

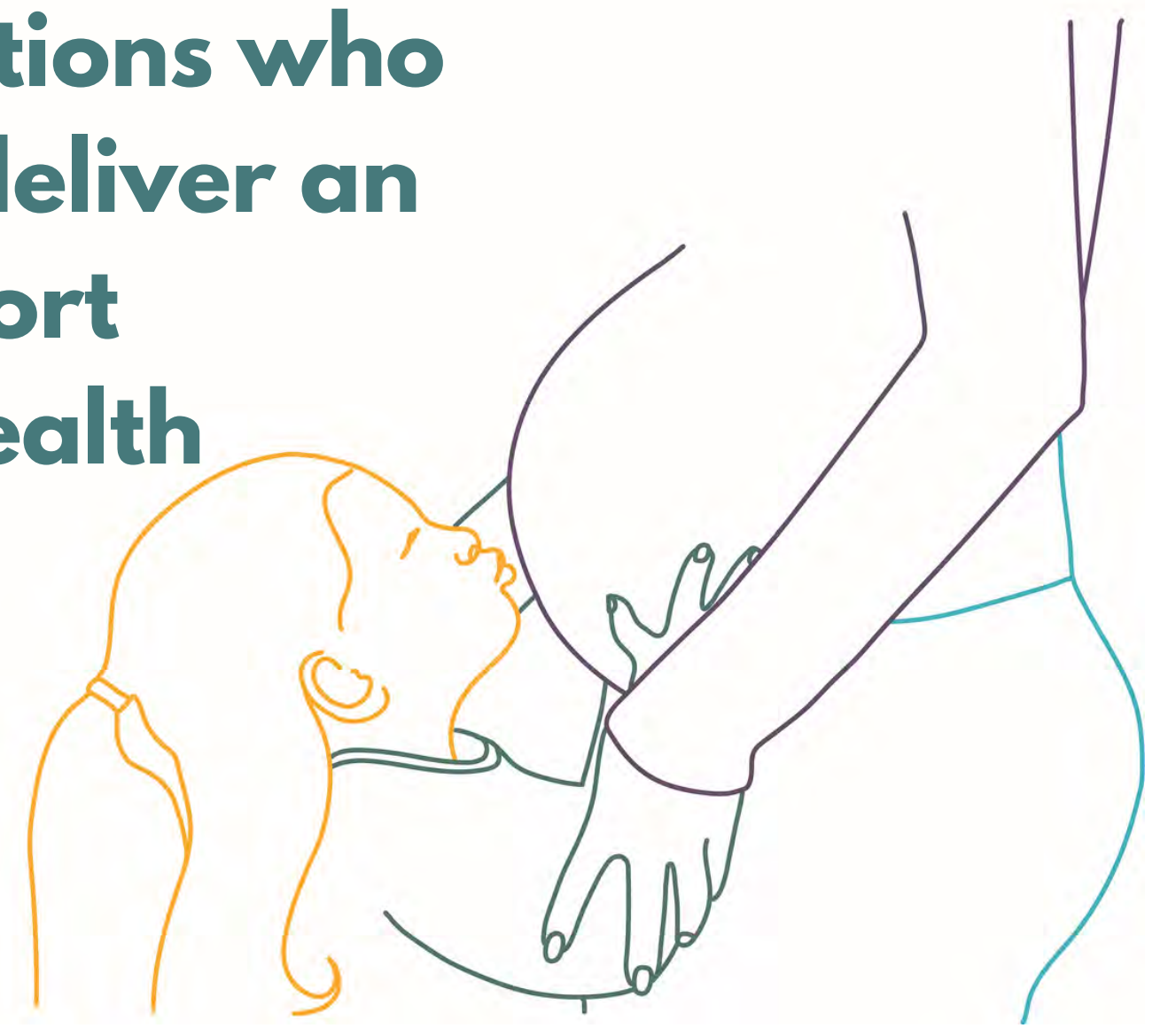
Peer Support Evaluation Toolkit

For Perinatal and Infant Mental Health Services



Created in partnership with Inspiring Scotland, Evaluation Support Scotland and the Scottish Government

A practical guide for organisations who want to design, develop and deliver an evaluation plan for peer support perinatal and infant mental health services.



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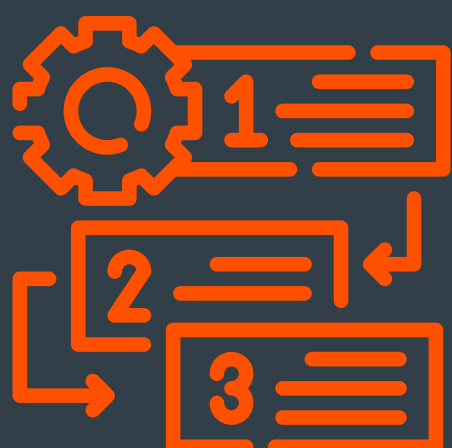
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Section 1



1

Introduction

Over the course of 2022, peer support services across Scotland came together with Evaluation Support Scotland and Inspiring Scotland to co-produce this evaluation toolkit.

Funded by the Scottish Government and driven by the real-life experiences of perinatal mental health peer support charities, this guide will give you practical tips to help you design, structure and implement an evaluation of your perinatal peer support service.

Whether you're looking to inform changes to develop your services, improve decision making, or better tell your story to partners and funders, this toolkit will walk you through the key steps you need to take.

