September 2023

Exploring the Impact of the Kirkby Perinatal Mental Health Social Prescribing Pathway

Rebecca Harrison, Chloe Smith, Ellie McCoy, Faye Hellewell & Hannah Timpson

Contact: Rebecca Harrison **email:** R.Harrison@ljmu.ac.uk **phone:** 0151 231 4472

Public Health Institute, Faculty of Health, Liverpool John Moores University, 3rd Floor Exchange Station, Tithebarn Street, Liverpool, L2 2QP

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

Kirkby PCN

one KNOWSLEY

Exploring the Impact of the Kirkby Perinatal Mental Health Social Prescribing Pathway

September 2023

Authors: Rebecca Harrison, Chloe Smith, Ellie McCoy, Faye Hellewell & Hannah Timpson

About this report

Kirkby Primary Care Network (PCN) and One Knowsley have developed a Perinatal Mental Health Social Prescribing Pathway. In 2022, the Public Health Institute, Liverpool John Moores University were commissioned to undertake an evaluation of that pathway. This report presents the key findings from the evaluation of the Kirkby Perinatal Mental Health Social Prescribing Project.

Acknowledgements

The authors would like to thank the following individuals for their support and participation in the evaluation and preparation of this report:

- Debbie Bennett, Jessy Noe, Rachael Jones from One Knowsley
- Dr Mike Merriman, Dr Hassan Argomandkhah, Kendra Waring from Kirkby Primary Care Network
- Dave Seddon and Charley Wilson from the Public Health Institute, Liverpool John Moores University
- All of the parents and stakeholders who took part in interviews to tell us about their experiences of the Perinatal Mental Health Social Prescribing Pathway

Executive Summary

Introduction

Knowsley is the second most deprived borough in England and Kirkby is the most deprived of the four locality areas within Knowsley, with over one third of its residents being income deprived. Knowsley has higher than average (when compared to England) levels of: children in relative low-income families; rates of conception in under 18s; and emergency hospital admission for intentional self-harm. There are also high numbers of: one parent families, free school meal uptake, and severe mental health problems. Anecdotal evidence suggests that during the COVID-19 pandemic and with the current cost of living crisis this position will have worsened for many. Over the past five years, birth rates have grown slightly in Knowsley, with mortality rates remaining stable. In Knowsley, women tend to have children younger than national or regional fertility rates. Mental health, wellbeing and social isolation are priority areas in the Knowsley Health and Wellbeing Strategy.

Perinatal Mental Health and Social Prescribing

The perinatal period is defined as being from pregnancy to 12 months post-birth. Perinatal mental health (PMH) disorders are the most common complication of childbearing, and these effects vary in type and severity. Left untreated, PMH disorders can have significant and long-lasting effects on women, children, and the wider family. Individuals from different backgrounds, social groups, and countries experience different levels of health, with avoidable inequalities or systematic differences in health outcomes existing between social groups. Mental health issues, including PMH issues, are more likely to occur in people who are disadvantaged by these inequitable differences. The high costs of PMH are well documented, with current initiatives including the Women's Health Strategy for England and the NHS Maternity Transformation Programme having ambitious plans to improve maternal and perinatal mental and physical health. Barriers to accessing PMH support have been recognised, with key areas including: individual, organisational, sociocultural, and structural.

Social prescribing has been described as an innovative and promising approach to providing psychosocial support for vulnerable groups, bridging the gap existing between medical and psychosocial services. It provides GPs and other primary care professionals with a non-medical referral option, which can accompany existing treatments to improve patient health and wellbeing through social and community interventions. Social prescribing is usually implemented with the use of a 'link worker' to connect individuals with local community activities and services aiming to improve their health and wellbeing. Social prescribing link workers are becoming an integral part of the multidisciplinary teams within PCNs, recognising the importance and relevance of the impacts of the wider determinants of health, stemming from a socio-ecological understanding. Emerging evidence shows benefits upon individuals' psychological wellbeing improving multiple healthcare outcomes including quality of life, anxiety, and depression.

Social prescribing has consistently demonstrated its ability to improve the health and wellbeing of individuals, specifically those with mental health and psychosocial issues. Therefore, it seems appropriate that social prescribing may be useful for the support and treatment of women who have or are at risk of developing PMH issues. However, little literature or evidence of best practice combining the two exists.

Evaluation of the Kirkby Perinatal Mental Health Social Prescribing Pathway

In 2022, Kirkby Primary Care Network (PCN) and One Knowsley developed a Perinatal Mental Health Social Prescribing Pathway (PMHSPP). This includes a bespoke social prescribing response to the mental health needs of expectant mothers already disadvantaged because of health inequalities and

social deprivation. This response includes a referral to the pathway of care starting at the beginning of pregnancy either at booking or primary care contact. The first engagement takes place with the social prescribing service and is led by a specialist perinatal mental health social prescribing link worker (PMHSPLW). The pathway initiates a journey of care and support for those including young Mums to be (and their families), who are amongst the most disadvantaged members of the community in Knowsley.

The Public Health Institute (PHI), Faculty of Health, Liverpool John Moores University (LJMU) were commissioned to undertake an evaluation of the Kirkby Perinatal Mental Health Social Prescribing Project. The aim of this evaluation was to explore experiences of pathways, process and activities associated with the delivery of the Perinatal Mental Health Project.

Specifically, the evaluation aimed to look to answer the following questions:

- what is the added value of the programme?
- what sections of the population are receiving support from the programme that would otherwise not be provided?
- what are the relationships between the programme and wider stakeholders?

Methods

Rapid literature review

The evaluation includes collation and exploration of any existing documentation (e.g., national / local guidance and policy documents, peer reviewed journal articles) and other information produced or collated by partners that detail the policies, processes, and support mechanisms in place for pregnant and new Mums and their families.

Collation and analysis of secondary data

The evaluation includes the analysis of secondary data routinely collected through the Kirkby Perinatal Mental Health Social Prescribing Pathway on the Elemental Social Prescribing database. This data covers the period April 2022 to March 2023.

Qualitative interviews with key stakeholders

In total, 14 interviews were conducted with: six parents engaged with the Perinatal Mental Health Social Prescribing Pathway (face-to-face and over the telephone); two stakeholders involved with the delivery of the pathway (online on MS Teams); and six stakeholders who were part of the Perinatal Mental Health Community of Practice (this included one paired interview; all interviews took place online on MS Teams).

Development of case studies

Case studies were produced from the six interviews that were undertaken with parents to illustrate their perinatal journey.

Key Findings and Recommendations

The Kirkby Perinatal Mental Health Social Prescribing Pathway (PMHSPP) is a holistic and person-centred social prescribing response for parents (and their families, providing a whole family approach) during the perinatal period. The pathway delivers targeted community-based social prescribing provision that aims to engage with those not already engaging with services, linking them to an enhanced Voluntary, Community, Faith, and Social Enterprise (VCFSE) offer and access to statutory services where required, with the aim of providing early help and preventative support to enable and empower parents to improve physical, mental, emotional and social wellbeing. Support can be provided to parents for up to six months or longer (up to 12 months), depending on their needs.

Many new parents struggle to access the support that they need for their mental health, and it is widely acknowledged that there are inequalities in PMH outcomes, with marginalised women including those from minority ethnic groups and lower socio-economic backgrounds being worst affected. The data show that those engaging with the pathway were mainly female (n=62/64, 96.9%); in a civil partnership or married (n=27/40, 67.5%) and predominantly aged between 19 and 34 years of age (n=45/64, 70.3%).[1] More than half (n=37/64, 57.8%) were first time parents; evidence shows that first time Mums are more vulnerable and less likely to receive the support they need. More than one third (n=15/40, 37.5%) of parents for whom data was available reported that they were unemployed; whilst over one quarter of parents also reported having a long-term condition (n=11/41, 26.8%) that included depression and/or anxiety, asthma, and epilepsy. The available data show that on the whole those parents engaging with the pathway did not smoke (n=28/32, 87.5%) or drink alcohol (n=25/30, 83.3%).

The first 1,001 days from pregnancy are a vital time to safeguard a baby's development and the development of bonding relationships between parents and their children. It is evident from this evaluation that whilst overall, the pathway has had a positive impact on those who have engaged with it, there are also barriers on individual (e.g., poor awareness of services), organisational e.g., (resource inadequacies, service fragmentation) and sociocultural (e.g., language/cultural) levels. In light of this, a number of recommendations are also made for the future delivery of the Perinatal Mental Health Social Prescribing Pathway in Kirkby.

The pathway and referral processes

It is evident from the findings that the pathway is filling a need for the perinatal community in Kirkby. All those spoken to as part of this study felt that the pathway was very much needed and provided support that is not readily available to parents and would not typically be offered elsewhere. For referrers, this also provided a peace of mind that the correct support was being given in a timely manner.

The referral process was seen to be quick, with everything well communicated. Providing support through a non-medicalised intervention was seen to be important. The pathway receives and generates referrals from GPs, Midwives, Health visitors as well as other non-statutory referral partners. All referrals are entered onto Elemental Social Prescribing System through the GP surgery. The PMHSPLW then refers or signposts directly into community organisations/group/services using Elemental to record signposting and to generate and manage referrals. A number of VCFSE stakeholders highlighted that whilst they had not referred into the pathway, it was important that this option was available to them.

There are numerous activities, services and support that parents and their families are able to access, some of which did not have a perinatal focus, but still form an essential part of the pathway as it helped to address those aspects (e.g., housing, benefits, food/fuel poverty) that may be impacting upon the parent's mental health and wellbeing. This reach of support was viewed as a strength of the pathway. The majority of parents presented on the pathway with one or two reasons (n=55/64, 85.9%) that they required support for; the top three of which were recorded as 'perinatal' (41/64, 64.1%), 'mild anxiety and/or depression' (n=16/64, 25.0%), and 'low self-esteem/confidence' (n=12/64, 18.8%). The top three prescriptions were made to Knowsley Children's Centres (e.g., early years' service, baby massage and sensory room), Liverpool Philharmonic and Knowsley Citizen's Advice (e.g., advice around benefits, immigration, energy, and employment). Parents were also signposted to support, the top three of which were mental health (n=19/48, 39.6%), physical exercise (n=14/48, 29.2%) and social support (n=10/48, 20.8%).

[1] Denominators have been provided in this discussion to highlight those aspects where data were not available for all of the parents who have engaged with the pathway.

It is evident that at the outset of the pathway, time was well spent establishing signposting and referral pathways, resulting in a wide reach of services through which parents can access support (including those that do not necessarily have a perinatal focus). Continued promotion of the PMHSPLW role and the pathway was viewed by stakeholders as essential; as was making connections between parents and services, even where they may not be ready to receive support. This included integrating the pathway within the wider system. Parents hoped that the pathway would be one which many parents living in Kirkby would be able to engage with and benefit from more widely.

Whilst the pathway was initially said to target those who are already disadvantaged because of health inequalities and social deprivation, there has been a more universal approach to engaging parents to the pathway. For example, GP surgeries informing all of their pregnant patients and new Mums about the pathway, and the PMSHPLW attending community settings to speak to service providers and service users about the pathway.

Recommendations

- Provide criteria about what the purpose of the pathway is, who it is targeting and what support it is there to provide. From the findings of this evaluation it is evident that a targeted approach with a defined population group is essential. It is challenging to identify if the pathway has connected all of those who could avail themselves with its support, however, through continued exploration and analysis of local population demographics alongside data of those accessing the pathway it may be possible to ensure that the pathway is reaching out to those parents that may currently be under-represented.
- Find ways of maximising the uptake of the perinatal offer; currently there are different systems and approaches around engagement (e.g., GP surgeries texting all pregnant Mums to offer PNMHSPP; PMHSPLW attending community groups; promotion through GP, Health Visitors, Midwives), some of which have had low uptake.
- Make the pathway and its referral mechanisms explicit and accessible to all referral partners. It may be explored whether a more formal referral process into the pathway from referral partners (particularly VCFSE) needs to be developed, for example, an online referral form that can be e-mailed to the PMHSPLW. At this time it is also not possible for parents to self-refer onto the pathway, but this is something that could also be explored to increase engagement. Self-referral is advocated by NHS England (2019) and can promote the pathway so that it reaches those whom it may not have done previously. Ease of access to the pathway and getting the 'front door' right is essential.
- It may be explored whether there is a process that enables referral partners to have sight of the patient pathway so that they know of types and levels of engagement and there is an awareness should parents come back to referral partners. It is important to note, however, that whilst this would provide information around signposting and referrals, it would not necessarily tell referral partners whether the parent had actually engaged with that service.

Perinatal Mental Health Social Prescribing Link Worker (PMHSPLW) as a single point of contact

Social prescribing link workers are becoming an integral part of the multidisciplinary teams within primary care networks (PCNs), with social prescribing models evidenced to significantly improvements in anxiety, quality of life, and ability to carry out everyday activities. Currently there is a paucity of literature that specifically relates examples of social prescribing in the perinatal period, and the approach taken in Kirkby is therefore a novel one.

The value of the PMHSPLW role was recognised by all of those interviewed as part of this evaluation. The PMHSPLW acts as a single point of contact for all referrals so parents can be triaged to the specific aspects of support that may be needed and referral and signposting as appropriate. Having this single

point of contact was seen to be very beneficial, particularly where individuals have complex needs and may require support from multiple services. The role of the PMHSPLW enables consistency of approach and personalised care to provide services and support around the needs of parents and their families.

The approach of the PMSHPLW is integral to the success of the role and the pathway with the PMHSPLW seen to be skilled at building relationships with both stakeholders and parents as well as enabling communication and developing relationships of trust between these two groups. Initial and ongoing work by the PMHSPLW includes mapping support that is available and identifying gaps or where there may be need, as well as promoting the pathway's postnatal offer. It is apparent that extensive resource has been given by the PMSHPLW to developing relationships so that signposting and referral pathways are in place and to ensure that these pathways are used appropriately.

Building a rapport with parents is essential for successful engagement on the pathway. Findings evidence that for those who are vulnerable and isolated the pathway is important in helping parents to access the necessary support. The PMHSPLW provides advocacy for these parents; specific examples were given around support for those parents who do not speak English as their first language. Engagement with parents was seen to be very flexible and took place in an environment that was comfortable and convenient to them such as in their own homes, in a community setting or over the telephone. There is also ongoing support provided by the PMSHPLW who provides parents with details of new activities they may be interested in.

It is evident that the role has also been vital in helping to identify what matters to communities and there is need for this focussed perinatal support role. It is, however, very apparent that the role is a resource intensive one. At its outset, the PMHSPLW role was envisaged as a 'link' rather than 'support' role. However, with the complexity of issues and level of support required by parents, as well as potential growing demand for the role and available resource, it was evident that the latter 'support' role was more apparent for engagement with many parents. The majority of contacts recorded by the PMHSPLW on Elemental were carried out by text or telephone (81.6%), with the majority of parents (n=50/64, 78.1%) having between one and seven appointments (eight [12.5%] parents had between eight and 11 appointments, with one parent having 28 appointments). Some of the stakeholders suggested that the referral criteria may need to be revisited to ensure the PMHSPLW role does not become overwhelmed. It is important that the PMHSPLW is able to manage their caseload. A maximum recommended safe caseload is 200-250 per year, but that this very much dependent upon the complexity of cases and the maturity of the social prescribing service. The potential of developing the PMSHPLW role across the PCN was also mentioned. Clinical supervision was also felt to be important in providing support to the PMHSPLW, especially given the complex needs faced by parents that they work with, and also in the future shaping of the role.

Parents were seen to engage both during pregnancy (n=11/58, 19.0%) and postnatally with the majority of parents having a baby aged 0-12 months (n=38/58, 65.5%). Parents engaged with the pathway for varying lengths of time dependent upon the level of support required. Nearly one third of parents (n=21/64, 32.8%) engaged with the PMHSPP and the PMHSPLW for more than 100 days, highlighting the complexity of the support needed as well as the resource demands upon the pathway and the PMHSPLW role. It was commented that this also has the potential to increase demand on referral partners, although the majority of stakeholders who took part in this evaluation spoke about the PMSHP being aware of waiting times and where services are at capacity etc. Generally, however, it was felt that the pathway was seen to widen parents' reach on their community so that they do not become over-reliant upon the support of the PMHSPLW. The role of collaborative problem solving was said to be key here in not only identifying where these pressures may be, but also identifying gaps in the current system provision.

Recommendations

- The demand for this role provides the potential for the PMSHPLW to become overwhelmed. It is therefore necessary to explore the scale and scope of the pathway and the PMHSP role further to see whether a 'case worker' approach would be suitable for those parents with complex needs who need more in-depth support; with a 'link worker' role being specific to those parents who require initial support / handholding but are then signposted or referred on. This exploration may also lead to the development of a clearer route of referral into the pathway in terms of a more targeted approach / revision of referral criteria or criteria once engaged in terms of the role and length of engagement.
- It is clear that the PMHSPLW engages with parents in a number of different ways. It is important that these different forms of engagement are maintained that work best for the families and the PMHSPLW.
- Ensure that appropriate and adequate supervision arrangements are available to and accessed by the PMHSPLW to ensure that they are supported to follow appropriate safeguarding procedures and their own health and wellbeing is supported. This will also provide support for how the role is developed further in the future. Non-managerial supervision (i.e., day-to-day line management) and case supervision is currently provided by One Knowsley. The PMHSPLW should also have access to clinical supervision via the PCN. It may be explored whether there is an additional role for supervision that may be provided by adult health and social care.
- There is the potential for a role such as this to be developed across different areas of the PCN, but it would be important to explore the aforementioned aspects as well as how any additional roles may be resourced and supported etc.

Exploring outcomes and impacts and their measurement

It is evident from the findings of this evaluation that there is a positive impact on those who engage with the pathway and PMHSPLW support. There were a number of individual, family and community and wider system outcomes that were identified over the short, medium, and longer term. The data that is captured by the PMHSPLW and on Elemental provides a comprehensive overview of engagement and provides some evidence to support key outcomes that are experienced on an individual and system-level.

Poor awareness of services is identified as a barrier to accessing support. Increased knowledge and awareness around the PMHSPP and educating parents and service providers about the available activities and support were seen to be key to the success of this pathway, with many parents reporting that they would not have known about these otherwise. Parents were seen to feel involved and empowered due to increased choice, and families are more connected into and engaged with their communities through the pathway. The pathway was seen to support parents to be well and stay well by enabling them to make informed decisions and choices based on the information and support that is provided to them by the PMHSPLW and the wider statutory and VCFSE organisations. Within the system, the importance of managing expectations between the PMHSPLW and parents and also the PMHSPLW and service providers was highlighted. This specifically related to ensuring parents know about what support is available, but also that referral and signposting will not necessarily result in immediate access due to limited numbers being able to access some community groups or caseloads for statutory services (e.g., psychological therapies).

Improved mental health and wellbeing was reported as a result of engaging with the pathway including aspects such as reduced anxiety, increased confidence, and improved mood. Attending activities increased socialisation and reduced feelings of isolation and provided parents with a sense of purpose and routine. Parents reported that these improvements removed the need to take medication, as well as them seeing positive changes in their diet, exercise, and sleep habits. These

positive changes in wellbeing were supported with data collected around ONS4 (n=40) and SWEMWBS (n=39). Whilst data were not available for all parents, and for only a small proportion of these parents pre and post (n=14), it showed that: the SWEMWBS scale improved between the pre-test (mean score 21.1) and post-test (mean score 23.8) suggesting an improvement in general wellbeing; and the ONS4 mean scores improved between the pre-test and post-test for life satisfaction (6.9/medium to 8.1/very high), feeling worthwhile (7.5 to 8.1 [both high]) and happiness (6.3/medium 7.6/high) indicating that mental health improved during their time with the service. Anxiety levels also decreased during this time (mean score reduced from 6.4/high to 4.4/medium).

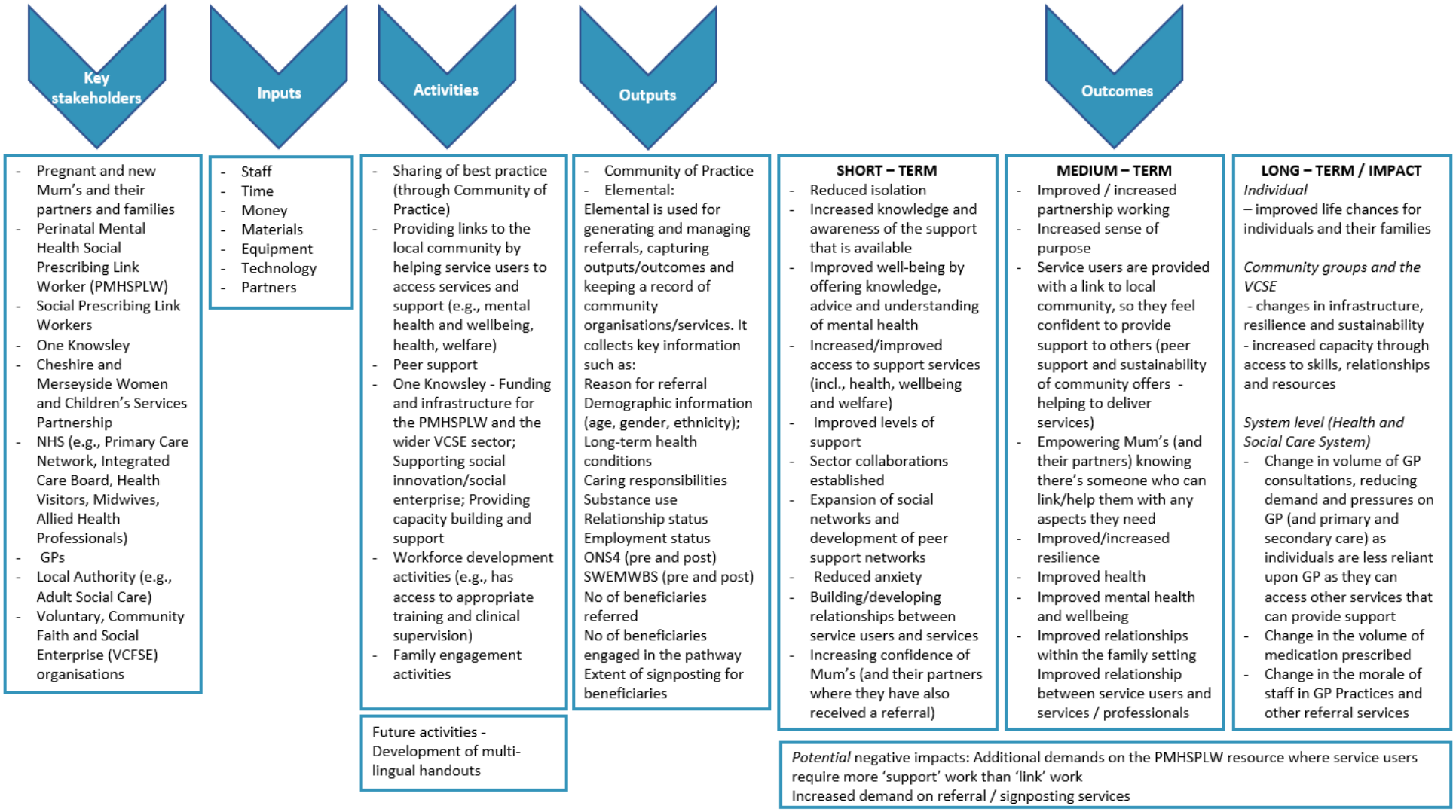
Improved relationships were reported on a personal (e.g., family, friends) level as well as a wider system-level e.g., strengthening relationships between services and families feel supported and trusting of professionals; developing supportive relationships with voluntary and community organisations and linking people to community-based services.

