

Evaluation of Birth Companions Community Link Service

Executive Summary, July 2015

Naomi Clewett and Vanessa Pinfold



Executive Summary

Introduction and aims

Birth Companions' Community Link service provides support to vulnerable pregnant and new mothers living in the community in London. The service was established in 2007 marking an expansion of work for Birth Companions, where the previous focus had been on support to women in prison. Community Link works with women in the community who face multiple disadvantages including mental health problems, substance misuse, domestic violence, trafficking, asylum-seeking, contact with the criminal justice system and child protection issues. Birth Companions commissioned the McPin Foundation, a mental health research charity, to evaluate their Community Link service.

The aim of the evaluation was to evidence the short and longer-term impact of the Community Link service on outcomes for women. The aims that Birth Companions works to achieve through support are to:

- Improve the mental health and wellbeing of women
- Reduce women's isolation
- Enable women to give their babies the best possible start in life.

Methods

Our evaluation consisted of three components: a review of existing literature; interviews with women who had previously received support from the Community Link service; and interviews with professionals and Birth Companions' staff and volunteers. These components were all planned carefully with Birth Companions. A central part of the approach was the involvement of women who had been supported by Birth Companions as advisors to the evaluation. The evaluation approach adopted included working with Theory of Change. This involved mapping the components and objectives of the service prior to data collection, to provide an initial pathway map of how the service 'worked'. This understanding was then assessed and refined as a result of the analysis of interview data.

Results

Key findings from literature review

There is not a robust evidence base documenting how to deliver best practice interventions to vulnerable pregnant and new mothers. We do know that continuous support during labour is beneficial for mum and baby health outcomes. We also know that psychological interventions are effective for treating depression. An integrated model of care including home visits, practical and emotional support, weekly peer support, befriending, parenting groups and liaison with the perinatal mental health team, found some positive effects for vulnerable women. Contact with the service increased over time (an indicator of engagement), and there was a reduction reported in depression and anxiety scores (Warriner, 2011). Integrated programmes have also produced positive

evidence for women with substance misuse issues. A systematic review (Stewart-Brown and McMillan, 2010) made several recommendations for perinatal parenting programmes based on promising evaluation findings, including those targeted at high risk women. These included: promote infant-mother bonding, prevent and treat postnatal depression, provide parenting support in infancy and early years, and offer parenting programmes for the prevention of behavioural problems in children.

Key findings from the interviews

The Community Link service worked with vulnerable women who faced multiple, interrelated and co-occurring challenges. The most common challenges faced were mental health problems, social isolation, money problems and housing issues. These challenges had often been on-going for years, and faced with the birth of a new baby, were likely to continue into the future, impacting on mother and child.

Women reported a very positive experience of support – they were very satisfied with the Community Link service. They were grateful for the help they had received from staff and volunteers, and felt they had good relationships with the volunteers they worked with. The experience was described as beyond women’s expectations and they experienced the relationships that they built as familiar: ‘like family’, ‘friend’, ‘like super angels’, ‘like a mum’, ‘like a sister’, ‘like an auntie’ and ‘like a godparent’.

Not all the women were supported by a birth companion during labour. Among the sample interviewed only 55% had a volunteer birth companion in the hospital delivery suite, but the service provides far more than labour support and these benefits were also reported as positive. The range of services offered by Community Link were important for understanding the experience of women, combining relationships built on kind and caring attitudes, along with practical advice and information, sharing parenting skills, providing material items and small financial resource. This was not a combination vulnerable women usually experienced from support agencies.

In terms of outcomes we found:

- Birth Companions were successful in engaging women with the service, when many other services struggled to do so. There was some evidence this led to better engagement with other services.
- Women felt more in control of their situation as a result of advocacy support from Birth Companions and acquiring the parenting skills, knowledge and material equipment necessary to care for their babies.
- Women felt less isolated through Birth Companions involvement, from support during labour to developing strong, trusting relationships with volunteers who provided emotional support. There were mixed experiences of the sustainability of reduced isolation when the support ceased.
- Birth Companions reduced stress and worry for women, and provided a safety net to buffer emotional crises during a difficult change period in their lives.