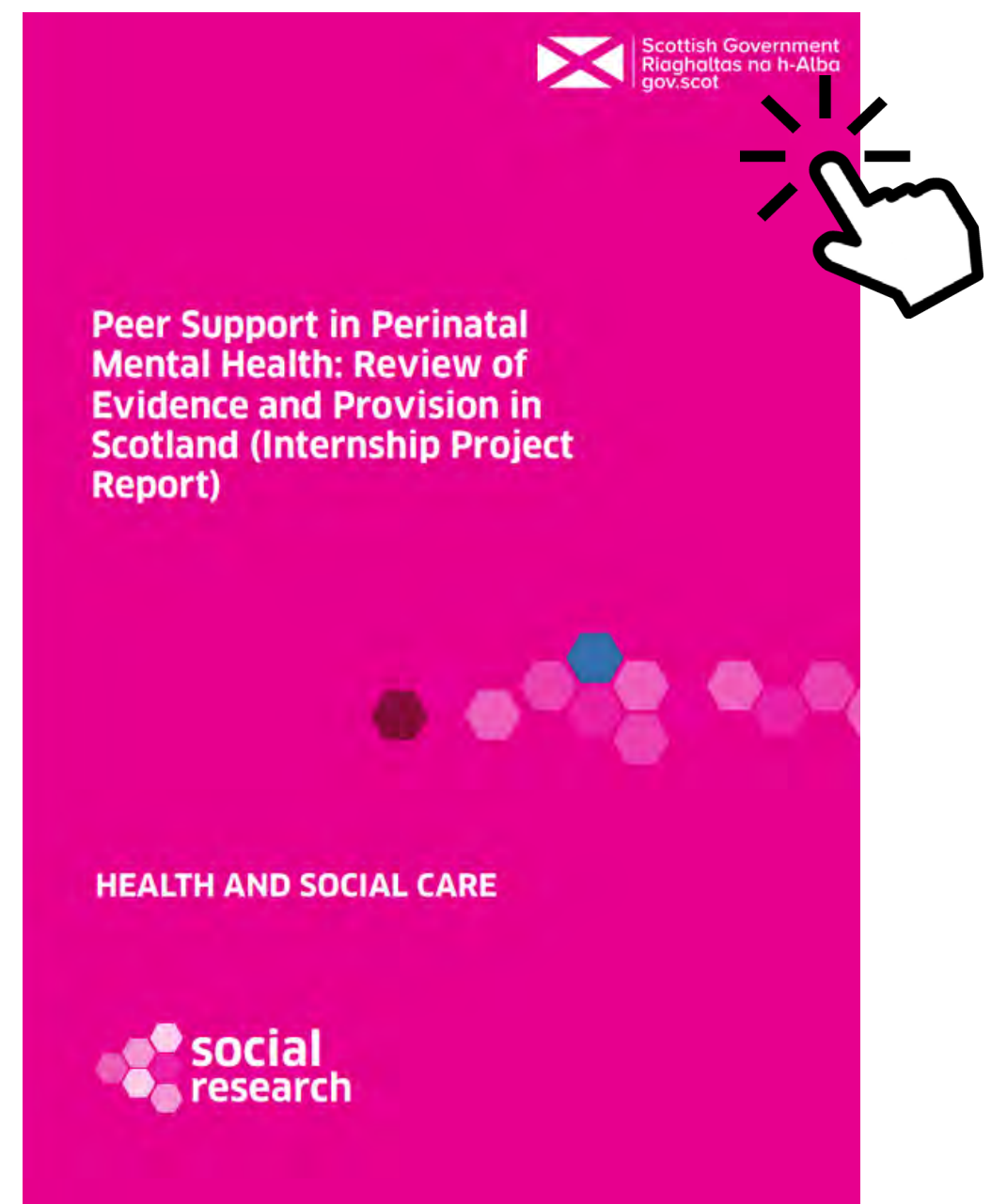
Background

Evidence Review

In October 2020, the Scottish Government produced an evidence review of peer support in perinatal mental health, drawing on UK and international research.

The review identified research showing peer support to be an effective way to improve the mental health and wellbeing of women during the perinatal period.

However, the report also found availability of peer reviewed literature in Scotland to be limited. It found that third sector evaluation activity in Scotland was curtailed due to limited numbers, limited resources and low response rates among those supported.



“Research evidence on the efficacy of perinatal peer support in Scotland is extremely scarce. This is partly because peer support is a relatively new approach and not yet embedded in statutory services, offering limited opportunity for research studies. In addition, third sector organisations who organise peer support have limited resources for research and evaluation as they direct their resource primarily toward service provision.”

[Peer Support in Perinatal Mental Health: Review of Evidence and Provision in Scotland](#)

This toolkit recognises that evaluation of peer support is difficult for informal and voluntary groups that have limited resources. With input from existing peer support projects, it aims to be a practical guide, to help groups gather strong self-evaluation evidence.



See Appendices for a brief description of some of the studies in the evidence review

How to use this guide

This guide is in two parts



Peer Support in Perinatal Mental Health

The first section outlines what peer support delivery with parents and carers can look like in the perinatal mental health context.

It identifies a spectrum of peer support delivery from group, to one-to-one, and befriending services. It explores a common language and what "peer" may mean in this context, and sets out what the key elements of peer support are, as well as key tasks for people involved in planning and facilitating peer support. It looks at the advantages and limitations of peer support, and provides a link to a directory of services currently delivered in Scotland as well as good practice principles to consider.

This section can be used by people interested in setting up or further developing peer support. It will help with planning, training and resource and sets the context for peer support activities and the difference this makes for people.

Evaluation of Peer Support Services

The second section begins with an overview of Evaluation Support Scotland's "evaluation pathway." It provides a description of evaluation terms such as 'Indicators' and 'Methods' and sets out principles for good evaluation. It has details of what 'evaluation outcomes' are and it provides links to Evaluation Support Scotland resources for further reference.