The pathway provides whole family support and stakeholders and parents spoke about children benefitting from meeting other children at activities and being able to access educational resources (e.g., books). It was acknowledged that there is a general lack of perinatal support available for partners, especially males. It was discussed that through the pathway, Dads had been signposted to men's wellbeing groups and the PMHSPLW provided support for families such as accessing GPs and dentists etc. Stakeholders found this reassuring that there was support around the family and felt that the pathway and the PMHSPLW role helps to reducing perceived stigma around accessing support.

Recommendations

- Continue to build upon the current evidence base of the pathway to inform the future and ongoing development in a number of areas, not only of the PMHSPP and the PMHSPLW role, but in terms of the impact on the VCFSE (capacity and sustainability) and also the wider impact on the health and care system. This includes ensuring that the data are collected and input on Elemental in a complete a form as possible. This is particularly important when looking at the demographic information of parents engaging with the pathway (reach), data around referral, and those indicators that can contribute to the evidence around the impact of the pathway. For those parents who are engaged with the pathway for longer periods of time, SWEMWBS, ONS4 and attendance at GP and A&E and hospital admission may be taken more frequently alongside written narrative that may provide further support to evidence specific outcomes.
- At this time, data is not formally collected by partner community organisations around the referrals they make to or receive from the pathway and whether parents then engage with their support and for how long. As part of the wider VCFSE measurement of outcomes and impact, focused data collection may be carried out.
- When looking at scrutinising other available data, it may be that data are available from the Adult and Children's Safeguarding Boards around perinatal mental health. Health Visitors are also a good resource from which to gather intelligence.
- When exploring attribution of outcomes and impact to the pathway, most of the service users who took part in the study had not engaged with services before and needed support and referral and signposting. It is difficult to establish, however, whether the changes that were experienced, such as improved mental wellbeing, can be directly attributed to the pathway and the PMHSPLW role alone or whether these are still nevertheless significant contributory facilitators to these outcomes and impacts. Further exploration may be undertaken of this aspect.

Kirkby Perinatal Mental Health Social Prescribing Pathway – Logic model



System-Level Working

The high costs of PMH on a personal and societal level are well documented. In the medium and longer term it was hoped that the pathway would contribute to reducing demand and pressures on other areas of the wider system such as GPs (as parents have links to other support services) and also have the potential to prevent referrals to GPs from social care. Also that there would be improved life chances for parents and their families. The literature evidences the role of social prescribing upon reducing the use and reliance upon NHS healthcare, with one in five GP appointments focussing upon wider social needs rather than acute medical needs. It also provides GPs and other primary care practitioners a non-medical option to improve patient health and wellbeing through engaging in social and community interventions to help tackle those issues that cannot be addressed through traditional health routes. Data collected through Elemental looked at GP attendance, A&E visits, and hospital admissions in the last three months. Data was available for 12 parents (pre and post), which illustrated an overall decline in GP attendance, A&E visits, and hospital admissions.

As with all systems approaches these need to be responsive to need; the pathway was seen to provide bespoke, personalised, and integrated care. It was acknowledged that it is important to ensure equitable and timely access to support that considers the differential experiences of women and their families. The role of the PMHSPLW was seen to enable parents to access statutory services as well as community services and was felt to be creating positive opportunities for parents from South, Central and across the whole of Knowsley; with the real potential for a role such as this to be beneficial across all three Knowsley PCNs.

When looking at the place of the PMHSPLW within the wider system, is it important to highlight their role in supporting Mums who are transitioning back to work / who have returned back to work. The data show that seven Mums (out of 40 [17.5%] where employment status was provided), sought support from the PMHSPLW due to anxieties about returning to work or having returned to work. This support was provided in the absence of other independent provision, particularly around the legal offer.

System-level support for those who do not speak English as their first language was identified as an area for further development within this evaluation. Women from non-White British backgrounds have been shown to have more marked perinatal mental health issues, which may be attributed to poor access to services. Whilst there are very low proportions of ethnic minority populations living in Kirkby and Knowsley (compared to the England average), it was evident from the evaluation of the pathway that providing support to access services and support (e.g., GP, completing forms for benefits etc.) for those who do not speak English as their first language required a greater level of resource and support from the PMHSPLW. Of the 64 parents engaged with the pathway, data was available for 62 regarding their first language. Whilst the majority of parents did speak English as their first language (n=48/62, 77.4%), 14 (22.6%) did not, with languages including Spanish, Portuguese Cantonese, Arabic, Romanian and Italian. Equity of access to services for all parents is important; with stakeholders commenting around system-level information in different languages to improve access to care and support. The PMHSPLW acted not only as a translator for some of these parents, but also as their advocate to help them access the support they needed and to overcome some of the language and cultural barriers, e.g., by ensuring parents had access to translators when attending medical appointments.

Within Knowsley, there are a number of different system-wide aspects of support that Mums can access during the perinatal period. This includes Mersey Care and the Cheshire and Mersey Specialist Perinatal Service: Building Attachment and Bonds Service (BABS; for women with babies 0-3 months), Silver Birch Hub (multiagency approach); Specialist NHS Talking Therapies; Knowsley Early Help and Prevention Service; and the 0-25 Health and Wellbeing Service for Knowsley. It was identified, however, through this evaluation that there is an acknowledged systemic issue relating to a shortage

of key statutory professionals, who also have increased demand and pressure upon their roles, with people requiring greater levels of support and long waiting times to access some statutory services. It was commented that because of this, there may be missed opportunities around identification of specific support needs. Collaboration and partnership working was seen by stakeholders to be key to building strong networks to support and protect women and their families. This may also act to empower professionals because they have identified issues where support is needed and have a referral pathway into the PMHSPP.

Supporting Sustainability of the Pathway and Community Groups

The perinatal mental health community of practice (CoP) was seen by the majority of stakeholders to be working to build meaningful pathways of support across statutory and VCFSE organisations through collaborative practice and partnership working, enabling sharing of best practice and the development of networks to support families through the perinatal period. The CoP was also seen to be a platform to facilitate discussions around differing types / levels of support available during the perinatal period (universal / non universal). Those involved in the perinatal CoP include stakeholders delivering key local services impacting on the health and wellbeing of individuals, families, and communities within Kirkby; this has developed from a CoP that initially included five VCFSE organisations whose work focussed upon providing perinatal support.

One Knowsley were seen to bring together the CoP and support and enable development of the pathway and the PMHSPLW role and the wider VCFSE sector through the provision of funding and infrastructure that supports innovation / social enterprise and provides opportunity for capacity building of services. The pathway is seen to utilise those community-based assets that are already in place but is also in a unique position of being able to identify gaps within the service offer and how these may be addressed (e.g., through funding or collaborative working). There are many models of social prescribing available nationally. The social prescribing offer delivered through One Knowsley and Kirkby PCN was felt to promote the sustainability of the pathway and the VCFSE. One Knowsley are able to help them grow and sustain their offer. This is particularly pertinent in light of the face that for many VCFSE, grants are too short-term for the organic nature of the work that they do, and they have little control over these. Where funding for community groups is removed or reduced, this also has a direct impact on those community members who are accessing them.

Recommendations

- Whilst the NHS Long Term Plan builds on the commitments outlined in the Five Year Forward View for Mental Health to transform specialist PMH services across England and ensure that by 2023/24, at least 66,000 women with moderate/complex to severe PMH difficulties can access care and support in the community; it is important to acknowledge the preventative and early help role that a pathway such as the one in Kirkby has in helping those parents with low to moderate mental health needs. The pathway should also remain responsive to changes in policy and practice at a national and more local level.
- At a systems-level, it is necessary for comprehensive mapping of local provision, identification of gaps and building collaborations that continues to meet local need, enhances existing services, and supports the delivery of this high-quality local provision. It is also important to ensure that all services are culturally accessible, for example, parents have access to translators and supporting documents in their first language. This may be explored at the PCN level.
- It is vital that there is the expertise on a systems-level to be able to continue to build and develop pathways of support. Changes in infrastructure can impact upon the resilience and sustainability of VCFSE. It is a recommendation to continue to build upon the work of the CoP to develop a strong and resilient infrastructure that in turn supports the growth and development of the VCFSE sector, offering a diverse range of organisations community

members can engage with that will help to reduce health inequalities of those most vulnerable and marginalised communities. The CoP should also work together to ensure that the voice of the wider VCFSE influences the development and delivery of the pathway.

- The CoP was initially comprised of only VCFSE organisations; it may be explored whether there is value in having an additional platform for this focussed group that could be used to promote collaborative working in terms of development of joint bids etc. and would sit alongside the wider perinatal mental health CoP.
- Continue to develop the role of One Knowsley within the VCFSE; with focus placed around creating positive funding opportunities and continued investment in community groups to address gaps in service provision and areas of need.
- Continue to promote the pathway at a system-level through the PCN and also the Community of Practice to build upon those relationships already established and also encourage a collaborative approach to the delivery and future development of the pathway. More generally it is also vital to ensure that there is appropriate and relevant workforce training and awareness around perinatal mental health.
- The potential impact of critical workforce shortages due to a decline in key professionals and more people requiring greater levels of support were cited in this evaluation. The current primary care offer around the pathway has the potential to be improved, for example, through exploring links to join up with Early Help.
- Explore how the PMHSPLW can begin to incorporate maternity leave and return to work conversations with individuals; promoting these discussions as a preventative measure in the hope that Mums are supported from an earlier stage. This will include engaging with other local perinatal services (e.g., Early Years and the 0-25 Health and Wellbeing Service in Knowsley) to capture their insights and knowledge to determine the best way and best timing in which to speak to Mums about maternity leave and retuning back to work.
- Explore the role of the PMHSPLW within the developing Maternal Health Justice Partnership that may soon be piloted across Knowsley / Kirkby.

Conclusion

The pathway and the role of the PMHSPLW provides much needed perinatal support and looks to maximise community interventions. It is important to continue to ensure the successful development of working practices and processes associated with the PMHSPP and the PMHSPLW role that navigates the complexity of the sector within the social prescribing framework, i.e., clear referral pathways, consistent outcomes and impact measurement and appropriate connection to the PMHSPLW.

Contents

1. Introduction

It is well-established that Knowsley is one of the most deprived areas in England (IMD, 2019 deprivation score of 43, with 45 being the worst score). Knowsley has higher than average (when compared to England) levels of: children in relative low-income families (significantly worse, 20.8% compared to 18.5%, 2020/21); rates of conception in under 18s (significantly worse, 25.2/1,000 compared to 13, 2020); emergency hospital admission for intentional self-harm (significantly worse, 263.9/directly standardised rate 100,000 compared to 163.9, 2021/22) (Office for Health Improvement and Disparities, 2023). There are also high numbers of: one parent families (% of households, 11.9% compared to 7.1%); free school meal uptake (29.3% compared to 13.5%); and severe mental health problems (% all ages, 1.07 compared to 0.93, 2019/20).

Evidence suggests that during the COVID-19 pandemic and the current cost of living crisis this position will have worsened for many. Mental health, wellbeing and social isolation are priority areas in the Knowsley Health and Wellbeing Strategy (Knowsley Health and Wellbeing Board, 2020). Over the past five years, birth rates have grown slightly in Knowsley, with mortality rates remaining stable (KnowledgeKnowsley, 2023). In Knowsley, women tend to have children younger than national or regional fertility rates - a third (33%) of children are born to women aged between 25 and 29 in Knowsley, compared to nationally where more children are born to women aged 30-34 (KnowledgeKnowlsey, 2023).

Kirkby is a town in Knowsley, which has a population of approximately 40,500 (2011 Census). Recently, Kirkby Primary Care Network (PCN) and One Knowsley have developed a Perinatal Mental Health Social Prescribing Pathway (PMHSPP), which is the focus of this evaluation. This includes a bespoke social prescribing response to the mental health needs of expectant mothers already disadvantaged because of health inequalities and social deprivation. This response includes a referral to the pathway of care starting at the beginning of pregnancy either at booking or primary care contact. The first engagement takes place with the social prescribing service and is led by a social prescribing link worker with a special interest in perinatal health. The pathway initiates a journey of care and support for those including young Mums to be, who are amongst the most disadvantaged members of the community in Knowsley.

The Public Health Institute, Liverpool John Moores University, were commissioned to undertake an evaluation of the PMHSPP. The aim of this evaluation was to explore experiences of pathways, processes and activities associated with the delivery of the Perinatal Mental Health Project.

Specifically, it also looked to answer the following questions:

- what is the added value of the programme?
- what sections of the population are receiving support from the programme that would otherwise not be provided?
- what are the relationships between the programme and wider stakeholders?

Literature review

Perinatal Mental Health

The perinatal period is defined as being from pregnancy to 12 months post-birth. Perinatal mental health (PMH) disorders are the most common complication of childbearing and are associated with considerable maternal and foetal or infant morbidity and mortality (Stein et al., 2014). These effects vary in type and severity and can include a range of illnesses such as perinatal depression, perinatal anxiety, perinatal OCD, postpartum psychosis, and postpartum PTSD (Mind, 2020). Left untreated,

PMH disorders can have significant and long-lasting effects on women, children, and the wider family (NHS, 2022). The 2022 Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE) report concluded that in 2020, women were three times more likely to die by suicide during or up to 6 weeks after the end of pregnancy compared to 2017-19, which is equivalent to 1.5 women per 100,000 giving birth (Knight et al, 2022). Further to this, almost 40% of deaths occurring within a year after the end of pregnancy are a result of mental health-related causes (Knight et al, 2022). A study conducted in South London by Howard et al., (2018) found that pre COVID-19, the prevalence of PMH disorders within early pregnancy was 27%. However, these figures represent mothers receiving formal diagnoses and support, and the prevalence of PMH is likely much higher, with many mothers going undiagnosed with the absence of support (Bridle et al., 2022).

Individuals from different backgrounds, social groups, and countries experience different levels of health (Arcaya, Arcaya and Subramanian, 2015), with avoidable inequalities or systematic differences in health outcomes existing between social groups; for example, those living in deprived areas, ethnic groups, and those with a disability. Mental health issues, including PMH issues, are more likely to occur in people who are disadvantaged by these inequitable differences in health (Prady et al, 2021). Ban et al (2012) concluded that socioeconomic deprivation increased the risk of all maternal perinatal mental illnesses. The current indices of multiple deprivation show that Knowsley is the second most deprived borough in England and Kirkby is the most deprived of the four locality areas within Knowsley (KnowsleyKnowledge, 2023; McGurgan and Grace, 2018). Levels of deprivation in Kirkby are over double that of England and 13.8% of residents claim employment and support allowances, which is the second highest rate in England (McGurgan and Grace, 2018). Furthermore, recent research found perinatal mental health issues are more pronounced for women from Black African, Asian, and White Other backgrounds, with this cohort having poorer access to services in the community than White British women and being more likely to be detained in hospital (involuntary admission) for severe problems requiring urgent treatment (Jankovic et al, 2020). Although there is a very low proportion of ethnic minority populations in Kirkby and Knowsley compared to England (only 3.3% of the Kirkby population has an ethnic group that is not “White British”, this is less than the Knowsley average of 3.9% and is significantly lower than the England average of 20.2%), it is still important to recognise ethnicity as a risk factor for perinatal mental health issues (Knight et al, 2022; McGurgan and Grace, 2018).

High costs of PMH are well documented, with an economic report from the London School of Economics highlighting that within the UK, the failure to address PMH issues costs approximately £8.1 billion for each single year cohort, with 72% of this cost being attributed to the long-term effects on child wellbeing (Bauer et al., 2014). There are clear national guidelines and recommendations for UK perinatal mental health, with consistent recommendations that pregnant and postpartum women with moderate to severe mental illness, and those who are at risk of experiencing serious PMH illnesses, should access specialist care for their conditions (NHS England, 2022; Northern Ireland DoH, 2020; Scottish PNIMH-PB, 2019; Welsh Government, 2019).

Current initiatives including the Women’s Health Strategy for England (Department of Health and Social Care, 2022) and the NHS Maternity Transformation Programme[2] have ambitious plans to improve maternal and perinatal mental and physical health (Healthwatch, 2023). There are numerous specialist perinatal mental health services (PMHS) available to mothers in the UK who are at risk of becoming unwell or becoming more unwell. PMHS are primarily concerned with the prevention, detection, and management of mental health issues which can complicate pregnancy and the postnatal period. They provide care and treatment for women with mental health needs and support the developing relationship between parent and baby (NHS, 2022). Treatments for PMH illness include a wide range of psychological, pharmacological, complementary, and alternative treatments (O’Hara and Wisner, 2014). PMHS are provided by mental health services and mental health teams. These

[2] https://www.england.nhs.uk/mat-transformation/

include Specialist PMH community teams, community mental health teams (CMHTs), crisis teams, mother and baby units (MBUs), and hospitals. However, these MBUs are very limited across the country, with a limited number of places within each MBU. Currently, within the UK, there are only 22 MBUs, with no MBUs in North Wales or Northern Ireland. Due to the rollout of specialist community mental health services across Merseyside and every part of England, a total of 31,550 women accessed PMH services in 2020/2021 - this is below the 2020/21 target of 47,000, attributed to the impacts of COVID-19 (NHS Commissioning Board, 2021).

PMHS specific to Knowsley

Within Knowsley, there are several services available to support mums during the perinatal period. Mersey Care is one of the largest NHS trusts providing physical health and mental health services in the North West, serving more than 1.4 million people.[3] The Cheshire and Mersey Specialist Perinatal Service sit under Mersey Care to offer important mental health assessments and support for local women experiencing moderate to severe mental health issues across Cheshire and Merseyside. This NHS service provides one-to-one assessment and support and preconception advice. Women can be referred by any professional supporting the mother such as GP, midwives, health visitors, social workers, and voluntary sector agencies. Urgent referrals from the mother may be made via telephone to their local Specialist Perinatal Service.[4] Building Attachment and Bonds Service (BABS)[5] is also offered through Mersey Care to provide specialist therapeutic parent-infant mental health support for parents and carers in Knowsley who are pregnant or have a new born baby aged 0-3 months to support parents to build secure attachments and loving bonds with their babies. BABS offer sessions either in the family home or in the community. Mersey Care also offer mental health support via Silver Birch Hub, which is a service made up of therapists, psychologists, assistant psychologists, specialist midwives, and peer support workers to identify distress that has come from the maternity, neonatal, or reproductive journey.[6] The service takes a multi-agency approach to support women and birthing people, with professionals from mental health and midwifery working in collaboration to provide a holistic offer to service users (Mersey Care NHS Foundation Trust, 2023). In addition to the support offered via Mersey Care, Knowsley Early Help and Prevention Service works across Knowsley as a first point of contact for families requiring support. They aim to provide families with support from practitioners to prevent needs from escalating. Early Help utilises the Early Help Assessment for Children and Families (EHA), which is a shared, whole family, assessment used across Knowsley by agencies providing early intervention and early support to families.[7] It can help practitioners develop a shared understanding of the needs of children and their families, so they can be met in a more effective and coordinated fashion.[8] Parents also have access to Specialist NHS Talking Therapies[9] and the 0-25 Health and Wellbeing Service for Knowsley.[10]

Barriers to accessing PMH support

Several barriers to accessing PMH support have been recognised, with many new mothers struggling to access the support they need for their mental health (Healthwatch, 2023). A recent Healthwatch

[3] https://www.merseycare.nhs.uk/who-we-are

[4] Specialist Perinatal Service (Knowsley): https://www.merseycare.nhs.uk/our-services/professionals/knowsley/specialist-perinatal-service-knowsley-referrals

[5] Building Attachment and Bonds Service (BABS): https://www.merseycare.nhs.uk/our-services/knowsley/building-bonds-and-attachment-service-babs

[6] Maternal Mental Health Service (Silver Birch Hub): https://www.merseycare.nhs.uk/our-services/liverpool/maternal-mental-health-service

[7] https://www.knowsleyinfo.co.uk/content/early-help-team

[8] https://www.knowsleyinfo.co.uk/content/early-help-assessment

[9] Specialist NHS Talking Therapies for Anxiety and Depression: https://www.merseycare.nhs.uk/talking-therapies

[10] https://www.wchc.nhs.uk/news/new-0-25-health-and-wellbeing-service-for-knowsley/

report found that two-thirds of their self-selecting sample (1,800) struggled with their mental health during and after pregnancy. Of these, 41% received no support at all (Healthwatch, 2023). Inequalities in PMH outcomes have been an ongoing issue in UK maternity services, with marginalised women including those from minority ethnic groups (Watson et al, 2019), lower socio-economic backgrounds, and the LGBTQIA+ community being worst affected (Morell, 2021). A recent systematic review found that these barriers exist across four levels: individual (e.g., stigma, poor awareness of services), organisational (e.g., resource inadequacies, service fragmentation), sociocultural (e.g., language/cultural barriers) and structural (e.g., unclear policy) (Sambrook Smith et al, 2019).

Knowsley is the second most deprived local authority in the country and Kirkby is the most deprived of the four locality areas within Knowsley (approximately a third of residents in Kirkby being income deprived), poor engagement with services due to lack of access to services and poor awareness of services is likely (Sambrook Smith et al, 2019). Knowsley is part of a Refugee resettlement programme and has welcomed people from Syria and Sudan in the last two-years. In addition to the refugee programme, 109 known asylum seekers are living in Knowsley, predominately from the Islamic Republic of Iran, Iraq, and Nigeria (KnowsleyKnowledge, 2023) as such, there are many non-English speakers, which may act as a barrier due to language and cultural barriers (specifically, encountering barriers when requesting translators) (Sambrook Smith et al, 2019). To improve access to these services in the future, both in Knowsley and nationally, the NHS Long Term Plan (NHS, 2019) builds upon the commitments outlined within the Five Year Forward View on Mental Health to transform specialist PMH services across England. The NHS aims to ensure that 66,000 women with PMH issues can access adequate care and support by 2023/24 (NHS, 2022).

