



# Peri-natal Evaluation Maternal Mental Wellbeing Quarriers, Ruchazie

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## Executive Summary

The peri-natal service at Quarriers was formally established in 2017 with funding from Comic Relief and the Tampon Tax Fund. During this period, the service has supported 371 individuals, including mums, dads, children and other significant family members. The service offers a wide variety of activities designed to support the mental health and wellbeing of the individuals who attend. Since 2017, Quarriers have delivered one-to-one sessions with women, provided 9 post-natal groups, 1 antenatal group as part of a pilot, and a drop in service that has been supporting 13 mothers and babies and will this year move towards a peer model support group. The centre also offers a baby massage group, which since 2017 has been delivered to 47 mothers and babies, with 3 fathers taking part. Additionally, all families accessing the service are encouraged to attend activities such as Growing Together, Book Bug and Funday Monday, if they wish.

This research was funded by Comic Relief and the Tampon Tax Fund and commissioned by Quarriers from 2018-2019. The research comprised of a Study Advisory Group (SAG) of women who had experience of using maternal mental wellbeing services at Quarriers. SAG members participated in this research as both expert advisors and research participants as they co-designed the research methods and drew upon their experience of accessing services at Quarriers.

We explored various research methods to sensitively engage with women who were involved in peri-natal group work at the time of the research. With the SAG members, it was decided that focus groups and questionnaires were considered appropriate methods to reach other women with experience of using the peri-natal services at Quarriers, to participate in the evaluation. We conducted a focus group with women, and invited women accessing the service to complete a questionnaire.

In addition to consulting with women who used the peri-natal services at Quarriers, we invited Quarriers staff and external professionals to provide their views about the maternal mental wellbeing services at Quarriers. We held one focus group with members of Quarriers staff. We also invited external professionals such as health visitors, social workers and psychiatrists to complete a questionnaire.

Through consulting with Quarriers staff and external professionals we found that Ruchazie Quarriers peri-natal services fill a gap in service provision that community mental health teams are not able to offer. The service makes a big difference in the lives of women and their families and maintaining relationships with women who use the service and building trust with them and their families is a crucial part of this work.

The peri-natal service is essential to women from all backgrounds. The variety of peri-natal activities, such as counselling, one-to-one support and group work was found to be beneficial for the women. Quarriers staff were found to be attentive, patient and knowledgeable as they recognised and supported women's personal journeys and tailored support to meet their differing needs. Transport, childcare provision and refreshments during project work were factors that were valued and encouraged women's attendance. The group structure, small group size and consistency of staff

allowed women to overcome issues of trust, confidence and self-stigma and build relationships with others. The groupwork allowed women to develop new friendships and this aided women's recovery and confidence as parents and individuals, as they were able to support one another beyond the project hours. The links with the wider family centre meant that women were able to access centre activities beyond 18 months after birth. This was found to be important to women since they had grown familiar with the centre, staff and other users. External professionals valued the perinatal service and recognised that it provided essential support to women. The process of making referrals was found to be straightforward and staff were reported to be knowledgeable and effective. The family centre has also developed an international women's group. The peri-natal team worked alongside family support workers recognising the high number of referrals for asylum seeking families and providing a group for these families. Staff highlighted the specialist knowledge and skills that are required to effectively engage with this group of women. Partnership working has also enabled Quarriers to reach 140 women through partnership with NHSGGC to deliver a session in their 6 week antenatal programme.

Further research is required to explore the impact of services on children and the wider family. There is scope to look at the ongoing work and expertise of the existing 'Dad's group' at Quarriers and the ways in which this group supports father's mental health and parenting skills.

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**All names and identifiable details have been altered.**

## **Introduction**

Researchers from the Centre for Child Wellbeing and Protection at the University of Stirling carried out an evaluation of the peri-natal mental health service at Quarriers from 2018-19. In this report we present findings from research that involved consultation with an expert advisory group and women who use the maternal mental wellbeing services at Quarriers. We refer to interviews with professionals from Quarriers and questionnaire responses from external professionals.

In the first part of the report we provide an overview of the key literature and policy frameworks about peri-natal mental health and wellbeing, we then provide an overview of the methodology and ethical considerations before presenting the research findings. We provide key recommendations based on what is working well; what service users and professional's value and in the literature review, we explore what research and policymakers highlight to be significant.

## **Context**

Quarriers is a Scottish charity that provides support and care for children, adults and families throughout the UK. In 2001 the Ruchazie Family Centre was established in the North East of Glasgow. The Family Centre provides early years care and family support delivered by a multidisciplinary team. Since 2013 Quarriers have provided support for new mothers experiencing mental health difficulties. In 2017 Quarriers were awarded funding from Comic Relief and Tampon Tax Fund to expand and develop their community-based support to women in North East Glasgow who were experiencing significant peri-natal mental health issues; during conception, pregnancy and after birth.

The maternal mental wellbeing project's objectives are to ensure that women in North East Glasgow with peri-natal and postnatal mental health difficulties:

- are better supported within their local communities;
- have more options and strategies for support;
- experience improved mental health and avoid crisis;
- feel more confident about caring for their children.

These objectives are achieved through the provision of a range of services, including pre-natal and post-natal group work consisting of a twelve week programme for women experiencing or at risk of developing mental health difficulties; one-to-one therapies; outreach (to improve uptake of services and attendance); and by signposting and referring women to other services provided by the Family Centre and other organisations. A secondary aim of the project is to develop and strengthen partnerships with other service providers to ensure that families in North East Glasgow receive the support they require during the pre and post-natal periods and beyond.

## **Literature Review: Peri-natal mental health**

The prevalence of maternal peri-natal mental health issues is recognised by policymakers and practitioners, and this has led to a commitment from the Scottish Government to improve access to mental health services for expectant and new mothers to improve maternal wellbeing<sup>1</sup>. There is emerging interest in fathers' experiences of mental health difficulties, and the need for wider service provision for families, however, this report focuses specifically on expectant and new mothers.

Peri-natal mental health is a term used to cover all mental health issues during pregnancy and up to eighteen months after birth, including anxiety, depression and postpartum psychosis related disorders<sup>2</sup>. Research by the Royal College of Psychiatry suggests that anxiety and depression are the most common mental health difficulties in the peri-natal period, affecting between 15% to 20% of pregnant women and new mothers<sup>3-5</sup>. Moreover 14% of mothers in the UK are reported to have poor mental health when their baby is 10 months old<sup>6</sup>.

Women can experience mental health difficulties during the peri-natal period regardless of their history of mental health. Some women can experience mental illness for the first time during pregnancy, childbirth or during the post-natal period. Other women may have a history or pre-existing mental health difficulty and the unique transitions and changes of pregnancy, labour, birth and motherhood can trigger social, physical, emotional and psychological changes, which can impact upon pre-existing conditions and experiences. This means that symptoms may persist, deteriorate, or worsen<sup>7</sup>.

There is research to suggest that those who already experience specific mental illnesses, such as depression, anxiety, bipolar disorder, schizophrenia, Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), eating disorders and phobic disorders are more likely to experience more difficulties and worsening symptoms during pregnancy<sup>7</sup>. Additionally, whilst anxiety and depression are the most common mental health problems amongst expectant and new mothers, anxiety can be particularly prevalent during pregnancy, and, if identified, can be a predictor of depression during the post-partum period<sup>8</sup>. Research suggests that whilst more severe psychiatric conditions (such as psychosis) are easier to predict following childbirth, it is more difficult to predict other mental health difficulties by using questionnaires or measures because there are several intersecting factors (biological, obstetric and psychosocial) that might increase risk<sup>9</sup>.

While all women are at risk of developing peri-natal mental health difficulties, those who experience social disadvantage such as poverty, migration, extreme stress, violence and lack of social support are at greater risk of developing mental health issues<sup>5,10</sup>. This risk is increased if a woman has a trauma history<sup>11</sup>. Peri-natal wellbeing has consequently been described as multi-faceted and dependent upon intersecting factors including physical, psychological, social, spiritual, economic and ecological experiences<sup>12</sup>. The age of mothers is also a factor that can intersect with other social and contextual issues. According to an NSPCC report, teenage mothers are at greater risk of experiencing peri-natal mental illness<sup>7</sup>. Additionally, research has suggested that socioeconomic deprivation is a well-documented factor in increasing the risk of

all mental illnesses, though this is significantly more marked for women who are older (age 35-45)<sup>13</sup>.

Research has suggested that it is important that health and social care professionals are aware of, and can screen for, specific risk factors that particular groups of women might be more susceptible to<sup>7,14</sup>. For example, for migrant women in the peri-natal period, it has been suggested that assessing the role of sociodemographic and psychosocial factors can be predictor of antenatal depression and anxiety, and these are specific to the circumstances of women who are migrants<sup>14</sup>. Additionally, women who have experienced childhood or lifetime trauma such as physical, sexual or emotional violence or abuse are likely to be more vulnerable to re-traumatisation in adulthood and may be more likely to experience depression symptoms or PTSD during the peri-natal period<sup>11</sup>.

Domestic abuse is also an issue that intersects with peri-natal mental health and maternal wellbeing. Expectant and new mothers are at greater risk of domestic abuse from a partner or previous partner. A review of existing evidence found that women who experience violence or abuse from their partner during pregnancy are three times more likely to experience high levels of depressive symptoms post-birth<sup>15</sup>. This review of evidence found that women who experience domestic abuse are more likely to display anxiety or PTSD symptoms in the post-natal period. It is known that domestic abuse can begin or escalate during pregnancy or when the infant is very young<sup>16</sup>. This heightened risk of physical violence, emotional abuse and controlling behaviours towards women from partners or previous partners during pregnancy is evidenced by several studies. Approximately 20-30% of women report physical violence from current or previous partner in pregnancy<sup>17</sup>, and 36% of women report experiencing verbal abuse<sup>18</sup>.

### **The impact of peri-natal mental health on infants and children**

Infants and children are particularly vulnerable to the impact of maternal mental health difficulties. Experiencing problems with mental health can make it more difficult for parents to provide the kind of safety and loving care that their children need<sup>19,20</sup>. Peri-natal mental illness can have a significant impact on early child development, and it can indicate potential 'risk of adversity' for the developing child<sup>21</sup>. Many studies have indicated that maternal mental health difficulties can impair the mother-child relationship, affecting attachment and this may, in turn, have a negative impact on the emotional and cognitive developments of the child<sup>4-6,7-10</sup>.

Anxiety in the ante-natal period is common for new mothers, and it can be a predictor of behavioural and emotional problems in early childhood<sup>27</sup>. Better identification of depression and anxiety symptoms in this period, as well as identifying other mental health issues, could offer an opportunity for earlier intervention to address the issues and reduce the risk that parental mental health problems may cause longer term problems for all of the family<sup>7</sup>. Living with, and growing up with a parent with a mental health condition can be impactful for children in later years too. Some children might

fear that they will develop mental health problems, and some may be more vulnerable to bullying, stigma, shame, and fear that their parent might not recover<sup>28</sup>.

Maternal mental health during the peri-natal period can have negative effects on children's development, but it is important to remember that this is not indicative of inevitable damage. Many children go on to live successful and healthy lives, but this is more likely if the mother and family is able to access timely and appropriate support<sup>20</sup>. It is also important to remember that mental health difficulties are not the only factor that can negatively affect children's development. Problems with maternal wellbeing are more likely to occur if the mother and family is facing, or is at risk of other social disadvantages such as violence, poverty, unemployment, poor housing and lack of social support<sup>7</sup>.

### **Early intervention**

Early intervention to support families is crucial as, if left untreated, peri-natal mental health issues can have a significant detrimental impact on individuals and their families<sup>3,10</sup>. For women who experience mental health difficulties during the peri-natal period, not having access to appropriate and timely assessment and mental health treatment can increase distress in what is already a challenging period<sup>29</sup>. The NSPCC report recommended that early intervention should be prioritised for women whose pregnancies are likely to be impacted by an existing mental health condition, or a history of mental health difficulties<sup>7</sup>. They also suggested that in line with Getting it Right for Every Child (GIRFEC) principles, waiting times for mental health care should be monitored for women who are pregnant and post-natal women at a primary and secondary care level.

A review of existing research in the UK identified several factors that play a part in women's experiences of accessing peri-natal mental health support<sup>29</sup>. Effective involvement includes:

- collaborative and integrated care between agencies and health care professionals;
- awareness of the stigma surrounding accessing mental health services, and fear of child protection services;
- healthcare professionals' ability and willingness to address emotional and psychological needs;
- professional's non-judgement and compassion;
- service-users' involvement in decisions making.

Women's needs and their presentation of mental health symptoms can change during the pregnancy and after birth, highlighting the need for ongoing specialist screening throughout this time<sup>8</sup>. In order to adequately support women and prevent relapse it has been suggested that individualised and tailored care plans should be made prior to the birth of the baby in order to address the high risk of post-partum relapse especially for women experiencing psychotic illnesses<sup>30</sup>.

## **‘Getting maternal mental wellbeing services right’ in Scotland**

In this section, we outline the guidelines, research and practice matters relating to peri-natal services.

National clinical guidelines on peri-natal mood disorders recommend that all women who are suffering from mental health difficulties, or are at risk of mental illness, should be provided with appropriate and timely support to prevent and manage illness (SIGN 127). The guidelines suggest that women with peri-natal mental health difficulties should be supported in primary and secondary care, and that there should be a national clinical network to work on developing national standards for the care of women, their babies and their families.

