



Cheshire East Joint Strategic Needs Assessment

Perinatal Mental Health Report

Full Report - Section 3

The Practicalities Of Setting Up Peer Support

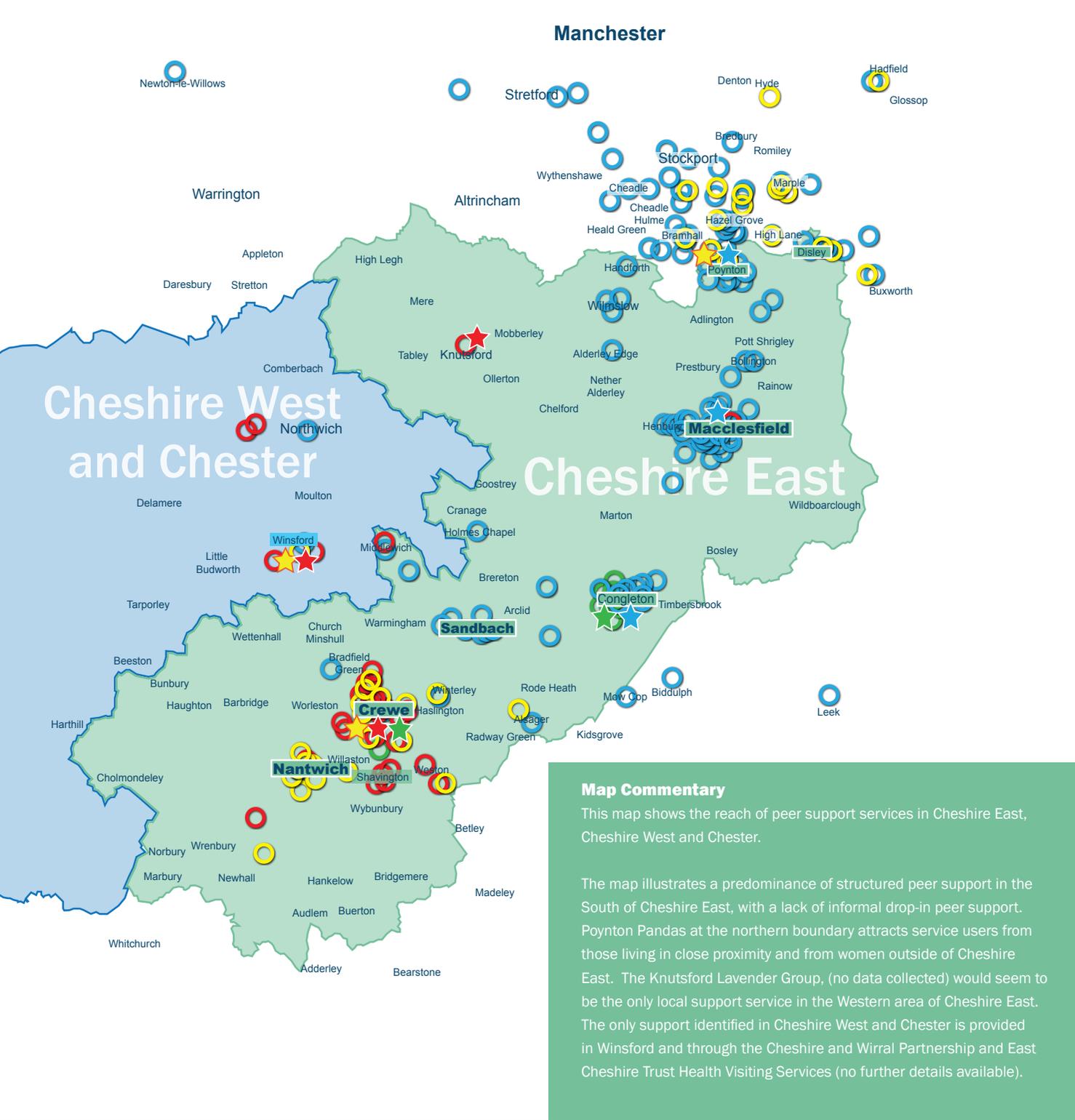
February 2017

Section

3

Delivered by





Perinatal Mental Health Report: Geographical Mapping of Reach of Service

- Service users who accessed:**
- Structured peer support programme**
93 Attendees
 Delivery locations:
 ★ Crewe, Knutsford (service user data not available)
 ★ Winsford
 - Informal drop-in peer support**
Approximately 200 attendees
 Delivery locations:
 ★ Congleton, Macclesfield, Poynton
 - Informal activity-based support**
Approximately 60 attendees
 Delivery locations:
 ★ Crewe, Poynton, Winsford
 - Family peer support activities**
Approximately 20 attendee families
 Delivery locations:
 ★ Congleton, Crewe

A changing picture

The SMILE group will be establishing a new informal drop-in group in Sandbach from the end of November, and will also be providing 1-2-1 home visiting sessions in Macclesfield, Congleton and Sandbach.

What we don't know but would like to know

- Postcode data of service-users from the Knutsford Lavender Group.
- Postcode data from the yet to be established SMILE initiatives.
- More detail on the types of peer support facilitated by health visitors across Cheshire West and Chester, their delivery locations and service user postcode data.

Approximate figures taken from service provider data available.

Map Commentary

This map shows the reach of peer support services in Cheshire East, Cheshire West and Chester.

The map illustrates a predominance of structured peer support in the South of Cheshire East, with a lack of informal drop-in peer support. Poynton Pandas at the northern boundary attracts service users from those living in close proximity and from women outside of Cheshire East. The Knutsford Lavender Group, (no data collected) would seem to be the only local support service in the Western area of Cheshire East. The only support identified in Cheshire West and Chester is provided in Winsford and through the Cheshire and Wirral Partnership and East Cheshire Trust Health Visiting Services (no further details available).

The Practicalities Of Setting Up Peer Support

Key pointers identified in the setting up of robust and sustainable services

- The importance of a legal form for the group.
- Support for new VCFS organisations from CVS Cheshire East - setting up legal and financial structures.
- Partnership working and sharing of 'models' that work.
