Steps in the Right Direction

An Evaluation of a Personal Development Course for Women with Postnatal Depression

Sure Start Newington with Gipsyville

Nov 2004

Final Report (including 6 month follow up)

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Chapter 1 Introduction and Methodology

1.1 Introduction

1.1.1 Background

Sure Start Newington with Gipsyville is one of a number of programmes set up in Hull to work with local families towards the long-term aim of breaking the cycle of disadvantage for the current generation of young children. This programme covers an area in the southwest of the City, which is associated with significant levels of deprivation: Newington ward is ranked 542/8414 in the index of child poverty[1]. The area has a comparatively young population (average age 34 compared to 38 for England and Wales) and high unemployment (8.1% compared to 3.4% in England and Wales). The population is overwhelmingly white (97% compared to 90.9% in England as a whole)[2].

A key objective for all Sure Start Programmes is *"improving social and emotional development – in particular by supporting early bonding between parents and their children, helping families to function and enabling the early identification and support of children with emotional and behavioural difficulties".* One of the key delivery targets for this objective is 'caring for mothers with postnatal depression'.

This report is an independent evaluation of a course for women with postnatal depression, which was commissioned by Sure Start Newington with Gipsyville. The course, which ran from January to April 2004, aimed to help the programme to meet the above target, and to complement the support provided by health visitors and other professionals. It was given the title of 'Steps in the Right Direction'.

The Board was keen that this course should be fully evaluated in order to ascertain the effectiveness of the project in its impact on the health and well-being of the participants, particularly for their postnatal depression. The Board was also keen to assess the cost-effectiveness of the project, and to consider whether the methods used and skills required could be used by local service providers in future similar projects.

Consequently, the Board commissioned the independent consultancy, Acton.Shapiro, to carry out a full evaluation.

1.1.2 The course

The course was facilitated by two staff from the Therapy Centre, Bridlington. Between them, Jo Stephenson and Sarah Walton hold numerous qualifications in teaching, group work, general and mental nursing, complementary therapies, and beauty therapies. Their course had previously been run for Bridlington Sure Start in January 2003, and evaluated independently.

[1] Indices of Deprivation 2000, DETR
[2] www.neighbourhood.statistics.gov.uk

Fliers and referral forms were designed by the course leaders in consultation with Sure Start staff, and sent out to local GPs and health visitors. The facilitator also gave a brief talk to local health visitors to make them aware of the course. Unfortunately the referral process was delayed because it was necessary to obtain approval from the Clinical Team Manager (Health Visitors) in West Hull PCT, and because of the Christmas break. By the beginning of the course, however, six referrals had been received, although to achieve this number did require some intensive last-minute work by Sure Start's Family and Community Health Practitioner. All participants received written confirmation of their place on the course, and a pre-course visit (see below) from the Family and Community Health Practitioner and one of the independent evaluators.

The course started on 12 January 2004. It was originally planned to run every Monday for eight weeks, between 10 to 12 in the morning, at Gipsyville Multipurpose Centre. However, at the request of the participants it was extended for a further four weeks and therefore lasted for twelve weeks, ending on 5 April. The course initially took place in St Nicholas Church Hall, Hull, but was soon relocated to the Ramada Jarvis Hotel in Willerby, as the original venue was found to be too cold. This meant that taxi transport had to be arranged for most of the participants. A crèche was run in an adjacent room and refreshments were available.

There were no charges for the course, which was funded entirely through Sure Start's budget.

Areas covered in the course included:

- raising self-esteem
- relaxation and coping strategies
- peer group support
- tools to continue personal development at home e.g. meditation and relaxation music
- time out from the stresses of parenting
- a complete makeover at the Pamper Day (held in Bridlington).

Participants were also able to have individual sessions with the facilitators.

1.1.3 Take-up of the course

Out of the six original participants, only three completed the course. Two did not attend any sessions – one of these because she was offered a place on an Access course she had been waiting for, and the other for health reasons. Another was very nervous of coming alone; she attended the first session after being picked up by her health visitor but did not come to the second session as her health visitor apparently failed to collect her as arranged. She did not then attend any further sessions.

In order to make best use of the places available, two additional participants were invited onto the course after it had started – one after the first week and the other after three weeks. Both completed the course.

Two out of the five participants completing the course actually lived just outside the Sure Start area.

1.2 Methodology

1.2.1 Baseline work

Meetings

One of the independent evaluators met the course facilitator to ensure full understanding of the approach and of the objectives of the course. She also met Sure Start's Family and Community Health Practitioner to discuss the practicalities of the evaluation.

Ethical issues were discussed and a simple consent form was designed to allow the sharing of the Edinburgh Postnatal Depression Scale scores (see below). It was agreed with the Programme Manager that approval from the local Ethics Committee would not be necessary, given that this was an evaluation rather than a research proposal, and was not intended for general publication. However, the ethical issues were considered and approved by the Clinical Team Manager (Health Visitors) in West Hull PCT.

Home visits

Original plans for a pre-course group meeting with the participants were revised following a discussion with the course facilitator because she felt that:

- this could change the dynamic of the group
- there was a danger that participants would not come back to the group if they had not 'achieved' anything in the first meeting
- the focus in the group should be entirely on the mothers and their issues, not on the evaluation.

Consequently, during the week before the course began, one of the evaluators and Sure Start's Family and Community Health Practitioner jointly visited the six potential participants individually in their own homes. The aim was to discuss their expectations of the course, to explain how and why the course was going to be evaluated and to ask for their co-operation. All six women were happy to be involved in this way. The evaluator also completed, with each participant, a simple questionnaire (see Appendix A) to record their expectations of the course – this would form the basis of the follow-up work (see 2.2). The questionnaires reflected the aims of the course as described by the course leader and as set out in the literature.

Finally, she sought their signed consent to receive their individual Edinburgh Postnatal Depression Scale (see below) scores from the Family and Community Health Practitioner (see Appendix B). The evaluator left the house while the EPDS questionnaires were being administered, so that the Family and Community Health Practitioner could discuss any sensitive issues in private with the participant.

As previously stated, two women joined the course after it had started. In one case, the questionnaire was administered over the phone as there was not time to arrange a home visit; in the other, it was not possible to contact the woman before the course

started and the pre-course questionnaire could not therefore be administered. However, her EPDS scores were taken.

