aberlour
scotland's children's charity

Perinatal Befriending Support Service

An Evaluation of the Pilot Delivery
(May 2015 - June 2016)

Eileen Calveley, Professor Helen Cheyne,
Professor Brigid Daniel, Professor Margaret Maxwell

October 2016

UNIVERSITY OF STIRLING

nmahp-ru
Nursing, Midwifery and Allied Health Professions Research Unit
Improving health through research

Contents

Background and Introduction 5

The prevalence and impact of perinatal mental health issues 6

Policy & Service Delivery Context 7

- Getting it Right for Every Child 7
- Early Years Framework 9
- Delivery of GIRFEC in the Falkirk area: The Early Years Collaborative 9
- NHS Guidelines and Service Delivery for the Management of Perinatal Mental Health 9
- Perinatal Mental Health in NHS Forth Valley 10
- Role of the Voluntary Sector 10
- Aberlour – Scotland's Children's Charity 10

The Aberlour Perinatal Befriending Support Service 11

Evaluating the service 13

Project Outcomes 15

- Service characteristics 15
- Socio-demographic data 15
- Results of Outcome Measures 16

Process and context evaluation in relation to outcomes 17

- Programme theory 17
- Success Indicators 19
- The experience of being involved in the Perinatal Support Programme 19
- Making a difference 22
- Filling a gap 24
- Secrets of success 26
- Potential barriers to ongoing success 30

Discussion 32

Conclusion 35

References 36

Executive Summary 38

Acknowledgements 40

Background and Introduction

The potential impact of perinatal mental health issues on the mother, child and the wider family and the benefits of early intervention to support families has been the focus of increasing national and international attention in recent years. Perinatal mental health is a term used to cover all mental health issues during pregnancy and the first year after birth, including anxiety, depression and psychosis related disorders (SIGN 2012). A recent NSPCC Scotland report (Galloway & Hogg, 2015) suggests that Scotland has the best policy framework and delivery of perinatal mental health services in the UK, but gaps still remain in provision for supporting families at this critical time, as was confirmed by the recent Templeton Group report (2016).

Aberlour, Scotland's Children's Charity, in collaboration with local partners in the Forth Valley area in central Scotland, were aware of a need that was not being met by existing services to provide support to women experiencing mild to moderate mental health issues during the perinatal period. Through liaison with Family Action, a voluntary sector organisation providing services to disadvantaged and socially isolated families in England, Aberlour identified a befriending intervention project within Family Action Perinatal Support Services as a possible means to bridge the gap in services. The project had been set up as a befriending scheme, training volunteers to support vulnerable women during the perinatal period, with an evaluation (Barlow and Coe, 2013) suggesting a clear improvement in anxiety and depression, social support and self-esteem.

Based on this evaluation, Aberlour adopted the Family Action approach as a Perinatal Befriending Support Service (PBS) and piloted its implementation in the Falkirk Council area, to assess its effectiveness in addressing some of the key impacts of perinatal mental health issues on mothers and babies, as well as the feasibility and acceptability of the service in a Scottish context. A research team at the University of Stirling was invited to carry out an evaluation of the service and to explore the Aberlour PBS's fit with the Scottish policy and service context.

The prevalence and impact of perinatal mental health issues

The high prevalence of perinatal mental health issues is widely recognised. The Royal College of Psychiatrists (2015) reported that mild to moderate anxiety states and depressive illnesses affect between 10 and 15 in every 100 women during pregnancy, with around 15 to 30% of women experiencing adjustment disorders and distress. Findings from a Growing Up in Scotland (GUS) report on Maternal mental health (Marryat and Martin, 2010) showed that almost a third of the cohort of GUS mothers had had poor mental health at least once in their child's first four years.

There is an association between anxiety and depression in this period and adverse outcomes for both mother and baby. The MBRACCE – UK programme of surveillance of maternal deaths (Knight et al, 2015) reported that 23% of deaths of women between 6 weeks and 1 year after giving birth were associated with mental health issues, with 1 in 7 of these women dying from suicide.

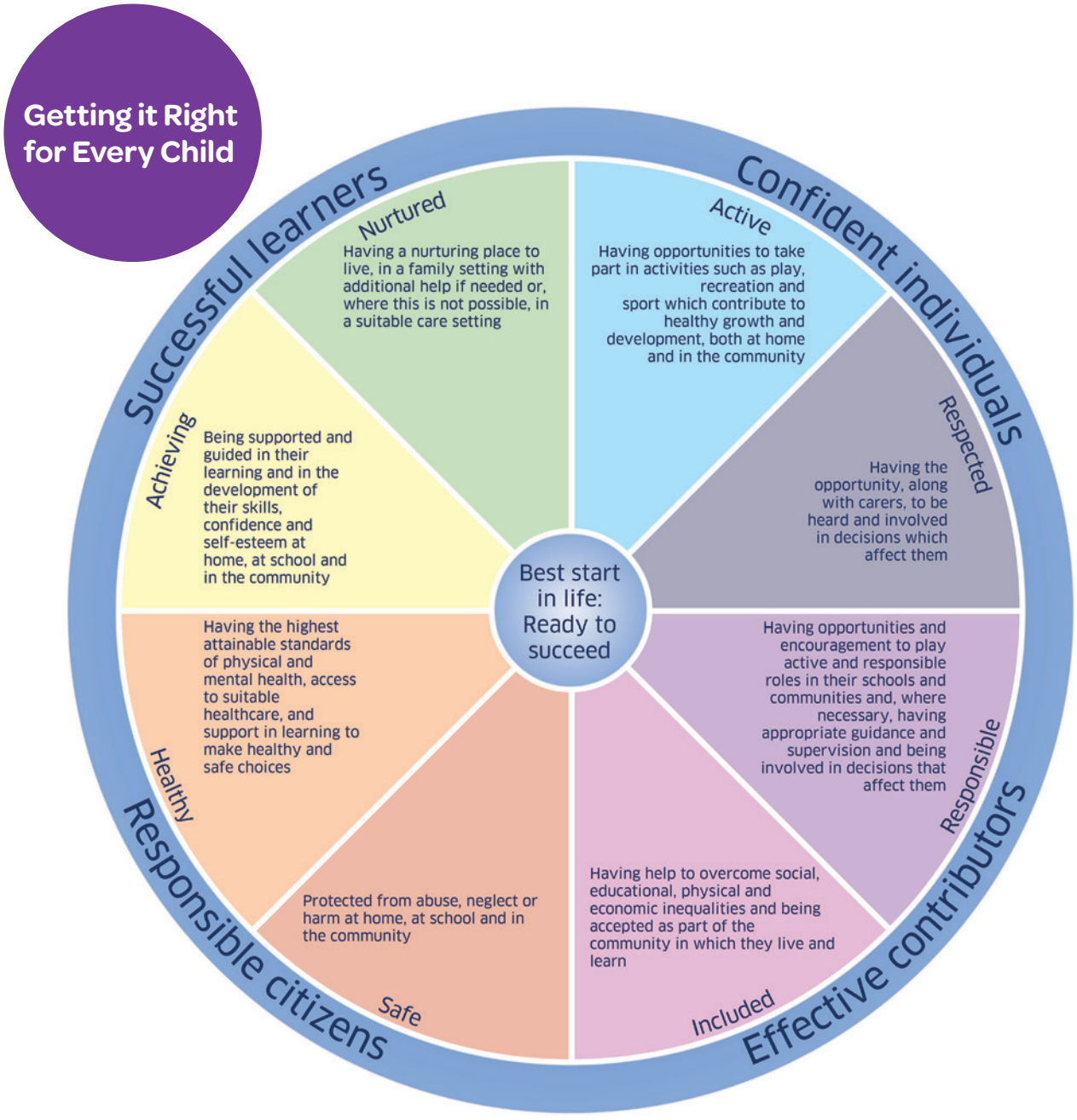
The GUS report (Marryat and Martin, 2010) found that poor mental health at an early stage was highly predictive of later mental health issues. Ongoing mental health issues were also associated with relationship difficulties and poor social support.

For infants, consequences of poor maternal mental health include low birth weight and ongoing negative effects on the parent-infant relationship (Beebe et al, 2011) with subsequent impacts on the child's longer term development, particularly as a result of insecure and disorganised attachment (Berlin, Cassidy and Appleyard, 2008; Green and Goldwyn, 2002). Irritability and sleep problems in earlier childhood and behavioural and academic challenges at school (Talge et al, 2007; Dawson et al, 2000) have all been associated with perinatal mental health issues in the mother through impacts of stress and anxiety on neurodevelopment from the fetal stage onwards.

In addition, poor perinatal mental health results in high economic costs. Established lifetime costs in the UK amount to around £8.1 billion per year's births (Bauer et al, 2016). Of this, 28% of costs relate to the mother, with the remaining 72% relating to the child.

Policy & Service Delivery Context

With these high and potentially devastating costs to individual families and society, it is not surprising that perinatal metal health is increasingly becoming a focus of attention for both policymakers and service deliverers, including the National Health Service (NHS). In Scotland, maternal and child health have been given a strong policy focus through the Getting It Right For Every Child (GIRFEC) framework, introduced in 2008 and further developed in 2012 (Scottish Govt 2008; 2012).



The Scottish Government's Getting it Right for Every Child (GIRFEC) approach aims to ensure that the child or young person and their family are the central focus for any support which is made available to them. They should be able to find out what support is available and appropriate for them and where to find it. It advocates early action across organisational boundaries to prevent the escalation of problems and to help children and young people get the best start in life, including supporting mothers during pregnancy and the year after the birth.

The Scottish Government outlines the purpose of GIRFEC as being to:

- Look at the whole picture of a child's wellbeing
- Build on the strengths and capacities of the child or young person, and their family, to improve their wellbeing
- Promote early involvement and support to prevent concerns becoming problems, and, wherever possible reduce the need for greater intrusion to family life or reduce the need for statutory interventions; and
- Build strong health and education services, involving other services if required, to meet the needs of a child or young person and their family.