Using an 'evaluation planning template' the section then identifies specific outcomes, indicators and methods that could be used to learn about perinatal peer support delivery. There is also a 'Peer Support Logic Model' mapping a sequence of short, medium and longer-term changes that peer support contributes to for:

- Expectant/ new parents who are experiencing or at risk of developing mental health issues
- Babies parents who are experiencing or at risk of developing mental health issues
- Peer support volunteers

This section can be used to support evaluation planning for individual projects. There are examples to guide you with lots of links to Evaluation Support Scotland for further support. The appendix provides links to existing research which can be referred and strengthens the outcomes the working group developed.

Who is this guide for?

This guide is for any group involved in co-ordinating or delivering mental health peer support for parents and carers during the perinatal period. This could be groups coming together informally, or projects and services of more formal voluntary and public sector organisations.

The guide is particularly focussed on groups that don't have significant resources, or where it isn't proportionate for them to engage external evaluators or researchers. The guide focusses on self-evaluation. It is a framework for the differences, changes and improvements that may be observed or measured, or that groups may hear, when getting feedback from people accessing or volunteering peer support.



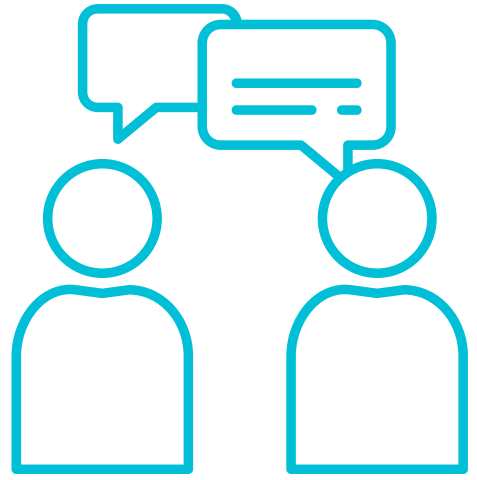
Development of the guide

Creating this toolkit wouldn't have been possible without the help of the expert organisations we have in Scotland. Participants came together for five half-day online sessions facilitated by **Evaluation Support Scotland** between December 2021 and August 2022. We want to say a huge thank you to all organisations involved.

- [Aberlour](#)
- [Action for Children](#)
- [Amma Birth Companions](#)
- [Barnardos Scotland](#)
- [Healthy Valleys](#)
- [Homes-Start Caithness](#)
- [Home-Start East Highland](#)
- [Home-Start Glasgow North & North Lanarkshire](#)
- [Home-Start UK](#)
- [Inspiring Scotland](#)
- [Let's All Talk North East Mums](#)
- [Parent and Infant Mental Health Scotland](#)
- [Midlothian Sure Start](#)
- [Nurture the Borders](#)
- [Mellow Parenting](#)



Section 2



2 Peer Support

We know that peer support comes in many different shapes and forms. It can be delivered one to one or in a group, in person or online. It can be delivered by people who understand the issues faced or by those with lived experience.

Peer support can mean different things to different people and what a successful outcome looks like can vary. It felt important to start development of the toolkit by discussing what could be a common language around peer support in perinatal and infant mental health.

What do we mean by peer?

The working group initially spent time discussing definitions of peer support and what peer support is. Below we have captured the groups definitions, the discussion and their thoughts on groups who receive peer support in the perinatal and infant mental health context.

"Peers have something in common with each other... for example, similar experiences of some kind"

Working Group Definition of 'What is a peer?'

Those who participate in peer support...

1. **Expectant / new parents** (or people in a parenting role) who are experiencing / at risk of developing mental health issues be good emotional listeners
2. **Babies and Infants**
3. **Volunteers**
4. **People in the support network** of the new / expectant parents
5. **Staff** / others working in the field

Peers may be people who...

- Understand the local community
- Have lived experience of (possibly perinatal) mental ill health - whether or not diagnosed
- Happen to come into contact with each other (eg because they attend the same antenatal class) received similar support in the past
- Are currently experiencing similar challenges
- Have personal experience of a similar issue in the past (eg seeking asylum, traumatic birth, multiple births, fertility issues etc)
- Are / have been involved in bringing up children (eg aunt / uncle)
- Have supported others in the past (eg a grandparent who previously supported their daughter and wants to help others)
- Bring a particular perspective (eg a grandparent where there are inter-generational issues)

Peers need to...

- Be sensitive, discreet, respectful of confidentiality
- Be good emotional listeners
- Be non-judgemental
- Be supportive
- Have understanding of and empathy for the perinatal experience and of mental health issues

In a nutshell

What peer support is

From lots of conversations about what peer support is and isn't, the below captures what the working group felt was 'peer support in a nutshell'

Brings people together, facilitates support networks and provides practical support and company

