Stockton Perinatal Support Service Evaluation Report

Contact

Phone: +44 (0) 207 265 7352
Email: projects@ihv.org.uk
Website: www.ihv.org.uk

Authors:
Nafisa Insan, Research Associate, iHV
Vicky Gilroy, Head of Projects and Evaluation, iHV

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- The wider stakeholders who participated in the evaluation
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Glossary of terms

Attachment	The emotional bond that the child builds towards, and connects them to, their main carers
Bonding	The binding love that a parent may feel for their infant, beginning often before he or she is born
Convergent validity	How closely the scale is related to other variables and other measures of the same construct
Co-production	All participants work together on a research issue without privileging one type of knowledge over another, and they produce the research together and have co-ownership of it
Generalised Anxiety Disorder – 7 (GAD-7)	Questionnaire used to identify and measure the severity of generalised anxiety disorder
Internal consistency	Measures whether several items that propose to measure the same general construct produce similar scores
Maternal Postnatal Attachment Scale (MPAS)	A 19-item self-report questionnaire that is used to assess mother-to-infant attachment.
Patient Health Questionnaire (PHQ-9)	Questionnaire for screening, diagnosing, monitoring and measuring the severity of depression
Psychosocial adversities	Life-influencing events that result in significant stress
Qualitative data	Data obtained from first-hand observation, interviews, questionnaires, focus groups, participant-observation, recordings made in natural settings, documents, case studies, and artifacts. The data are generally nonnumerical
Quantitative data	Numerical data expressing a certain quantity, amount or range
Sensitivity	The ability of a test to correctly identify women with perinatal mental health condition
Specificity	The ability of a test to correctly identify women without perinatal mental health conditions
Test-retest reliability	Measure of reliability obtained by administering the same test twice over time to a group of individuals
Utilisation-focused	Evaluation should be judged on its usefulness to its intended users

Executive summary

The prevalence rates of perinatal mental health issues in Stockton-on-Tees are comparable with the rest of the UK and estimated at around 20%. Depression and anxiety during the perinatal period can have immediate, as well as long-term, impacts for the mother's, father's/co-parent's health and wellbeing as well as for the infant's physical, cognitive, emotional and social development.

Since April 2021, Family Action has been delivering their Perinatal Support Service model in Stockton-on-Tees, which is an early intervention, low-medium intensity service for mothers with diagnosed mental health issues, or at risk of developing perinatal mental illnesses from 16-weeks' pregnancy through to the child's second birthday. Key aspects of the service include:

- Home visits from a Perinatal Coordinator who will carry out an assessment of need and create a support plan for the family
- 1:1 support sessions tailored around individual needs
- Group sessions to encourage attachment and bonding
- Facilitation of the HENRY programme to support positive lifestyle changes, creating healthier and happier home environments.
- Further support from a Volunteer Befriender.

An evaluation of the Stockton Perinatal Support Service (SPSS) was carried out by the Institute of Health Visiting and University of Kent to examine the effectiveness and impact of the service for families and the wider local support system, and inform future developments of the model, which had previously been evaluated in other locations. A mixed methods approach was used, analysing both quantitative and qualitative data. Secondary datasets (Generalised Anxiety Disorder – 7 (GAD-7), Patient Health Questionnaire – 9 (PHQ-9) and Maternal Postnatal Attachment Scale (MPAS)) were provided by Family Action and interviews were conducted with parents (service users) and stakeholders/professionals. Feedback forms from service users were also used in the evaluation. Ethical approval was obtained from the University of Kent research ethics committee reference SRCEA id 0487.

Summary table of key findings from the evaluation

Objective/Outcome	Quantitative findings	Qualitative findings
Parents have improved mental health and emotional wellbeing including: • Improved maternal anxiety • Improved maternal depression • Improved parental self-confidence • Improved parental self-esteem	Significant reduction in both GAD-7 (anxiety) and PHQ-9 (depression) scores after the use of the SPSS, suggesting **improved maternal depression and anxiety**	"I think, for me, it would be having more confidence specifically to go to groups, meet new people and have the energy and motivation to go out and not be stuck inside. **I'm more confident in myself**." – Parent 2 "But yeah, I think it's just the whole **mum guilt** thing, **it's definitely helped with tha**t" – Parent 7 "If I do ever feel overwhelmed or not quite right, I can reach out and get help. **I don't feel anxious about doing that anymore**" – Parent 2

Objective/Outcome	Quantitative findings	Qualitative findings
Strengthened/improved parent-infant relationships	Significant increase in MPAS scores after the use of the SPSS, suggesting **improved parent-infant relationships**	"Especially the Theraplay [informed] session, that **really helped with bonding** and things like that" – Parent 3 "I feel like **I am starting to get a better bond with the baby**. It is a lot better" – Parent 6 "Everybody agreed that she'd just basically turned her full life around, she'd got her own home, she'd got settled, **gorgeous bond with baby**, absolutely lovely" – Perinatal Coordinator
Parents have improved knowledge about: • parenting, attachment and its impact on child development • the services they are signposted to and engage with them	**72%** who completed the feedback form stated that their **knowledge about childhood development milestones was more** than before they received the support **94%** of parents who completed the feedback form felt that their **knowledge regarding local services was more** than before due to the service	"It's really helped actually. **If it wasn't for them, I wouldn't have known about the hub** or any of the groups. I probably wouldn't have got on to as many groups without the help of [Perinatal Coordinator]" – Parent 1 "The original Perinatal Team **signposted me to the course that I did and they also signposted me to different bits of reading materials** and stuff like that. Also, once I was discharged from their service, they signposted me to the charity to pick up where they left off" – Parent 4 "She **signposted me to a class that I've actually been to this morning**, a baby class" – Parent 6
Parents are less isolated and have increased support systems (parents develop new relationships with people in the community)	**78%** of parents who completed the feedback form stated that they are **more connected with others** than before receiving the support	"I did [feel isolated] before I started sessions, but the sessions have completely changed that and **I don't feel isolated anymore**." – Parent 3 "Yeah, I'd say I'm a **lot more involved with my family now** and kind of going out more, **meeting other mums** which is something my anxiety wouldn't really let me do before. I didn't really like leaving the house as much and doing things like that. So I'd say we're a **lot more active in that way and getting out and seeing people**" – Parent 6

Objective/Outcome	Quantitative findings	Qualitative findings
Healthier lifestyle: • Families lead a healthier lifestyle and are more active (HENRY Programme) • Improved access to information and support	**61%** of parents who completed the feedback form stated that their **knowledge of healthy lifestyles is more** than what it was before they started their perinatal support journey	"We went through **healthy eating** and got some advice from the support workers but also we were encouraged to think of things for ourselves and chat about different ideas. That was really useful. At home, **it was good because we learned about portion size and healthy eating** and then mental health with your children and bonding" – Parent 2 "It tends to be **walking, that seems to be the main form of exercise**, really effective, really works well" – Perinatal Coordinator "How about information around baby feeding practices, so breastfeeding and formula feeding? Do you feel like you've been provided information and support around that?" "**Yes, definitely**" – Parent 2 "Family Action Volunteer Service is very much ahead of the game in this respect because they have **volunteers that attend our breastfeeding groups and so they support mums to come into that**" – Stockton-on-Tees Borough Council Family support service lead "I've been to health and safety courses and the **healthy eating course and so it's definitely improved massively**" – Parent 1
Parents are more confident in their parenting skills and have increased ability to manage and solve own problems	**88%** of parents who completed the feedback form felt that they are **more confident in their parenting skills** after receiving the support	"I think it's probably **given me more confidence to know what I'm doing** so **I'm not having to ask my parents for advice all the time**" – Parent 3 "So it's sort of **building that kind of confidence and capability for the individual**, rather than doing all of that hand-holding constantly as well." –0-19 Stockton Service Manager "Probably the way I think about things that happened. I think **I've kind of able to put a positive spin on things a lot easier now** through the work me and xx have done" – Parent 5 "They've just sort of **made me realise that everybody goes through different struggles** and it's not like the end of the world if you know what I mean" – Parent 3
Parents feel reduced stigma associated with mental health	**88%** of parents who completed the feedback form felt **more comfortable talking about mental health** after receiving the support	"Not like it's a huge big concern but sometimes I've felt left out because of my mental health and **Family Action has definitely helped me think about that**" – Parent 2 "**Don't feel ashamed to have mental health problems** now- I used to think it made me a bad parent" – Parent 12

Overall, the evaluation findings suggest that the Stockton Perinatal Support Service is achieving its intended objectives/ outcomes and making a positive difference to families in Stockton by reducing anxiety and depression in mothers, improving parental confidence, promoting parental awareness of mother-to-infant attachment and child development, improving knowledge of local services, promoting healthier lifestyles, and reducing social isolation and perceived mental health stigma. The tailored, whole-family approach and Stockton-wide collaboration makes this a much-needed early intervention for perinatal women experiencing, or at risk of, mild-to-moderate depression and/or anxiety and their families, which will reduce the burden and costs on the wider health and social care system. Barriers to service delivery were explored and included the accessibility of the service for some parents. High staff turnover during the evaluation was also seen by staff as a barrier to progress. The service demonstrated that it works across the local systems and, in this context, added social value to the local area through employment of staff, and connecting local services to benefit the community as a whole.

Summary of key recommendations for service development

From the feedback of parents using the service, and the analysis of evidence of SPSS outcomes, it is recommended that the service considers:

- Building on the strengths of local collaborations and explore options to support referrals from partner agencies.
- Focusing on actions to broker engagement and build connections with eligible parents at the point of 'service entry' to address the recognised barriers and stigma associated with PMH problems and improve access to SPSS.
- Providing more topic-specific group sessions - for examples sessions on baby's sleep or smaller groups for breastfeeding guidance.
- Extending informal group sessions, such as Coffee & Cuddles, to make them longer-term, allowing a consistent space for parents to get together. The location for these could be rotated to allow easier access for certain families.
- Providing more informal group sessions with no specific agenda as parents desired a space for more informal, relaxed social networking.
- Incorporating practical support services, such as childcare, to allow parents to complete household chores or work. This could be through partnership with external services or provided within the SPSS.
- Reviewing the need for certain group sessions if duplicate programmes, such as HENRY, are available elsewhere that could be accessed by families.
- Reducing staff turnover- a greater level of understanding of the key drivers of staff retention and job satisfaction are needed with actions to address these.

