

\*See Appendix (Page 10) for progression criteria cut-offs

### Recommendation 1 - Optimise referrals

Referrals into the project have consistently been below the anticipated annual figure and have reduced year on year. Work to strengthen referral pathways for families is needed. Work with maternity services may be particularly beneficial in optimising the number of referrals.

Further work may also be needed to ensure that services understand eligibility when referring into the service as over a quarter of assessed women are reporting severe levels of low mood and or anxiety which might suggest women are being referred with needs exceeding the threshold for the service. Levels of disengagement of referrals are also high, and work which looks to minimise disengagement may be beneficial.

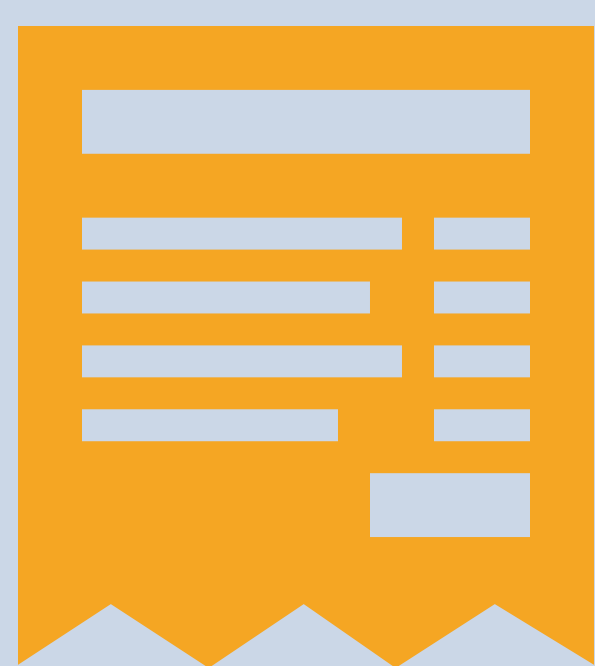
### Recommendation 2 - Improve data capture

Issues with data capture need to be addressed to support future evaluation. It is recommended that the Better Start Bradford, Innovation Hub and Family Action project teams work together to review the data capture for the project to ensure systems and processes are fit for purpose.



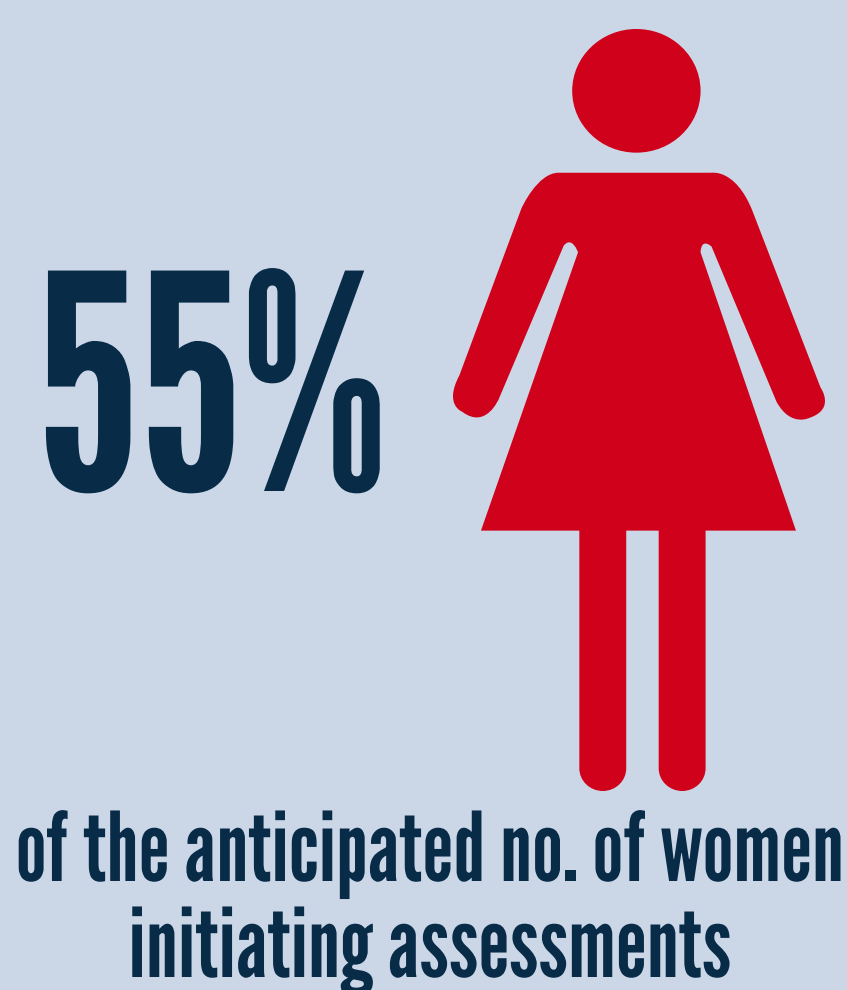
# Project Performance

## Data



The project has worked closely with the Innovation Hub to improve the quality and completeness of project monitoring data and have strived to meet the requirements for monitoring and evaluation. However, capacity within both the project and Innovation Hub teams over the contract period have slowed progress with resolving ongoing issues , some of which remain because of the constraints of the project data system and how it is used. The project is therefore in **AMBER**. The overall assessment from the Innovation Hub is that current data capture processes do not currently fulfill all of the data requirements for Better Start Bradford and prevents us from gaining an accurate representation of service delivery.

## Recruitment

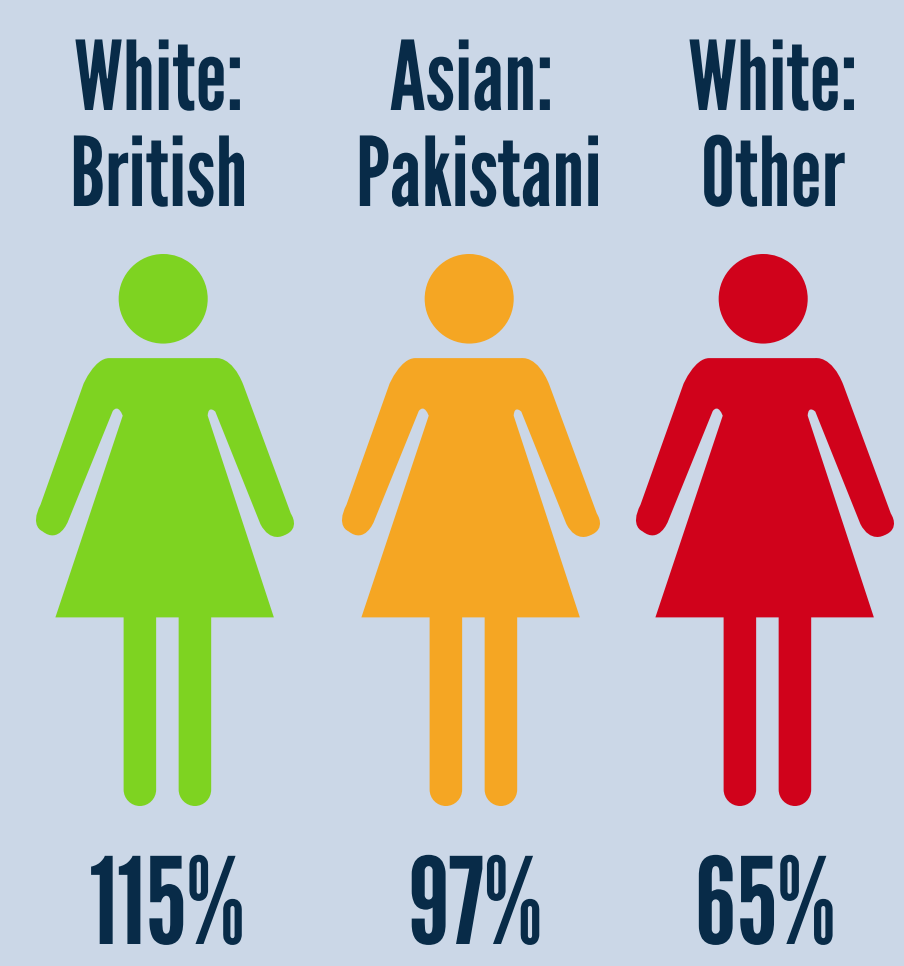


Targets around recruitment for the project related to the number of families initiating assessments with the service. The annual target was 140.