Thus, the framework clearly advocates identifying needs at an early stage and providing early intervention to avoid an escalation of risk. A key GIRFEC principle is to ensure that support is offered to the child, young person and the parents at 'the right time'. 'Primary prevention' calls for this support to be made available before a child's wellbeing is negatively affected whereas 'early intervention' entails providing support as soon as possible after an adverse effect occurs.

Indicators of effective primary prevention are that:

- Children, young people, families and communities work together to support each other to improve their quality of life and to provide opportunities for community engagement and involvement.
- Initial support from services tends to be most effective if delivered in the first few years of a child's life (pre-birth to pre-school).
- There is as much support and help in the community for the parents and families as there is for the child directly.

It recognises that, wherever possible, support should prevent problems arising in the first place, and that the way to do this is not simply to focus on children alone, but to consider how to support parents, carers and wider communities too.

GIRFEC has now been enshrined in legislation by the Children and Young People's (Scotland) Act 2014 with the aim of improving the consistency of delivery of its principles across local authority areas. Coles et al (2016) note the distinctiveness of the GIRFEC approach in its focus on creating a broad policy framework which can be delivered at the local level using local discretion.

Early Years Framework

The Early Years Framework is the Scottish Government's vision for achieving GIRFEC for babies and young children (Scottish Govt 2009). It advocates giving parents access to world class antenatal, intrapartum and postnatal care that meets their individual needs. Aims include the provision of integrated service support which includes helping parents develop relationships with their child and addressing issues which may affect how they parent their child. As well as encouraging service users to use their skills confidently in identifying needs and assessing risks, the Framework also encourages the involvement of specialist support where needed and calls for effective collaboration to deliver support.

Delivery of GIRFEC in the Falkirk area: The Early Years Collaborative

The principles of GIRFEC are translated into actions to improve better child outcomes through the Early Years Collaborative (EYC). This is delivered in the Falkirk Council area through the Falkirk Community Planning Partnership with key outcome goals including that all Falkirk children will grow up in a safe environment where they are protected, loved and enabled to enjoy their lives. Aberlour is one of the third sector representatives in the Falkirk EYC, working with partner agencies to promote the work of the EYC that will benefit children and families, and to share information with other Voluntary Sector organisations. Their participation also involves implementing the use of EYC methodology within their own services and sharing their experience with partner agencies to help inform future practice development.

The goals of the EYC are also firmly embedded in Falkirk Council's Children's Services Performance Plan. Within this, the Aberlour PBS is particularly relevant to the local authority's priorities of developing skills in communities, promoting community, family and individual resilience and ensuring early intervention at all stages.

NHS Guidelines and Service Delivery for the Management of Perinatal Mental Health

National Institute for Health and Care Excellence (NICE) Guidance

The NICE guidelines for managing antenatal and postnatal mental health (CG192, 2014) confirm the need for clear referral and management protocols at all levels of stepped-care protocols for mental health problems. They also highlight the need for care pathways for service users with defined roles and competencies for all professional groups involved. In addition, the guidelines now recognise the difficulties some women living with mental health issues may experience with the mother-baby relationship. Consideration of further intervention to improve this relationship if necessary is suggested

CG192 recommends considering care as outlined in the NICE Guideline for Depression (CG90, 2009) for people with subthreshold symptoms of anxiety and depression which includes low-intensity psychological therapies, such as guided self-help. The Depression guideline also includes the need to assess the impacts of living conditions and social isolation and in more severe cases, recommends an assessment of social support.

Scottish Intercollegiate Guidelines Network (SIGN) Clinical Guidance (2012)

SIGN guidelines on perinatal mental health also recognise that early intervention may prevent adverse impacts on the mother and child, particularly as response to adequate treatment is good (SIGN 127, 2012). The guidelines recognise the importance of multidisciplinary treatment, including the involvement of other community agencies, such as voluntary organisations and social services, to provide further support.

SIGN 127 identifies life stress, maternal anxiety and lack of social support as risk factors for antenatal depression. It cites evidence contained in the NICE Antenatal and Postnatal Mental Health guideline

(2007) which suggests that there is some benefit in providing interventions such as social support and short term structured psychological treatments, e.g. interpersonal therapy, for women where risk factors for antenatal and postnatal depression have been identified. The guidance also suggests that additional interventions specifically directed at the mother-infant relationship, should be offered, where there is a risk of negative impacts on that relationship.

Perinatal Mental Health in NHS Forth Valley

NHS Forth Valley introduced an Integrated Care Pathway (ICP) for the early detection and management of perinatal mental health in October 2015. The ICP aims to identify mothers from pre-conception through the postnatal period who have a mental illness and predict those who may be at risk of developing mental illness. The ICP outlines the possible actions and criteria for referral to the Perinatal Mental Health Team for Community Midwifes, Health Visitors and Family Nurses, GPs and the Child and Adolescent Mental Health services . Referral criteria include pre-existing mental health issues, a personal or family history of bipolar affective disorder or postpartum psychosis or the development of severe mental illness in the perinatal period.

Role of the Voluntary Sector

The policies and frameworks outlined in previous sections recognise that third sector organisations have an important role to play, both in delivering services which add to statutory provision, in contributing to strategic planning of services and policy development and in promoting the implementation of new methods and approaches within other community groups. These roles are exemplified in Aberlour's contribution to the Early Years Collaborative in Falkirk, described earlier. The voluntary sector is recognised as having a strong focus on the people requiring their services, being cost-effective and operating efficiently with a low level of bureaucracy (Spratt et al, 2007, Lester et al, 2008).

Aberlour – Scotland's Children's Charity

Aberlour is the largest solely Scottish children's charity and has been in operation since 1875. Their mission is to improve the lives of Scotland's children and young people, with a vision for all Scotland's children and young people to be safe, to fulfil their potential and enjoy the benefits of stable family life and inclusion. Aberlour's aim is for there to be easily accessible, person-centred services available to families who need additional support. The organisation runs over 40 services across Scotland, including Child and Parent Support, Early Years programmes and Befriending support for vulnerable children and young people, all of which are firmly embedded in GIRFEC principles. Service delivery follows the principles of the Code of Practice for Social Service Workers. Aberlour also works within the Befriending Code of Practice for individual befriending services, adhering to the Code's Quality Standards.

Aberlour has a well-established volunteering programme, with a highly regarded role-specific induction which introduces volunteers to their role, the service in their local area and the wider organisation. The induction also helps to strengthen volunteers' understanding of factors which may affect the wellbeing of children and their families, including resilience and attachment training. Volunteers have an immediate supervisor who supports them in their role. Perinatal Co-ordinators provide support and supervision to the volunteer befrienders to ensure they have a positive experience, while also monitoring and reviewing progress made by families. A Service Manager is available to provide further information about policies and procedures, ensuring the volunteering services are delivered in line with local and national standards. . All volunteers are trained in child protection and the processes for raising issues of concern confidentially.

The Aberlour Perinatal Befriending Support Service

Aberlour's decision to introduce a perinatal befriending service was based on the numbers of referrals being received into existing services for parents who had mental health issues which were impacting on their ability to parent effectively.

It was also influenced by the recognition that early intervention might reduce the need for more intensive support for parents with mental health difficulties later on. The Aberlour Perinatal Befriending Support (PBS) service was developed using the model used by an England-based charity, Family Action, following a positive evaluation of their Perinatal Support Service (Barlow and Coe, 2013) and in consultation with those involved in the set-up and delivery of services in England. The service trains volunteers as befrienders, who are then matched with women who have been referred by local perinatal health and social care providers, based on identification of mild to moderate mental health issues which may place the mother and child at risk of becoming socially isolated. The befrienders then support the woman and her family during the perinatal period, meeting her once a week for up to 3 hours. The type of support offered is tailored to each individual family, but can include helping the mother to engage with other services or community groups, listening support or offering practical help.

The evaluation of the Family Action perinatal befriending service concluded that referrers to the service identified a high level of unmet need in their local populations. Significant improvements were seen in the 4 key outcome measures: anxiety and depression; social support; self-esteem; and the mother's relationship with the baby. Qualitative interviews identified a range of benefits for service recipients, including reducing isolation and increasing opportunities for socialising with other mothers and babies. Volunteers noted that delivering the service empowered them as well as the mothers and increased confidence in moving on to develop new skills.

The Family Action model was adapted to fit the Scottish context and Aberlour's existing practices following the first cohort of training. Additional elements were added to the training to reflect the needs of volunteers and families, including, for example, material on the role of attachment to the wellbeing of both mother and baby. Following early focus groups, it was decided to add the General Self-Efficacy Scale (Schwarzer and Jerusalem, 1995) as a further measure of effectiveness.

The Falkirk Council area was identified as a pilot area after discussion with the Perinatal Mental Health team in NHS Forth Valley and after agreement that there were insufficient resources to introduce the pilot service in a wider area. This reflected strong established networks already in the area, with good links with the health visiting service, as well as community and hospital-based midwives. There were also strong links with other support services in the area and staff with an extensive local knowledge of other services and facilities for families. The area also has a diverse social mix, with some areas of multiple deprivation sitting in close proximity to relatively affluent areas. It was anticipated that if the pilot was successful, the service would be extended to the whole of Forth Valley.

The Aberlour PBS aims to:

1. Improve the mental health of participants
2. Improve attachment between mothers and infants
3. Reduce social isolation
4. Improve self-confidence of both participants and volunteers

The service works with women who are vulnerable or with mild to moderate mental health issues during the perinatal stage (conception to baby's first birthday), so until infants reach the age of one. It is facilitated by two (initially one) Befriending Coordinators, located at an existing Early Years Outreach Service in the Falkirk Council area, but delivering services across Forth Valley.

The coordinators are involved in the recruitment, training and supervision of volunteers who provide befriending support. The initial target was to recruit a maximum of 15 women experiencing perinatal anxiety and depression to participate in the pilot programme. Women are recruited to the Aberlour PBS via a range of referral routes including midwives, General Practitioners or Health Visitors and there is also the opportunity to self-refer. Women assessed as having severe mental illness are generally referred to other services with the Integrated Care Pathway for perinatal mental health, although the Befriending Service can work alongside.