Chapter 1. Introduction

1.1 Perinatal mental health in the UK

Perinatal mental health (PMH) problems are mental health problems which occur during pregnancy or within the first year following childbirth[1]. Depression and anxiety are the most common mental health disorders during this period and are often experienced together[2].Approximately 10-20% of women and 10% of men in the UK are affected by PMH problems making it a significant public health concern[3].Factors such as previous history of mental illness, low social support and psychosocial adversities such as poverty, stress and intimate partner violence are associated with an increased risk of PMH problems[4,5].

Depression and anxiety during the perinatal period can have a range of adverse consequences on the mother, her partner and the infant[6]: PMH can influence the way in which a parent thinks about, interprets, describes, cares for and interacts with their baby. This can affect the way a parent feels about their ability to care for their baby, their enjoyment of parenting, their parenting styles and their developing relationship with their baby. Interaction with caregivers is the most important element of a child's early experience and lays the foundations for his or her social and emotional development. It is through these early interactions that babies learn how to recognise and regulate their own emotions, and build the foundations for later relationships. Support for the affected parent, and for the rest of the family, can make a really positive difference to the outcome for everyone in the family.

The impact of perinatal illness should not be underestimated. Whilst thrombosis and thromboembolism remain the leading cause of death during or up to six weeks after the end of pregnancy, deaths from mental health-related causes as a whole (suicide and substance abuse) account for nearly 40% of deaths occurring within a year after the end of pregnancy, with maternal suicide remaining the leading cause of direct deaths in this period[7].

In addition to the direct impact on families, PMH problems create a huge cost burden, particularly to health and social care services, which are estimated in the UK to be £75,728 and £34,840 per woman lifetime for perinatal depression and anxiety respectively[8]. Taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK[9]. Around 72% of this economic burden is associated with the adverse impact on the child rather than the mother. Given this huge burden, evidence-based specialist PMH services are vital to tackle these consequences of PMH problems and the UK Government is working to provide more services:

- In 2016, PMH was included in the NHS Five Year Forward View with the objective of increasing access to specialist perinatal community teams and providing additional mother and baby inpatient beds by 2020/21[3].
- The NHS Long Term Plan builds on those commitments with the aim that at least 66,000 women with moderate/complex to severe PMH difficulties can access care and support in the community by 2023/24[10].
- Additional investment aims to support further service development by increasing availability of specialist PMH community care and improving access to evidence-based psychological therapies for women and their partners[10].

While these may address the needs of those with severe PMH problems, there is a need to also address the whole PMH pathway and scale-up universal services, like health visiting, to improve the **early identification of PMH** problems, as well as **early intervention** services, for those with mild to moderate forms of perinatal mental illness as these can have an adverse impact on child outcomes. Importantly, these risks to the child are not inevitable and can be moderated by a range of factors including level of social support and persistence/severity of perinatal mental illness. Early intervention and treatment during these 1001 critical days through the provision of PMH services, for those who need them, will therefore improve immediate and long-term outcomes for the child.

Provision of PMH services involves a multisector approach and the NHS Long Term Plan recognises the critical role played by the voluntary sector in supporting families affected by mild to moderate PMH problems[10]. This role is also well documented in the literature[11,12].Considering this, there is a drive towards collaborative commissioning of services, with voluntary organisations being key players in the planning and delivery of PMH services.

1.2 Background and rationale for the Stockton Perinatal Support Service

1.2.1 Stockton population: Perinatal mental health risk factors

The prevalence rates of PMH issues in Stockton-on-Tees are comparable with the rest of the UK and estimated at around 20%. PMH issues are associated with several risk factors, ranging from biological to sociocultural to structural factors:

- Stockton-on-Tees had the highest neighbourhood health inequalities in England for both men (17.3-year difference in life expectancy at birth) and women (11.4-year gap)[13,14]. The population is overwhelmingly white (93.4%) with high levels of socioeconomic inequality and deprivation[14].
- The unemployment rate in Stockton in 2021 was estimated to be 5.8%; this is higher than the UK estimate of 4.8%[15]. Literature suggests that low socioeconomic status, poverty and unemployment are associated with increased risk of PMH issues[4,16].
- Socioeconomic inequalities, poverty and unemployment are also associated with social isolation, which is another key risk factor for PMH issues in Stockton-on-Tees[17]. Social isolation during the perinatal period can lead to perceived low social support which is associated with increased psychological symptoms; this was particularly heightened during the COVID-19 pandemic[18].

1.2.2 Provision of Perinatal mental health services

According to the Maternal Mental Health Alliance map of UK Specialist Community Perinatal Mental Health Teams, the provision within Stockton falls within level 3 out of 5 (with 5 referring to Specialised perinatal community team that meets Perinatal Quality Network Standards Type 1). Perinatal community mental health teams within level 3 provide community services to support women who are experiencing mental health difficulties during pregnancy or in the first year after childbirth. However, the level 3 service within Stockton is for pregnant or postnatal women who are suffering from significant mental health difficulties that require specialist support[19]. Therefore, there was a gap and a need for services that target perinatal women and their families who do not reach the threshold for specialist perinatal mental health services, but still require support for their mental health.

1.3 Family Action Perinatal Support Service model

Family Action is a voluntary organisation which provides practical, emotional and financial support to families experiencing poverty, disadvantage and social isolation. The organisation was established in 1869 and currently provides services to over 60,000 families through some 200 community-based services across England, Wales and the Isle of Man. Family Action aims to support families by reducing poverty, improving family relationships, sharing family voices, improving community health and connections, and increasing family resilience.

There is a growing evidence base for Family Action's Perinatal Support Service model:

- Evaluation of the Southwark Newpin Service in 2009 (a forerunner to the current Perinatal Support Service model) found that 88% of service users who were followed showed a reduced score for anxiety and 59% show a reduced score for depression on the HAD (Hospital Anxiety and Depression) scale. Further, 47% of service users showed a higher level of social support on the MSSI (Maternal Social Support Index) Scale[20].
- Evaluation of the Family Action Perinatal Support Service by Professor Jane Barlow in 2012 found significant improvements in anxiety, depression, social support, self-esteem and mother's relationship with the baby in terms of warmth as a result of the service[21].

- Evaluation of the Medway Perinatal Support Service in 2018 showed that women had statistically significant lower levels of self-reported anxiety following support from the service and there was an increase in mental wellbeing. Qualitative findings suggest that the Perinatal Support Service was a major contributing factor to their improved mood and lower anxiety levels. Service users also felt more socially engaged[22].
- An economic assessment in 2014 highlighted that Family Action Perinatal Support Services increases the chance of employment, earnings and improves wellbeing and longer-term beneficial outcomes affecting children. It reduced the need for women to access health and social care services which reduces the burden on the healthcare system. The service can deliver financial benefit of around £2,430 for each woman receiving support[23].

1.3.1 Stockton Perinatal Support Service (SPSS)

The SPSS, which started operating with service staff since April 2021, is an early intervention, low-medium intensity service for mothers with diagnosed mental health issues, or at risk of developing perinatal mental illness from 16-weeks' pregnancy through to the child's second birthday. In line with the Family Action Perinatal Support Service manual[24], key aspects of the service include:

- Home visits from a Perinatal Coordinator who will carry out an assessment of need and create a support plan for the family.
- 1:1 support sessions tailored around individual needs.
- Group sessions to encourage attachment and bonding.
- Further support from a Volunteer Befriender.

Key changes to the original proposed model of service included more support from Perinatal Coordinators rather than being volunteer facilitated, and working with families up to the child's second, rather than the first birthday. Also working in collaboration with Stockton-on-Tees Borough Council Family Hubs team to deliver some group sessions, for example, facilitation of attendance of the HENRY programme to support positive lifestyle changes, creating healthier and happier home environments[25]. The Institute of Health Visiting (iHV) and the University of Kent have collaborated to evaluate this service.

Chapter 2. Evaluation methodology

2.1 Purpose of the evaluation

The purpose of this evaluation was to examine the effectiveness and impact of the Family Action Perinatal Support Service in Stockton for families and the wider local support system, including social value, thus informing future developments of the model. The objectives of the evaluation were:

- To explore the process and effectiveness of service delivery for families, volunteers and the wider local system, including social value delivered.
- To explore whether the service achieved its intended aims.
- To trial a more co-productive way of delivering evaluation activity through the development and facilitation of a Stakeholder Steering Group.

2.2 Evaluation approach

There were three principles to the evaluation approach:

- **Utilisation-focused approach:** We aimed to actively engage key stakeholders (which were jointly agreed with Family Action) at important stages in the evaluation process. We worked with a small group of Parents with Lived Experience who became part of the Lived Experience Panel (LEP) who were recruited through existing contacts of both Family Action and the iHV. The LEP supported co-production of various aspects of the evaluation including the Theory of Change and development of data collection materials. In total, four virtual meetings were held with members of the LEP throughout the course of the evaluation. However, there were some challenges with scheduling meetings at a time suitable for all parents and ensuring consistent engagement. Therefore, the final meeting was integrated with one of the Coffee & Cuddles group sessions within the SPSS, to invite parents who were still active with the service to share their experiences and verify some of the key findings so far in the evaluation. Recommendations regarding the LEP are provided in section 4.

- **Summative and formative:** Considering that an important element of the evaluation was accountability and learning from design implementation and results from the various outcome measures, the evaluation had both backward- and forward-looking aspects. Backward-looking aspects included the evaluation of the effectiveness and impact of the current service provisions, whereas forward-looking aspects target future service development.

- **Mixed methods approach:** Understanding complex issues such as experiences of care, barriers and facilitators to service use, requires a deep qualitative lens to identify key themes. To support this, quantitative dimensions such as measuring social value via financial proxies, or changes in measurable outcomes, strengthen the validity of the evaluation findings and support wider generalisations on the extent of these issues, and the recommendations.