At a health and social care system-level, long wait times and a lack of healthcare staff prevent the uptake and delivery of perinatal mental health support. Mothers struggling with mental health issues in the perinatal period are more likely to seek care for their depression from primary healthcare providers rather than mental healthcare specialists, such as psychologists and psychiatrists (Kessler, 2003). As such, healthcare professionals have a unique opportunity to identify women at risk of, or suffering from, perinatal illness to ensure that these women receive the required support at the earliest opportunity (RCM, 2023). A systemic lack of healthcare professionals creates overburdened services, which generate missed opportunities for identification, screening, and referrals for mental health treatment (Brown and Sprague, 2021). Staff shortages in the NHS and social care sectors have exacerbated already long wait times, making it difficult for patients to access services due to long wait times generated by limited resources (Waitzman, 2022). One report found that long wait times for perinatal mental health referrals meant that 58% of their sample waited over two weeks for an appointment, and 19% waited over six weeks. Other participants reported waiting between six and 18 months or were never contacted (Healthwatch, 2023).

Social prescribing

In 2019, the NHS issued its Long-Term Plan and the Universal Personalised Care Plan, listing social prescribing (SP) as a key component to "taking a holistic approach to people's health and wellbeing" (NHS England, 2019). It has been described as an innovative and promising approach to providing psychosocial support for vulnerable groups, bridging the gap existing between medical and psychosocial services (Roland et al., 2020). It provides GPs with a non-medical referral option, which can accompany existing treatments to improve patient health and wellbeing through social and community interventions. A standard model of social prescribing has been developed by NHS England in partnership with stakeholders, which shows the elements that need to be in place for effective social prescribing to happen (Figure 1). Although no definite depictions exist, it is believed that approximately 20% of patients consult their GP for primarily social issues and therefore, a referral to a social prescribing service could reduce this pressure (Husk et al., 2019). It is reported that 1 in 5 GPs regularly refer their patients to social prescribing, but 40% state that they would refer patients more if they had better information and access to these services (BMA, 2021).

Social prescribing is usually implemented with the use of a 'link worker' to connect individuals with local community activities and services aiming to improve their health and wellbeing (NHS, 2022). Social prescribing link workers are becoming an integral part of the multidisciplinary teams within primary care networks (PCNs). The NHS Long Term Plan details commitments to have 1,000 new social prescribing link workers in place by 2020/21 to ensure that at least 900,000 people will be referred to social prescribing by 2023/24 (NHS, 2022).

Figure 1: NHS England Standard Model of Social Prescribing

Source: NHS England (www.england.nhs.uk/personalisedcare/social-prescribing/)

There is emerging evidence that social prescribing benefits individuals' psychological wellbeing (Dixon and Polley, 2017), with many pilot trials within the UK demonstrating their ability to improve multiple healthcare outcomes including quality of life, anxiety, and depression (Crone et al., 2018; Morton et al., 2015; Napierala et al., 2022). These findings are supported by the results of a randomised controlled trial in Bristol which concluded that a social prescribing model demonstrated statistically significant improvements in anxiety, quality of life, and ability to carry out everyday activities (Grant et al., 2000). In addition to the positive impacts social prescribing has on individuals, it also benefits the wider NHS. It has been shown to reduce healthcare utilisation and workload intensity for primary care practitioners (Loftus et al., 2017). The University of Westminster led an evidence review observing the impacts of social prescribing on demands for NHS healthcare and found that where social prescribing services are working well, this can contribute to 28% fewer GP consultations and reduce A&E attendances by up to 33% (BMA, 2021).

It is evident that social prescribing goes beyond the capabilities of medicine alone and aims to tackle the root cause of the problem, not just the symptoms. Social prescribing recognises the importance and relevance of the impacts of the wider determinants of health, stemming from a socio-ecological understanding (Baska et al., 2021). Taking a preventative approach helps individuals stay healthy through lifestyle changes and encourages people to partake in befriending services, community activities, arts and culture activities, physical activities, and other non-clinical means of treatment to alleviate loneliness, stress, depression, and anxiety. It also presents opportunities for individuals to learn new skills such as cooking, painting, and practising mindfulness to improve and maintain mental wellbeing (Husk et al., 2019). Social prescribing creates shared ownership between both the link

worker and the individual, whereby they can co-create an appropriate social prescription. This empowers the individual to take a more active role in their wellness, taking responsibility and accountability for their mental health (Buck and Ewbank, 2020).

Social prescribing and PMH

Social prescribing has consistently demonstrated its ability to improve the health and wellbeing of individuals, specifically those with mental health and psychosocial issues (Dixon and Polley, 2017). Therefore, it seems appropriate that social prescribing may be useful for the support and treatment of women who have or are at risk of developing PMH issues. However, little literature or evidence of best practice combining the two exists.

One initiative identified within Liverpool is 'Best for Baby Too' which was launched by Wellbeing Liverpool, a partnership of GPs, other healthcare professionals and local community groups working collaboratively to provide a holistic approach to health and wellbeing across Liverpool (NHS, 2021). It encourages new and expecting mothers to engage with social prescribing services to provide access to information and support before and after childbirth so that they and their child can have a great start in life. Social prescribing addresses important health inequalities which are evident across Liverpool, for example, a baby girl born in Kensington, Liverpool, is expected to live 13 fewer years in good health compared to a baby girl born and raised in Kensington in London (NHS, 2021). Diminishing health inequalities such as these is essential and made possible with social prescribing efforts. Social prescribing within Liverpool has seen GPs and other healthcare professionals collaborate with those such as Citizens Advice to bring patients and expecting or new mothers closer to receiving the information and support they need to improve both their mental wellbeing including PMH issues, and their quality of life.

2. Evaluation methodology

Ethical approval was obtained from the LJMU Research Ethics Committee prior to the study commencing (22/PHI/013). The Perinatal Mental Health Social Prescribing Link Worker (PMHSPLW) acted as gatekeeper to disseminate information to potential participants. Participants then gave permission for their contact details to be shared with the researchers who contacted them directly to arrange a convenient date/time for their interview to take place. All participants were provided with a participant information sheet that outlined the purpose of the research and all participants were required to give consent to take part. All interviews were audio recorded.

Qualitative data

Details relating to the evaluation methods used to engage with different groups can be seen in Table 1. Data collection took place between August 2022 and March 2023.

Table 1: Evaluation engagement methods

Stakeholder group	Evaluation Method
Pregnant and new Mums and also Dads who are referred onto the Perinatal Mental Health Social Prescribing Pathway (service users)	Interviews (n=6) were carried out with parents over the telephone (n=2), face to face (n=3, including one paired interview), and one written response was provided. Four of these parents did not speak English as their first language. For those who had face-to-face interviews, these were carried out in a confidential space organised by the gatekeeper and a telephone translation service was used to translate Spanish and Cantonese. For the fourth parent, they were able to provide written responses in Spanish that were then translated using Google translate. This engagement explored experiences of referral and accessing the service (including barriers and facilitators to accessing the project), as well as other interventions they have engaged with / signposting they have received. The interviews also looked to explore any changes (outcomes) parents may have experienced as a result of engaging with the Kirkby Perinatal Mental Health Social Prescribing Pathway, e.g., mental health and wellbeing (e.g., reduced social isolation), physical health, finances, employment, housing, relationships (e.g., expansion of social networks) etc. Participants were also asked about any recommendations they may have for future delivery of the project.
Perinatal Mental Health Social Prescribing Link Worker (service providers)	A process and outcomes/impact interview over MS Teams was carried out with the Perinatal Mental Health Social Prescribing Link Worker to explore the pathway, facilitators and barriers, actual/perceived outcomes experienced by service users and wider stakeholders, and future development of the pathway.
One Knowsley (service provider)	An online MS Teams interview was conducted with the project lead at One Knowsley for contextual information around the pathway development.
Community of Practice and early intervention support (wider stakeholders)	A mixture of paired and individual interviews were undertaken with six members of the Perinatal Mental Health Community of Practice. This included representation from both statutory and voluntary, community, faith, and social enterprise (VCFSE).

	These interviews explored their role; experiences of being a referral partner in the Perinatal Mental Health Social Prescribing Pathway; barriers/facilitators; actual/perceived outcomes experienced by service users and wider stakeholders; and recommendations for future delivery.

All qualitative interviews were transcribed and assigned a code; this is a number that will refer to the sequential order they were interviewed in. This information is not linkable to any identifiable information. The qualitative data was analysed thematically, and quotes have been used to illustrate key points.

Quantitative data

The evaluation includes the analysis of data that is routinely collected through the Knowsley PMHSPP on the Elemental Social Prescribing System. This secondary data had all of the identifiers removed to ensure anonymity and covers the period April 2022 to the end of March 2023. Data was shared using a secure SharePoint and analysed using MS Excel and SPSS (version 27).

The data collected through Elemental includes:

- Key demographics: age, gender, post code, ethnicity, first language, whether service users consider themselves to have a disability or a long-term health condition, caring responsibilities, employment status, substance use, relationship status, age of child on engagement, whether parents were new to the area
- Referrals into the pathway – referral source, reason for referral, whether referral was during pregnancy or post-partum
- Contacts – type of contact, outcome of visit, time spent with parents, duration engaged with the pathway
- Prescriptions / signposting
- Wellbeing measures: Short-form Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)[11] and Office for National Statistics (ONS) 4[12] taken at the beginning and end of engagement

[11] Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved: https://www.corc.uk.net/outcome-experience-measures/short-warwick-edinburgh-mental-wellbeing-scale-swemws/

[12] Office for National Statistics (ONS) 4: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide

3. Findings

The narrative below has been developed from these 14 interviews, with each service assigned a number with the pre-fix 'S' (Stakeholder); and parents assigned a number with the pre-fix 'SU' (Service User). It also includes triangulation with quantitative, anonymised data from Elemental Social Prescribing System that covers the period 01.04.2022 to 31.03.2023.

Context to the perinatal mental health social prescribing role and the pathway

The PMHSPP was developed to offer a holistic, and person-centred social prescribing response to the mental health needs of expectant and new Mums living in Kirkby already disadvantaged because of health inequalities and social deprivation.

> *"I think initially, the idea of the project was that we know that Knowsley is one of, you know, Kirkby within Knowsley is a highly deprived area. And when you look at the data, you know, a lot of teenage mums, that single parents and, you know and do have mental health illness or do have poor mental health, and so the project was very much around targeting and some of those people." (S1)*

The Perinatal Mental Health Social Prescribing Link Worker works with a team of other social prescribing link workers, but the role is specialised to focus upon perinatal mental health (expectant and new Mums to two years post birth). The PMHSPLW can support parents for six months or longer (up to 12 months). As the PMHSPLW role is bespoke, the level of support varies depending upon each parents need. There are three levels to this social prescribing pathway:

- Level 1: Personalised Support Plan – referral only *(none of the cases have been signposting only).*
- Level 2: 2 to 4 week follow up by phone call depending on the case and referrals made
- Level 2 and 3: 3/6/9-month interaction
    - If level 3 complete assessment at 3/6/9 months interaction

Initially the pathway focussed specifically on providing support for Mums in the perinatal period, however, as the pathway evolved, it was clear that support was also needed by partners and so they are now able to access support through the pathway. Referrals into the pathway for partners came through direct contact with the PMHSPLW when they were providing support to a Mum.

> *"If we look at a what a Mum, a woman or someone who's given birth holistically, then the Dad is, you know he's gonna need support as well to support the Mum." (S3)*

> *"There's a volunteer organization called Match, it's men and their children, and that's been set-up through the children's centres...[the PMHSPLW] to consider, you know, promoting and linking people [partners and children] in." (S1)*

It was recognised that there is statutory support available through, e.g., midwives and Health Visitors as a universal service offer. The pathway is seen as a way of engaging with those who are not currently engaging with other services, providing targeted early help and preventative support through linking parents to an enhanced community offer and statutory services. This was felt to enable and empower parents to help them to improve their physical, mental, emotional, and social wellbeing.

Referral processes

Across the duration of the pathway pilot, there has been ongoing work by the PMHSPLW to promote this postnatal offer. Whilst this was an activity that may be considered resource intensive, it was seen

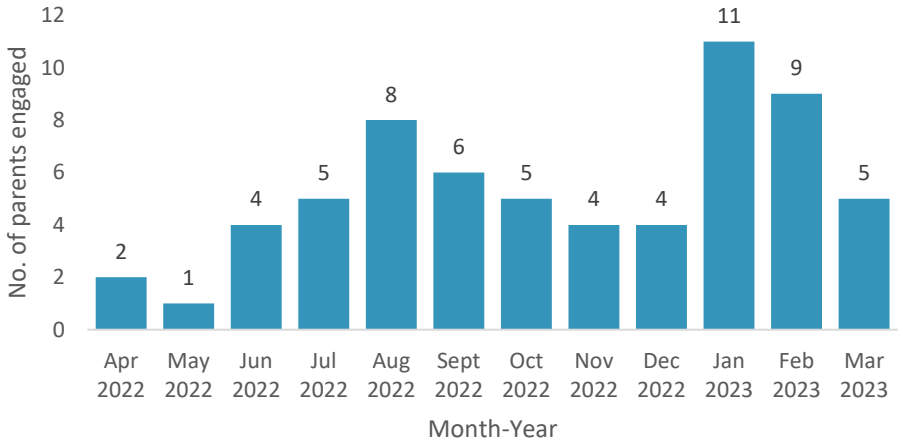
to be vital in ensuring that all key partners were involved and aware of the pathway. This preparatory activity also included mapping out support that is available within Kirkby, and the surrounding areas, that supports Mums and their partners (and families) in order to also be able to identify gaps in support.

> *"At the start when we discussed around let's go and speak with our midwifery partners because they are the frontline people who are having the experience with perinatal and postnatal mums… and then the link worker started to visit organisations in the community." (S1)*

Demographic information of parents engaging with the pathway

From April 2022 to 31st March 2023 64 Mums and Dads (n=62 Mums) were referred into the PMHSPP. Engagement with the PMHSPP has fluctuated over the last 12 months, however, generally the numbers of people engaging with the pathway has increased over time (Figure 2). August (n=8), January (n=11) and February (n=9) can be seen as the months with the highest levels of engagement. Further exploration would be required to determine the reasons for this fluctuation.

Figure 2: Referrals by month: April 2022 to March 2023



Nearly all (90.6%) of the parents referred into the pathway lived in the L33 (n=32) and L32 (n=26) postcode districts, with the remaining parents residing in L10, L12, L14 and L15.[13] Ten of these parents were also new to Kirkby, whilst one was new to Huyton.[14] Of these referrals, 51 were made directly from the GP surgeries in Kirkby (including Wingate n=16, MacMillan n=15, Millbrook n=12, St Laurence's n=4, Trentham n=4), and 13 were referrals identified by the PMHSPP during community visits with information then being passed onto the GP surgeries so that the referrals could be entered on to the Elemental Social Prescribing System.

Parents were aged up to 54 years of age, with nearly half of those (45.3%) referred into the pathway being aged 25 to 34 (n=29), 25.0% (n=16) were aged 19 to 24, 20.3% (n=13) were aged 35-44, with the remaining 5 parents being aged 15-18 and 45-54.

At the 31st March 2023 there were 19 active cases (n=17 engaging in pathway, n=1 awaiting appointment and n=1 appointment booked); 17 cases were completed (n=8 of these were parents who were referred on, and n=9 parents were stated as having their needs met); and 28 cases were discharged or closed (duplicate or error – n=3, disengaged – n=2, did not attend appointment – n=8,

[13] L32 and L33 – Kirkby; L10 – Aintree, Fazakerley, Kirkby; L12 – Croxteth, West Derby; L14 – Broadgreen, Dovecot, Knotty Ash, Page Moss; L15 – Wavertree.

unable to contact – n=7, inappropriate referral – n=1, no longer requires the service – n=4, referral declined – n=1, and out of area – n=2).

More than half of those 64 people (57.8%) for whom details have been provided were first time Mums (n=35) and Dads (n=2).

Data around disability was available for 48 parents; 47 (97.9%) of which stated they did not have a disability. Of these, 41 parents provided information around long-term conditions, of whom 11 (26.8%) stated they have a long-term condition. These conditions were cited as depression/anxiety, asthma, and epilepsy.

Data was available for 40 parents when looking at employment status. Half of the parents were employed (n=20), whilst more than one third (n=15, 37.5%) stated they were unemployed. Five parents stated that they were either part-time, self-employed or did supply work. For context it is useful to note that seven Mums were referred to the PMHSPLW due to feeling overwhelmed and unable to cope because they had anxieties and concerns about returning back to work. These anxieties were seen to focus around the transition period before returning back to work, childcare (e.g., questions regarding costs of childcare versus working), working shifts, and not feeling ready to go back to work. Mums also engaged with the PMHSPLW after returning to work. In the case of three Mums, they contacted their GP due to a decline in their mental health and were issued fit notes.[15]

When looking at relationship status, data were available for 40 parents. Twenty-seven parents stated that they were in a civil partnership or married (67.5%), whilst eight parents (20.0%) stated they were single; four parents (10.5%) stated that they were single but seeing someone, whilst one parent was separated.

For the 32 parents who provided data around their smoking habits, the majority said that they did not smoke (n=28, 87.5%). When looking at alcohol consumption, data were available for 30 parents, the majority of whom said that they did not drink (n=25, 83.3%), whilst the remaining parents stated that they only drank occasionally.

Reasons for referral

Parents spoke about having an initial conversation with the PMHSPLW upon referral so that it was possible to assess the type and level of support needed and that this then formed the baseline upon which relevant recommendations were made. Parents also spoke about the PMHSPLW providing support from the initial point of contact, compared to other services that say they will get back to you in a few weeks.

> *"…[the PMHSPLW] put me in to come in to have a talk with her, which lasted about an hour so she could really get to know me and see what we could actually do and straightaway she had loads of recommendations, which I thought was fantastic. Because I know sometimes when you go somewhere, they do say we'll wait, or we'll get back to you next week to see if we've got anything, whereas with [the PMHSPLW], she'd be like there's this, this, and this." (SU1)*

Parents presented on the pathway with a number of reasons that they required support - these were recorded as 'perinatal', 'employment support', 'housing', 'mild anxiety and/or depression', 'benefits advice', 'social isolation', 'low self-esteem/confidence', 'mental health issues', 'physical inactivity' and 'debt advice'.

The majority (85.9%) of parents presented with one (n=39, 60.9%) or two (n=16, 25.0%) reasons, with eight parents having three or four (reasons (12.5%) and one parent having five. For nearly two thirds

[15] A fit note is an official statement from a registered healthcare professional giving their medical opinion on a person's fitness for work. Fit notes used to be called sick notes.

of parents the most common reason was given as 'perinatal' (n=41 out of 64 parents, 64.1%), followed by mild anxiety and/or depression (n=16/64, 25.0%) and low self-esteem / confidence (n=12/64, 18.8%) (see Table 2 for more details).

Table 2: Reason for referral into the pathway

Reason for referral	No. reported	% of total no. of reasons	% of 64 parents
Perinatal	41	39.4	64.1
Mild Anxiety and / or Depression	16	15.4	25.0
Low self-esteem / confidence	12	11.5	18.8
Social isolation	9	8.7	14.1
Mental health issues	9	8.7	14.1
Housing	6	5.8	9.4
Benefits Advice	5	4.8	7.8
Physical inactivity	3	2.9	4.7
Employment Support	2	1.9	3.1
Debt advice	1	1.0	1.6
TOTAL	104	100.0	

It was felt by stakeholders that these issues are typically why people may present at the GP, and that the pathway enables support to be offered to those who are vulnerable and at risk outside of a medicalised environment, thus reducing pressure on the system.

> *"It's an all-rounded support. So even though it's like perinatal, they can help with housing, finance, jobs, community and get them out, getting involved in projects. It's a really good service...It just takes that pressure off because it's all the social aspect that the people tended to go to the GP for… like loneliness has a big impact on it but now at least we can offer them support elsewhere and it just helps with the pressures a little bit." (S5)*

> *"They come and they're totally isolated, and that's where [the PMHSPLW] role is crucial." (S7)*

> *"I had no knowledge or someone to guide me and what I needed to do after having my baby. I needed help with translation to make application registrations for benefits including: Start Maternity Grant, Child Benefit." (SU5)*

Referral pathways

The Elemental Social Prescribing System has been live to receive referrals from the PMHSPP since April 2022. It is only possible for formal referrals on Elemental to be sent through via a GP practice (entered by the GP directly or one of the administration staff on behalf of another health professional). Conversations highlighted the importance of accessibility to the pathway and referral mechanisms. It was seen to be important to promote the pathway through the GPs and their administrators (as the main route of referral at this time) and through other statutory and Voluntary, Community, Faith, and Social Enterprise (VCFSE) organisations.