The Edinburgh Postnatal Depression Scale

The EPDS was designed by Cox, Holden and Sagovsky[3] in the 1980s, to be used by health professionals in primary care. It takes into account the physical changes women encounter during pregnancy and postnatally. However, it does not include all the criteria for diagnosis of clinical depression and only focuses on one week, instead of the two demanded by diagnostic criteria for depression. Women are asked to read each of the ten statements and then underline the response that best fits how they have been feeling over the past seven days. It is therefore a self-rating scale which rates the severity of some symptoms of depression and anxiety. The EPDS scoring system is such that lowest severity of symptoms scores zero, while the maximum possible score for worst severity of symptoms is 30.

Observation

Although we had hoped to be able to observe one session, or part session, of the course in order to gain a good understanding of how the group is run, this was not possible, as the facilitators were not confident that the participants would be comfortable with this arrangement.

1.2.2 Assessing the impact of the course

End-of-course meeting

An end-of-course meeting with the participants was arranged two weeks after the end of the course. The aim was to:

- review with the participants the extent to which their expectations of the course had (or had not) been met
- find out what, in their view, had worked well and what could have been better
- identify with them any perceived changes in mood, self-image, coping ability, relationships, communication etc
- seek feedback on the impact of any additional elements of the course e.g. relaxation aids, one-to-one therapeutic sessions, and the Pamper Day
- discuss their satisfaction with the practical aspects of the course e.g. timing, numbers, crèche facilities, venue, transport.

The meeting was attended by four out of the five participants remaining at the end of the course (the fifth was contacted later in the same week for her feedback). During the first hour of the meeting, the participants took part in a group discussion, which was facilitated by the independent evaluators and recorded on mini-disc. In the second hour, the evaluators spoke individually with the participants, and also completed with them another simple questionnaire (see Appendix C). Concurrently the Family and Community Health Practitioner administered the EPDS.

[3] Cox J, Holden J, Sagovsky R. Detection of postnatal depression. Development of the ten-item Edinburgh Postnatal Depression Scale *British Journal of Psychiatry* 1987; 150, 182-186

The meeting was designed to be fun as well as informative; sandwiches, cakes and fruit were on offer, and each participant was presented with a certificate in recognition of completing the course by the Programme Manager. The participants had also been contacted by the Training Officer to discuss further courses.

Feedback from the referrers

The six participants had been referred by four health visitors and a GP. Each was contacted after the end of the course and asked to complete and return a simple questionnaire seeking their feedback on the impact of the course (see Appendix D). The questionnaires were anonymous and the referrers were instructed not to name the woman they had referred, in order to protect their confidentiality. Three out of the five questionnaires were returned.

Feedback from the course facilitator

A telephone interview was held with the facilitator following the group feedback session. This provided the opportunity to check out her perspective on how the course had gone, and also her view on some of the suggestions put forward by the participants. The facilitator also forwarded to the evaluator her own report of the course.

1.2.3 Six-month follow-up

The group has been invited to meet with the evaluators again in approximately six months' time (combined with a 'reunion lunch') to review the longer-term impact of the course. Questionnaires will again be completed and the Family and Community Health Practitioner will take a third set of EPDS scores. An addendum to this report will then be produced.

1.3 The report

This report evaluates the immediate impacts of the course on the participants, including an analysis of any changes in the EPDS scores, and of the perceptions of the women themselves, the facilitators and the referrers. It also summarises our findings on the cost-effectiveness and transferability of the programme, and concludes with clear recommendations as to the way forward.

Chapter 2 Findings

The comments described in this chapter are based both on the end-of-course group discussion and on the individual pre- and post-course questionnaires. Comments made by the facilitator have also been included in the appropriate sections, though these were made separately as she was not involved in the group feedback session.

2.1 The practical arrangements for the course

2.1.1 Pre-course information and visits

Not all participants had been clear about the purpose or the content of the course when they started. One had been under the impression that it was intended for single parents: *"I was disappointed at first as it wasn't the type of course I had been led to believe… but then as the weeks went on, it became more beneficial to me".* Another had expected it to be about *"what stimulates the brain".* A third said *"It takes me a lot to trust people, to say how I feel……I thought they would have done more counselling, to help sort the past out but it was about things like aromatherapy."* It was suggested that participants should receive more information at the beginning, perhaps through talking with others who had already completed a course. One of the participants said she would be very willing to do this herself in future.

The facilitator commented that normally she would have visited the potential participants before the course to ensure they understood what it was about. This was not possible in this instance, partly because most of the referrals were only received a few days before the course, and partly because, as the evaluator and the Family and Community Health Practitioner were visiting the participants, she did not want to overload them by an additional visit.

There was also a suggestion from participants that it would have been helpful if the course had kicked off with an extended session, perhaps even a full day. Activities - rather than *"just sitting talking"* - would have helped the group to get to know and trust each other.

2.1.2 The venue

There were a number of problems relating to the venue. The original venue, Gipsyville Multi-purpose Centre, had to be changed at the last minute due to a misunderstanding about crèche regulations. Then the second venue, a church hall, again had to be changed very quickly as it was found to be too cold for the babies in the crèche, and access to the toilet was via the main room. The course was therefore moved after three weeks to a hotel that was further away from the Sure Start area. Although the hotel was much more comfortable, participants found that having the crèche in the next room was not satisfactory, as they could hear the babies when they cried, and could not therefore relax fully or concentrate on the discussion. They were also sometimes distracted by other hotel guests moving around above or outside the room.

Individual therapy sessions were carried out at the Gipsyville Multi-purpose Centre.

2.1.3 The crèche

The crèche workers were hired from another agency. In general, the participants had found them very helpful and kind, going out of their way to keep the babies happy and to get them ready for their mothers at the end of the session. However, they were not happy with one specific worker, who was seen as inexperienced and judgmental of the mothers; she was felt to have little patience with children and she had to interrupt one session to return a crying baby to its mother. It was also said that she had removed a dummy from the baby without consulting the mother and had failed to hand it back at the end of the session, so that another had had to be purchased (this apparently happened on two occasions).