The service provides intensive community-based support throughout the women's pregnancy and during the first year of a child's life. Support ceases on the infant's first birthday, although each individual case is assessed and any necessary supports beyond this age put in place before the end of the befriending support. Following referral, the Aberlour PBS process is as follows:

- The mother's need and interests are assessed by the befriending coordinator
- A suitably qualified and trained volunteer befriender is matched to each family and provides listening home visits.
- The volunteer befriender signposts and can accompany mothers to appropriate support groups to increase understanding and knowledge of the infant's needs.
- The volunteer befriender can support the mother to access informal support networks and to get out in the community to undertake general activities.

Evaluating the service

Aims

The evaluation of the Aberlour Perinatal Befriending Service aimed to:

1. Assist the Befriending Coordinator to establish sustainable evaluation processes within the core delivery and routine recording of the service.
2. Collect supplementary qualitative data to explore the experiences and perspectives of participants, volunteers and key stakeholders.
3. Undertake analysis of anonymised information collected as part of core delivery and routine recording of the service, and supplementary data collected from participants, volunteers and key stakeholders.
4. Provide an independent appraisal of the impact of the Aberlour PBS on key outcomes and its fit with Scottish policy and service context with reference to the local context in which it has been piloted.

Methods

Study Design

The study used both quantitative outcome measures and qualitative approaches to evaluate the effectiveness of the Aberlour PBS, to gain a deeper understanding of the experience of taking part and how context and the method of delivering the service affected outcomes. There were two key components:

1. Quantitative data collection through questionnaires completed by mothers at baseline and at midpoint in their participation.
2. A realist evaluation approach using focus groups and interviews to explore perceptions about and the experience of participating in the Aberlour PBS, with a focus on how the context and delivery mechanisms, affected the outcomes.

Study population and recruitment

All service recipient and volunteer recruitment was undertaken by the Befriending Coordinator and stakeholders were recruited by the wider Aberlour management team. All Aberlour PBS service recipients were asked to complete quantitative outcome measures. Three mothers who had been matched and had at least one meeting with a Befriender by September 2015 were invited to take part in baseline interviews. One was not available at interview. Families who had been involved in the project for more than 4 months were invited to take part in face to face interviews, with 7 consenting. Stakeholders from Aberlour, Falkirk Council and NHS Forth Valley were invited to participate in focus groups at the start of the project and after 8 months, with 5 participating at baseline and 8 at follow-up. Volunteers were invited to participate in separate focus groups within the same time period, with 9 participating at baseline and 12 at follow-up.

Outcome Measures

The following standardised questionnaires were used to measure outcomes for service recipients:

- Mental health and wellbeing: Hospital Anxiety Depression Scale (HADS).
- Mother-child relationship: Mother Object Relationship scale (MORS).
- Social isolation: Maternal Social Support Index (MSSI).
- Prenatal Attachment Inventory
- General Self-Efficacy Scale (GSE)

Quantitative Data Management and Analysis

Quantitative data was collected and entered into a spreadsheet by Aberlour. Data was anonymised and sent to the University of Stirling for analysis. Descriptive statistics were used to calculate means and Student t-tests were used to assess any statistical differences between baseline and follow-up measures.

Qualitative Data Management and Analysis

Qualitative data was collected through a total of 4 focus groups and 9 semi-structured individual interviews by the researcher, with all discussions being recorded. Recorded data was transcribed and anonymised for a coproduced thematic analysis by the research team and stakeholders. The researcher also undertook an analysis of the data using NVivo 10. All focus groups and interviews followed a semi-structured approach to ensure key research questions were addressed, while allowing scope for additional themes to emerge. As part of the realist evaluation approach, stakeholders from Aberlour engaged with the research team in the analysis of qualitative data to ensure that data had been accurately interpreted and to allow for the coproduction of knowledge. A framework analysis approach was taken to ensure that key outcomes were achieved, but additional themes emerging from the data were also considered.

Research Governance

The study was given ethical approval by the University of Stirling School of Health Sciences Ethics Committee. The initial ethical approval of the Family Action Aberlour PBS by the University of Warwick research Ethics Committee was also taken into account for the collection of quantitative data by Aberlour staff. All participants were asked to give informed consent to their participation.

Project Outcomes

Service characteristics

The Aberlour PBS received a total of 47 referrals during the evaluation period.
Sources of referrals are shown in Table 1.

Table 1: Referral Sources

Source	Number of referrals
Health Visitor	26
Midwife	8
Perinatal Mental Health Team	4
NHS Family Support Worker	2
Family Nurse Partnership	1
Aberlour Early Years Outreach Service	5
Other - Occupational Therapist	1
TOTAL	**47**

Of these, 30 women met the criteria on initial assessment and 27 participants completed baseline measures. Reasons for referrals not being progressed included: mother started working (1); mother did not engage (4); child too old by first contact from mother (1); referrer decided referral was inappropriate (1); joint referral to Perinatal & Early Years Outreach Service (parent chose EYOS) (2); – parent already had befriender from another Service (1); inappropriate referral due to severe child protection concerns (1); Top Ten Tips and communication of other strategies satisfied mother's need (1); miscarriage before matched process complete (1); Family relocated (1); no reason given (6).

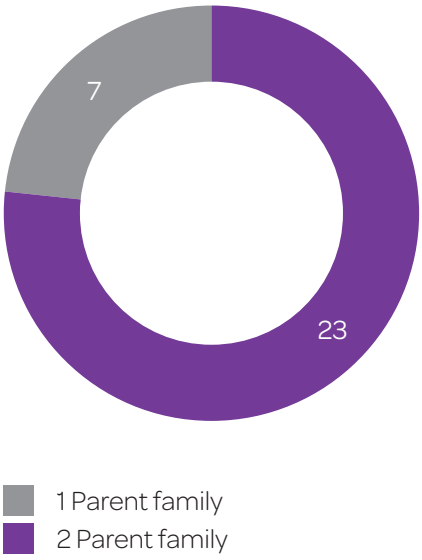
Socio-demographic data

Age range

Aberlour PBS participants ranged in age from 17 to 39, with a mean age of 27.

The majority of referrals were from families where both birth parents were present (77%), with 23% from lone parent families.

Table 2: Family Composition



A full range of socio-demographic data has not been included, due to the small number of participants and the risk of impacting on anonymity. However, it can be noted that SIMD decile codes for participants' residences ranged from 1, representing the highest assessment of deprivation to 8, giving a wide range of socio-demographic characteristics.

Results of Outcome Measures

By the end of the first year of the project, follow up measures had been completed by 14 participants and the limited statistical analysis below is based on those cases. Differences between baseline and the final score recorded within the study period, whether at midpoint (5) or closure (9), were analysed using SPSS 23, using t tests to assess statistical differences between baseline and follow-up measures.

Results suggest that significant differences were found at baseline and follow-up in all outcomes, except the Maternal Social Support index. However, care must be taken with interpreting data from this very small sample.

Table 3: Mean scores for the key measures pre and post intervention (Standard deviation in brackets)

Measures	N	Baseline	Post-Intervention	Confidence intervals & (Sig)
Parental mental health - HADS *Anxiety* *Depression*	14	11.5 (3.8) 9.3 (3.7)	5.2 (3.1) 2.6 (2.5)	3.8-8.8 (<.001) 4.4-8.9 (<.001)
Mothers relationship with the baby *Warmth* *Invasiveness*	14	28.3 (4.4) 11.9 (7.1)	34.4 (1.1) 8.1 (4.7)	-8.5- -3.6 (<.001) 0.6 - 6.9 (0.02)
Social Support	14	15.9 (6.9)	18.3 (6.0)	-5 – 0.3 (0.8)
General Self-Efficacy	14	27.7 (3.8)	35.4 (3.0)	-9.97- -5.3 (<.001)

Process and context evaluation in relation to outcomes

From the analysis of the data from the focus groups and interviews, a number of themes emerged. These are outlined in the following sections.

Programme theory

The published aims of the Aberlour PBS programme, as outlined earlier, were:

- To improve parents' health and wellbeing
- Support a positive relationship between parents and their baby
- Reduce social isolation of families
- Increase parents' self-confidence by working with volunteer befrienders.

As a realist evaluation approach, we began by looking at the anticipated outcomes of the programme, particularly considering the meaning that participants attached to the stated aims and how the programme would work in practice. Through discussions, the meaning of these aims to stakeholders, volunteers and service users was clarified, with examples including:

"It's letting these mums know that you're not on your own, there are so many mums out there that are experiencing these feelings because ... when you are a new mum you're expected to have all these feelings towards your baby and that doesn't come for everyone, and obviously mums experience an awful lot of guilt around that and often think, you know, everyone else is really happy, well if everyone else was really happy this wouldn't be happening...." (Volunteer)

"I would see that we would be someone that would give the baby love and affection and also to let the mum see maybe how to do that, cause you know, they might not know." (Volunteer)

"That I've got the confidence to go out by myself" (Service user)

In particular, the potential of the service for empowering parents to move forward was acknowledged by stakeholders, with a particular emphasis on helping mothers get out of the house to access other support or the social world.

"It's really empowering the parents to get that confidence, to get ready to get out in into the world again"

"Sometimes they're classed as a non-engaging family and it wasn't they were non-engaging, they just couldn't engage, they were getting asked along to maybe an infant massage group or something, yeah, I've given all the leaflets and yeah she knows the time, yes she can drive the car, but she couldn't

come out the door, you know whereas the befriender would have that time and true listening skills.... to be able to sit there with mum and build that plan to get eventually to the group that they were trying to get to."

The importance of integrating the Aberlour PBS with existing services was strongly emphasised, as part of a recognition that it would not work sustainably on its own. In this, the role of the service in supporting mothers in accessing other available services was again emphasised.

"Going right back to the beginning, we were very clear about why we were integrating with our NHS partners and with Falkirk Council, I mean we were very clear that this wasn't going to be a silo service..."

"As we know intensive support could either be intensive support from a particular service with the statutory services being there or as you had said, you know, there may be support coming from substance misuse services, Women's Aid might be involved, but the family maybe still need the befriender as well to help mum... to get mum to even work with these services I suppose, yes we know that she needs support from those agencies, she's got domestic abuse in the family that she's really struggling with, but she can't actually engage with that service because of her mental health..."