- Best practice in place.
- Support and training for staff and volunteers.
- The importance of professional supervision for service-provider leads and facilitators.
- Buy in and referrals from health professionals (good working relations with health visiting teams and GPs is key to increasing numbers of women accessing perinatal peer support).
- Easy access to the service with a straightforward and clear referral process.
- Being able to make contact either face-to-face or via social media before attending a group.
- Being able to bring small children to sessions.
- A safe and non-judgmental environment.

- Sustainability: The VCFS services 'recruit' new volunteers from the mums who attend sessions. Three out of the four support organisations have some paid staff and one is run completely by volunteers.
- Use of social media to promote the service and to enable communication, for example online forums provide out of hours support for existing group members and for women who are unable to get to group sessions (barriers included anxiety, lack of transport or work commitments). Online forums that mums are using include: PND Hour on Twitter (#PNDHour), the Netmums' Coffee House and Poynton PANDAS Tea and Chat on Facebook.
- The establishment of robust quality assurance systems. All of the groups have some form of quality assurance in place (see Appendix 1 for further details).
- The establishment of systems for evaluating the impact of support provided.
- Plans to 'grow' the service. All of the groups would like/aim to see their services expand, either through the number of sessions/programmes and/or the number of locations they can cover which is dependent upon further funding and staffing. There are two new initiatives planned in Cheshire East: the SMILE Group will be delivering a structured home-visit programme in all of their delivery locations, and will be providing their drop-in service at a new location (Sandbach) from the end of November 2016.

How the support organisations started:

All 4 peer support groups interviewed started with the common thread of responding to an expressed need. For example, **Poynton Pandas** was started by a Children's Centre Manager with the support of GPs. Volunteers were recruited to lead the group and CVS Cheshire East was instrumental in the setting up of the group with its own constitution and legal framework.

Poynton Pandas (originally Parents Supporting Parents) was also introduced to SMILE, and they adopted their model of a baby and toddler drop-in style session.