A 2015 NSPCC report<sup>10</sup> suggested that Scotland has the best policy framework and delivery of peri-natal mental health services in the UK because of the way it prioritises early intervention, recommends specialist intervention and centres support around the mother’s and child’s needs. Maternal mental health can have an impact on infant wellbeing and mental health, therefore Scottish policy views it as essential that maternal mental health needs and infant mental health needs are addressed holistically. Scottish guidelines (SIGN 127) are therefore in line with GIRFEC, which aims to ensure that children, young people and their families are the central focus of support and recognises the importance of early intervention.

Services that prioritise early intervention and prevention, as well as person-centred care, are recommended by the NSPCC<sup>31</sup>. Such initiatives have been established in some areas of Scotland, for instance, by employing Advance Nurse Practitioners to develop services and upskill other team members who work in peri-natal services<sup>32</sup>. It is clear that many health boards in Scotland are keen to develop their services for peri-natal mental health<sup>7</sup>. However, despite the national clinical guidelines on the management of peri-natal mood disorders, gaps still exist in service provision<sup>10,33</sup>.

A 2018 NSPCC review of NHS boards in Scotland identified that in two thirds of Scotland, peri-natal mental health services are delivered by generic community mental health teams and have no specialist peri-natal mental health psychiatrist<sup>7</sup>. This review did not explore local authority or council funded services, but it did highlight that specialist knowledge and expert timely service provision is less likely to be offered to women and their families in most parts of Scotland. Likewise, there is not sufficient expertise for peri-natal mental health within primary and secondary care, and there is limited access to specialist community peri-natal mental health services across NHS boards in Scotland<sup>7</sup>. GPs are not always able to identify signs or symptoms of peri-natal mental health because their training does not always adequately equip them to deal with peri-natal mental health<sup>34</sup>. Further to this, the majority of health boards (71%) lack specialist midwives or health visitors with peri-natal mental health accredited training. The NSPCC report also found that almost two thirds (64%) of health boards in Scotland do not provide annual updates or further training in peri-natal mental health for midwives, and 57% do not provide this for health visitors<sup>7</sup>. This suggests that women may not be receiving the support they need.

It has also been identified that there is a lack of services to support women experiencing mild to moderate mental health difficulties during the peri-natal period<sup>33</sup>. Identification of symptoms or better screening for those at risk, from expert practitioners would help, alongside clear assessment and referral pathways. The NSPCC report recommended that Scottish Government should ensure that all NHS boards should have a specialist peri-natal mental health service, and that peri-natal networks should work together to ensure clear pathways for assessment and referral for women<sup>7</sup>. Key professionals involved in the health care of women in the peri-natal period, such as midwives, GPs and health visitors, can play a key role in identifying if women are experiencing mental health difficulties, and, supporting them to access timely support<sup>7</sup>. However, initial training in peri-natal mental health for these professionals is limited and may not fully equip these professionals to identify where there is need<sup>7</sup>. Consequently, whilst many boards are keen to develop services, there are still some gaps in service provision.

### **Summary of key points from the literature**

- Women can experience peri-natal mental health difficulties regardless of their history of mental health, but those who experience social disadvantages are more at risk.
- Infants and children can be impacted by maternal mental health difficulties, some difficulties can have lasting impact on the mental health and wellbeing of children and families.
- It is important to remember that negative outcomes for children are not inevitable; many children live healthy and develop strong attachments following maternal peri-natal mental health difficulties.
- Recovery for women, and positive outcomes for the family are much more likely with early identification of difficulties, and the provision of timely, expert and appropriate support.
- Guidelines suggest that early intervention and prevention, as well as person centred, holistic and individualised care, should be provided to women and their families during the peri-natal period if need is identified. Peri-natal networks should work together to ensure clear assessment and referral pathways.
- Despite national clinical guidelines, gaps in service provision still exist in Scotland. Not all NHS health boards have sufficient expertise in their teams, health care professionals are not always adequately trained to spot symptoms and it has been identified there is a lack of service provision for women experiencing mild to moderate peri-natal mental health difficulties.

### **This study**

In order to gain an understanding of the Quarriers maternal mental wellbeing project we carried out a participatory evaluation that was guided by the following research objectives.

- 1) To explore parents and their families' expectations and experiences of the peri-natal services.
- 2) To explore the short/medium term impact of participation in the peri-natal services.
- 3) To explore professionals' expectations and experiences of the peri-natal services.
- 4) To explore the impact of the project on professionals' workload/the availability and provision of other services
- 5) To identify the key mechanisms, barriers and facilitators for success.

The evaluation used a mixed methods approach. A Study Advisory Group (SAG) of women who had experience of using the services at Quarriers co-designed the methods used for this service evaluation. Members of the SAG participated as research advisors and research participants. The study used the following methods.

- Peer interviews with SAG members
- Focus group with women accessing the service
- Questionnaire to women who access the service
- Focus group with Quarriers staff
- Questionnaire to external professionals who refer to the service

In addition, members of the SAG participated in group discussions, providing their expertise and knowledge about their experiences of using the services at Quarriers, and about how peri-natal mental health difficulties can impact the lives of pregnant women, new mothers and their families. These discussions also inform this evaluation.

Additionally, information about new developments that Quarriers have shared with us during this evaluation inform this report, including their feedback and evaluation mechanisms, and a new international women's group offered to women in the community.

## **Methodology**

A participatory approach was used to evaluate the impact of the peri-natal services that Quarriers provide to women and their families. A participatory approach in impact evaluation seeks to involve stakeholders in the evaluation process<sup>35</sup>. We worked with a Study Advisory Group (SAG) consisting of 7 women who had accessed the peri-natal service at Quarriers. These women are referred to as 'SAG members'.

By adopting a participatory approach, we aimed to keep service users' views at the centre of the evaluation and we consulted with the SAG members to design the approach to this evaluation, including the end of project event. Participation in the SAG gave the women an opportunity to further reflect on, and learn from, their experiences of the peri-natal service. Participatory approaches have been used in similar studies, for instance, to evaluate primary care and maternal mental health services<sup>36</sup>, to explore the views of 'young' mothers about peri-natal physical and

mental health care<sup>37</sup> and to develop e-health solution apps for women<sup>38</sup>, concluding that women should be involved in the design and production of research which seeks to benefit others like them. However, participatory approaches such as ours have not been used widely to evaluate peri-natal mental health services.

Whilst we attempted different approaches and consulted with staff and members of the SAG about the most appropriate and sensitive ways of consulting with women who use the maternal wellbeing service, we encountered challenges, highlighting that care and sensitivity should be taken when inviting women in this period to participate in research and when communicating with women in accessible and inclusive ways.

### **Study Advisory Group (SAG)**

Quarriers supported us to identify women to join the SAG. Invitations to participate in the SAG were restricted to parents who had already participated in one or more aspects of the project, as this meant they had greater opportunities to reflect on their participation in the programme than those who were still going through it. Staff at Quarriers invited all eligible parents to participate, giving an information sheet about the study and explaining what participation would involve.

The SAG consisted of 7 women who had engaged with an aspect of the peri-natal project at Quarriers between 2017 to the time of their engagement with this project. When the women came to attend the centre they were allocated a key worker who had supported them to access groups or individual support that was appropriate for them at the time. The women who participated in the SAG had previously attended two different postnatal groups, therefore some of the women were already familiar with each other and others were new to each other. During group meetings, the women referred to various activities and groups they had accessed, including the postnatal group, one to one support, counselling and the nursery. At the time of participating in the SAG, some of the women continued to use the nursery and drop-in groups.

The SAG members met four times from December 2018 to April 2019, with one or both of the researchers. There were initially 7 SAG members, and at the end of the evaluation there were 6 members. We have documented the original number to acknowledge the contribution that all members made and to evidence that participating was a big commitment and was not suitable for everyone.

Each meeting was approximately two hours long, and the fourth meeting was approximately three hours. We allowed time for comfort breaks, research oriented discussion, and enough time to check in with group members and be flexible enough to explore issues that emerged during group discussions. The research team introduced members of the SAG in introductory research methods and analysis techniques, to help the team to co-design the approach to this evaluation and utilise and develop the skills and expertise of all involved. The women then worked with the research team to co-design the methods used and inform the analysis of data.

Women who participated in the SAG offered a wealth of experiences and perspectives about the needs of parents experiencing mental health difficulties during the perinatal period. They also offered their experiences of using the services provided by Quarriers, therefore it was decided with the group that they would act as research informants, as well as research advisors. They chose to be anonymous, and therefore will be referred to using self-selected pseudonyms.

### **SAG Meetings**

With permission from SAG members, we documented discussions using observational and reflexive techniques<sup>39</sup>. Reflecting on the process of co-designing service evaluations such as this, with academics and service-users, is considered a useful way of producing new knowledge that might otherwise have been missing<sup>39</sup>. With the permission of the group members, we include our reflections on SAG group discussions as data that informs this evaluation.

Members of the SAG volunteered to conduct peer interviews with each other, about the experience of receiving support from the maternal mental wellbeing service at Quarriers, and the needs of women experiencing mental health difficulties during the peri-natal period. Four peer interviews were conducted. Participants constructed an interview schedule, and interviews were audio-recorded and transcribed. They were analysed thematically using Braun and Clarke's (2006) thematic analytical strategy. The researchers completed an initial coding of the transcripts independently, and we invited members of the SAG to jointly analyse the data. We also invited members of the SAG (n=5) to complete case studies about how Quarriers maternal mental wellbeing service had impacted and improved their mental health.

### **Questionnaire for women who had used Quarriers Maternal Mental Wellbeing service**

Quarriers practitioners distributed questionnaires to 14 women who were attending the postnatal group or accessing individual support. The purpose of the questionnaire was to gather women's views about the service and to what extent accessing the service may have contributed to improving their mental health, and which factors were helpful to them (see appendix 1). Members of the SAG co-designed the questions. In consultation with the SAG, we decided to invite women to complete questionnaires as this was felt to be less time consuming and less intrusive than face-to-face interviews or focus groups, and it was thought to be more convenient and perhaps more accessible to women. We posted questionnaires with return envelopes to Quarriers staff who agreed to sit with women, if they wanted, whilst they completed the questionnaire. Quarriers practitioners and the research team, including members of the SAG, were keen to include other women's views in the evaluation. However, we received only one response.

Whilst this is a very low response rate, this does highlight an important finding in relation to the difficulties that arise when asking women to complete feedback,

evaluations and paperwork during a sensitive period in their lives. Whilst it is important to include the voices of service-users in service evaluations such as this, it is also necessary to consider the potential barriers that exist, such as mental health difficulties, language, timing, sensitivity and the potential for overwhelm due to too much paperwork. We discuss this further in the discussion section of this report.

#### **Focus Group with women who have used Quarriers maternal wellbeing service**

Women who had accessed the maternal mental wellbeing services at Quarriers participated in a focus group, at the time of the interview they were half way through the completion of the group work (n=2). Women were invited to talk about their experiences of attending the group and how and to what extent this may have contributed to improving their mental health (see appendix 2). As we touch on above, whilst a sample size of two participants is a low number, we viewed it as important to include women's voices in this evaluation. The two participants were currently accessing the postnatal group and they felt able, and wished to contribute to this evaluation.

#### **Questionnaire for health and social care professionals**

An online questionnaire was distributed to health and social care professionals in order to learn about their experiences about the maternal mental wellbeing project at Quarriers, and what they expected from the service. The questionnaire aimed to generate an understanding of what worked well and what more could be done to support parents experiencing mental health difficulties during and post pregnancy. The questionnaire was distributed to 13 professionals whom Quarriers staff identified as referrers who were familiar with the service and would be able to comment on the impact of the service on parents and families. Four professionals responded to the questionnaire (13% response rate). Whilst this is a low response rate, the research team followed up with people who were invited to participate, and Quarriers practitioners had made contact with professionals prior to their invitation to participate to ask if they would be willing to take part. The four respondents were: a nurse team leader in a peri-natal community mental health team, a social worker, a health visitor and a psychiatrist.

#### **Focus group with Quarriers Staff**

Quarriers staff (n=4) participated in a focus group. This focus group consisted of staff involved in the setting up and delivery of the programme, and they offered their expertise and knowledge of how the service works, and how it has developed and changed over time. The focus group was audio recorded and transcribed. It was then analysed thematically using Braun and Clarke's (2006) approach to thematic analysis. Both researchers independently coded the data and generated themes. We then 'member checked'<sup>40,41</sup> our initial themes by bringing the emergent themes to members of the SAG to explore what sense the SAG members made of the data. This

offered an opportunity for SAG members to draw on their expertise and knowledge to shape the analysis of the data.

### **Ethics**

The research was guided by the Economic and Social Research Council (ESRC) Framework for Research Ethics and was approved by the University of Stirling's General University Ethics Committee. All participants were under no obligation to take part in the research and they were reassured that access to services would not be affected by non-participation.

Before participation in all data collection activities, we gave out participant information sheets (appendix 3), and gave prospective participants opportunities to discuss what their participation would involve and allowed time to answer any questions before inviting participants to sign a consent form (appendix 4). SAG members gave permission for photographs to be taken and for the researchers to take notes during the meetings. Focus group participants gave permission for the interview to be audio recorded and were aware of what they needed to do if they later decided to withdraw their data.

