



Family Action Southwark Newpin

PERINATAL SUPPORT PROJECT EVALUATION REPORT

February 2009

Jacqui Lederer

CONTENTS

	Page
Summary of outcomes	5
1.0 Introduction	6
1.1 Target Group	6
1.2 Evidence for the approach	6
1.3 Description of the project	6
1.4 Young Parent's Group	7
2.0 Aims of the Evaluation	7
2.1 Measuring Outputs and Outcomes	8
3.0 Referrals	9
3.1 Referral agencies	9
3.2 Age of Referrals	9
3.3 Ethnicity of referrals	10
3.4 English as a second language (referrals)	10
3.5 Mental health of referrals	10
3.6 Children of referrals	10
4.0 Engagement in the service	10
4.1 Referral source of those engaged in the project	11
4.2 Age of those engaged in the project	11
4.3 Ethnicity of those engaged in the project	12
4.4 English as a second language for those engaged in the project	12
4.5 Refugee and asylum seeker status	12
4.6 Mental health of those engaged in the project	13
4.7 Children of those engaged in the project	13
4.8 Children at risk	13
5.0 Non-engagement	13
6.0 Project activity	14
7.0 Members evaluation of the service	14
7.1 Emotional help and support	14
7.2 Practical help	15
7.3 Friendship	15
7.4 Confidence as a parent	15
7.5 Personal, reliable care	16

8.0	Evaluation of the Young Parents Group	16
8.1	Young parents' evaluation of the course	16
8.2	Project Coordinator's evaluation of the course	16
9.0	Befrienders	17
9.1	Training and supervision	17
9.2	Ethnicity of befrienders	17
9.3	Age of befrienders	18
10.0	Befrienders evaluation of the service	18
10.1	Using own experience	18
10.2	Building up trust	19
10.3	Gaining confidence/learning	19
10.4	Feelings of rejection/not knowing whether it is working	19
11.0	Project Staff	19
11.1	Staff evaluation of the project	20
12.0	Referrers evaluation of the service	20
12.1	Partnership work	20
12.2	Emotional support	21
12.3	Continuity	21
12.4	Access to other services	21
12.5	Benefits to children and other family members	21
12.6	Depressed parents	21
13.0	Validated evaluation scales	22
13.1	Summary of Hospital Anxiety and Depression (HAD) scores	22
13.2	Anxiety	22
13.3	Depression	23
13.4	Summary of Maternal Social Support Scale (MSSI) scores	23
13.5	Results	24
14.0	Outcomes from individual targets	25
15.0	Case Histories	26
15.1	Volunteer case study	26
15.2	Staff case study	26

16.0 Conclusions and areas for development	28
16.1 Reaching the target group	28
16.2 Activities to promote early attachment	28
16.3 Fathers and partners	28
16.4 Cultural sensitivity	29
16.5 Partnership work	29
16.6 Training and supervision of the befrienders	30
16.7 Uniqueness of the project	30
17.0 Summary of key outcomes	31
References	31
Appendix A Evaluation questionnaire for members	32
Appendix B Evaluation questionnaire for volunteer befrienders	33
Appendix C Questions for member's interviews	34
Appendix D Questions for befriender's interviews	35
Appendix E Questions for staff interviews	36
Appendix F Questions for referrer's telephone interviews	37
Appendix G Summary of member's evaluation questionnaires	38
Appendix H Summary of befrienders evaluation questionnaires	41
Appendix I Young Parents course	44
Appendix J Volunteer training	45
Appendix K Summary of targets	46
Appendix L Summary of MSSI scores	47
Appendix M Summary of HAD scores	48

SUMMARY OF KEY OUTCOMES

- The project is reaching its target group, including those who have English as a second language and those who have no recourse to public funds. Nearly half have mental health problems as the main reason for referral.
- Service users report that they have received both emotional and physical support and feel more confident as parents.
- 88% of service users who have been followed up show a reduced score for anxiety and 59% show a reduced score for depression on the HAD (Hospital Anxiety and Depression) scale.
- 47% of service users who have been followed up show a higher level of social support on the MSSl (Maternal Social Support Index) Scale.
- When observed, 45% of service users are seen to have fully achieved their target to develop good communication and a close bond with their baby, and 55% have partly achieved this.
- 75% of service users have achieved their target of joining activities at a Children's Centre.
- Befrienders report that they have gained in confidence from volunteering and one has been offered paid work as a result.
- Partner agencies say there is good communication from the project and have reported a high level of emotional support and continuity of care.

1.0 INTRODUCTION

The Family Action Newpin Perinatal Support Project (PSP) received funding from the Parenting Fund in 2006 for two years. The project was initially due to start in June 2006 but due to a revision of the original proposal has in effect run from January 2007, when the Project Coordinator was recruited. The statistics in this report relate to the period from April 2007 to December 2008.

The service targets socially excluded women in Southwark identified by partner agencies as being vulnerable during their pregnancy. The project provides intensive support to them throughout their pregnancy and the first year of their child's life and aims to improve the parent's mental health, enabling them to become part of a peer support network and to improve outcomes for their children. It specifically aims to promote a healthy attachment between the baby and mother by supporting the mother.

1.1 Target group

The target group includes:

- Women who have an existing mental health problem
- Women who have been identified as vulnerable to post-natal depression
- Teenage mothers with identified risk factors
- Refugee and Asylum Seeker mothers
- Fathers, partners and other family members from the above groups

1.2 Evidence for the approach

The importance of a holistic view of parental mental health and child development is now recognised and there is a wealth of research that demonstrates the negative impact of parental mental health problems on both parenting and children. For example Radke-Yarrow (1991) found insecure attachments in 76% of children whose mothers had bipolar disorder and in 62% of those whose mothers had unipolar depression; this compares with 38% of well mothers. Murray and Cooper (2003) have shown that postnatal depression or high levels of stress in mothers is linked to delayed cognitive and language development.

The project has previously been delivered and researched with funds donated by the Guy's Special Trustees in 1999 and has since been funded by several Sure Start Programmes in Southwark and Tower Hamlets.

During a randomised controlled trial Tirril Harris and colleagues (2006) showed that parents, assessed as vulnerable to psychosocial depression, who received social support together with psycho-education through Newpin's Ante/postnatal Project were half as likely as the control group to have experienced the onset of major depression (or a depression severe enough for anti-depressants, or to have remained without recovery from major depression) throughout the 12 month study period.

1.3 Description of the project

The project is based at Guy's Hospital where an office is shared with a community midwife enabling a strong link with midwifery to develop. The Family Action Newpin Southwark Centre is also available for

the project one day a week and the drop-in and the befriender training and supervision take place there. The project is staffed by one Project Coordinator working 28 hours, 8 hours of play staff time and a Project Manager who is also the manager of Family Action Southwark and devotes three hours a week to the Peri-natal Support Project.

The service provision includes:

- Assessment of new families at home by the Project Coordinator
- Regular home visits by Project Coordinator and befriender during pregnancy and the first year to offer practical and emotional support
- Weekly drop-in peer support group for parents at Family Action Southwark Newpin
- Delivery of the Newpin Antenatal Volunteer Befriender Training
- Regular Supervision Sessions for befrienders
- A parenting group for young parents developed in partnership with the Young Parents Support Project (Sure Start Plus)
- Liaison with hospital staff at St Thomas' Hospital including MAPPIIM (peri-natal mental health) and SCBU (Special Care Baby Unit) Neonatal Parents Group Facilitator

1.4 Young parents group

This is a development of the main project and consists of a group for young parents under the age of 19. The group takes the form of a twelve-week parenting skills course 'Understanding Your Child' which is co-facilitated by the Project Coordinator.

2.0 AIMS OF THE EVALUATION

The evaluation aims to show the outcomes of the project qualitatively as well as quantitatively. It looks at whether the project has achieved its objectives and milestones as set out to the Parenting Fund.

The evaluation includes face to face or telephone interviews with the Project Coordinator and Manager as well as with four parents using the service and 4 befrienders. The parents and befrienders were randomly selected. A larger sample of parents and befrienders were asked to complete an evaluation form. The evaluation clarifies who refers to the service and the benefits they identify for the parents they referred (contact with referrers is through telephone interviews). The evaluation also includes the number of visits to the drop-in centre.

It particularly looks at the following areas:

- whether the target groups have been reached;
- what activities have taken place to promote bonding/early attachment/emotional needs of the baby;
- whether fathers/partners have benefitted from the project and if not how could they benefit in future;
- how culturally sensitive the project has been in terms of targeting socially excluded women in Southwark e.g. were befrienders from different ethnic groups trained;
- how 'partnership work' with the Teenage Pregnancy Unit and perinatal services at St Thomas' Hospital has progressed and what the potential is for developing this further;

- what this project can offer to families that may be unique;
- what areas could be developed or improved.

2.1 Measuring Outputs and Outcomes

Appropriate systems are in place for recording statistical information relating to service users and this is stored on a database which was made available for the evaluation.

The statistical information collected during the course of the project has been collated and presented in the report. This includes:

- The number, age, sex, ethnic grouping and mental health of both referrals and users of the project
- Breakdown of referrers to the service
- The number, age, sex and ethnic grouping of befrienders trained
- The number of contacts through home visits
- The number of contacts through drop-in groups
- The number and nature of workshops or semi structured groups

Project activity is recorded on a monthly basis and submitted quarterly to the Project Manager. A summary of this is also presented in the report.

The progress of individual members is reviewed every three months by the Project Coordinator during a home visit to the family. Relevant issues are recorded and targets set for the next 3 months. The evaluation reviews to what extent the Project Coordinator sees these targets as having been met on a scale from 5 (fully achieved) – 0 (not achieved).