There were five key components to this evaluation:

- Desktop service scoping review
- Development of Theory of Change (ToC)
- Quantitative analysis of outcome data
- Qualitative data collection and analysis
- Social value analysis

2.2.1 Desktop service scoping review

The evaluation team conducted a review of Family Action documents on the SPSS to understand the service delivery model, processes, and strengths and challenges to service delivery. The documents reviewed included:

- Perinatal Support Service leaflet
- Outcomes booklet
- Referral form
- Service data map
- Consent form
- Initial assessment form
- Action plan

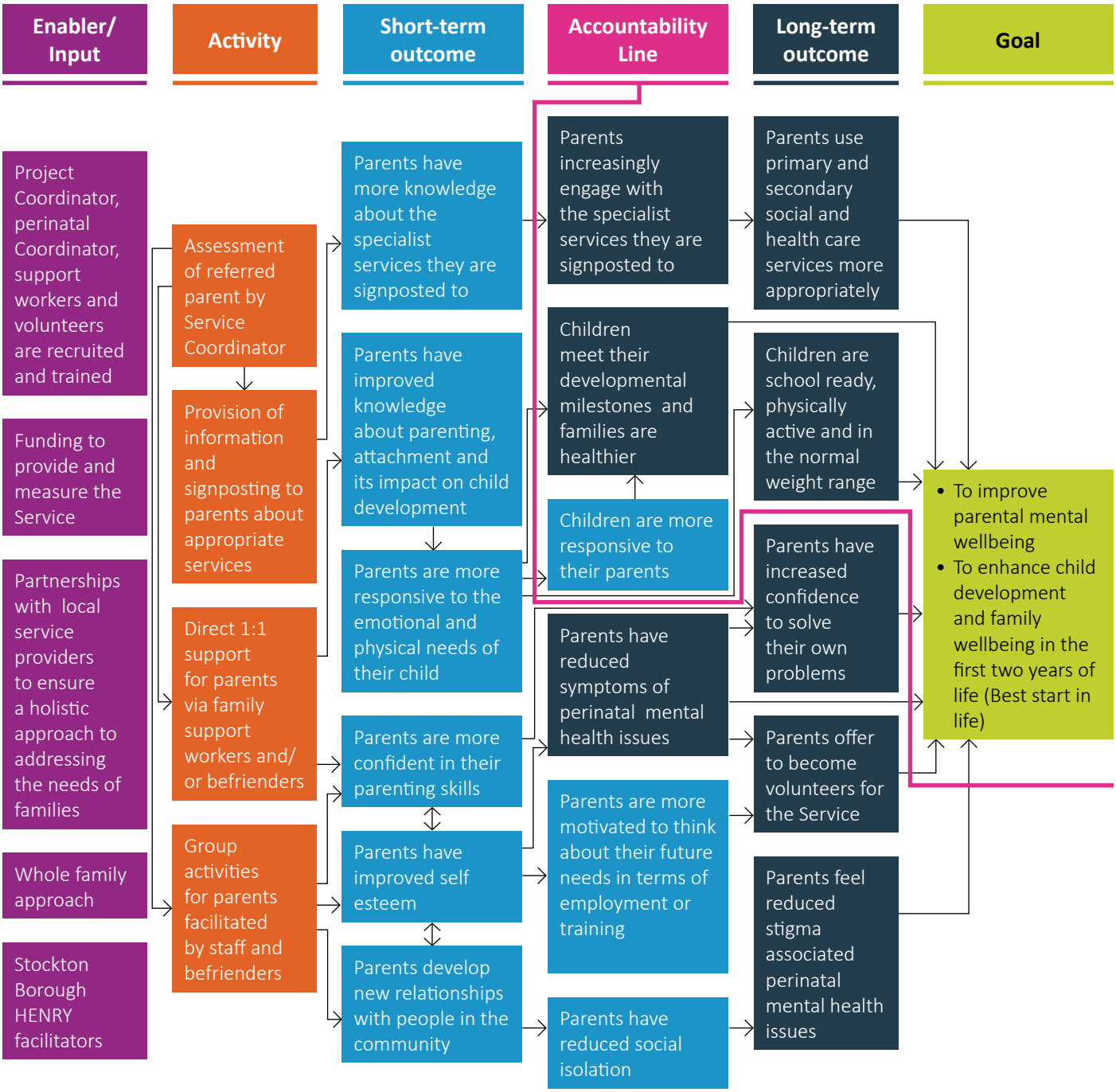
In addition, the evaluation team conducted an extensive literature review on PMH services in the UK, the role of voluntary organisations in PMH care, and interventions and management methods for PMH such as Theraplay. This was useful particularly for the development of the narrative for the ToC as well as the evaluation data collection tools.

2.2.2 Development of Theory of Change

A ToC allows stakeholders to clearly define the long-term goal and the short- and midterm outcomes for the service or intervention, illustrating the components, mechanisms, relationships and sequences of causes and effects. We conducted a workshop to develop the ToC with various stakeholders including: iHV project members, staff at Family Action, the Lived Experience Panel (LEP) and partner organisations. The assumptions for the ToC are presented in Appendix 1.

By the end of the workshop, a diagrammatic representation of the SPSS was developed that showed clear links between the service inputs, the activities, expected short- and long-term outcomes and the overall goal of the service. This was further refined by the evaluation steering group by adjusting the accountability line after reviewing the outcomes that were feasible to evaluate in this evaluation (Figure 1).

Figure 1. Stockton Perinatal Support Service Theory of Change



Developing the ToC enabled the identification of suitable qualitative and quantitative indicators to assess how well the service was achieving the expected outcomes. Interview guides used for the semi-structured interviews were developed with stakeholders and parents after the workshop where the ToC was developed.

2.3 Quantitative approach

2.3.1 Quantitative secondary datasets

Anonymised quantitative outcome measures data were provided by Family Action:

- The Generalised Anxiety Disorder Assessment – 7 (GAD-7) is a seven-item instrument that is used to identify, measure or assess the severity of generalised anxiety disorder[26]. Each item asks the individual to rate the severity of his or her symptoms over the past two weeks. Response options include "not at all", "several days", "more than half the days" and "nearly every day" with a potential total score ranging between 0 and 21: higher scores indicating higher severity of anxiety disorder. Research indicates the GAD-7 has excellent internal consistency and good test-retest reliability[27].

- The Patient Health Questionnaire – 9 (PHQ-9) is a nine-item self-administered questionnaire for screening, diagnosing, monitoring and measuring the severity of depression. The PHQ-9 scores each of the nine DSM-IV criteria (clinically significant behavioural or psychological syndrome or pattern that occurs in an individual) as "0" (not at all) to "3" (nearly every day), with a potential total score ranging between 0 and 27: higher scores indicating higher severity of depression. It has been validated for use in primary care. A PHQ-9 score ≥10 had a sensitivity of 88% and a specificity of 88% for major depression[28].

- The Maternal Postnatal Attachment Scale (MPAS) is a 19-item self-report questionnaire that is used to assess mother-to-infant attachment. Four 'indicators' of attachment are measured: 1) Pleasure in proximity: desire to interact with infant rather than separation or avoidance; 2) Tolerance: greater willingness and ability to tolerate behaviour; 3) Need gratification and protection: desire to identify and gratify infant's emotional and physical needs; 4) Knowledge acquisition: a desire to understand the infant and a sense of competency from such understanding. The higher the score, the higher the mother-to-infant attachment. The original study by Condon and Corkindale[29] reports evidence of exemplary convergent validity.

- Feedback forms (Appendix 2) regarding the service were introduced in February 2022 and were completed by service users. These were collected by Family Action to provide further data on parents' outcomes such as: changes in knowledge of child development, healthy lifestyles and local services; emotional wellbeing; changes in parenting confidence; confidence in accessing other services; and social isolation.

2.3.2 Quantitative data analysis

Data were cleaned by removing incomplete sets where cases are still active and then exported from Excel into the Statistical Package for the Social Sciences (SPSS V.27) for analysis. Descriptive analysis was performed for all datasets including mean pre- and post-support scores and mean change in these scores. Analyses (see Appendix 3 for full description of data analysis) were performed to determine whether the change in scores pre- and post-support were statistically significant and associated with the support itself. There were no comparison control groups, so these results are potentially only relevant to this specific group.

2.4 Qualitative approach

2.4.1 Qualitative data collection

The qualitative enquiry made use of key informant semi-structured interviews with two groups: a) stakeholders/ professionals involved in the Family Action Perinatal Support Service and b) parents using the service. We had a purposively selected sample of nine stakeholders/professionals and eight service users participate in the interviews. Semi-structured interviews enabled the use of a topic guide to ask questions that would help us meet the objectives of the study but allowed for flexibility during the interviews to explore areas that participants found important and were not considered before. We also made use of probes to encourage participants to elaborate on their responses to produce rich data. Interviews were conducted over Zoom or telephone in a private location to ensure privacy and confidentiality of the participants and were transcribed verbatim by The Transcription Service UK.

Feedback forms from Family Action completed by service users were also used to extract qualitative data regarding experiences of parents, changes in knowledge of child development, healthy lifestyles and local services, emotional wellbeing, changes in parenting confidence, confidence in accessing other services, and social isolation. This data was used to triangulate and corroborate the interview data.