The SAG meetings and focus group interviews took place in the family centre; a familiar environment to the participants and a crèche, refreshments and transport was provided. Practitioners were in the next room and available to offer support to participants if needed. Participants were not obliged to contribute to all discussion points and could take breaks if needed. An appreciation voucher was given to all the women who participated in this study. Women who participated in this study were considered a vulnerable group because of their mental health difficulties. We acknowledged that taking part in this study may cause distress by reflecting on difficult histories or ongoing difficulties. We took an ethics of care approach, and ensured our engagement with participants was sensitive, including patience, listening, paced appropriately, and ensuring participants had on-going choices about their participation.

The online questionnaire was sent to prospective participants via Quarriers and all responses given were anonymous. Participants were informed about how long the questionnaire would take to complete, who to contact for more information, and what the information they provided would be used for. Likewise, staff who participated in the focus group with Quarriers staff were provided with information about the purpose of the group, that their participation was voluntary, they were not obliged to answer questions they did not want to, and who to contact for further information.

All data from this project was stored securely on the University of Stirling research drive, in line with the University policies and in accordance with the General Data Protection guidelines. We have taken care to ensure that none of the participants can be identified in this report, or in subsequent publications.

## Findings

### SAG Findings

In this section we refer to the ways that SAG members contributed to the design of the evaluation and their experience of attending maternal mental wellbeing services at Quarriers. An outline of the four SAG meetings is given below.

*Figure 1: Study Advisory Group participants and characteristics*

Participant	Age	Sexuality	Ethnic group
Alice	34	Heterosexual/straight	White Scottish
Belle	22	Heterosexual/straight	White Scottish
Jasmine	*preferred not to say	Heterosexual/straight	Black African
Nelly	46	Heterosexual/straight	White Scottish
Rapunzel	33	Heterosexual/straight	White Scottish
Willow	36	Heterosexual/straight	White Scottish

### SAG 1

During the first meeting group members met the researchers and each other for the first time (although some had attended groups together prior to this meeting and knew each other). We did introductions and the researchers outlined the purpose of the research, the purpose of the SAG and invited the women to make a group contract and group logo. We discussed the women's experiences of the service, and whether the existing research aims and objectives were asking the 'right' kinds of questions.

### SAG 2

The researchers introduced different methods of data collection (interviews, focus groups and questionnaires) and briefly trained the SAG members on some common research methods used. The group discussed possible methods, and agreed on what they felt was the most suitable method for consulting with service users and professionals. This led us to start planning the field work. SAG members felt that consulting with a family or friend of women who access the service for the evaluation would not be convenient or suitable, and that inviting women to complete questionnaires would be less intrusive than an interview or focus group. The SAG members felt they would like to contribute to the data as research participants themselves, and they agreed that questionnaires for external professionals and a focus group with Quarriers staff would be suitable methods to use. We also

considered appropriate recruitment strategies and SAG members decided they would like to be involved in analysing the data in subsequent meetings.

### **SAG 3**

We gave an update on the actions taken since the last meeting. We shared the paper questionnaires that the women designed. We talked about their parenting experiences and engagement with Quarriers.

The researchers designed an interview schedule and consented to conduct and audio-record peer interviews, taking it in turns to interview one another. The 4 recorded interviews lasted between 2 and 27 minutes. The agreed questions were as follows.

- What age are your children/child?
- What do you hope to get out of Quarriers maternal mental wellbeing service?
- How did you find out about Quarriers?
- What has been your experience of Quarriers?
- Any suggestions for the project?

The women responded to one another's responses and asked follow up questions, such as *'what time is best for you to attend the Maternal Mental Wellbeing group?'*

We had a de-brief at the end of the meeting. The process was described as *'good'* and *'natural'* and the women were glad they were paired with someone in the group that they didn't know very well. The interview experience had been difficult for at least one woman as she didn't feel ready to talk about her experience of accessing support and acknowledging ongoing difficulties. We spent time talking about this as a group in the preparation time and she felt more comfortable interviewing the other woman, her interviewer was mindful of her feelings and asked questions sensitively.

### **SAG 4**

This was the final meeting. We allocated more time (approximately 3 hours) for this meeting, with the agreement of SAG members, that we may need sufficient time to 'end' the group and co-analyse data. We updated the SAG members on data collection progress, and invited SAG members to complete case studies about their own experiences. We invited reflection on what it had been like to participate in, and conduct peer interviews. We co-analysed the transcripts from the peer interviews, and we member-checked emergent themes from the focus group with Quarriers staff. We discussed emergent themes, reflected on what it had been like to participate in the SAG, and planned how to keep in contact for further project-related activities. This included planning for the end of project event and how the women may wish to contribute to the final report.

### **Case Studies provided by SAG members**

We invited members of the SAG to complete case studies about their experiences of accessing the maternal mental wellbeing services at Quarriers. Five women completed

case studies. The women had participated in a range of activities and services, including drop in groups, individual counselling, postnatal group, baby massage, Funday Monday, Bookbug, Growing Together, and the nursery.

We asked the following questions:

- the initial reasons for them coming to the maternal mental wellbeing service;
- what changed as a result of them coming to the maternal mental wellbeing service;
- what advice, if any, they would give to other parents experiencing similar difficulties as them.

### **Women's reasons for coming to the Maternal Mental Wellbeing service**

*'feeling really down in myself, hard to leave the house'*

*'going through stuff when I was pregnant... I needed support and someone to talk to'*

*'I was having very bad depression and mental health problems before and after the baby'*

### **What changed for the women and their families after coming to the service?**

*'the support and having meetings with friends... being able to talk to people who have been through what you went through'*

*'now I feel not alone – I don't feel so alone'*

*'being able to express my feelings and understand when I need help'*

### **Advice women would give to other parents experiencing similar difficulties**

*'speak to people, there is always help out there'*

*'go to groups and talk. There is a lot of help and you will feel much better. You are stronger than you think!'*

*'try and get to any groups and get to meet people who are going through what you're going through... speaking to people is a great help... also try and get a group chat to keep in contact. Even getting someone's number to have a wee chat can help'*

### **Peer interviews**

Members of the SAG (n=6) participated in peer interviews. Women designed an interview schedule and interviewed each other about their experiences of the maternal mental wellbeing services at Quarriers. Interviews were audio-recorded, transcribed and analysed thematically using Braun and Clarke's<sup>42</sup> approach to thematic analysis. Both members of the research team coded the transcripts and took

the full coded transcripts to the study advisory group for 'member checking'<sup>40,41</sup>. This enabled women to reflect on the experience of being interviewed and being a peer interviewer, and it meant that the research team and women could engage in a process of co-analysis; checking out meaning and identifying themes that were meaningful to the women.

Themes we identified are:

- time for yourself and feeling valued;
- meeting others;
- safety and trust;
- talking;
- staff availability and continuity of support;
- flexibility and providing a variety of options;
- removing barriers to participation.

### **Time for yourself and feeling valued**

Throughout the process of the SAG, women spoke about how valuable time out away from their babies and children can be. However, they also spoke about how difficult this can be to share with a professional or another person, when they may be judged for wanting time out for themselves. The women commented on the value of being able to attend groups, the drop-in sessions, or participate in other activities offered by Quarriers while their children were in nursery provision or with family member, meaning that they could take time out for themselves.

*'...when I'm there [at the maternal mental wellbeing group] the two hours, I'm on my own' (Rapunzel)*

*'...if I could just get half a day just for myself...'* (Alice)

The women reflected that time and space away from their babies and children is not something they think mums 'should' feel; it might be seen as a sign that they are struggling and therefore have negative social stigma attached. However, reassurance that they were not alone in needing time for themselves, reduced this feeling.

Additionally, feeling that you matter is important in helping to facilitate a sense of trust. When talking about Quarriers staff, Belle reflected that 'they make you feel important. You're not just a statistic in their books'. Similarly, Nelly compared her experience of receiving medication for her mental health from her GP, to illustrate this:

*'...they did end up just putting me on tablets but I hate that. I just hate the fact that they just kind of shove you out of the way, just hand you tablets, that's you. And you're like, what am I meant to do now?'*

(Nelly)

### **Meeting others**

Members of the SAG spoke about the therapeutic value of meeting others. Through meeting other parents at Quarriers, they had been able to realise that they are not alone in their struggles and reduce the impact of social stigma surrounding being a parent with mental health difficulties and who might experience other social disadvantages.

*'it's helped bring me out of my shell' (Rapunzel)*

*'It's not good for me to be isolated... being at Quarriers, I'm not isolated' (Jasmine)*

The value of meeting others who have similar experiences, and the way this reduces isolation and self-stigma, was discussed during most SAG meetings. This is something we also observed as the SAG group developed. The women showed care and respect for each other, evidencing a sense of community and trust in the group, with the peer relationships having a therapeutic effect. Jasmine reflected that she does not feel so *'alone in my journey'*, that she no longer feels so isolated. Women spoke about keeping in touch with other women they had met at Quarriers using social media such as Whatsapp, Facebook and Instagram, and even meeting up outside of the centre. This enabled them to keep in touch and to check in with one another, and was a key part of their experience of making friends and meeting others through the services provided at Quarriers.

### **Safety and trust**

Safety and trust were found to be important features that influenced the women's desire to participate in the group. The familiarity of the centre space, staff and other users provided a sense of safety, and this was valued by the women. The safety to be present but to not verbally contribute was also valued and this emphasised a sense of understanding of the women's particular needs, that some women were more willing than others to talk in the group, and that some weeks may be more difficult than others and meant that women would be quieter.

*'...you're in the centre that you know... you go by people and they know your face' ... 'when you go to the Tuesday group you always know people there' (Nelly)*

*'...you might be exhausted by the time you get to Quarriers, but I feel everybody round about makes you feel comfortable... it brings you out a bit' (Alice)*

All women who participated in the evaluation, including those who took part in the focus group, also valued the practitioners disclosing bits of information about themselves and their parenting journey and indeed struggles. This helped them to

relate to the practitioners, making it more possible to reduce social stigma, reduce shame and help the women to feel 'normal'. This was seen by the women as something that helped to build a sense of safety and trust at the centre and with the practitioners.

### **Talking**

Women spoke about the value of talking. Talking took many forms, and was seen as a key part of their experience of Quarriers. For example, during SAG meetings, we found women valued space to talk by sharing stories and experiences, both positive and negative. Shared stories sometimes included deeply difficult or painful experiences such as child birth, grief, loss and threat/fear of deportation. This space to talk provided a sense of community and can reduce feelings of isolation.

*'...just going in and speaking to somebody else... it kind of makes you a bit more calmer'* (Nelly)

*'...it's helped me deal with my anxiety and depression... that was hard for me to tell anybody'* (Rapunzel)

Additionally, many of the support options that Quarriers provide includes talking. During the SAG meetings, Nelly said that one group starts by going around in a circle and saying how the week has been. She explained that this was hard and new for some women to begin with, but by the end of the session they often ran over time and had a lot to share with one another. Talking seems to have a therapeutic effect, though, as Alice explained, also having the option not to talk is valuable too. Just simply showing up and knowing you don't have to say anything, can be just as useful.

*'I'm here, might not want to say anything, you might not want to talk, but you're here'* (Alice)

### **Staff availability and continuity of support**

It takes time to build a sense of safety and trust between service users and professionals. The women highlighted the value of the continuity of support from the organisation and from practitioners, and this was highlighted as a feature that differed from other services they had experienced. Nelly spoke about her experiences of other services, that in her experience, did not provide support for long enough, whereas Quarriers had been a valued continued source of support.

*'...they sent me out a CPN (Community Psychiatric Nurse) and a key worker. So I was seeing them at the same time I was seeing Quarriers, but they leave you when your baby's one, so it was good to still have Quarriers'* (Nelly)

Staff availability was highlighted several times during the course of the SAG meetings as being invaluable for the women. The women were reassured to be able to rely on the practitioners and to have confidence that the staff member could be reached by phone and were only a text away.

*'...it's the support that I need when I need it – they're always there' (Belle)*

Likewise, during the SAG meetings, Jasmine said that she would text her support worker in the middle of the night if she had nightmares or struggled to sleep due to 'dark thoughts'. She knew that her support worker would phone her back in the morning. However, this was not the case for all SAG members. Other group members spoke of times when they had struggled to reach their key worker by phone or text, and they suggested it was likely because staff are busy and therefore might not be able to respond all the time. Nelly spoke about one instance when she could not reach her key worker on the phone despite desperately trying at a time of need. She explained she had texted one of the other women, whom she knew the key worker would be doing a home visit with, in order to reach their key worker and get support. It is important to note that Quarriers do not provide emergency or crisis care, and that people who use the service are provided with emergency or crisis numbers, for instance, the Samaritans, in case they are needed. However, women highly value the relationships established with Quarriers practitioners and the way that mobile phones enable communication, even though it should be noted that texts do not guarantee an immediate response.