It was discussed that there are several key points of contact where Mums specifically may access the pathway prenatally and postnatally (Figure 3). Prenatally, when Mums phone to 'book in' their pregnancy, where GP practice staff can provide information around the pathway, through the Midwifery service, and from speaking to an administrator; and postnatally through the Health Visiting

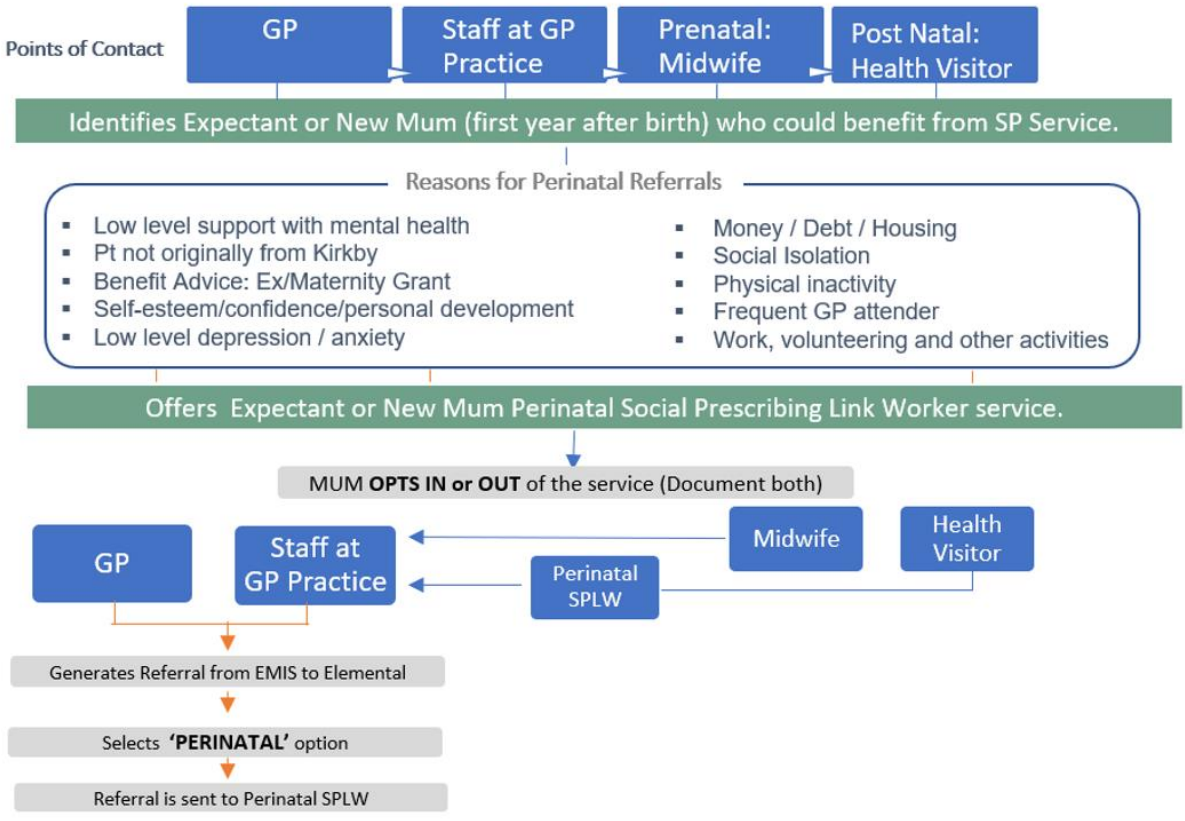
service[16] and when attending the GP for the 6-week postnatal chance. Mums can also be signposted to the GP for referral from other services.

One of the parents spoke about being diagnosed with postnatal depression 6 weeks after having her child (this was during lockdown and therefore usual visitations and 'treatment' could not go ahead). After managing the symptoms on her own for over 12 months, she was referred via a GP to the PMHSPP approximately six months ago. She had not been aware of any social prescribing services available to her before this.

A second parent found out about the PMHSPP at her 6-week postpartum check with the GP. She was struggling with her mental health due to traumatic birth experience. She said that the GP explained about the PMHSPLW role and that it was there to link parents and signpost them to help and support.

It was also explained that the wider social prescribing team may refer into the pathway. This may be in cases where the primary referrer does not select the 'perinatal' option for referral. In this instance the referring social prescriber would provide details of the parents EMIS or Elemental number, patient's initials, and date of birth, and explain how they have discovered the patient is a pregnant or a new Mum including any interventions already made.

Figure 3: Current key points of contact with statutory services



Source: One Knowsley

[16] It is planned that postnatally Health Visitors will be able to refer using a similar process to the Midwives. It was acknowledged that this part of the referral pathway is being developed as the Health Visiting system has recently changed and links are currently being established.

It was discussed that referrals to the PMHSPP may also be more informal to begin with where service providers may have a conversation with the PMHSPLW that then lead to a formal referral being entered onto Elemental. VCFSE stakeholders spoke about making a small number of referrals into the pathway, but the majority said that they had not referred any Mums for further support but that having the option to was still seen to be important. The PMHSPLW also attends a number of the community activities, which provided opportunities to identify and refer other parents onto the pathway where a need for support was found. Having these additional ways in which to engage with Mums and their partners was seen to be vital.

"We're trying to be as accessible as possible and [the PMHSPLW] is out in the community. And if she meets a perinatal mum, we would like to take up the service, then we can put that through the EMIS system as a bit of a self-referral." (S1)

Other ad hoc examples of promoting the pathway were given with one stakeholder from a statutory service who identified women who are pregnant or have had a baby in the last 12 months within their service and informed them about the pathway.

Parents highlighted informal ways that they had heard about the PMHSPP, with two stating that they found out via word of mouth at their local churches; in one instance this was through being introduced in-person to the PMHSPLW where the parent provided their contact details so that she may receive more information about the pathway.

"I live around this area before. And also I went to church. And then I kind of know people from knowing her, so directly from the church people I know." (SU6)

Parents spoke about the referral process being very quick and that communication throughout the process as 'really good'. One of the parents commented that it is very important that GPs are able to refer Mums to the pathway as another option or route of support as opposed to a more medicalised intervention such as prescribing medication. One parent also spoke about the GP following up with her to see how she was getting on.

"It just gives you validation that obviously there's all the routes of going through support that isn't just medication and just brushing you off…it is nice to have that contact with someone." (SU2)

"My doctor would even phone me and he'd sometimes text me through the doctor services app just to see I was getting on, just to see how I was in myself, and I thought that was really nice..." (SU1)

Engagement with parents was seen to be very flexible and can take place at home, over the telephone, via text message, in a community building such as a GP practice or Children's Centre etc.

"We can go to her, she can come to us, it can be a phone call. So obviously, if we have got things going on, I can still then have that support, you know, by the telephone. And then if I needed to switch, then she'll happily do that, as well. And so just being able to have that flexibility of contact with her, I think is amazing as well." (SU2)

A total of 713 contacts were recorded by the PMHSPLW on Elemental. A description of type of contact was available for 701 of these. These contacts took place in a variety of ways, with text (n=409, 58.3% contacts) and telephone (n=163, 23.3% contacts) being the most commonly used methods (Table 3). Contacts were also counted when engaging with other services and professionals and developing a support pathway (e.g., 'internal communication' and 'obtaining and reviewing information').

Table 3: Number and types of contact

Contact type	No. of contacts	%
Text	409	58.3
Telephone	163	23.3
Internal communication	39	5.6
Obtaining and reviewing information	31	4.4
GP surgery contacts[17]	28	4.0
Email	13	1.9
Home visit	11	1.6
Drop in	5	0.7
Letter	2	0.3
TOTAL	701	100

When exploring the outcome of these contacts, 829 outcomes were recorded (Table 4). The most common outcome was 'text sent' (n=429, 51.7%) followed by 'contact made' (n=135, 16.3%). Parents also had appointments (n=68, 8.2%) and referrals (n=56, 6.8%) made for them as well as receiving signposting (n=31, 3.7%). Other outcomes of contact included 'leaving a message' (n=30, 3.6%) or 'sending an e-mail' (n=32, 3.9%). There were 47 (5.7%) instances where the outcome of contact was unsuccessful.

Table 4: Outcome of contact

Outcome of contact	No. of contacts	%
Contact made	135	16.3
Unsuccessful	47	5.7
Message left	30	3.6
E-mail sent	32	3.9
Text sent	429	51.7
Letter sent	1	0.1
Appointment arranged	68	8.2
Referral made	56	6.8
Signposted	31	3.7
TOTAL	829	100

Pathways to support through statutory and community organisations (as part of the PMHSPP delivery)

It was felt that a great deal of work had been carried out around prioritising relationships with statutory and community organisations at the start of the pathway so that signposting and referral pathways were developed. Stakeholders spoke about being approached about being involved in the PMHSPP and about the PMHSPLW undertaking training with services and introducing themselves to different professionals. This contact helped to ensure appropriate referrals and signposting from the pathway.

> *"[name] approached me [and] said we have this new perinatal service…they wanted to use us a bit of pilot scheme cause we're one of the smaller practises, so*

[17] GP surgery contacts – this contact type has been recoded from 1 to 1 (face to face) and office visits.

we have less patients. So yeah, that's how we came across it really. And obviously we signpost directly from the practise." (S5)

"I first met [the PMHSPLW] when we went to a launch event... So we met there and just got chatting…[The PMHSPLW] had heard about our service so was keen to come and meet us…[they] came and did half a day's training with us from our attachment and developmental trauma training. And then [they] came into our MDT [multidisciplinary team] and met the team and told us all about the service and how we can work together." (S4)

Stakeholders highlighted that referral pathways from the PMHSPLW into statutory and community support (from the PMHSPP) were seen to follow both formal and informal routes. This included completing formal service referral forms for Mums to be able to access support. Whilst more informal routes, such as conversations taking place over e-mail or in person, were used to discuss parents who may benefit from support. The relationships developed between the PMHSPLW, and statutory and community organisations were seen to facilitate onward referral from the PMHSPP. One stakeholder spoke about how after receiving a referral they would contact the Mum to begin building that relationship and having the PMHSPLW as a point of contact made it 'easier to build those relationships of trust.'

"Initially it was via a referral form, a physical like document…last year we evolved that process a little bit, so now it's an online approach with forms filled in." (S8)

"It's been very informal because we're both just experimenting and piloting. So because there hasn't been loads of women, we've had a few phone calls, so [the PMHSPLW would] call me and would say I've got this woman that I'm working with at the moment, I'd really love to get her into the group, and I'll write down her details and then I'll call her as well. So I'll say, 'ohh you've met [the PMHSPLW] already. I know [the PMHSPLW] as well', so it's like then that trust isn't it. So like, you know [the PMHSPLW] and I know [the PMHSPLW] her as well, so we must be alright." (S3)

The pathway is seen to enable Mums and their families to access the right services. The activities, services and support that families were able to access as a result of engaging with the PMHSPP and PMHSPLW included: Music Connection (Improving Me, Liverpool Philharmonic and Kirkby Library); Evolving Mindsets (men's wellbeing activities); Centre 63; Citizens Advice; Imagination Library; Nursery; GP; Mama Fit; Children's Centres (e.g., baby massage, baby yoga); Home Start; Community College (English language course); help with translation to access benefit entitlement (e.g., Start Maternity Grant, Child Benefit); Winter Warmer events; and general information and advice around pregnancy. On the whole, parents accessed more than one activity or organisation and spoke positively about their experiences of accessing these different types of support.

"Mama Fit, which is like mums in Knowsley being able to get together, but they're able to bring their children with them…I find it hard to get childcare, so they get the children involved with the workout and it's just a nice way for me to meet other mums and I think that was brilliant." (SU1)

"[the PMHSPLW] tried to keep things local. Because I do have access to my own car, and I am willing to drive as well, it did open us up. So like the Music Connection with that being in Kirkby library on a Monday, it's really easy for me to get into these places. Home Start, obviously, is not that far from where I live anyway. It's like a five-minute drive, a 20-minute walk, dependent on the weather, you know, multiple options to get to places... So [the PMHSPLW] did

obviously make sure that we would be able to get to these places and was comfortable in doing so as well." (SU2)

Data available for July 2022 to March 2023 show that there were 114 prescriptions made during this time, with the top three prescriptions / referrals being made to Knowsley Children's Centres, Liverpool Philharmonic and Knowsley Citizen's Advice. Referrals to the Children's Centres were made for: I*ntroduction to Early Years' Service; Information and Explanation for Universal Drop-in Sessions; Baby Massage and Sensory Room; Request for Assisted Childcare whilst mum attended English sessions.* Referrals to Citizen's Advice were made for benefits advice (e.g., to ensure that parents were receiving all the benefits that they are entitled to), and advice around immigration, energy, employment, and debt. Prescriptions were also made to mental health support, baby and parent activities and other locally based information and advice services etc. Forty-eight instances of signposting have been recorded through the pathway. The three main categories are mental health (n=19, 39.6%), physical exercise (n=14, 29.2%) and social support (n=10, 20.8%). Signposting was also made to clinical support (n=<5, 8.3%) and children and family support (n=<5, 2.1%).

This wide reach of services also included those that did not necessarily have a specific perinatal focus but formed an essential and vital support pathway for parents. For example, identifying aspects that may be impacting upon the mental health of parents (impacting upon family relationships) including housing, benefits, fuel/food poverty etc. and then suggesting community services that can support with this.

"The fact that [the PMHSPLW] helping me with other situations is just brilliant" (SU1).

"[the PMHSPLW] goes beyond what we sometimes need, for example…in my case, because she is trying to get me some classes in English" (SU4)

Through partnership working, the pathway has also been able to provide families with support to provide winter warming packs (n=24), hampers (n=12), Christmas presents for children (n=20), energy vouchers (n=2x£45), Aldi vouchers (n=7x£20), Christmas meals (delivered for 6 families), slow cooker (for 3 families), and bags of toys (n=3 big bags with over 15 toys in each bag). This demonstrates some of the level of need within the parents and families accessing the pathway.

"…last year, Christmas time, they also gave us a lot of like, clothes just keep us really warm." (SU6)

Three of the stakeholders spoke about the 'wraparound' support that was provided by their information and advice services as they are able to deal with several issues at once (this was felt to be especially useful for those services users where language is a barrier). The PMHSPLW had referred parents into these services to access support around housing (incl. applying for charity funding to access monies for white goods / furniture), benefits, and helping clients to access doctors and dentists. These services also provided food and fuel support (e.g., food and fuel vouchers and access to social supermarket) for the parents but worked with them to identify problem areas so that they do not become over-reliant on this provision.

"We would look at any other issues that arise anyway… we have the ability to deal with several issues." (S8)

"At the moment there's a lot of fuel poverty. So we've got access to distribute fuel vouchers for clients who are on prepayment metres." (S6)

A fourth stakeholder felt that it was difficult to engage with the new Mums within a community group who were referred through the pathway as they have 'other issues going on' (e.g., housing and food

security) and are therefore not likely to prioritise such a group, even if this support does help with their mental health. It was highlighted that none of the Mums attended more than a couple of sessions, but it was not clear as to why this was. It was felt very important, however, that these initial connections had been made, as they would not have otherwise been. It was also felt that continued connections could anchor them in, creating an opportunity for Mums to get out of the house, access support, and establish some structure and routine.

> *"We always hope you know that a woman will come on the first session and come to all 10 and she'll be like you've changed my life. You know, that's the most ideal outcome that you get that response. But what we've learned actually is that you know when a woman's had a baby anyway, it's a massive phase of transition. And you know, there is no normal and so you just don't know if you're going to be able to make it each week and then on top of that, if you're in asylum seeker, you've got all those additional things. Life is very chaotic." (S3)*

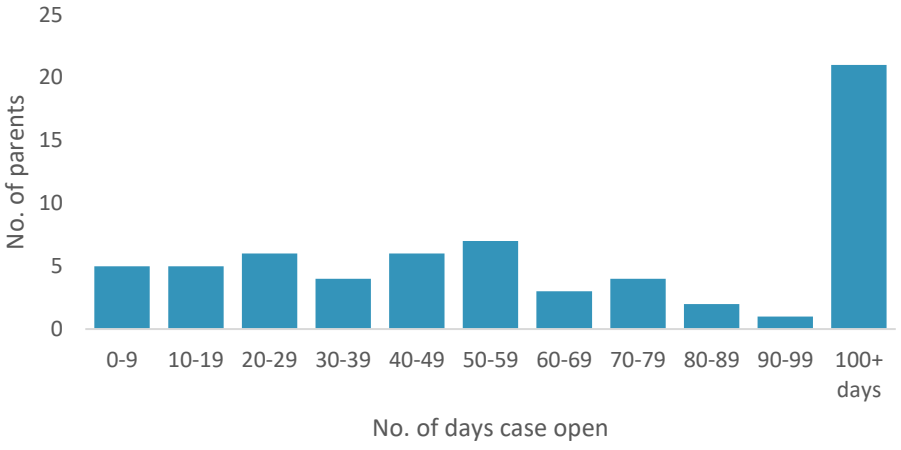
Experiences of the pathway

Across all stakeholders and parents, it was felt that there was a definite need for the perinatal mental health pathway in the Kirkby community. The pathway is seen to work 'really well', with a 'quick…smooth and simple' referral process. This is seen to allow parents or expecting parents to gain support at a time when there is potentially a lot of upheaval; and provide a whole family approach that not only supports Mums but also their partners and children.

> *"For us, the pathway works really well cause…[those who are] pregnant, I can easily find them and doing the referral itself is really user friendly." (S5)*

Parents spoke about being engaged with the pathway and the PMHSPLW for varying lengths of time from a matter of weeks up to 10 months. It is evident from the data that nearly one third of parents (n=21, 32.8%) have been engaged with the PMHSPP and the PMHSPLW for more than 100 days, with more than half of the parents (n=32, 51.6%) having had their cases open between 0 and 59 days (Figure 4). Parents were seen to engage both during pregnancy and postnatally.

Figure 4: Number of days parent cases are open



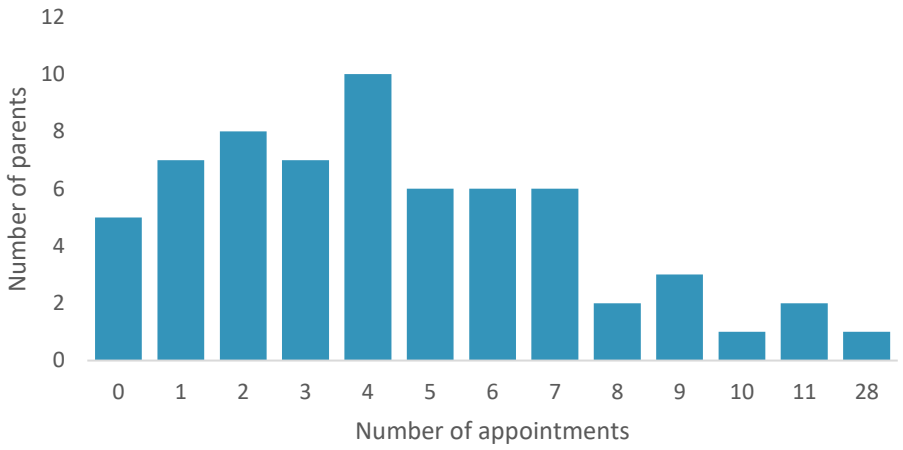
The data show that the majority of engagement with parents[18] took approximately 10-15 minutes (n=36, 61.0%), but that some parents also required longer periods of time to discuss their support needs (n=12, 20.3% 46-60 mins; n=7, 11.9% 16-30 mins; n=3, 5.1% 31-45 mins and n=1, 1.7%; 61-75 mins). A number of parents stated that they engaged with the pathway when their babies were as

[18] Data were available for 59 parents

young as six weeks old, whilst others had children nearly 12 months old. Data from Elemental was available for 58 parents; 11 Mums were pregnant at the time of referral (19.0%); and after pregnancy, nearly two thirds of the parents (65.5%) had a baby aged 0-12 months (n=38), seven (10.9%) had babies aged 13-24 months and the remaining parents had children aged 25-36 months.

When exploring the number of appointments that parents (n=64) had with the PMHSPLW, these ranged between 0 (n=5 parents) and 28 (n=1 parent). The majority of parents (n=50, 78.1%) had up to seven appointments (see Figure 5 for further details).

Figure 5: Number of appointments by number of parents



With each of these appointments it is possible for the PMHSPP to include case notes around the parent's current support needs etc.[19] The data show that for the parents engaged with the PMHSPP (n=64), the number of case notes written ranged between 0 (n=3) and 46 (n=1). The majority of parents (n=46, 71.9%) had up to 16 case notes (see Figure 6 for more detail).

Figure 6: Number of case notes by number of parents

Parents spoke about the PMHSPLW keeping in contact with them to let them know other activities

[19] Case notes are used for general notes regarding a client. For example, if the PMHSPLW has tried to get in touch with a parent, if they are contacting a service on behalf of a parent, or if they are updating a parent with some information gathered. Some parents will have more case notes than others depending on the amount of contacts/support provided.

etc. that may be available, for example, over the school holidays. Stakeholders also recognised that the PMHSPLW will follow up on cases and provide ongoing support, which was seen to be a beneficial factor in the success of the pathway.

"…in the half term, she'll message me a weekly rundown of what's going on…so that I can go down there with the baby and spend time with other Mums and let the baby see other children as well." (SU1)

"She identifies vulnerability, she does appear to follow up with that and… it seems to be there's an ongoing pathway of support for the people, which is helping, which is good, because it means then that she's able to sort of help them with certain things that's within their scope." (S8)

Strengths of the pathway

Skilled Link Worker

The PMHSPLW was seen to be proactive and 'really helpful', and skilled at building relationships with stakeholders and parents. All stakeholders and parents spoke about the personality of the PMHSPLW having a significant part in the success of the pathway. Personal introductions to stakeholders to introduce the pathway and the work of the PMHSPLW in terms of how they might engage with parents and the support they could provide was seen to be important. This was seen to have helped raise the profile of the perinatal offer.

"I mean the link worker's amazing I have to say, very enthusiastic, very proactive. And I think what I see is that she's building those relationships with the statutory services really, really well." (S1)

"She came straight into the centre and introduced herself, and then when I started so it made that transition a little bit easier as well so that you knew the [the PMHSP] was there." (S7)

The approach of the PMSHPLW was essential for successful engagement, particularly when working with vulnerable families to enable them to access the support they needed and ease some of the insecurities that may come with, for example, seeking support or attending new activities. The non-clinical nature of the role was also identified as being important.

"…she's really warm and she's real as well…she said you know I had these difficulties when I was pregnant or in this period, I know what it's like, you know. She gets on that level, and she keeps it real for our families…" (S4)

"[The PMHSPLW] is just so friendly that people just warm to her and… I think it's like the non-clinical aspect of just almost like befriending and then just she's just like a fountain of knowledge." (S3)

"For someone to just fill in an application to join and then turn up, that's a massive barrier, isn't it? Because it's just like who are these people? What's gonna happen? Am I going to the right place?… I know that from the feedback we get, there are women who were really feeling anxious. And it will stop them going into a group if they don't know if there's a car park, for example, if they don't know if their pram can fit in, if they don't know if there's somewhere to warm a bottle up, you know so, and I think [the PMHSPLW] kind of probably would answer a lot of those questions" (S3)

Reach of support

For stakeholders, the pathway and PMHSPLW role was seen to be crucial as it allows access and support for families that they would not typically see. One stakeholder spoke about some of their clients being very isolated and that the PMHSPLW role was important to overcome this isolation with vulnerable communities.

> *"It's [the PMHSPLW role] crucial because it allows us to get access to and support the families that probably we wouldn't say they would come out to us. They may not realise that this is available." (S7)*

A number of stakeholders stated that they did not realise how many services are involved in the pathway and that it was a strength that the PMSHPLW knew the 'right services' to link families into. It was felt that the pathway and PMHSPLW role provides a one-stop-shop for support, as it is hard for stakeholders and parents to keep up to date with what is being offered and what is available. By accessing the pathway parents are able to get a full support package that would not typically be offered in other settings. For the PMSHPLW being part of a wider social prescribing team also helped to widen this reach of support further.