Helps parents to develop self advocacy skills

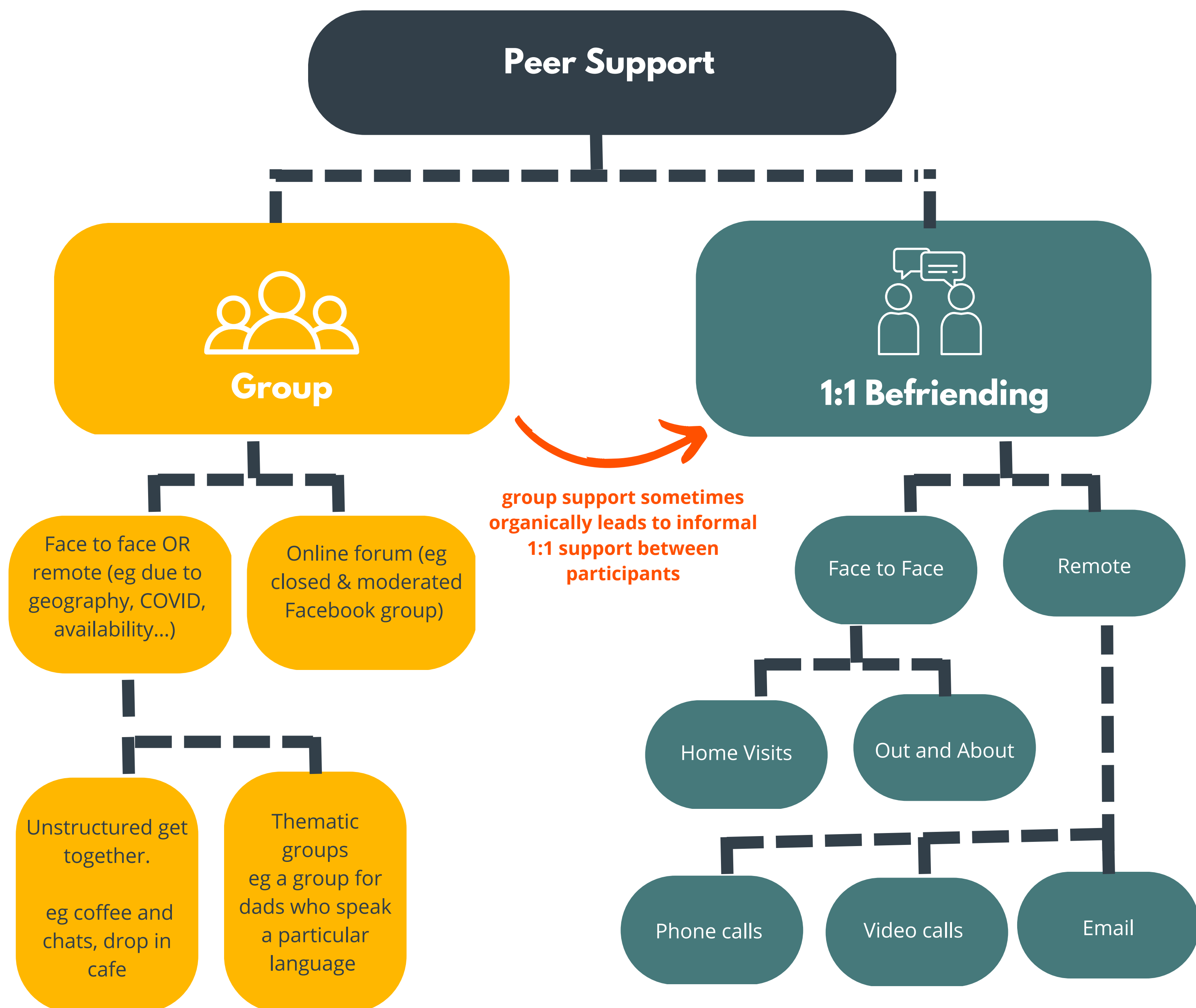


Provides realistic role models and provides parents with more realistic expectations of parenthood

Helps parents to access the support they are entitled to

Types of peer support

Peer support can come in different shapes and forms. The working group mapped out what different types of peer support activity there is and the type of support currently available. This has been divided into two main groups being one-to-one peer support and befriending, and peer support groups.



The group also recognised:

- There is a broad spectrum of formality in both 1:1 and group peer support
- Some projects offer a choice of format to suit individual preferences and circumstances
- There is variation in the length of support offered

Peer Support Tasks



Advantages, Limitations and Challenges

The working group discussed the advantages, challenges and limitations of peer support:

Advantages of Peer Support

- Person centred
- Reduces stigma and is relatable
- Builds ongoing connections
- Lower cost model of support
- Uses lived experience to empower others)
- Agile and flexible delivery
- Participants really understand they're not the only ones to find parenthood difficult
- Accessible (including for rural communities)
- Participants are on an equal footing helping to build self esteem)
- Benefits the wider community

Limitations of Peer Support

- Some people don't want to receive parenting skills training from peers (as it introduces a power differential).
- You need to think carefully about the role of peer support if clinical support is needed (eg a diagnosis of mental illness).
- If someone is in a severe mental health crisis then peer support in a group setting is not appropriate.
- You may have to move someone on from a peer group setting if they continually dominate the conversations.
- Peer support is not an appropriate way of tackling safety concerns for the parent or baby.
- There is a risk that peer support doesn't work so well within statutory services - people have a different relationship with third sector organisations and don't feel 'forced' into accepting support.

Challenges of Peer Support

- It can be difficult to get funding.
- There's an assumption that working with volunteers is cheap / free, but recruiting, training and supporting them requires a lot of resources.
- It can be difficult to recruit and retain volunteers, especially in remote / rural locations.
- Being a peer supporter is a skilled position. Need to provide training and support for the volunteers on how to manage peer support (1:1 or in a group).
- When crisis services aren't available for people peer support can be expected to step in, inappropriately.
- It is challenging when people already know each other - which is particularly likely in small communities.
- Safety and checking in is important - if people connect outside the group it can bring risks.
- There is a cultural element to peer support. You need to make sure the context is safe and appropriate for those attending.
- Risk of breach of confidentiality - offering a protected safe place at the end for people to raise anything.
- In a 1:1 situation, the volunteer has to be careful not to overshare from their perspective, resulting in the person being supported feeling like they are looking after the volunteer.
- When people overshare in a group it can have an effect on others - it's important to set the group up well, establish rules to ensure safety and to have more than one facilitator.
- You have to know how to manage it when cliques form within a group and it changes the group dynamic.
- You have to try to strike a balance where the group feels led by participants.
- Other issues can come up - housing issues etc - need a good facilitator and clarity with participants to say what is / isn't the role.
- How long should peer support last? You need to create a supportive environment but not an over-reliance.