### **Flexibility and providing a variety of options**

Quarriers provide a range of groups, activities, drop-ins and one to one support for women and their families. This variety and flexibility was valued by women in the SAG. The capacity of Quarriers to meet different needs at different times by offering a range of support options was seen as a strength. Women were keen to share their experience that needs can change over time, and that being in the 'right place' for group work was important. During SAG discussions, some women reflected that you have to be ready for group work, therefore for some, timing and readiness to talk and listen is important:

*'[previously] I didn't want to listen to other people's problems, but was ready this time' (SAG discussion)*

However, during peer interviews, women also challenged each other to reflect that even though talking in groups can be hard work, it can be beneficial, especially once the group is settled and some trust is established. The below extract is from Nelly's peer interview as she reflected on her experience of talking at a vulnerable time in the postnatal group.

**Nelly:** *I would take panic attacks every time I'd be in the room, and I'd be sitting there like that, and they'd be looking at me, like, 'Are you all right?' I'd just sit and greet all the time, but it was too soon after... I basically started, I think it was, like, four weeks after my mum passed, so it wasn't exactly the right time to go and be sitting in a group, do you know what I mean?*

**Rapunzel:** *Or maybe it was?*

**Nelly:** *I felt better going. I think, after that group finished, after a while, because obviously I met a few people from it, I think I started coming out my shell, and that's when I'd talk to people. Before, I wouldn't talk to anybody. I wouldn't sit here talking to people, I would just sit in the corner.*

**Rapunzel:** *That's what I find. I still do that sometimes.*

**Nelly:** *It's just phases you go through. Sometimes I can't be bothered talking, and I'll just go and do my own wee thing.*

All the women valued the variety of services and activities provided by Quarriers. They valued that they could select which ones would be beneficial to them at different times, and also seemed to value ongoing support and encouragement from others (staff and peers). For example, by encouraging them to reach out and attend a group, even when they may not have felt like it. Whilst this flexibility, variety and continuity is beneficial, women also noted that sometimes longer support for more structured groups could be useful because groups, particularly the postnatal group, finished prematurely. Alice spoke about her experience of the postnatal group in the peer interview:

**Belle:** *Did you worry when the group was coming to an end? Did you go, what am I going to do now?*

**Alice:** *that's exactly... because I didn't know, I felt I wasn't finished with what I wanted to say'*

Women recognised that the peri-natal period is a vulnerable time in women's lives, and requires additional sensitivity about when they may feel able to talk, to hear other people's stories, and reach out or receive support. However, they felt that Quarriers was a safe, friendly and welcoming space that was there to welcome women when they were ready. They valued the encouragement offered by staff and other women, and the variety of one to one support and group work that is available.

### **Barriers to participation**

Members of the SAG spoke about several barriers to participation, and described what Quarriers do to help make the service more accessible. This included the availability of the crèche and nursery for childcare, help with transport and pick-ups, and home

visits. These kinds of practical supports were highly valued by all women we spoke to, and this was evident through SAG discussions. Alice explained that having a short amount of time where she is not responsible for the baby, is extremely useful to her:

*'...that's probably where Quarriers comes into place and it's better to get out because then you've got that wee nursery room. We're not responsible for that mess. We're responsible for going in and putting the baby down, and taking the baby' (Alice)*

Women also spoke about the accessibility of the centre. Whilst the family centre offers invaluable support, getting to and from the centre can be a struggle, because of the extra cost of bus fares or because of the extra time it can take to use transport. Jasmine, and others, valued the pick-up service as this prevented her having to take two busses:

*'...they are picking me up from my house... which is good. For me, people like me, it took two buses to get to Quarriers yet it's only five minutes at pick-up' (Jasmine)*

Women also spoke about financial barriers that can get in the way of them accessing support that they need. The counselling service provided by Quarriers does not charge a fee to women who use it, but it does operate a waiting list that can leave some women seeking alternative support whilst they wait. Belle shared her experience of counselling at a service outside of Quarriers. She suggested that even though the counselling service she spoke about did not charge a mandatory and universal fee, and it was emphasised she should only pay if she could afford it, she still felt the strain:

*'...they [the counselling service] kept saying to me 'you know, it's a charitable funded, there's envelopes there if you can afford it'. And I just felt a strain... by the time you've put money in' (Belle)*

Barriers to participation are not only due to money or transport, but women who experience mental health difficulties are also more likely to struggle with reaching out for support and getting 'in' to the family centre. As Belle noted, her anxiety was an additional barrier to getting 'in' to the service:

*'I was like "no, I don't need that, don't need that, it's fine". I suppose anxiety as well, wouldn't let me approach Quarriers' (Belle)*

### **Questionnaire and focus group with service users**

We invited women who were currently accessing a group at Quarriers, to participate in a focus group. We also invited women to complete a questionnaire about their experiences of accessing peri-natal support at Quarriers. Two women who had

experience of the post-natal group took part in a focus group, and one woman completed the questionnaire. Quotes from the data are used here, but given the small sample size, participant numbers are used to protect anonymity. Participant information is included in the table below.

Figure 2: Questionnaire and Focus Group participants and characteristics

Participant number	Age	Ethnic group	Sexuality	Service(s) accessed at Quarriers	Original referral
1	26	White Scottish	Heterosexual/ Straight	Postnatal group, drop in group, family support, baby massage, nursery	Health Visitor
2	33	White British	Heterosexual/ Straight	Postnatal group	Mother and baby unit
3	36	Preferred not to say	Preferred not to say	Postnatal group	Self-referral

The focus group was transcribed and analysed thematically. The questionnaire response was also analysed thematically. We identified 6 themes.

- Non-judgemental and safe environment
- Practical support
- Reducing stigma and isolation
- Qualities and knowledge of the centre practitioners
- Improvement in wellbeing and mental health
- Barriers to accessing support

### **Non-judgemental and safe environment**

All participants felt that it is very important there is a friendly environment that feels safe at the family centre. All participants spoke about this, and highly valued that in their experience, this is what the environment feels like at the centre.

*‘The two ladies that run it are both lovely and make you feel very comfortable like straightaway, make you feel quite relaxed’ (Focus Group participant)*

One participant in the focus group highlighted the importance of group dynamics, by explaining that other group members can impact the group dynamics and this has the potential to compromise the safety and containment of the group.

*'...she was quite aggressive in how she was speaking and stuff like that, I think that would have actually put me off a wee bit'* (Focus Group participant)

The safety of the postnatal group, and the overall environment of the centre, was viewed as central to the participants' experiences of accessing support. One focus group participant explained that values of non-judgement and acceptance, help to give a sense that it is OK to leave and come back when it feels right.

*'There's no pressure to return or continue, at any time that you feel you want to leave the room you can'* (Focus Group participant)

### **Practical support**

Women who participated in the focus group and questionnaire felt that not only do Quarriers help with emotional, psychological and social support, but the practical support they provide is invaluable. This was reflected often during SAG group discussions too. This practical support includes:

- travel and transport;
- clothing;
- food;
- support to seek guidance for housing and finance matters;
- childcare during groups and childcare for eligible 2 year olds.

Travel and transport are key factors that can act as an additional barrier to receiving support. The drop-off and pick-up service that Quarriers offer to those who need it, was viewed as invaluable by women.

*'...if I wasn't getting picked up it would maybe have been a barrier because I'd go, do I really want to have to get ready and use public transport, get my partner to give me a lift up and things, so I think that could have been a barrier for where I stayed to get to here'* (Focus Group participant)

Additionally, the provision of food was viewed as important by the questionnaire respondent, and the following quote from the focus group illustrates this.

*'...just things like them putting out food for you makes a difference, they give us sandwiches to take away which means that the boys are fed. That takes away me having to rush home and worry about lunch and all that kind of stuff, it takes the weight off'* (Focus Group participant)

Practical support that is valued by women who use the service also includes provision of clothing and support in the house, with housing or with finances. The 'hands on' and 'personal' individual help and support that practitioners provide was seen as making a real difference.

*'They brought out clothes as well didn't they one week as well for us to look through. So yes, they are, and I think for the other girl that was here, she gets quite a lot of support from them in her house and things like that as well, for applying for grants and stuff like that. So I think they are very hands-on and very helpful'* (Focus Group participant)

Women in the SAG, as well as women who participated in the focus group and questionnaire all felt that childcare provided by Quarriers through nursery and crèche facilities were important. During groups, the provision of the creche and nursery was viewed to enable the women to have time away from their child and time for themselves. The below focus group discussion highlights this.

**Participant 1:** *I'm glad that I came (to the postnatal group), I feel it helps even just getting that time away from my son... Aye, to me the nursery plays a big part and I know it may be only a couple of hours, but a couple hours with a child is full-time and that just being able to sit and have your cup of tea, a sandwich, have an adult conversation, it helps. When you do get your child back you feel more...*

**Participant 2:** *Relaxed.*

**Participant 1:** *Relaxed, and you feel like you, well, I feel like I enjoy them more like, 'All right, I missed you, it's good to have you back.' Whereas if you'd have had them all morning, you're probably like...*

**Participant 2:** *They'll drive you up the wall.*

**Participant 1:** *Yes, so it definitely does help my mental health that couple of hours.*

Likewise, the questionnaire respondent also highly valued the provision of childcare, and she reflected that not only did she benefit from spending time talking with other mums, but her child also benefits from spending time with other children.

*'...my son attends the nursery and the staff are great so he benefits from spending time away from me and with other children. I benefit from speaking to other mums in other groups'* (Questionnaire respondent)

### **Reducing stigma and isolation**

Participants were asked what they hoped to get from the service when they first came. One woman reflected that she wanted to get:

*'...the support and help that I cannot give myself but also understanding that I'm not alone and I am normal'* (Questionnaire respondent)

Participants highlighted that accessing support at Quarriers had helped to reduce isolation and had helped them to realise they are not alone. This was very valued by all participants, suggesting that the stigma women in the peri-natal period who experience mental health difficulties face, can make it additionally difficult to ask for help and talk. However, through meeting others and talking with others (practitioners and other women using the service), they had been able to realise they are not alone.

*'It's good to know that the feelings that you think or the actions that you do, you're not alone, you can think looking at somebody everything seems perfect, you've got a lovely house and lovely children, but when you really get down to it, not everybody is coping or managing or maybe people do need a bit of support. I think that's good to see, like you were saying earlier about super mum and that, it doesn't really exist in your real life... We all have our own struggles I think and that's what coming to this group makes you realise'* (Focus Group participant)

Participants also explained that texts and communication with the centre practitioners can help, and that the knowledge they are not alone extends to knowing the practitioners will text to remind them of groups and that they are reachable if needed.

*'We get text messages every week from the ladies that run it to say, 'Looking forward to seeing you tomorrow,' so that I think always prompts me to make sure that I come along'* (Focus Group participant)

*'...if we felt like in any way upset or anything at the end of it that we could go and speak to them and if anything had upset us during it we could always go and have a chat with them or phone them or text them or whatever. So yes, they've definitely made you feel like they're very approachable at any time'* (Focus Group participant)

The reliability, flexibility, availability and care of practitioners are qualities that matter to women who participated in this study. Staff availability outside of the core hours of the centre by text if additional support is needed, or simply for a reminder the day before a group was welcomed.

### **Qualities and knowledge of the centre practitioners**

The questionnaire respondent felt that practitioner's personality, respect, knowledge and reliability are valued. She felt that staff are *'easy to get along with'*. In addition, knowledge based on personal experience of staff members was important:

*'...knowing staff members know exactly how we feel through experience'* (Questionnaire respondent)

Likewise, women in the focus group also highlighted that knowledge of practitioners based on their own personal experiences of pregnancy and mothering, was very valuable in helping them to feel more comfortable in talking about their own struggles. The below focus group discussion illustrates this.

**Participant 1:** *Definitely, I really expected to speak up and share things that happen, our personal experiences, I think it really helps a lot that they do the same because we gain trust in them and feel supported by them, yes.*

**Participant 2:** *I find it makes me feel comfortable.*

**Participant 1:** *Makes us more open to sharing our experiences as well, I think.*

### **Improvement in wellbeing and mental health**

Participants viewed the service as extremely beneficial, particularly in developing and learning new skills and coping strategies, developing parenting skills and self-awareness, and also finding an improved relationship with self-care strategies. Participants provided several examples of how their wellbeing and mental health had improved since they had been accessing the service.

*'...me and my son benefit from the service as since attending I have been happier and as I do have bad days going to group and getting it all out helps so much' (Questionnaire respondent)*

*'I think my general attitude is getting better, I had a lot of I think anger and frustration was one my main things from my postnatal depression. So that was quite, I'm getting rid of some of that like the anger since I've been going, and I think it is more to do with how I am. We were talking last week about feelings, emotions and behaviours and I think it is to do with how I'm behaving is having a bigger impact on the kids and so I'm less angry, less stressed' (Focus Group participant)*

One woman also highlighted that accessing the service had helped her be able to recognise when she needs help, and then be able to ask for help if she needs to.

*'My motivation and my way of speaking up maybe at home in situations, if I need a bit more help or I need a bit more support or even parenting my children' (Focus Group participant)*

Participants, including members of the SAG, highlighted that knowing others attend the groups at the centre, and knowing that your presence or absence would be noticed, was motivation enough to go. Motivation to get out of the house was highly valued by some participants, recognising that in the depths of distress, this can feel

almost impossible, but with encouragement and support, the motivation and commitment to come to groups, had helped their mental health and isolation.