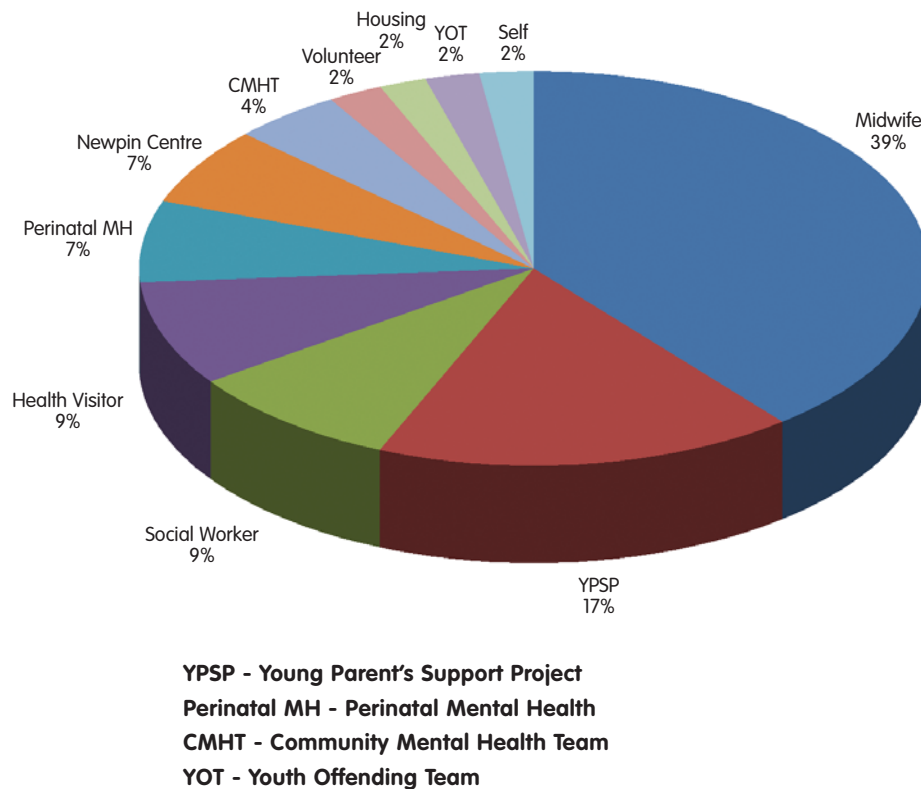
Validated evaluation forms to measure anxiety and depression – The Hospital Anxiety and Depression Scale or HAD (Zigmond and Snaith 1983) and social support – the Maternal Social Support Index or MSSSI (Pascoe et al 1988) were put in place at the start of the project and they have been collated and presented to show initial scores and any changes in mental health and level of social support.

3.0 REFERRALS

3.1 Referral agencies

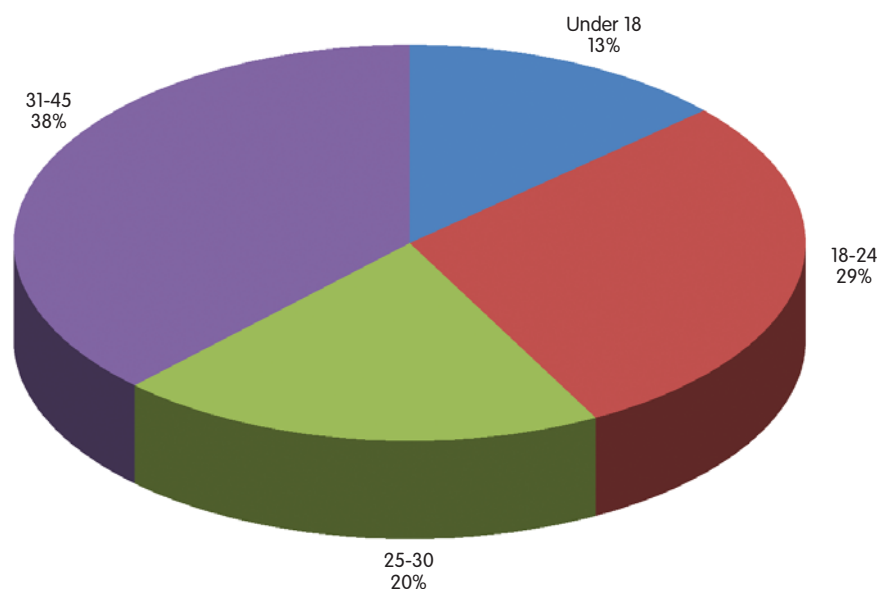
There have been 46 referrals to the project in the period April 2007 – December 2008. The main referral agencies have been midwives (39%) and the Young Parents Support Project (17%).

Referral agencies are summarised below:



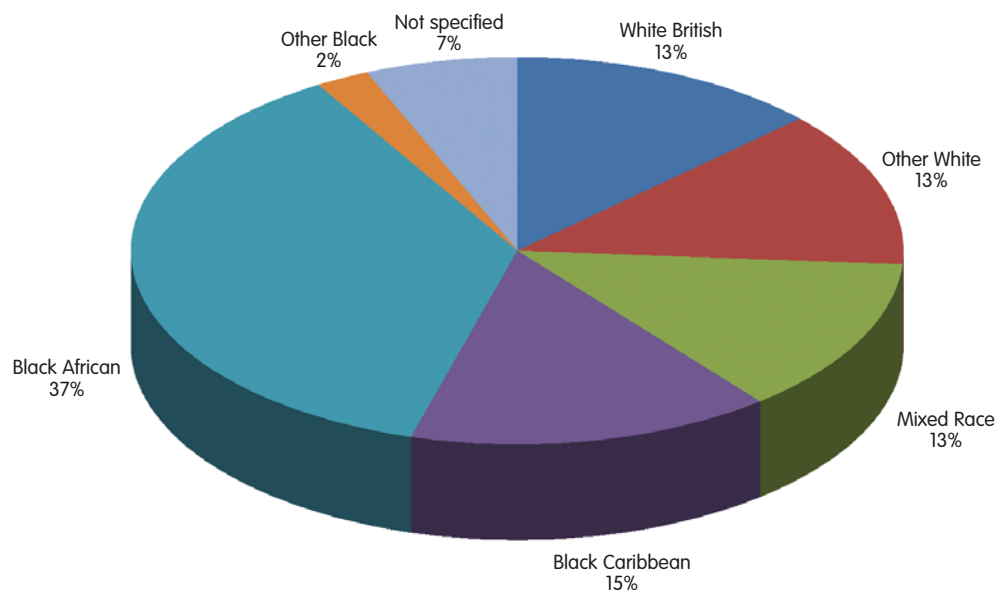
3.2 Age of referrals

42% of referrals were under 25 and 67% were recorded as being single parents at the time of referral.



3.3 Ethnicity of referrals

The majority of referrals to the project are Black African (37%) with Black Caribbean 15%, and mixed race, White British and Non-British whites each making up 13% of referrals.



3.4 English as a second language (referrals)

English is the second language for 40% of referrals, the languages that referrals speak are: French 3; Portuguese 3; Spanish 2; Arabic 2; Fulah 2; Thai 1; Ibo 1; Yoruba 1; Herero 1; Creole 1.

3.5 Mental health of referrals

Out of the 46 referrals, 17 (37%) had mental health as the main reason for referral to the project, 12 (26%) were mental health service users and 10 (22%) had a mental health diagnosis.

3.6 Children of referrals

28 (61%) had one baby or were pregnant with their first child at the time of referral, 10 (22%) had 2 children and 7 (15%) had 3 or more children.

21 (46%) referrals were pregnant at the time of referral.

4.0 ENGAGEMENT IN THE SERVICE

33 (72%) of the 46 referrals have become engaged in the service and 13 (28%) have not engaged.

Of the 33 who became engaged, 28 are engaged in the main service and 5 other young parents under 19 have been engaged with the Young Parent's Support Project.

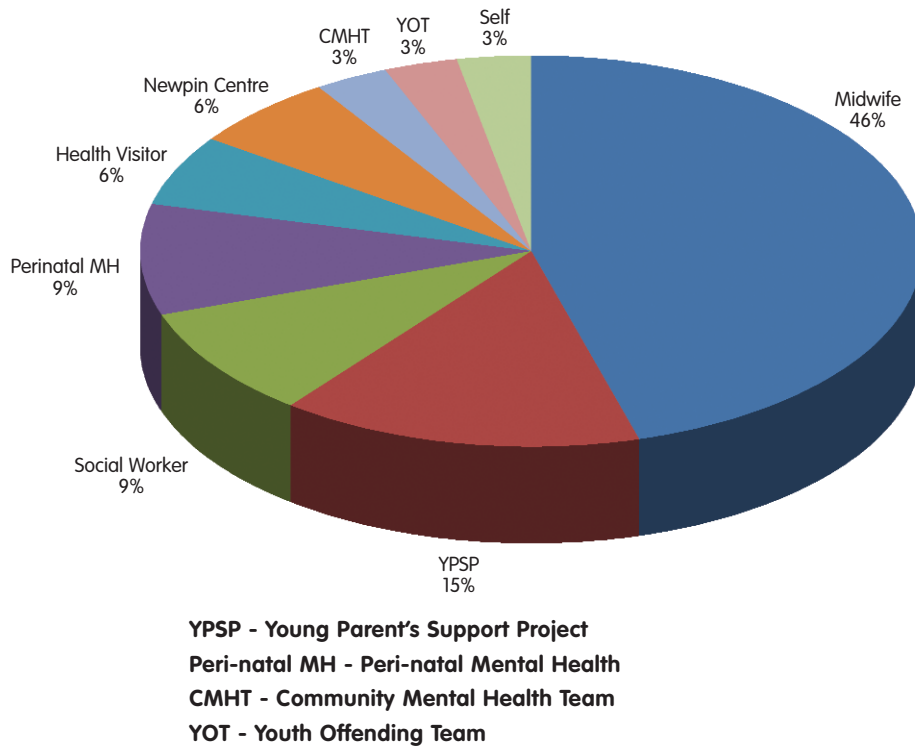
Some young parents are now engaged with the main service because direct partnership work with the Young Parents Support Project ceased after the first year of the project in April 2008.

Of the 28 engaged in the main service, 16 have been engaged with the help of a befriender and 12 with the support of the Project Coordinator without a befriender.

20 (61%) of the 33 parents who have engaged in the service were recorded as being single parents at the time of referral. 8 (24%) had no named baby father on their child's birth certificate.