Perinatal Peer Support Principles

Maternal Mental Health Alliance - Perinatal Peer Support Principles

In 2018, Comic Relief with the Maternal Mental Health Alliance, commissioned Mind and the McPin Foundation to develop a set of good practice principles for providers of perinatal peer support across the UK.

The aim was to support quality and consistency across different types of peer support delivery. The report on this work provides good context to peer support, including research on the benefits, plus some of the tensions and limitations. It also provides a template 'self-reflection grid' to support groups to explore how they meet the principles, and what this might look like as practical actions, plus enabling groups to identify what actions they may want to take.

The five principles are a set of values designed to give peer supporters confidence they are creating and delivering services that meet the needs of women and families.



To read more about the perinatal peer support principles [click here](#)

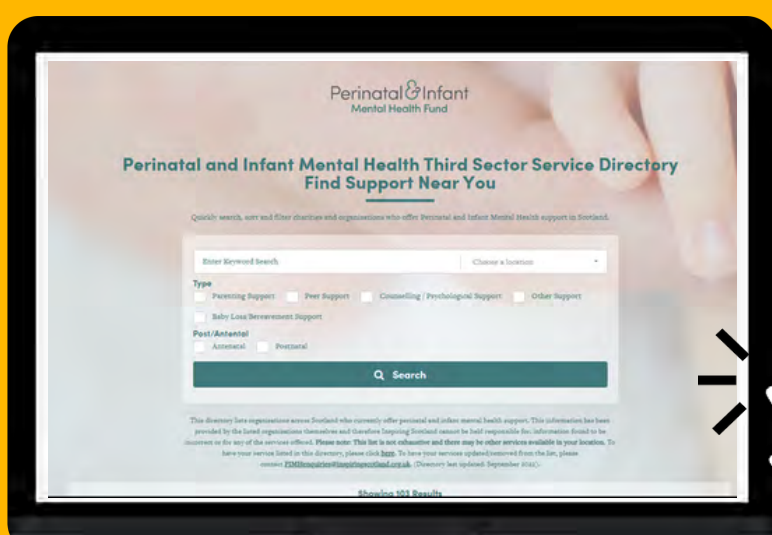
The 5 principles are:

1. Good perinatal peer support is safe and nurturing
2. Good perinatal peer support is accessible and inclusive
3. Good perinatal peer support complements rather than replicates the work of clinical mental health services
4. Good perinatal peer support provides opportunities for meaningful involvement of people with lived experience and peer leadership
5. Good perinatal peer support benefits everyone involved, including peer supporters

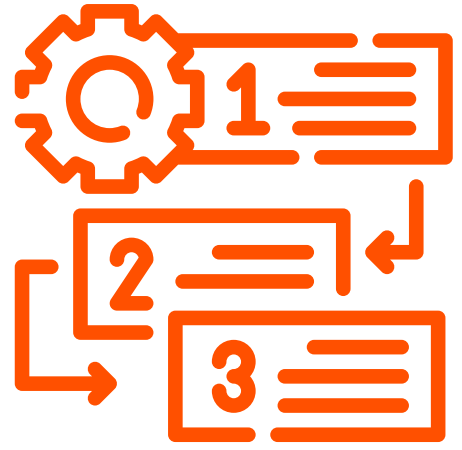
Perinatal Peer Support in Scotland

The Inspiring Scotland website hosts a directory of perinatal mental health third sector services. The directory can be searched by 'service type' including peer support as well as location.

www.inspiringscotland.org.uk/perinatal-mental-health-services/



Section 3



3 Your Evaluation Plan

Evaluating your peer support service or project is about finding out what difference you have made, about learning what works, for whom and in what circumstances.

Evaluation will help you to improve your services, promote your project to potential beneficiaries/volunteers, and report or apply to funders.

This section will illustrate Evaluation Support Scotland's Principles for Good Evaluation and help you to build your own evaluation plan using two fictional examples of perinatal peer support services.

Principles for Good Evaluation

Evaluation Support Scotland (ESS) is clear there is no absolute standard for self-evaluation.

What is good enough depends on what you need evaluation for, your context, the needs of your service users and practical considerations like time and resource.

ESS has developed the following five principles to help you judge if you are happy with your evaluation.



Evaluation Support Scotland - Principles for Good Evaluation



1. About what matters- the focus of evaluation is **outcomes** - what difference you make (or not), how you make that difference and to whom



2. Fits the way you work- methods and recording are as easy as possible for everyone - evaluation happens as part of delivery



3. Involves the people you support- the people you support (service users) have the opportunity to feed back and they know what you do with their feedback- service users are able to reflect for themselves on progress and feel included- ideally service users have a chance to lead on some aspect of evaluation (setting outcomes, designing methods, or analysing data)- your evaluation does no harm



4. Used by you- to understand the value of your work and to celebrate- to improve - to plan what to do next



5. Communicated well to others- funders, policy makers, and other stakeholders are convinced and able to use your evaluation to take action themselves

Click [here](#) to find out more about the ESS principles for good evaluation



The Evaluation Pathway

Evaluation Support Scotland's "evaluation pathway" is a simple diagram to help you navigate the different stages of evaluation and to help you check on how you are progressing.

For each stage of the pathway Evaluation Support Scotland has guides, tools and resources which will help you to understand and plan different and creative ways to engage people in evaluation.



[Click here to find out more about the ESS Evaluation Pathway.](#)



Setting outcomes & indicators

This first stage is about setting out what difference you hope to make and how you will measure that. It is important that you develop your evaluation plan in the following order:

Outcomes THEN **indicators** THEN **Methods**

This is because if you don't know what difference you aim to make (your outcomes), you can't know what you need to measure (your indicators).

If you don't know what you need to measure (your indicators), then you can't decide how best to measure them (your methods).