> *"What I think is great about it is rather than as a practise trying to find all these services and link them up with it, I've got like one stop shop. I know that if [a parent] gets referred to [the PMHSPLW]…she can offer all that support, which is great because it's that hard to keep up to date and up to track of what's being offered and what's available." (S5)*

Identifying gaps in provision – support and enablement

It was considered a strength of the pathway and the PMHSPLW role that it was possible to identify where there may be need or gaps in current support available. One example was around men's wellbeing activities in Kirkby. It had been identified that a similar service was available in Huyton, but that this was too far for many Dads to travel. One Knowsley were able to fund these activities through the cost of living and warm hub funding, joining together a partnership with the Council Leisure Centre and a pre-existing community organisation, to provide a service for men in Kirkby, therefore filling a gap in support.

> *"Your link worker is that person that navigates the system for you and enables you to access that support that's already there or also identifies if there isn't any support…hopefully through this project, she [the PMHSPLW] may bring back some gaps…that we recognise there isn't the offer there." (S1)*

Barriers and challenges

There were a number of barriers and challenges that were identified, but it is important to note that these were not necessarily barriers for the pathway, but instead were wider system barriers that further highlighted the strengths and importance of the pathway and the role of the PMHSPLW.

Systemic shortage of statutory professionals

It was recognised that it takes a lot for people to ask for support, particularly when lots of people have *"had several doors closed"* on them. The role of the PMHSPLW was seen to be vital in helping families to access the support they need, particularly at a time when there is a systemic issue with regard to a shortage of professionals and increased demand and pressures upon those professionals that are available. A number of the stakeholders spoke about the shortage of statutory professionals such as Health Visitors in Knowsley and that this form of engagement was a 'great way to get Mums seen' but that aspects of support were not being identified as readily due to this shortage. It was suggested that this shortage of professionals was also resulting in reduced number of referrals to services such as the Baby Attachment and Bonding Service.

"I've not seen my Health Visitor since my daughter was six weeks old. And I told [the PMHSPLW] last week and straightaway she said…I'll get on to the health visitors to get this sorted." (SU1)

"…a lot of our referrals previously would come from health visitors, but because they're not there or they're only doing birth visits and they're in business continuity, we've seen I think our referrals from health visitors have dropped…we know that those families are out there, but we just know that they're not being identified." (S5)

A number of stakeholders felt that at the current time there are additional pressures on the GPs at the perinatal six week check to identify any support needs, and that GPs are receiving an increasing number of referrals from social care. The pathway and the PMHSPLW role are important in helping to bridge this gap and may prevent families from getting to this point. Stakeholders discussed that the majority of places available to provide support for families are provided by VCFSE and that these organisations are under increasing pressure due to statutory services being under-resourced to be able to meet demand.

"We can't rely on GPs to do all the referrals at the six-week check, because that's not their role either. So you know, that's why [the PMHSPLW] does play a really important role." (S4)

The stakeholders highlighted that where mental health support is needed, Mums can be referred to other services such as Knowsley Think wellbeing service for CBT, Silvercloud; 12 million minds counselling; Centre63. It was stated, however, that there is demand for access to counselling services across all areas and not just perinatal mental health and that this was also not just isolated to statutory services.

"…right now [we're] struggling with… getting actually, counselling services, not only for perinatal but all the different social prescribing link workers." (S2)

Short-term funding and availability – sustainability of community offers

Resource (e.g., funding) and capacity within the services was also seen as a barrier to accessing support. The short-term 'stop-start' nature of VCFSE funding was seen to be a challenge as it may mean that access to specific activities may only be available in the short-term and additional funding then needs to be acquired for continued delivery. In some instances, this meant that there is then a gap in provision with activities unable to run until funding is sourced.

"What I find tricky is that these activities, because of funding, they are only timed sessions, for example, you know we spoke a couple of months ago about [organisation], but that that finished and then it's just like 'ohh where are we taking them next?'" (S2)

"…the third sector stuff is that funding is so stop-start, you know, we haven't got any funding at the moment, so we're not delivering anything." (S3)

Access to support for parents who do not speak English as their first language

It was acknowledged that system-wide change is needed in light of clear barriers of access to services that are hard to navigate for those parents who do not have English as their first language. Stakeholders commented upon the importance of relaying information in different languages more generally, it was felt that this may alleviate some of the pressures placed upon the PMHSPLW, but also place families in a position to be able to independently access support. It was highlighted that where there may be challenges or negative experiences in accessing support, this has the potential to impact upon a parent's confidence and future engagement with services.

Stakeholders identified that a number of parents referred and/ or signposted from the pathway did not speak English as their first language and that often, finding support for this cohort is difficult. Of the 64 parents engaged with the pathway, data was available for 62 regarding their first language. Of these, 48 spoke English as their first language (77.4%), with the remaining 14 (22.6%) parents not speaking English as their first language, with languages including Spanish and Portuguese (n=10) and Cantonese, Arabic), Romanian and Italian.

Stakeholders spoke about having access to support such as Language Line or using Google Translate or an in-person translator to be able to communicate with these parents. The PMSHPLW was seen to provide advocacy for those with language barriers and made it easier for staff as families coming in their service with someone that they trust (i.e., the PMHSPLW). One stakeholder commented that there has been an increase in people accessing their service who do not speak English as their first language, this was not, however, directly attributed to signposting or referral from the pathway. This increased demand for support was also being experienced by other services, who discussed reviewing their inclusion criteria to broaden the scope of their support.

"She identified a lot of people who don't speak English as a first language, for example, and it's been identified that getting support for in some instances for people in that bracket, shall we say is difficult." (S8)

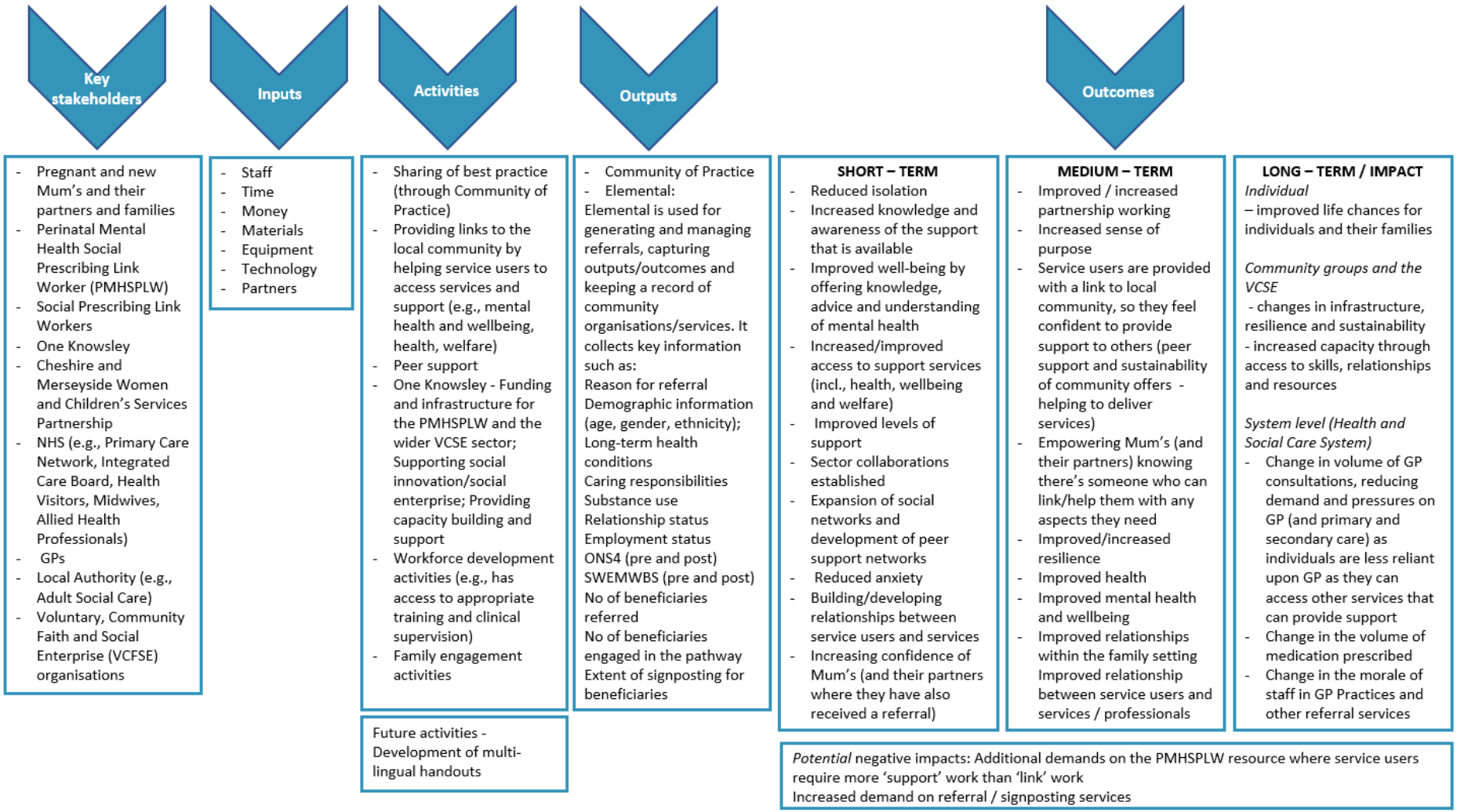
"If there is a client with a language barrier, then [the PMHSPLW] always attends with the client…So she comes in and you know, does a lot of advocacy." (S6)

Outcomes

There were numerous outcomes identified as a result of the pathway and PMHSPLW role on individual, family, community, and wider system levels. These outcomes are reflected in the logic model (Figure 7), which also highlights key stakeholders involved in the pathway, key activities of the pathway and output measures. All stakeholders spoke highly of the PMHSPLW, and several parents stated that the changes they had experienced were a direct result of engaging with the pathway and the PMHSPLW, and they hoped that these changes would last.

"I'm hoping the changes last forever to be honest." (SU1)

Figure 7: Kirkby Perinatal Mental Health Social Prescribing Pathway – Logic model



Individual

Increasing knowledge and awareness around the pathway and activities and support

All stakeholders and parents spoke about the role of the PMHSPLW enabling increased knowledge and awareness of the support and activities (community and statutory) that are available for parents to access in their local area during the perinatal period; with all parents stating that they would not otherwise have known about. Knowing there is someone who can link or support them and can answer questions was also seen to be reassuring.

> *"There are a lot of questions, for example that I have and sometimes I'm like who can answer them. And obviously we don't know, but you can't be ringing your GP all the time but at least you know there might be someone who might be able to give you an answer. I think it's that kind of like types of reassurance." (S2)*

> *"You have provided information that we did not know where to obtain it." (SU5)*

Stakeholders and parents felt that this increased awareness of services and the role of the PMHSPLW involves and empowers parents as it provides them with greater options and the tools to access support. In the case of some of the parents, this involved the PMHSPLW initially advocating for them where they may be, for example, exhibiting anxiety about attending an activity for the first time. One parent spoke about attending her first Mama Fit session with the PMHSPLW, which helped her feel more comfortable as she had been feeling *"a little bit anxious"*. One stakeholder commented that the transition to becoming a mum can be daunting and that even if a parent only attends one session of an activity, it can still have a big impact.

> *"She'd be like 'there's this, this, and this, try some of this, try some of that. Do you think this will help you?' She was asking me if I would like it, rather than saying, 'well, I think you need to do that'." (SU1)*

> *"What we've realised is that even if a woman comes to one session, it can have quite a profound impact." (S3)*

The stakeholders also considered it important to educate people about the PMHSPLW role and increase their understanding and awareness of the pathway. One stakeholder spoke about educating parents about the purpose of the pathway and that patients are now familiar with it, but they were initially sceptical about what it was.

> *"…initially, [the barriers] it was just around education of what this role is and what she can do for you, now we seem to have got over that and it is embedded in the practise now because like I said it's been about a year, so patients are used to it, and they're used to see her and being offered the service now." (S5)*

Improved mental health and wellbeing

SWEMWBS

Wellbeing outcomes were captured using the validated Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS). This consists of seven questions that contribute to a total wellbeing score. Service users rated how often they felt optimistic about the future, felt relaxed, dealt with problems well, thought clearly, felt close to other people, and felt able to make their own mind up about things. Individuals were asked to use the scale to rate how they felt over the last two weeks. Individuals were asked to complete the scale at assessment (pre-test) and at their last appointment (post-test).

1. I've been able to make up my own mind about things
2. I've been dealing with problems well
3. I've been feeling close to other people
4. I've been feeling optimistic about the future

5. I've been feeling relaxed
6. I've been feeling useful
7. I've been thinking clearly

Total scores provide an indicator for mental wellbeing (total SWEMWBS score: low = 7.0-19.5, medium = 19.6-27.4, high = 27.5-35.0). The total scores are converted into metric scores to compare changes in total mean scores between the pre and post-tests.

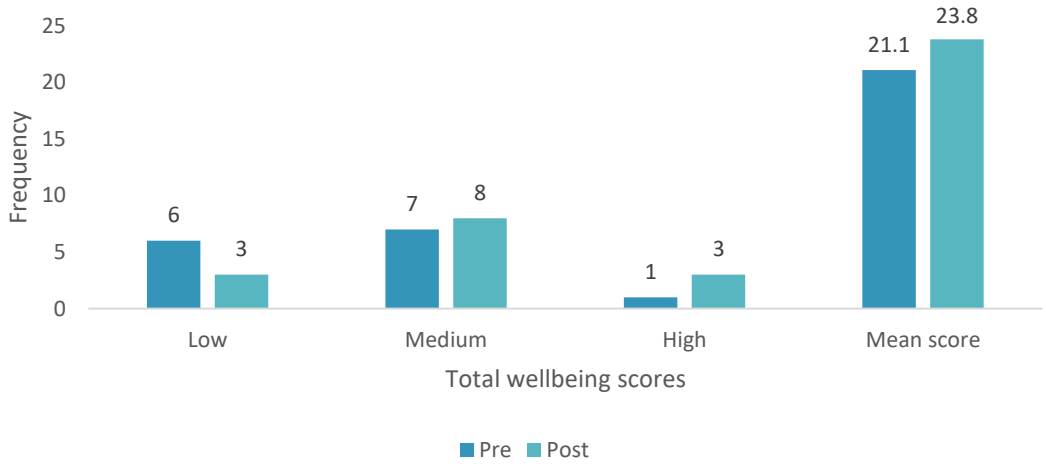
For the 39 parents who completed the SWEMWBS assessment before engaging with the service, a high proportion of parents had low (n=15) and medium (n=19) mental wellbeing, only two parents had a high mental wellbeing (mean score 20.8).

Pre and post data was matched for 14 parents. The SWEMWBS scale improved between the pre-test (**mean score 21.1**) and post-test (**mean score 23.8**) suggesting an improvement in general wellbeing (Figure 8).

Scores ranged from 15.84 to 28.13 (n=1 high, n=7 medium, n=6 low wellbeing) before and 17.43 to 35.00 after (n=3 high, n=8 medium, n=3 low wellbeing).

For the 14 individuals, 7 total scores increased, 4 remained the same and 3 decreased. All scores that increased were considered a meaningful change in wellbeing (increased by more than two points). The proportion of low wellbeing scores decreased (n=6 before, n=3 after) and proportion of medium (n=7 before, n=8 after) and high (n=1 before, n=3 after) scores increased during this time.

Figure 8: Total pre and post SWEMWBS scores and rated wellbeing (n=14 matched parents)



Personal wellbeing

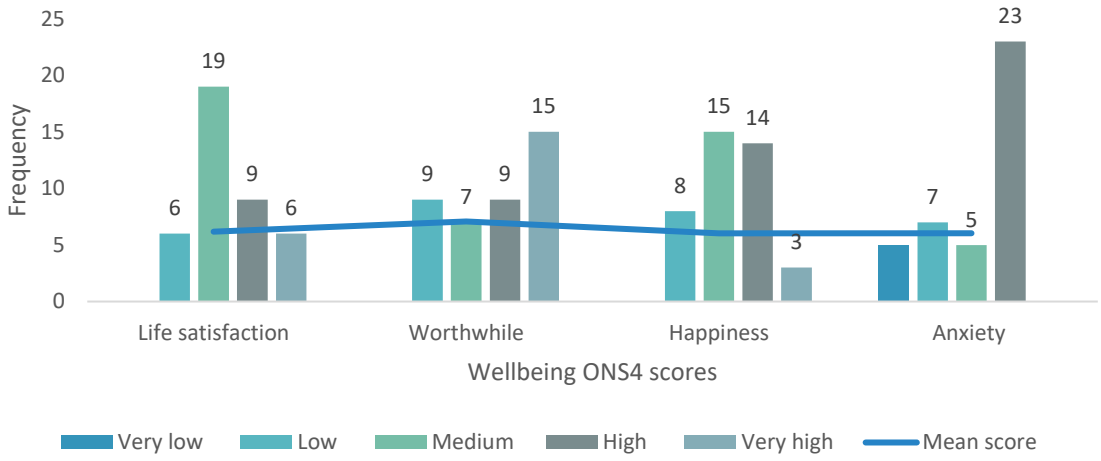
Personal wellbeing (PWB) is part of the wider Measuring National Well-being (MNW) Programme at the Office for National Statistics (ONS) and includes four measures (ONS4) to assess personal wellbeing across three types of wellbeing (evaluative, eudemonic, and affective experience). The questions ask people to rate life satisfaction, meaning and purpose and emotions (four questions on a scale of 0 [not at all]-10 [completely]) and are asked at the start and end of engaging with the service (pre and post-test).

1. Overall, how satisfied are you with your life nowadays?
2. Overall, to what extent do you feel that the things you do in your life are worthwhile?
3. Overall, how happy did you feel yesterday?
4. On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?

For life satisfaction, feeling worthwhile and happiness, higher scores indicate positive mental health (low=0-4, medium 5-6, high 7-8, very high 9-10). For anxiety, higher scores indicate higher levels of anxiety (very low=0-1, low 2-3, medium 4-5, high 6-10).

In total, 40 parents completed the assessment at the start of engaging with the service (pre-test) and 14 parents completed the ONS4 assessment at the end of their support (post-test) (Figure 9). Over half (n=23/40, 57.5%) of parents completing the pre-test had high levels of anxiety (mean score 6.1 = high).

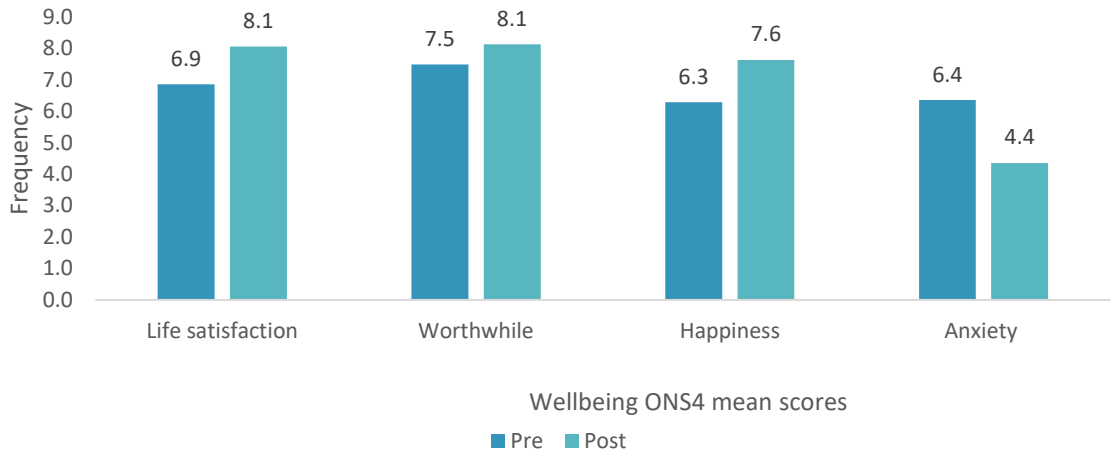
Figure 9: Pre ONS4 scores and rated wellbeing (n=40 parents)



Pre and post -data was matched for 14 parents. The ONS4 mean scores improved between the pre-test and post-test for life satisfaction (6.9/medium to 8.1/very high), feeling worthwhile (7.5 to 8.1 [both high]) and happiness (6.3/medium to 7.6/high) indicating that mental health improved during their time with the service. Anxiety levels also decreased during this time (mean score reduced from 6.4/high to 4.4/medium).

For the 14 individuals, scores increased for life satisfaction (n=7), feeling worthwhile (n=6) and happiness (n=10) and decreased for anxiety (n=10). The proportion of low wellbeing scores decreased for life satisfaction (n=1 before, n=0 after), feeling worthwhile (n=3 before, n=0 after) and happiness (n=2 before, n=1 after). For anxiety, high scores reduced from high (n=9 before, n=5 after), and improved for medium (n=2 before, n=3 after), low (n=0 before, n=5 after) and very low (n=3 before, n=1 after).

Figure 10: Pre and post ONS4 mean scores (n=14 matched parents)



Parents spoke about the overall improvements in their mental health and wellbeing (e.g., reduced anxiety, increased confidence, improved mood) as a result of engaging with the pathway. For example, parents spoke about being able to access psychological therapies and other specific targeted mental wellbeing support.

> *"When I first started, I was a bit sceptical because I though this isn't going to work. Like she can say all of this, and I can just walk away and not do it. But, she has really calmed me and relaxed me. It's become a lot easier with everything. Because like I used to have to say a ritual before my daughter fell asleep because I'd believe in my head that she was going to die if I didn't say it. And she's helped me work round different ways and now I don't even say that anymore." (SU1)*

Parents spoke about feeling happier since accessing support from the pathway, this may be, for example, due to increased socialisation and developing new social networks with parents who were going through similar stages with their children, therefore reducing feelings of isolation. Attending activities with their child meant parents were able to get out of the house and gave parents a sense of purpose and routine. One parent also commented that as well as meeting new friends, it gave her the opportunity to practise her English. Accessing services linked families to their community and helped them to feel confident to engage with other parents.