2.1.4 Transport

Because of the change of venue, taxis had to be arranged to transport the participants, most of whom would otherwise have walked or used the bus. However some taxis were late arriving. The drivers also apparently complained if the participants came out late, so they had to finish the group ten minutes early to collect their children from the crèche and be ready waiting for the taxis. The participants felt that, had these arrangements been organised better, there would have been more time within the actual sessions.

2.1.5 The length of the sessions

The participants felt quite strongly that two hours was not enough for each session. By the time some had arrived late (perhaps due to a late taxi, or to problems getting up and motivated to come) and the babies had been settled into the crèche, half an hour could have been lost, leaving not enough time to cover the programme and to open up to others about very personal issues. As one participant put it: *"You just start on an exercise and then it's time to go".*

The facilitator, however, explained that the sessions were already longer than normal (they usually last for an hour to an hour and a half) and she doubted whether the participants would be able to maintain their focus for longer than two hours at a time.

2.1.6 The duration of the course

There was general agreement that the course had taken a while to get going, partly because of the change of venue, and partly because some participants had 'dropped out', and they had been replaced with two others who therefore missed the early sessions. Most participants had found this frustrating (though they recognised it was not the facilitators' fault) and at least two had thought about not continuing:

> *"It puts you off wanting to come again. I just turned up as it wasn't fair on Jo and Sarah not to."*

> *"I thought on Monday mornings about not coming, but once I was there it was OK."*

One of those who had joined late felt 'behind' in being part of the group and developing friendships: *"Joining late was uncomfortable and nerve-wracking, it took*

me longer to get to know people and the courage to speak out." The group felt that in future the course should start, if at all possible, with the full quota of participants, and that, if one or two were not able to start straight away, the course should be delayed until they were.

Perhaps for these reasons, there was a strong consensus that the course had ended too soon, even though it had in fact been extended for four weeks to make twelve weeks in total. Anxiety was expressed by some participants that they might 'slip back' to where they had been before:

> *"We were just getting going at the very end."*
>
> *"I knew it was ending, but still felt strange afterwards, didn't know what to do with myself… We have benefited, but we could be back where we were in two months."*
>
> *"Now I don't know where to go from now – we're all at loose ends."*

The participants suggested several alternatives: that the course should have been longer in duration, that the individual sessions should have been longer, or that there should be monthly follow-up meetings. They were clear that it was not just continuing to meet up with each other that they wanted – or further courses or activities - but the therapeutic input from the facilitators too.

The facilitator agreed that the problems with the venue and the changes in participants had significantly affected the group dynamics in the first few weeks. She felt the course had only really got going and become 'secure' after it had moved to the hotel. She also agreed that some, if not all, the participants needed ongoing support, and was hoping that they could continue to meet monthly. However she did feel that publicising the course as longer then eight weeks at the beginning would have been too daunting, and might have deterred the participants from taking part at all.

2.1.7 Confidentiality issues

The participants suggested that it would have been helpful if the facilitators had had (with their permission) more background information about their situations and histories, which in several cases were very complex:

> *"It would help if facilitators had known about us from our health visitors – they didn't know the different ways we were suffering."*
>
> *"People jump to conclusions when they don't know you."*

The facilitator agreed that this would have been helpful – one participant had disclosed something right at the end of the course which she would liked to have been aware of earlier.

Participants felt that arrangements about confidentiality within and outside the group needed to be very clear. One participant said she had felt *'knocked back'* by something that had been said in the group and she also mentioned that someone else had had a phone call that had *'set her back'* (no further details were given

regarding either comment). One had felt uncomfortable with the final question in the Edinburgh Postnatal Depression Scale *('the thought of harming myself has occurred to me')* and had not known how honest she could be, as it had not been made clear whether social services would be contacted if the question were answered in the affirmative. Another had nearly stopped attending the course due to what she perceived as a breach of confidentiality by a professional – however her partner had persuaded her to continue.

The facilitator's view was that the participants should be allowed space to open up within the group without fear of being referred to social services. She felt that she was able to operate at a different level to statutory workers, and to accept a level of risk in order to achieve the therapeutic objectives of the course. The facilitator said that the approach to confidentially was clearly explained to all participants, even if they joined the course late.

2.2 The impact of the course – participants' perceptions

2.2.1 Friendship with the other participants

Forming friendships with the other participants was clearly one of the main outcomes of the course. It was obvious that the participants, albeit from very different backgrounds and situations, but with their experience of depression in common, had 'gelled' very well as a group - *"This group helps me because they know what I'm going through".*

It was clear that the participants benefited a lot from simply talking with each other in what they felt to be a safe environment, and gained reassurance from knowing that others were going through the same thing:

> *"The group talking is brilliant, because we are all such different people. You get other people's opinions."*
>
> *"I talked to a lot of people, I made quite a few friends…It helped me feel better – I didn't used to go out, so I go out with them."*
>
> *"One of my problems was I had no friends in Hull, which was making me more depressed. Now I have made a circle of friends, which is helping me a lot."*

The participants said they were meeting up between sessions, both at each other's homes and at other Sure Start activities such as Baby Massage and swimming.

2.2.2 The relationship with the facilitators

This was also clearly very important to the participants. It was apparent that the facilitators had worked hard to establish a trusting and relaxed relationship. They had given participants their mobile numbers, telling them they could phone or text at any time, and had also arranged nights out with them. All the participants had arranged additional individual counselling with the facilitators between the group

sessions, and one had also involved her partner. The facilitators had also encouraged them to keep in touch after the course ended.

> *"The facilitators were good about not making us say things that might have made us feel uncomfortable."*
>
> *"We liked talking about whether we've had a good week or a bad week... The facilitators did this too and they did all the activities, as if they were part of the group, so they became more like friends."*
>
> *"I couldn't have done it without the course, without Jo and Sarah's support. I knew I could ring them whenever I needed to."*
>
> *"I don't know, I feel I belong here - but can't describe it."*

The participants also specifically referred to the Parent Support Worker with whom they seemed to have also developed a close relationship.