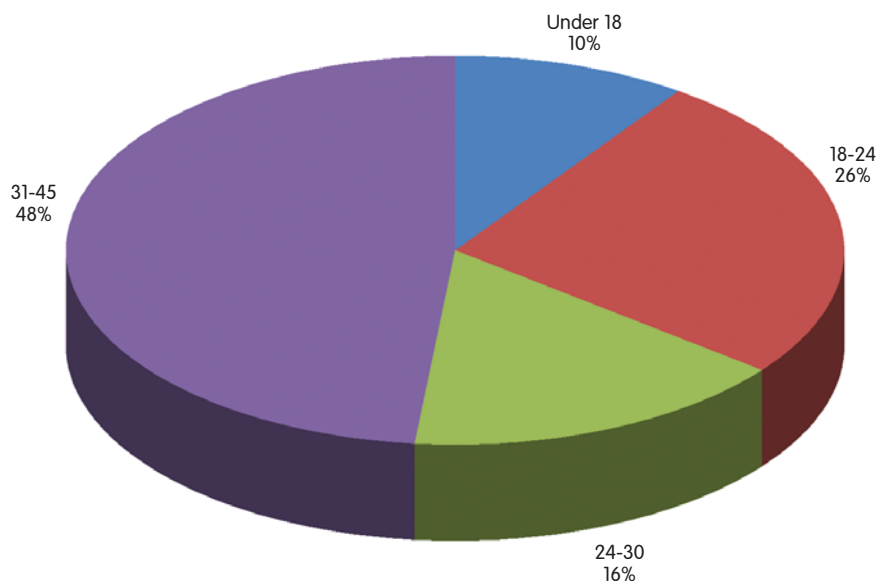
Of the 33 parents who have been engaged in the service 15 have now ended the service as expected (when their baby reached the age of one year). 4 ended the service when they moved out of the area and 3 when contact was lost or they stopped attending. One has moved on to the Southwark Newpin Centre for further support.

4.1 Referral source of those engaged in the project (33)



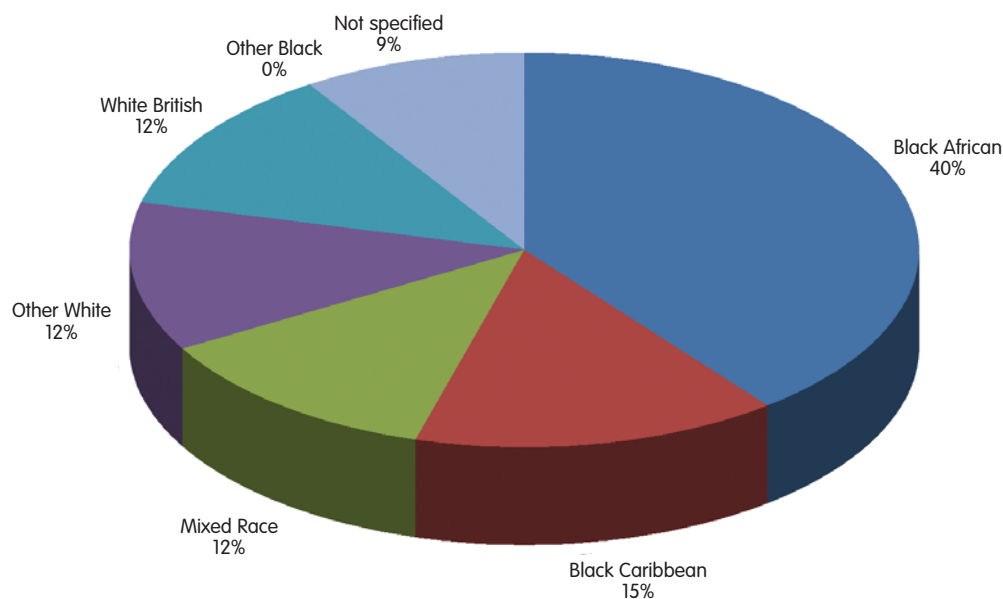
4.2 Age of those engaged in the project (data available for 31)

10% of parents (3) who have engaged in the project are under 18 and 26% (8) are between 18 and 24 years.



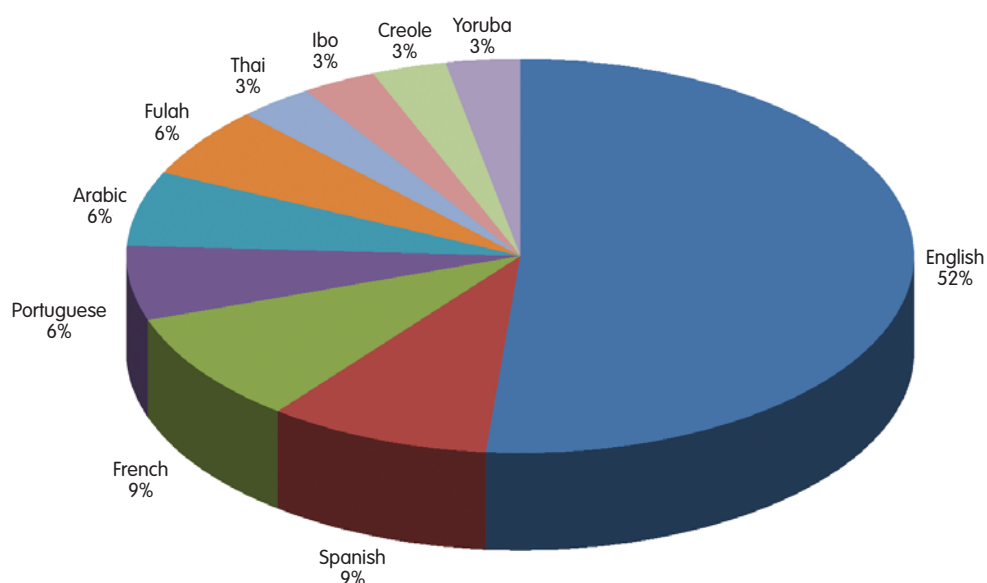
4.3 Ethnicity of those engaged in the project (33)

The majority of parents engaged in the project are Black African (40%).



4.4 English as a Second Language

48% of parents (16) who have used the project have English as a second language and 52% (17) have English as their main language. The languages spoken are summarised below:



One Arabic speaking befriender is successfully matched to an Arabic speaking parent.

4.5 Refugee and asylum seeker status

Two members engaged in the project have refugee status, and eleven (34%) have no recourse to public funds. Of these, four had student visas, two have overstayed their visas, three are failed Asylum Seekers, one immigrant is awaiting deportation, and one has since been granted Indefinite Leave to Remain, and is now claiming benefits.

4.6 Mental health of those engaged in the project

13 (46%) of the 28 engaged in the main project had mental health as the main reason for referral, 9 (32%) were mental health service users and 7 (25%) had a specific mental health diagnosis. Five (18%) are on a CPA (Care Programme Approach).

None of the Young Parents Group had mental health as the main reason for referral.

4.7 Children of those engaged in the project

23 (70%) of those engaged had one child or were pregnant at the time of referral; 4 (12) of those engaged have 2 children; 3 (9%) have 3 children, one (3%) has 4 children and one (3%) has 5 children. 16 (57%) were pregnant at the time of referral.

4.8 Children at risk

During the course of the project, four families who have children with a 'Child Protection Plan', six families with 'Child in Need' plans and one young parent who was a 'Looked After Child' herself have been supported.

One baby has come off a 'Child Protection Plan' and become a 'Child in Need'. One parent was supported and consented to referral for Social Services support by the Project Coordinator but did not meet the criteria of the Referral and Assessment team.

At least five other families have had a referral to Social Services Referral and Assessment Team and either did not meet the criteria for support or are awaiting a decision.

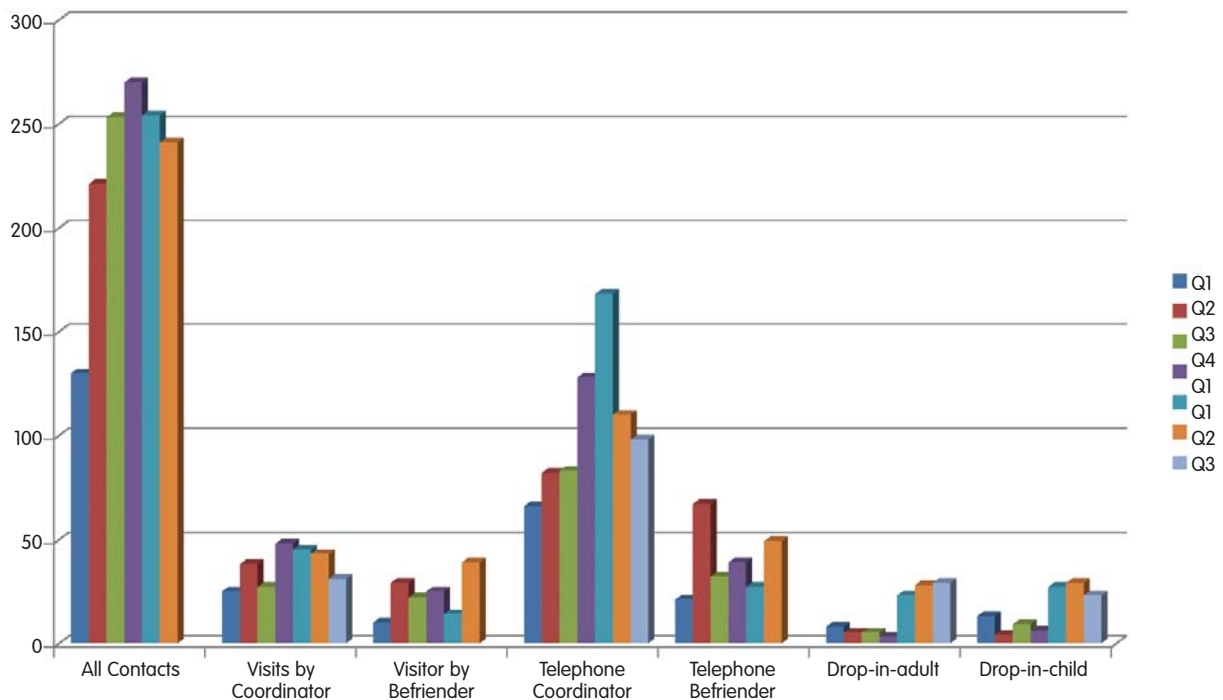
5.0 NON-ENGAGEMENT

Of the 13 referrals who did not become engaged in the service:

- Three were inappropriate (one was referred to Newpin centre in Southwark but did not engage, one with a 6 month old baby was invited to the drop-in but did not come, one did not want the service because of good family support).
- Three moved out of the area (one a homeless teenager who went into foster care outside the area, another a 15 year old who went into foster care in Lambeth after some support from a project worker).
- One did not engage with main project; she was out when the befriender visited and was invited to drop-in/events but did not come.
- One did not engage because her baby returned to Africa.
- Two young parents did not fully engage; they attended the parenting course only once. Another young parent did not engage because she returned to college.
- One was unhappy with the service and left because befriending did not work.
- Two parents who did not engage in the project were contacted by letter as part of this evaluation but neither responded.