In Year 1, 72 families initiated an assessment (51% of the target). In Year 2, 83 families initiated an assessment (59% of the target). And in the first quarter of Year 3, 14 families initiated assessment (40% of the pro rata target of 35). Overall performance was 55% with 169 of 315 anticipated assessments initiated. This puts the project in **RED** for this criteria.

The 169 initiated assessments related to 152 unique families with some families accessing the service more than once across the contract period.

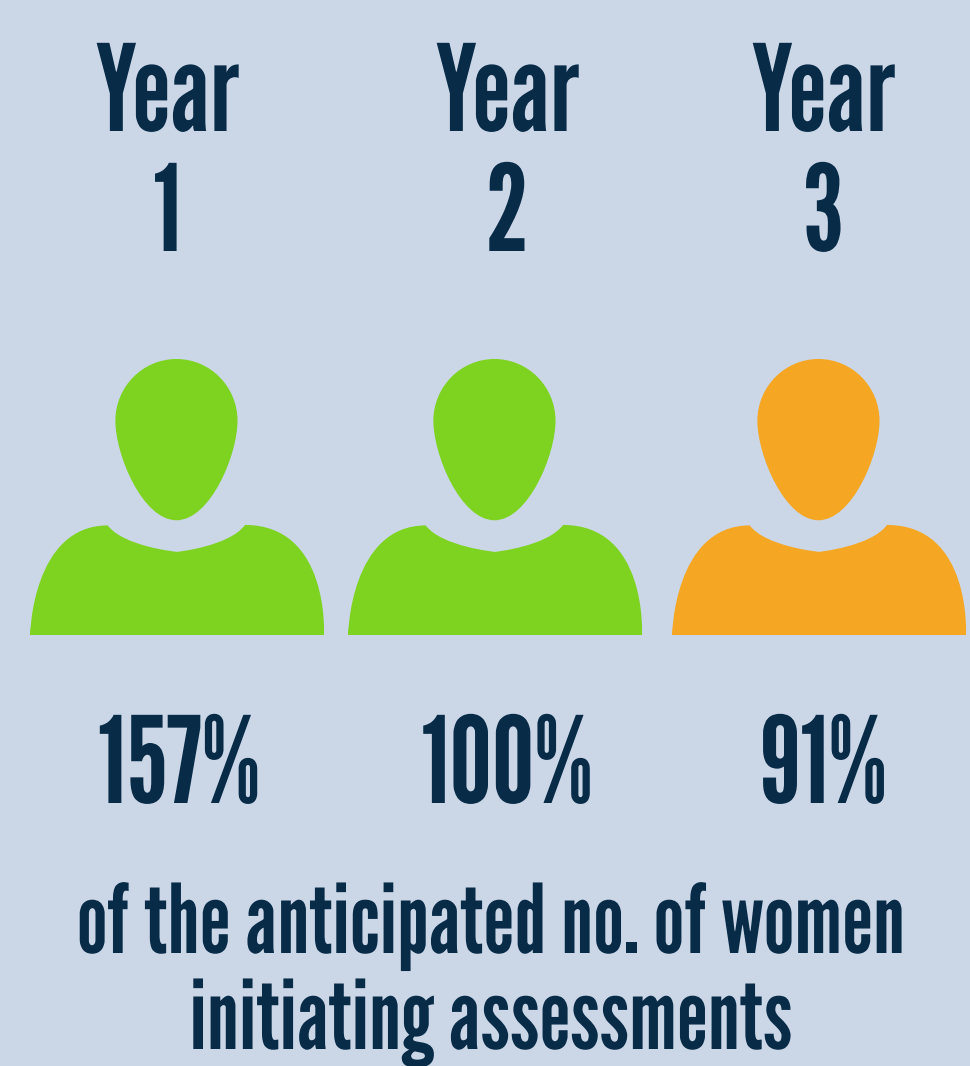
## Reach



The project aimed to reach women representative of the Better Start Bradford community. Based on the population of women from the Better Start Bradford area accessing maternity services in 2018, targets for reach were 49% Asian/Asian British: Pakistani, White: British 13%, and White: Other 11%. These targets related to women initiating an assessment with the service.

15% of women initiating assessments were White British (115% of the target), 47% of women were Asian: Pakistani (97% of the target) and 7% were White Other (65% of the target). This means the project were slightly overrepresenting White British women and underrepresenting women of other White backgrounds. The project was very close to meeting its target for Asian Pakistani women.

## Implementation



The agreed indicator for project implementation was the number of volunteers available to support families. The annual target was for 35 volunteers to be available to support families. An available volunteer was defined as one who had been trained and appointed and was available to be paired with a family or was paired with a family during a contract year.

In Year 1, 55 volunteers were available to support families, exceeding the target (157%). In Year 2, 35 volunteers were available to support families, meeting the target annual target (100%). And in the first quarter of Year 3, 32 volunteers were available to support families, slightly below target (91%). Overall this puts the project in **GREEN** for this progression criteria.