2.2.3 The impact of the course on the participants' lives

All the participants were able to cite specific ways in which the course had affected their lives:

> *"I don't cry as much."*
>
> *"I'm on the right track."*
>
> *"I'm calmer with the kids."*
>
> *"It was the opposite to what I expected, it was better. The facilitators were very nice. I benefited in an unexpected way, by becoming more confident…I feel like I'm me again – because I'd lost myself. I realise I'm a person, not just a Mum. If it hadn't been for them, I wouldn't have done that."*
>
> *"I speak more to people, it's brought me out more."*

One had also, through a conversation with the facilitator, been given the confidence to send off for information about a specific career she had been considering for a while.

The questionnaires completed with the participants after the end of the course were helpful in indicating how they felt the course had helped them. Table 1 shows that all the participants felt the course helped them 'a lot' to feel more able to make changes in their life, and four out of the five felt it had helped them to make friends with other mothers who are in the same boat, and to find out where to get support when needed.

Table 1: How participants felt the course had helped them

The numbers in each box represent the total number of participants who ticked that box.

The course helped me to…	Helped me a lot	Helped me a little	Did not help me	This already applied before the course
Think more positively about life - feel happier	3	2		
Feel more relaxed - less stressed or worried	2	3		
Feel healthier - able to sleep better	1	1	1	2
Feel more self-confident - stronger	3	1	1	
Feel more able to cope with my baby - enjoy my baby	2			3
Have a reason to get out of the house	3	1		1
Improve how I think I look - my 'self-image'	1	2	2	
Think about how other people see me - what they expect of me		1	1	2
Improve my relationship - with my partner		1	2	2
Improve my relationship - with my parents		1		4
Improve my relationship - with other people	2	1	1	1
Make friends with other mothers who are 'in the same boat'	4	1		
Find out where I can get support when I need it	4	1		
Rediscover myself - who I am	1	4		
Be clearer about what I want to achieve in life - set goals	3	2		
Feel more able to make changes in my life - e.g. work, travel, relationships, move house	5			
Other (please give details)				

2.2.4 The most helpful aspects of the course

One participant had found the problem solving and action-planning in the course particularly helpful: *"Thinking about where we are now and where we want to be in the future."* Another mentioned the advice on nutrition. All had enjoyed the Pamper Day, which had taken place about half way through the course: "*It broke the ice didn't it? It helped us to gel."*

Another said she had particularly enjoyed the relaxation techniques, and several had tried these out on their child or partner.

All but one of the participants had taken advantage of the offer of individual sessions with the facilitators – some receiving this twice a week between course sessions.

While for some this involved counselling, one chose to have an hour's massage every week to help her to relax, and another had kineseology. The facilitator commented that she felt this individual support was extremely important: "*There were certain things they would never disclose [in the group], and also there was not enough time"*. She also felt the individual counselling had helped them to move forward in the group.

Prior to the course, the participants were asked to rank the different aspects of the course according to how helpful they felt they would be. Table 2 shows that, prior to the course, the participants felt that that 'talking in the group with other mothers' would be the most helpful aspect of the course, followed at quite a distance by 'learning from therapists in the group'. 'Help with relaxation in the home' and 'doing homework between each session' came next equal, followed by 'time way from my baby while s/he is in the crèche', 'one-to-one sessions with the therapist' and lastly 'the Pamper Day'.

After the end of the course, participants were again asked to rank the aspects of the course, this time according to what had *actually* been most helpful to them. This exercise showed that, overall, 'talking with other mothers in the group' was still perceived as the most helpful aspect of the group, followed closely this time by 'one-to-one sessions with the therapist' and 'learning from the therapists in the group'. At some distance behind were 'time way from my baby while s/he is in the crèche', 'help with relaxation at home', 'the Pamper Day', and finally 'doing homework between each session'.

Table 2: Perceived helpfulness of different aspects of the course

Please note: the lowest ranking signifies 'most helpful' and the highest ranking signifies 'least helpful' out of the seven named aspects of the course. The numbers in each box represent the combined scores of the participants who ticked each box.

	Ranking prior to the course (combined scores)	**Ranking after the course (combined scores)**
Talking in the group with other mothers	5	9
Learning from the therapists in the group	10	11
Help with relaxation at home	17	20
Doing 'homework' between each session	17	24
One-to-one sessions with the therapist	21	10
The Pamper Day	22	20
Time away from my baby while s/he is in the crèche	19	18

This shows that the most helpful aspect of the course, as accurately predicted by the participants, was talking with other mothers in the group. However, the one-to-one support from the therapists turned out to be much more helpful than they expected. Neither the Pamper Day or time away from the baby were perceived as particularly helpful aspects, although the participants did stress that they very much enjoyed the former – and the latter was of course necessary to free the mothers to concentrate on the course.

2.2.5 Involving partners

There was general agreement that it would have been useful to involve partners (or other 'supporters') in some way in the course, in order to increase their understanding of postnatal depression generally and to help them understand how the course was impacting on the participants. Two women had involved their partners: *"I wanted him to, because we are all moving forward and they [partners/supporters] aren't involved to understand what we're going through…changing."* One had also asked the facilitator to see her son who had behavioural problems.

The participants suggested that, in future courses, a session for partners/supporters would increase their understanding.

The facilitator agreed that it would have been helpful to involve partners (though not in the same course), as her perception was that they too could benefit from personal development. Ideally she would like to see a parallel course/group for partners.

2.3 The impact of the course on the health of the participants

2.3.1 Changes in Edinburgh Postnatal Depression Scale scores

Table 3 below shows that, for all the four participants for whom both scores were available, the scores reduced during the period of the course. In the case of the two participants coded (2) and (5), the post-course score was still higher than 12 (above which there is an indication of depression), but in both cases it had been very high at the start of the course and it significantly reduced over the duration of the course. It was known that one of the two had had a particularly bad week following the course, which would have affected her score.

Table 3: Individual Edinburgh Postnatal Depression Scale scores, before and after the course

Please note: higher scores indicate a greater likelihood of depression

Participant Code	Pre-course score	End-of-course score
1	16	6
2	25	18
3	16	Not available
4	11	9
5	21	14

The reduction in the scores cannot itself be definitely attributed to the impact of the course, as there may well have been other factors involved, and time itself was probably a factor. However, when combined with the comments of the participants in the sections above, it does seem reasonable to conclude that the course is likely to have been a significant factor in reducing, or even bringing, their depression to an end.