6.0 PROJECT ACTIVITY

The chart shows the Project Activity from March 2007 – December 2008



By collating the number of contacts to members on a quarterly basis, the above chart shows how project activity has increased over the period (seven quarters). Some information was not available for the final quarter but it is clear that contacts by the coordinator are decreasing while contacts by befrienders and visits to the drop-in are on the rise. This is a very positive outcome for the project.

7.0 MEMBERS EVALUATION OF THE SERVICE (service users are known as members)

Fifteen members engaged in the main project completed an evaluation questionnaire and four of these were interviewed (three face to face and one over the phone). All the respondents felt their expectations of the project were being met and it was clear from the questionnaires that having a non-professional befriender was key to the process that members engage in. For summary of evaluation questionnaires see Appendix G.

The following themes emerged:

7.1 Emotional help and support

The majority of parents felt they had someone to listen to them and understand them. Some members identified that the befriender's own experience was important.

'I have no family here.....she understands me because her daughter was depressed. I have been seeing her for 8 months and she is like my family'.

'I have no family here....the project gives me support with my feelings as well as helping with the baby.'

'I have been involved with the project for 8 weeks; I am able to talk about my worries.....I feel I have known her for 5 years, she understands me.'

7.2 Practical help

Many different types of practical help were mentioned on the forms and in the interviews. Many parents talked about the difficulty getting out of the house when depressed and the help that the project had given them with this.

Everyone found the home visiting was a great source of support although one member had found this less good over the school holidays. Help that was specifically mentioned in the interviews includes shopping and going to the park together, support with going to the drop-in, visits to other services such as a children's centre, help with applying for grants, help with donated clothes, something suggested for babies hair, help with housework, help with paying bills, help playing with baby, reading to children and playing with children.

'I do not know other mums and depression stops me going out.....I became a member so someone can help look after baby and help with shopping....when I am feeling down she (befriender) will sometimes play with baby while I sleep.' (parent with severe mental health problems)

7.3 Friendship

The befriender is seen as more available and less official than paid staff, more like a friend. The project also helps parents meet each other and potentially become friends. In two families the befriending did not work out well but both are attending the drop-in on a regular basis; this shows flexibility in the type of support that can be offered.

'With this project you can have a friend, different from midwife or health visitor, more like a friend.'

'I have learnt how to meet other mums, I like to come to the drop-in to meet people, I think I would still be depressed without this.'

'I would like longer hours at the drop-in and more days open.....It (befriending) did not work well for me, I was not really into it.'

7.4 Confidence as a parent

Many of the parents report that they feel more confident and are motivated and empowered to take control of their lives.

'I am continuing so I can get more confident and go to the drop-in, I may need someone to go with me.'

This mother with severe mental health problems has since been to the drop-in on her own.

'I feel better since being visited by (project coordinator) I was not very confident before.....the project gives me support with my feelings as well as helping with the baby's cryingwhen the baby is happy, I am happy.

'The idea and the atmosphere was small, the staff hear the needs of the baby and mother and helped me to focus on my baby.'

'The project has helped me link in to other services like the local children's centre.'

7.5 Personal, reliable care

Many of the parents talked about the personal care they received and the reliability of the support.

'.....everyone is different, there is individual support for different problems.....the post-natal group is too big, this is smaller, easier to ask questions, more friendly.'

'I got involved because they are ready to help you, to listen.'

'The best thing is (befriender) she is a very good befriender, everything is good about it.'

'My befriender is an Arabic speakershe comes every week, it is a big help.'

8.0 EVALUATION OF YOUNG PARENTS GROUP

Five young parents under 19 took part in the twelve-week parenting skills course 'Understanding Your Child' and three became fully engaged and completed the course. The course took place at First Place Children's Centre and was co-facilitated by the Newpin Project Coordinator and a Young Parents Support Programme worker.

These three young mums achieved three credits each with the Open College Network London Region for the portfolios they made as part of the parenting course.

For outline of course see appendix I.

8.1. Young parents evaluation of the course

Responses to the question: 'What has been most useful to you on this course?'

'Realising that every child needs praise to do well, and also parents need time to themselves to recharge batteries and make sure you can be as good a parent as you can be.'

'I know the course was not very full of other mums but I do feel that I have learnt enough to be a single mum and enjoy it. Talking to (co-facilitator) was a lot of good advice and made me realise what, and who, matters most in my life.'

8.2 Project Coordinators evaluation of the course

There were some difficulties with the co-facilitation of the course reported by the Newpin Project Coordinator. The Young Parents Support Project worker left during the course and the Team Leader was unable to stand in; this left the Newpin worker holding things alone.

One young mother who is a 'looked after' child in foster care herself has done very well. She is a very capable young mother and her child is not in the care of social services.

9.0 BEFRIENDERS

Befrienders are usually recruited through advertising in the Volunteers Section of the Wednesday Guardian. In addition, four befrienders have been recruited through Family Action's Southwark Newpin centre: they are members who are ready to move on from the centre and who have already gained experience of befriending other parents using the centre.

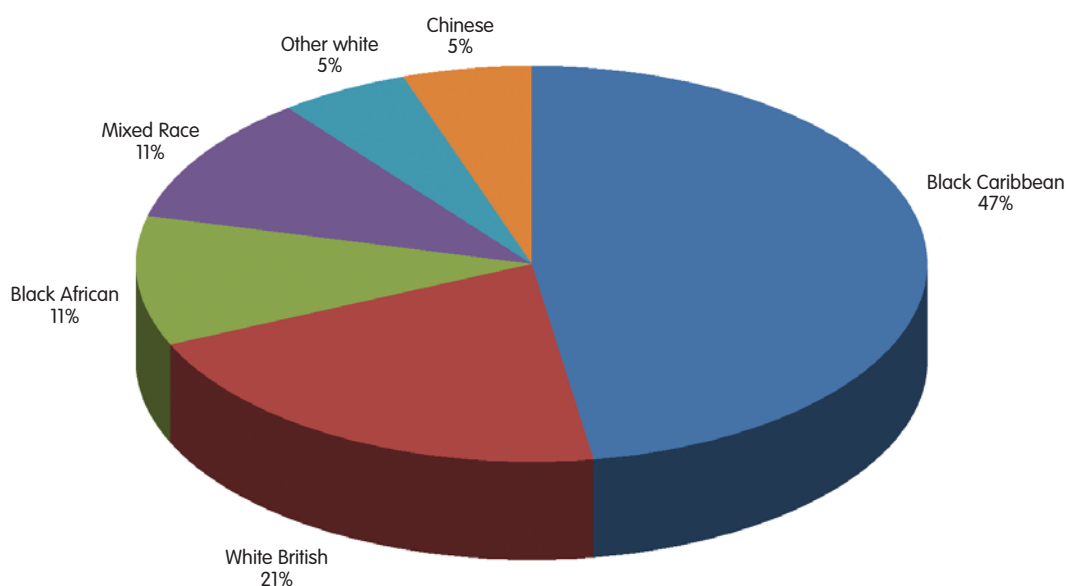
9.1 Training and supervision

19 befrienders have completed the six week training (see appendix J) since the start of the project. Work force development standards are included in the sessions. The most recently trained group of six have not started befriending yet as they are waiting for CRB (Criminal Records Bureau) clearance.

Following the initial training they are offered a monthly supervision group and are also able to contact the Project Coordinator on an individual basis by telephone. Attendance at the supervision group has not been as consistent as expected with the maximum attendance being 5 or 6. Befrienders keep a record of contacts on a monitoring form. Befrienders are offered reimbursement for telephone calls only if they are able to show a bill, exceptions can be made if a befriender is in need. This was only raised as an issue by one befriender in the evaluation.

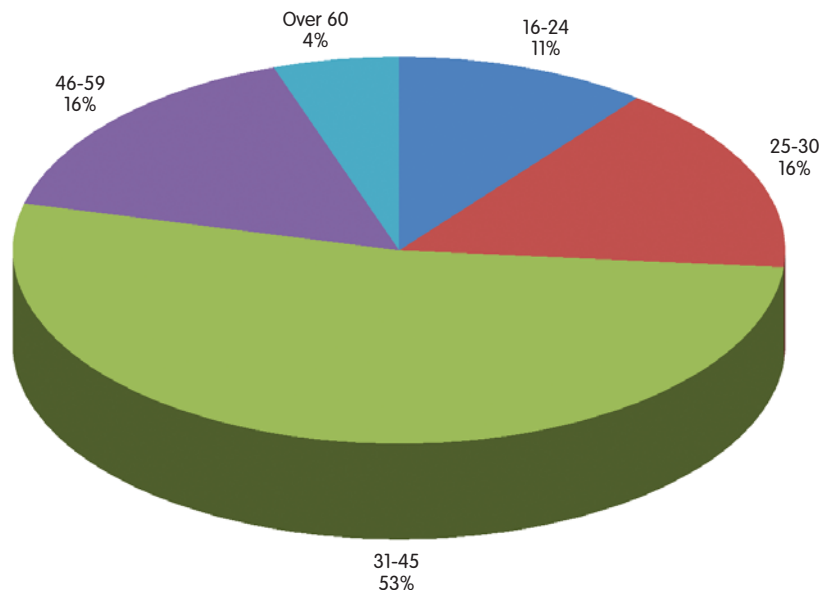
Very good use is made of local training opportunities and individual befrienders are encouraged to attend relevant courses as the need arises e.g. HIV, domestic violence and substance misuse courses have all been accessed by individual befrienders.

9.2 Ethnicity of trained befrienders (19):



9.3 Age of trained befrienders

The majority are in the 31-45 years age range but there are two young befrienders who have been matched with younger parents.



10.0 BEFRIENDER'S EVALUATION OF THE SERVICE

7 befrienders completed questionnaires and 4 were interviewed face to face. All the befrienders felt that the training was appropriate and that they have good support from the Project Coordinator. For summary of befrienders questionnaires see appendix H.

Main themes from the befrienders:

10.1 Using own experience

All the befrienders see their own life experience as vital to the role. Some also draw on the experience of being befriended themselves at Newpin.

'I am not fazed by mental health issues as I have family experience.'

'The support comes from people who have felt what they (the mothers) are feeling and can understand and have empathy.'

'I wanted to befriend because I wanted to give something back...I had a befriender as a Newpin member and I still see her in the street most days.'

'I wanted to bring positively to the role the experience of having a baby...my daughter was a professional and she needed support.'

'I can remember being stressed when I was at home with kids. It helps prevent stress and depression.'