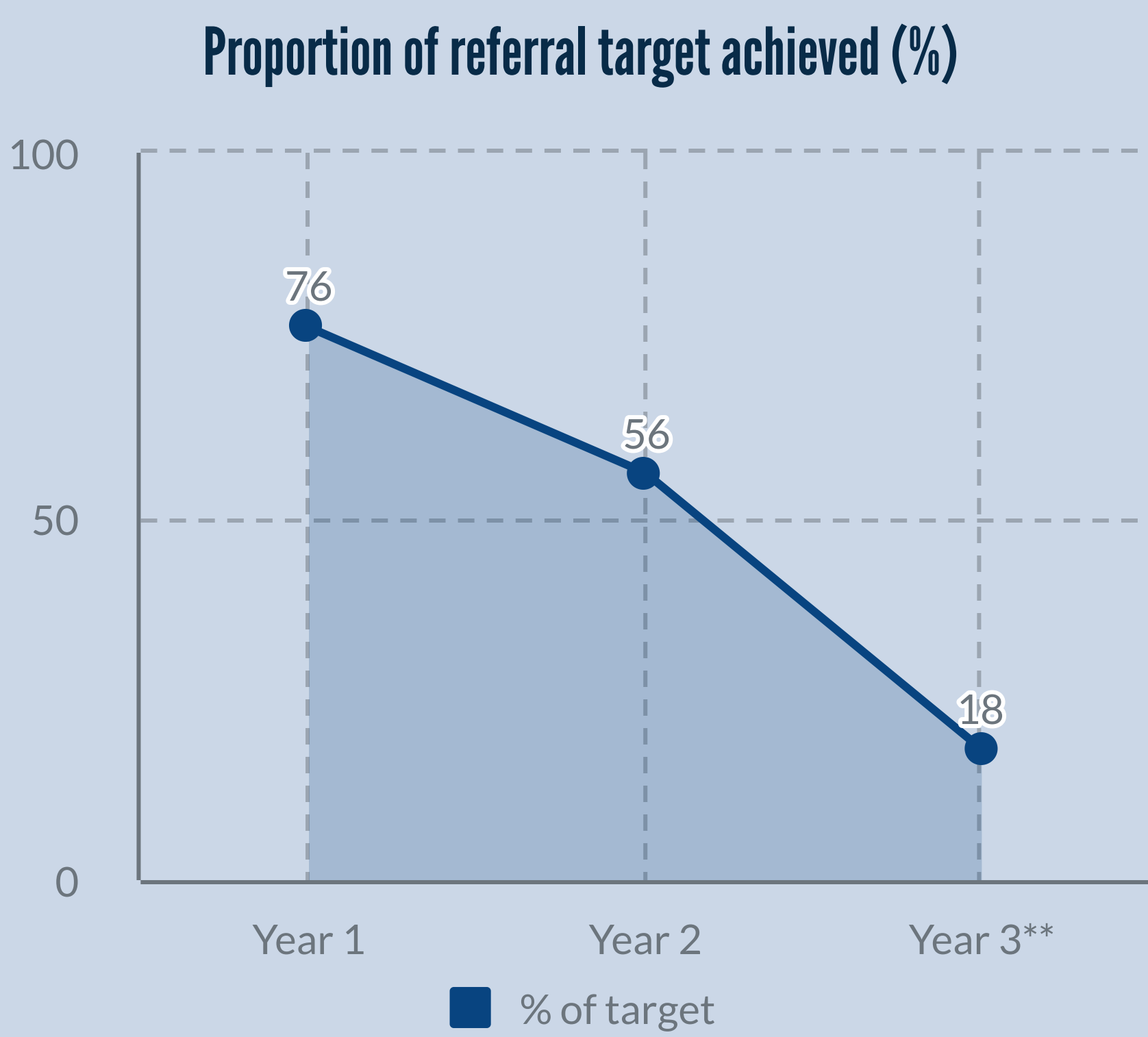


# Recruitment

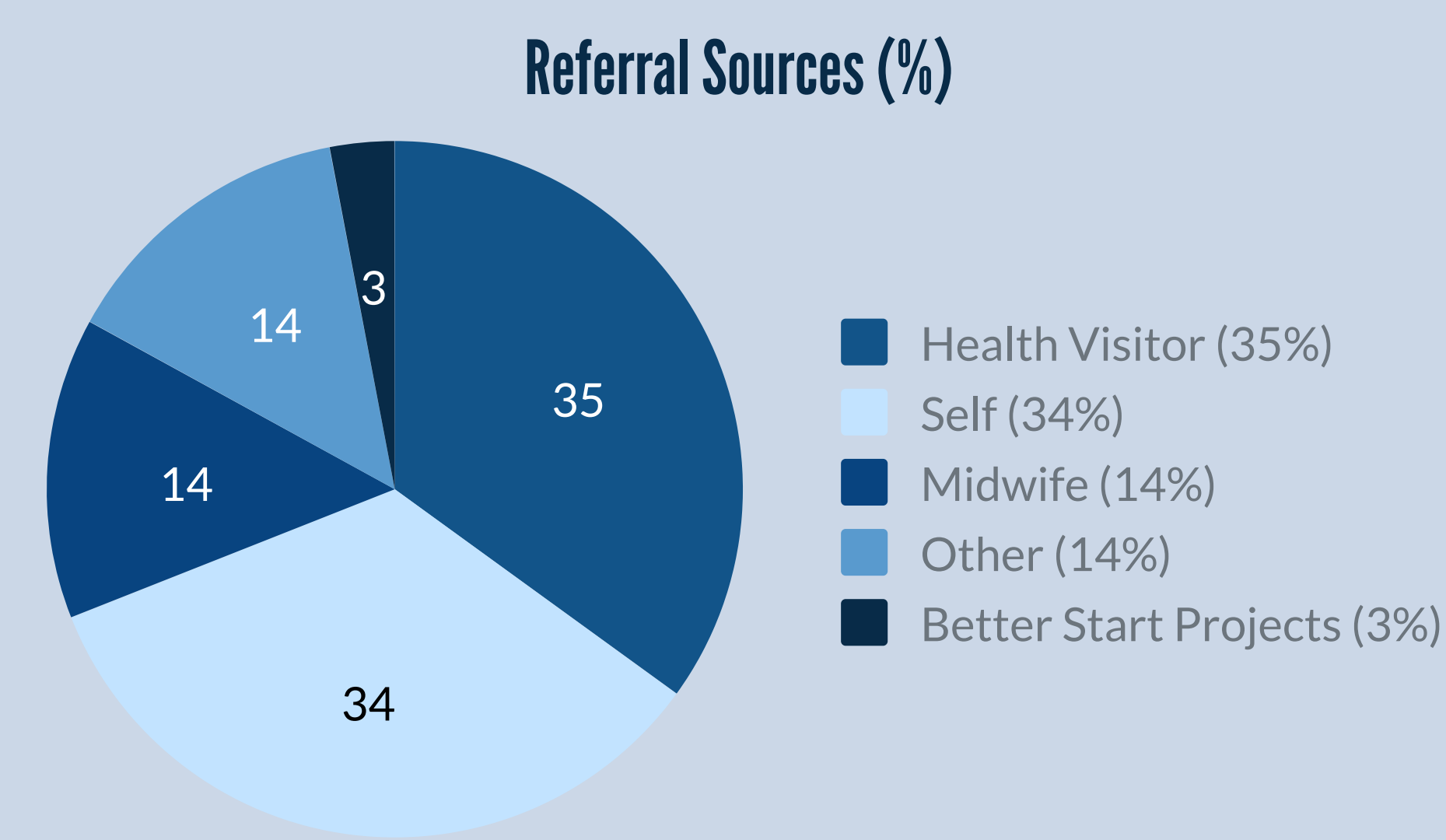
## How many families were referred into the project?

295 referrals were recorded by the project between April 2018 -June 2020. Where consent for data sharing was given, we were able to identify 245 unique families amongst these referrals, with 13 having more than one accepted referral during the evaluation period and so accessing the service more than once.

It was anticipated that the project would receive referrals for 180 families per year. The project did not meet this target and the number of referrals dropped between Year 1 (136, 76%) and Year 2 (101, 56%). For Year 3 the target has been adjusted to account for only 3 months of delivery (8/35 referrals, 18%). However, it should be noted that the first quarter of Year 3 delivery was during the first 3 months of lockdown so it would be expected to see a significant drop in referrals to the project during this time.



## Where do referrals for families come from?



Referrals came from a diverse range of sources suggesting that the project is known to a wide variety of referrers. Self referrals accounted for a third of all referrals. The other most common referral sources were Midwives (14%) and Health Visitors (35%). Other agencies that referred included Adult Services, Children's Services, Children's Centres and Family Hubs, Community Engagement Workers, Early Years and Preschools, GPs and other health practitioners, schools, and voluntary organisations.

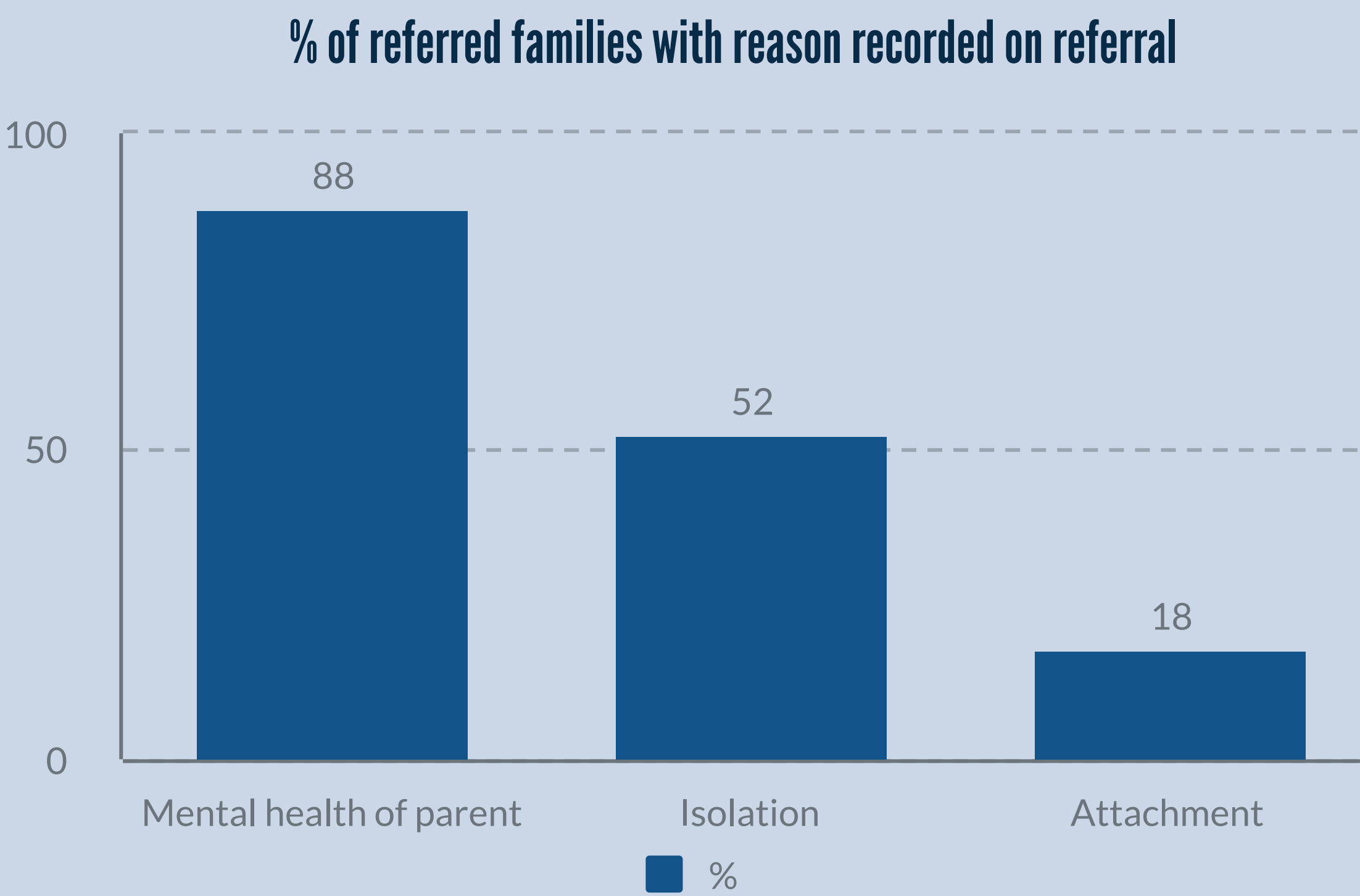
While Health Visitor referrals accounted for around a third of total referrals year on year, there was a drop of 23% in referrals from Health Visitors between Year 1 and Year 2.