The professionals who had referred the participants were asked whether they had noticed any specific changes in the person/people they had referred which they would attribute to the course. Two of the three who responded were very positive about what the course had achieved. One commented that the mother was seen as more assertive and confident, particularly in her ability to parent, and thinking about the future including education and career possibilities. She had made new friends and seemed to be out most days, attending activities. The other said that the mother s/he had referred had coped better with stress since the course and had been able to share her experiences. The third referrer had also noticed a clear improvement in the mother s/he had referred, although s/he added that she *'continues to be depressed and very negative'.*

2.4 Evidence of cost-effectiveness

By identifying the total cost of providing the course, we were able to identify the 'unit cost' per participant.

Table 4 shows the cost data provided by the Family and Community Health Practitioner:

Table 4: Cost data for the course

Item	Unit cost	Total cost to nearest £5	Notes
Venue: church hall	3 weeks @ £8	25	Had to change after 3 weeks
Venue: hotel	10 weeks @ £100	1000	
Crèche	4 Workers x 3 weeks = £80. 58 per week = £241 .74 3 Workers x 10 weeks = £72.58 per week = £725 .58	965	
Refreshments	13 weeks @ £10	130	Provided by facilitators
Course fee inc. preparation	79 hours @ £25	1975	For the full 12 weeks, plus one follow-up session
Resource pack		175	To utilise during session and for home use
Individual sessions	72 hours @ £25	1800	
Treatment package		1200	Comprising: • 5 specialised therapists and 2 junior staff • Utilisation of The Therapy Centre premises, including hair salon, treatment rooms and dining room • Drinks, snacks and buffet lunch for group of mothers • Individual and group photographs
Literature design and production		220	• Course information for Sure Start • Course brochures for potential mothers • Creation of partnership letterheads • Pre-course assessment forms • Referral Forms • General Practitioner letters • Mid-course evaluation report • Post-course evaluation summary
Telephone calls		50	
Additional meetings for therapists		350	Total of 7 meetings, including meetings with Sure Start staff, Pam Pettman, Health and Well-being team, external evaluator, Health Visitors
Taxis	3 weeks @ £12.00 = £36.00 10 weeks @ £52.50 = £525.00	560	Would not be so high if nearer suitable venue could be found
Input of the Family and Community Health Practitioner	70 hours @ £17.97 (inc. overheads)	1260	Initial set-up costs, and change of venue, made these higher than they would normally be
Input of Parent Support Worker	52 hrs @ £7.95 (inc. overheads)	415	Sorting out taxis and encouraging mothers to attend.
Totals		**10125**	
Cost per head		**2025**	

The total cost of running the course, at £10125, therefore, equates to just over £2000 per head. The cost of the external evaluation has been excluded, as it would not apply if the course were repeated on a regular basis. Overheads of 15% have been included in the Sure Start staff costs.

There are a number of savings which could be made if the course were repeated in the future i.e.

- A cheaper venue could be identified (though it is important that it is suitable)
- The number of meetings which the therapist attended could perhaps be reduced from 7 to 2 or 3 for future courses
- The Family and Community Health Practitioner's and Parent Support Worker's time could be reduced, as the practicalities should be simpler
- The unit cost could be reduced if all six places on the course could be filled

Table 5 Estimated costs for another course (based on course at Gipsyville Multipurpose Centre, six participants, 12 weeks plus one follow-up)

Item	Unit cost	Total cost to nearest £5
Venue: Gipsyville Multipurpose Centre	13 weeks @ £28	365
Crèche	£80. 58 per week (4 workers) x 13 weeks	1050
Refreshments	13 weeks @ £10	130
Course fee inc. preparation	79 hours @ £25	1975
Resource pack		175
Individual sessions	87 hours @ £25	2175
Treatment package		1200
Literature design and production		220
Telephone calls		50
Additional meetings for therapists		200
Taxis	13 weeks @ £14.40	185
Input of the Family and Community Health Practitioner	35 hours @ £17.97 (inc. overheads)	630
Input of Parent Support Worker	30 hrs @ £7.95 (inc. overheads)	240
Totals		**8595**
Cost per head		**1430**

The table shows that the costs per head of the course could be reduced from £2025 to £1430 (and the total cost of the course reduced from £10125 to £8595).

The professionals who had referred the participants were asked if, in their view, their attendance on the course had helped to reduce the amount of support they themselves had needed to provide (in other words, had reduced their 'workload'). Two of the three respondents agreed that it had done so. One said that s/he had known that the mother had access to advice and support from the Sure Start professionals who would liase with the health visitor if they were concerned. The health visitor now only needed to visit monthly. The other said that s/he had not needed to visit since the course. However the third referrer said that his/her workload had not been much reduced: *"This mum still rings and I have still to offer additional support despite input".*

Although £1430 per person may sound expensive, this needs to be set in the context of the potential costs of further health interventions had the participants remained depressed, or become more depressed. A typical pattern of intervention could include further courses of anti-depressants, GP consultations, health visitor visits, appointments with a consultant psychiatrist, and even admission to psychiatric hospital. Cost examples from the PSSRU[4] show how these could quickly mount up:

Anti-depressants	£8 - £20 per short course (28 days)
GP consultation	£26 per 12.6 minutes
Health visitor	£63 per hour of client contact
Appointment with consultant psychiatrist	£113 per patient-related hour
Acute hospital admission	£165 per inpatient day

It is clear therefore that, even in purely financial terms, the costs of the course may well be justified, though this cannot be proved within the scope of such a small evaluation. The 'human' and long-term costs of not providing the course are even harder to estimate. However, as part of the six-month follow-up meeting with the participants, we will discuss with them their own perceptions of the cost-effectiveness of the course e.g. with regard to the impact on their relationship, dependence on health or social service professionals, or ability to return to work.

2.5 Transferability

The Board was interested to ascertain whether the methods and skills required to deliver such a course could be used by local service providers in future similar projects.