10.2 Building up trust

Several befrienders felt that visiting in the home on a regular basis helped them to get to know their befriender so trust could develop.

'I've been trusted with money which made me feel good.'

'Being on the non-official side is a big plus....you are much freer and can set your own limits.'

10.3 Gaining confidence/learning

Many of the befrienders felt that the experience of befriending had been a positive one and they had learned from it and gained in confidence. For two befrienders this has led to applications for paid employment. One has been offered a post and is currently awaiting CRB clearance.

'I think to begin with I was anxious but I am now more relaxed about how often I call her.'

'I did not know what to do at first; I am better at planning now and I can be clearer about what I offer. (Befriender) was quite demanding and got disappointed when I could not come - I had to set boundaries and agreed on twice a week, now it is once a week.'

'The befriending course gave me confidence.'

'I misinformed her (befriender) once, I had to apologise and learnt from this.'

'I have paid work from June, a support job, skills in volunteering have helped.'

'The best thing about being a befriender is that I had lost confidence and I have got that back now...I organise my time better'

10.4 Feelings of rejection/not knowing whether it is working

It is clear that the task of engaging new referrals is not always easy and many befrienders wanted more feedback on how things had improved for the member and understandably wanted to feel they had made a difference. Some have had feelings of rejection to cope with although all said they felt supported in this.

'My current befriender wants help but the first one left me feeling rejected. She would not open the door. I felt I was not doing it right, that was depressing for me although I had support and reassurance.'

'One (befriending relationship) has finished but I still offer occasional telephone contact. I don't feel she is any better, she still has her ups and downs.'

'I don't feel this is going well; its not getting anywhere, I just feel she does not want the calls.'

11.0 PROJECT STAFF

The Project Coordinator was recruited in January 2008 and works 28 hours a week. She is a qualified children's nurse and midwife with experience in neonatal intensive care. She has also trained in core

skills for working with parents with Parenting UK and has delivered parenting skills programmes over some years. She is managed and supervised by the Project Manager every 3 weeks.

The Project Manager has a great deal of experience with the work having developed the Newpin Perinatal Service in 1999 with funds donated by the Guy's and St. Thomas' Hospital Special Trustees. The manager is qualified in Health and Social Service Management and in Advanced Supervisory Skills and spends a minimum of 3 hours a week on the project. The Project Coordinator is also strongly linked to the Family Action Southwark Newpin centre through a fortnightly team meeting.

11.1 Staff evaluation of the project.

The Project Coordinator found that referrals were slow at first and the drop-in was poorly attended but there has been a steady stream of referrals since January 2008. The use of the drop-in has dramatically increased during the second year of the project.

'It was hard work to get the project going and has taken a year to really make links with referrers.'

The Project Coordinator enjoys most of all seeing the difference that the project makes in the community.

'Trust really workswhen the befriending works well it is excellent, people do not get let down.'

The Project Manager feels that what the project needs is more secure funding and a full-time project worker.

'The project is now ready to be built on'.

The Project Manager also recognises that more follow up is needed from those who have moved on from the project; e.g. their mental health and their relationship with their children. This could be built-in as the project moves forward and would show the long term benefits for members and their children.

'We could do with more follow-up and feedback from those who have moved on.'

'This is an essential service; people engage who would not engage with other services.'

12.0 REFERRERS EVALUATION OF THE SERVICE

Three referrers to the service were interviewed on the telephone. One was a Midwife, one a Social Worker and the third was Team Leader of the Young Parents Support Programme. All three professionals were positive about the project and said they would refer again. They had each referred between 2 and 10 parents to the project to date. They described the project as a 'good resource' and a 'very valuable service'.

12.1 Partnership work

Direct Partnership work has been taking place with the Young Parents' Support Programme. The project coordinator is a member of the Young Parents' Partnership Team and attends regular meetings. The meeting is about discussing cases and making referrals. It is also clear that there is good communication and some joint working with the other agencies interviewed.

'There is no partnership work but (project coordinator) gave a talk at our stress management course for parents with mental health problems.' (midwife)

'There could be joint visits if need be, (project coordinator) has attended a child-in-need review...there is good communication.' (social worker)

Other themes that emerged:

12.2 Emotional support

'It is not dissimilar to some of the things we try to do but there is more of an element around the emotional well-being of the young parents'

'The befrienders are local women, who are parents themselves...they give emotional support and confidence...they are able to support over a length of time whereas I am limited to 4 weeks.'

'There is a high level of support; being seen weekly makes a difference.'

12.3 Continuity

'There are a lot of different health professionals involved; there is continuity with the befriender.'

'Depressed parents need support but sometimes it can go to Child Protection. The project can work with the family if they go on the register, some projects cannot, this service gives continuity to these families.'

'Parents can continue with Newpin (Family Action Southwark Newpin Centre)...they can be introduced gradually. One client did go on to Newpin.'

12.4 Access to other services

(Project worker) is able to build a rapport and picks up on other services that are needed.'

'One of the benefits is getting help to access other services.'

12.5 Benefits to children and other family members

'The children benefit, they are getting out more'

'In one family it was helpful for the husband; it became less of a burden for him, respite for him.'

'Mother benefits, baby as well and fathers not directly but there is a knock on effect...they look at the whole family and relationship issues, also grandparents.'

12.6 Depressed parents

The social worker particularly highlighted the work with depressed parents.

'A very good programme...(project coordinator) does home visits and also encourages them to come to groups, it helps to get depressed clients out – also supports parenting the child as well as the parent's mental health. It is easier to access than some services; it is not restricted by referral through mental health professionals.'

13.0 VALIDATED EVALUATION SCALES

The Hospital Anxiety and Depression Scale (HAD) and the Maternal Social Support Scale (MSSI) are completed on referral to the service. If the mother is pregnant with her first child the MSSI is not completed until after the birth.

The scales are completed for the second time when leaving the project or after one year as a service user.

The HAD has two subscales for anxiety and depression respectively and each subscale has 7 items with a maximum score of 21. A score of 11-21 on either subscale denotes definite anxiety and depression; a score of 8 -10 on either subscale denotes mild anxiety or depression and a score of less than 8 on either subscale denotes no clinically significant anxiety or depression.

The MSSI has a total of 18 items that measure social support with a possible total score of 36. A score below 15 denotes a very difficult isolated life.

13.1 Summary of Hospital Anxiety and Depression Scores. (Zigmond and Snaith 1983)

Charts showing individual scores for anxiety and depression before and after the intervention can be found in appendix M. Four parents have also had a follow-up six months after leaving the service.

13.2 Anxiety

The chart below shows the number of mothers in each category of the HAD scale for anxiety both before and after the intervention. These show a clear reduction in the number of parents showing definite or mild anxiety from 14 (82%) to 8 (47%) and a corresponding increase in the number of parents showing no clinically significant anxiety after engagement in the project.

	Definite anxiety (score of 11-21)	Mild anxiety (score of 8-10)	No clinically significant anxiety (score of less than 8)
Initial HAD anxiety scores Total 17	9 (53%)	5 (29%)	3 (18%)
End HAD anxiety scores Total 17	6 (35%)	2 (12%)	9 (53%)

In terms of individual scores, 15 (88%) had some reduction in their score for anxiety at the end of involvement with the project, one (6%) had a reduced anxiety score at the 6 month follow-up (after further support from another service) and one (6%) who had no reduction for anxiety was a refugee. One parent had a raised anxiety score at the 6 month follow-up; this parent with serious mental health problems was on a CPA (Care Programme Approach) and had been referred to the Newpin Centre but had not engaged.

13.3 Depression

The chart below shows the number of mothers in each category of the HAD scale for depression both before and after the intervention. Again this shows a reduction in the number of parents showing definite or mild depression from 11 (65%) to 6 (35%) with the corresponding increase in the number with no clinically significant depression.

	Definite depression (score of 11-21)	Mild depression (score of 8-10)	No clinically significant depression (score of less than 8)
Initial HAD depression scores Total 17	3 (18%)	8 (47%)	6 (35%)
End HAD depression scores Total 17	1 (6%)	5 (29%)	11 (65%)

In terms of individual scores 10 parents (59%) had some reduction in their score for depression at the end of their involvement in the project and 3 (18%) remained the same. 4 parents (24%) had an increased score for depression. One of these showed a reduced score at the 6-month follow-up after having on-going support from another project. Of the other three with increased scores all have extreme difficulties in their lives; one is receiving support from the Newpin Centre, another is a young parent whose baby father is in prison and another is a refugee.

13.4 Summary of MSSI (Maternal Social Support Index) scores (Pascoe et al 1988)

The chart below shows the number of mothers in each category on the social support index before and after the intervention. This shows a small reduction in the number of parents in the very isolated group from 8 (47%) to 6 (35%) and a small corresponding increase in the number of parents in the less isolated group.

	Below 15 (very difficult isolated life)	15-36 (less difficulty and isolation)
Initial MSSI scores Total 17 completed	8 (47%)	9 (53%)
End MSSI scores Total 17 completed	6 (35%)	11 (65%)

In terms of individual scores, 8 parents (47%) had an improved score i.e. they reported that they had more support, 6 parents (35%) had scores that remained the same (or within one point of the initial score) and 3 (18%) had scores that were lower after the intervention i.e. they reported they were less well supported.

Two of the parents in the group that remained the same and one of those with a lower score had some support other than from the project initially (e.g. having their mother to stay) and this gave them a high initial score. Another of the parents in the group that remained the same was referred to the Newpin Centre for further support but did not engage. Of the other parents who had lower scores after the intervention, one parent was a 'Looked After' child who moved away, the other a young parent whose baby father was in prison.

13.5 Results

Results from the HAD (Hospital Anxiety and Depression) scale look very promising with 88% of service users having a reduced score for anxiety and 59% having a reduced score for depression, although numbers remain small. The MSSl (Maternal Social Support Index) is less clear with 47% showing an improvement in support during the course of their involvement. Many parents completed their final MSSl when they were leaving the service and the feeling that they were about to lose their support may have impacted on the results. The other factor mentioned above is that several parents had a good level of support in the immediate postnatal period that was provided by family and so the project was not their only source of support.

While these validated questionnaires (HAD and MSSl) are useful tools, it is important to remember that given the impact of mental health issues and life difficulties that many service users endure, any small improvements are positive and there will be some mothers who cannot be expected, because of their difficult circumstances, to show any major change over the course of one year.