## Why are families referred?

Several categories for referral were available to referrers for the first half of the reporting period.

After February 2019 the process changed to three referral reasons only; attachment and bonding, maternal mental health and social isolation. For the purpose of this report, these three referral criteria are the focus they were the most prevalent referral reasons throughout the whole evaluation period.

The most commonly selected areas of need were Mental Health of parent (selected for 88% of families) and Isolation (selected for 52% of families).



# Recruitment and Implementation

## What proportion of referrals are accepted?

Of the 245 unique families referred, 230 had referrals accepted (94%).

In Year 1, 125 of the 136 referrals received were accepted (92%), in Year 2, 97 of the 101 referrals were accepted (96%), and in the first quarter of Year 3 all 8 referrals were accepted (100%).

Across the evaluation period a total of 15 families had referrals rejected by the project 6% of referrals. This suggests that referring agencies have a good understanding of eligibility for the service and who the service is appropriate for. The most common reason for rejection of referral was that the woman lived outside of the Better Start Bradford area.

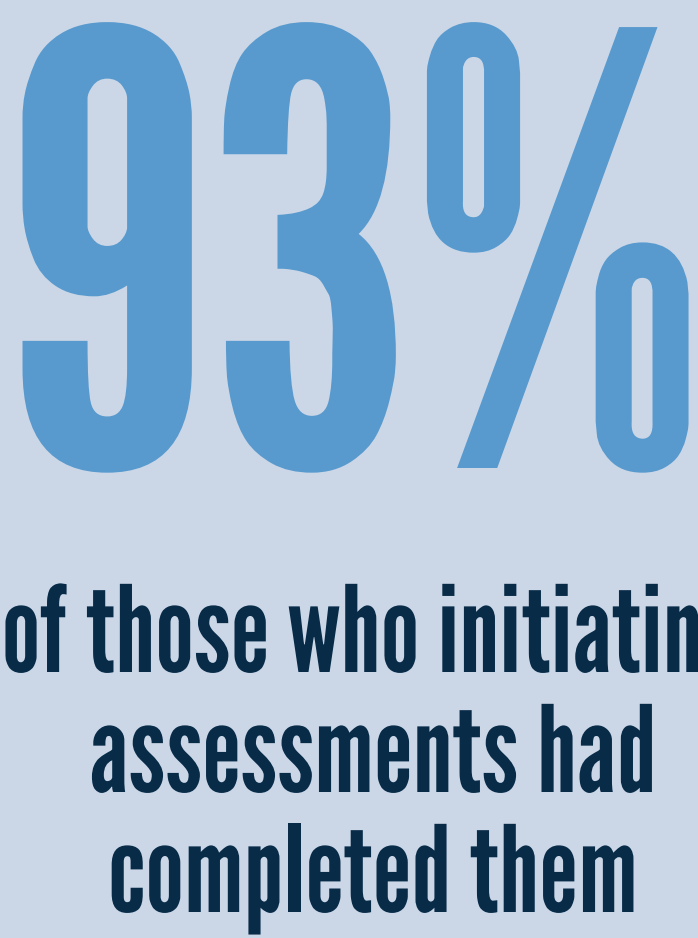


## What support do families go on to receive?

Of the 169 unique families who initiated assessments with the project, 142 (93%) had completed these assessments at the time of reporting. A total of 169 assessments were completed in total as the same families could have completed assessments in two separate contract years.

Following assessment, a decision was made about what support was appropriate and families were offered one to one support from a volunteer peer, group work called Theraplay, or both.

**Peer support:**  
It was anticipated that 72 families would receive support from a peer supporter each year and this was defined as having been paired with a peer support volunteer.

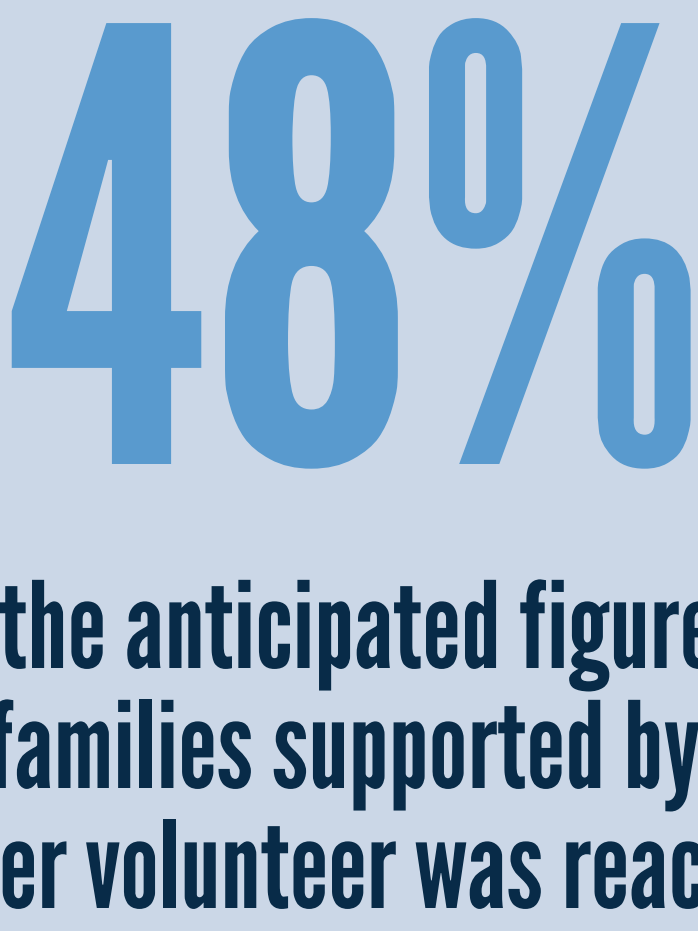


In total 75 unique families were paired with a peer supporter across the evaluation period. However, a number of families accessed the service more than once in this time and so were paired on more than one occasion.