There was, however, quite a strong view within the group that the course would not have 'worked' had it been run by staff from the statutory sector, such as health visitors. The participants saw the facilitators as having a closer understanding of what they were going through than professionals had. As one participant put it:

[4] Netten, A, and Curtis, L (2004) *Unit Costs of Health and Social Care 2003.* Personal Social Services Research Unit

"They've read the books, but they don't know what it's really like." Group members also made it clear that they would feel wary of talking openly to health professionals in case they were referred to social services: *"It's a lot different from social services and health visitors, they are similar and you know it. You'd ring Sarah, not your health visitor."*

The facilitator stressed the importance of establishing trust within the group, and pointed out that most of the participants had been known to other agencies for a long time and had not in general got a good relationship with them. Facilitators from 'outside the system' might find it easier to develop trust and avoid labels. Some of the participants had multiple mental health problems and complex histories – any facilitator would have to be able to deal with this, as well as having a real understanding of group dynamics and also being willing to look at themselves as well. It was also important that co-facilitators had worked together for a substantial period. Finally, it would undoubtedly be difficult for busy health professionals to devote so much time to the participants, both within and outside the course sessions.

Chapter 3 Conclusions and Recommendations

3.1 Conclusions

Over the period of the course, it is clear that the participants would all have been subject to a wide range of influences and life events. For this reason it is not possible to claim with certainty that the changes apparent in the mental health of the participants were solely, or even largely, due to the course.

However, the changes noted, combined with the comments of the participants, the facilitators and the referrers, do suggest that the course has played a significant role in helping the women involved to regain a sense of self and improve their mental health. The participants have clearly benefited from extending their social networks, from talking through their worries in a safe environment, from learning how to set and achieve goals and from gaining greater control over their lives. It is almost inevitable that the children will also have benefited from these changes in their mothers.

There is no doubt that the course, costing around £2000 per participant (or around £1400 if proposed changes were implemented), could be viewed as an expensive intervention. However, it is clear that each participant benefited significantly from the course. It is likely, though impossible to prove, that the improvements in their health will mean that they will require less support in the future from professional staff. It is also possible, though again not provable, that the course may have helped them to avoid hospital admission, extended courses of medication, or even child protection measures – all of which, of course, are extremely costly, both in financial and in human terms. Our conclusion is, therefore, that the course is a valuable tool for helping Sure Start to achieve its aims of caring for mothers who have postnatal depression, and of strengthening families and the community. Ultimately however, the Board will need to make its own judgment about the cost-effectiveness of this kind of intervention.

Finally, it is our judgement that delivery of the course could not easily be transferred to Sure Start staff or other professional staff. It is unlikely, for reasons previously stated, that they would have sufficient skills, time, resources or experience to deliver the course in its current format. It is also apparent that the participants feel more comfortable with facilitators who are not associated with the statutory services, and this may well be a significant factor in the amount of progress they are able to make. It is our conclusion, therefore, that the course is best delivered by staff who do not have any statutory child protection or mental health responsibilities, and who have sound qualifications and experience in both group and individual counselling, as well as in a range of other therapies.

3.2 Recommendations

It is our recommendation that the course should be repeated in the future to benefit other mothers affected by postnatal depression, and to strengthen families and the community. However, it is also clear that the course is not an inexpensive resource,

and it is therefore proposed that close attention should be paid to the following recommendations in order to maximise its cost-effectiveness.

3.2.1 Pre-course arrangements

- **Recruitment:** at least two to three months should be allowed for recruitment and set-up. It would be useful to include CPNs and perhaps consultant psychiatrists in the recruitment sweep (rather than just health visitors and GPs). Given the difficulties of recruiting six participants from the same small area for the same course, it may also be cost-effective to 'share' the scheme between two or three neighbouring Sure Start programmes. On the other hand, it is important that the participants live near enough to each other that they can meet between sessions, and maintain contact after the end of the course. As it is likely that one or more participants may drop out at an early stage, it might be advisable to start with eight rather than six. The course should not start until all participants are in a position to do so.

- **Explaining the course:** potential participants should if at all possible be visited individually by the course facilitators (possibly together with their own health visitor) and have the nature of the course clearly explained to them. Those aspects of the course which have been found particularly helpful – such as the one-to-one sessions and meeting other mothers – should be promoted.

- **Information about participants**: facilitators could be given additional information about the participants, with their permission.

3.2.2 Practicalities

- **Venue:** the venue selected should be warm, welcoming and quiet, as close as possible to the Sure Start area and with a separate room for the crèche, out of earshot from the main room.

- **Transport:** all participants should be offered transport to and from the venue. As some will be nervous of coming, it would be helpful if they could be accompanied by a Sure Start worker, whom they have already met, possibly in a minibus.

- **Crèche:** all workers must be experienced and confident with young babies. The crèche should be sited far enough from the main room to avoid any distraction from crying babies. Childcare regulations for the specific venue should be carefully investigated before arrangements are finalised.

3.2.3 The course itself

- **Duration of course:** the course should last for twelve weeks, followed by between three and six monthly follow-up sessions.

- **Length of sessions:** sessions should be planned to last for two and a half hours rather than two, perhaps with a 'comfort' break in the middle. This would allow a little more time for concentrated 'work'.

- **Partners:** it would be helpful to offer partners the option of a) participating in one or more of the individual counselling sessions and b) attending an information session on postnatal depression.

- **Confidentiality:** a clear protocol should be agreed and adhered to by all involved in the course. Consideration should be given to starting the course with an extended, activity session.

‘Steps in the Right Direction’

Personal Development Course for Women with Postnatal Depression

Sure Start Newington with Gipsyville

Six-month Follow-up Report

Introduction

This report is an appendix to an independent evaluation of a course for women with postnatal depression, which was commissioned by Sure Start Newington with Gipsyville. The course, which ran from January to April 2004, aimed to complement the support provided by health visitors and other professionals. It was given the title of ‘Steps in the Right Direction’.

The main report, produced in June 2004, described the findings of the evaluation at the end-point of the course. This report describes the information collected six months later.

Six months after the end of the course, the group was invited to meet with the evaluators again to review the longer-term impact of the course. Four out of the five women who completed the course attended the reunion (these were the same four who had attended the end-of-course discussion group). A discussion took place in the group and the Family and Community Health Practitioner took a third set of EPDS scores. Two of the women also took the opportunity to speak with the evaluator individually.

The impact of the course

When asked how they saw themselves now, three of the four women described themselves as still depressed; two of these said they had been put back on anti-depressants, and the third that she had never come off them. The fourth woman however said she had improved considerably and was feeling *‘a lot better’*; she said the individual counselling and the kinesiology had been particularly helpful. However, even she has *‘down days’*; only last week she had not been able to stop crying and had had to call the doctor.