14.0 OUTCOMES FROM INDIVIDUAL TARGETS

Individual targets were set at the start of involvement in the project and followed up on a three-monthly basis. The tables below show to what extent the Project Coordinator considers targets as having been met.

Summary of outcomes from main targets set (includes targets that were set for 5 individuals or more). For full outcomes table see appendix K.

Target	Number set target	% fully achieved target	% partly achieved target	% fully or partly achieved target	% not achieved target
Receive home support from volunteer	15	47%	40%	87%	13%
Attend drop-in	15	0%	67%	67%	33%
Join activity in Children's Centre	12	17%	58%	75%	25%
Develop good communication/ bonding with baby	11	45%	55%	100%	0%
Obtain grant for essential items	7	71%	0%	71%	29%
Action on housing issues	6	17%	83%	100%	0%
Attend for healthcare	5	60%	40%	100%	0%
Return to school/college to complete course	5	60%	20%	80%	20%
Attend Young Parents 'Understanding your Child'	5	20%	80%	100%	0%

15.0 CASE HISTORIES

15.1 Volunteer Case Study – Befriending

When my son started nursery I wanted to go back to work, but was not sure of where to start. I had been taking my son to the Sure Start activity groups and I became friends with one of the staff. Ingrid suggested that volunteering could be a route back into employment. She said it would help to build my confidence, improve the skills I had and gain even more skills and experience.

Ingrid told me about the Perinatal Support Project and referred me to Family Action Newpin. I received a welcome letter and I attended a training course. The training was really good, we were told about health and safety, personal safety and all of the different services we could get involved with. At the end of the course, I received my certificate and I was ready to volunteer!

I decided I wanted to become a 'volunteer befriender', which means giving your befriender your phone number so they can contact you if they need listening support, and home visiting to help the mum and baby develop a healthy attachment. I may also accompany her to antenatal appointments, for example. I commit to supporting her until her baby is about nine months old, if necessary.

While I was waiting to be matched with a 'friend' I did a community-interpreting course. My Family Action supervisor introduced me to a Children's Centre midwife who was giving antenatal care to an expectant mum, Ruta, who is an Arabic-speaking refugee from Eritrea with limited English, so that I could help with interpreting and gain my qualification. Ruta is also diabetic and has a two-year-old son. The midwife told Ruta about Family Action Newpin and asked her if she would like to be referred to the Perinatal Support Project. Ruta was very interested. The midwife did the referral and I asked my supervisor if I could become her 'befriender', to help her with the language barrier.

I went with my supervisor to the Ruta's home, a flat on the 6th floor where she lives in 'temporary' housing. My supervisor explained to Ruta about the project and about how we work in complete confidentiality. I gave her a print out of the guidelines (which I had translated) and we signed the permission sheet, so that we could swap phone numbers.

My befriender and I now do so many things together. I see her on a weekly basis, sometimes twice a week depending on what she needs. Every time I do something for her and see her smile I feel so good. Ruta told me before she met me she was continuously worried and depressed. Now that she has me she sleeps better, knowing she is not alone. This has made all my efforts worthwhile!

Through volunteering I have become more confident as I have visited lots of different places and met lots of people. I am a better listener and have learned how to manage my time. It has also made me aware of some skills I never thought I had. I feel strong and not worried about saying what I think is right.

15.2 Staff Case Study

Kadijah

Kadijah was referred to the Perinatal Support Project by her midwife because she was socially isolated and unsupported in her first pregnancy, having suffered severe domestic violence. She was 20 years old, although on her passport she appeared as 4 years older.

Kadijah is from Sierra Leone and she travelled to the UK with her new husband who is considerable

older than her and this was his second marriage. Over time he became abusive and very violent towards her, causing her to flee to a refuge. Her husband then cancelled her visa, and she was left homeless, pregnant and with no recourse to public funds. The attitude of her family in Sierra Leone is that she should return to her husband.

When I first met Kadijah she had a low mood and often just stayed in her room. Kadijah was matched with a Volunteer Befriender who visited her at home, and also supported her as a birth partner when her baby was born in May 2008. Kadijah attended the Drop-in for Mums and Babies at the Newpin Centre and started getting to know other mums. The Perinatal Support Project was able to give Kadijah some nearly new clothes for the baby and also lent her a Baby Bouncy chair and a pushchair (both since returned and lent on to someone else). A grant of £150 from 'BBC Children in Need' was obtained for other essential items for the baby.

With support from the Volunteer Befriender in the early postnatal period, Kadijah went on to establish successful breast-feeding. Kadijah also attended counselling with domestic violence services, to help her understand the cycles of abuse, so she is able to avoid such relationships in the future.

The Newpin trained Volunteer Befriender is an African Nigerian mother of five, who is also in other paid employment, and has trained in Dula birth partnering. She is passionate about supporting young mothers, helping them develop healthy attachments with their babies and having aspirations for their personal development too.

Kadijah has since been granted Indefinite Leave to Remain in the UK, and is living in temporary housing; one room in a hostel, and claiming Housing Benefit and Income Support.

The change in Kadijah is remarkable. She is full of laughter and is making plans for her future, including going to college. She successfully enrolled on a hospitality course at the local Further Education College, but was unable to fund the childcare for a small baby, so had to drop out. Instead she enrolled on a free parenting course with a supporting crèche run by the Children's Centre. She is now making plans for college in September when her baby will be over one year and eligible for care in the college crèche.

Kadijah still has unresolved issues such as: housing, delays in awarding of Child Benefit causing financial hardship, and legal difficulties pursuing a divorce because her husband has retained her marriage certificate.

Initial antenatal Hospital Anxiety and Depression Scale score was:

Anxiety = 13, Depression =12.

Seven months postnatal her score is:

Anxiety = 3, Depression =2

16.0 CONCLUSIONS AND AREAS FOR DEVELOPMENT

16.1 Reaching the target group

The project is working with an extremely vulnerable group of parents. This includes young parents and parents with mental health problems as well as those living with domestic violence and having no recourse to public funds. The target group set out in the parenting fund application has clearly been reached by the project.

Twelve parents (36%) who are using the project are under 25 and 3 (10%) of these are under 18.

46% of those engaged in the project have mental health as the main reason for referral and 82% have definite or mild anxiety and 65% have definite or mild depression according to initial HAD scales. Five are on a CPA (Care Programme Approach).

In addition to this 34% of services users have no recourse to public funds and 60% are living with the effects of domestic violence issues (3 of these are long-standing and severe).

The engagement of fathers and partners is one category that is less clear (see paragraph 16.3).

16.2 Activities to promote early attachment

In the original Parenting Fund proposal it was envisaged that there would be workshops facilitated as an extension of the drop-in. These were intended to cover topics such as the emotional and social needs of a young baby, breast feeding, feelings around becoming a parent, baby massage.

The Project Coordinator says that these workshops have not yet taken place because the drop-in was initially slow to start. Given the vulnerability of the parents using the project this is understandable. A questionnaire was used to identify parents' needs and the requested workshops on self-esteem did not take place because of low numbers. However, the drop-in attendance has now increased and workshops are a possible area for development.

It needs also to be said that some of the workshops would ideally be facilitated by partner agencies locally e.g. health visitors as it would be unrealistic for the Project Coordinator to deliver these sessions alone. The original proposal was for a full time worker, allowing for more group work. Another option may be to train some befrienders in the relevant skills e.g. baby massage.

The Project Coordinator has managed this flexibly and offers parents one to one support with early bonding and attachment in the home through use of the DVD 'The Social baby' by Lyn Murray and Liz Andrews.

'There was a change within 2 weeks for one parent who was able to talk to her baby and cuddle for the first time.'

The role of the befriending process itself in promoting early attachment must also be recognised. If parents feel supported and cared about and know that a friend is available to talk to and confide in they will be less stressed and less depressed and will be able to be more emotionally available for their baby. Befrienders will also do some modelling in terms of responding to a baby's signals.

16.3 Fathers and Partners

The Project Coordinator says that some fathers who are long-term partners are not involved because they are at work. Others have been engaged in the project with one father being referred to the Family Action Southwark Newpin Fathers Group and another being engaged by the Project Coordinator during a home visit when the 'Social Baby' DVD was shown.

Yet another father has been engaged by a befriender:

'Her husband also benefits, I have translated letters from the bank and helped with English classes.' (Befriender)

Referrers to the service have also felt that fathers have benefitted both directly and indirectly (see paragraph 12.5)

The Family Action Southwark Newpin Fathers Group no longer exists but funds are currently being sought to restart this valuable work.

In the future it may also be worth exploring whether parents could be engaged in mixed groups for some parenting workshops both antenatally and immediately postnatally.

16.4 Cultural sensitivity

Befrienders have been trained from a number of different cultural groups and they speak a number of different languages (Arabic, Spanish, Greek and Yoruba). This means there is a good range of volunteers; although in practice the numbers are not big and it is sometimes difficult to match appropriately. Working with cultural diversity is an on-going challenge for the project.

One particularly appropriate match has been a Sudanese Arabic speaking befriender who has been matched with an Eritrean Arabic speaking refugee mother.

The project staff are trained in cultural awareness and this also comes into the befriender training.

All three referrers said they felt the project was culturally sensitive.

'There is a mix of befrienders, this is a diverse area and there are befrienders from ethnic minority backgrounds. An Arabic speaking woman has been linked to an Arabic speaking befriender.' (midwife)

Advertisements for befrienders are placed in the Guardian, local libraries and through Work Directions. The project needs to strive to continue to recruit and train volunteers from the diverse cultural groups found in Southwark.

One of the huge strengths of the project is being able to offer vulnerable women a befriender to whom they can relate and may also have an understanding of their own culture and sometimes be able to speak their language. This is particularly important at a time of great change in their lives around the time of pregnancy and childbirth and is potentially an excellent preventative service in terms of maternal mental health and child outcomes.

16.5 Partnership work

One of the Parenting Fund objectives was for partnership work to take place with both the Southwark Teenage Pregnancy Unit (Sure Start Plus) and the Peri-natal Mental Health Services at St Thomas' Hospital.

The Project Coordinator is part of the Young Parents Partnership Team and attends team meetings regularly. There is discussion about cases and this aids referral to the appropriate partner in the team. A twelve-week Parenting Course has been co-facilitated by the Family Action Newpin Project Coordinator and a Young Parents Partnership worker. This has not continued after the first year of the project.