When support from the Children's Centre began to dwindle, the group affiliated with the national PANDAS group and through this association were able to access support and professional supervision, and DBS training. The group leader described the importance of this support:

"...it's the support of others that are doing a similar thing. We felt quite isolated.....we were the only group other than the SMILE group that we knew of that were doing this. And now we're one of fifty!"

Poynton Pandas volunteers take part in various training, for example individuals are taking part in Homestart courses, Introduction to counselling and CBT. The group leader emphasized the importance of working to Best Practice.

"...my main aim is that it's a safe place for parents to come to, and for professionals to feel they can refer to..."

Motherwell CIC founder, Kate Blakemore, a qualified counsellor, set up the service to fill a gap in provision, to provide an alternative to medication, and a softer approach than CBT therapy. Once again CVS Cheshire East was involved with supporting planning and setting up a legal form for the group. Motherwell started as peer support with provision for one-to-one sessions, but Kate wanted women to have a choice of interventions,

"...I've always wanted a menu... and it's got to be holistic, no one-size fits all." When asked what makes peer support effective Kate replied: "... there's no more powerful thing than somebody saying 'I'm there as well', or I was there'."

The co-founder of the **SMILE group**, Ruth Eglin, when asked why she started the group, said:

“...there was nothing, absolutely nothing, and I kept saying to my Health Visitor, ‘there must be someone that I can talk to please’.”

From that point the Health Visitor put her in touch with another Mum who was experiencing difficulties, and with support from the Health Visitor and Children’s Centre worker, the group materialized. Within 12 months, support from the health workers finished, so the group sought help from CVS Cheshire East who helped them to put in place legal and financial structures, for example writing a constitution and opening a bank account.

SMILE, like Motherwell, also offer six to eight 1-2-1 free counselling sessions, and co-founder Ruth Eglin commented on their value and cost-effectiveness.

“...when they’ve gone to have their (6 week) IAPT appointment, they’ve been able to go in with, ‘this is what my issue is’, as opposed to spending three or four sessions exploring what it could be.”

The Lavender Group was originally created over four years ago in Knutsford, by Health Visitor Lead Jo Swindells. She had noticed a need for emotional health support in the area, and a mechanism to help reduce the sense of isolation felt by some new mums due to geography, circumstance, or a lack of a support network. Jo worked with a colleague to devise a six week structured programme and has run it according to need ever since. Just over a year ago, the same format was rolled out to Brooks Children’s Centre in Crewe led by health visitor Linda Smith.

Buy - in and referrals from health professionals is important:

Where there were good working relations and links with Health Visiting teams, support services were able to

promote their services and receive ongoing referrals. It was suggested that these links could be further developed, and that closer links with GP surgeries would be key to increasing numbers of women being aware of, and accessing, peer support.

The founder of Poynton Pandas has taken the lead in developing a perinatal mental health forum in Stockport and this has enabled them to facilitate sharing of good practice and raise awareness of services. This forum comprises of: local hospital (Stepping Hill) representatives; midwives; health visitors; commissioners; heads of service; service users and their carers.

Key points to providing easy access to the peer support offered:

- A straightforward and clear referral process.
- Effective and active use of social media and the internet.
- An awareness of the group through appropriate communication channels.
- The ability to bring small children to sessions.
- A safe and non-judgmental environment.

All of the core peer support group sessions are offered during week days. The groups have not felt that this has been an issue as many of the mums are still on maternity leave or work part-time and may have difficulties attending evening sessions due to childcare issues. Two of the groups offer additional ‘step-down’ sessions at weekends or evenings. One issue that was highlighted during the research process was around some of the peer support only being provided during term-time. Some Mums said that the school holidays can be a particularly stressful time, and the summer break in particular can lead to added anxiety issues.

The SMILE Group continues to run its informal drop-in session during the school holidays and relaxes its rule that attending children must be under the age of three. Routine and stability can be a contributor to a mum’s recovery, and consistent year-round provision would be preferable if services can provide it.

“The school holidays are hard when it breaks for the summer. I can get really anxious and it’s a long time without the group sessions. I can feel isolated and I hate being in the house.”