> *"I can take my child to have some activity with other children and I can meet other parents which is very nice. I find it this is really, really useful for me." (SU6)*

> *"There's another mum from Kirkby and she said if I wanted to and if I felt better, she'd pass my details on to the mum, so we were meeting up then and it was just easier for the both of us." (SU1)*

> *"By attending the activities and feeling motivated to be able to express myself, talk to…more people, to be able to understand what they tell me and that is why I am doing everything necessary to start studying English, to be able to meet many more people without fear." (SU5)*

Parents stated that improved wellbeing had impacts such as removing the need to consider taking medication, positive changes in sleep, diet, and exercise habits, and impacted positively upon their relationships (bonding better) with their children. One parent also explained that people around her are noticing this change and that this change meant 'everything' as she was taking more time to be

with her child, but also making sure that she had time for herself, which was important. She also felt that her child was now more affectionate towards her.

"Mental health wise, I'd certainly say it's avoided me from going on to any medications, I wouldn't feel as though I would need that. But, you know, if you'd spoken to me a couple of months ago, I would have been on the verge of like, I need some additional support." (SU2)

"I think like with my eating and my sleeping, because I wasn't sleeping properly and there'd be times where I was eating like so much food just to like get over everything and sometimes I wouldn't even leave the house. Like if I was going out of the house, I'd always take the car because I thought like that's my safety net. I'm in the car, I'm going the shop and I'm coming back straight to the car, but, obviously in Kirkby there's shops only two minutes away from my street, so I've started taking the pram out more so we can both get outside and get some fresh air and I didn't even expect that to happen." (SU1)

"[the PMHSPLW]'s not just helping with my mental health. She's also helping me with like bonding with my child" (SU1)

"My mood has completely changed to be fair, just because I've been able to get into a routine." (SU2)

"Without help like, showing me where to go and I can go all these places, my life would be very boring and I would stay in the house all day." (SU6)

"It helped me feel good that even though I don't speak English well I can take part and enjoy these events together with my baby." (SU5)

Family and Community

Supporting the whole family

Providing a full package of support around the whole family was seen to provide stakeholders with peace of mind that the pathway and the PMHSPLW would find the right support and services for families to access. Parents recognised the importance of prioritising their physical and mental wellbeing in allowing them to be well enough to care for their children.

"We would like to thank you because not only have you provided us with lots of helpful information but also you have been making sure we are ok. This means so much to us: if we as parents are ok, our children are ok as well." (SU3)

Through the pathway, partners are also able to access support. This had not been the initial intention of the pathway, but it was identified that partners also needed differing levels of support. One parent spoke about her husband being signposted to a local men's wellbeing group and also that he was able to access psychological therapies support through the pathway if he wanted to in the future. A second parent spoke about the benefits of attending a men's wellbeing group with one of the Mums expressing that her husband was also looking to attend this group in the future.

"[the PMHSPLW] signposted, my husband to a couple of dads groups as well, just because he's been off work with PTSD symptoms, again due to the birth." (SU2)

"…it was like a group of friends…on Tuesday…we spent a while doing a little exercise [and] depending on the time football and a practice like boxing." (SU4)

Parents also spoke about their children benefitting from being able to attend the activities and meet other children, as well as accessing other services such as the Dolly Parton Imagination Library; this service provides access to books that one parent said was 'great' for her child as they receive a book every month that she takes time to sit down and read with her.

> *"It's nice when it gets delivered each month, my child is able to open the mail and they see it's a book and straightaway they wants to sit down and start reading with me, so I think that's given us a really good bonding time together." (SU1)*

Reducing stigma

It was discussed that there may be stigma and embarrassment around parents accessing support and services, with people tending to go to the GP for support seen as "normal". Both stakeholders and service users felt that the pathway and PMHSPLW helps to reduce stigma around accessing services. It was felt that this barrier is overcome as soon as people meet the PMHSPLW.

> *"I think there's a stigma, isn't there around accessing services and they get into the GP, because that's normal for them and once they see [the PMHSPLW] in the let go alright, it's alright, so we're okay then yeah, she's normal. She's not judging me." (S4)*

> *"We no longer have like that fear of saying we have to call to ask for an appointment, she in that aspect does help quite well and the truth is that I feel good with that." (SU4)*

Increased aspirations

One parent spoke about engaging with the pathway and the PMHSPLW and that it has motivated her and her partner to improve their lives, so they have better opportunities for their family for the future.

> *"I think that knowing [name] has motivated us to improve our lives and learn the language as the main objective and in the future have a better job or study something new. Because not knowing the language there are few options we have for work." (SU5)*

Wider systems

Reducing demand / pressure upon GPs

Data is collected through Elemental that looks at GP attendance, A&E visits, and hospital admissions in the last three months. This measure is taken pre and post along with the ONS4 and SWEMWBS measures. GP attendance, A+E visits and hospital admission data was available for half (32) of the parents engaged with the pathway. Pre and post data was available for 12 of these parents (37.5%).

When looking at the total data as well as the data isolated by those parents where pre and post measures were available, it is evident that there has been an overall reduction in GP attendance, A&E visits, and hospital admissions (Table 5).

Table 5: Attendance at primary and secondary care

	GP attendance (past 3 months) (Pre)	**GP attendance (past 3 months) (Post)**	**A+E visits (past 3 months) (Pre)**	**A+E visits (past 3 months) (Post)**	**Hospital admissions (past 3 months) (Pre)**	**Hospital admissions (past 3 months) (Post)**
Total data for 32 parents	51	10	11	1	8	0

Data for 12 parents where pre and post measures are available	17	10	4	1	3	0

Stakeholders felt that GPs can be seen as the 'one stop shop' for signposting out and it was highlighted that the pathway and the PMHSPLW role removes this pressure taking *"work away from people who have too much to do".* It was felt that with the development of the pathway and the PMSHPLW role parents may become less reliant upon the GP for support because there is a service that links families into other useful services in a timely manner and is more appropriate, especially where medical intervention is not needed.

> *"It's just linking them [service users] up and that kind of reducing isolation and… it might just be one thing you want to know like 'is this normal?' like that might save a GP visit. Might be seeing the children's centres if you're seeing the staff there and they can say 'ohh, we'll help you with sleep. We can do that.'" (S4)*

> *"We noticed that they're less reliant on the GP, they'll come in for the usual checks…We do notice that those that they do have less appointments with the GP. It does make it an impact." (S5)*

Improved partnership working

It was identified that there are a large number of services involved in the pathway, with one stakeholder commenting that *"everyone seems to know each other"*, and that there is good networking with the PMHSPLW working to promote the pathway. Relationship building between services was seen to be one of the biggest changes that had taken place as a result of the pathway.

> *"I didn't realise like how many services she's actually involved with and how many she can sign posts with, which I was really shocked about." (S5)*

Maintaining networking / collaborative opportunities

Maintaining opportunities such as the Community of Practice (CoP) where services are able to network was seen to be important with one stakeholder stating that *"meeting people is really helpful"*. It was suggested by some of the stakeholders that a directory of services may be useful to have at-a-glance information, but it was acknowledged that it is difficult to keep something like this up to date.

> *"I feel like the probably could be some pathways, like literally directories again, like the Liverpool borough, they've got the Live Well directory, but to be honest you never go on it because it's out of date all the time, but that's because there's no one person updating it all the time." (P3)*

At the inception of the PMHSPP there was an existing perinatal CoP that worked closely, building links with statutory services such as midwifery and Health Visiting service, Cheshire and Merseyside Improving Me Partnership. This was funded through the Cheshire and Merseyside Women's Fund and included five community organisations:

1. Holistic harmonies – Singing Mama's
2. 12 million minds – therapeutic counselling support, healing spaces
3. Kids activity bootcamps – PN Mum's support group as an attachment to this – no longer in the CoP
4. Home Start – family support group

5. Beautiful New Beginnings – 1-2-1 counselling across whole of Knowsley offers perinatal support group in one area of Kirkby

> *"To begin with, there was a perinatal award that was given to us through one Knowsley and that was the beginning of the community of practise. Myself and four other organisations were all given the perinatal award and the first kind of instigation of these perinatal organisations was starting to work together to sign posts each other." (S3)*

One stakeholder explained that originally it was hoped that these organisations would work together and signpost to each other, but it was felt that this had not happened due to a number of factors (including the impact of funding cycles and Covid-19). This stakeholder felt that it was important to make the CoP 'fit for purpose', that it had yet to evolve into anything 'tangible' and questioned whether there might still be a place for a dedicated CoP for community groups as was initially envisaged. It was also highlighted that there needs to be increased awareness of what groups are available, what support they offer and when they run, with access to a social prescriber.

> *"It would be great if every single session we had a table that was full of leaflets and flyers of you know, here's one for the social prescriber, one for the health visitors, one for the, you know, the breastfeeding support group, and then all the other things as well. And all the other groups so that we, you know we can all cross-post people and then it becomes natural for me in a group to say if anyone feels like it would be useful for them to connect with a social prescriber, then let me know." (S3)*

In November 2022, the CoP was reframed so that it included not only VCFSE but also statutory services. This was seen as an opportunity to promote service provision and begin to develop new collaborative working practices with the first meeting being an opportunity to share information about different services.

> *"The community of practice has started with the voluntary orgs that came through that partnership. But the vision is to extend that now and build those links between the statutory services and those community organizations. Cause [the PMHSPLW] is now really doing that and building those relationships so that that community of practice becomes about any organization that's in Kirkby offering a perinatal service." (S1)*

Widening parents' reach on their community

The pathway provides parents (particularly those who do not know about services or how to access them) with the opportunity to access support, and it was felt by stakeholders that this widens their reach in the community. This means that in the future, it is not necessary to have the support of the PMSHPLW to access this support as parents will have the knowledge of what services are available and how to access them. This then ensures there is resource for new parents being referred into the pathway. It was seen to be important to facilitate parents to move on so that they do not become dependent upon the support that is provided.

> *"They've been given an opportunity to get support, so it also widens their reach in the community they live in, so they're aware that, although [the PMHSPLW] in this instance will be maybe a bridge, they don't need [the PMHSPLW] as a bridge going forward, they have the ability to be able to contact us themselves should they choose and that we exist." (S8)*

Three of the parents who did not speak English as their first language spoke about being able to access medical support (e.g., GP, dentist) for their family with support from the PMHSPLW. These parents

felt that the PMHSPLW advocated for them, speaking to health professionals over the telephone to explain what was happening etc. One parent commented that without the support of the PMHSPLW they would have had to miss work to make GP appointments due to their working day starting earlier than it was possible to contact the GP surgery.

> *"I work in the mornings, and it is very difficult for me to call at exactly 8 o'clock to be able to make the appointment. [I have] to miss a day of work to see if I can get an appointment." (SU4)*

> *"One time I need to get dentists for my child. And then the lady here helped me to find the dentist which I can take my child there, which is very good." (SU6)*

Improved relationships between families and service providers were also evident with stakeholders highlighting the importance of families feeling comfortable to access support and developing relationships of trust. The latter was also seen to be an essential aspect of the PMHSPLW role with parents reporting that they felt safe to have received this help and that it opened the lines of communication with many other services and was seen to help parents to engage.

Potential negative outcomes

Increased demand for the pathway and the PMHSPLW

Engagement with stakeholders and service users highlighted the great need for the PMHSPLW role and that demand for the pathway and the role is increasing. A number of stakeholders raised concerns that due to the nature of the support that is required by some of the parents engaging with the pathway (particularly those who did not speak English as their first language when the PMHSPLW may act as an interpreter), some aspects of the PMHSPLW role were now more in a 'support worker' than 'link worker' capacity and this was seen as a challenge of the role. It was discussed that where demand may outstretch resource, the referral criteria for the pathway could be revisited.

> *"The case load is going to go up. So then [name] says like immediately when it hits a high then obviously we're going to revisit and then see like, OK, are we gonna kind of like, put a bit more restriction there?" (S2)*

Increased demand on referral partner services

When exploring if referrals from the PMHSPLW placed any additional pressures upon services, it was discussed that there is awareness across the pathway of waiting times (where services may be at capacity) and where services are stretched and therefore referrals or signposting are made elsewhere if they are able to. It was commented by one stakeholder that if the perinatal social prescribing offer was to grow, this would be something that new members of the team would also need to know.

> *"She's got that awareness of where…You know places may already be kind of almost full to capacity…And then as an interim, maybe Mums or Dads can be referred elsewhere, right? She just does that now, she's quite good at that, but she does keep in contact. But I think if it was to expand, if she was to grow her team they'd have to be able to do that as well. You know cause otherwise it will fall down there." (S5)*

One stakeholder commented that whilst they had received some referrals from the pathway, they also would not rely on the pathway to fill their classes. This stakeholder highlighted, however, that in instances where there may be a larger number of Mums referred in through the perinatal pathway and other health professionals (e.g., GPs), this has the potential to impact upon the dynamic of the group in terms of engagement. It was felt in this instance the Mums may need additional support or alternative approaches to encourage them to participate and it is therefore important to be flexible in the way that any sessions are delivered. It was acknowledged, however, that if they did not recruit Mums to the group in this way and just look to engage through, for example, Facebook, those who

need deeper support may be missed. A second stakeholder spoke about the majority of their referrals coming from Health Visitors and Social Workers.

> *"In your head when you think about social prescribing, you think ohh this is brilliant because they're gonna bring the people, they're gonna put these people in the room you know, and that that's not the case. I would not rely on social prescribing to fill a room of people." (S3)*

> *"It's great to have those women in the room, but sometimes you kind of need a spectrum. So because otherwise sometimes the mood can be very low. It's very hard. You know it's like they need encouragement from the women who might just self-identify." (S3)*

> *"The worry is that if like 90% of the people come through a post on Facebook, they're just women who are trying to look after themselves and don't have very deep needs." (S3)*

> *"She's not the main source of our referrals. You know we get majority referrals from health visitors, social workers." (S6)*

On the whole, stakeholders spoke about the PMSHPLW being useful in terms of increasing the number of vulnerable clients who are accessing their services, but that generally they are seeing more clients more recently, and this is not exclusively as a result of the pathway. One organisation did, however, feel that referrals into their service from the pathway has the potential to increase pressure on their service depending on the way in which individuals come into their service. This specifically related, however, to their 'drop-in' service and they spoke about being able to deal with clients from the pathway if they have capacity, but that this is not always possible due to a small staff base and the nature of support needed. They had now asked that the appointment system was used so that parents were able to book a specific time to come and discuss their support needs and it was felt that there were good lines of communication with the PMHSPLW.

> *"We are seeing more [referrals]…coming from everywhere at the moment. So I suppose to that end, that's the that's probably a general change, but not as a result exclusively [the PMHSPLW] as such." (S8)*

> *"If we had the capacity to see them [via drop in] there and then we deal with the issue. If not, you know we have a chat with them for 5 minutes or so and book them in for another time, but [the PMHSPLW] is aware of this now and you know, maybe at the beginning she did probably pop in and so we said, you know, we do the appointment system that would work best then." (S6)*

It was considered that there is a collaborative approach to problem-solving and that *"the pathway facilitates the [positive] outcomes and enables the flow of communication between key stakeholders and service users"* which means that services can understand the people accessing their service and their needs, which allows the service to adapt. Overall, this was seen to build and strengthen relationships.

Measuring and evidencing impact

One stakeholder stated it would be useful to get some kind of discharge summary so that they have an idea of what services a patient has been referred and signposted to when engaging with the pathway and other details such as how long they have engaged. It was felt that this would give more context in order to appropriately provide support in the future and would not have to necessarily come through Elemental, but could come via email or post, which would then be used to update patient records. As all services use different systems it was acknowledged by stakeholders that is a

challenge to have one system where it might be possible to access basic information such as that detailed previously.

> *"The only thing that would just be like a bonus for us is at the moment we don't get like a discharge summary… so that we know the support the patient's had and it just helps us be able to treat the patient in the future, so they get referred and I don't look like where they've done what they've seen, what they've been, how they've been. I have nothing that's the only thing that's a bit like that lets it down." (S5)*

Sustainability of the pathway and VCFSE

Within discussions around the sustainability of the pathway, it was highlighted that there is a need to ensure the PMHSPLW role has clinical supervision. This has been offered recently and not only provides support for the PMHSPLW but also helps in future shaping of the role.

> *"I think one of our next sort of conversations when we come together as a Kirkby team is to look at [the PMHSPLW]'s clinical supervision support now. And I know when I last met with [GP], I said it would be absolutely amazing if we were able to use some of the funding to get some kind of mentoring from social care." (S1)*

It was acknowledged that there is collaboration and information sharing between the social prescribing link workers and the PMHSPLW and that this helps to strengthen both roles.

> *"The fact that we are a team with the other social prescribers it's like do you know about this or what do you know about that? And obviously we're all learning from each other which is great." (S2)*

It was felt that sustaining the pathway is important, and it was discussed by stakeholders that the pathway will become bigger in terms of demand, with more parents being referred. It was acknowledged that the role of the PMHSPLW may in some instances be more of a support rather than linking role, and that this can be challenging to manage due to complexity of need of some of clients coming through the pathway. It was stated that in the future this may include increasing the number of staff within the pathway and their reach, for example, it was questioned whether the role could be widened out across the Borough / all three PCNs in Knowsley. It was acknowledged, however, that before this takes place it is important to ensuring that the system is consistent and manageable.

> *"[The PMHSPLW] is just for Kirkby, isn't she? So it would be great if we could see this expanding across other like parts of the borough." (S4)*

> *"What I envisage is that this is going to become bigger like there's gonna be more women hopefully isn't there being referred and so I start to think well can [the PMHSPLW], it's the capacity thing, like can she cope with the amount of women who she's gonna have going through. But you know, I suppose once you get into a flow of referring and we get into a flow of receiving those referrals, then the system becomes more consistent and manageable." (S3)*

Stakeholders spoke about the importance of looking at how to enable perinatal VCFSE to become more sustainable and acknowledged there is a need for governance to keep perinatal support in Kirkby PCN. It was felt that One Knowsley creates positive funding opportunities, with one stakeholder speaking about hoping to apply for collaborative funding that would be managed through One Knowsley where specific perinatal community provision will be delivered across health centres in Knowsley concurrently so there is support for Mums across the whole year. It was envisaged that this would help to create a more robust VCFSE CoP.

“How do we enable our perinatal community and volunteer organizations to be more sustainable? You know, we're already having those conversations in one Knowsley and after we, you know, support the governance of these organizations to be able to look for those more sustainable and, you know, apply for those more sustainable funding opportunities that keeps the perinatal support in in Kirkby.” (S1)

“I'm putting in an application actually, it was highlighted to me by One Knowsley to get people around the table to create a big a bigger funding application. It's gonna be through the Arts Council and it's gonna be delivered in in health centres across Knowsley. One Knowsley are going to be the project managers for the whole thing, so this is like a new kind of pilot.” (S3)

4. Summary of Key Learnings and Recommendations for a Future Model of the Perinatal Mental Health Social Prescribing Pathway

Many new parents struggle to access the support that they need for their mental health (Healthwatch, 2023); and it is widely acknowledged that there are inequalities in PMH outcomes, with marginalised women including those from minority ethnic groups and lower socio-economic backgrounds being worst affected (Ban et al, 2012; Morell, 2021; Prady et al, 2021; Watson et al, 2019). The PMHSPP is delivered across Kirkby, in one of the most deprived local authorities in England. Mental health is also a focus of the Knowsley Health and Wellbeing Strategy (Knowsley Health and Wellbeing Board, 2020). Data from this evaluation show that those engaging with the PMHSPP are mainly female (n=62/64, 96.9%); in a civil partnership or married (n=27/40, 67.5%) and predominantly aged between 19 and 34 years of age (n=45/64, 70.3%).[20] More than half (n=37/64, 57.8%) were first time parents; evidence shows that first time Mums are more vulnerable and less likely to receive the support they need (Healthwatch, 2023). More than one third (n=15/40, 37.5%) of parents for whom data was available reported that they were unemployed; whilst over one quarter of parents also reported having a long-term condition (n=11/41, 26.8%) that included depression and/or anxiety, asthma, and epilepsy. The available data show that on the whole those parents engaging with the pathway did not smoke (n=28/32, 87.5%) or drink alcohol (n=25/30, 83.3%).

The first 1,001 days from pregnancy are a vital time to safeguard a baby's development and the development of bonding relationships between parents and their children. It is evident from this evaluation that whilst overall the PMHSPP has had a positive impact on those who have engaged with it, there are also barriers on individual (e.g., poor awareness of services), organisational (e.g., resource inadequacies, service fragmentation) and sociocultural (e.g., language/cultural) levels (Sambrook Smith et al, 2019). In light of this, a number of recommendations are also made for the future delivery of the Perinatal Mental Health Social Prescribing Pathway in Kirkby.

The pathway and referral processes

It is evident from the findings that the pathway is filling a need for the perinatal community in Kirkby. All those spoken to as part of this study felt the pathway was very much needed and provided support that is not readily available to parents and would not typically be offered elsewhere. For referrers, this also provided a peace of mind that the correct support was being given in a timely manner.

The referral process was seen to be quick, with everything well communicated. Providing support through a non-medicalised intervention was seen to be important. The pathway receives and generates referrals from GPs, Midwives, Health visitors as well as other non-statutory referral partners. All referrals are entered onto Elemental Social Prescribing System through the GP surgery. The PMHSPLW then refers or signposts directly into community organisations/group/services using Elemental to record signposting and to generate and manage referrals. A number of VCFSE stakeholders highlighted that whilst they had not referred into the pathway, it was important that this option was available to them.

There are numerous activities, services and support that parents and their families are able to access, some of which did not have a perinatal focus, but still form an essential part of the pathway as it helped to address those aspects (e.g., housing, benefits, food/fuel poverty) that may be impacting upon the parent's mental health and wellbeing. This reach of support was viewed as a strength of the pathway. The majority of parents presented on the pathway with one or two reasons (n=55/64, 85.9%) that they required support for; the top three of which were recorded as 'perinatal' (41/64, 64.1%),

[20] Denominators have been provided in this discussion to highlight those aspects where data were not available for all of the 64 parents who engaged with the pathway.

'mild anxiety and/or depression' (n=16/64, 25.0%), and 'low self-esteem/confidence' (n=12/64, 18.8%). The top three prescriptions were made to Knowsley Children's Centres (e.g., early years' service, baby massage and sensory room), Liverpool Philharmonic and Knowsley Citizen's Advice (e.g., advice around benefits, immigration, energy, and employment). Parents were also signposted to support, the top three of which were mental health (n=19/48, 39.6%), physical exercise (n=14/48, 29.2%) and social support (n=10/48, 20.8%).