Collecting evidence

When you know your outcomes, indicators and how you want to measure them (your methods) there are different ways to collect information to fit evaluation into your project or organisation

Analysing & reporting

Evaluation doesn't stop once you have received feedback. There are different ways you can analyse and make sense of the information you have gathered.

You can also present it in different ways in reports, and combine quantitative and qualitative information with case studies to tell the story of what you have delivered.

Acting on your learning

Communicating what you have learnt and changing or developing your practice based on your evaluation is the final stage in the evaluation pathway.

This toolkit is in part a response to the recognised need for better learning about perinatal peer support in Scotland, and your evaluation and learning can help with overall development of better support for parents and families.

Evaluation Plan

It is helpful to create an Evaluation Plan for stages 1 (setting outcomes and indicators) and 2 (collecting evidence) of the Evaluation pathway. The plan can list the outcomes you plan to measure, what indicators you will look for, and the ways or method you will use to collect that information. You can use it to plan who will collect the information at what points.

Evaluation Support Scotland has created an evaluation planning template that can be downloaded from their website.

Evaluation Planning Template

Project Name: _____

Outcome (change or difference you want to make)	Key Indicators (what the outcome "looks like" in practice)	Method/s (how to collect information about the indicator)	Who will do this	When and where info will be collected

To create a practical evaluation plan for your perinatal peer support service, this guide walks you through the evaluation planning template step by step.

[Click here to download a copy of the Evaluation Template](#)



Let's apply this!

As we walk through each stage of the evaluation template, we will have a '**Let's Apply This!**' section.

Using two fictional peer support services, we will apply what we have just learned.

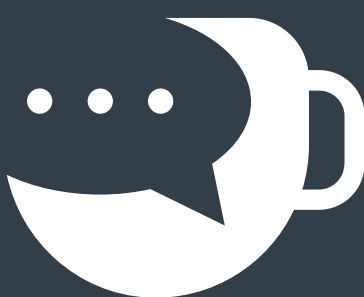
We have purposely chosen peer support projects that are more informal with volunteer input as our examples.

Let's meet our fictional examples...



Example 1: **Group peer support: Buggy Walk and Talk**

Buggy Walk and Talk is a group of parents and carers that meet each week to go for a walk around the local park with their babies and infants. It is a chance to get outside for some exercise and meet other parents in the local area. The project is largely volunteer led with volunteers taking it in turns to co-ordinate the walk. The project is part of the local Toddlers group who have a Management committee and a small amount of funding to pay for Group Equipment and an administrator 5 hours per week



Example 2: **1:1 Befriending: Coffee Chats**

A volunteer and a parent get paired up and every week they meet either over the phone or in person for an informal chat and a coffee. The project is part of a larger local early years service which has several streams of funding. One staff member works part time on this project to recruit and train volunteer parents (many who were previously part of the project as service users), promote the chats, and match parents with volunteers.

Step 1 - Setting Outcomes

Evaluation Support Scotland describes outcomes as "the difference you want to make".

This is not the same as your activities. Activities are what you do to achieve your outcomes.

It is important to think about outcomes before you begin your evaluation planning- after all, there is no point in doing something if you don't know it's making a positive difference!

The outcomes in this resource all refer to the difference peer support can make in relation to perinatal mental health.



Which Outcomes To Measure

Although your peer support project will undoubtedly be achieving a lot of the outcomes listed in this resource (and maybe some others too), **you should only select 3-5 intended outcomes to measure.**

We recommend you choose your outcomes from the **short and medium term** ones listed in this resource. This is because:

- you may not be able to gather evidence of the longer-term outcomes during the life-time of your project
- it's less easy to be sure to what extent it's your work that is helping people achieve longer-term outcomes as other factors are also likely to be coming into play
- by showing that you are achieving some of the short/ medium term outcomes in this resource, experience, research and logic will show that you are helping people on their journey toward achieving the longer-term ones

Choose your intended outcomes by thinking about:

- how strongly they relate to the particular problem your project is trying to solve (why your project is needed)
- what difference you hope your project will make for people

[If you want to know more about how to write clear outcomes, download ESS's Support Guide 1a: Setting Clear Outcomes](#)



Step 1 - Setting Outcomes

The following pages show the working group's output on setting outcomes for perinatal peer support services.

This page shows the three main groups which we believe are the key beneficiaries of perinatal peer support.

The working group then brainstormed key outcomes for each of these groups and discussed whether they were short, medium or long term outcomes.

The outputs of these discussions are shown over the next few pages: 'setting outcomes' and 'peer support logic model'.

Main groups that benefit from perinatal and infant mental health peer support:



1) Expectant/new parents who are experiencing or are risk of developing mental health issues



2) Babies of parents who are experiencing or at risk of developing mental health issues



3) Peer support volunteers

Step 1 - Setting Outcomes

The working group then identified a list of potential outcomes for peer support in perinatal mental health for each of the three groups of people.



1) Expectant/new parents who are experiencing or are risk of developing mental health issues

- have more opportunities to be open about how they are feeling
- have more opportunities to meet other people with similar experiences
- are more aware of the support available to them
- have a more realistic perception of their achievements
- feel less alone
- feel less anxious
- have improved wellbeing
- are more emotionally available for their baby
- have more opportunities to witness positive interactions between other parents and their babies
- are more likely to access other sources of appropriate support
- have increased confidence in their parenting skills
- are more likely to bond with their baby
- feel better able to cope
- require less support from other (statutory) services



2) Babies of parents who are experiencing or at risk of developing mental health issues

- have more social experiences
- are more likely to have their emotional needs regularly met
- have their physical needs met more often (this outcome may be service dependant and only some of the working group felt it was an outcome for peer support)
- are more likely to become securely attached
- have improved wellbeing