The stakeholders' aim of supporting government and health services early intervention policies was clear.

"If we can get in there early, early in the antenatal phase that's going to allow you to then do more dedicated work with families who have higher needs at that postnatal stage cause you must be seeing it when you get to the postnatal visit, if only somebody had gone in six months earlier, if only somebody had recognised this earlier, and I think that's going to have or it has the potential to reduce down the intensive support that's needed at that latter stage, in the postnatal stage, if we can get in there earlier from the pregnancy."

The expectations of service users before accessing the service reflected the stated aims, but suggested a degree of uncertainty on how the Aberlour PBS would differ from other services and how a befriending service might work:

"I suppose it's really about somebody listening and being sympathetic with you, so I probably would. I think I would be able to just share so much, you know, information with them" (Service user)

"Just a bit 'I don't know how this is going to be, will I, you know, will I connect to the person, you know, will we... will it make a difference?" (Service user)

"I wasn't really sure what to expect from it to be perfectly honest. I think I just had the idea it was someone that came out to see her and speak to her for a while and I didn't realise she'd benefit from it." (Family member)

They also reflected the hope of having practical support which would differ from other services:

"If I have a bad day, you know, [Baby's name] is screaming and I've got to get some housework done, obviously I can't leave my baby, so it would

be great for my befriender to sit with the baby while I did some housework or just had a quick bath, just something like that, to go out, take us out, don't know, go swimming, start swimming lessons for him and all that stuff that friends do."

Success Indicators

The evaluation of the Aberlour PBS included quantitative measures, described earlier in the report, to indicate whether the service has achieved outcomes, such as reducing anxiety, depression and isolation, as well as increasing self-efficacy and maternal attachment to the baby. In addition to these, all those involved were asked for a more descriptive account of what success might look like. Responses from stakeholders and volunteers indicated that key signs of success would be the confidence to talk about perinatal mental health issues and seek help; happier and more cohesive family units; and for the families to be able to cope well without the befriender.

"If the mum's got confidence she will be confident enough to speak about her illness and her journey, if she can speak about her journey and had a positive outcome in her journey she might encourage other people to speak about how they're feeling and then we are reducing the stigma around it, so I suppose it's that where do you jump in the wheel kinda thing, isn't it, cause if she's got the confidence she might speak." (Stakeholder)

"I think the difference that you would see in a mum or a family when you walked in the door maybe after six months of working with them, all of a sudden you walk in the door and there's just a complete change to the atmosphere, everybody's happier, families are working together and the mum just seems content and actually spending time alone with baby." (Volunteer)

"They take all the control so you're walking in and they're like 'right, what are we doing today?' and they're away planning all this stuff and you're like 'oh well, they obviously don't want me!" (Volunteer)

The experience of being involved in the Perinatal Support Programme

Focus group and interview participants were asked to describe how they had found their involvement in the Aberlour PBS, from the point of being referred onwards. From this, a number of themes emerged and are described below.

Reservations being resolved

At the beginning, while most service users interviewed were happy to know that they were going to get additional support, some reservations were expressed about having a befriender. For all, however, their experience became positive. A key issue in making the service work was the parent having the choice and control over their own situation.

"The only reason I was really doing it is because my partner was really worried about me and he wanted me to try and get some support to be able to go out and do normal things. So for the sake of him I said that I would try it and that I would, you know, go along with it and see, and the coordinator had at the first meeting says to me that if I did decide to meet whoever was going to be my befriender three or four times and then after that if I decided it wasn't something that I wanted or something that I could cope with, she would totally understand and I could either switch to a different befriender and try it with someone else or I could sort of leave the programme. So she left everything down to me and my choice which was quite good."

"I decided to go ahead with it and then I think it was two days before the befriender was due to come out I was a bit like 'oh I don't need this now', I felt a bit sort of like 'what am I doing, why can't I cope, just get on with it'. So at the start I did sign up for it and thought that sounds really good and then like I say, two or three days before it I did feel a bit sort of like 'oh I don't need this, why did I do it?' but I thought I'll just give it a go and been brilliant ever since, I wouldn't change it now."

"So even like the first time I met [the befriender] I didn't think it was going to work either, I was quite... I would say I was quite off about the whole thing. But by about the second time when I seen [the befriender] things

got a bit better, we started to talk about books that we liked and about films that we liked and things and gradually over time it got easier to speak to her and just to have somebody that was on the outside that wasn't involved in my circumstances or situation."

A friend to do things with

Once they became involved in the programme, mothers noted the value of having someone who could help them get out and do the things that you would do with a 'friend', as perinatal mental health issues and the changes in their life had made this more challenging. In some cases, the value of simply knowing that someone would be coming to see them gave a structure to their week and something to look forward to.

"...we just made arrangements to go out somewhere together with me, her and the baby and went for a coffee and stuff and to a few different places, we went to the soft play area we took him to the other day and that was quite... och, it's good, it's forming my week, it's helping me that day have something to obviously look forward to and having something there in my day, you know, to help me get through"

"I didn't expect there to be so much sort of thing to do, cause I used to have... before I had my son I had quite a bit of counselling and that, but it's sort of constricted in just one place, so it's nothing at all like counselling, it's a lot better cause you get to talk to just a friend really who understands you more than just somebody sat in an office. You get to go out and you don't want to just get stuck in all day."

In contrast with encounters with professional services with a specific job to do, there was a sense of being able to do 'normal', day to day things.

"We go for coffee, go for breakfast, we're going for a rake round the charity shops tomorrow, we've been to the cinema, we sit and watch telly together and have a blether, just stuff like that."

"I went in and was handed a drill, a pot of glue and a paintbrush! I was like 'alright then, what are we doing?' " (Volunteer)

Empowering nature of the befriending relationship

Over and above the simple aspect of getting back out into the world and the benefits that had for the family as a whole, was the empowering nature of the befriending relationship. Mothers noted that it was not just about taking them out, but it was supporting them in their own choices and helping them become independent again:

"I thought maybe she would've been more likes of wanting to take me maybe to groups and things organised by Aberlour or maybe things like mother and toddlers and stuff, I thought we would be doing stuff like that but we never really, we just done whatever I wanted to do. She left it up to me and I would make suggestions on where to go and stuff, so it was quite good that way."

"The first couple of times, the befriender would go along to things with me just until I got... because I wasn't good at meeting new people and I get quite nervous at meeting new people, I become... I don't know if it's awkward that I'm feeling, I just don't feel comfortable, so for instance like the messy play and things, the befriender would come along to messy play with me maybe once and then the second time I would try and go myself, but she was always, like, afterwards she would text me and ask how I got on and how [baby's name] was and things like that, so she was always there."

This role in empowering the mother to make her own decisions was also reflected in comments from volunteers who took pride in their role in supporting this return to mothers making their own decisions and being confident in their own ability:

"... it's the confidence that you see, you know, she's confused by all the advice that, you know, she wants to do things this way, but the health visitor says no you can't do that.... And now she's finally at the stage where she's like 'I'm not doing that' and she's actually in the last week when I saw her, she's come up with her own plan."

"... she just wants me to take her shopping, I think she feels really anxious about going shopping. But I can see a difference in her, like when we were starting... it took her forever to decide, it was like she couldn't make these kind of decisions, whereas now I see her making they kind of decisions which is nice to see."

Listening and not judging

Service users stressed the importance of having someone who could just be there for them, listening to them when they wanted to talk, not judging them for their behaviour and not telling them what to do.

"When she first started coming about I was really down, my mental health was really bad and I really wasn't coping and she made a big difference, like, there was a period for a few weeks where I wasn't really talking to any of my friends, I wasn't really seeing anybody but I was seeing my befriender.... I was sitting in my jammies and we were just sitting drinking tea, watching rubbish on the telly, Jeremy Kyle and This Morning, but I was still talking to her, but I didn't feel I had to because she was... I didn't feel that I had to because she was a service or whatever, I done it because I want to talk to her, but I just couldn't be bothered and that's maybe because the rest of my friends would judge me or would say 'Get your house tidied, get your clothes on, get outside!' "

"It's been so important having somebody that hasn't judged me. Somebody that I can speak my darkest thoughts to and not be judged cause that is, for me, especially because I care what people think about me...it's all very genuine, there's no smoke and mirrors with the befriender. That's who she is which is lovely."

The value of being able to be honest and open about their feelings without fear of reprisals to reducing the stigma of perinatal mental health was recognised by service users and volunteers.

"Take away the stigma and let them understand that it's perfectly normal to feel like that rather than, you know, thinking that there's something wrong with them because they don't feel that overwhelming rush of love as soon as they see their baby, sometimes it can take a bit of time especially if they've had, like, instances maybe in the past, you know, possibly miscarriages, anything like that that can affect how they feel later on, just let them know that it's perfectly normal and not to be embarrassed by it." (Volunteer)

A focus on the mother as an individual

The flexibility and person-centred nature of the programme was regularly emphasised as being one of its key features. Rather than going in with a set agenda, befrienders were able to respond to the needs of the mother and/or family and adapt to changing needs.

"It's just about what does mum need at that point." (Stakeholder)

"The befriender's came and said 'd'you want to do this?' and I've said 'yeah' when she's texted me beforehand, and then when she comes it's like 'no I don't like...' I wasn't ready or I didn't feel like going out or something." (Service user)

Making a difference

As a crucial element of the experience of participants, the question of whether the Aberlour PBS has made any difference to those involved was explored. Responses to this were universally positive and clearly relate to the stated aims of the programme.

Feeling better, positive relationships and being able to get out.

Comments from mothers and other family members demonstrate a distinct improvement in the parents' health and wellbeing. Mothers talked about being simply happier, but also mentioned reduced anxiety and rediscovering their own self-identity, rather than purely being 'mum'.

"I've come on leaps and bounds just even getting up and getting dressed in the morning was a challenge cause I would just sit in my pyjamas all day cause what's the point in getting dressed if I wasn't going anywhere and I was knackered cause she wasn't sleeping, so I think just the confidence to go out and knowing that someone's going to be there with me and I'm not on my own to do it sort of thing is a huge thing."