- Practical help with parenting, breastfeeding, providing equipment and increasing access to services was likely to have a positive impact on the babies' wellbeing.
- Birth Companions helped women create positive memories of birth which were likely to support wellbeing and bonding with their babies.
- Some women wanted to give back to Birth Companions as a way of expressing their gratitude for the support they had received. They donated baby clothes and equipment as well as volunteering their time to the organisation.

Overall the Birth Companions' Community Link service is a unique service built upon a:

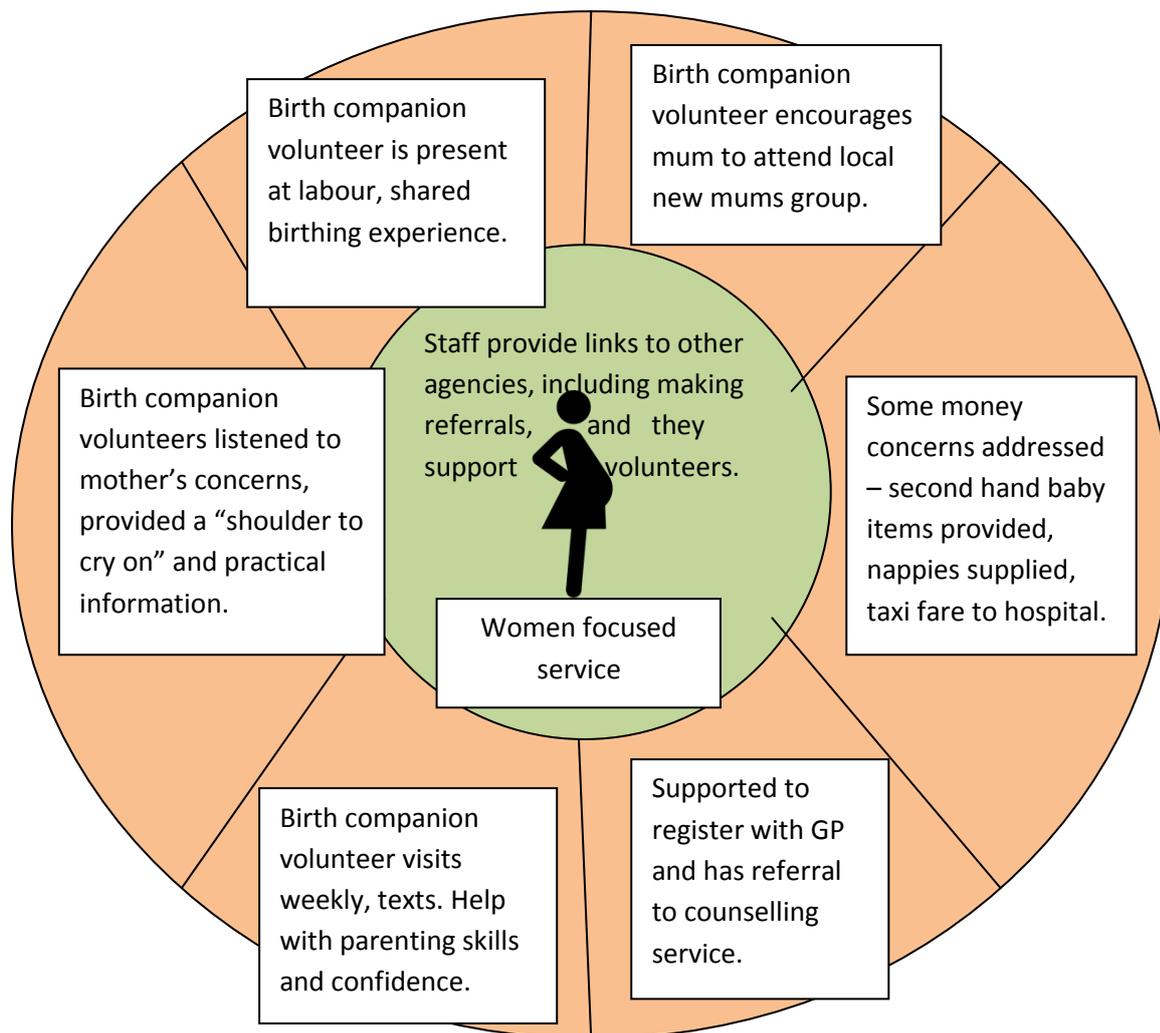
- Flexible service model - providing a service that is not available elsewhere; what Birth Companions offer is different.
- Woman-centred approach - women felt Birth Companions listened to their needs and were led by their concerns.
- Focus of the service on mother and not child. This is a key difference to how other agencies deliver support.
- Emphasis on relationships between Birth Companions and women that were strong and trusting. This was the basis for the service and how quality relationships were forged.
- Professionals valuing and viewing Birth Companions as experts in perinatal care and complex cases.