### **Barriers to accessing support**

Women were very positive about their experiences of the service. They highlighted several key aspects of the service that are highly valued, and the positive impact receiving support has had on their wellbeing and mental health. However, they also highlighted some of the things that had been, or may potentially be, barriers to them or other women accessing the service. These were as follows.

- Support whilst pregnant
- Waiting times
- Joined up working with other professionals
- Child care

Women in the focus group discussed their experiences of being referred or self-referring themselves to the service. Quarriers offer support to women pre and post-birth. However, communication about this may not always be clear. One of the difficulties that one participant reflected on, was that her midwife had first referred her to the service, but they were unable to work with her because she was still pregnant.

*'I got referred whilst pregnant with my little boy, but at the time they couldn't take me because I was still pregnant so I self-referred again... I was actually in prenatal depression, so when I was pregnant, I do think they could roll it out to people in pregnancy because I wasn't able to access support. Then I did have somebody come to the house from Quarriers and speak to me and she just basically said, 'There's nothing we can do to help you until you've had the baby,' which I found quite unhelpful'* (Focus Group participant)

Women in the focus group also highlighted that it is difficult to reach out and ask for help when they are feeling in a low or difficult place. For this reason, one woman suggested that it would have been beneficial if other professionals, in her case, health visitors, supported her more to reach out to Quarriers and acknowledge that she needed some support.

*'I think it took me to get a certain level of self-confidence to be able to pick up the phone and phone and say I need some more help. So yes, I do feel like... I don't really think it's Quarriers' fault, I think it's more the health service, coming from like the health visitors' side of things. They should be pushing more for you to try and come along to these types of things'* (Focus Group participant)

Historically, Quarriers have worked to make the service more visible in the community and amongst other health and social care professionals. This is something the perinatal team are constantly working on, and it is important to note that participants in this evaluation provided retrospective accounts, which may not always capture current practice. However, one woman in the focus group reflected that in her experience, health care professionals did not know about Quarriers, or they had the wrong information.

*'It was only one midwife that told me about it and nobody else like my health visitor, my doctor, nobody else knew about it, I heard it through my midwife. They all had the wrong information because she thought I could access it when I was pregnant and I couldn't'* (Focus Group participant)

Focus group participants also reflected on how difficult it can be when on a waiting list. Quarriers provide a range of options for women, including one-to-one support and group work. Because of the nature of groups and the high demand for the service, this means that some women may prefer group-work instead of one-to-one support, but there may be a wait for the next group to run or a waiting list to access the group. However, receiving timely support was viewed as fundamental for participants.

***Participant 1:** Once you've actually, if you think about it yourself, you've took a step towards making progress and when you have to wait, like I say, I had to wait from January to May to get anything. There were times in that period when I was feeling really low and yes, I just...*

***Participant 2:** It could have helped improve my mental health...*

***Participant 1:** Quicker.*

***Participant 2:** Aye, quicker.*

***Participant 1:** Maybe not let you get quite as bad, if that makes sense, if there's more services in place to kick in quicker would make a big difference.*

The availability of childcare through the crèche or nursery was highly valued by the women. Not only does the provision of childcare enable an opportunity for women to have much needed time for themselves and to spend time with other women, the provision of childcare also eased the strain of having to find appropriate and affordable childcare. One participant explained that just knowing there is childcare or alternative activities such as softplay, provides reassurance.

*'...just knowing that if I'm having a stressful morning in the house I could just bring them there and put them in the ballpool and let them*

*play and burn some of their energy whilst I get to have a cup of tea.  
(Focus Group participant)*

The crèche at Quarriers provides childcare for children up to the age of 5. The nursery is only registered for children up to the age of 3. One participant highlighted that childcare for older children can be a challenge, as this is not provided by the centre.

*'...the nursery does help a lot because obviously that takes the strain of childcare out of it as well, you know, trying to find other alternative childcare would be quite difficult. I'm actually having to do that because my oldest son is not allowed to come any more... when he turned three he's not allowed to come to the nursery any more so I'm having to find alternative childcare now for him'* (Focus Group participant)

Women who participated in this evaluation highly value the range of support options available. Knowing that the centre is a place of safety, with consistent staff and group structure seemed to be a key factor in enabling them to begin to talk about their difficulties and access emotional, social and practical support. These factors were regarded as fundamental to the start of their recovery. However, they also highlighted difficulties in accessing the service, including childcare for older children, finding appropriate mental health support whilst pregnant, being on waiting lists and experiencing worsening mental health, and a sense that not all health and social care professionals have up to date knowledge and awareness of the service.

### **Feedback from external professionals**

Key external professionals who refer families to the service were invited to complete an online questionnaire about their views of the maternal mental wellbeing services at Quarriers. The questionnaire was distributed to 13 professionals, and we received four responses. Themes identified were as follows.

- Filling a gap in service provision
- Making a difference in the lives of women and families
- Holistic care
- Working together, but there are limited resources

### **Filling a gap in service provision**

All external professionals agreed that there is a need for peri-natal mental health services. They rated Quarriers highly and saw the maternal mental wellbeing service as crucial for women who are vulnerable or in need of support that community mental health teams may not be able to offer.

*'Third sector supports for peri-natal mental health needs are so valued to bridge the gap between those family that do not meet the criteria for statutory intervention and require more social capital.'*

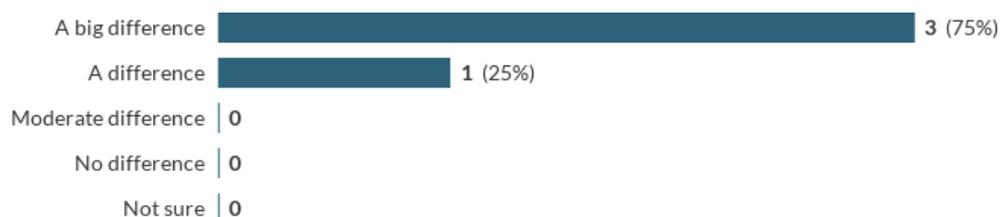
Professionals who completed the questionnaire found out about the maternal mental wellbeing services at Quarriers through existing relationships with Quarriers, or through colleagues in their teams. They made referrals when they required extra support for women they worked with. Since 2017, the peri-natal service has received 145 referrals from health professionals, 131 of which engaged in one-to-one support. Professionals highlighted they would refer women who need community support, socialisation, and/or group work. One professional described Quarriers as:

*‘...a vital service, which social work services require on a daily basis. Our work and support to service users would be so much more difficult to manage without this vital service.’*

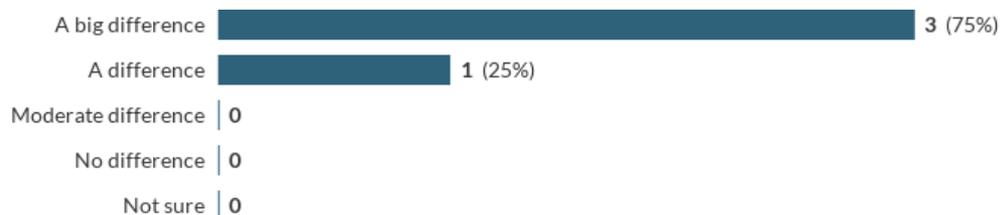
### **Making a difference in the lives of women and their families**

Professionals were asked what difference the service makes to the lives of women, men and children. Almost all respondents felt the service makes a big difference to the lives of women and children.

*Figure 3: Professionals’ views on the difference the peri-natal service at Quarriers make to women’s lives*



*Figure 4: Professionals’ views on the difference the peri-natal service at Quarriers make to children’s lives*



External professionals were very positive about the difference the service makes to women and children, but they were not sure about the difference the peri-natal service made to men’s lives. One participant said that it makes a big difference, and three said that they were not sure. One professional commented that most of the families they work with are single parent families where the father is not around. However, another said that the service can help mothers communicate better with their partners about their extra needs during this time.

### **Holistic care**

Professionals were asked about what service users get from the service. In the short term, respondents said that service users benefit from peer support, reduction in

loneliness, improvement in interactions with their child, skills development, and improvement in confidence. In the mid and long term, professionals felt Quarriers support women in a range of practical, emotional, psychological and social ways that not only impact in the current moment but long afterwards too. Below are some of the ways that Quarriers help women, according to the external professionals we asked.

*‘Ongoing pre-birth and post birth, support in educating appropriate baby care. Supplying items needed for the baby and assisting the parent with whatever is required to reduce stress. Also assist in supporting/advocating’*

*‘Confidence, increase bonding with their baby and other children, and in the longer term the outcome for baby means that the outcome for them is better, for instance better mental health as they go through life’*

We asked professionals how confident they felt in Quarriers staff members’ ability to build relationships with service users. Most professionals (75%) were very confident in Quarriers staff members’ ability to build relationships with service users.

*‘The relationships that staff build up on a one on one basis is valuable in the ladies recovery’*

Professionals highly valued many features of the service, including the educational, social and emotional support and care, the service’s ability to *‘help mum(s) speak about their feelings and emotions’*, and their resources and knowledge of the local area that help them to provide effective support and in turn help women to access what they need in the local area.

Figure 5: Professionals’ views on how they rate the services at Quarriers



Respondents were positive about the services Quarriers provide to women in the perinatal period, recognising the gap in service provision that Quarriers fills, and providing

many examples of the ways in which women's recoveries are supported, and their parenting, confidence, and mental health are improved by receiving care, holistic support and practical help.

### **Working together in the context of limited resources**

External professionals highlighted that *'seamless joint working between different agencies such as third sector and the NHS'* is key to providing good peri-natal mental health support. Professionals had a very positive view of the services Quarriers provide, but they also recognised the impact of limited resources on services that are valued by the community.

*'I value Quarriers very much and they have always offered great support, but like most services they do not have unlimited resources therefore not always able to support in all circumstances.'*

Three out of the four external professionals said they receive follow up information after making a referral, and one respondent said they sometimes receive follow up information. Professionals value the good communication between services, and in general, see Quarriers staff as responsive and timely, particularly if they have concerns about a mother they are working with.

### **Focus group with Quarriers staff**

Quarriers staff members (n=4) participated in a focus group. The expertise and experience of staff members was drawn on in the focus group, and this helped to build a picture of how the service has developed. Themes we identified are:

- Making a difference in the lives of women and children
- Working together and making the service visible
- Maintaining relationships and building trust
- Putting women's needs at the centre
- Facilitating participation and removing barriers to access
- Involving dads and men

### **Working together and making the service visible**

Building relationships with other agencies and referrers, and maintaining those networks to facilitate multi-agency working, was viewed by Quarriers staff as beneficial because it provided cohesiveness for women and their families.

*'...if they have a psychiatric nurse, we will speak to them, to make sure that anything that we're doing with the mum is not conflicting with the work that they're doing with the mum'*

*'...it's also the relationship you have with that referrer because you've been regularly updating that referrer'*

Staff felt that networking to make the service visible to other health and social care professionals (e.g. health visitors, midwives, nurses and social workers) had helped build awareness of the service.

### **Maintaining relationships and building trust**

We asked Quarriers staff what they think works well in their service. All staff discussed the role of safe and trusting relationships that help remove barriers to access, and that, over time, can help women to develop a sense of trust and comfort with the centre, staff, and each other.

*'...for families where mental health is a big issue, then actually just to be coming to one place for lots of different things, it's the safety and security of that'*

Staff also spoke of the small but meaningful things that indicate that a parent is starting to trust them, for example by sending text messages and receiving an emoji back. This says something important about the therapeutic value of trust between professionals and the people that use their service.

*'...you know you're beginning to build up a relationship, you get emojis sent in the text back to you!'*

Quarriers staff felt that building relationships with service users is crucial in aiding their recoveries. Whilst time to text women to check in or respond to messages was time consuming; the friendliness, care and support communicated through text messages were viewed as vital. Likewise, SAG members and women who participated in this evaluation all spoke about the value of receiving text messages or phone calls from staff, even if it was a short text reminder that they have a group the next day, or just the knowledge staff are reachable by phone if they need. Staff felt that for the women they support, knowing someone is available by text can provide that sense of safety and support both in and outside of the family centre.

*'...because of the women that we're working with and their difficulties with their mental health, just being able to text [is important for them]...'*

Whilst staff recognised that it takes time to build trust with people using their service, they also spoke of the developments they have made within the service, including making some services time-limited. This was seen as positive as it provides some structure and focus. However Quarriers staff also commented on how difficult endings can be for women when there is a time limit imposed on groups (e.g. the post-natal group and one-to-one work have a 12 week limit). Staff explained that *'you can see*

*the panic in the mums as it gets near the end*'. However, staff also explained that *'nobody's left without any contact'* and that the support is continued even if the group or one-to-one work has reached twelve weeks. For example, the service provides a drop-in group that was developed through recognising that the ending of the post-natal group can be difficult for some people, therefore having a group that is there if women choose to attend, is useful for some. Quarriers practitioners also recognise that group endings can inevitably be difficult. When women are ready they work with women to develop a 'moving on plan' to prepare them for the next part of their lives. This may be returning to work, returning to college or university, volunteering at the centre or anything else that is planned at the next stage of their recoveries.

### **Putting women's needs at the centre of service delivery**

Quarriers staff explained that staff availability, the collective experience of Quarriers staff, and their commitment to women and their families, makes a difference to the kind of support that they provide.