The most positive thing the women felt they had got from the course was *'friends'*. Two described themselves as *'like Billy-no-mates'* prior to the course – coming on the course and talking openly about their problems had enabled them to make friends, not only with the other group members but also in the wider community.

The women reiterated their previous suggestion that partners should also have received support and information about postnatal depression. As one put it: *"It's all very well having [the group] one day a week… but the other six days you're getting [told to] 'pull yourself together' from your partner'.*

Significant life changes

All four of the women had undergone significant life changes during the last six months – some positive and some less so. One had married her partner and was now very busy with various Sure Start courses, which she felt *'kept her brain going'* until she was ready to start work again. The second was still with her partner, although having some problems, and was also doing a range of courses. She was thinking of going back to work soon.

The third had met a new partner, whom she was planning to marry, but in the meantime had fallen out with her own family and, due to disagreements with neighbours, has now been told to move house by the police. The fourth had left her partner, and had moved to the other side of Hull – this meant she had also had to start a new job. Now however she was not sure that these had been the right decisions. She said she had also got herself *'a criminal record'*, and was now in touch with the mental health services.

The women found it hard to say what impact the course had had on any of these decisions or events – although the Sure Start courses had clearly been one positive outcome of the course.

Keeping in touch

Although the women said they had sometimes *'bumped into'* each other in town, or had texted each other the occasional message, it appeared that there had not been much pre-arranged contact between members of the group. Two still saw each other regularly at various Sure Start courses, but the others had been more isolated. Those present expressed particular concern about the fifth woman who had not come – they said they had tried to meet up with her but she had always cancelled. They felt she *had "really gone down"* and knew she had had family problems; they felt responsible for her as she had been a member of the group, but would like to have known if Sure Start had provided some follow-up for her. *(Note: Sure Start have confirmed that this has in fact been provided)*

The group expressed disappointment that no follow-up meetings had been arranged – they had requested these at the end-of-course meeting, and had been led to believe that another meeting would be arranged, but nothing had transpired. To this extent they saw Sure Start as having *'let them down'*. They all felt they would have

benefited from ongoing support, that the group should have been *'wound down gradually'* rather than coming to an abrupt end, and that alternative sources of support should have been identified. *(Note: Sure Start had apparently passed on the request for a follow-up meeting to the therapist, but she had had difficulty in contacting the members, particularly the woman who had moved house, and no reunion had yet been arranged)*

One of the women said the therapist had also been helping her 7 year-old son with his behaviour problems. Again, no alternative support had been arranged after the end of the course; his behaviour had now deteriorated and was causing her problems.

When asked if they had phoned the therapists themselves, they said this was difficult as a) the cost of a (possibly lengthy) mobile call to Bridlington was quite prohibitive and b) they had felt they had rather lost the relationship. However, some contact had been maintained as one of the women had invited the therapists to her hen night and wedding.

One of the women was now receiving counselling from the mental health service; another was considering counselling offered by her health visitor but did not feel she would be able to request this from her GP.

Other comments

There were strong views about the need for trust within the group. It was felt that the fifth member of the group (who was not present) may have felt let down because she had been *'reported'* to social services and that they (the other members) had been left to *'mend the damage'*.

The women would have liked to know if the therapist had seen the evaluation report, and said they would also have liked her to be present at this follow-up session.

Changes in Edinburgh Postnatal Depression Scale scores

The table below shows that, for all the four participants for whom all three scores were available, the scores reduced during the period of the course. However, in three out of the four cases, the score increased very substantially in the six-month period following the course. In the fourth case, the score dropped by a further one point. (*Please note: higher scores indicate a greater likelihood of depression)*

Participant Code	Pre-course score	End-of-course score	6 month follow-up score
1	16	6	20
2	25	18	27
3	16	*Not available*	*Not available*
4	11	9	8
5	21	14	25

The reduction and subsequent increase in the scores cannot itself be definitely attributed to the impact of the course, as there may well have been other factors involved, and time itself was probably a factor. However, the scores do reflect the comments of the participants at the end-of-course and six-month evaluations.

Conclusions

Both positive and negative messages have emerged from this follow-up report. On the positive side, it is clear that the women valued the group highly, and in particular the friendships they had made from it. One in particular felt that the course had had a long-term positive impact on her attitude to life. On the other hand, it is also clear that the women felt very vulnerable when the course came to an end, and the concerns they expressed at that point that they might not be able to cope have to a certain extent been justified.

Our main recommendation is that, when future courses are being planned, careful thought be given as to how they can be gradually 'tapered' off, and as to how the members can be introduced to alternative sources of support. It is clear that therapeutic groups of this kind can open up deep emotions and vulnerabilities, and that there is therefore a responsibility to ensure that members receive adequate support for as long as they need it. Although this will inevitably increase the overall cost of the course, it is also likely to increase its cost-effectiveness by producing better long-term outcomes.

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Acton.Shapiro

October 2004

Appendix A

Sure Start Newington with Gipsyville

Personal Development Course for Mothers (January – March 2004)

Pre-course Questionnaire

Please note: the information you provide is confidential and will only be used for the purposes of the evaluation report. No names or identifying details will be included in the report.

Name……

Address……

Phone……

What I hope to get out of the course…

How I hope it will help me and my family…

Any concerns or worries I have about the course…

How do you hope the course will help you? (Please tick one box in each row).