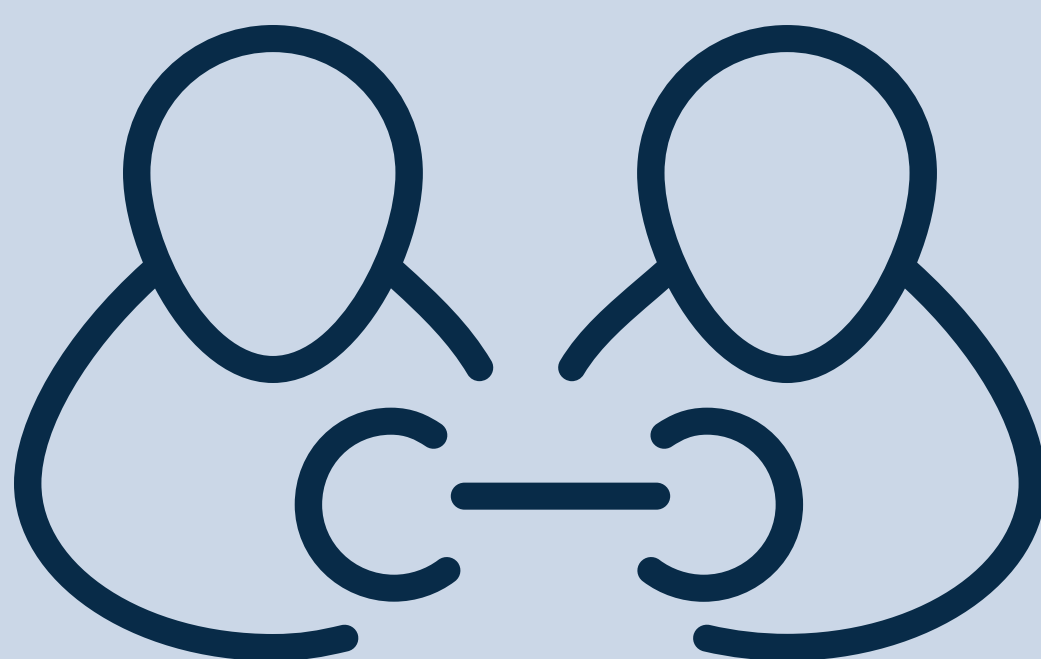
In Year 1, the project paired 43 families with volunteers (60% of this target), in Year 2 it paired 25 families (35% of its target), and in Year 3, paired 9 families (50% of its pro rata target of 18).

63 unique families (84%) went on to receive at least one support visit.

On average families received 7 support contacts from a peer supporter (a minimum of 1 visit and a maximum of 56). Families were supported by peer supporters for an average of 12 weeks (a minimum of 2 days and a maximum of 60 weeks).



### Average amount of support





# Recruitment and Implementation

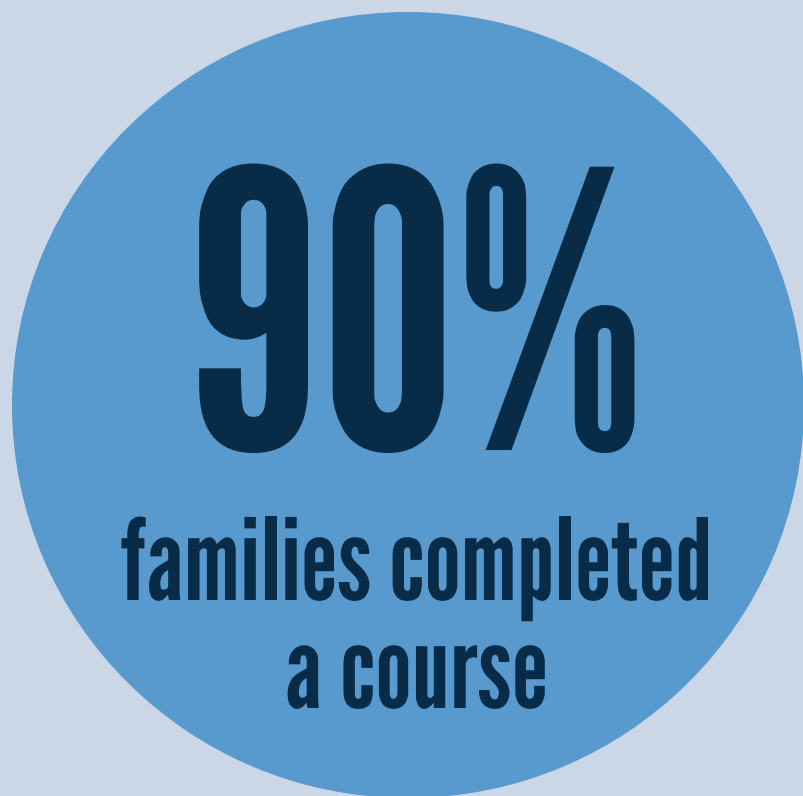
## What support do women go on to receive?

### Group work (Theraplay):

It was anticipated that 5 Theraplay courses, each consisting of 5 sessions, would be delivered per year. A total of 15 courses and 75 sessions across 3 years. These targets were adjusted to account for a 2 year 3 month evaluation period to 11 courses and 55 sessions. It should be noted that groupwork could not be delivered in the first quarter of Year 3, due to lockdown, which explains why the target was not met.

A total of 9 courses and 45 sessions were delivered (82% of the targets).

51 unique families attended at least 1 Theraplay session. 46 of these families (90%) completed the course by attending at least 3 sessions. Families attended an average of 4 sessions.