(See also paragraph 8.2)

The Project Coordinator also meets with the MAPPIM (Perinatal Mental Health) team at St. Thomas' Hospital to look at referrals although this has not been as consistent as she would have liked. There is also a good link with the nurse specialist in Perinatal Psychiatry at King's College Hospital and the Neonatal Parent's Group.

Good communication with other partners in the community was also reported in the interviews with referrers. (See also paragraph 12.1) Overall it is clear that the formalised and informal partnership work is going well and it is important that this part of the work continues to be given a high enough priority within what must be a large work load.

16.6 Training and supervision of the befrienders

The six-week training for befrienders is felt to be both appropriate and sensitively delivered by those taking part. In addition to this, very good use is made of local training courses and these are selected on an individual basis e.g. a befriender working with a family with domestic violence issues will be offered training in domestic violence. In this way befrienders build up their knowledge while putting it into practice.

Although befrienders do feel supported, commitment to the monthly supervision group has not however been as good as expected and this is an area for development for the project. Befrienders are reporting inevitable feelings of rejection and uncertainty about their worth which would benefit from regular processing in a supervision group. The group would act as a secure base for the befrienders and this feeling of 'being held' in the group will be passed to parents and from parents to children. It will also allow them to support and learn from each other, while releasing the Project Coordinator from some of the one-to-one supervision she is now doing.

16.7 Uniqueness of the Project

Finally many of those interviewed were able to identify what they felt was special or unique about the project.

'I think the training was very good and sensitive to people's needs. I think the project is special because it understands how early, relatively low key intervention from women with experience of family life (non-professionals) can really make a difference to those most at need and their children.' (Befriender)

'Other services you have to have an appointment, but Newpin you have a befriender- you can call her any time you need to.' (Member)

'They actually are there for you, someone you can talk to. It's nice to be able to talk to someone about your problems and how you feel.' (Member)

'The uniqueness is that we offer befrienders who have experienced pregnancy and birth and have the ability to relate to befriendees. The peer support is user-led...and the service adapts to meet their needs. We are working across adult mental health and children's services.' (Staff member)

17.0 SUMMARY OF KEY OUTCOMES

- The project is reaching its target group, including those who have English as a second language and those who have no recourse to public funds. Nearly half have mental health as the main reason for referral.
- Service users report that they have received both emotional and physical support and feel more confident as parents.
- 88% of service users who have been followed up show a reduced score for anxiety and 59% show a reduced score for depression on the HAD (Hospital Anxiety and Depression) scale.
- 47% of service users who have been followed up show a higher level of social support on the MSSl (Maternal Social Support Index) Scale.
- When observed, 45% of service users are seen to have fully achieved their target to develop good communication and a close bond with their baby and 55% have partly achieved this.
- 75% of service users have achieved their target of joining activities at a Children's Centre.
- Befrienders report that they have gained in confidence from volunteering and one has been offered paid work as a result.
- Partner agencies say there is good communication from the project and have reported a high level of emotional support and continuity of care.

References

Cooper P.J. and Murray L.(2003) Effects of postnatal depression on infant development, *The British Journal of Psychiatry* 183(6): 481-483

Harris T., Brown G., Hamilton V., Hodson S. and Craig T.K.J.(2006) The Newpin Antenatal and Postnatal Project: A Randomised Controlled Trial of an Intervention for Perinatal Depression. Poster prepared for the HSR Open Day, Institute of Psychiatry, Kings College London, 6th July 2006.

Pascoe J.M., Ialongo N.S., Horn W.F., Reinhart M.A. and Perradotto D. The Reliability and Validity of the Maternal Social Support Index. *Family Medicine* 20(4) 271-6

Radke-Yarrow M.(1991) Attachment patterns in children of depressed mothers. In Colin Murray Parks (Ed) *Attachment across the life cycle, Chapter 7*. London: Routledge.

Zigmond A.S. and Snaith RP(1983) The Hospital Anxiety and Depression Scale. *Acta Psychiatrica Scandinavica* 67, 361-370.

APPENDIX A

Family Action Newpin Perinatal Support Project

Evaluation Questionnaire for Members

1. What made you decide that you would like to become a member of the Newpin Perinatal Support Project?
2. About how long have you been involved?
3. What Newpin activities are you currently involved in?
4. What were you expecting or hoping to gain from your involvement with Newpin?
5. Have your expectations of the project been met?
6. What do you like best about being a member of the Perinatal Support Project?
7. What do you like least?
8. Is there anything that you would like to change about the project?
9. Can you say what you think is special about the Perinatal Support Project?
10. Is there anything else about your experience of the Perinatal Support Project that you would like to share?

Name.....Date

Children's names

Thank you for completing this questionnaire. All information will be treated with care and kept confidential and anonymous.

APPENDIX B

Family Action Newpin Perinatal Support Project

Evaluation Questionnaire for Volunteer Befrienders

1. What made you decide that you would like to become a Volunteer Befriender?
2. How long have you been in your role as a Volunteer Befriender?
3. What does your role mainly involve?
4. Do you feel you have enough support in your role?
5. Do you have any success stories?
6. Any experiences that have been less successful?
7. How has befriending benefited you?
8. How has befriending benefited your befriender?
9. Is there anything you would like to change about your role?
10. Can you say what you think is special about this Family Action Newpin project?
11. Is there anything else about your experience of befriending that you would like to share or that others could learn from?

Name.....Date

APPENDIX C

Questions for Members Interviews

- Can you tell me a bit about your experience of Newpin befriending project, what kinds of things you are involved in at the moment?
- Do you have a befriender at the moment?
- How often do you see her and where do you meet up?
- How is this arrangement working for you?
- About how long is it since you first heard about the Newpin project?
- Can you remember the pre-Newpin chat, what was said and how you felt about it?
- How did you feel about your pregnancy/ having a baby then?
- How do you feel about it now?
- Can you remember much about what you thought the Newpin befriending project might be like back then?
- Or what you wanted it to be like?
- How does your experience match up with what you had expected or hoped for?
- What do you think it was that made you decide to become a member of Newpin befriending project?
- What do you think makes you want to continue to be a member now?
- Have you visited the drop-in at the Newpin Centre?
- How did your first visit match up with what you had expected or hoped for?
- Can you say what you like best about being a member of the Newpin project?
- What do you like least?
- Can you sum up what you think is special about the Newpin Perinatal Support Project?
- Is there anything you would like to change about Newpin?
- Is there anything else about your experience of Newpin that you would like to talk about?

APPENDIX D

Questions for Befrienders Interviews

- How long have you been acting as a befriender?
- Can you tell me about your role as a befriender and what it involves?
- Can you give me an example of the kind of work you do?
- Any success stories?
- Any experiences that were less successful?
- What do you like best about being a befriender?
- What made you decide that you would like to do this work?
- What did the training to be a befriender involve?
- Are you interested in opportunities to train further?
- Do you feel you have enough support as a befriender?
- Has your role as a befriender or the way that you work as a befriender changed at all since you first started?
- If yes, how?
- Are there any strategies that you feel you've developed or any mistakes that you might have made that other people might be able to learn from?
- Is there anything that you would like to change about your role in the Newpin project?
- Can you remember how you first heard about Newpin?
- Can you remember what your first impression was of Newpin?
- Could you sum up in a couple of sentences what the Perinatal Support Project does and what its aims are?
- What do you think it was that made you get more involved?
- How well do you think it achieves its aims?
- Can you sum up what you think is special about the Newpin Perinatal Support Project?
- Is there anything else you would like to say about being a befriender?

APPENDIX E

Questions for Staff Interviews

- How long have you been involved with the Newpin perinatal project?
- Can you tell me a bit more about how you first got to know about the work of the Newpin project and what made you get involved?
- How much of your time each week does your current work for the Newpin project involve?
- How does this work fit in with other commitments?
- What training have you undertaken that is relevant to the work of the project?
- What arrangements do you have for support and/or supervision?
- Do you supervise/support other people?
- What does this involve?
- What kind of records do you keep of your work in the Newpin Perinatal Project?
- Do you find keeping these records helpful?
- Is there anything you would like to change about this aspect of the Newpin Perinatal Project?
- Could you sum up in a couple of sentences what the Newpin Perinatal project does and what its aims are?
- How well do you think it achieves its aims?
- Do you think it has reached its target group? (mental health, teenage parents, refugees and asylum seekers)
- How do you ensure the project is culturally sensitive?
- Have befrienders been recruited from different ethnic groups?
- Could you tell me about the befriender training?
- Could you also tell me about befriender supervision?
- How do you evaluate the work that you do for the Newpin Perinatal Project?
- Is the project reaching the targets set out in the Parenting Fund application?
- Have any partners/fathers or other family members been included in the work?
- How could they benefit more in the future?
- Could you tell me about the partnership work with TPU (Teenage Pregnancy Unit) and MAPPIM (Perinatal Mental Health)?
- Is there anything that you would like to change about the project?
- Can you sum up what you think is distinctive about the Newpin Perinatal Support Project?
- Anything else that you think might be important for people to know about the work of the project?

APPENDIX F

Questions for Telephone Interviews for Referrers

- How many parents have you referred to the project?
- What is your usual reason for referral to the project?
- How are you usually hoping the family will benefit from the project?
- What have you seen as the actual benefits?
- Are there other projects you refer to that offer families similar benefits?
- How culturally sensitive would you say the project is?
- Have any fathers or partners benefitted from the project?
- Do you see the project working in partnership with your agency or do you see a potential for partnership working?
- What would you say is the unique selling point of the peri-natal project?
- Would you refer parents to the project again?
- Is there anything else you would like other stakeholders to know about the project?