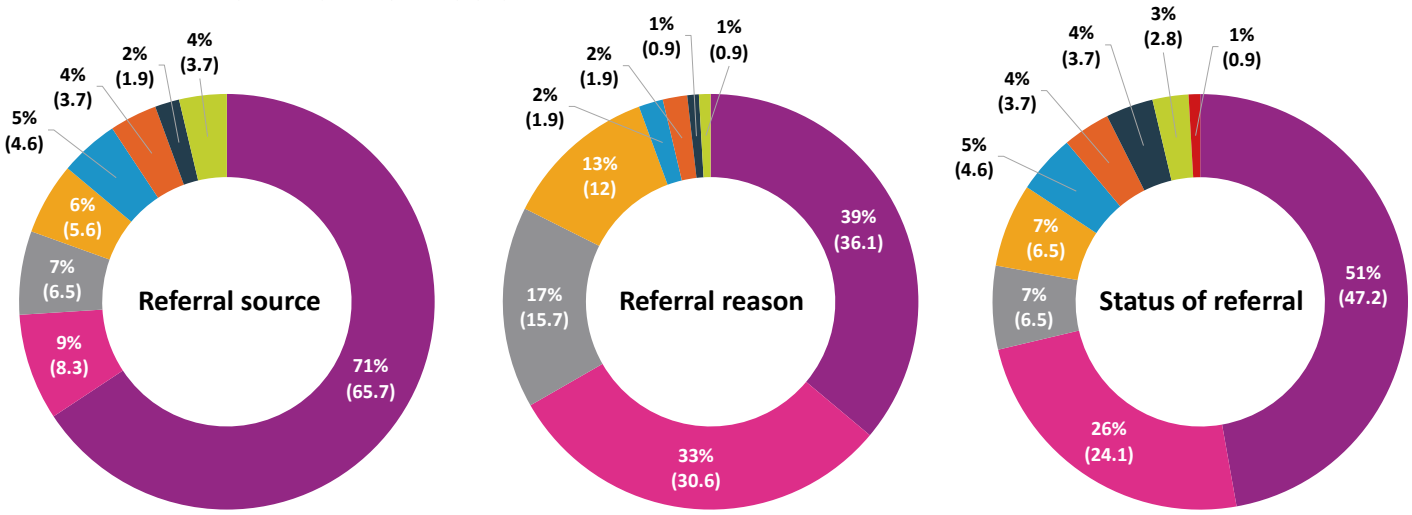
2.4.2 Qualitative data analysis

Braun and Clarke's method of thematic analysis was adopted to analyse the qualitative data (see Appendix 3 for full description of data analysis). NVivo software was used for qualitative data management.

2.5 Evaluation sample

Since September 2021, 108 families were referred to the SPSS. See Table 1 below for summary of referrals into the service.

Figure 2. Summary of referrals into the SPSS between September 2021 to August 2022
Referrals (N=108), Frequency (%)



The sample sizes of parents and stakeholders who participated in this evaluation are presented in Table 2 below (for full description of parent participants see Appendix 4). The sample sizes for the different measures are not equal as the MPAS was only used for service users for whom improving the parent-infant relationship was a focus of support; GAD-7 and PHQ-9 were used with all service users. Feedback forms were introduced in February 2022, since then 48 families who engaged with the service had closed their involvement with the service and were offered the feedback form. Out of the 48 families, 20 completed the feedback, giving a completion rate of 42%. Feedback from staff suggested that receiving feedback forms once the support ended was challenging and may have reduced parental completion rates.

Table 2. Summary of outcomes measures and sample sizes used for the evaluation

Dataset	Outcome measured	Sample size
Generalised Anxiety Disorder Assessment – 7 (GAD-7)	Anxiety disorder	47
Patient Health Questionnaire – 9 (PHQ-9)	Severity of depression	47
Maternal Postnatal Attachment Scale (MPAS)	Mother-to-infant attachment	15
Feedback forms	Knowledge of childhood development, healthy lifestyle and local services Emotional wellbeing Mental health stigma Confidence in accessing services and parenting Social isolation	18
Parent interviews	Exploring parents' perceptions regarding changes in their mental health, parent/mother-infant relationship, knowledge around local services and healthy lifestyles, parenting confidence and motivation, social isolation, mental health stigma, barriers and facilitators of the SPSS	8
Stakeholder/staff interviews	Exploring stakeholder/staff perceptions regarding delivery of the service and the impact of the SPSS on parents' mental health, parent-infant relationship, healthy lifestyles, social isolation and barriers and facilitators for delivering and accessing the service	9

2.6 Research Governance & Ethics

The evaluation was conducted in accordance with the UK Policy Framework for Health and Social Care Research and Good Clinical Practice guidelines. Ethical approval was obtained from the University of Kent research ethics committee reference SRCEA id 0487. All participants provided written informed consent to participate in this evaluation. Confidentiality and anonymity of service users was maintained by using participant numbers and changing any identifying details from the qualitative data.

Chapter 3. Evaluation findings

The quantitative data collected were triangulated with the qualitative and feedback forms data and are presented below in response to the key evaluation questions. There were a number of themes that were generated from the combined qualitative data collections methods (the interviews and parent feedback forms). These themes and sub-themes (highlighted in bold below) were: 1) uniqueness of the service, 2) perceived impacts of the SPSS, 3) barriers, 4) perceived strengths of the SPSS, and 5) recommendations for service development.

3.1 What was the impact of the SPSS on anxiety and depression?

GAD-7 and PHQ-9 measurements were taken for each service user at the start during their assessment stage and at the end of their perinatal support journey (Table 3).

Table 3. Summary of GAD-7 and PHQ-9 results

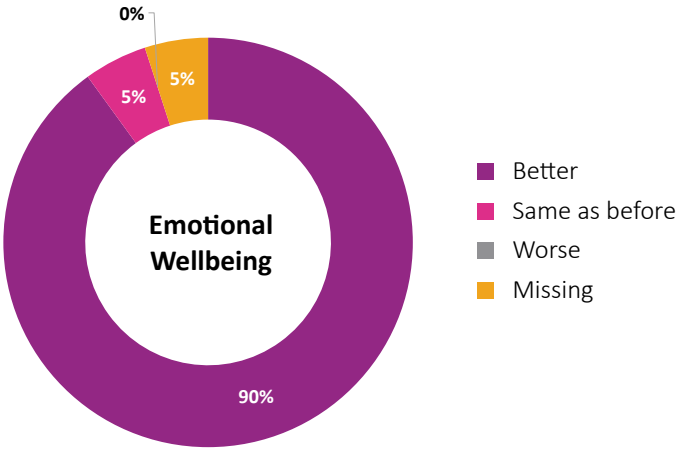
Family Action assessment datasets	Mean (SD/95% CI)	P-value
GAD-7 (anxiety) Pre-support score Post-support score Change in scores	10.02 (4.84) 5.98 (4.54) -4.04 (95% CI-5.48 –-2.60)	<0.001*
PHQ-9 (depression) Pre-support score Post-support score Change in scores	9.09 (4.95) 6.14 (5.47) -2.95 (95% CI-4.55 –-1.35),	<0.001*

*Significant change in scores
SD = Standard Deviation
CI = Confidence Interval

Both PHQ-9 and GAD-7 scores indicate mild-moderate PMH issues in the service users at the start of their support. The mean difference in pre- and post-support scores for GAD-7 and PHQ-9 indicated a reduction in PMH symptoms post-support. Analysis indicated a statistically significant reduction in GAD-7 and PHQ-9 scores after using the SPSS. This suggests that service users had improved mental health after receiving the perinatal support.

These results are corroborated by the data from the feedback forms, whereby 18 out of the 20 parents stated that their emotional wellbeing was better after receiving the perinatal support (Figure 3).

Figure 3. Summary of feedback forms data on emotional wellbeing



Improved overall mental health as a perceived impact of the SPSS was further confirmed by the thematic analysis of the qualitative data from the interviews as demonstrated in this quote:

> *It's definitely improved my mental health. Just knowing that there's other people, like I said before, that are out bearing the same sort of situation.*
>
> Parent 3

3.2 What was the impact of the SPSS on mother-to-infant attachment?

MPAS scores were taken for those service users for whom improving attachment was a focus of the support (Table 4).

Table 4. Summary of MPAS results

Family Action assessment datasets	Mean (SD/95% CI)	P-value
MPAS		
Pre-support score	76.3 (10.7)	<0.001
Post-support score	87.0 (1.59)	
Change in scores	10.7 (95% CI 5.3 – 16.1)	

*Significant change in scores
SD = Standard Deviation
CI = Confidence Interval

Analysis revealed a statistically significant increase in MPAS score after using the SPSS. This suggests an improvement in mother-to-infant attachment after receiving the perinatal support.

This is corroborated by the interview findings where both staff and parents expressed that the perinatal support service resulted **in increased bonding and attachment between parent and baby**. One perinatal Coordinator shared how she witnessed a parent (mum) turn her life around and develop a 'gorgeous bond' with her baby because of the listening support the mother received. Theraplay-informed 'Coffee & Cuddles' sessions were also beneficial for this as evidenced by the parent in the quote below. Improved attachment with the child was also an outcome of interest within the Theory of Change of the service and it is evident from the interviews that the service had some success in achieving this with many parents.

> *So I did lots of listening support, so I started working with her last May and last October she came off the child protection plan, she didn't even go into Child in Need, literally there was nothing left on her plan for her to do. Everybody agreed that she'd just basically turned her full life around, she'd got her own home, she'd got settled, gorgeous bond with baby, absolutely lovely*
>
> Perinatal Coordinator

> *Especially the Theraplay [informed] session, that really helped with bonding and things like that*
>
> Parent 3

3.3 How did parents' knowledge levels change after completing the SPSS?

Knowledge about childhood developmental milestones is developed through one-to-one sessions with Perinatal Coordinators and group sessions such as Theraplay-informed Coffee & Cuddles and HENRY. The majority of parents, 75% (n=15), who completed the feedback forms stated that their **knowledge about childhood developmental milestones** was more than before they received the support. Four parents stated that their knowledge had not changed, possibly because they started with a good baseline as they had already done a lot of reading and research prior to starting the programme (Figure 4).

The HENRY programme, along with one-to-one sessions with parents, provides participants with sources of knowledge and support on healthy lifestyles for parents within the service. The majority of parents, 65% (n=13), stated that their **knowledge of healthy lifestyles** was more than what it was before they started their perinatal support journey (Figure 4).

The SPSS ensures that parents receive information regarding other local services and signposts them to key services that may be beneficial for parents. All the parents that responded to this question in the feedback form, 95% (n=19), felt that their **knowledge regarding local services** was more than before, and they attributed this to the SPSS (Figure 4).