How did Birth Companions support a 'hard to reach' group of vulnerable women that other services struggled to connect and engage with?

- Women felt different about Birth Companions' support compare to input from other agencies.
- The service was genuinely 'woman focused' with a personalised approach that put the woman in control of how Birth Companions supported her.
- Women experienced relationships built on trust – which is often lacking in personal and professional relationships.
- Women experienced support that was beyond the immediate practical input but had symbolic meaning built on gestures of kindness.
- The 24/7 flexibility of a number to call and a volunteer to listen to you, was reported as reassuring.
- Volunteers didn't stop trying, even when making contact was hard they still tried.

We understood the service as "a wheel of support" containing: practical advice and information; useful resources; emotional support.

The Birth Companions Wheel of Support¹



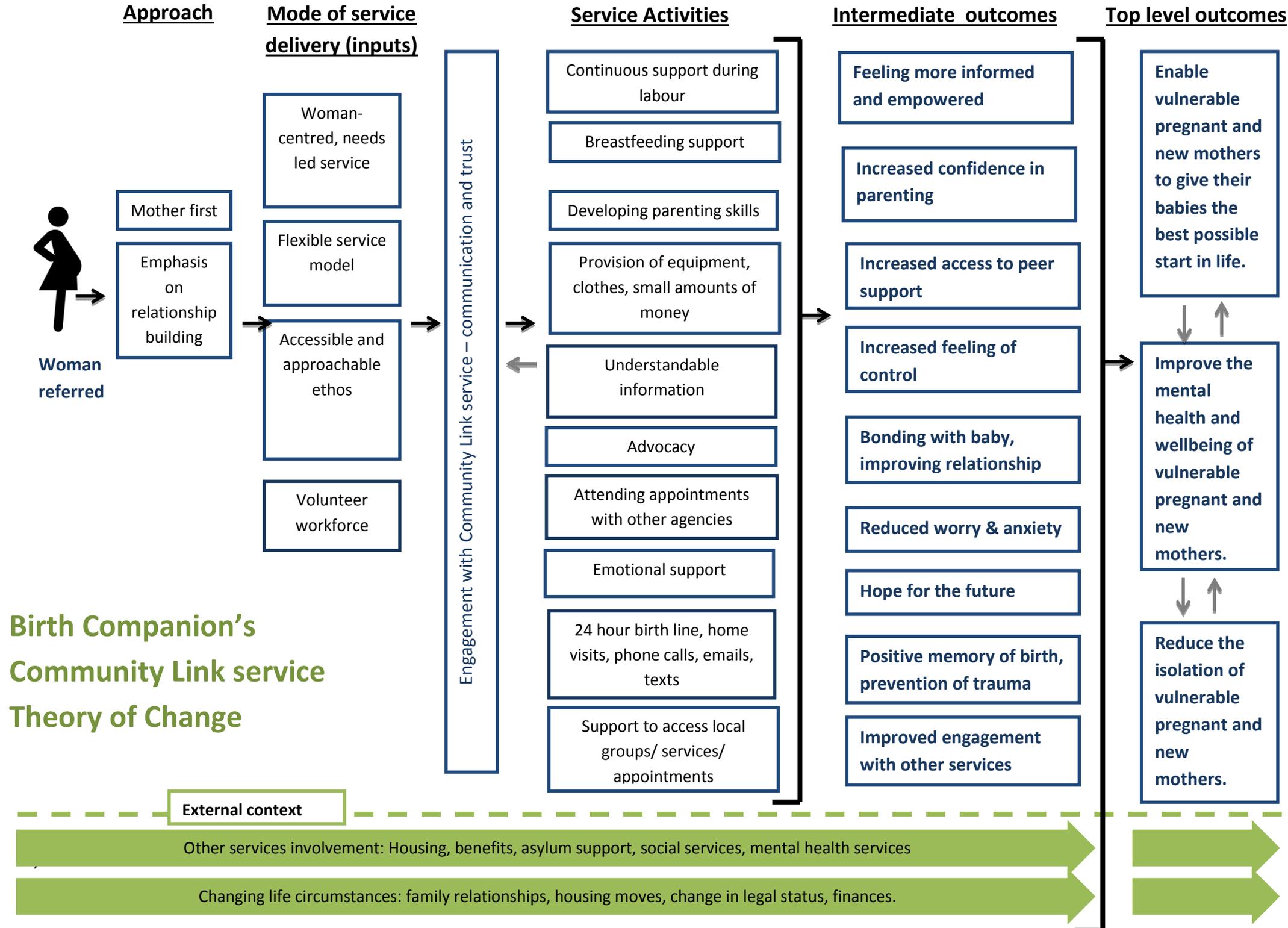
Theory of Change

We built a Theory of Change (TOC) model through a process that involved an initial outline, testing the model with interview data from referring practitioners, staff/volunteers and women service users, creating summary 'logic model' tables and considering literature review evidence. In this summary we provide the final logic model summarising information from the interview data and the TOC.

¹ Image credit: Pregnant by Andrew McKinley from the Noun Project <https://thenounproject.com/term/pregnant/12961/>

Summary describing Birth Companions approach following logic model principles

Intermediate outcomes	<ul style="list-style-type: none"> • Engagement in other services • Greater knowledge and understanding – of systems and parenting • Women led decision making, taking control of their lives • Building positive relationships • Positive birth memories • Establishing positive parenting behaviours • Building local connections to address loneliness and isolation • Reduced stress or worries and anxieties • Support for physical and mental wellbeing • Hopefulness for the future • Helping women bond with baby