I hope that the course will help me to…	Very important	Quite important	Not important
Think more positively about life - feel happier			
Feel more relaxed - less stressed or worried			
Feel healthier - able to sleep better			
Feel more self-confident - stronger			
Feel more able to cope with my baby - enjoy my baby			
Have a reason to get out of the house			
Improve how I think I look - my 'self-image'			
Think about how other people see me - what they expect of me			
Improve my relationship - with my partner			
Improve my relationship - with my parents			
Improve my relationship - with other people			
Make friends with other mothers who are 'in the same boat'			
Find out where I can get support when I need it			
Rediscover myself - who I am			
Be clearer about what I want to achieve in life - set goals			
Feel more able to make changes in my life - e.g. work, travel, relationships, move house			
Other (please give details)			

What do you think will be most helpful aspect of the course?
Please rank from 1 to 7 (1 is the most helpful, 7 is the least helpful)

	Rank
Talking in the group with other mothers	
Learning from the therapists in the group	
Help with relaxation at home	
Doing 'homework' between each session	
One-to-one sessions with the therapist	
The Pamper Day	
Time away from my baby while s/he is in the crèche	

Appendix B

Edinburgh Postnatal Depression Scale (EPDS)

According to Guideline 60 from SIGN[5], EPDS is the most commonly used screening tool in the postnatal period. There is good evidence for its effectiveness, although its sensitivity, specificity and predictive value are dependent on the cut-off scores chosen. A cut-off of greater than 9 has been suggested for 'possible depression' and greater than 12 for 'probable depression'. The lower cut-off will ensure that very few women are missed, but at the expense of a high false positive rate. Taking this into account, the positive predictive value of the EPDS varies from 44% to 73%.

The information below is taken from the British Journal of Psychiatry June, 1987, Vol. 150 by J.L. Cox, J.M. Holden, R. Sagovsky.

The Edinburgh Postnatal Depression Scale has been developed to assist primary care health professionals to detect mothers suffering from postnatal depression, a distressing disorder more prolonged than the "blues" (which occur in the first week after delivery) but less severe than puerperal psychosis. Previous studies have shown that postnatal depression affects at least 10% of women and that many depressed mothers remain untreated. These mothers may cope with their baby and with household tasks, but their enjoyment of life is seriously affected and it is possible that there are long-term effects on the family.

The EPDS was developed at health centres in Livingston and Edinburgh. It consists of ten short statements. The mother underlines which of the four possible responses is closest to how she has been feeling during the past week. Most mothers complete the scale without difficulty in less than 5 minutes.

The validation study showed that mothers who scored above threshold 92.3% were likely to be suffering from a depressive illness of varying severity. Nevertheless the EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week and in doubtful cases it may be usefully repeated after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorder.

Instructions for users:

- The mother is asked to underline the response which comes closest to how she has been feeling in the previous seven days.
- All ten items must be completed.
- Care should be taken to avoid the possibility of the mother discussing her answers with others.

[5] Scottish Intercollegiate Guidelines Network at www.sign.ac.uk

- The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

- The EPDS may be used at 6-8 weeks to screen postnatal women. The child health clinic, postnatal check-up or a home visit may provide suitable opportunities for its completion.

The ten questions

Name: _____

Address: _____

Baby's Age: _____

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

I have been able to laugh and see the funny side of things.

As much as I always could
Not quite so much now
Definitely not so much now
Not at all

I have looked forward with enjoyment to things.

As much as I ever did
Rather less than I used to
Definitely less than I used to
Hardly at all

*I have blamed myself unnecessarily when things went wrong.

Yes, most of the time
Yes, some of the time
Not very often
No, never

I have been anxious or worried for no good reason.

No, not at all
Hardly ever
Yes, sometimes
Yes, very often

*I have felt scared or panicky for not very good reason.

Yes, quite a lot
Yes, sometimes
No, not much
No, not at all

*Things have been getting on top of me.

Yes, most of the time I haven't been able to cope at all
Yes, sometimes I haven't been coping as well as usual
No, most of the time I have coped quite well
No, I have been coping as well as ever

*I have been so unhappy that I have had difficulty sleeping.

Yes, most of the time
Yes, sometimes
Not very often
No, not at all

*I have felt sad or miserable.

Yes, most of the time
Yes, quite often
Not very often
No, not at all

*I have been so unhappy that I have been crying.

Yes, most of the time
Yes, quite often
Only occasionally
No, never

*The thought of harming myself has occurred to me.

Yes, quite often
Sometimes
Hardly ever
Never

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptoms. Items marked with an asterisk are reverse scored (i.e. 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the ten items.

Appendix C

Sure Start Newington with Gipsyville

Personal Development Course for Mothers (January – April 2004)

Post-Course Questionnaire

Please note: the information you provide is confidential and will only be used for the purposes of the evaluation report. No names or identifying details will be included in the report.

Name……

Address……

Phone……

Please answer these questions before you turn over the page…

1. What do you feel you got out of the course?

2. Did you have any concerns or worries about the course?

3. Can you suggest any ways in which the course could be improved?

4. In what ways, if at all, did the course help you?
(Please tick one box in each row).

The course helped me to…	**Helped me a lot**	**Helped me a little**	**Did not help me**	**This already applied before the course**
Think more positively about life - feel happier				
Feel more relaxed - less stressed or worried				
Feel healthier - able to sleep better				
Feel more self-confident - stronger				
Feel more able to cope with my baby - enjoy my baby				
Have a reason to get out of the house				
Improve how I think I look - my 'self-image'				
Think about how other people see me - what they expect of me				
Improve my relationship - with my partner				
Improve my relationship - with my parents				
Improve my relationship - with other people				
Make friends with other mothers who are 'in the same boat'				
Find out where I can get support when I need it				
Rediscover myself - who I am				
Be clearer about what I want to achieve in life - set goals				
Feel more able to make changes in my life - e.g. work, travel, relationships, move house				
Other (please give details)				

5. What do you think was the most helpful aspect of the course for you?
Please rank from 1 to 7 (1 is the most helpful, 7 is the least helpful)

	Rank
Talking in the group with other mothers	
Learning from the therapists in the group	
Help with relaxation at home	
Doing 'homework' between each session	
One-to-one sessions with the therapist	
The Pamper Day	
Time away from my baby while s/he is in the crèche	

Appendix D

Evaluation of the Personal Development Course
(for mothers with postnatal depression)

Sure Start Newington with Gipsyville

What did you hope the course would achieve for the person/people you referred?

As far as you are aware, how successful has the course been in achieving this?

Have you noticed any specific changes in the person/people you referred which you would attribute to the course?

Has their attendance on the course helped to reduce the amount of support you yourself have needed to provide (in other words, has it reduced your 'workload')? If so, please give details.

Have you any other comments about the course?

Have you any views as to whether this course should be repeated locally to help other women suffering from postnatal depression?

Thank you for your help. Kindly return this sheet in the prepaid envelope enclosed, or, if you prefer, fax it to Acton.Shapiro on 01653 698589.