"I'm a lot happier I would say knowing every week I've got someone coming to just give me company cause I get very lonely..."

"...having [the befriender] to talk to sort of helped me work through a lot of what I had in my head and what I was feeling and things, and it sort of helped me come to terms with more coping mechanisms for meeting people and talking to people..."

"I think she's made me more resolved to not just be mum, you know, cause I think so many women fall into that trap that they just become mum, they forget who they are as an individual and what their previous life was before cause you do mourn your previous life I think to a great extent, and I don't think a lot of women talk about that and they need to talk about it."

Some of the effect on self-identity may be attributable to the feeling that some mothers expressed that it was good to have someone there for them and not just the baby. Without that support, some felt that others were more interested and concerned in the baby and the mother had become lost as a separate person.

"It was that she went 'you were there for me, I wasn't being my kid's mum, you were there for me' which I thought was nice for her to say." (Volunteer)

"...everybody just wanted to give him attention and you sort of feel like you... and then they would all pick him up and they want to feed him and do all this stuff and you feel like you're getting pushed out of it even then you're obviously the mum, but when she comes along it feels like, you know, it's not about my son it's about me as well, it's about both of us and mainly it's just to help me and then if she helps me I can help my son do that." (Service user)

The success of the programme in improving the relationship between the mother and child emerged frequently. Many comments also reflected the difference this was making to the child, particularly by improving social skills.

"...had I not had the support to be able to go out and do the things I do with the baby, like, we wouldn't do what we do now and he wouldn't be as social as he is now and I think that it would make him really withdrawn and quite, I don't know, maybe anxious."

"Just not being trapped in my room all the time. I think cause I have [baby's name] as well, I wouldn't want to keep him in every day, cause he likes going out a walk and that as well, even if I just take him a walk to the shop, he falls asleep in his pram when he's going a walk. Yeah it's good for us."

The impact of befriending on the wider family was clear. By having someone else outside the family to talk to, service users felt that they became less reliant on family members, giving partners and others more time to focus on other things and lightening their load. This in turn seemed to reduce the mother's guilt about the worry they felt they were causing.

"I think they probably relaxed more knowing that I've somebody else helping me and spending time with me. So it would probably take some of the burden, not the burden, but some of the pressure off them."

"It's also improved how we work as a family cause we're not rushing around like idiots trying to do so much, we can have a day in the house and he doesn't feel bad about it because I've not been stuck in for the last few weeks. So it's made life easier for all of us."

"It's a massive difference. It's nice sometimes, I mean, before she probably didn't mean it but sometimes I would get the brunt of it, but I could completely understand why so I wouldn't hold that against her, but at the same time it was a bit frustrating sometimes, but now she doesn't get like that anymore at all." (Family member)

The relationship between reducing social isolation and developing confidence was a key theme in interviews with service users.

"...my room was basically my whole house, like, I would just sit in it all day. I don't know, I think it's...giving me the confidence to go out more. Cause I never used to go out."

Change from a clinical perspective

Stakeholders from a clinical background noted that the actual changes in the mothers involved were clear, but also felt there was a longer term impact for the whole family:

"Clinical observation. You're seeing these mums, when you're going in they're maybe not responding to initial cues from their babies or you can see that hesitation as in 'am I, should I?' d'you know what I mean, it's almost looking at you for reassurance to say 'd'you think I should?' you know, that whole confidence has grown. The other thing is access to other resources in the community, so the people who said that they felt they couldn't either leave the house, for one girl even going out was a huge obstacle to actually attend other supports like buggy walks or other activities, so huge."

"...both girls who were on our additional universal pathway have now returned to the core, so you think wow that's huge and I know in this space of time I wouldn't have expected that, I would still have expected to keep them on the more intensive."

"...if somebody's going in and befriending somebody and getting them out and they're not in that environment where their mental health is impacting and they're actually able to positively interact with their husbands, partners, children, you're getting the family actually to stay together and I think that that's kinda if the service was to go, I think that would kinda be the potential danger that people would then become isolated again and families fall apart."

Overall, it was noted that improving the mother's mental health and offering early intervention to the family at a difficult period would benefit the family and reduce the demand on health professionals' time, allowing a stronger focus on more severe cases in the knowledge that cases which might otherwise have demanded intensive support were being cared for through the Aberlour PBS.

Filling a gap

With ongoing constraints on funding for public and third sector services, some consideration was given to whether the Aberlour PBS duplicates or adds value to existing services. This aimed to check that the service offered something additional to existing support with enough difference to justify continuing to deliver a service of this nature.

In terms of similarities, it was noted that the new care pathway will have an increased focus on antenatal contact which was welcomed by stakeholders, giving a more comprehensive perinatal support service. Healthcare professionals noted:

"The majority of our referrals come antenatally or preconception, we very rarely get postnatal referrals because I think we've actually done the work in the antenatal period."

Despite this, there was a perception that there is a lack of general understanding of antenatal mental health issues and resources to offer support during pregnancy are scarce.

"I found the whole conception of being depressed while you're pregnant is completely foreign to people, they don't really want to talk about it. It's like postnatal depression is completely acceptable because it's documented, there's funding for it, there's resources there for it but being depressed during your pregnancy seems to be quite a foreign concept for a lot of people cause it's... well it was always you should be happy, you should be this, you should be that." (Service user)

Stakeholders recognised that the Aberlour PBS could make a significant contribution to mothers who could potentially fall through a gap by not meeting the criteria for a higher level of services, but still being at risk of escalating, if mild to moderate perinatal health issues were not addressed. The development of community capacity to meet this need was seen as a potential way forward.

"We have met with the intensive home care team at Forth Valley and they're very much of the opinion that this is a needed service because what they've found is that they have mums who will come through who don't quite reach the tariff that they are working with, so not that medium or high end need for perinatal mental health intervention, but they often find that women with mild to moderate perinatal mental health slip through the net, so they would like us to be part of their support pathway".

"There's a drive towards early years support and early intervention but the reality is that a lot of resources are targeted at the sharper end, so you know, the way to do that is to build, you know, without there being huge amounts of money available, a secret for the public sector going forward in conjunction with charities and other partners is to build the capacity of communities."

"In terms of early intervention is that as resources are tight, you know, local authorities and partners have found it harder to get to, you know, they're

committed to an early intervention, early years agenda, but it's hard to shift your resource from crisis points because if you move away from people that are in acute crisis you're in trouble, so it's just how you can make the shift. So I think the deployment of services like this where you deploy volunteers and befrienders is a good way of doing that."

A further advantage of the service is that it is not confined to any particular group, allowing a broad focus on any family that meets the core criteria:

"The family nurse partnership service... only will work with girls aged 19 and under."

"There is no social boundaries when it comes to perinatal mental health and it can actually affect anybody irrespective of whether they're known to social work, whether they've never had social work involvement..."

The flexibility of the service offered through the Aberlour PBS was seen as a major benefit, with befrienders able to see families at any time and without a fixed role or 'job' that has to be done.

"The befriender service is so much more flexible, often it's out of hours and at weekends and things like that, so it may be just thinking of the benefits of having somebody outwith hours that they can speak to and prevents the situation escalating further and then being referred to higher intensive services." (Volunteer)

"...what do we do if we go in and the mum's not talking and we spoke about the ironing pile, that was our big one, but actually as a befriender you can go in, there are certain boundaries, but actually you can go in and sometimes it might just be that ironing pile..." (Volunteer)

"I think it's more relaxed cause the befriender's just another ordinary day to day person rather than official sort of thing and that's her job sort of thing, and it's not her job it's just, like you say, voluntary." (Service user)

Stakeholders were conscious of the economic implications of offering a high quality and value-added service through volunteers:

"The advantage here is that you're actually delivering something with high value with a low cost base."

A particular difference lay in the support offered in the event of a mother having a miscarriage, where traditional perinatal care services would no longer be involved in the case.

"...mums might lose that baby and actually that's a key issue for us and, say, they've got a befriender before that time, what happens then and I think that's a significant difference is that actually the befriender's not going to abandon the mum because she's lost her baby, so actually that befriender will then stay with that mum and support them through all that..."

Above all, the amount of time offered to support an individual family was seen as the biggest benefit of the service:

"The timescale that we're given, you know, you could be in there for two to three hours and ten minutes before the three hours is up it may be that they just suddenly go 'but I had a really, really bad day yesterday and just felt really horrific and this happened and this happened and this happened."

"It's what they're doing during that time as well, you know, they seem to have the time that nobody else seems to have to do the things that they want to do."

Secrets of success

If the Aberlour PBS is to be extended to other areas, it is essential to understand what factors may have contributed to its success in the Falkirk Council area. Key areas were identified as being the integration of the service with other local services and the integrated care pathway for perinatal mental health, along with clear referral criteria; the quality of the volunteer training and the skills of the volunteer befrienders; and the skills and knowledge of the Befriending Coordinator and the local management team. At a more generic level, the person-centred nature of the service was a major factor in its success, allowing trusting relationships to be built at an individual level rather than providing a 'one size fits all' approach.

Integration with local services

There was a firm acknowledgement, as noted earlier, that the Aberlour PBS should not be a 'silo' service and in practice, the strong links and ongoing partnerships between Aberlour and NHS Forth Valley, Falkirk Council and other Early Years services, as well as the in-house Aberlour services, were considered to be a major factor in the success of this pilot project. Co-location within an Aberlour service facilitated this process.

"The way that we're co-located within the early years outreach service means that if families and mums or families are being referred into our service we can identify pretty quickly whether a befriender is actually what they need or if it's a more intensive support that they need and then we can make sure that they don't get lost and we can make sure they're referred into either here, to Langlees Family Centre or to one of our other partners, and then we're hopefully closely linked with the midwives and the health visitors."

Service users also acknowledged the benefits of the befriending service having support from a wider organisational network:

"She's got the support and stuff if she needs it or whatever when she's out and the fact that if I don't know how to deal with a situation or I need advice or something, my befriender, if she doesn't know she can get the help from somewhere else, she always comes back to you with information which is good."