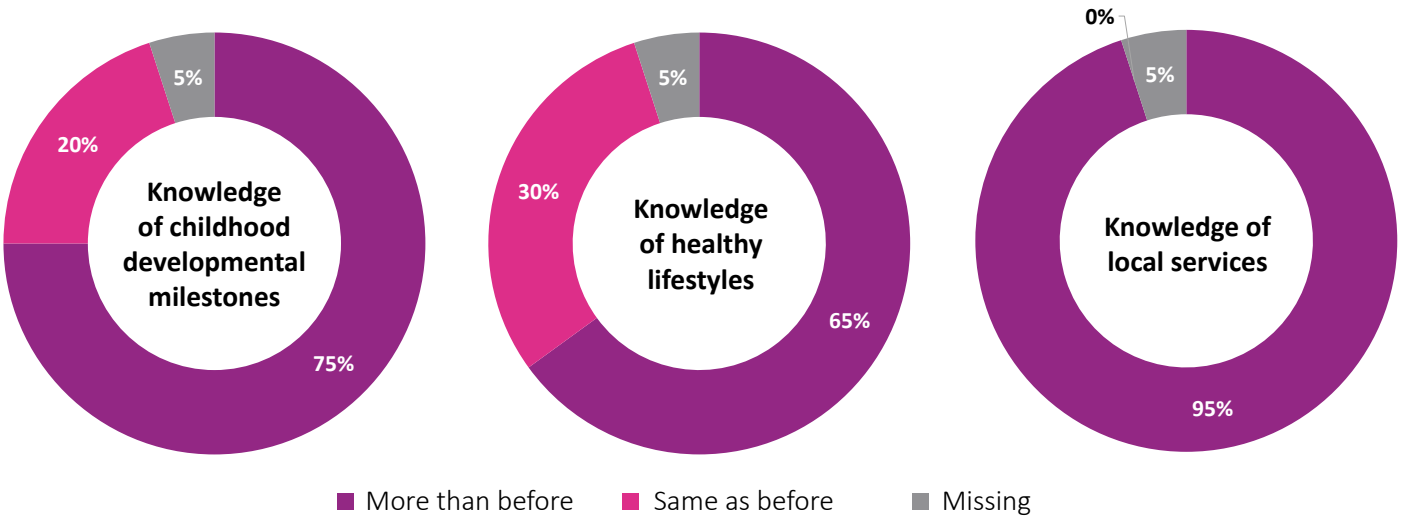
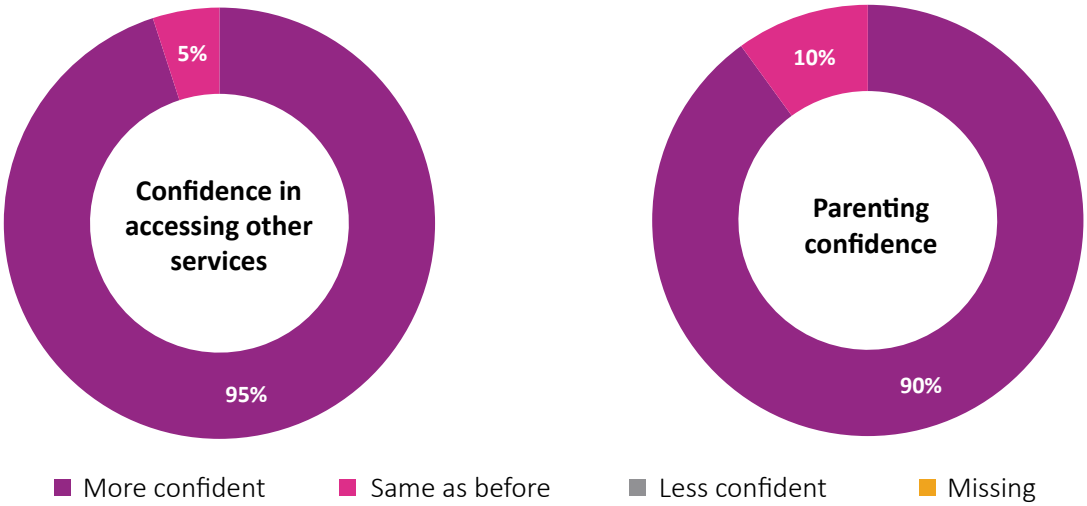


Figure 4. Summary of feedback forms data on change in knowledge levels

3.4 How did parents' confidence levels change after completing the SPSS?

Parents were asked to rate their level of confidence in accessing other services and parenting skills in the feedback forms (Figure 5). The majority of parents, 95% (n=19), felt that they were more **confident in accessing other services** since starting the SPSS. This aligned with the findings that the majority of parents felt they had more knowledge of local services and, as a result, this may have increased their confidence in accessing these services. The majority of parents, 90% (n=18), felt that they were **more confident in their parenting skills**.

Figure 5. Summary of feedback forms data on confidence levels



Qualitative data also highlighted **increased motivation and confidence** as a key impact of the SPSS, whereby parent / carers reported feeling more confident in themselves as parents, motivated to go out, meet new people and to tackle problems more effectively. One-to-one support from Coordinators and volunteers and interacting with others in group sessions enabled this increase in confidence.

> *It's just been really lovely to see that family's journey through the service and how [much] more confident they feel now.*
>
> SPSS manager

> *I think, for me, it would be having more confidence specifically to go to groups, meet new people and have the energy and motivation to go out and not be stuck inside. I'm more confident in myself*
>
> Parent 2

From the feedback forms, it was also evident that parents felt they had more confidence within themselves and the decisions they make. This was one of the intended outcomes within the ToC and these findings indicate that the service was successful in improving parental confidence for many parents.

> *I am more confident in being a parent and the decisions I make.*
>
> Feedback form 4

3.5 How did the SPSS impact parents' ability to manage and solve problems?

Parents expressed that they felt less overwhelmed after receiving the perinatal support as they felt they had a listening ear and someone to support them. This contributed to the intended outcome of parents having an i**ncreased ability to manage and solve problems**. The service enabled parents to develop a positive attitude to problems and the belief that they would be able to manage their problems and get over things. Perinatal Coordinators have been fundamental in providing this listening ear to parents. Feeling less overwhelmed was also expressed by parents within the feedback forms.

> *It's just nice knowing that somebody's there really. I've just felt like I've struggled to get any help. You just feel a bit alone, but the lady's been really supportive and I know I've only met her a couple of times, but it's already kind of made me feel that I can get over this and can get it sorted.*
>
> Parent 6

> *Mood has massively improved so I feel less overwhelmed and more equipped to cope with stresses of parenting*
>
> Feedback form 5

Another perceived impact of the SPSS that was highlighted was that it **promotes capability building**. The programme equips parents with the capability and confidence to improve their knowledge and skills by embracing learning and utilising these opportunities to take charge of their own development in the long term. Whilst the evaluation does not capture longitudinal data, it is anticipated that these benefits will extend well beyond the end of the programme itself, thereby increasing the sustained long-term impact of the service.

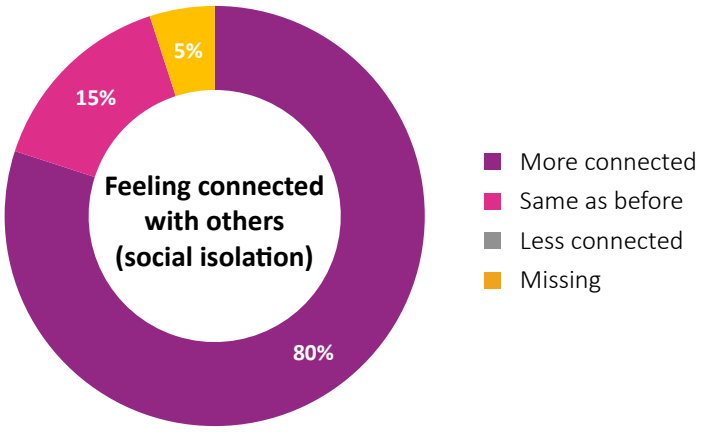
> *So it's sort of building that kind of confidence and capability for the individual, rather than doing all of that hand-holding constantly as well.*
>
> Operational Manager

> *I've had parents say, 'Thank you for putting me in touch with this support service because it's really helped me.'*
> *It's not just about when the baby's born but they can talk to them and it alleviates some of their worries and getting them prepared for parenthood as well.*
>
> HDFT Health Visiting lead for STEPS enhanced pathway

3.6 What impact did the SPSS have on social isolation?

Social isolation was an important contributor to anxiety and poor mental health for many parents. The feedback form explored social isolation, whereby parents were asked how connected they feel they are with others after having received the perinatal support. The majority of parents, 80% (n=16), stated they were more connected with others when compared with their perceptions prior to receiving the support. This suggests that parents feel **less socially isolated** as a result of the SPSS.

Figure 6. Summary of feedback forms data on social isolation



This finding of improved social connectedness is corroborated by the qualitative findings from the interviews with parents, which highlighted that the SPSS had been effective in **reducing social isolation** for many parents and families. Group sessions have enabled parents to build networks with other parents /carers in a similar situation to them; and parents /carers felt more connected with their family and their community. One parent in the feedback forms expressed that "relationship with my partner has improved."

> *I did before I started sessions, but the sessions have completely changed that and I don't feel isolated anymore.*
>
> Parent 3

> *Yeah, I'd say I'm a lot more involved with my family now and kind of going out more, meeting other mums which is something my anxiety wouldn't really let me do before.*
>
> Parent 6

3.7 What impact did the SPSS have on families leading a healthier lifestyle?

Developing a **healthier lifestyle** was an intended outcome of the SPSS. The interviews highlighted that parents felt that they learnt more about how to live a healthier life and incorporate the knowledge into their lifestyle through actions like walking, balancing portion size and healthy eating. The HENRY programme contributed to this improvement; parents felt they learnt more about healthy lifestyles and gained practical advice regarding healthy eating. Parents who took part in the HENRY programme also highlighted its benefits in "understanding child's eating needs" and "giving my baby a good start in life" within the feedback forms.