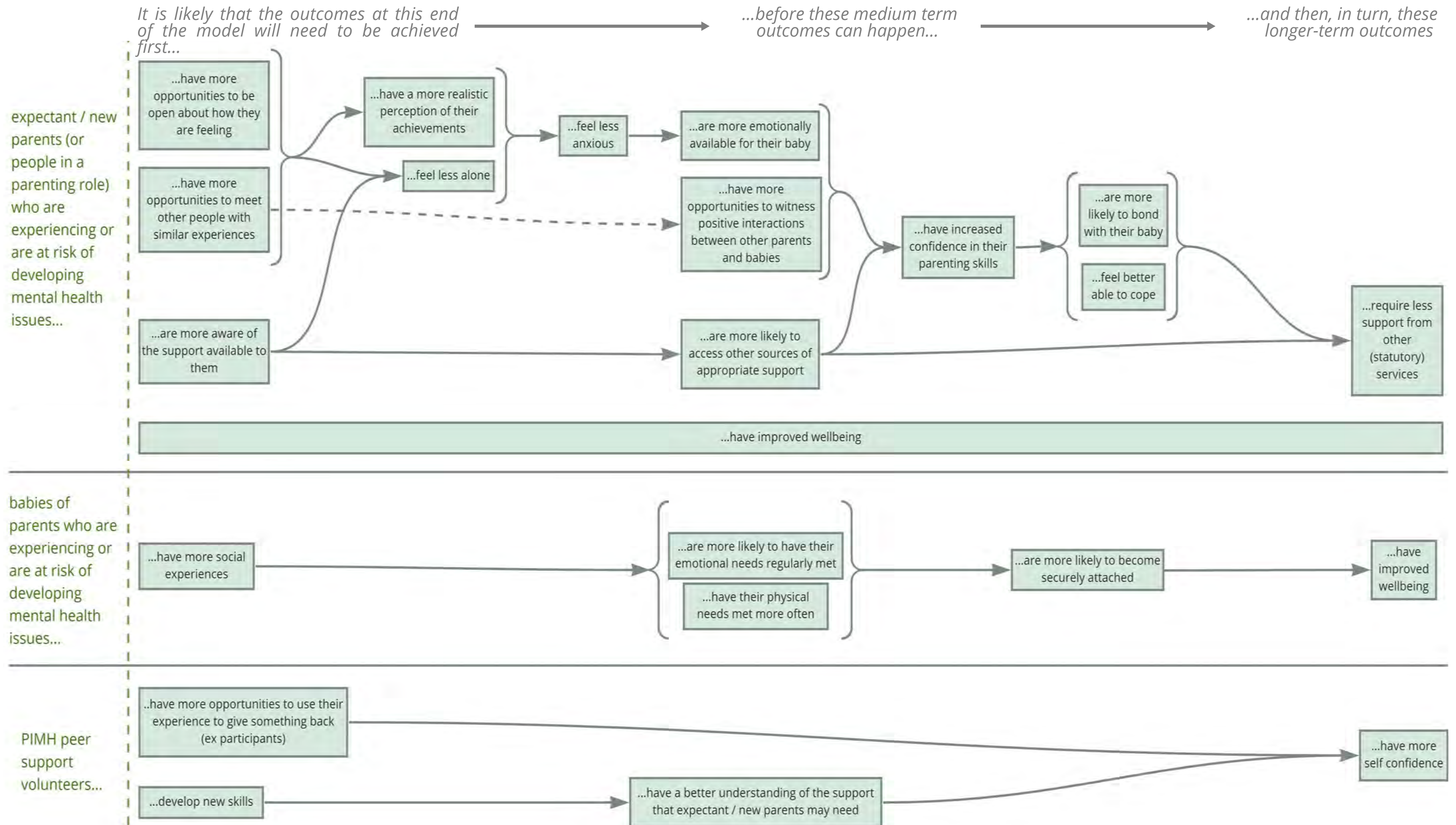
3) Peer support volunteers

- have more opportunities to use their experience to give something back (ex participants)
- develop new skills
- have a better understanding of the support that expectant/new parents may need
- have more self confidence

Outcomes in a logic model

Peer support logic model

This logic model illustrates the list of outcomes in an order in which they are more likely to occur. You can use these outcomes to think about the difference you want to make with your peer support work and help you to identify short and medium term outcomes.



Let's apply this!

The first step in building our evaluation plan is selecting our outcomes.

From the list of outcomes the group developed, we can start to build an evaluation plan for our two fictional groups. What outcomes would you select for your service?



Example 1: Group peer support: Buggy Walk and Talk

Outcomes:

Parents....have more opportunities to meet other people with similar experiences

Parents....have more opportunities to witness positive interactions between other parents and babies

Babies....have more social experiences

Volunteers..... have more opportunities to use their experience to give something back

Indicators:

Methods:

Who:

When:



Example 2: 1:1 Befriending: Coffee Chats

Outcomes:

Parents... have more opportunities to be open about how they are feeling

Parents... are more aware of the support available to them

Parents... are less anxious

Parents.... feel less alone

Volunteers...develop new skills

Indicators:

Methods:

Who:

When:

Step 2 - Setting Indicators

Indicators describe how you might expect to know if you have achieved an outcome. They are signs of success.

Indicators are what you measure to find out whether or not you are achieving your outcomes.

Indicators are identified by using common sense and drawing on experience. External research findings may also be helpful.