An intensive and realistic training programme

The training model provided by Family Action was adapted by Aberlour based on the experience of the management team and on feedback from volunteers. A further section was added in response to the recommendation in the evaluation of the original Family Action programme (Barlow & Coe, 2012) that further consideration could be given to volunteer methods for promoting bonding and attachment.

"This model was different in that the intensity of the training I think we were very lucky in the co-ordinator we had and that we had an office space here." (Stakeholder)

"The evaluations that we got from the first cohort were really, really positive but they were able to then say 'd'you know what, I need this, I need to go on the ASiST [Applied Suicide Intervention Skills Training] training, I need to... you know, suicide awareness training' so that's something that's going to be a rolling programme of investment with the volunteers as well." (Stakeholder)

"The gaps were understanding about the brain development and attachment. These things were mentioned in reference but there wasn't an understanding and it links with Falkirk's vision is about understanding the Five to Thrive and the importance of attachment, cause we can talk about attachment but if you don't explain to our befrienders why attachment is important, what happens neurologically so why we do it and they actually love that part of it." (Stakeholder)

"I think they were real scenarios but I think the fact that the coordinator and the manager had brought in their own knowledge and their own past experiences because it was all real stuff that we were thinking about and we were chatting through and it really gave us an opportunity to reflect how we would cope in that situation." (Volunteer)

Volunteers placed particular emphasis on the benefit of role plays which taught them to explore issues rather than jump in with advice, allowing the mother to play an active part in identifying solutions that might work for her

"You just become dead practiced in just saying 'have you tried...' or 'have you thought about...' instead of saying, you know, it just comes out your mouth without even thinking about it."

"It was so beneficial because I sat there biting my tongue but just remembering all of the training and then the coordinator always talked about these golden nuggets didn't she, 'until you get that golden nugget you say nothing, you don't offer advice, you don't do this' and then for me it was a like a lightbulb moment when mum said..."

Although largely focused on ensuring a high quality service is delivered to the families, the training also offered some unexpected benefits for the volunteers in terms of career development and enhanced skills in other contexts:

"She now attributes her job in childcare to having done the training." (Stakeholder)

"I think even my confidence and thinking what you can actually achieve, I mean, the four of us went for a job and we're starting..." (Volunteer)

The role of the management team and the coordinator

Volunteers also valued the support offered to them by the coordinator, other staff members and other volunteers:

"It's just the support though that you get, like last week, you know, she does, she empowers you to go on and I think that in turn enables you to empower your mum that you're working with."

"It's a real team effort between everybody."

"I think you come away from your mum feeling amazing but I think every time we come here and every time we have contact with Aberlour in general, I come away feeling amazing."

"Now rather than telling her what she should do about it, I spend more time talking to her and asking her to reflect on what happened and 'what d'you think would've been a good way to deal with that?' you know, and I didn't do that before this."

As the first point of contact with families, the coordinator has an important role to play in encouraging participation where appropriate, but at the same time leaving the service user to make their own decision about whether this is the right way forward for them. The empowering nature of that first contact was recognised and valued by service users.

"It's leaving on that joint visit, I notice you do leave it as in 'now here is what we can offer, this is who we are, this is how you contact us and you decide if this is for you, if you decide, you let us…' and that again the girls feel empowered that they're making that choice," (Stakeholder)

"At the first meeting says to me that if I did decide to meet whoever was going to be my befriender three or four times and then after that if I decided it wasn't something that I wanted or something that I could cope with, she would totally understand and I could either switch to a different befriender and try it with someone else or I could sort of leave the programme. So she left everything down to me and my choice which was quite good, because when you're feeling quite uptight and anxious about something and you feel like you have to do something, it's nice to also have a bit of choice in what you're doing" (Service user)

A number of service users expressed surprise at how well they had been 'matched' with a befriender, a factor which contributed to the success of the overall programme. Stakeholders explained that much of this stemmed from the different stages of the volunteer recruitment and training programme which allowed insight into the interests and personality of the volunteer.

"That's knowing the befrienders so well which the training does very well for us because we have six or seven weeks training and a one to one interview afterwards and lots of phone calls before that to get them on the training so you're building that relationship all the time with your befrienders"

The co-ordinator's skill in matching families with a befriender is reflected in mixed comments about whether the befriender needed to have experience of parenthood. Some mothers felt that this was important to them:

"They've been through all the late nights and all that stuff, they understand when you're tired and you're angry or upset."

Others recognised that other qualities were more valuable to them than the befriender being a parent and that the match need to reflect individual needs more than just offering parenting support.

"…don't really think somebody not being a mum would be detrimental because it's people's compassion and empathy you're looking for and I don't think being a mother makes you better or worse at that to be fair."

"So I think that if you were a mum and you needed help with the baby they would pair you with somebody that could understand a bit more about a baby, maybe somebody that's had children or somebody that's more experienced with children. But I think because I didn't need that I was quite a good match for the befriender, if that makes sense?"

Responding to the person as an individual

The person-centred nature of the service was mentioned earlier, but is worth reemphasising as a secret of success. Earlier comments noted the need for the mother to make the decision on whether to take part in the service or not. From there on, it was evident that the relationship cannot be rushed and must be developed gradually, in response to the mother's needs and wishes and with a complete respect for confidentiality. Again the skill of the coordinator in making matches which facilitate this process was raised.

"...the first time I met the befriender I didn't think it was going to work either, I was quite... I would say I was quite off about the whole thing. But by about the second time when I seen the befriender, things got a bit better, we started to talk about books that we liked and about films that we liked and things and gradually over time it got easier to speak to her and just to have somebody that was on the outside that wasn't involved in my circumstances or situation." (Service user)

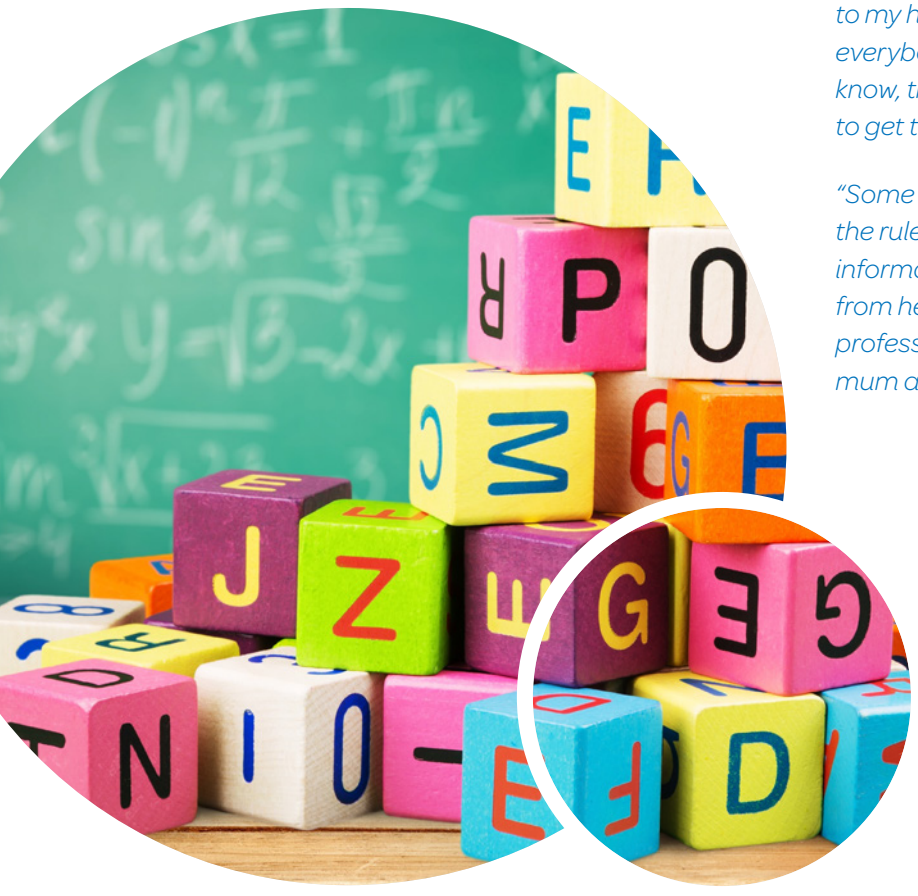
"Maybe cause she was older, like, I get on better with older people rather than my own age, got a better relationship with them and she was just really friendly, down to earth and we just seemed to click from the start and I just felt comfortable." (Service user)

"The fact that they confide in you and tell you the things that they tell you shows their trust as well cause, I mean, they don't know you to start with, they don't know, obviously it's confidential and everything, but they still don't know if you are going bla, bla, bla afterwards, you know. Obviously we're not, so just for them to trust and tell you the things that they're feeling that they don't want, maybe can't tell anyone else." (Volunteer)

Potential barriers to ongoing success

All participants were asked if there had been any issues in the delivery of the Aberlour PBS or room for improvement. Practical issues which had arisen included communication between the volunteers and service users with the original volunteer phones being on a Pay As you Go contract, which meant occasional problems with phones running out of credit. This was, however, resolved in the course of the programme. Issues with the complexity of referral paperwork were raised and, while it was acknowledged that the majority of forms required related to standard procedures, this will be addressed with a view to simplifying procedures. Support from the coordinator for referral paperwork and informal approaches was welcomed.

A further practical barrier was the issue of the sustainability of the service and concerns were expressed that each time the Aberlour PBS nears the end of its funding period, there may be a reluctance to refer to the service in case it cannot be continued.



"...when a service is coming towards the end of a funding stream people tend to back up because actually they don't know what's happening."

"I think that would be a worry for professionals because you hear pilots so many times, we know from our service that it's been of benefit and the advantages of it and then there's no funding so it's withdrawn."

Aside from these practical issues, initial reservations about accepting the service which could have created a barrier were discussed earlier in the report and were generally overcome once participation was underway. There did appear to be some concern amongst volunteers about the ambiguity of the volunteer role, being a 'friend', but also been firmly linked to professional services and having an obligation to report issues of concern. This was seen as having a potential impact on the confidentiality of discussions and the development of a trusting relationship.

"They might still be a bit guarded because they might still be thinking 'are you going to go back to my health visitor and are you going to tell everybody what we've spoke about today?' you know, they might... yeah I think it'll take a wee while to get their trust and not thinking that way."