APPENDIX G

Summary of Evaluation Questionnaire for members (15)

Question 1	Needed support/ emotional help	To meet other parents/ isolated	A good start as a parent	Recommended by professional	Volunteer who speaks my language
What made you decide to become a member of the PSP?	10	4	1	2	1

Question 2	1 year	9 months	6 months	3-6 months	Less than 3 months
How long have you been involved?	3	2	1	4	5

Question 3	Visited at home by befriender	Attended drop-in	Visited Children's Centre	Panto-mime Xmas party	Picnic	Applied for grant	None yet
What activities have you been involved in?	7	9	2	2	2	1	1

Question 4	To feel better/ more confidence	To have befriender; someone to listen/ understand	Friendship/ meet other parents	Support with children	Join Newpin Centre when ready
What where you expecting to gain?	7	5	3	3	1

Question 5	Yes	Partly	No
Have your expectations been met?	14	1	0

Question 6	You have a friend and supporter	Feeling cared about	Meeting other new mothers	People do not judge you	Someone to talk to in my language	Advice	Help to get a grant
What do you like best ?	10	4	2	1	1	2	1

Question 7	Nothing I dislike/ everything is good	Not enough time	Need for more volunteers	No answer
What do you like least?	9	1	1	4

Question 8	No	Longer hours/ open more days	More activities	No answer
Anything you would like to change?	7	1	2	3

Question 9	Can call befriender any time/ other services more official	Befriender helps me to be organised	Befriender listens/ you can talk about how you feel	Very personal care/ very reliable	People who work at PSP are special	More about the mums than the children	Help to focus on my baby	No answer
What is special about PSP?	2	2	3	3	2	1	1	1

Question 10	Befriender has been helpful in so many ways* (see below)	I feel supported in my feelings	I feel more confident as a mum/ motivated to do things	Can always count on support/ coordinator covers befriender	Put in contact with other Newpin services	Befriending did not work well for me
Is there anything else about PSP you would like to share?	7	5	2	2	1	1

* Came with me to antenatal clinic and reminded me of questions

Helped with appeal letters

Made my breakfast

Supported me at Child In Need review meeting with Social Services

Helped to sort out telephone

Got nursery place for 2 year old

Helped with my baby

Visited me and stayed at hospital while waiting for induction

APPENDIX H

Summary of evaluation questionnaires for befrienders (7)

Question 1	Wanted to use my experience as a mother/give back to society	Newpin gave me support/I had a befriender myself	My own experience of depression	Wanted to get out and do something
What made you decide to become a befriender?	4	3	2	1

Question 2	6 months	9 months	1 year +
How long have you been a befriender?	1	4	1

Question 3	Phoning and meeting up with befriender	Support with MH/anxiety/ listening and chatting	Helping depressed mother bond with child	Helping with medical appointments	Helping with chores	Playing with children
What does your role mainly involve?	4	4	1	1	1	1

Question 4	Yes	Individual support as supervision clashes with another course
Do you feel you have enough support in your role?	7	1

Question 5	Befriendee coping well/ achieving tasks/taking responsibility/ able to get out	Sharing concerns with another adult has made a big difference	Referred to main Newpin project/able to use a wider support system	Befriendee found parenting book I lent helpful	No
Do you have any success stories?	3	1	1	1	1

Question 6	No	No answer	Arranging to meet and being let down	Still difficult to encourage her to go out	Not sure how to help her deal with depression
Any experiences that have been less successful?	3	1	1	1	1

Question 7	Gives me confidence I feel useful/ keep busy	Has made me aware of potential problems and challenging situations	Taught me to ask for support for self	I have learnt patience/ tolerance/not to judge/understand that rejection is not personal	Understanding how I overcame depression
How has befriending benefitted you?	3	2	2	1	1

Question 8	Able to talk about her situation/be listened to	Received practical help	She knows she will get support/reliability	More able to deal with every-day matters	Don't know
How has befriending benefitted your befriender?	4	2	2	1	1

Question 9	No	Give more time to befriending/extend role	Would like more knowledge of effectiveness	Would like to have been more effective at persuading her to go out more
Is there anything you would like to change about your role?	3	2	1	1

Question 10	Supporting in the home/parents get to know you and build up trust	It is early intervention from non-professionals with experience of family life and can make a difference	Training is very good/sensitive to people's needs	It is able to help all sorts of different people
Can you say what you think is special about peri-natal support project?	3	3	1	1

APPENDIX I

UNDERSTANDING YOUR CHILD

Introduction

- Getting to know each other
- Expectation and anxieties
- Ground rules
- Parent as a person

Feelings

- Remembering what it was like to be a child
- Accepting our own feelings
- Accepting our children's feelings, even strong ones, knowing feelings change
- Non-directive play – "Special Time"

Describing Behaviour and Descriptive Praise

- Avoiding 'labels' and describing behaviour
- Using descriptive praise to change behaviour
- Saying what we really want and need

Needs and Behaviour

- Understanding children's needs
- Understanding children's behaviour in response to needs
- Discipline

Setting Boundaries

- Understanding what we mean by boundaries
- Why we need them and how we feel about them
- Assertive v Aggressive behaviour
- Saying 'No'

Listening

- Practising listening
- Difference between enabling and controlling
- Helping a child when upset
- 'Open' and 'Closed' questions

Emotional Wellbeing - Briony Hallam

- How to recognise depression
- How depression affects your baby
- Where to get help
- Things you can do to stay well

Child Safety - Orpha Edwards

- Keeping babies & toddlers safe
- Making home a safe place
- Safety out & about
- First aid

Healthy Eating - Patrokolos Sasis

- Nutrition for Mums
- Healthy foods for babies
- How to eat healthy on a low budget

Child Development

- What your baby is able to do
- What will your baby be doing next
- How to help your child develop
- Role of the Health Visitor

APPENDIX J

Family Action Newpin Perinatal Support Project

Volunteer Befriender Training

Monday 25th February – 7th April 2008

Course Outline

25th February	AM: Introductions, Group Agreement, Volunteer Befriender introduction: the befriending role PM: Introduction to Attachment, Befriending & Newpin Core Values
3rd March	AM: Communication skills Listening Skills, Confidentiality, Data Protection PM: Befriending Role & Responsibilities
10th March	AM: Sure Start midwife Yvonne Evans Care & support of the Perinatal Mum PM: Briony Hallam – Understanding post-natal depression and encouraging emotional wellbeing
17th March	AM: Personal Safety PM: Visit to Neonatal Unit at St. Thomas' Hospital - Marie Richter
24th March	Bank holiday
31st March	How Domestic Violence impacts on pregnancy, childbirth and how best to support someone - Pavan Gora from Victim Support Southwark PM: Working with difference – anti discriminatory practice
7th April	AM: Child-directed Play / Baby/child Development - Kathy Blackeby from CAHMS PM: Review of learning, evaluation & What next?

APPENDIX K

Summary of outcomes from all individual targets set

Target	Number of members who were set target	Fully achieved		Partly achieved			Not achieved
		5	4	3	2	1	0
Receive home support from volunteer	15	7	1	3	1	1	2
Attend drop-in	15	0	2	4	0	4	5
Join activity in Children's Centre	12	2	0	3	1	3	3
Develop good communication/bonding with baby	11	5	4	1	1	0	0
Obtain grant for essential items	7	5	0	0	0	0	2
Action on housing issues	6	1	1	3	1	0	0
Attend for healthcare	5	3	0	1	1	0	0
Return to school/college to complete course	5	3	0	0	1	0	1
Attend Young Parents 'Understanding your Child'	5	1	1	1	1	1	0
Complete learning Journal for above	4	3	0	0	0	0	1
Attend appointment with CMHT/Social Services	4	3	0	1	0	0	0
Join Family Action Newpin core service	4	3	0	0	0	0	1
Apply/secure childcare/nursery/school for child	3	3	0	0	0	0	0
Attend CAB/legal/debt/benefits advice	2	1	0	1	0	0	0
Healthy eating	2	0	1	0	1		0
Acknowledging and naming feelings	1	0	0	0	1		0
Cut down smoking	1	0	0	0		1	0
Attend stress management / DV workshops	1	0	0	0	0	0	1
Register with new GP	1	1	0	0	0	0	0
Move back to own flat	1	1	0	0	0	0	0

APPENDIX L

Summary of MSSI Scores

Ref Number	Ist MSSI	Mid MSSI	End MSSI	6 month MSSI	Comments
PSP001	18		19	Unable to contact	CPA, CIN
PSP 003	7		10	11	CPA, now at Newpin Centre, Child-CPP, LAC
PSP 005	21		7	Moved	YP-mum is LAC
PSP 006	26		25	25	
PSP 010	13		14	15	CPA,CIN, referred to Newpin centre but did not engage
PSP 013	7		9	20	CPA, now with Building Bridges
PSP 016	19	23*	18		*Had 'au pair' for a while after knee surgery
PSP 017	12		12		
PSP 018	20*		18		*Aunt stayed 6 weeks postnatally
PSP 020	24		16	Moved	YP-baby father in prison
PSP 021	13	17	17		YP-now a nursery nurse
PSP 025	24		31		YP-training volunteer befriender
PSP 027	11		17		Refugee
PSP 032	26*		25	8	Mother stayed 6 weeks postnatal
PSP 033	9	12			Domestic violence, still in project
PSP 036	8		11	Moved	
PSP 040	17		22		YP not fully engaged but now at college

CPA – Care Programme Approach

LAC – Looked after child

CIN – Child in need

CPP – Child Protection Plan

APPENDIX M

Hospital Anxiety and Depression Scores

Ref Number	Initial anxiety	Initial depression	Mid anxiety	Mid depression	End anxiety	End depression	6 month anxiety	6 month depression	Comments
CPAPSP001	13	12			12	10	Moved		CPA, CIN
PSP 003	18	9			13	10	10	13	CPA, now at Newpin Centre, Child-CPP, LAC
PSP 005	7	2	5	2	3	2	Moved		YP-mum is LAC
PSP 006	3	3			2	3	3	2	
PSP 010	15	10			9	8	16	16	CPA, CIN, referred to Newpin centre but did not engage
PSP 013	12	11			14	15	11	7	CPA, now with Building Bridges
PSP 016	8	5	5	2	2	1			
PSP 017	12	6			13	6			
PSP 018	12	9	11	10	10	7			
PSP 020	10	8			11	10	Moved		YP-baby father in prison
PSP 021	9	10	11	5	7	3			YP-now a nursery nurse
PSP 025	12	7			5	3			YP-training volunteer befriender
PSP 027	11	7			14	9			Refugee
PSP 032	10	9	7	3	6	4			Mother stayed 6 weeks postnatally
PSP 033	13	12	3	2					Domestic violence, still in project
PSP 036	10	9			5	6	Moved		
PSP 040	7	8			3	2			YP not fully engaged but now at college

CPA – Care Programme Approach

LAC – Looked after child

CIN – Child in need

CPP – Child Protection Plan

Family Action Central Office

501-505 Kingsland Road, London, E8 4AU. Phone 020 7254 6251
Fax 020 7249 5443 info@family-action.org.uk www.family-action.org.uk

Registered charity n° 264713. Registered company limited by guarantee in England and Wales n° 01068186.
Patron: Her Majesty the Queen. Chair: Lady Keene. Chief Executive: Helen Dent.



Perinatal Support Project
Evaluation Report February 2009
Jacqui Lederer