29 families received both peer support and attended Theraplay

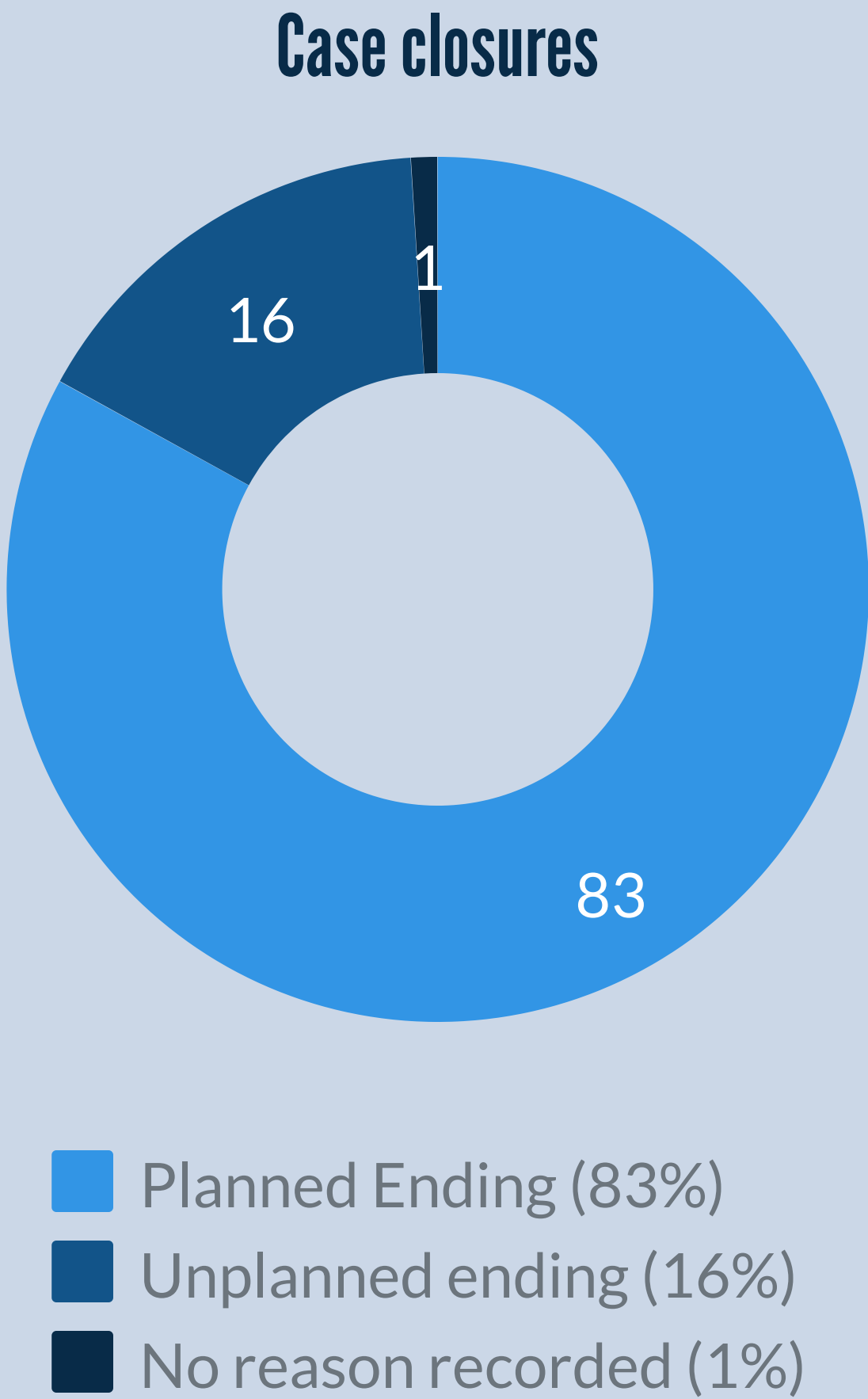
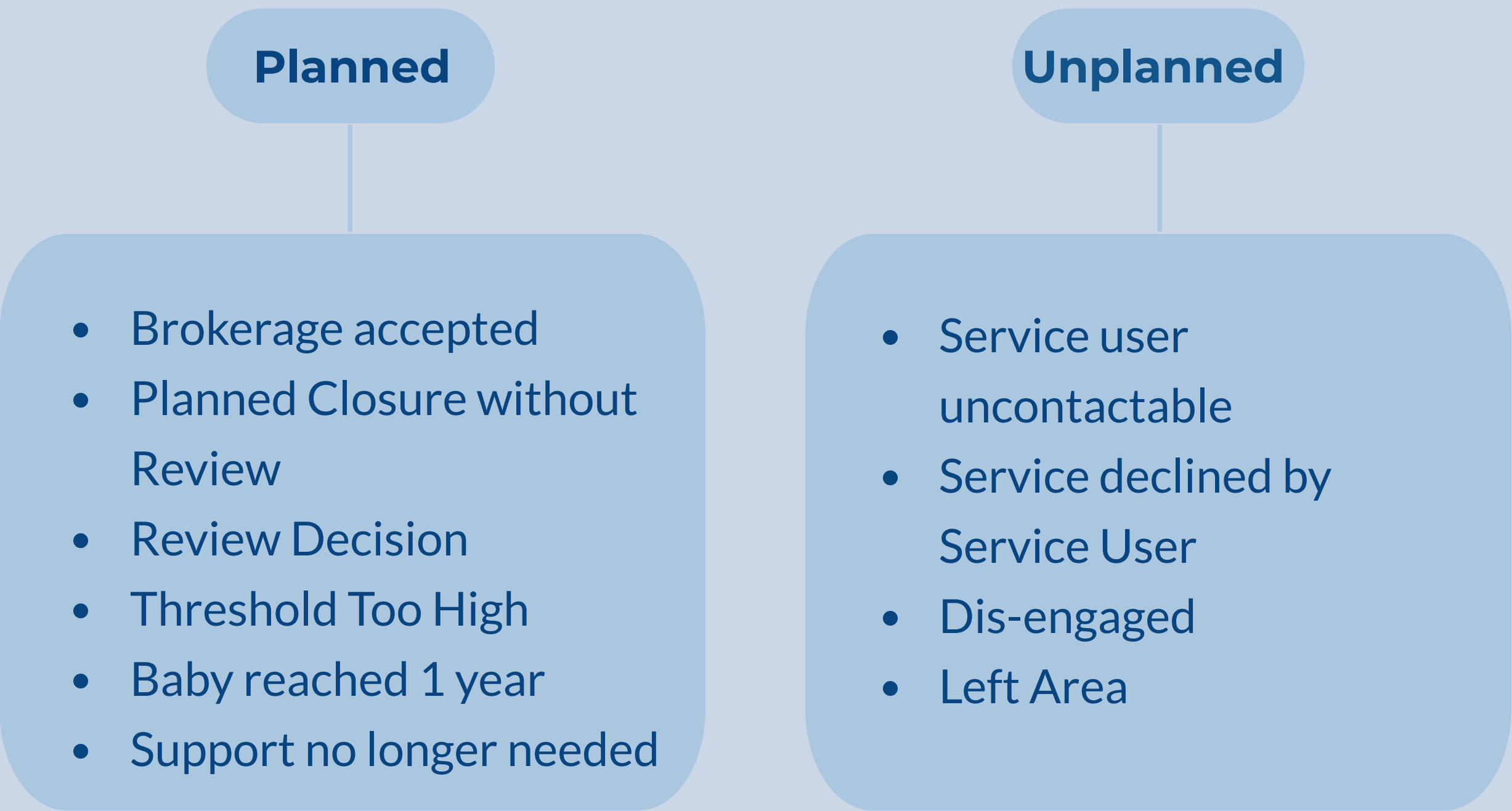


### Brokerage

5 families assessed as having needs that could not be met by the project were recorded as receiving brokerage into higher tier services.

## How many families have planned or unplanned endings to their support?

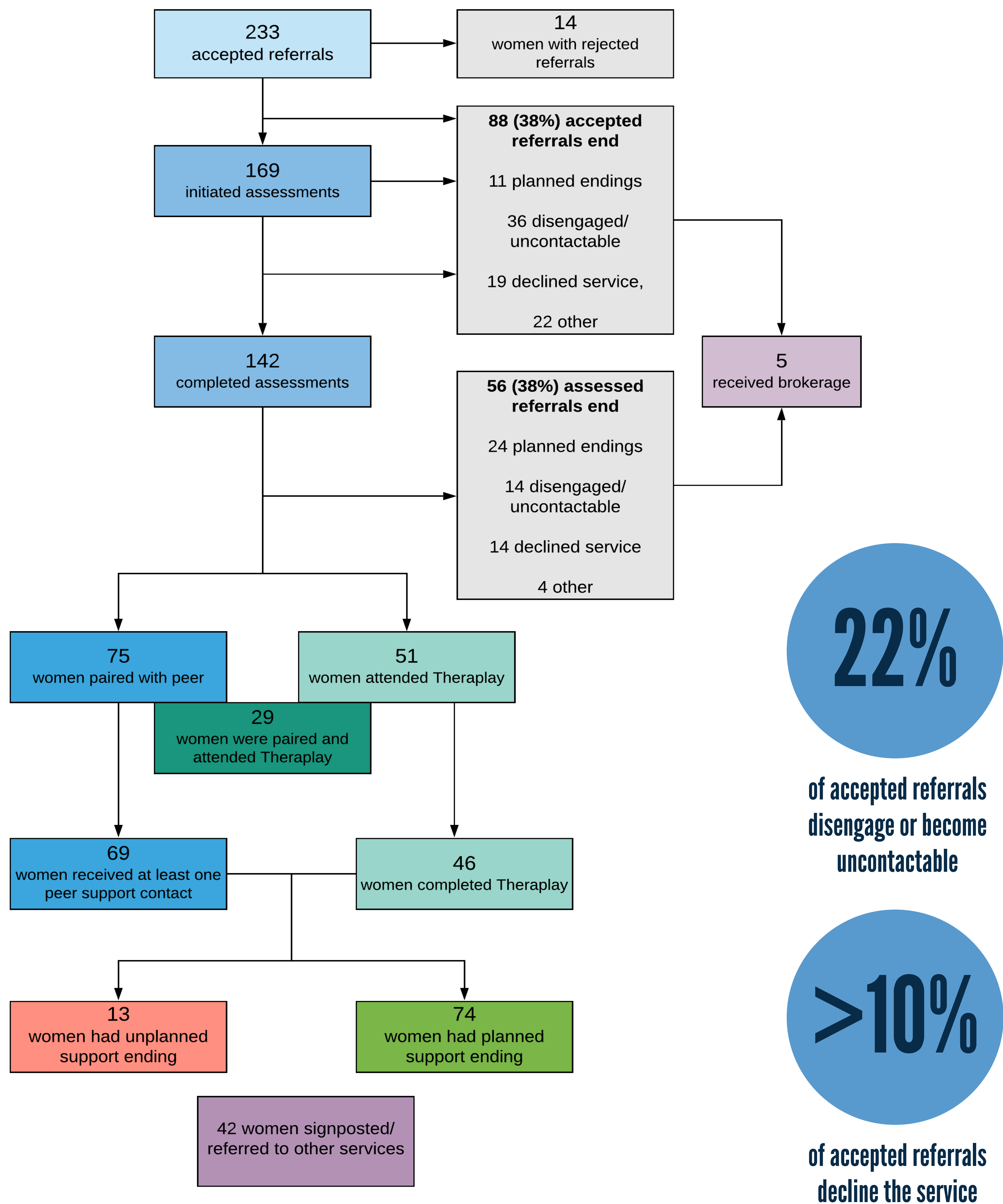
Of the 97 families who received support from the project during the evaluation period, 89 had endings recorded to their support. For the purpose of this report a planned ending is defined as a mutual decision made between a family and the project and the reasons falling into each category are shown below:



# Recruitment and Implementation

## Participant Flow diagram

233 accepted referrals had ended at the time of reporting. The diagram below lays out when and why referrals have been recorded as ending.