*'We genuinely love our jobs...we do this job because we actually want to do it, because we want to make a difference'*

We asked Quarriers staff how they assess and prioritise need. Staff said no woman should have to wait an unnecessarily long time before they receive support, and that if women are on waiting lists, they make regular phone contact with the woman to check how they are getting on. Referrals are prioritised on a case-by-case basis taking into consideration a number of factors including if there is a child protection concern, a risk of suicide, if the woman requires counselling or if she is pregnant. Staff explained that they are person-centred – they do not take referrals on 'face value', and it is necessary to *'go out there and find out what's the cause'* of their distress.

*'...you don't take that referral at face value, you go out there.... What is making life so difficult just now and how are we going to support them through their plan to make it better for them?'*

### **Facilitating participation and removing barriers to access**

Staff provided many examples of the things that can make life difficult for families who access the maternal mental wellbeing service. In addition to existing mental health difficulties, families living in poverty or deprivation might not have sufficient money for basic travel costs to get to the centre, and for clothes and food for themselves and their babies. Staff provided examples when they had been on home visits and found that with additional help with transport, clothes, food, and leaving the house, can help make the service more accessible.

*'...there are a lot of women that are experiencing mental health difficulties or problems emotionally. They don't want to leave the house. They're very isolated and they're pretty much housebound, so I*

*think in terms of access, it's really good that we're able to go visit them'*

*'...as an organisation we pulled together some stuff [baby toys, pram, clothes etc] for her. It was taken out to her. She was absolutely over the moon, dressed herself, got herself out'*

*'It can appear as though the family is not engaging – they're not keeping appointments, they're not attending school... but actually if you look behind it, they've maybe not got the bus fare. It may be the clothes...'*

Practicalities and challenges of transport, including time, cost, and the additional challenges of leaving the house when you are struggling with mental health, were identified as one of the key barriers to accessing the service. Support with transport, for instance, through the drop off service or help with bus fares, is one of the key things that women who participated in this evaluation highly valued, and Quarriers staff reflected this view. Quarriers provide drop off services and help with using public transport. This support is viewed by Quarriers staff as a key way of removing barriers to participation.

Additionally, staff spoke of language and communication as being a barrier for some services users. Currently, there are women from 13 different countries, speaking 12 different languages, that are accessing the maternal mental wellbeing service. Staff explained that they can be *'quite productive'* in getting around difficulties with language and communication.

*'I remember sending a letter out to an African women, but I sent it with an English copy as well, and I said 'how does this marry up?' she said 'not very well' – you need to be aware of that.'*

One practitioner said that she relies on 'Google translate' to help her communicate with women where English is not their first language. However, this does not remove some of the barriers and translated versions, as the practitioner commented above, are not always accurate.

### **Involving fathers and fathers-to-be**

Quarriers are currently working in partnership with a number of organisations to develop their work with men and dads. In partnership with NHSGGC, Quarriers will soon be offering an antenatal group for men in recognition of the need to include men. This group will be delivered in two sites in the North East of Glasgow and these will be

twilight sessions, in order to provide support to fathers at flexible times that suit their needs. As part of initial home visits, fathers and fathers-to-be are included and support is routinely offered but it is not always taken up. Quarriers practitioners see the inclusion of men as a core part of working with whole families, as do the women who participated in the SAG. External professionals who responded to the questionnaire were mostly not sure about the extent to which the peri-natal support provided to families benefits men and dads, although they commented that men can play a crucial role in supporting women's recoveries and their overall wellbeing during the peri-natal period. Likewise, Quarriers practitioners in the focus group highlighted that fathers are crucial members of the family and can play an important role in supporting expectant and new mums.

*'We're trying... anything that we offer to the mums, we offer to the dads. It's open'*

The peri-natal service is predominantly used by women, and it is viewed by women and practitioners as a 'safe space' where women can talk about whatever is causing them distress, including relationship problems or domestic abuse. For this reason, Quarriers practitioners had mixed views about what the inclusion of men would mean, in groups that are attended by women only.

*'...even if we were trying to involve dads in the postnatal group... that will be a place where women will talk about their relationships and how difficult they can be at times'*

These uncertainties expressed above did not undermine the importance and wish for men to access their services more. Despite their concerns about protecting some services and groups as women-only spaces, staff did reflect that when they had a male social worker in the service, they were concerned but it ended up working well.

SAG members also expressed a wish for services to be more accessible to men, and provided examples of men in their families who may benefit from this support. They speculated that perhaps men feel they do not want to intrude on home visits or perhaps feel it is not their job or that the mum's needs come first.

### **Evaluation mechanisms**

Quarriers have developed their routine assessment, evaluation and feedback mechanisms. Evaluating services routinely by inviting feedback from those who use the service, is a key part of understanding what works and what could be improved. Currently, Quarriers invite feedback from women who participate in the postnatal group by using an evaluation form asking women what they enjoyed from the group, what could be improved, and how, if at all, they feel the group benefitted them. Women who access the postnatal group are given a feedback questionnaire to complete at the start and at the end of the group. In July 2019 this feedback

questionnaire was updated and condensed to a one-page document with five questions. Practitioners felt the previous form was too long and they sometimes struggled to support women to complete it.

It is important to include the voices and perspectives of service-users in the development of services that they access. However, it is not always easy to achieve this. We found that one challenge in this evaluation was the recruitment of women who use the service to participate in focus groups or complete questionnaires. It is not uncommon to experience challenges with recruiting participants who might be going through a difficult time in their lives<sup>43,44</sup>, and indeed, there are ethical implications for doing so. We hoped that by co-designing the methods used with the SAG members, we might use methods that were accessible and sensitive to women's needs and lives. However, we still encountered challenges.

The peri-natal period is a sensitive period in women's lives. It is possible that being asked to complete evaluation and feedback forms for in-house feedback gathering or for service evaluations such as this, might be overwhelming. It might be particularly overwhelming or burdensome for women who are at the beginning of their recoveries and are experiencing significant and impactful mental health difficulties. The women who participated in this study all felt that it takes time to build trust and that sometimes you are 'not ready' to talk. Therefore, inviting women to provide feedback and complete questionnaires at any time (assessment, intake and at the end) requires an element of acknowledging struggles, and feeling confident and safe enough to reflect on their journeys.

Providing feedback can be experienced as beneficial. Some women, for instance members of the SAG in this study, value the opportunity to 'give back' to the service or to offer feedback that might help others or that might contribute to change. However, in light of the challenges we experienced recruiting women for this evaluation, it is possible that for some, participation might be experienced as an extra task which does not feel possible.

### **Assessment, outcome measurement and recording mechanisms**

The use of assessment and outcome measurement mechanisms that meaningfully address issues people present with at the service, is important. In February 2018, Quarriers changed the routine outcome measures they use to measure outcomes at the start and end of group or individual work. Prior to this change, the CORE-10 (Clinical Outcomes in Routine Evaluation,<sup>45</sup>) was used. The CORE-10 is a short outcome measure comprising of 10 questions which assess a variety of symptoms including anxiety, depression, trauma, physical problems, functioning and risk to self. The measure uses intensity and severity rating scales and it is commonly used across a range of mental health services such as counselling. From February 2018 the service started using the Edinburgh Post-Natal Depression Scale (EPDS)<sup>46</sup> as this was thought to be more appropriate in the context of peri-natal mental health. The EPDS is a 10 item questionnaire that measures depression symptoms, originally developed to identify women who might be experiencing postpartum depression.

Quarriers provided us with anonymised routine outcome measure scores they gather from parents before and after they have accessed one-to-one or group work. These scores include the CORE-10 (gathered between February 2017 to February 2018 from 8 women) and the EPDS (gathered between February 2018 to February 2019 from 5 women). A reduction in score indicates a reduction in symptoms and improved mental health. Pre and post scores are presented below.

Figure 6: CORE-10 Scores from women using the service between February 2017 to February 2018

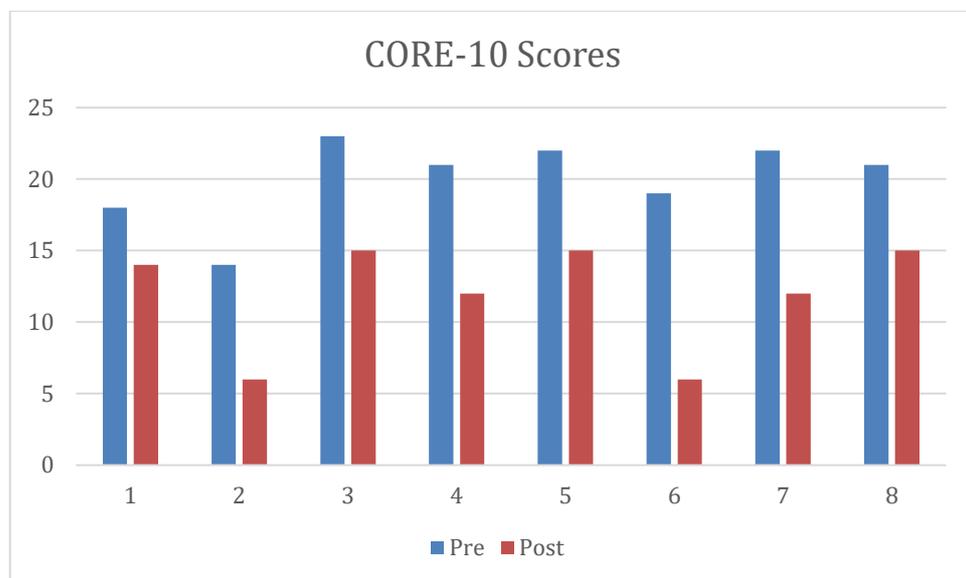
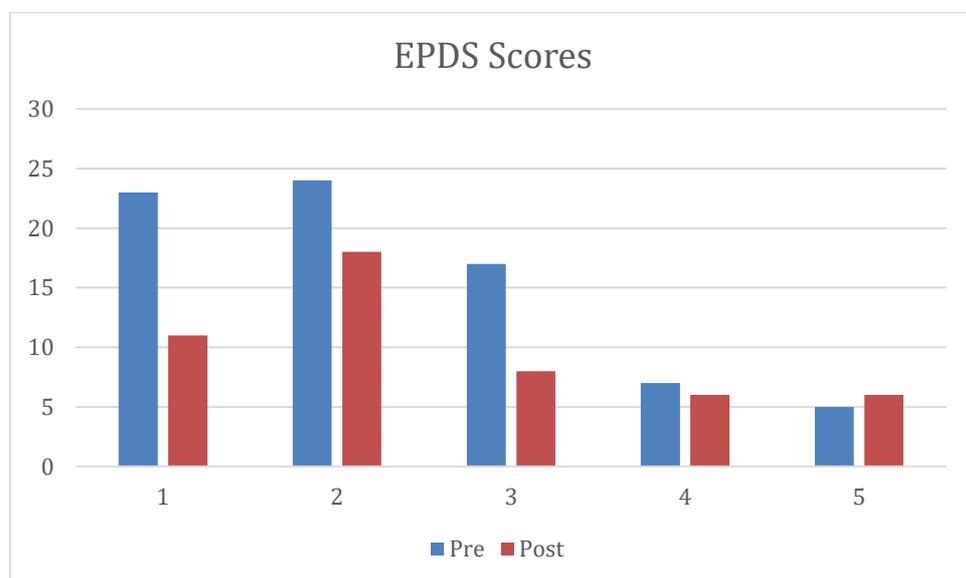


Figure 7: EPDS Scores from women using the service between February 2018 to February 2019



From this routine data collected, it can be suggested that there is a general decrease in score and an improvement in women’s mental health after accessing support from the service. However, care should be taken when looking at these results given the very low number of women recorded as accessing some of these services and the possibility that some information is not being systematically recorded.

## **New areas of service development**

### **International Women's Group**

Since Autumn 2018, family support workers at Quarriers have provided an international women's group. This is a 10 week group that offers an opportunity for women to spend time together in a social setting. The purpose of the group is to enable women from different ethnic groups to access services. Originally the group was open to women who were in the process of going through the asylum system as a substantial number of referrals to the service were for women who were seeking asylum. The aim is to provide a safe environment where women can come together to reduce social isolation, build relationships, raise awareness of their local community, support mental and physical wellbeing, and have the opportunity to experience and learn/develop new skills.

The pilot group ran for six weeks, then the service received funding from the Glasgow Partnership Fund. It was recognised that social isolation was a key factor contributing to the mental health of women accessing this group, therefore the group was re-named International Women's Group and opened up to all women and children. Opening up the group to all families meant that the group promoted social inclusion.

The group has run three times, with plans for it to continue. The continuation of the group will see peri-natal practitioners join the family support workers to provide peri-natal specific support to women who need it in the group. This group has supported a total of 23 women and their children during the time it has been running. Currently, the group consists of 10 sessions. The first sessions are for the women only, whereby the women take part in activities such as yoga, and they are encouraged to take time for themselves to promote wellbeing. During the latter sessions, activities are planned for the women and their children in the community, such as museum trips, softplay or swimming.

Quarriers gather evaluation feedback from women who attend the group and complete a case study at the end of each group. A case study report completed by Quarriers suggests that what works well is as follows.

- A larger budget to facilitate the group, particularly with crèche provision to provide respite for parents, transport to and from groups, and an interpreter to help communicate with non-English speaking members.
- Community activities to increase women's confidence, independence and engagement in the community.
- Group time to foster positive peer relationships.
- Support for women to make connections with other organisations. For example, Social Innovation in Marginalised Rural Areas (SIMRA).