The majority of Mums said that anxiety was a barrier to getting to a support group. The service providers interviewed were well aware of this issue and some peer supporters arrange to meet a new mum outside the venue and go in with them to the session. The Lavender Group Leads ease Mums into their support sessions by providing one-to-one visits when they are referred.

“...X sat outside for three weeks before she came in... we’ll have people message us on Facebook or email. They might message us for a month or two before they come. And you kind of almost build up that relationship as well.”
- SMILE (Ruth)

The location of the venue and links to public transport can be important. Some Mums have said that transport can be a barrier to getting to a support group, researchers heard that one Mum had walked two miles to get to a Lavender Group session.

Access via social media:

More than 50% of Mums surveyed found out about the peer support provision available through using the internet and/or social media, suggesting that an online presence is a valuable way into services: Mums sometimes want to communicate with a support service online, before committing to attending a group session. This initial rapport can help to allay anxiety and help break down a barrier to accessing support.

For existing support group members and for women who are unable to get to group sessions (barriers reported include anxiety, lack of transport or work commitments) an online forum or Facebook page can be a lifeline.

Women have mentioned online platforms that they have found useful: PND Hour on Twitter, the PND section within the Netmums Coffee House, and Poynton Pandas Tea and Chat on Facebook.

SMILE, Motherwell and Poynton Pandas all communicate via social media, using both Facebook and Twitter to promote their services and general awareness of perinatal mental health issues.

The SMILE Group and Motherwell CIC have their own website presence and Poynton PANDAS has a Facebook page and an online blog. None of the VCFS providers has an online 24/7 support forum as they all felt that such support would need to be monitored and moderated continually and the groups do not have the staffing levels to do this safely without impacting upon their own health and wellbeing.

All of the VCFS groups can be contacted through their online provision, and in many instances communication takes place before Mums attend an actual group session. It is felt by group facilitators that this can be an important communication channel that helps to allay any anxiety mums may be feeling about attending a session. As Rhiannon at Poynton PANDAS commented:

“...I’ll post quite a lot about people’s own experiences... so people can sort of read the blog before they come, and think, ‘oh that sounds like me’ and can see that mother’s experience is a bit like mine.”

The Lavender Group does not currently have an online presence. Further discussion is needed with the service provider around the issue of increasing awareness of the Lavender Groups via social media, and the potential impact on current level of resources.

Quality assurance:

All of the groups have some form of Quality Assurance in place. When asked how their services were measured, the following information was provided:

Motherwell CIC

Working through the GRIPP quality assurance process. Uses the Health, Anxiety and Depression scale (HAD) used by midwifery Offers supervision for all volunteer co-facilitators. Working towards becoming a charity.

Poynton PANDAS

A varied training programme for all peer supporters DBS Training for Group Leader and Deputy A range of policies and procedures in place (including safeguarding and signposting). A Board and a constitution are in place. Supervision sessions for all peer supporters are arranged with a local counsellor.

The SMILE Group

A full portfolio of policies. Part of the Perinatal Mental Health Partnership. A member of the Maternal Mental Health Alliance. Working with a network of PMI peer support organisations to consider the criteria for best practice in peer support. Considering the GRIPP assurance process. Offers group clinical supervision for facilitators. Have become a CIO with 8 trustees.

The Lavender Group

Quality assured by CQC and Ofsted. Conducts pre-, mid- and post course questionnaires. Conducts course evaluation questionnaires and asks for areas of improvement or development from users.

Plans to ‘grow’ the service:

Networking:

All of the VCFS groups are interested in future working with other organisations to help increase the peer support available, and to develop new ways of working. All of the

groups have good examples of networking locally and nationally to raise awareness of PMH issues through a range of groups and forums:

- Motherwell CIC has engaged the services of a marketing specialist to specifically raise awareness amongst GPs and doctor’s surgeries in the area. Kate Blakemore at Motherwell also sits on the Equality and Diversity steering group for CWP.
- Rhiannon Adams from Poynton PANDAS leads a Stockport perinatal mental health forum which she has set up with representatives from the local hospital, midwives, Health Visitors, commissioners, heads of service, service users and their Carers.
- The SMILE Group are part of a Perinatal Mental Health Partnership of their own devising which comprises five perinatal mental health support groups throughout the country. These are: Bluebell (Bristol); Cocoon (London); Juno (Edinburgh); Sheffield Light (Sheffield); and the SMILE Group (Cheshire). Through this group they also have representation on the Maternal Mental Health Alliance, a national organisation which campaigns to raise awareness of perinatal mental health issues.
- The Lavender Group has representation at the Cheshire East Maternal Mental Health Group and is part of the Wirral Community Trust.