# Implementation and Reach

## Signposting and onward referrals

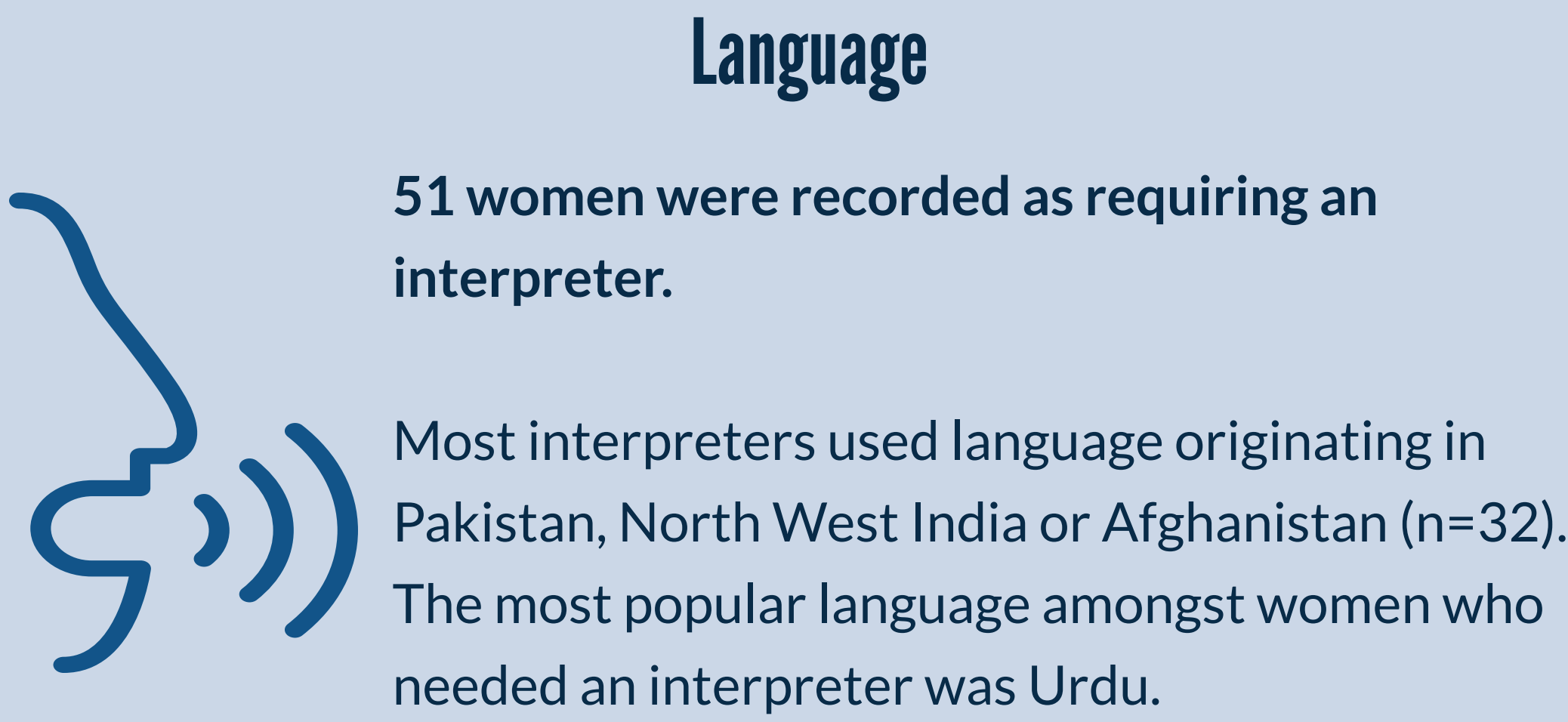
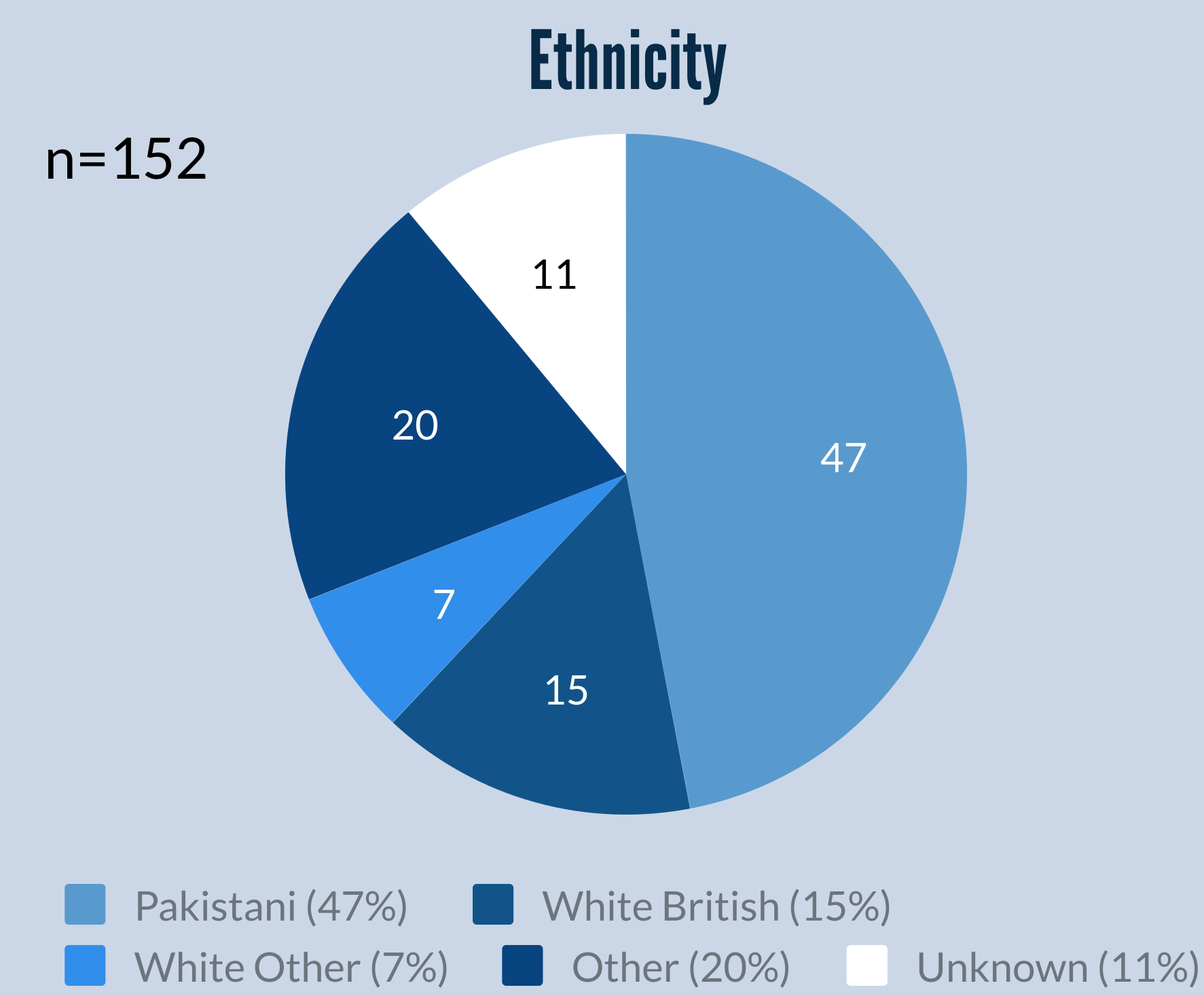
42 unique families received onward referrals (32 families) or were signposted (10 families) to further services.

The project signposted and referred in to a wide range of services including but not limited to housing services, mental health services, Early Help, Children's Services, adult education, and advice services.