Quarriers' case study information also highlighted some challenges and areas for development as follows.

- Travel can be difficult for families to access services and community activities. Practitioners felt that self-travel promoted independence and was an important part of the group, but they noticed that even though bus fare was provided, attendance drops on the weeks that the women were asked to travel independently.
- The group used interpreters, but they still found that language can be a barrier to engagement. English improved during the group for many women, but communicating about what was happening the following week was difficult with non-English speaking members, especially if they missed a session.

## **Discussion**

In this section we discuss the findings with reference to the research objectives.

### **1) To explore parents and their families' expectations and experiences of the perinatal services.**

The maternal mental wellbeing service provided by Quarriers is highly valued by the women that use the service and by professionals who refer women to the service. The qualities, skills, knowledge and expertise of practitioners at the centre were recognised as essential in helping women to feel safe and comfortable, and improving their mental health and wellbeing. Safety, respect, familiarity and choice were key factors that women who participated in this evaluation valued about the service. Research has suggested that women who are at risk of developing peri-natal mental health difficulties are more likely to have experienced trauma in their lives<sup>11</sup>, and are more likely to be at risk of other social disadvantages<sup>10</sup>. Therefore it is important to note that factors such as safety, respect and choice are also central to effective trauma-informed recovery services for women<sup>47</sup>. Additionally, the provision of transport and childcare are valued as they improve accessibility. Following guidance from the SAG group we did not explore family members' expectations and experiences.

### **2) To explore the short/medium term impact of participation in the perinatal services.**

Women we spoke to told us about the skills and coping strategies they had developed, and improvements in their mental health and wellbeing since accessing the service. We also found that the peer relationships developed through accessing group work were highly valued by women and helped to reduce social isolation and stigma, impacting positively on their wellbeing.

Robust evaluation and feedback gathering mechanisms are important for effective service delivery. Therefore, gathering feedback in a systematic and consistent way and ensuring there are clear pathways for this feedback to impact service development, is worth considering. It is necessary to consider how the views of people using a service,

contribute to the development of the service they access<sup>43,48</sup>. However, it can be a challenge for services to effectively implement support in a climate of over-stretched and under-resourced services.

Further to this, outcome measurement mechanisms are also a fundamental part of understanding how people who use services are benefitting, or not, from their participation in the service activities and interventions. Quarriers are committed to not over-burdening women at a sensitive period of their lives with assessment and feedback related paperwork. Quarriers' practitioners recognise the need to use outcome measurement tools that capture symptoms of distress and can measure change. The EPDS is not the only form of assessment, but it forms part of a broader holistic assessment of women's needs. The service currently uses the EPDS after reviewing the CORE-10 and finding that the EPDS was more suited to measuring mental health symptoms of women in the post-natal period<sup>46</sup>. This seems to be a productive change, given that the CORE-10 is a generic scale used mostly in counselling settings<sup>45</sup> and may not be directly translatable or applicable to the specific difficulties and symptoms women in the peri-natal period may experience.

The EPDS was developed to specifically identify depression symptoms, not other mental health disorders or symptoms. This being said, some researchers have found links between some of the questions on depression and anxiety symptoms suggesting EPDS could be useful for detecting anxiety as well as depression<sup>49</sup>. However, for women who experience other mental health difficulties such as OCD, PTSD, or eating disorders, the EPDS may not always identify these symptoms, thus, may also not capture improvement or change in maternal wellbeing on completion of group work or one-to-one work. It should be noted that service users' views should be included when making decisions about which outcome measurement tools are most applicable to them<sup>50</sup>.

### **3) To explore professionals' expectations and experiences of the peri-natal services.**

Multi-disciplinary professionals were positive about the services Quarriers provides to women during the peri-natal period. By accessing services from Quarriers, women receive support for their recoveries and their parenting, confidence, and mental health are improved by receiving care, guidance and practical help. Staff availability and expertise were factors that encouraged external providers to promote the service to women and the services complement support from other services.

### **4) To explore the impact of the project on professionals' workload/the availability and provision of other services.**

Staff spoke positively about their work and the way that it links into other services offered at the centre and beyond. The International Women's group is an example of staff exploring opportunities for growth in the recognition that all women may need mental health services.

Whilst there exist hesitations amongst professionals about the suitability of 'women's spaces' (in other words, spaces that are primarily used by women) staff recognise that fathers struggle to take-up support even if it is offered. Women noted the benefits of support from men in their families, but dominant notions of masculinity might prevent them from doing so.

Our findings highlight the necessity to provide support to fathers and the challenges of doing so were acknowledged by practitioners and women. Research has suggested that fathers can act as a protective factor to reduce maternal peri-natal mental health difficulties and their effects on children<sup>51</sup>. However, fathers can also experience mental health difficulties during this period. Research suggests that up to 15% of fathers struggle with their own psychological wellbeing<sup>51</sup>. Therefore, mental health services that promote paternal emotional and psychological wellbeing are necessary, as the wellbeing of fathers is essential for family wellbeing.

The inclusion of fathers or fathers-to-be is not a Quarriers-specific issue, but a system-wide issue. Research suggests that new fathers run the risk of feeling excluded from maternity services, and further, they are likely to question their entitlement for support under the premise that these services are under-resourced, high in demand and therefore should focus their resources on mothers<sup>51</sup>. Nevertheless fathers in a UK study<sup>51</sup> expressed a need for tailored support around fatherhood, self-care and ways to support the mother and baby, rather than services specifically targeting mental health.

#### **5) To identify the key mechanisms, barriers and facilitators for success.**

Access to support depends on resources being available to support women and their families. In addition to staff consistency and expertise, transport, crèche and suitable timings of group work were found to be key mechanisms for engagement.

Our findings highlight that whilst practitioners do what they can to ensure that no women are left without support, inevitably there can be a wait for services, and this can be difficult period for women. It is vital that funding continues to enable services such as Quarriers maternal mental wellbeing service to run as effectively as possible and provide services to those in need.

In addition, we found that there are some barriers to participation, including for women who do not use English as their first language or who struggle with literacy skills such as reading and writing. With few resources available, one practitioner discussed language as a barrier, and she said she relied on Google translate to help aid communication. It is vital that practitioners do what they can to facilitate communication with the women they support, and Quarriers practitioners are keen to enable participation from people who do not speak English. We cannot comment on the effectiveness of Google translate, but research suggests that translating information, or indeed using interpreters, is not always effective<sup>52</sup>.

## Recommendations

- **Evaluation measures**

Quarriers provided anonymised information with regards to outcome measure scores for thirteen women over a 2 year period. These scores point towards a general improvement in maternal wellbeing at the end of participating in group or one-to-one support. Whilst some information had been collected about the support and services provided this was often incomplete and did not seem to reflect the full range of services provided. Further consideration needs to be given as to how information can be consistently and regularly recorded in order to gauge a clearer understanding about what impact the services have on women and their families.

Quarriers have recently established a method of documenting such information more consistently. We recommend that the service continues to do this. It would be useful for key information such as languages spoken, ethnicity, presenting issue(s), hopes, expectations or goals, pre and post outcome measure scores, other accessibility issues (such as disability and literacy skills) and other services accessed to be collected so that Quarriers can better plan service provision according to service user's needs. It would be useful to record the number of service users who withdraw from the service and to track their engagement with other services within the family centre and beyond. It would be useful to track and monitor how feedback shapes the design and delivery of the programmes, and to have mechanisms in place to communicate and share ideas for service design with service users.

- **To recognise and continue to find ways to overcome the various barriers that affect engagement**

Quarriers are aware of the socio-economic disadvantages that some women face, and the additional barriers to participation such as childcare and limited transport. Knowledge of the wider environmental factors means that Quarriers are able to provide the right conditions and support to nurture and support women. Therefore, Quarriers should continue to offer transport, refreshments and crèche facilities to encourage participation.

- **Maintain and extend connections with external agencies**

Quarriers have established relationships with multidisciplinary statutory and voluntary agencies within Glasgow and use these relationships to support service users. Monthly information sessions at Quarriers attended by professionals mean that professionals are able to make referrals and that Quarriers staff have awareness of different services to refer service users to and we recommend that they continue this important information sharing work. This awareness is important for staff to have knowledge of where to refer women in the interim while waiting to attend Quarriers. Waiting for services was found to be particularly challenging for women, therefore awareness of alternative or complementary services is important and indicative of partnership working.

- **To share skills and expertise with other organisations**  
 The Scottish Government's commitment to extend funding for peri-natal mental health services suggests that other organisations will be in the process of developing specialist services. Quarriers can promote their service via this report and the end of project event and find ways to share their expertise.
- **Early intervention and effective continuous support**  
 The family centre and adjoining nursery offers various support to children up to age twelve and their families. Engaging families at an early time in their children's lives and for some, their parenting journey through the peri-natal service will likely encourage women's continued use of the centre
- **Women value staff members' reliability and that they call upon them in times of difficulty**  
 It is important that service users' expectations are clear and that they know who to contact in times of emergency or if they cannot get in contact with their named support worker. Quarriers provide service users with crisis or emergency contact numbers in case they are needed. However, systems could be reviewed to ensure that messages and missed calls are passed onto staff and guidelines could be drawn up which specify the timeframe from which to expect their call to be responded to. This system may better support staff, given the continuing and growing demand for maternal mental wellbeing services.
- **To continue to offer continuing professional development options for staff to enhance their knowledge base and reflective practice skills**  
 Service users' needs are varied and there is a wealth of ongoing research and practice developments in the broad area of peri-natal mental health that would be important for staff to engage with in order to keep their knowledge base up-to-date. We suggest sufficient time for training and development and personal study time to engage with developments.
- **Appropriate pacing and tailored support**  
 Our findings suggest that service users value staff member's attentiveness, patience, knowledge and personal experiences. Staff tailored support to meet women's differing needs and personal journeys and encouraged women to take ownership in assessing their own readiness for participation. Talking could be difficult and new for some women and they valued the option to participate as much or as little as they were able to, or to withdraw from the service and attend different groups.
- **Extending the service while being aware of the resource needed to provide an effective targeted service**  
 There is ongoing work to support fathers (dad's group) and an international women's group. While resources are not finite it may be important to recognise the diversity of family forms (same-sex, single fathers) and consider how these groups are catered for. It may also be important to consider if the generic women's group is sufficient to cater for women from all backgrounds and levels of English.

Services need to be sufficiently resourced. Reliable interpreters, and quality and accurate translated materials (stock pile of translated letters) are necessary to facilitate engagement. There is a need for consistent and reliable interpreters, and clearly thought out mechanisms to check meaning and feedback and experiences of the service when there is language difference. In the longer term there may be appropriate opportunities to work with service users to train them up to be interpreters for the service. In addition, there is scope to connect with specialist organisations who support minority ethnic groups, refugees and asylum seekers.

- **Further research**

Further research is needed, particularly research that includes the perspectives of people who use the service. We consulted with a small number of women in this research, but we encountered barriers to engaging with service users at a particularly vulnerable time of their lives. It is important to consider different methods that may be appropriate, including the accessibility of research activities and materials. In addition, it is also important for future research to consider men's experiences, and black and minority ethnic women. Longer term impact of service participation could be evaluated, and future research may consider including the experiences and views of children.

## **Conclusion**

In this report we have presented key findings about the evaluation of the maternal mental wellbeing services at Quarriers and have outlined key developments to the service. We have presented recommendations based on what is working for users and professionals connected with the programme. Peri-natal services are essential to support families and it is crucial that continued funding, support and professional development continues to facilitate the Quarriers maternal mental wellbeing service.

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## Appendix 1: Questionnaire for women using the service



### Project title: Quarriers, Ruchazie Peri-natal Evaluation Questionnaire number 1

As part of the evaluation of the peri-natal services at Quarriers carried out by the University of Stirling, we are inviting parents to complete this questionnaire and return it to a member of Quarriers staff in the envelope provided.

Your answers will be treated confidentially and sent to the researchers. Quarriers staff will not see how you answer these questions. You can provide as much or as little information as you like. Your answers will not affect your involvement or treatment by Quarriers.

Before completing the questionnaire, please read the accompanying information about the study, and sign the consent form if you are happy to take part in the evaluation by completing this short questionnaire.