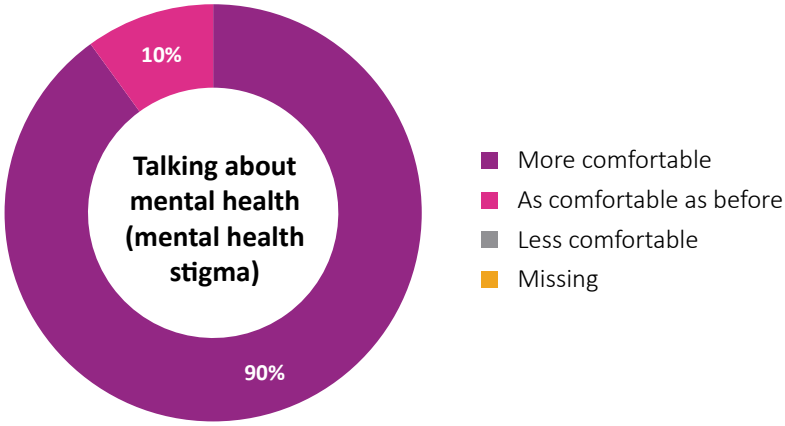
> *A few weeks ago, I did a HENRY course with them and that has been really helpful. We went through healthy eating and got some advice from the support workers but also we were encouraged to think of things for ourselves and chat about different ideas. That was really useful. At home, it was good because we learned about portion size and healthy eating and then mental health with your children and bonding.*
>
> Parent 3

> *It tends to be walking, that seems to be the main form of exercise, really effective, really works well.*
>
> Perinatal Coordinator

3.8 What impact did the SPSS have on parents' perceived mental health stigma?

Stigma surrounding mental health was explored in the feedback forms by asking parents how comfortable they felt talking about mental health after having received support (Figure 7). Ten parents stated that, when they were first referred to the service, they felt "nervous about being judged" because of their mental health struggles. However, the majority of the parents, 90% (n=18), felt more comfortable talking about mental health after receiving the support. This is suggestive of reduced perceived stigma surrounding mental health.

Figure 7. Summary of feedback forms data on mental health stigma



3.9 What factors contributed to the achievement/non-achievement of the project objectives?

Respondents highlighted many aspects of the SPSS that contributed to the uniqueness of the service and achievement of the project objectives. The key themes that underpin the perceived strengths of the SPSS programme are presented below:

Personalised support: A key element was the personalised, needs-based, tailored nature of the service, which was expressed by many of the stakeholders and parents. SPSS is organised around the core principle that each parent had their own journey through the service and the programme does not offer a 'one size fits all' approach; instead, it is very much based on the parent and the family's priorities and what they need, and feel, is important. This was also evidenced within the feedback form data in which a parent highlighted that the staff worked in partnership with the parents to identify their needs and agree a shared plan with them to provide a personalised and tailored service.

> *I think it's the flexibility, really, and to be able to do an assessment and then create that support plan which is really bespoke to that family's needs.*
>
> Perinatal Coordinator

> *Also, if there's a particular concern or worry you have, it's structured around you and not just like a blanket response.*
>
> Parent 2

> *The team took time to get to know us and what we needed and then worked with us very closely to deliver that effectively*
>
> Parent 10

Whole-family approach: The interview data highlighted that parents valued the whole-family approach taken by the SPSS, whereby along with the mother, the SPSS also ensured that other key family members, such as the partner or father of the baby, were included in the assessment and integrated into the support plan. In the data from the feedback forms, one parent (mum) (Feedback form 5) highlighted how her partner also "sat in on some of the sessions which helped him to understand more how I am feeling and ways in which he can support me."

> *I think with Family Action, it's whole family support and it is factoring in other family members, I believe, that can come on board to support the family and bringing the families together to support mum to get through that time*
>
> Stockton-on-Tees Borough Council

> *And the activities she's given us to do, that I can do with my partner as well so he can be involved which is really nice.*
>
> Parent 5

Holistic care: SPSS staff stated how their service provides holistic care, which is different to many other services which may only deal with mental health on the surface. Holistic care ensures that parents are receiving support, not just for their mental health, but also addressing what is else going in the family that is preventing parent/ carers from enjoying good mental wellbeing and how that might be impacting on the parent-infant relationship. Parental mental health can be affected by a wide range of factors, including poverty, debt, domestic abuse and other social and environmental determinants of health and wellbeing.

> *I don't believe the parents feel like it's all about their mental health and it's not like a counselling thing. It's about getting them involved with their children or their babies so that it takes their mind off those things. So I think there's some sort of mindfulness to it as well*
>
> HDFT Health Visiting lead for STEPS enhanced pathway

Staff interpersonal skills and qualities: The **Perinatal Coordinators** were identified to be a key strength of the SPSS. Both staff and parents mentioned how the **non-judgmental** and **helpful** nature of the Perinatal Coordinators was a real strength of the service, and parents felt at ease. This encouraged participation from parents, enabling them to gain the best outcomes from the service. As highlighted in section 3.5, support workers provided a 'listening ear' to parents can help them feel less overwhelmed which was a positive impact of the SPSS.

> *Everyone is really kind, nice and non-judgmental, especially if you have anxiety going to these groups. It's really nerve-wracking but the support workers get that and they make you feel very at ease.*
>
> Parent 2

> *I think all of the staff are really non-judgmental and really good listeners and really open to helping people, so I think that's a massive plus*
>
> Perinatal Coordinator

Stigma reduction: Linked to the theme of 'staff interpersonal skills and qualities', parents stated that, following the programme, they could now speak more openly about their mental health and they attributed this to the Perinatal Coordinators' approachable and supportive nature. Approaches to stigma reduction are recognised as being multi-faceted and include actions that support open dialogue about mental illness[30]. The findings from this study support this and suggest that parents experienced reduced perinatal mental health stigma due to their participation in SPSS.

> *I found my worker easy to talk to, I have struggled to open up to people in the past but could do that with her. I now feel like I can ask for support when I need it and feel I can talk about my mental health more easily.*
>
> Feedback form 6

Collaboration and partnership working: Finally, a key strength of the SPSS highlighted by staff was its collaborative nature. There are many agencies involved in the success of the service, including Stockton-on-Tees Borough Council who run the Family Hubs, local health visiting provider staff, health visitors and volunteers, who all collaborate with each other to build an integrated system within Stockton. Developing such networks enables more holistic care with effective signposting to different services. Without effective collaboration, referrals and signposting would be limited.

> *I think they do build good relationships with the family hubs as well in Stockton because I think we do work in a really, really integrated approach in Stockton as a wider system.*
>
> HDFT 0-19 Service Manager

The evaluation highlighted some barriers to the effective delivery and access to the service:

Referrals: SPSS is dependent on the identification of families with PMH problems who would benefit from the programme and referrals of eligible families from partner agencies. Without robust **referrals**, access to the service for parents will be challenging as many may not be aware of the service on their own. Referrals from midwives are still relatively low. One perspective from a manager was that time and workload, rather than awareness of the service, may be a barrier for midwives in filling out the referral forms. Health visitors, on the other hand, may have more time to pick up on these issues and needs, or it may be more explicit in their role, and refer parents to the service.

> *I think midwives are very overstretched and busy. They have 20-minute appointments with women and I don't know whether... it's not a lack of them not referring and not the awareness... they've got so much going on in those appointments that sometimes it's maybe easier it's left to the health visitor who has more time to pick up on these issues and needs.*
>
> HDFT 0-19 Service Manager

Access: Physically **accessing** the service due to **distance and limited transport options** was also identified to be a key barrier for many parents. Some areas in Stockton can be more rural with few public transport options, hence, parents without cars can find it difficult to travel to the group session or family hubs.

> *They're quite challenging in terms of public transport, so I do find that's a bit of a barrier for some families depending on where they are. There are a couple of estates that are serviced really poorly by public transport, especially some of the newer estates.*
>
> Operational Manager

> *It's just that Billingham hub, which is close to me... I really need a car to access it. I've been getting lifts but, again, it's not their fault but sometimes I wish there was something a bit closer to me.*
>
> Parent 2

Nevertheless, one parent highlighted that the SPSS has tried to address this barrier by offering lifts to the group sessions or hubs. However, it does question the longevity of access as lifts may not always be available.

> *They organise groups and I see which ones I'd be interested in and give me all the information about that and even offering lifts as well if I can't get there. That's been really good and really helpful.*
>
> Parent 2

Low mood and confidence: It is well documented that parents with PMH problems can find it very difficult to open up and talk, or have the confidence to go out to group sessions when they are struggling with low confidence, social isolation or mental health stigma. As evident from the feedback forms, parent/carers were very nervous about being referred as they felt they may be judged and have a fear of being thought of as a bad mother and having social service involvement. However, as highlighted above, the SPSS helps with improving mental health and confidence and reducing social isolation, therefore, this barrier, in most cases, should not be long term. It is important for SPSS staff to recognise this and ensure that this is addressed at the point of 'service entry' by brokering engagement with eligible parents and supporting their ability to access services in a way they feel comfortable.

> *For some people they are so low that they're just not ready to even start that process of talking to somebody or letting somebody into their lives really.*
>
> Perinatal Coordinator

> *I think maybe the nature of having depression is that sometimes you don't want to do anything and you don't want to drag yourself out of bed. Actually, when you've got multiple appointments in a week or you've got to get somewhere for an appointment, that can be really hard but that's not about the service. That's about me as an individual struggling at that point*
>
> Parent 4

Staff continuity/ retention: The SPSS underwent a number of **staff changes** recently which impacted the smooth running of the service, as highlighted by staff. The relationship that was established between the Perinatal Coordinator and the parents was recognised as a central part of the programme's success in the section above. Conversely, staff changes had an had a negative impact on how accessible the service was for parents and their experiences of SPSS. Some parents expressed that they had multiple contacts from the service, and saw different members of staff. Multiple contacts made it difficult for parents to establish a clear bond or point-of-contact with the service.