The project made a total of 49 onward referrals, with some families referred to more than one service. 26 of these referrals were made into other Better Start Bradford projects including Doulas, Little Minds Matter, HENRY, Homestart and Imagination Library.

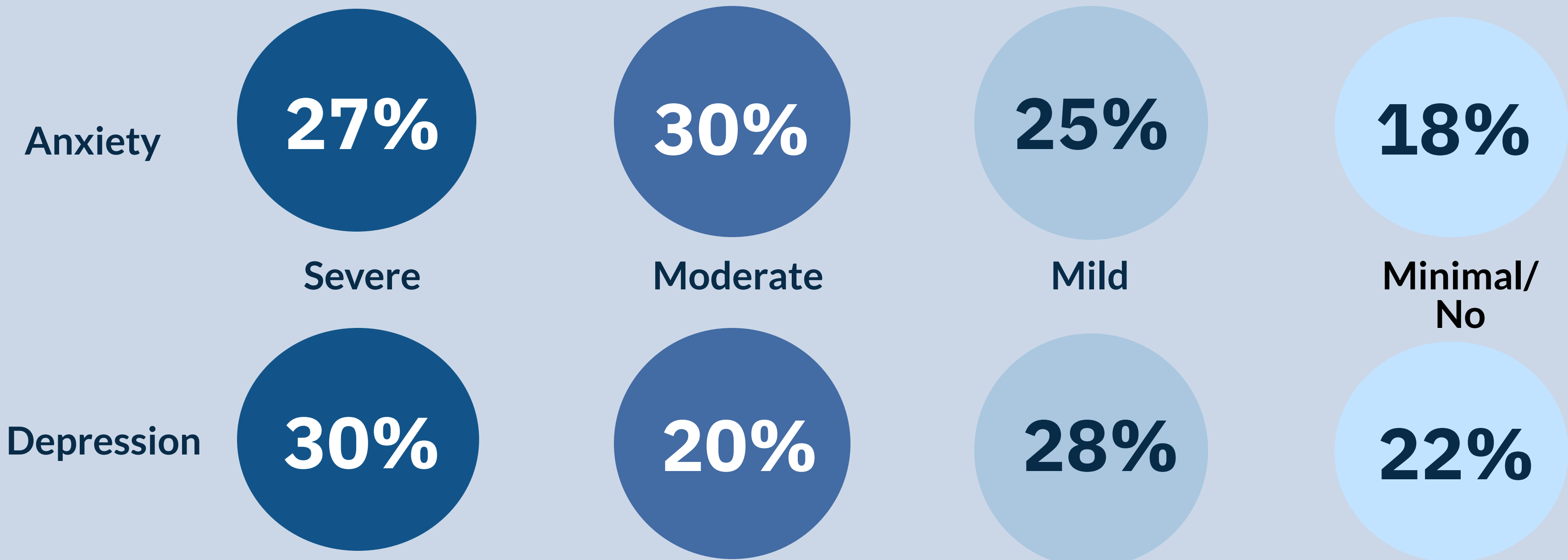


## Who were the women supported by the project?



### 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.





# Implementation

## Were enough volunteers recruited and retained by the project?

The project aimed to maintain a pool of 35 volunteers per year in order to provide capacity to support families.

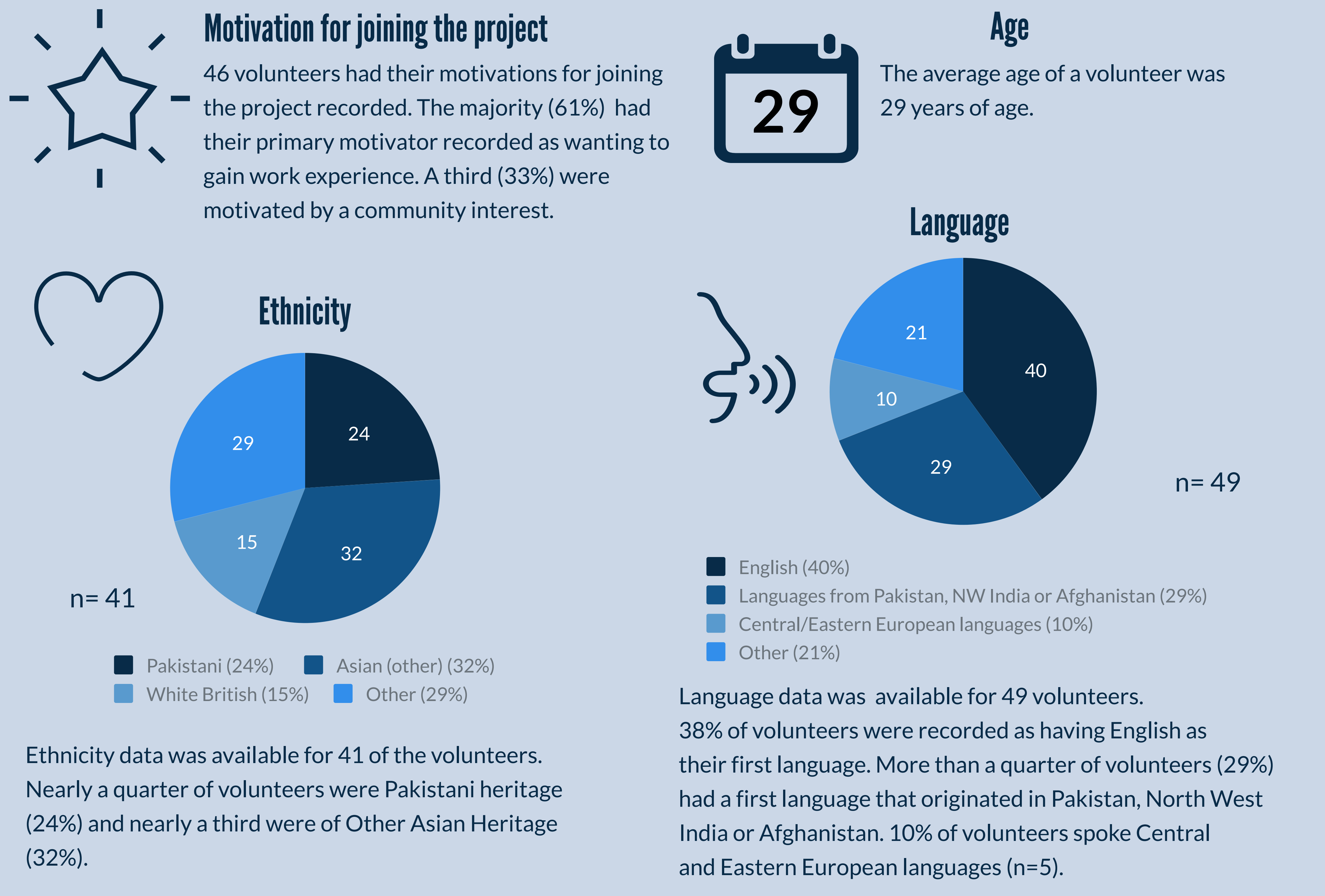
In Year 1 the project had 55 volunteers available to support families.  
45 volunteers resigned from the project over the evaluation period. Data on why volunteers left the service was only available for 10 of the peer volunteers.  
30 new volunteers were trained and recruited into the service over the evaluation period.  
As previously reported, a pool of 35 or more volunteers was maintained for most of the contract period

In total 41 unique volunteers were active (paired with families) over the evaluation period. In Year 1, 28 volunteers supported families (51% of those available), in Year 2 18 volunteers supported families (51% of those available), and in the first quarter of Year 3, 6 volunteers were paired with families (19% of those available).

On average

- active volunteers supported 2 families per year
- volunteers spend 14 weeks supporting a family

## Who were the volunteers?



# Satisfaction

## What did families say about the support they received?



83 families had completed and returned questionnaires at the time that analysis was conducted. A summary of responses can be found below.

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

**99%** 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

**100%** of respondents agreed or strongly agreed that they would recommend the project friends and family

**100%** of respondents were happy overall with the project

*"Overall I must say the project was really great, helpful and useful, supportive to me and my family. Thank you"*

*"I hope more mums get this support I would access this support again"*

*"Having this service available to me at a time I felt isolated really helped me feel less alone"*



# Appendix - Progression Criteria Cutoffs