#### 1. Please tell us about your experience with Quarriers before you started the peri-natal service

Had you heard about Quarriers before you started the peri-natal service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had you been to Quarriers before you started the peri-natal service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 2. What other groups/services do you use at Quarriers (tick all that apply)

Nursery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bookbugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Baby massage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drop in group	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please state)		

#### 3. How did you hear about Quarriers peri-natal group?

- Referred
- Self-referral

Word of mouth

If referred, who referred you? \_\_\_\_\_

**4. How do you and your family benefit from Quarriers peri-natal service?**

**5. How do you and your family benefit from the other services at Quarriers?**

**6. Are you happy with the service provided by Quarriers?**

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**7. Is there anything you would like to change about Quarriers service?**

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**8. For women who are starting the peri-natal group:  
What do you hope to get out of the group?**

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9. What do you value about staff members? (tick all that apply and please use the space to tell us why these factors are helpful to you, if you think they are)

<input type="checkbox"/> Personality	
<input type="checkbox"/> Knowledge	
<input type="checkbox"/> Respect	
<input type="checkbox"/> Reliability	

10. How important are the following?

	Very important	Fairly important	Important	Slightly important	Not important at all
Friendly environment	<input type="checkbox"/>				
Feeling safe at Quarriers	<input type="checkbox"/>				
Public transport, car parking, or	<input type="checkbox"/>				

provided transport to get to Quarriers					
The start and end time of the group	<input type="checkbox"/>				
The availability of refreshments	<input type="checkbox"/>				
Creche/nursery facilities	<input type="checkbox"/>				

**11. If other professionals are involved in your life. How well do Quarriers communicate with them? (midwives, GP, health visitors, social workers, housing officers, teachers etc.)**

Very well	Fairly well	Well	Slightly well	Not well at all	No opinion
<input type="checkbox"/>					

**Please provide any comments you would like to make about how well Quarriers communicate or stay in touch with other professionals**

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**If there is anything else you would like to say about your experiences of the Quarriers peri-natal service, please use this space below**

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**Thank you for taking the time to complete this  
questionnaire.**

**Please place the completed questionnaire, consent form  
& about me form in the envelope provided and return to  
Quarriers staff.**

## Appendix 2: Focus group interview schedule for women using the service

### Focus Group with Women: Questions

#### Project title: Quarriers, Ruchazie Peri-natal Evaluation

- How did you find out about the maternal mental wellbeing services at Quarriers?
- Which service do you access?
- Can you tell me about the first time you came to Quarriers maternal mental wellbeing service, what was it like?
  - What were the things that made it easier to come?
  - Were there any things that made it harder/acted as a barrier to coming?
- When you first came to the maternal mental wellbeing service, what did you hope to get from coming?
  - What were your expectations?
  - Do you think your expectations were met?
- Overall, what do you think works well at the maternal mental wellbeing service?
- In what ways, if any, do you think the service has helped your mental health and wellbeing?
  - Was the programme suitable for you? Was it long enough? What are you still working on?
- If anything, how do you think your family members have been impacted, positively or negatively by the peri-natal service at Quarriers?
- Can you describe your experience of the staff at Quarriers?
  - What makes a good staff member? ( kindness, patience)
  - Can you describe an example of something staff did that helped you, or that you appreciated?
  - Is there anything that you think staff can do differently to improve people's experiences?
- If any, what are some of the things that you think could be developed, or made better in the maternal mental wellbeing services at Quarriers?
- What advice would you give to someone who has been referred to the service?
- Other than the maternal mental wellbeing project, have or do you use other services at Quarriers? (examples and experiences?)
- Any final comments or thoughts about the maternal mental wellbeing project?



**Project title: Quarriers, Ruchazie Peri-natal Evaluation**

**1. Background and aims of the project**

My name is Siân Lucas I am a lecturer in Social Work at the University of Stirling.

From September 2018- September 2019, I will be carrying out research to evaluate what difference the peri-natal services (maternal mental wellbeing) makes to women and their families. We want to understand what services Quarriers offer women during pregnancy and after pregnancy. We hope to share the findings with policymakers and professionals providing, or interested in mental health support to expecting and new mothers.

We will be interviewing women about their experiences of attending peri-natal services, groups and other activities at Quarriers.

We will be speaking with health and social care professionals to understand their thoughts about the peri-natal project and what they expect from the service. We want to know what works well and what more can be done to support parents experiencing mental health difficulties during and post pregnancy. For Quarriers' staff we want to know how the peri-natal project links in with other projects/groups within the centre including the nursery.

We would like to invite you to take part in a [will amend as necessary] study group meeting, focus group/questionnaire.

**3. Why have I been invited to take part?**

You have been invited because you have or are currently accessing support from the peri-natal project at Quarriers/Ruchazie.

You are a professional who works on the peri-natal project at Quarriers/Ruchazie or have referred parents to the service or run a similar peri-natal service elsewhere.

#### **4. Do I have to take part?**

No. You do not have to take part and this will not affect your treatment or your relationship with Quarriers.

If you do decide to take part, you can withdraw your participation at any time without needing to explain and without penalty by advising the researchers of this decision. You can also withdraw your data by 1-07-2019.

You will be given this information sheet to keep and be asked to sign a consent form.

#### **5. What will happen if I take part?**

##### **Study Advisory Group**

We want to speak with women who have attended the peri-natal project at Quarriers and who would be willing to be a member of the study advisory group.

The purpose of the group is to share your experiences of attending the project with the researcher and to advise the researcher on how to meaningfully consult with women currently attending peri-natal projects at Quarriers. We would like you to help the researchers design the recruitment poster and the research questions; deciding what is important to ask women and professionals.

You will need to be able to meet at Quarriers on at least four occasions: October 2018, December 2018, March 2019, June 2019, [insert name] will confirm the dates and find a time suitable. The meeting will take approximately 2 hours, and breaks will be scheduled.

Travel expenses will be remunerated and refreshments will be provided. There will be a crèche available if you want to bring your child(ren). We can arrange an interpreter if English is not your preferred language.

A certificate of participation will be given to all women who participate in the study advisory group.

You do not need to have any knowledge of research methods, you will be told about different ways to carry out research. You will not carry out any of the research yourself. You will have the opportunity to see some of the main findings from the research and support the researcher to understand how the findings can inform health and social professionals and policy makers. Steps will be taken to make sure that you cannot identify the participants we have spoken with.

### **Participant group 2: parents currently attending the service**

Women who are involved in receiving ongoing support from the perinatal project will be invited to share their views about the service with the researcher, this will be either a one-to-one interview or questionnaire.

You will be told who is on the study advisory group in case there is a conflict of interest. The study advisory group will not be given the interview recordings or questionnaire responses but will see anonymised quotes. There is the possibility that you may be identified by the story you tell.

With your consent, you will share a questionnaire with a significant person of your choice (partner/peer) to identify what impact they believe the project has had.

### **Participant group 4: professionals**

We will gain consent from Quarriers staff to see an anonymised project evaluation form to understand the anticipated outcomes and how progress is monitored. We will carry out a focus group interview with Quarriers staff on two occasions, these will take place at the Centre and will last no more than 90 minutes.

We will carry out an online questionnaire or telephone interview with external professionals. The questionnaire will take approximately 20 minutes to complete and the telephone interview will take no more than one hour. You will give your consent for the interviews to be recorded or the anonymised data from the questionnaire to be used.

## **6. Are there any potential risks in taking part?**

The following risks are involved in taking part:

*You may become distressed during the interview.* To help prevent these risks the researchers will:

- give you the opportunity to ask questions about the study before the interviews begin;
- allow you to have breaks as necessary;
- conduct the interview in a sensitive way. If you become distressed you will have the choice for the interview to stop and only continue if you choose to;
- debrief you at the end of the interview and signpost you to a practitioner from Quarriers if necessary.

*There may be disagreements in the study group*

To help prevent these risks the researchers will:

- in the first meeting the group members will collectively draw up principles for working together to clarify how disagreements are dealt with and how the group reaches decisions;
- the researcher will chair the meetings and ensure that all voices are heard;
- Quarriers practitioners will be available to ensure that you and others feel safe and that your views are listened to and respected.

## **7. Are there any benefits in taking part?**

There will be vouchers for those who participate in the study advisory group as well as a certificate of completion. 'Baby bundles' gifts will be provided for women who agreed to participate. There is no incentive for professionals.

It is hoped that through your participation in the study either as advisors or informants, parents will feel empowered and better able to express your views, opinions and preferences in other contexts.

## **8. Legal basis for processing personal data**

As part of the project we will be recording personal data relating to you. This will be processed in accordance with the General Data Protection Regulation (GDPR). Under GDPR the legal basis for processing your personal data will be public interest/the official authority of the University.

We will also be processing your sensitive/special categories of personal information relating to your [health and involvement with health and social care professionals/sexual orientation/ethnic group/sex/age] for research purposes in the public interest.

These are the most likely legal justifications under GDPR but if in doubt these should be checked. Note that the legal justification under GDPR should not be consent.

## **9. What happens to the data I provide?**

The research data will be kept anonymous by using pseudonyms for participants.

Personal/confidential information will be stored on a password protected document which only the researchers have access to.

The researcher team will be working with a transcriber and possibly a spoken language interpreter who will listen to the interview recordings and type them up. They will not be given any of your personal details and will have signed a confidentiality agreement.

Your personal data will be kept for 6 months after the project end date [01-03-2020] and then will be securely destroyed.

We will ask all participants for their permission to use direct quotes in future publications.

We will safeguard the confidentiality of the research data. If information is shared that could affect the safety of yourself or others,

the researcher will be obliged to share this information with relevant professionals.

Within UK law it would be necessary to break confidentiality due to disclosures in relation to child protection offences, the physical abuse of vulnerable adults, money laundering and crimes covered by the prevention of terrorism legislation.

#### **10. Recorded media**

We will seek your permission to audio record the interview, the recordings will be transcribed and then permanently destroyed.

We will seek your permission to take photos of the study advisory group meetings. The purpose is to document the meetings and display these photos at the end of project event at Quarriers in October 2019. You will be given the opportunity to view these photos and inform the researcher whether they can be displayed. The photos may be displayed at academic conferences and teaching workshops but your face will not be shown.

#### **11. Will the research be published?**

The research will be published in academic journals as well as a summary report. You will not be identifiable in any report or publication

The findings from this research will be presented at academic and practice conferences and in academic journal articles.

You will be able to access a copy of the published results. The University of Stirling is committed to making the outputs of research publicly accessible and supports this commitment through our online open access repository STORRE. Unless funder/publisher requirements prevent us this research will be publicly disseminated through our open access repository.

#### **12. Who is organising and funding the research?**

Comic Relief and Tampon Tax Fund are funding the research. Quarriers are providing support for the crèche, practitioner costs to set up the meetings, interpreters and refreshment costs.

### **13. Who has reviewed this research project?**

This project has been ethically approved via The University of Stirling General University Ethics Panel.

### **14. Your rights**

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required.

You have the right to withdraw from this project at any time without giving reasons and without consequences to you. You also have the right to object to us processing relevant personal data however, please note that once the data are being analysed and/or results published it may not be possible to remove your data from the study.

### **15. Who do I contact if I have concerns about this study or I wish to complain?**

If you would like to discuss the research with someone please contact:

Dr Siân Lucas, Room 4S33, Colin Bell Building

University of Stirling, Stirling, FK9 4LA

[s.e.lucas@stir.ac.uk](mailto:s.e.lucas@stir.ac.uk) 01786 467980

If you have any complaints about the project please contact Professor Alison Bowes, Dean of Faculty of Social Sciences, [ExecutivePAFoSS@stir.ac.uk](mailto:ExecutivePAFoSS@stir.ac.uk), 01786 467681

**You have the right to lodge a complaint against the University regarding data protection issues with the Information Commissioner's Office (<https://ico.org.uk/concerns/>).**

The University's Data Protection Officer is Joanna Morrow, Deputy Secretary. If you have any questions relating to data protection these can be addressed to [data.protection@stir.ac.uk](mailto:data.protection@stir.ac.uk) in the first instance.

**You will be given a copy of this information sheet to keep.**

**Thank you for your participation.**

## Appendix 4: Participant consent form

Participant number [Insert]

### Project title: Quarriers, Ruchazie Peri-natal Evaluation

	Please initial box
I confirm that I have read and understood the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary and that I am free to withdraw at any time during the study and withdraw my data by 1-07-2019 without giving a reason, and without any penalty. I understand that beyond 1-07-2019, when data analysis has started it may not be possible to remove my data from the study.	
I understand that any of my contributions to the focus group discussion will be kept anonymous.	
I am aware that I will not be named in any research outputs but I could be identified by people I know through the stories I tell	
I give permission to be quoted directly and understand that quotes may be shared with the Study Advisory Group (parents from Quarriers) and used in academic publications and the final report (but my name or identifiable details would not be shared).	
I agree for the focus group to be audio-recorded.	
I understand that the audio recording will be stored securely on the University of Stirling secure network.	
I understand that the audio recording will be listened to by the research team and transcriber only.	
I understand that the audio recording will be permanently deleted when it has been transcribed.	
I agree to take part in this study.	
Please provide your email address or contact details below if you would like to: - receive an invitation to the dissemination event ☐ - receive a summary of the findings ☐  Insert contact detail:	
I understand that my personal details will be safely stored by the researchers for the duration of the project.	

**Name of Participant**

**Signature:**

**Date:** Click here to enter a date

**Name of Researcher**

**Signature:**

**Date:** Click here to enter a date

Please complete the '**about you**'\_section overleaf.

**About you**

**What is your age?**

Prefer not to say

**Which of the following options best describes how you think of yourself?**

- Heterosexual / Straight
- Gay / Lesbian
- Bisexual
- Other:
- Prefer not to say

**Circle one option that best describes your ethnic group or background**

Prefer not to say

White

- Scottish / English / Welsh / Northern Irish / British
- Irish
- Gypsy / Traveller
- Any other White background, please describe

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background, please describe

- Asian / Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please describe

Black / African / Caribbean / Black British

- 14. African
- 15. Caribbean
- 16. Any other Black / African / Caribbean background, please describe

Other ethnic group

- 17. Arab
- 18. Any other ethnic group, please describe