"Some information that mum's been told all the rules obviously of what happens and some information had to be passed on that I was told from herself and it had to be dealt with in the professional manner passed on, and that upset mum and she started to pull away a lot."

"...because you're befriending, you're not going in as a professional, but you are a professional and a befriender and I think it'd be very hard if there was something you felt that had to be passed on, you know, whereas in your professional job you don't think that way, because you've got a bond with them I think it probably would be hard but you would have to."

One mother clearly saw an advantage in this link with more intensive support, however, albeit after developing an element of trust in the befriending relationship:

"...if I trusted them and they honestly believed that they had to take it further then obviously I trust them to do that, and if they take it to the social... I'm not scared or anything cause that way they can help me even more and then I can... help me become a better mum really, so I can understand if that's how they feel then I trust them to make that decision for me."

The final barrier identified is more of a challenge and relates to the problem of dissolving what has become a "friendship" as the service comes to its end on the child's first birthday. Some mothers saw this as a problem not just for themselves, but for their child also.

"I do find it quite sad, it's gone so fast, it stays until he's one and it's just gone so fast so I'm kind of a bit scared cause he's almost one, so maybe if I could expand the time period might be a bit better."

"There's nothing to say that we'll not stay friends, but it's just for him as well, cause by the time he's a year old, he's going to know people that come in and out and, if my befriender's in my life and she's in every week and we're going out and doing things, he'll know who she is and then she just suddenly stops coming, it's just a wee bit... I don't know, I hope we'll stay friends, I really do hope we'll stay friends. "

It was also clear that this transition was being carefully planned for, with befrienders supporting families to become involved in other activities which would give them ongoing support after the befriending relationship had concluded.

"When we finish up with them you're still kinda signposting them on, like, my .... mum's going to join the wee group that another volunteer's set up, so I'm not going to see her for two or three weeks but then I'm going to take her to the group as the very last time I'll see her to kinda introduce her into everybody so she's got a familiar face to go in." (Volunteer)

"I think working towards something nice like a celebration at the end and seeing them progress and try and push progression on for them and build their confidence rather than have, like, 'in July we finish'." (Volunteer)

"It's like gradually done, it's gradually taken away so you don't feel like... cause for a while the befriender was my lifeline to getting out and doing anything when my partner was away, but because she started to talk to me about what I wanted to do and what clubs I wanted to join and things like that, so we sort of started to look into that and she was effectively connecting me up to other people and other mums so that when she wasn't there, you know, I didn't feel alone again. It's totally changed me." (Service user)

Discussion

Fit with policy and service delivery context;
The aims of the Aberlour PBS clearly reflect some of the key goals of GIRFEC and the Early Years Framework of ensuring support is available to vulnerable families at the earliest point of need, potentially averting the need for crisis intervention at a later point and enabling a better start in life for children who may otherwise experience long term impacts.

The way in which stakeholders, volunteers and service recipients attached meaning to these aims suggested that the goals of the service were coherent and in line with the problem being addressed. Overcoming social isolation and increasing confidence were integral elements of improving the wellbeing of the parents and supporting a positive relationship with the child.

The Aberlour PBS was accepted by external stakeholders as a valuable addition to existing services, filling a gap in the practical support available to help families. The service was able to be fully incorporated into the Integrated Care Pathway for perinatal mental health for the Forth Valley area, as well as being closely linked with existing statutory service provision and other third sector services in the area. There is evidence for this in the immediate take up of the opportunity to refer into the service, with the number of referrals steadily increasing over the course of the pilot and the extension of the service to a neighbouring area.

As a further example of working towards Aberlour's own aims, the development of community capacity could be seen in volunteers going on to undertake further volunteering activities and encouraging service recipients to volunteer as part of their continuing confidence building activities.

Benefits of the service

Despite some initial reservations about taking part in the Aberlour PBS, its value to service recipients could be clearly seen both in the quantitative data and the qualitative analysis. While low participant numbers mean that the differences in outcome measures from baseline to the midpoint in the programme of support cannot be considered as being conclusive, there is a clear trend towards lower levels of anxiety and depression, greater warmth and lower feeling of invasiveness in the mother-child relationship, suggesting more secure attachment and higher self-efficacy. There was little change in the maternal social support index measure, suggesting perhaps the mothers were not necessarily lacking in social support, although a possible issue with the validity of the measure is discussed later. However, the qualitative findings show an important difference in the nature of the support offered by befrienders, indicating more non-judgemental and individually empowering support was provided through the service.

The most resounding success of the service was in helping the mothers regain enough confidence to go out socially and to access services. Mothers reflected on the benefit of this, not just for themselves, but for the development of the baby's social skills. In doing so, it was clear that mothers were rediscovering their own sense of identity which was helping them to overcome the challenges they had faced in the perinatal period and helped them grow closer to their baby. It became clear that the befrienders played a crucial part in helping mothers engage with services which could offer them ongoing support, simply by supporting them to leave the house and access the service.

The facilitators of success

While the integration of the Aberlour PBS with existing services was instrumental in achieving its aims, it was widely acknowledged that this stemmed from two factors: Aberlour's close involvement as an organisation with the statutory support providers and links with other services, including its own; and the local knowledge of the first Befriending Coordinator and Volunteer Manager.

The quality of the induction training was recognised by volunteers who felt it had equipped them for almost all eventualities. A further benefit was seen in the fact that it supported volunteers' career development by providing skills and knowledge which helped with job applications. Even when volunteers did not continue with befriending, they had enhanced their future prospects and gained valuable experience. Ongoing support from the Aberlour management team also made volunteers feel valued and respected which gave them confidence in dealing with difficult issues.

Treating each woman as an individual and not providing a standardised service package were crucial elements in the Aberlour PBS's success and distinguished it from other service providers. The Befriending Coordinator's and volunteers' skills in listening to the mother's own needs at that time and being non-judgemental were acknowledged as playing an important part

The flexibility of the service and its ability to adapt to need also contributed to its success. Few other services offer support in the prenatal period and this was a crucial element for some families, allowing early intervention and practical support before the birth of the child. As a further example, the core service was adapted to allow the befriending relationship to continue a little longer where a high level of need was identified. The voluntary nature of the service was advantage in this respect, allowing for a degree of flexibility at little additional cost. The skills of the Befriending Coordinator in matching service users with volunteers were also crucial, as this was based on listening to the mothers' needs and knowing the volunteers well enough to assess a strong fit. This adaptability and flexibility could not be replaced by a more standardised approach.

Potential Service Developments

Coping with its own success

It was noted that referrals from the service came in rapidly after its introduction and were continuing to increase. The pilot did successfully manage capacity despite some initial concern, but this emphasised that supporting services and volunteers need to be prepared for a strong interest in the service from the outset and structures need to be in place to accommodate immediate demand.

Enhancements to training

While the induction training programme generally had anticipated most needs and contingencies, one possible area for improvement could be to use the outcomes of this the pilot to address occasional

concerns. Volunteers expressed particular discomfort at the risk of breaking a carefully built trusting relationship by reporting concerns. Comments from a mother seemed to suggest that the trust already built up in the relationship would allow them to recognise that any actions were being taken for the benefit of both her and her child. It is recommended that further discussion could be held with families and volunteers to get a more robust understanding of this issue which could then inform training.

Data Collection

Participants were generally happy to complete most measures and no concerns were raised. However, during the course of the pilot, it became clear that the timing of referrals meant that it was rarely possible to complete the Prenatal Attachment Inventory as a pre and post intervention measure. It is, therefore, recommended that this measure be removed. Consideration of results and detailed responses to the Maternal Social Support Index raised a concern that the questionnaire did not provide a valid measure of social support in this case. For instance, as participants grew in self-efficacy, there were indications that they became more independent and were more likely to undertake activities, such as cooking, by themselves. The MSSI would measure this as a reduction in social support which, in this case, may not be an accurate assessment. An exploration of the detailed purpose of a social support measure in this context might help to identify a more appropriate measure.

In the pilot, measures were taken at points which depended on the participant's length of time in the service, e.g. at the outset, at the midpoint and at the end, which meant that some final measures were taken after only a few weeks and others could be after up to a year Taking measures at fixed points in the process, such as at the outset (baseline) after 8 weeks (Time 2) and after 6 months (Time 3) would give more standardised results and allow Aberlour to monitor progress and highlight concerns more efficiently.

Drawing the service to an end

Despite the measures taken by volunteers to gradually withdraw towards the end of the perinatal period, there was some indication that even the steps taken to ensure mothers were accessing services and not returning to social isolation were not enough to compensate from the 'loss' of someone who had become a friend. This is an area which could be explored in more depth, again using volunteers' experience of activities which have enjoyed more success in encouraging mothers to move on from any dependency on the befriending service.

Economic Benefit

It was suggested in the realist evaluation that the service could have economic benefits by preventing the need for more intensive support at a later point. The data gathered in this evaluation is not sufficient to provide evidence of potential cost-savings. A cost-benefit evaluation of Family Actions Perinatal Support Service suggested that the service provided a financial benefit of £2,429 for each participating woman, rising to a possible £4,383, if a monetary value was placed on the woman's wellbeing (Probono Economics, 2014). However, this report was based on a number of assumptions rather than the results of a full Randomized Controlled trial and should therefore be treated with caution. Consideration should be given to methods of producing a more accurate cost/benefit analysis as well as an assessment of the social return on investment.

Conclusion

The Aberlour PBS appears to fit comfortably with the policies and guidelines for early years care and perinatal mental health in Scotland. Service recipients, volunteers and stakeholders placed a high value on the service provided, praising its flexibility and adaptability to individual need.

The experience described by Aberlour PBS participants and improvement in outcome measures combine to suggest that the pilot programme achieved its aims and that there is strong support for the programme to be continued and extended.

To support the programme, there may be scope for an overview of the general resources in the area for parents and children and opportunities for women in more general terms. It may also be beneficial to consider more strategic questions about the levels of poor mental health amongst women in the area.