> *so we've had quite a lot of stop-change staffing wise which I think has made it really difficult, because it feels like we were just getting things established and then there was more change and being a really small team there is sort of a limit to how much you can do*
>
> Perinatal Coordinator

> *I was seeing multiple people which I think, at times, became a bit overwhelming.*
>
> Parent 4

Additional programmes and childcare: The HENRY programme, which supports families and children to lead a healthier and happier life, was identified to have a very low uptake from the parents. The interviews discussed some reasons behind this low uptake and some of the barriers to accessing this programme. One factor that was mentioned was that the **crèche facility** during the programme was not located on the site, therefore, many parents were anxious to leave their children in the crèche. One parent also highlighted that they did not do the HENRY programme because they were informed of the 'Incredible Years Programme' which was a 14-week course, so she did not feel the need to do HENRY as well.

> *I didn't end up doing that because I had also been told about the Incredible Years programme. I started doing the Incredible Years programme which was a 14-week course and I did that through the Health Visiting Team and the Perinatal Team jointly. So because I'd done 14 weeks of that, I didn't feel like I needed to do the HENRY programme as well*
>
> Parent 4

3.10 What suggestions do staff/parents have for service development?

Many of the suggestions for service development were regarding the group sessions. Firstly, the service could introduce more structured group sessions on specific topics such as sleep or breastfeeding. These are important in relation to PMH, as it is often an interplay of factors that can impact on PMH and the parent-infant relationship such as: sleep, feeding and crying. Often these are 'entry points' to identifying underlying parental mental health difficulties that are impacting the parent-infant relationship[31]. These topics can be informed by the needs of the service users. Topics like breastfeeding should be covered in smaller groups as parent/ carers might feel more confident with less people around but still have that peer support.

> *I think for me one of the things that I would like to work towards us doing is building some more like structured sessions on some of our key topics*
>
> Operational Manager

> *it might be worthwhile having some smaller breastfeeding sessions with the family action group. Because I do know that some mums that breastfeed, they don't always feel confident enough to go to the bigger breastfeeding groups that are on.*
>
> Parent 7

Parents highlighted that they would like certain groups sessions, such as the Coffee & Cuddles, to **run for a longer term** and have them more consistently scheduled in their diary. For a lot of parents, group sessions might be the only time they leave the house or get to meet other parents / carers which provides a vital source of support for them. This was also evident from the feedback forms in which one parent mentioned that "to better the service, the groups could run for longer." Along with scheduled formal group sessions, parents also recommended more longer informal groups where parents can get together and not have any specific topic or agenda. One way to make these longer-term group sessions more accessible could be to rotate the location between different family hubs given the good collaboration between family hubs and the SPSS.

> *Just something like the Coffee & Cuddles that would just be a weekly thing, even if it travelled around the hubs. Because I've got access to all the hubs really because I've got a car. But even if it's once every three weeks for people who couldn't get there, it's like something to have in your diary. Because otherwise I don't leave the house really.*
>
> Parent 7

> *There was a little group at the very beginning and it was all for people who were going through the same thing as I was. I think it was called Cuppa and Chat or something along those lines. I think that could definitely be made a bit longer because there were about three of us that went and we really enjoyed it. After it finished, we all just felt a little bit lost.*
>
> Parent 1

Finally, there was a suggestion around providing **more practical support** for parents along with the emotional and psychological support. Practical support may include things like watching the baby for a few hours while the parent / carer gets some work done which can make a huge difference to the parent / carers. This is especially the case given that many parents/ carers face social isolation, meaning this practical support can be very valuable for them.

> *Having three children, it's the practical level of support and, yes, it's great having somebody that can come and listen but actually, having somebody who could come and watch the kids for half an hour so I could get some washing in and prepare their lunch or whatever that might be, I think that would make a world of difference*
>
> Parent 4

3.11 Social value

3.11.1 Themes, Outcomes and Measures Framework

Social value was measured using the National Themes, Outcomes and Measures (TOMs) Framework which provides a minimum reporting standard for measuring social value. It contains 5 themes (jobs, growth, social, environment and innovation) and 48 outcomes related to these themes. For the purpose of this evaluation, we worked with Family Action to agree on the TOMs that are relevant for measuring the social value of the service and develop a social value matrix (Table 5).

Table 5. Social value matrix

Theme	Outcome	Measure	Family Action data	Description
Jobs	Promote local skills and employment	No. of local direct employees (FTE) hired or retained on contract for one year or the whole duration of the contract, whichever is shorter	1.6 FTE	1 full-time staff member and 1 part-time staff member employed on the SPSS from the local areas of TS18 and TS7
		Percentage of local employees (FTE) on contract	44%	44% of staff employed on the SPSS are local employees
		Percentage of leadership positions on the contract filled by women	100%	There are two leadership positions in the SPSS project, and both are filled by women
Growth	Supporting growth of responsible regional business	Total amount spent in LOCAL supply chain through the contract	£75	The Ring Community Centre is used for room hire which costs £75
		No. of employees on the contract that have been provided access for at least 12 months to comprehensive and multi-dimensional wellbeing programmes	6	6 employees have been provided access to comprehensive and multi-dimensional wellbeing programmes
		Equality, diversity and inclusion (EDI) training provided both for staff and supply chain staff	12.5 hours of EDI training	6 hours of equality & diversity e-learning 5 hours of inclusive working for managers' training 1.5 hours of LGBTQ+ training. An equality and diversity self-assessment was completed in May 2022, and this is reviewed quarterly EDI objectives are monitored through supervision sessions, probation meetings and appraisals.
		Percentage of staff on contract that is paid at least the relevant Real Living wage as specified by Living Wage foundation	100%	All staff are paid at least the Real Living Wage
		No. of full-time equivalent local employees (FTE) on contract to have pay raised to Real living wage or higher (on a renewed contract or TUPE)	1.6 FTE	1 full-time staff member and 1 part-time staff member on the SPSS project have pay raised to Real Living Wage or higher

FTE = Full-time equivalent

3.11.2 Added social value from the Institute of Health Visiting

It is important to consider the added value of working with the Institute of Health Visiting(iHV) to support this evaluation. The iHV is a UK-wide charity that aims to support the professional development of health visitors with the aim of promoting the best start in life for all children. The iHV has extensive networks with leading experts in perinatal mental health including its own perinatal mental health team, who were able to support this evaluation and guide SPSS in their approach to service delivery. The reach of dissemination of the findings from this evaluation will be enhanced through the iHV's networks and connections through newsletters and social media.

3.12 Challenges and limitations of the evaluation

There were some challenges and limitations to the evaluation that should be considered:

- The sample size for the GAD-7, PHQ-9 and MPAS results were limited by the data available from service users who had completed SPSS since November 2021. As a result, the sample sizes are relatively small, therefore, caution must be taken when interpreting the statistical findings due to the potential of low statistical power.
- The sample for both quantitative data and interviews were mostly of White British ethnicity, therefore, findings cannot be generalised to parents of minority ethnic backgrounds. Nevertheless, the samples are representative of the service users and Stockton demographics.
- Participants in the evaluation were likely to be those who were already engaged with the Stockton Perinatal Support Service. Those who were less engaged, or were lost to the programme due to attrition, are less likely to have volunteered for the interviews. Feedback may then be more positively biased.
- Confounding factors such as age, socioeconomic factors and other social determinants have not been accounted for in the statistical analysis. Therefore, the findings may be skewed.
- There was poor engagement of the LEP which inhibited the utilisation-focused approach of this evaluation. Nevertheless, lessons have been learnt regarding the utilisation of LEPs which are discussed in chapter 4.

Chapter 4. Conclusion and Recommendations

Overall, the evaluation findings suggest that the Stockton Perinatal Support Service is achieving its intended objectives/ outcomes and making a positive difference to families in Stockton by:

- Reducing anxiety & depression in mothers and improving overall mental health. Mothers felt less overwhelmed and more able to cope with problems.
- Improving reported mothers' confidence in their own parenting skills and in accessing local services that were signposted to them.
- Improving reported mothers' knowledge of local services that are available to them and childhood developmental milestones.
- Encouraging parents to incorporate healthier lifestyle choices, such as physical activity and healthy foods, through the HENRY programme and one-to-one sessions.
- Improving reported mother-to-infant attachment and bond through Coffee & Cuddles group sessions, enabling parents to feel more emotionally connected to their baby and their needs.
- Reducing reported social isolation by providing opportunities for parents to step outside the house and meet other parents within the various group sessions.
- Reducing reported mental health stigma perceived by parents making them feel more comfortable talking about mental health without being judged.

The tailored, whole-family approach and Stockton-wide collaboration makes this a much-needed early intervention for women and their families in the perinatal period experiencing mild-to-moderate depression and/or anxiety which will reduce the burden and costs on the wider health and social care system. Barriers to service delivery were explored- this included the reach of the programme and accessibility of the service for some services users. High staff turnover during the evaluation was also seen by staff as a barrier to progress. There was also mixed feedback on the value of additional programmes like HENRY, and easy access to childcare was highlighted as a barrier for some parents. The service demonstrated that it works across the local systems and, in this context, added social value to the local area through employment of staff and connecting local services to benefit the community as a whole.

4.1 Recommendations for future development of the Perinatal Support Service

- To build on the strengths of local collaborations and explore options to support referrals from partner agencies.
- Focus on actions to broker engagement and build connections with eligible parents and carers at the point of 'service entry'- to address the recognised barriers and stigma associated with PMH problems and improve access to SPSS.
- Provide more topic-specific group sessions - for examples, sessions on baby's sleep or smaller groups for breastfeeding guidance.
- Extend informal groups sessions, such as Coffee & Cuddles, to make them longer-term, allowing a consistent space for parents and carers to get together. The location for these could be rotated to allow easier access for certain families.
- Providing more informal group sessions with no specific agenda as parents desired a space for more informal, relaxed social networking.
- Incorporate practical support services, such as childcare, to allow parents and carers to complete household chores or work. This could be through partnership with external services or provided within the SPSS.
- Review the need for certain group sessions if duplicate programmes, such as HENRY, are available elsewhere that could be accessed by families.
- To reduce staff turnover, a greater level of understanding of the key drivers of staff retention and job satisfaction are needed with actions to address these.