All of the groups would like to see their services expand, either by the number of sessions/programmes they run and by the number of locations they can cover. This is dependent upon further funding and staffing.

There are at least two new ideas for supporting people dealing with PMH issues which are being considered and a new structured home visit programme is being rolled out by the SMILE Group shortly to all of their delivery locations.

Sustainability:

Facilitators and volunteers:

The VCFS services ‘recruit’ new volunteers to lead sessions from the mums who attend. One of the SMILE volunteers said:

“...the opportunity arose ...I had started coming to group, so it was just a natural progression.”

Another said:

“I said I’d quite like to do some voluntary work, because I wanted to help people the way that they’d helped me... it also works well because we can understand a lot of what people go through, because we’ve been there ourselves.”

Finances:

Evidence suggests that facilitating interaction between women with PMH issues, within a safe and non-judgmental environment, is a cost-effective and sustainable means of providing support. The groups can enable Mums to create their own new support networks, with other Mums who share their experiences, and this can help prevent the need for further statutory support or referrals to mental health services.

In-house counselling offered by SMILE and Motherwell can save NHS resources. In some cases, women on the waiting list for IAPT, who have counselling from these groups, no longer require the IAPT sessions. At the very least, if the mums who have counselling through the SMILE Group or Motherwell CIC go on to attend IAPT sessions, they have already identified issues which can help to make the IAPT sessions more focused.

Three out of the four support organisations have some paid staff, and one is run completely by volunteers but is in a process of change and would like to be able to pay for a project manager or facilitator. The group sessions

themselves are cost-effective to run, with the main costs being; staffing; the venue hire; support and training for the facilitators and/or volunteers and service Leads; transport costs of volunteers; supervision; insurance; refreshments, and administrative processes.

The VCFS providers are currently funded by:

Eastern Cheshire CCG
Big Lottery
Fundraising activities
Cheshire Community Foundation
Peaks and Plains

The Lavender Groups are funded by Public Health (Cheshire East Council).

What we don’t know but want to know:

- How support services have developed a successful working relationship with health professionals including GPs and health visitors.

Opportunities for improvement:

The setting up of a cross-sector partnership: a vehicle for all service providers to work together to share resources and good practice. This group could explore:

- Opportunities and benefits of replicating the Stockport forum model across Cheshire East and Cheshire West and Chester (including the successful working with local hospitals).
- Promotion via social media of all services.
- Embedding recognized QA system/s across all services and the benefits of using a consistent approach across different services.

- The establishment of evaluation mechanisms to demonstrate service impact upon users.
- Filling the gap in provision in Cheshire West and Chester.

Glossary

CBT	Cognitive Behavioural Therapy
CIC	Community Interest Company
CIO	Charitable Incorporated Organisation
CWaC	Cheshire West and Chester
DBS training	Disclosure and Barring Service Training
GP	General Practitioner
IAPT	Improving Access to Psychological Therapies
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian, Gay, Bisexual, Transgender
PMH	Perinatal Mental Health
PND	Postnatal Depression
VCFS	Voluntary, Community and Faith Sector



Online Resources

General perinatal mental health resources

“Perinatal Mental Health Toolkit”, Royal College of General Practitioners website (featuring two contributions from the SMILE Group). Aimed at Primary Care Professionals, the Toolkit includes a section on Peer and Online Support and was launched in July 2016:

<http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx>

“Postnatal Depression and Perinatal Mental Health”, MIND website:

<http://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/#.WA4PIGcVDIV>

Cheshire perinatal mental health peer support providers

Motherwell CIC:

<http://www.motherwellcic.com>

Poynton PANDAS:

<https://en-gb.facebook.com/PoyntonPANDAS>

or

<http://poyntonpandas.blogspot.co.uk>

The SMILE Group:

<http://www.thesmilegroup.org>

Campaigns

Maternal Mental Health Alliance’s ‘Everyone’s Business’ campaign. Hosted by Action on Postpartum Psychosis (APP) and funded by Comic Relief, the campaign was launched in January 2014:

<http://everyonesbusiness.org.uk>

National Childbirth Trust’s #BeyondBabyBlues campaign. Launched at the end of 2015:

<https://www.nct.org.uk/get-involved/campaigns/beyond-baby-blues>

National Childbirth’s Trust’s ‘Parents in Mind’ campaign.

Launched in 2016 and funded by the Department of Health, this campaign centres upon trained, local volunteers delivering 1-2-1 and group peer support within community settings:

<https://www.nct.org.uk/professional/parents-in-mind>

Benefits of peer support supporting information

“Peer Support”, The Mental Health Foundation website:

<https://www.mentalhealth.org.uk/a-to-z/p/peer-support>

“Peer Support Directory”, MIND website:

<http://www.mind.org.uk/information-support/guides-to-support-and-services/peer-support-directory>

Perinatal mental health national bodies and organisations

Action on Postpartum Psychosis (APP):

<http://www.app-network.org>

Association for Post Natal Illness (APNI):

<https://apni.org>

Maternal Mental Health Alliance (MMHA):

<http://maternalmentalhealthalliance.org>

PANDAS Foundation (National):

<http://www.pandasfoundation.org.uk>

Perinatal Mental Health Network (PMHN):

<http://www.pnmhnetwork.org>

Social media resources

“#PNDHour” on Twitter, run by PND&Me:

<http://www.pndandme.co.uk/pndhour>

Netmums online information:

<http://www.netmums.com/support/pre-and-postnatal-depression>

Netmums forum:

<http://www.netmums.com/coffeehouse/advice-support-40/antenatal-postnatal-depression-55>

APPENDIX 1: Summary of service provision

Question	SMILE	Poynton PANDAS	Motherwell		Lavender Group	
			Crewe	Winsford	Crewe	Knutsford
Types of support provided:						
1-2-1 support	> 10 users	x	21-40 users (estimation)		x	
Peer support groups	100+ users	65 users	44 users	6 users	20-25 users each p.a.	
Online support	x	100+	Figures not available		x	
Telephone support	x	x	x		x	
Family support	8-9 families per monthly session	x	x		Figures not available	
Delivery location	Macclesfield, Congleton and Sandbach at the Children's Centres	St. George's Church Hall, Poynton	Everybody Lifestyle Centre	Everybody Lifestyle Centre	Children's Centres at Crewe (Brooks) and Knutsford	
How often regular peer support groups meet	Weekly, all year round	Weekly, term-time	6 week structured programme, 1 day per week 9-5		6 week structured programme, 1 morning per week	
What days/times?	M: Friday am C: Wednesday am S: Tuesday pm	Monday 10:45 - 12:15	Thursday	Wednesday	Varies	
Any additional regular sessions?	Monthly Saturday family day (Ruby's Fund, Congleton)	Monthly evening session in Adlington	#Riseandshine (Buggy Fit & Baby Yoga); and Mum Shine creative group		A dad's session in week 7 at Crewe	
Length of time regular sessions established	1-2-1 as a 3 month pilot, peer 5 years+	2-5 years	Less than 12 months		2-5 years	
Potential barriers cited to accessing support	Anxiety and transport	Anxiety	Agencies not knowing how to refer to them		Anxiety	
Can women attend sessions with:						
Child/children	✓	✓	Very young children only		✓	
Friend	✓	✓	x		x	
Relative	✓	✓	x		x	
Can users attend on a drop-in basis?	✓	✓	Not for the peer support group session		x	
Do users have to commit to a certain number of sessions?	x	x	Yes for the peer support group		✓	
Mode of referral	Self-referral or professional referral	Self-referral or professional referral	Self-referral or professional referral (social care, Health Visitors)		Referral by Health Visitor, GP or IAPT	
How is the group funded?	Eastern Cheshire CCG, fundraising activities, Cheshire Community Foundation, Peaks and Plains	Donations and fund-raising	Big Lottery funding, donations and fund-raising activities		Venue provides refreshments, funded as part of service level agreement with Eastern Cheshire CCG	
Is your service quality assured?	✓	✓	✓		✓	
	Portfolio of policies	Varied training programme	Working towards GRIPP		Care Quality Commission (CQC) and Ofsted QA'd	
	Part of the Perinatal Mental Health Partnership	Disclosure & Barring Service (DBS) training	Uses HAD Scoring (Health, Anxiety and Depression scale)			
	Works to encourage best practice in peer support with network of perinatal mental health charities	Range of policies and procedures	Working towards becoming a charity			
	Clinical supervision	Clinical supervision	Clinical supervision			
	Has become a Charitable Incorporated Organisation (CIO) with 8 trustees	Has a Board and constitution	Has a Board and constitution			
Mode of impact measurement	CORE10	No specific mechanisms	HAD Scoring		Pre-course and post-course evaluations	
	Anecdotal evidence	Anecdotal evidence	Anecdotal evidence		Stepping Stones activity (Crewe)	
When can service be accessed?	Antenatal and up to 3 years	Antenatal and up to 3 years	Antenatal and up to 2 years		Up to 1 year after birth	