It is evident that at the outset of the pathway, time was well spent establishing signposting and referral pathways, resulting in a wide reach of services through which parents can access support (including those that do not necessarily have a perinatal focus). Continued promotion of the PMHSPLW role and the pathway was viewed by stakeholders as essential; as was making connections between parents and services, even where they may not be ready to receive support. This included integrating the pathway within the wider system. Parents hoped that the pathway would be one which many parents living in Kirkby would be able to engage with and benefit from more widely.

Whilst the pathway was initially said to target those who are already disadvantaged because of health inequalities and social deprivation, there has been a more universal approach to engaging parents to the pathway. For example, GP surgeries informing all of their pregnant patients and new Mums about the pathway, and the PMSHPLW attending community settings to speak to service providers and service users about the pathway.

Recommendations

- Provide clear criteria about what the purpose of the pathway is, who it is targeting and what support it is there to provide. From the findings of this evaluation it is evident that a targeted approach with a defined population group is essential. It is challenging to identify if the pathway has connected all of those who could avail themselves with its support, however, through continued exploration and analysis of local population demographics alongside data of those accessing the pathway it may be possible to ensure that the pathway is reaching out to those parents that may be under-represented.
- Finding ways of maximising the uptake of the perinatal offer is important; currently there are different systems and approaches around engagement (e.g., GP surgeries texting all pregnant Mums to offer PNMHSPP; PMHSPLW attending community groups; promotion through GP, Health Visitors, Midwives), some of which have had low uptake.
- It is important that the pathway and its referral mechanisms are explicit and accessible to all referral partners. It may be explored whether a more formal referral process into the pathway from referral partners (particularly VCFSE) needs to be developed, for example, an online referral form that can be e-mailed to the PMHSPLW. At this time it is also not possible for parents to self-refer onto the pathway, but this is something that could also be explored to increase engagement. Self-referral is advocated by NHS England (2019) and can promote the pathway so that it reaches those whom it may not have done previously. Ease of access to the pathway and getting the 'front door' right is essential.
- It may be explored whether there is a process that enables referral partners to have sight of the patient pathway so that they know of types and levels of engagement and there is an awareness should parents come back to referral partners. It is important to note, however, that whilst this would provide information around signposting and referrals, it would not necessarily tell referral partners whether the parent had actually engaged with that service.

Perinatal Mental Health Social Prescribing Link Worker (PMHSPLW) as a single point of contact

Social prescribing link workers are becoming an integral part of the multidisciplinary teams within primary care networks (PCNs), with social prescribing models evidenced to significantly improvements in anxiety, quality of life, and ability to carry out everyday activities (Grant et al., 2000). Currently there

is a paucity of literature that specifically relates examples of social prescribing in the perinatal period, and the approach taken in Kirkby is therefore a novel one.

The value of the PMHSPLW role was recognised by all of those interviewed as part of this evaluation. The PMHSPLW acts as a single point of contact for all referrals so parents can be triaged to the specific aspects of support that may be needed and referral and signposting as appropriate. Having this single point of contact was seen to be very beneficial, particularly where individuals have complex needs and may require support from multiple services. The role of the PMHSPLW enables consistency of approach and personalised care to provide services and support around the needs of parents and their families.

The approach of the PMSHPLW is integral to the success of the role and the pathway with the PMHSPLW seen to be skilled at building relationships with both stakeholders and parents as well as enabling communication and developing relationships of trust between these two groups. Initial and ongoing work by the PMHSPLW includes mapping support that is available and identifying gaps or where there may be need, as well as promoting the pathway's postnatal offer. It is apparent that extensive resource has been given by the PMSHPLW to developing relationships so that signposting and referral pathways are in place and to ensure that these pathways are used appropriately.

Building a rapport with parents is essential for successful engagement on the pathway. Findings evidence that for those who are vulnerable and isolated the pathway is important in helping parents to access the necessary support. The PMHSPLW provides advocacy for these parents; specific examples were given around support for those parents who do not speak English as their first language. Engagement with parents was seen to be very flexible and took place in an environment that was comfortable and convenient to them such as in their own homes, in a community setting or over the telephone. There is also ongoing support provided by the PMSHPLW who provides parents with details of new activities they may be interested in.

It is evident that the role has also been vital in helping to identify what matters to communities and there is need for this focussed perinatal support role. It is, however, very apparent that the role is a resource intensive one. At its outset, the PMHSPLW role was envisaged as a 'link' rather than 'support' role. However, with the complexity of issues and level of support required by parents, as well as potential growing demand for the role and available resource, it was evident that the latter 'support' role was more apparent for engagement with many parents. The majority of contacts recorded by the PMHSPLW on Elemental were carried out by text or telephone (81.6%), with the majority of parents (n=50/64, 78.1%) having between one and seven appointments (eight [12.5%] parents had between eight and 11 appointments, with one parent having 28 appointments). Some of the stakeholders suggested that the referral criteria may need to be revisited to ensure the PMHSPLW role does not become overwhelmed. It is important that the PMHSPLW is able to manage their caseload. A maximum recommended safe caseload is 200-250 per year, but that this very much dependent upon the complexity of cases and the maturity of the social prescribing service (NHS England, 2023). The potential of developing the PMSHPLW role across the PCN was also mentioned. Clinical supervision was also felt to be important in providing support to the PMHSPLW, especially given the complex needs faced by parents that they work with, and also in the future shaping of the role.

Parents were seen to engage both during pregnancy (n=11/58, 19.0%) and postnatally with the majority of parents having a baby aged 0-12 months (n=38/58, 65.5%). Parents engaged with the pathway for varying lengths of time dependent upon the level of support required. Nearly one third of parents (n=21, 32.8%) engaged with the PMHSPP and the PMHSPLW for more than 100 days, highlighting the complexity of the support needed as well as the resource demands upon the pathway and the PMHSPLW role. It was commented that this also has the potential to increase demand on referral partners, although the majority of stakeholders who took part in this evaluation spoke about the PMSHPLW being aware of waiting times and where services are at capacity etc. Generally,

however, it was felt that the pathway was seen to widen parents' reach on their community so that they do not become over-reliant upon the support of the PMHSPLW. The role of collaborative problem solving was said to be key here in not only identifying where these pressures may be, but also identifying gaps in the current system provision.

Recommendations

- The demand for this role creates the risk of the PMSHPLW becoming overwhelmed. It is therefore necessary to explore the scale and scope of the pathway and the PMHSPLW role further to see whether a 'case worker' approach would be suitable for those parents with complex needs who need more in-depth support; with a 'link worker' role being specific to those parents who require initial support / handholding but are then signposted or referred on. This exploration may also lead to the development of a clearer route of referral into the pathway in terms of a more targeted approach / revision of referral criteria or criteria once engaged in terms of the role and length of engagement.
- It is clear that the PMHSPLW engages with parents in a number of different ways. It is important that these different forms of engagement are maintained that work best for the families and the PMHSPLW.
- Ensure that appropriate and adequate supervision arrangements are available to and accessed by the PMHSPLW in order that they are supported to follow appropriate safeguarding procedures and their own health and wellbeing is supported (NHS England, 2023). This will also provide support for how the role is developed further in the future. Non-managerial supervision (i.e., day-to-day line management) is currently provided by One Knowsley. The PMHSPLW should also have access to clinical supervision via the PCN. It may be explored whether there is an additional role for supervision that may be provided by adult health and social care.
- There is the potential for a role such as this to be developed across different areas of the PCN, but it would be important to explore the aforementioned aspects as well as how any additional roles may be resourced and supported etc.

Exploring outcomes and impacts and their measurement

It is evident from the findings of this evaluation that there is a positive impact on those who engage with the pathway and PMHSPLW support. There were a number of individual, family and community and wider system outcomes that were identified over the short, medium, and longer term. The data that is captured by the PMHSPLW and on Elemental provides a comprehensive overview of engagement and provides some evidence to support key outcomes that are experienced on an individual and system-level.

Poor awareness of services is identified as a barrier to accessing support (Sambrook Smith, 2019). Increased knowledge and awareness around the PMHSPP and educating parents and service providers about the available activities and support were seen to be key to the success of this pathway, with many parents reporting that they would not have known about these otherwise. Parents were seen to feel involved and empowered due to increased choice, and families are more connected into and engaged with their communities through the pathway. The pathway was seen to support parents to be well and stay well by enabling them to make informed decisions and choices based on the information and support that is provided to them by the PMHSPLW and the wider statutory and VCFSE organisations. Within the system, the importance of managing expectations between the PMHSPLW and parents and also the PMHSPLW and service providers was highlighted. This specifically related to ensuring parents know about what support is available, but also that referral and signposting will not necessarily result in immediate access due to limited numbers being able to access some community groups or caseloads for statutory services (e.g., psychological therapies).

Improved mental health and wellbeing was reported as a result of engaging with the pathway including aspects such as reduced anxiety, increased confidence, and improved mood. Attending activities increased socialisation and reduced feelings of isolation and provided parents with a sense of purpose and routine. Parents reported that these improvements removed the need to take medication, as well as them seeing positive changes in their diet, exercise, and sleep habits.

Improved relationships were reported on a personal (e.g., family, friends) level as well as a wider system-level e.g., strengthening relationships between services and families feel supported and trusting of professionals; developing supportive relationships with voluntary and community organisations and linking people to community-based services.

The pathway provides whole family support and stakeholders and parents spoke about children benefitting from meeting other children at activities and being able to access educational resources (e.g., books). It was acknowledged that there is a general lack of perinatal support available for partners, especially males. It was discussed that through the pathway, Dads had been signposted to men's wellbeing groups and the PMHSPLW provided support for families such as accessing GPs and dentists etc. Stakeholders found this reassuring that there was support around the family and felt that the pathway and the PMHSPLW role helps to reducing perceived stigma around accessing support.

Recommendations

- It is important to continue to build upon the current evidence base of the pathway as this will inform the future and ongoing development in a number of areas, not only of the PMHSPP and the PMHSPLW role, but in terms of the impact on the VCFSE (capacity and sustainability) and also the wider impact on the health and care system. This includes ensuring that the data are collected and input on Elemental in a complete a form as possible. This is particularly important when looking at the demographic information of parents engaging with the pathway (reach), data around referral, and those indicators that can contribute to the evidence around the impact of the pathway. For those parents who are engaged with the pathway for longer periods of time, SWEMWBS, ONS4 and attendance at GP and A&E and hospital admission may be taken more frequently alongside written narrative that may provide further support to evidence specific outcomes.
- At this time, data is not formally collected by partner community organisations around the referrals they make to or receive from the pathway and whether parents then engage with their support and for how long. As part of the wider VCFSE measurement of outcomes and impact, focused data collection may be carried out.
- When looking at scrutinising other available data, it may be that data are available from the Adult and Children's Safeguarding Boards around perinatal mental health. Health Visitors are also a good resource from which to gather intelligence.
- When exploring attribution of outcomes and impact to the pathway, most of the service users who took part in the study had not engaged with services before and needed support and referral and signposting. It is difficult to establish, however, whether the changes that were experienced, such as improved mental wellbeing, can be directly attributed to the pathway and the PMHSPLW role alone or whether these are still nevertheless significant contributory facilitators to these outcomes and impacts. Further exploration may be undertaken of this aspect.

System-Level Working

The high costs of PMH on a personal and societal level are well documented (Bauer et al, 2014). In the medium and longer term it was hoped that the pathway would contribute to reducing demand and pressures on other areas of the wider system such as GPs (as parents have links to other support services) and also have the potential to prevent referrals to GPs from social care. Also that there would be improved life chances for parents and their families. The literature evidences the role of social

prescribing upon reducing the use and reliance upon NHS healthcare (BMA, 2021; Hassan, 2020; Loftus et al, 2021), with one in five GP appointments focussing upon wider social needs rather than acute medical needs (Transformation Partners, 2023). It also provides GPs and other primary care practitioners a non-medical option to improve patient health and wellbeing through engaging in social and community interventions (NHS England, 2019; Roland et al, 2020) to help tackle those issues that cannot be addressed through traditional health routes (Transformation Partners, 2023). Data collected through Elemental looks at GP attendance, A+E visits and hospital admissions in the last three months. Data was available for 12 parents (pre and post), which illustrated an overall decline in GP attendance, A&E visits, and hospital admissions.

As with all systems approaches these need to be responsive to need; the pathway was seen to provide bespoke, personalised, and integrated care. It was acknowledged that it is important to ensure equitable and timely access to support that considers the differential experiences of women and their families (Department for Health and Social Care, 2022). The role of the PMHSPLW was seen to enable parents to access statutory services as well as community services and was felt to be creating positive opportunities for parents from South, Central and across the whole of Knowsley; with the real potential for a role such as this to be beneficial across all three Knowsley PCNs.

When looking at the place of the PMHSPLW within the wider system, is it important to highlight their role in supporting Mums who are transitioning back to work / who have returned back to work. The data show that seven Mums (out of 40 [17.5%] where employment status was provided), sought support from the PMHSPLW due to anxieties about returning to work or having returned to work. This support was provided in the absence of other independent provision, particularly around the legal offer.

System-level support for those who do not speak English as their first language was identified as an area for further development within this evaluation. Women from non-White British backgrounds have been shown to have more marked perinatal mental health issues, which may be attributed to poor access to services (Jankovic, 2020). Whilst there are very low proportions of ethnic minority populations living in Kirkby and Knowsley (compared to the England average; Knight et al, 2022; McGurgan and Grace, 2018), it was evident from the evaluation of the pathway that providing support to access services and support (e.g., GP, completing forms for benefits etc.) for those who do not speak English as their first language required a greater level of resource and support from the PMHSPLW. Of the 64 parents engaged with the pathway, data was available for 62 regarding their first language. Whilst the majority of parents did speak English as their first language (n=48/62, 77.4%), 14 (22.6%) did not, with languages including Spanish, Portuguese Cantonese, Arabic, Romanian and Italian. Equity of access to services for all parents is important; with stakeholders commenting around system-level information in different languages to improve access to care and support. The PMHSPLW acted not only as a translator for some of these parents, but also as their advocate to help them access the support they needed and to overcome some of the language and cultural barriers, e.g., by ensuring parents had access to translators when attending medical appointments (Sambrook Smith et al, 2019).

Within Knowsley, there are a number of different system-wide aspects of support that Mums can access during the perinatal period. This includes Mersey Care and the Cheshire and Mersey Specialist Perinatal Service: Building Attachment and Bonds Service (BABS; for women with babies 0-3 months), Silver Birch Hub (multiagency approach); Specialist NHS Talking Therapies; Knowsley Early Help and Prevention Service; and the 0-25 Health and Wellbeing Service for Knowsley. It was identified, however, through this evaluation that there is an acknowledged systemic issue relating to shortage of key statutory professionals, who also have increased demand and pressure upon their roles, with people requiring greater levels of support and long waiting times to access some statutory services (Waitzman, 2022). It was commented that because of this, there may be missed opportunities around identification of specific support needs (Brown and Sprague, 2021). Collaboration and partnership

working was seen by stakeholders to be key to building strong support networks to support and protect women and their families. This may also act to empower professionals because they have identified issues where support is needed and have a referral pathway into the PMHSPP.

Supporting Sustainability of the Pathway and Community Groups

The perinatal mental health CoP was seen by the majority of stakeholders to be working to build meaningful pathways of support across statutory and VCFSE organisations through collaborative practice and partnership working, enabling sharing of best practice and the development of networks to support families through the perinatal period. The CoP was also seen to be a platform to facilitate discussions around differing types / levels of support available during the perinatal period (universal / non universal). Those involved in the perinatal CoP include stakeholders delivering key local services impacting on the health and wellbeing of individuals, families, and communities within Kirkby; this has developed from a CoP that initially included five VCFSE organisations whose work focussed upon providing perinatal support.

One Knowsley were seen to bring together the CoP and support and enable development of the pathway and the PMHSPLW role and the wider VCFSE sector through the provision of funding and infrastructure that supports innovation/social enterprise and provides opportunity for capacity building of services. The pathway is seen to utilise those community-based assets that are already in place but is also in a unique position of being able to identify gaps within the service offer and how these may be addressed (e.g., through funding or collaborative working). There are many models of social prescribing available nationally. The social prescribing offer delivered through One Knowsley and Kirkby PCN was felt to promote the sustainability of the pathway and the VCFSE. One Knowsley are able to help them grow and sustain their offer. This is particularly pertinent in light of the face that for many VCFSE, grants are too short-term for the organic nature of the work that they do, and they have little control over these. Where funding for community groups is removed or reduced, this also has a direct impact on those community members who are accessing them.

Recommendations

- Whilst the NHS Long Term Plan (NHS, 2019) builds on the commitments outlined in the Five Year Forward View for Mental Health (NHS, 2016) to transform specialist PMH services across England and ensure that by 2023/24, at least 66,000 women with moderate/complex to severe PMH difficulties can access care and support in the community; it is important to acknowledge the preventative and early help role that a pathway such as the one in Kirkby has in helping those parents with low to moderate mental health needs. The pathway should also remain responsive to changes in policy and practice at a national and more local level.
- At a systems-level, it is necessary for comprehensive mapping of local provision, identification of gaps and building collaborations that continues to meet local need, enhances existing services, and supports the delivery of this high-quality local provision. It is also important to ensure that all services are culturally accessible, for example, parents have access to translators and supporting documents in their first language. This may be explored at the PCN level.
- It is vital that there is the expertise on a systems-level to be able to continue to build and develop pathways of support. Changes in infrastructure can impact upon the resilience and sustainability of VCFSE. It is a recommendation to continue to build upon the work of the CoP to develop a strong and resilient infrastructure that in turn supports the growth and development of the VCFSE sector, offering a diverse range of organisations community members can engage with that will help to reduce health inequalities of those most vulnerable and marginalised communities. The CoP should also work together to ensure that the voice of the wider VCFSE influences the development and delivery of the pathway.
- The CoP was initially comprised of only VCFSE organisations; it may be explored whether there is value in having an additional platform for this focussed group that could be used to promote

collaborative working in terms of development of joint bids etc. and would sit alongside the wider perinatal mental health CoP.

- There should be continued development of the role of One Knowsley within the VCFSE; with focus placed around creating positive funding opportunities and continued investment in community groups to address gaps in service provision and areas of need.
- Continued promotion of the pathway should be carried out at a system-level through the PCN and also the Community of Practice to build upon those relationships already established and also encourage a collaborative approach to the delivery and future development of the pathway. More generally it is also vital to ensure that there is appropriate and relevant workforce training and awareness around perinatal mental health.
- The potential impact of critical workforce shortages due to a decline in key professionals and more people requiring greater levels of support were cited in this evaluation. The current primary care offer around the pathway has the potential to be improved, for example, through exploring links to join up with Early Help.
- Explore how the PMHSPLW can begin to incorporate maternity leave and return to work conversations with individuals; promoting these discussions as a preventative measure in the hope that Mums are supported from an earlier stage. This will include engaging with other local perinatal services (e.g., Early Years and the 0-25 Health and Wellbeing Service for Knowsley) to capture their insights and knowledge to determine the best way and best timing in which to speak to Mums about maternity leave and retuning back to work.
- Explore the role of the PMHSPLW within the developing Maternal Health Justice Partnership that may soon be piloted across Knowsley / Kirkby.

Conclusion

The pathway and the role of the PMHSPLW provides much needed perinatal support and looks to maximise community interventions and support. It is important to continue to ensure the successful development of working practices and processes associated with the PMHSPP and the PMHSPLW role that navigates the complexity of the sector within the social prescribing framework, i.e., clear referral pathways, consistent outcomes and impact measurement and appropriate connection to the PMHSPLW.

5. References

Arcaya, M.C.; Arcaya, A.L., Subramanian, S.V. (2015). Inequalities in health: definitions, concepts, and theories.. *Glob Health Action*, *24*(8), p.27106. Available at: 10.3402/gha.v8.27106 [Accessed 31 March 2023].

Ban, L.; Gibson, J.E.; West, J.; Fiaschi, L.; Oates, M.R.; Tata, L.J. (2012). Impact of socioeconomic deprivation on maternal perinatal mental illnesses presenting to UK general practice. *British Journal of General Practice*. 62(603), pp.e671-e678. Available at: https://doi.org/10.3399/bjgp12X656801 [Accessed 31 March 2023].

Baska, A., Kurpas, D., Kenkre, J., Vidal-Alaball, J., Petrazzuoli, F., Dolan, M., Śliż, D. and Robins, J. (2021). Social prescribing and lifestyle medicine—a remedy to chronic health problems? *International Journal of Environmental Research and Public Health*, *18*(19), p.10096.

Bauer, A., Parsonage, M., Knapp, M., Lemmi, V., Adelaja, B. and Hogg, S. (2014). *The costs of perinatal mental health problems*. Available at: https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/costsofperinatalsummary.pdf [Accessed 3 May 2023]

BMA (2021). *The primary care network handbook 2021-22*. Available at: https://www.bma.org.uk/media/4222/bma-pcn-handbook-2021.pdf [Accessed 18 October 2022].

Bridle, L., Walton, L., van der Vord, T., Adebayo, O., Hall, S., Finlayson, E., Easter, A. and Silverio, S.A. (2022). Supporting perinatal mental health and wellbeing during COVID-19. *International Journal of Environmental Research and Public Health*, *19*(3), p.1777.

Brown, S. and Sprague, C. (2021). Health care providers' perceptions of barriers to perinatal mental healthcare in South Africa. *BMC Public Health*, *21*(1), p.1905. Available at: 10.1186/s12889-021-11954-8 [Accessed 3 May 2023].

Buck, D. and Ewbank, L. (2020). *What is social prescribing?* The King's Fund. Available at: https://www.kingsfund.org.uk/publications/social-prescribing [Accessed 18 October 2022].

Crone, D.M., Sumner, R.C., Baker, C.M., Loughren, E.A., Hughes, S. and James, D.V. (2018). 'Artlift'arts-on-referral intervention in UK primary care: updated findings from an ongoing observational study. *The European Journal of Public Health*, *28*(3), pp.404-409.

Department for Health and Social Care (2022). *Women's Health Strategy.* Available at: https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england [Accessed 24 May 2023].

Dixon, M.P. and Polley, M. (2017). *Report of the annual social prescribing network conference*. Available at: https://www.scie.org.uk/prevention/research-practice/getdetailedresultbyid?id=a110f00000NeJ0UAAV [Accessed 18 October 2022].

Hassan, S.M., Giebel, C., Morasae, E.K. et al. (2020). Social prescribing for people with mental health needs living in disadvantaged communities: the Life Rooms model. *BMC Health Services Research, 20*(19). https://doi.org/10.1186/s12913-019-4882-7

Healthwatch (2023). *Left unchecked – why maternal mental health matters*. Available at: https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20230315%20Left%20unchecked%20briefing.p [Accessed 26 April 2023].