Enablers	<p><i>Internal</i></p> <ul style="list-style-type: none"> • Different offer to other services – and it “feels” different to women • Working at a pace set by each woman – not systems or agencies. Genuinely women focussed approach. • Taking time to build quality relationships with women – that are valued • Communication working best with shared language – acknowledgement that interpretation services sometimes needed • Quality of staffing / volunteers • Proactive contact – not giving up when making contact was hard • Empowerment – helping women achieve their own goals by themselves • Information and advice offered but in order for women to make choices. • Managing the ending of relationships positively <p><i>External</i></p> <ul style="list-style-type: none"> • Link and refer to other services for specialist input • Referring agencies who have a good understanding of Birth Companions • Stable housing
Activities	<ul style="list-style-type: none"> • Helping to attend appointments by accompanying women • Understandable information and knowledgeable volunteers • Home visits as well as regular emails, texts and phone calls • Pre-birth planning including writing personalised birth plan • Support during labour - support, advocacy, taking photos • Hospital visits and help talking mum and baby home • Breastfeeding support • Resources for mum and baby including money and practical equipment • Emotional support – someone to confide in • Supporting women to re-connect with estranged family members • Support to access other services including counselling and peer support • Making contact with other community groups for new mums • Parenting skills and reassurance to new mums – teaching practical skills like bathing the baby • 24/7 telephone support line
Inputs	<ul style="list-style-type: none"> • Mother focused support • Flexible service offer • Accessible and approachable ethos within the service • Volunteers working alongside staff – skills and knowledge



**Birth Companion's
Community Link service
Theory of Change**

Conclusion and recommendations

The women that Birth Companions worked with faced multiple and co-occurring challenges that were often interrelated. The most common of these were social isolation and poor mental wellbeing. Birth Companions involvement in women's lives come at a time of transition to motherhood – often first time motherhood - which can have a positive impact on women, but is also associated with a period of increased stress and worry, increased risk of mental health problems, increased service involvement and additional financial pressures.