Health Visitors deliver Baby Matters Groups in Vale Royal Children's Centres and Peer Support Groups are also being developed in West Cheshire CCG area but further details are not currently available.

Perinatal Mental Health Peer Support In The Cheshire Region



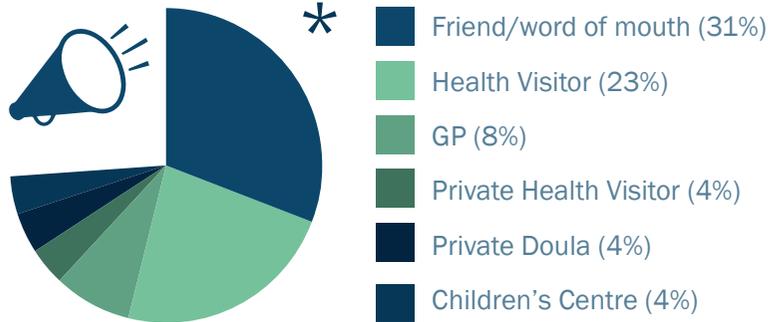
Just under **7,200** maternities in Cheshire (Cheshire East and CWAC). An estimated **15-20%** of women develop depression or anxiety within a year of giving birth which could mean between **1,080 women (15%)** and **1,440 women (20%)**.

The four providers worked with:

Peer support: up to **300 women**
 Counselling: up to **50 women**
 Online support: more than **100 women**

Still leaving a large shortfall of women who have not used their support but who could benefit from it.

54% of mums found out about the peer support group through the internet/Facebook followed by (in order):



100% of survey respondents had used a **peer support group**.

96% of survey respondents said the **peer support group** had made the biggest difference to them out of all the support given.

*Does not add up to 100% as some respondents ticked more than one option.



17 out of 20 (85%)

said they felt lonely and isolated while waiting for support.

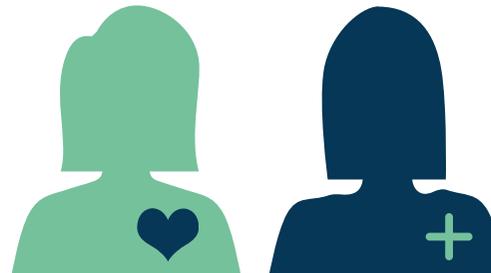


Up to **69%** of survey respondents had used online support (1-2-1 and forums).



3 out of 4 service providers and **55%** of service users said that **anxiety** is the biggest barrier to attending a **peer support group**.

88% of mums using VCFS services said they wanted someone with **lived experience** to run the groups.



100% of survey respondents said it had a positive impact on them – 'normalising', 'reducing isolation', 'sharing'.



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