Howard, L.M., Ryan, E.G., Trevillion, K., Anderson, F., Bick, D., Bye, A., Byford, S., O'Connor, S., Sands, P., Demilew, J. and Milgrom, J. (2018). Accuracy of the Whooley questions and the Edinburgh Postnatal Depression Scale in identifying depression and other mental disorders in early pregnancy. *The British Journal of Psychiatry*, *212*(1), pp.50-56.

Husk, K., Elston, J., Gradinger, F., Callaghan, L. and Asthana, S., (2019). *Social prescribing: where is the evidence? Commissioned editorial.* Available at: https://pearl.plymouth.ac.uk/handle/10026.1/13103 Accessed 18 October 2022].

Jankovic, J., Parsons, J., Jovanović, N., Berrisford, G., Copello, A., Fazil, Q. and Priebe, S. (2020). Differences in access and utilisation of mental health services in the perinatal period for women from ethnic minorities. *BMC Medicine*. 18, p.245. Available at: https://doi.org/10.1186/s12916-020-01711-w [Accessed 31 March 2023].

Kessler, R.C., Berglund, P., Demler, O., Jin, R., Koretz, D., Merikangas, K.R. and Wang, P.S. (2003). The epidemiology of major depressive disorder: Results from the National Comorbidity Survey Replication (NCS-R). JAMA: *Journal of the American Medical Association*, 289, pp.3095–3105. Available at: doi:10.1001/jama.289.23.3095. [Accessed 3 May 2023]

Knight, M., Bunch, K., Patel, R., Shakespeare, J., Kotnis, R., Kenyon, S. and Kurinczuk, J.J. (Eds.) on behalf of MBRRACE-UK. (2022). *Saving Lives, Improving Mothers' Care, Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20*. Oxford: National Perinatal Epidemiology Unit, University of Oxford. Available at: https://hubble-live-assets.s3.amazonaws.com/birth-companions/file_asset/file/590/MBRRACE-UK_Maternal_MAIN_Report_2022_v10.pdf [Accessed 3 May 2023].

Knowsley Health and Wellbeing Board (2020). *KNOWSLEY Joint Health and Wellbeing Strategy 2020-2025. Working Better Together for a Healthier Happier Knowsley.* Available at: https://www.knowsleyhwb.org.uk/wp-content/uploads/2022/02/Joint-Health-and-Wellbeing-Strategy-2020.pdf [Accessed 31 March 2023].

KnowsleyKnowledge (2023). *Knowsley 2030 Evidence Base report*. Available at: https://knowsleyknowledge.org.uk/wp-content/uploads/2020/01/1-Population.pdf [Accessed 31 March 2023].

Loftus, A.M., McCauley, F. and McCarron, M.O., 2017. Impact of social prescribing on general practice workload and polypharmacy. *Public Health*, *148*, pp.96-101.

Mind (2020). *Postnatal depression and perinatal mental health*. Available at: https://www.mind.org.uk/media/12435/pnd-and-perinatal-mh-2020-pdf-version.pdf [Accessed 18 October 2022].

Morrell, A. (2021). *Inequalities in Perinatal Mental Health Outcomes*. All4maternity. Available at: https://www.all4maternity.com/inequalities-in-perinatal-mental-health-outcomes/#:~:text=Inequalities [Accessed 3 March 2023].

Morton, L., Ferguson, M. and Baty, F. (2015). Improving wellbeing and self-efficacy by social prescription. *Public Health*, *3*(129), pp.286-289.

McGurgan, L. and Grace, M. (2018). *Kirkby Profile*. Available at: https://knowsleyknowledge.org.uk/wp-content/uploads/2020/01/Kirkby-Profile_010518.pdf [Accessed 31 March 2023].

Napierala, H., Krüger, K., Kuschick, D., Heintze, C., Herrmann, W.J. and Holzinger, F. (2022). Social Prescribing: Systematic Review of the Effectiveness of Psychosocial Community Referral Interventions in Primary Care. *International Journal of Integrated Care*, *22*(3).

NHS (2016). *Implementing the Five Year Forward View for Mental Health.* Available at: https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf [Accessed 23 May 2023].

NHS (2019). *The NHS Long term plan.* Available at: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf [Accessed 16 March 2023].

NHS Commissioning Board (2021). *Our 2021/21 Annual Report – Health and high-quality care for all, now and for future generations*. Available at: https://www.england.nhs.uk/wp-content/uploads/2022/02/nhs-commissioning-board-annual-report-2020-to-2021-web.pdf [Accessed 22 October 2022].

NHS England (2022). *NHS England » Perinatal mental health*. [online] England.nhs.uk. Available at: https://www.england.nhs.uk/mental-health/perinatal/ [Accessed 18 October 2022].

NHS England (2023). *Workforce development framework: social prescribing link workers.* Available at: https://www.england.nhs.uk/long-read/workforce-development-framework-social-prescribing-link-workers/ [Accessed 27 April 2023].

NICE (2020). *Recommendations | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE*. Available at: https://www.nice.org.uk/guidance/cg192/chapter/Recommendations#principles-of-care-in-pregnancy-and-the-postnatal-period-2 [Accessed 18 October 2022]

Northern Ireland DoH (2020). *Department of Health Mental Health Action Plan*. Belfast, Department of Health, Northern Ireland.

Office for Health Improvement and Disparities (2023). *Public Health Outcomes Framework – at a glance summary*. Available at: https://fingertips.phe.org.uk/static-reports/public-health-outcomes-framework/at-a-glance/E08000011.html?area-name=Knowsley [Accessed 31 March 2023]

O'Hara, M.W. and Wisner, K.L. (2014). Perinatal mental illness: definition, description and aetiology. *Best Practice & Research Clinical Obstetrics & Gynaecology*, *28*(1), pp.3-12.

Prady, S.L., Endacott, C., Dickerson, J., Bywater, T.J. and Blower, S.L. (2021). Inequalities in the identification and management of common mental disorders in the perinatal period: An equity focused. *PLoS ONE*, *16*(3), e0248631. Available at: https://doi.org/10.1371/journal.pone.0248631 [Accessed 31 March 2023].

RCM (2023). *SPECIALIST MENTAL HEALTH MIDWIVES What they do and why they matter*. [Online]. Available at: https://www.rcm.org.uk/media/2370/specialist-mental-health-midwives-what-they-do-and-why-they-matter.pdf [Accessed 2 May 2023].

Roland, M., Everington, S. and Marshall, M. (2020). Social prescribing-transforming the relationship between physicians and their patients. *New England Journal of Medicine*, *383*(2), pp.97-99.

Sambrook Smith, M., Lawrence, V., Sadler, E. and Easter, A. (2019). Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK. *BMJ Open*. 9, e024803. Available at: 10.1136/bmjopen-2018-024803 [Accessed 31 March 2023].

Scottish PNIMH-PB (2019). *Perinatal and infant mental health programme board (PIMH-PB): Delivery plan 2019–2020.* Edinburgh, Perinatal and Infant Mental Health Programme Board.

Stein, A., Pearson, R.M., Goodman, S.H., Rapa, E., Rahman, A., McCallum, M., Howard, L.M. and Pariante, C.M. (2014). Effects of perinatal mental disorders on the fetus and child. *The Lancet*, *384*(9956), pp.1800-1819.

Transformation Partners (2023). *Social prescribing*. Available at: https://www.transformationpartnersinhealthandcare.nhs.uk/our-work/personalised_care/social-prescribing/ [Accessed 27 April 2023].

Waitzman, E. (2022). *Staff shortages in the NHS and social care sectors*. House of Lords Library. Available at: https://lordslibrary.parliament.uk/staff-shortages-in-the-nhs-and-social-care-sectors/ [Accessed 2 May 2023].

Watson, H., Harrop, D., Walton, E., Young, A. and Soltani, H. (2019). A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. *PloS ONE*, *14*(1), p.e0210587.

Welsh Government (2019). *Together for mental health delivery plan: 2019–22*. Available at: https://www.gov.wales/sites/default/files/publications/2020-01/together-for-mental-health-delivery-plan-2019-to-2022.pdf [Accessed 18 October 2022].

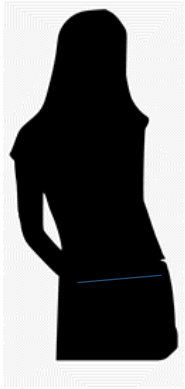
Whooley, M.A. (2016). Screening for depression—a tale of two questions. *JAMA Internal Medicine*, *176*(4), pp.436-438.

Parent case studies

6. Appendices

1.Prior to accessing the Perinatal Mental Health Social Prescribing Pathway and the Perinatal Mental Health Social Prescribing Link Worker (PMHSPLW):

The Mum had been diagnosed with postnatal depression six weeks after the birth of her child. She did not receive support for the first 1-2 years of her child's life due to barriers caused by the COVID-19 lockdown, which led to having intrusive visions of her child hurting themselves. Following this, she rang her GP who told her that there was support available and she was referred to One Knowsley.



2.Experience of accessing the Perinatal Mental Health Social Prescribing Pathway and the PMHSPLW:

The Mum felt that the referral process was very quick. When she was put in touch with the PMHSPLW, they had an initial conversation on the phone to see what was going on. She then met the PMHSPLW face-to-face, which formed a baseline for recommending relevant services. She acknowledged that *"straightaway [the PMHSPLW] had loads of recommendations, which I thought was fantastic"* and was able to provide support from the initial point of contact.

3.Client view on the pathway: The Mum appreciated that she was asked whether she would like the services that were being suggested, and that she was given option to access support from the suggested services, rather than being told 'I think this will help you'.

The Mum has been referred into Mama fit and Silver Birch. During half terms, the PMHSPLW sends over a weekly rota of local nurseries so that the mum can take her child to spend time with other children. The PMHSPLW has also linked the Mum in with the Dolly Parton imagination library because her child loves books, so they now get a book every month.

The Mum explained that she hasn't seen her health visitor since her child was six weeks old. She mentioned this to the PMHSPLW, who followed this up with the Health Visitors. The Mum explained, *"the fact that she's helping me with other situations is just brilliant".*

The Mum described the pathway and link worker as *"absolutely fantastic, I couldn't praise her enough".* She hopes the changes that she has experienced last forever and acknowledged that it is nice to know that she has support there *"no matter what".*

4.Outcomes: It was felt that the pathway not only helped with the Mum's mental health but has also helped her bond with her child and encouraged her to go out and meet other Mums.

She experienced unexpected changes such as changes to her eating and sleeping patterns. Previously, she wasn't sleeping properly and eating lots of food as a coping mechanism. Sometimes she wouldn't leave the house or if she did, she would take the car because the car was her 'safety net'. Since accessing the pathway, she has started taking the pram out more now so she and her child can get some fresh air.

The Mum's parents have also noticed the difference in the Mum and have seen a big change in the Mum since accessing the pathway. They are not worried about her as much now.

She has also seen changes in her child, who was more affectionate, and is giving more hugs and kisses to the mum.

She felt that she wouldn't have seen these changes had she not accessed the pathway.

Service user 1

1.Prior to accessing the Perinatal Mental Health Social Prescribing Pathway and the Perinatal Mental Health Social Prescribing Link Worker (PMHSPLW):

The Mum had attended her six-week post-partum check and spoken to her GP as she'd had a traumatic birth and problems with breastfeeding. This had led to feelings of low mood and the Mum felt that she needed support to get out and meet other parents.

The GP told the Mum about the pathway and dedicated PMHSPLW and said that this pathway was there to link parents and signpost them to help and support. The Mum agreed to be referred onto the pathway.

Service user 2

2.Experience of accessing the Perinatal Mental Health Social Prescribing Pathway and the PMHSPLW:

The Mum said that the PMHSPLW was very quick to get in touch after the initial referral by the GP. They initially spoke over the telephone and then a face-to-face meeting was arranged for only a matter of days later. She said that she was asked a series of questions so that the PMHSPLW could identify the support that was needed.
Engagement was seen to be *"really flexible"* and took place at home, over the phone, in a community building etc.

4.Outcomes: The Mum spoke about *finding out about what is out there* (that she wouldn't otherwise have known about) and *what is available to access*. This also included *support for her husband* who was suffering post-traumatic stress disorder since the birth.

She said that she has a *sense of routine* and *doesn't feel as isolated* as she is meeting other parents and that her *mood had improved,* and she has a *more positive outlook* on life.

She felt that these changes have *removed the need for her to consider taking medication*.

3.Client view on the pathway: At the time of her interview, the Mum had been in contact with the PMHSPLW for a couple of months. She felt that it was very important for GPs to be able to refer Mums onto the pathway so that they have other options / routes of support that isn't medicalised and focusses upon taking medication, but instead looks at a holistic approach to support.

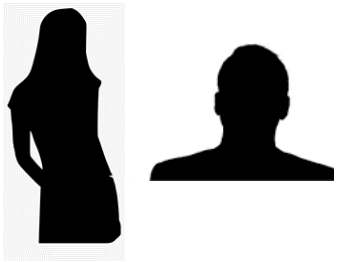
The Mum has been referred into a number of different groups / services such as baby massage group, Home Start, Mum and baby yoga and Music Connection.

The PMHSPLW also sends over any information about groups or services she thinks the Mum would be interested in.

There is nothing she would change about the support she has received.

1.Prior to accessing the Perinatal Mental Health Social Prescribing Pathway and the Perinatal Mental Health Social Prescribing Link Worker (PMHSPLW):

The wife and husband did not speak English as their first language and were looking for support with this and how to access activities and services for themselves and their child.



Services users 3 and 4

2.Experience of accessing the Perinatal Mental Health Social Prescribing Pathway and the PMHSPLW

The family began to engage with the pathway and PMHSPLW approximately 12 months ago.

They had found out about the pathway through a local community organisation that they attended.

3.Clients views on the pathway: The parents felt that *everything* had been good in their experience of accessing support through the pathway. They spoke about the PMHSPLW helping them to access activities at the Children's Centre for their child and they did not know how to do this previously.

The husband spoke about attending a men's wellbeing group every week on a Tuesday. He goes with friends and takes part in different types of exercise such as football and boxing.
They were looking to attend a group to study English, which they felt would be a great help, with one parent saying, *"it is very difficult for me to speak English"*.

One of the parents spoke about the pathway and role of the PMHSPLW being a *"great help"* in helping to get medical appointments with the doctor.

"…the language is a great impediment…and because of the language it is very difficult to find places like this…it has also helped us to show us places where we can go and that they can help us if we need, for example, food or different things that are needed."

It was felt that the PMHSPLW *"cares a lot about her work and had helped us in a way they have never helped us here. She is attentive to even the smallest of details".* The parents felt that more people need to be able to access this support.

"The doors need to be opened to more people so that they can help them because there is a great need, and it would be good if others also benefited from the same thing that we are benefiting."

4.Outcomes: One of the parents spoke about it making them *"feel good"* that their child now had access to activities and that they were able to get an appointment with the GP and not be fearful of this.

They spoke about *feeling more supported* and they *feel more at home* and *safe* from receiving this help as *"even though we don't speak the language…we have someone who can help us, can help in communication issues".*

The parents said the PMHSPLW has helped them to *feel appreciated* and that they are *"worth [something] to someone"* and that their *"life has changed because she [the PMSHP] has a great human sense".*

Service user 5

1.Prior to accessing the Perinatal Mental Health Social Prescribing Pathway and the Perinatal Mental Health Social Prescribing Link Worker (PMHSPLW):

The Mum had been introduced to the PMSHPLW by a member of a Church group that she attended. She provided the PMSHPLW with her contact details so that she might find out more about the pathway.

2.Experience of accessing the Perinatal Mental Health Social Prescribing Pathway and the PMHSPLW

The Mum said that she needed information about pregnancy *"as it was my first baby on the way, and I had no knowledge [and needed] someone to guide me to what I needed to do after having my baby."* The Mum also needed help with translation to apply for a Maternity Grant and Child Benefit.

3.Client view on the pathway and support received:
The Mum felt that everything has gone *"very well"* and that *"all help is excellent".*

She has attended community groups with her baby such as Singing Mama's, baby massage sessions, the Music Connection and Winter warmer events.

The Mum felt that if the PMSHP had not provided her with the information about the different activities and support she would not have known *"where to obtain it".*

The Mum felt that all that is done by the PMSHPLW is done with *"great kindness"* and that this has made her feel safe when asking for help.

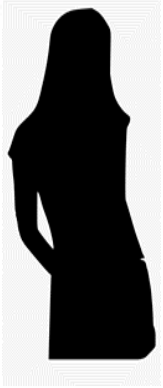
4.Outcomes: The Mum was looking to learn English and felt that the PMHSPLW has *"motivated us to improve our lives and learn the language as the main objective and in the future have a better job or study something new. Because not knowing the language there are few options we have for work".*

The Mum said that being able to attend activities with her baby made her *"feel good"* even though she doesn't speak English. She also spoke about the support helping her to feel *safe* and that "*we are not alone"* and that they have the support of the PMHSPLW.

She said that everything was new for her but that, for example, the massage helped her *"baby feel better"* and Music Connection gave them a *"taste for music"*. She also felt that she could now *"meet many more people without fear".*

1.Prior to accessing the Perinatal Mental Health Social Prescribing Pathway and the Perinatal Mental Health Social Prescribing Link Worker (PMHSPLW):

The Mum heard about the PMHSPLW via word of mouth, specifically, from someone from her church.



Service user 6

2.Experience of accessing the Perinatal Mental Health Social Prescribing Pathway and the PMHSPLW

The Mum has been in touch with the PMHSPLW for several months.

She first accessed support when she needed a dentist appointment for her child.

The Mum explained that she found accessing the service *"very nice, the people are nice here also."*

3.Client view on the pathway and support received:

The Mum has attended Children's Centres, libraries, and other local facilities. She would attend these services usually at least once per week. They were considered to be good as they had a variety of activities for her child, such as toys, drawing activities and a garden for him to play in. They also had tea and coffee facilities, which allowed the mum to sit with other parents and make friends.

The PMHSPLW has also supported the Mum by providing warm clothes and scarves in the winter, in order to keep the family warm. The Mum described the PMHSPLW as being a *"very nice lady and…really helpful."*

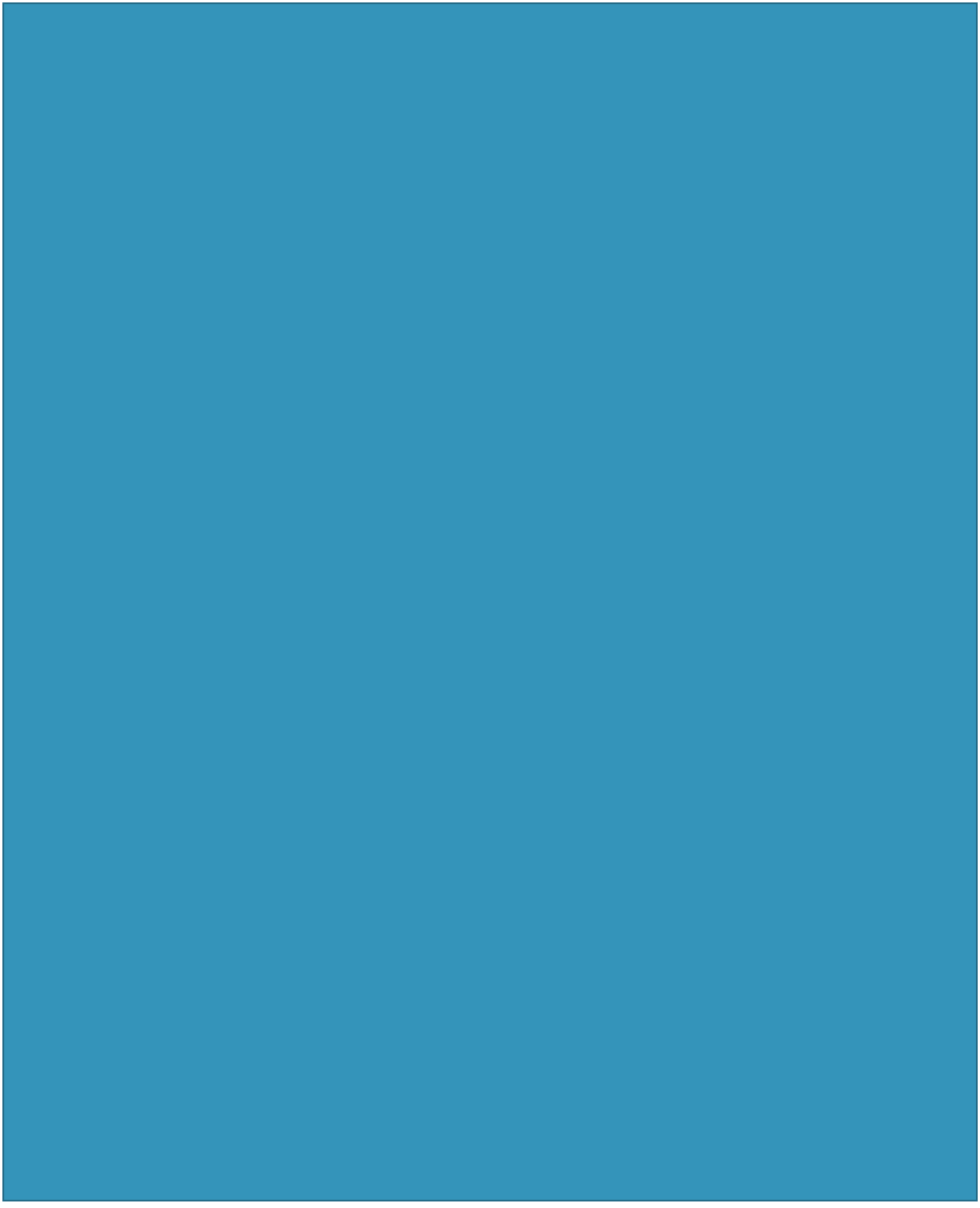
The Mum has since moved out of the area but was hopeful that she will be able to get the same support as she had in Kirkby.

4.Outcomes: Since accessing support from the PMHSPLW, the mum explained she and her child *"are much happier because my child can play with the other children. And also, myself, I can have conversations, although my English is not very good. But I can still have some kind of conversation between the mothers and parents which is very, very nice."*

Accessing support has given her a chance to make friends, practise her English and get out of the house.

Without the help from the PMHSPLW, the mum explained that she wouldn't know where to go. She felt that she would be very bored and wouldn't leave the house much.

"My life would be very boring. And I would stay in the house all day."



PHI | Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

LIVERPOOL JOHN MOORES UNIVERSITY