There are limitations to this evaluation, and the 20 women we spoke to may have had different experiences of the service and reported different outcomes to other women meeting Community Links staff and volunteers. We only spoke to 20 out of the 73 women receiving support during the evaluation period, and these 20 used the service more and were keen to tell their story.

We found there was little available evidence in published literature on best practice for supporting women with complex needs in the perinatal period; however, the literature suggested that integrated care, centred on the individual had the strongest evidence base. Studies show that agencies should build relationships based upon trust, especially when working with women with perinatal mental health problems and other vulnerabilities. This is what the Community Link Service did, by taking a woman focused approach that is distinct to all other services offered for this vulnerable client group. Evidence from this evaluation demonstrates that Birth Companions' emphasis on building relationships through an informal and caring approach allowed them to gain trust where other services were unable to do so.

We found service satisfaction was high – for women and referring practitioners. In the short term, many intermediate outcomes were identified as supporting women to feel less isolated, have better mental health and build positive relationships with their baby. We did not identify evidence of long term changes, beyond hints that behaviour changes were resulting from establishing local support networks and relationships built on trust. A different methodology would track outcomes over time and we recommend robust collection of routine monitoring of selected intermediate outcomes within the service.

Birth Companions' specific remit was in establishing a trusting relationship with mothers and responding holistically to their needs through practical, material and emotional support, when other services are focussed on only one aspect of care, and also often the baby's wellbeing. Working with vulnerable women to build trust is hard work and not all the women referred wanted to engage. Practitioners talked about Birth Companions building 'a bridge' between the women and their needs. The emphasis on working with the women, and building a trusting relationship 'with mum' sought to reduce the risk of crises developing during the perinatal period – a critical time for a woman's wellbeing. Both literature evidence and interviews from this evaluation support the unique service which offers to provide continuous support during labour. The women themselves reflected on how important it was to have someone with them at labour, something this isolated group never realised they needed or could access.

Isolation was why women were referred and remains the outstanding challenge at discharge. Thus building more opportunities for peer support to flourish, and connecting vulnerable women who

have shared experiences of receiving Birth Companions' support, is one area of development this evaluation would recommend.

Other recommendations are to:

- Continue the current service provided which is highly valued by women receiving Community Link support.
- Further promote the service to potential referring agencies, NHS and local authority teams to ensure the full service from Birth Companions is well understood. A strategy to manage sustainable level of referrals would be needed but the ambition should be for London-wide awareness of Birth Companions work in relevant boroughs.
- Consider how to address women's desire for on-going support, working with other providers in the community or setting up mother and baby groups.
- Consider how to make use of the enthusiasm of some women to give back to the service through volunteering, for example, establishing a peer support element to the service, or a peer-led support group.
- Consider how the service might further reduce cultural and language barriers, for example through recruiting a more diverse volunteer workforce, and use of interpreters.
- Strengthen record keeping to allow better monitoring of service user diversity statistics, length of contact, and the types of issues faced by women. This will help with future service reviews.
- Robustly measure intermediate outcomes and track these over time as a way of showing impact to commissioners. Consider how to evidence overall aims, which are hard to achieve by Birth Companions alone or using short term interventions, but intermediate outcomes are providing building blocks towards these goals.
- Consider undertaking further research into the mechanisms for change, working with vulnerable pregnant and new mothers, within components of the Community Link model

About Birth Companions

They are a unique charity, registered number 1120934. They provide support to vulnerable pregnant women and new mothers who are, have been or are at risk of being detained. They deliver services in HMP Holloway, HMP Bronzfield and in the community in the greater London area. For more information: www.birthcompanions.org.uk or info@birthcompanions.org.uk

About McPin Foundation

We are a mental health research charity, registered number 1117336, and our mission is to champion experts by experience in research so that people's mental health is improved in communities everywhere. That means working with people using mental health services and other groups vulnerable to developing mental health problems, to ensure their voices are at the heart of research. For more information: www.mcpin.org or contact@mcpin.org

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