4.2 Recommendations for utilising parents attending Lived Experience Panels

The uptake and engagement with the LEP sessions was challenging. It may be beneficial to consider not having a standalone panel in the future but to:

- Incorporate co-production work more directly with existing group sessions to encourage services users to engage on key topics - this could result in improved understanding of their needs and preferences and engagement in SPSS (methods like Experienced Based Co-Design could be used as a framework to support this work).
- Recruit and engage LEPs from the start of the evaluation, including the development of the specification, procurement process and at each stage of the evaluation to enable more effective co-production of findings.

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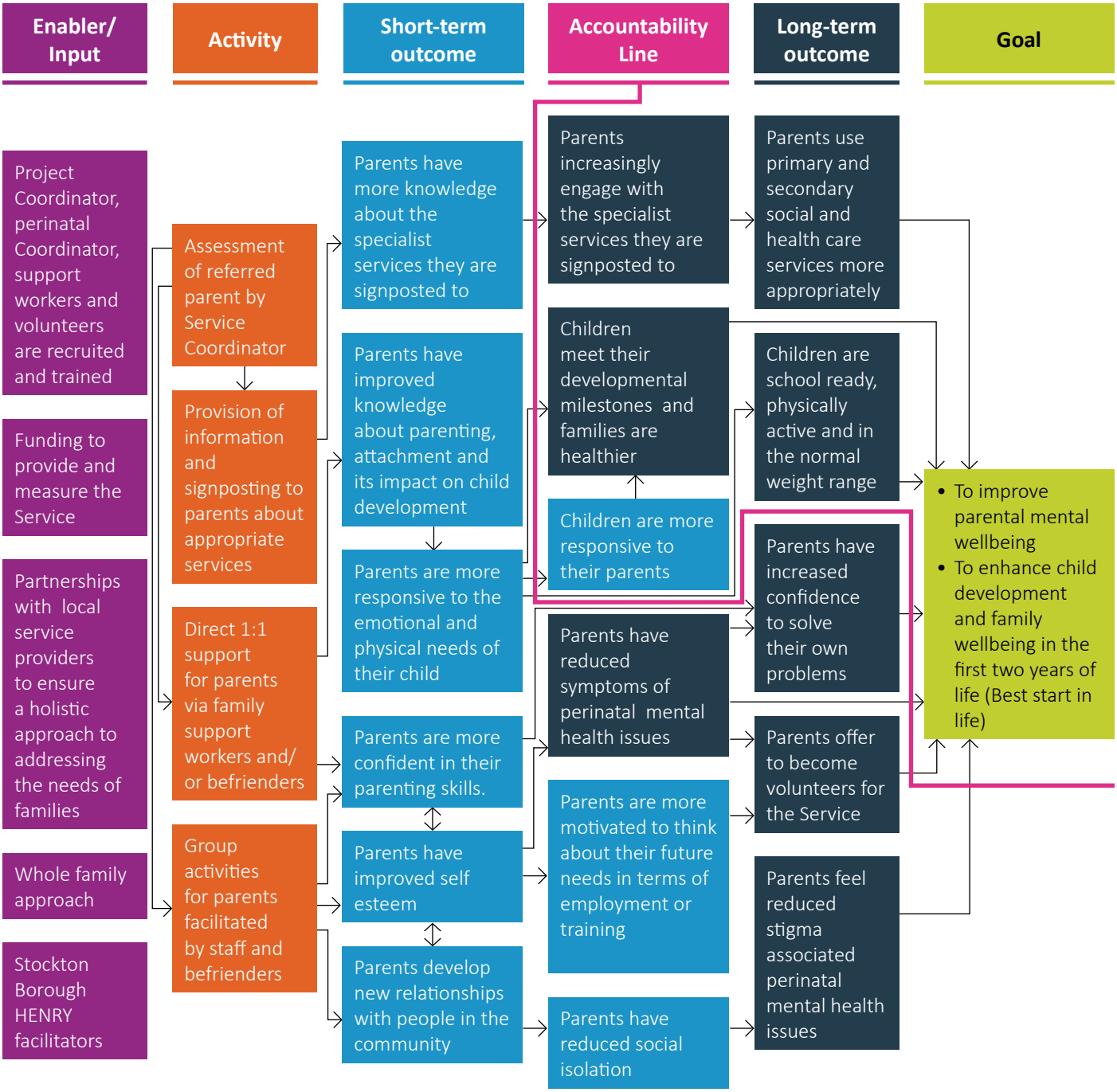
6. Appendices

Appendix 1: Theory of Change for Stockton Perinatal Support Service

The Theory of Change developed for the Stockton Perinatal Support Service is shown below:



For the development of the Theory of Change, the following six assumptions were made:

1. Parents engage with the service and implement strategies shared by the PSS team.
2. Parents invest in their personal development.
3. Parents feel able to trust staff and befrienders.
4. Staff and befrienders model nurturing the child to parents.
5. Staff and befrienders provide a listening ear to parents.
6. Staff and befrienders acknowledge and praise parents for their efforts.

These assumptions are based on previous Family Action Perinatal Support Service evaluations[1] [2], and service specifications.

1. https://fdocuments.net/document/southwark-newpin-perinatal-evaluation.html?page=1
2. https://www.family-action.org.uk/content/uploads/2018/07/Medway-Perinatal-Support-Service-Evaluation-Final-Report-May-2018.pdf

Appendix 2: SPSS Feedback form

Stockton Perinatal Support Service Feedback Form

Thank you for taking the time to complete feedback about the Stockton Perinatal Support Service. If you would like to provide your feedback in any other format, please contact stockton.perinatal@family-action.org.uk or telephone 01423 557701.
Family URN:

How did you feel about being referred to the Stockton Perinatal Support Service:

Did you know what to expect from the service when you were referred? Please tick one:

- Yes
- No
- Don't know
- Other

Can you tell us a bit about your experience of working with the Stockton Perinatal Support Service? (What did we do well? What could we do better?)

Did you take part in any groupwork?

- Coffee & Cuddles (based on Theraplay principles)
- HENRY
- Coping mechanisms
- I didn't join a group

What impact did the groupwork have on your understanding of your child's needs?

How has Stockton Perinatal Support Service changed your knowledge about what you can do to help your child meet their developmental milestones?

- I already knew about developmental milestones
- I have found out more about developmental milestones
- My knowledge of developmental milestones hasn't changed
- Is there anything else you would like to tell us about this?

How has Stockton Perinatal Support Service changed your knowledge of healthy lifestyles?

- I already knew about healthy lifestyles
- I have found out more about healthy lifestyles
- My knowledge of healthy lifestyles hasn't changed
- Is there anything else you would like to tell us about this?

How has Stockton Perinatal Support Service changed your knowledge of local services?

- I already knew about local services
- I have found out more about local services
- My knowledge of local services hasn't changed
- Is there anything else you would like to tell us about this?

How confident do you feel accessing other services e.g. Family Hubs, after working with Stockton Perinatal Support Service?

- My level of confidence in accessing services hasn't changed
- I feel more confident to access services
- I feel less confident to access services
- Other

Since working with Stockton Perinatal Support Service I feel I have:

- More confidence in my parenting skills
- The same level of confidence in my parenting skills
- Less confidence in my parenting skills
- Other

When I think about how connected I feel to other people, since working with Stockton Perinatal Support Service, I feel:

- More connected to others
- The same as before
- Less connected to others
- Other

When I think about my emotional wellbeing, since working with Stockton Perinatal Support Service, I feel:

- My emotional wellbeing is better
- My emotional wellbeing is the same
- My emotional wellbeing is worse
- Other

When I think about how comfortable I am talking about my mental health, since working with Stockton Perinatal Support Service, I feel:

- More comfortable
- As comfortable as before
- Less comfortable
- Other

Would you like to use your views to help shape the service for others? If so, please email our evaluators, the Institute of Health Visiting to find out more - projects@ihv.org.uk

Appendix 3: Description of data analysis

Paired t-tests were performed to compare the mean scores of GAD-7, PHQ-9 and MPAS pre- and post-service to determine if there was a significant change in scores.

The Pearson correlation test was performed between the GAD-7 change (difference between initial and final score) and PHQ-9 change to determine whether changes in the severity of depression pre- and post-support is related to severity of anxiety pre- and post-support.

Braun & Clarke's method of thematic analysis consists of six steps: 1) familiarising yourself with your data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) producing the report. Thematic analysis is widely used in qualitative research for identifying, analysing, organising, describing and reporting themes found within a data set.

Appendix 4: Summary of characteristics of parents recruited for semi-structured interviews

ID	Age	Number of children	Employment status	Source of referral	Reported reason for referral	Group sessions attended
Parent 1	21	2	Unemployed	Health visitor	Postnatal depression	Cuppa & Chat* Health & Safety* HENRY
Parent 2	-	3	Unemployed	Health visitor	Feeling overwhelmed and not confident	HENRY
Parent 3	29	1	Employed	Family hub staff	Anxiety	Theraplay informed InTouch Coffee & Cuddles
Parent 4	42	3	Employed	Self-referred	Postnatal depression	Incredible Years Programme*
Parent 5	26	1	Employed	Health visitor	Anxiety and trauma from childbirth	Coffee & Cuddles
Parent 6	30	1	Employed	Self-referral	Low mood & baby blues	Coffee & Cuddles
Parent 7	32	2	Employed	Health visitor	Struggling with breastfeeding and low mood	Coffee & Cuddles
Parent 8	17	1	Unemployed	Self-referral	Poor mental health	HENRY

* These sessions were facilitated by the Family Hub Team

Institute of Health Visiting
A Registered Charity Number 1149745
c/o Royal Society for Public Health, John Snow House, 59 Mansell Street, London E1 8AN
Telephone: +44 (0) 207 265 7352 | Email: info@ihv.org.uk
www.ihv.org.uk