A final comment stood out as emphatically summarising what the Aberlour PBS meant to those taking part:

"Emotional support, a sounding board, somebody to reassure you, somebody to tell you that you're not the worst, thinking what you do, you know, and it's quite natural."

References

Bauer, A., Knapp, M. & Parsonage, M. (2016), 'Lifetime costs of perinatal anxiety and depression', *Journal of Affective Disorders*, 192, pp. 83-90

Barlow, J. and Coe, C., (2013). Family action perinatal support project. *Research Findings Report, Family Action*.

Beebe, B., Steele, M., Jaffe, J., Buck, K.A., Chen, H., Cohen, P., Kaitz, M. Markese, S., Andrews, H., Margolis, A. & Feldstein S. (2011) Maternal anxiety symptoms and mother–infant self- and interactive contingency. *Infant Mental Health Journal,* 32, 174-206.

Berlin, L.J., Cassidy, J. Appleyard, K. (2008) The influence of early attachments on other relationships. In J. Cassidy & P. R. Shaver (Eds.), Handbook of attachment: Theory, research, and clinical applications (2nd ed.). New York: Guilford Publications.

Coles, E., Cheyne, H., Rankin, J. and Daniel, B. (2016) Getting It Right for Every Child: A National Policy Framework to Promote Children's Well-being in Scotland, United Kingdom. *The Milbank Quarterly*, Vol. 94, No. 2, 2016 (pp. 334-365)

Dawson, G., Ashman, S. & Carver, L. (2000), 'The role of early experience in shaping behavioral and brain development and its implications for social policy', *Development and Psychopathology*, 12, 4, pp. 695-712

Galloway, S. and Hogg, S. (2015) Getting it right for mothers and babies: closing the gaps in community perinatal mental health services. London: NSPCC.

Green, J. & Goldwyn, R. (2002) Attachment disorganisation and psychopathology: new findings in attachment research and their potential implications for developmental psychopathology in childhood. *Journal of Child Psychology and Psychiatry*, 43, 835– 846

Knight, M., Tuffnell, D., Kenyon, S., Shakespeare, J., Gray, R. & Kurinczuk, J.J. (Eds.)(2015) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13. Oxford: National Perinatal Epidemiology Unit, University of Oxford

Lester, H., M. Birchwood, L. Tait, S. Shah, E. England & J. Smith (2008) Barriers and facilitators to partnership working between Early Intervention Services and the voluntary and community sector. Health & Social Care in the Community, 16, 493-500.

Marryat, L. and Martin, C. (2010) *Growing Up in Scotland: Maternal mental health and its impact on child behaviour and development* Edinburgh: Scottish Government

National Institute for Health and Care Excellence (NICE) (2007). Antenatal and postnatal mental health: Clinical management and service guidance (update). (Clinical Guideline 192.)

National Institute for Health and Care Excellence (NICE) (2014). Antenatal and postnatal mental health: Clinical management and service guidance (update). (Clinical Guideline 192.) (Available from http://guidance.nice.org. uk/CG192.)

Probono Economics (2014). The Benefits of Family Action: An Economic Assessment of the Potential Benefits from Family Action Interventions for Women at Risk of Perinatal Depression, UK

Royal College of Psychiatrists (2015) CR197. Perinatal mental health services: Recommendations for the provision of services for childbearing women. (Downloaded from http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr197.aspx)

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, England: NFER-NELSON.

Scottish Government. (2008) A Guide to *Getting It Right for Every Child*. Edinburgh, United Kingdom:

Scottish Government (2009) Early Years Framework, Edinburgh, United Kingdom (Downloaded from http://www.gov.scot/Publications/2009/01/13095148/0).

Scottish Government. (2012) *A Guide to Getting It Right for Every Child*. Edinburgh, United Kingdom:

Scottish Intercollegiate Guidelines Network, (SIGN). (2012) Management of perinatal mood disorders. Edinburgh: SIGN. (SIGN publication no. 127. Available from URL: http://www.sign.ac.uk

Spratt, J., Shucksmith, J., Philip, K. and Watson, C. (2007) Embedded yet separate: tensions in voluntary sector working to support mental health in state-run schools. Journal of Education Policy. 22, 411-428.

Talge, N., Neal, C. & Glover, V. (2007), 'Antenatal maternal stress and long-term effects on child neurodevelopment: How and why?', *Journal Of Child Psychology And Psychiatry*, 48, 3-4, pp. 245-261

Templeton Group (2016) JOINING THE DOTS: A CALL TO ACTION ON MATERNAL AND INFANT MENTAL HEALTH IN SCOTLAND. Downloaded from http://www.nmahp-ru.ac.uk/files/2016/09/THE-TEMPLETON-MEETING.pdf

Executive Summary

Background

Perinatal mental health issues are estimated to affect up to 30% of women during pregnancy and postnatally. The adverse outcomes associated with these issues can have major consequences for the health and wellbeing of the mother, the long term development and health of the child and have an economic cost of around £8.1 billion per year's births in the UK. Reports have identified gaps in provision for supporting vulnerable families during the perinatal period (Galloway & Hogg, 2015). In collaboration with local partners in the NHS Forth Valley area in central Scotland, Aberlour - Scotland's Children's Charity identified a support programme, the Family Action Perinatal Support Service, which had been evaluated as having the potential to address some of these gaps (Barlow and Coe, 2013). Following adaptation to develop the Aberlour Perinatal Befriending Support (PBS) service, a pilot programme was delivered in the Falkirk Council area and evaluated between June 2015 and May 2016 to assess its effectiveness against a range of outcome measures and to explore factors which may have influenced outcomes, as well as the experience of being involved in the service.

Policy & Service Delivery Context

The Aberlour PBS was delivered within the framework of the Scottish Government's Getting it Right for Every Child (GIRFEC) approach which calls for early interventions across organisational boundaries to support children and their families. Locally, it was embedded in the principles and values of the Falkirk Early Years Collaborative. The service also took into account the processes and criteria of NHS Forth Valley's Integrated Care Pathway for the early detection and management of perinatal mental health.

The Aberlour Perinatal Befriending Support Service

The Aberlour PBS was designed to work with women with mild to moderate mental health issues who were at risk of becoming socially isolated during the perinatal stage. Volunteers are trained in providing befriending support before being matched with a woman who has been assessed as meeting the criteria for the programme following self-referral or referral by a partner agency. The volunteer can then spend up to 3 hours a week with the family from the antenatal period until the child reaches its first birthday or longer if there is an ongoing need. Depending on the mother's needs and wishes, volunteers can offer listening support or practical help in the home or to support the mother in engaging with other activities, facilities and services.

Evaluation Methods

The evaluation consisted of two components:

1. An assessment of outcomes against a range of quantitative measures to establish sustainable evaluation processes within routine recording of the effects of the service;

2. A realist evaluation to consider how the context and mechanisms of delivery may impact on the outcomes, as well as exploring perceptions and the experience of being involved in the Aberlour PBS for stakeholders, volunteers and service users.

Key Findings

Quantitative data suggested that the service had a positive effect on mothers' anxiety and depression, with significant reductions in scores in the Hospital Anxiety and Depression Scale. There were also significant increases in mothers' self-efficacy and attachment to their child. The impact on Social Support as measured by the Maternal Social Support Index was not statistically significant, although qualitative findings suggested that the service offered a different kind of support from family and friends, with descriptions of it being more non-judgemental and socially empowering. These findings are limited by the very small sample of women who completed baseline and follow up measures.

Data from focus groups and individual interviews suggested the following:

The close cooperation between services in the area and Aberlour's knowledge of available resources was of great importance to ensuring that the service was incorporated into the Integrated Care Pathway for the area. However, the role played by the Aberlour PBS in supporting the mothers was a crucial factor in helping the mothers to engage with the resources and service available to them. Without this, there was a risk that the mothers would have been categorised as non-engagers and excluded from further support.

Despite mothers having some initial reservations about the service, the care and skill involved in finding a good fit between volunteers and families was a significant factor in its eventual success, with the matching assessments being based on individual needs rather than following a set formula. The intensive training programme contributed to supporting befrienders to quickly build and maintain rapport and a genuinely friendship-based relationship with the service user, while providing the type of support needed by each individual.

The flexibility and person-centred nature of the service was crucial to its effectiveness. Befrienders were able to respond to the mothers' needs, whether this entailed helping on a practical basis, going for social outings or simply offering listening support. Service users valued being able to determine their own activities and the support they needed which contributed to their increased self-efficacy.

Through gaining in the confidence to go out socially and access services, mothers reported regaining their own sense of identity, which also helped them grow closer to their baby.

Clinical stakeholders observed a positive change in mother's confidence and wellbeing, with a reduction in need for more intensive services. It was felt that the service offered an effective primary intervention which had the potential to fill an identified gap in services.

One of the challenges lay in drawing the service with the individual family to a close as the child neared its first birthday. In most cases, this issue resolved itself with the mother accessing social groups and other services confidently and independently. To address more difficult cases, some flexibility was incorporated where needed to allow a longer period of graduated discontinuation.

Conclusions

The Aberlour Perinatal Befriending Support service was strongly welcomed by all stakeholders and service users, complementing and adding to existing services and fitting well with the policy context. Both quantitative and qualitative data suggest it effectively met its aims and contributed to enhancing the wellbeing and confidence of the mothers involved.

Acknowledgements

Aberlour Perinatal Befriending Support Service was supported by partner organisation Family Action in its pilot year, and generously funded by The William Grant Foundation, Microsoft Scotland, Aberdeen Asset Management and The Volant Trust. Following the pilot period, funding was secured from Comic Relief and Cattanach Trust.

With grateful thanks to The University of Stirling, particularly Professor Brigid Daniel, Eileen Calveley, Professor Helen Cheyne and Professor Margaret Maxwell for their evaluation of the service.

Thank you to Aberlour staff Liz Nolan (Assistant Director); Angie Rennie (Service Manager) and Winnie Delaney (Service Manager) and the wider staff team for their help in the evaluation process. Thank you to members of the steering group, including partners in NHS Forth Valley and Falkirk Council.

Thank you to all the mothers, volunteers and family members who participated in interviews as part of the evaluation process.

aberlour
scotland's children's charity