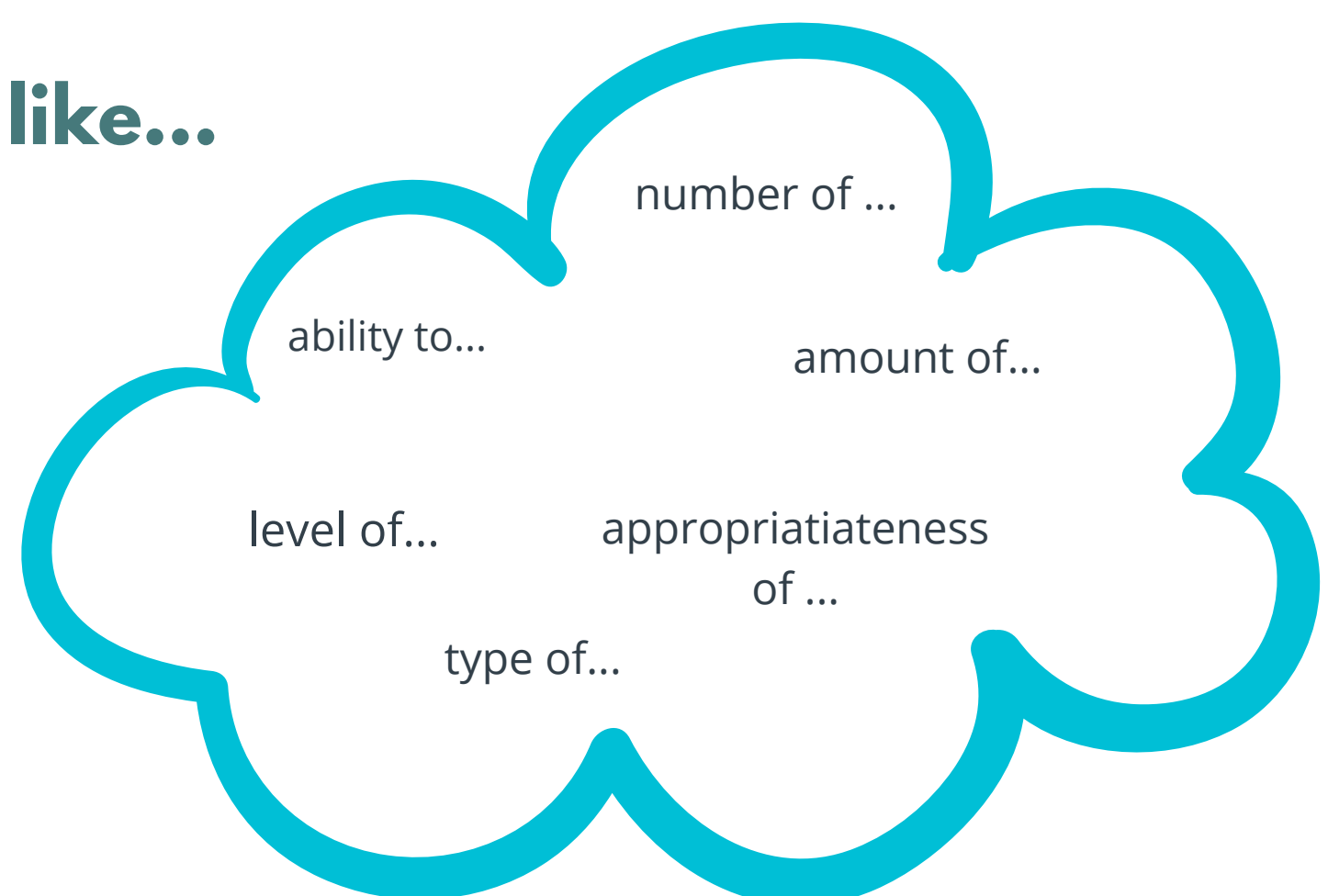
Some people find it easier to come up with indicators by thinking about the kinds of things they hear service users say.



Indicators Should

- Make sense to your service users – to ensure that they represent the changes that people experience
- Be simple and specific - to help everyone understand what they are being asked to collect evidence about
- Be neutral statements with no change words (unlike outcomes)- this allows you to measure them more than once and identify what is different over time.

Indicators often contain words like...



[You can find out more about how to identify appropriate indicators from the ESS Support Guide 1b - Working out what to measure.](#)



Step 2 - Setting Indicators

The following pages will show the working group's output on setting indicators for perinatal mental health peer support services.

The working group identified a long list of possible indicators for each of the short and medium term peer support outcomes listed in this resource and presented in the peer support logic model.

You can use this long list to choose a few key indicators (no more than 5 or 6), or you may want to come up with your own, for each of your intended outcomes.

These are indicators that you will want to routinely measure and should therefore be

- particularly important. If you saw this happening you could be very confident in your outcome is being achieved.
- likely to occur in most situations
- easy to measure

You may find that the same indicator can give you evidence for more than one outcome. Don't forget the long list - if you see evidence of them too, capture, report and learn from it!

Again, we will use our three main groups impacted by perinatal peer support to structure the indicators 'long list' on the following pages.



1) Expectant/new parents who are experiencing or are risk of developing mental health issues



2) Babies of parents who are experiencing or at risk of developing mental health issues



3) Peer support volunteers



Possible indicators for outcomes: 1) Expectant/new parents who are experiencing or are risk of developing mental health issues

Parents... have more opportunities to be open about how they are feeling

- Level of attendance at peer support sessions
- Ability to have a trusted relationship with peer support workers
- Ability to have honest conversations about how they are feeling
 - *"to be honest, I really feel..."*
 - *"I haven't told anyone else..."*
 - *"I feel embarrassed saying this but..."*
- Ability to share information with each other
- Amount of helping of each other outwith sessions
- Level of sharing how their week has been
- Ability to ask for help and advice

Parents... have more opportunities to meet other people with similar experiences

- Level of attendance at peer support sessions
- Ability to engage with other parents at the sessions
- Amount of contacting other parents outside the sessions
- Amount of using group social media

Parents... are more aware of the support available to them

- Ability to share problems
- Ability to ask for advice
- Ability to receive advice
- Level of noting information about other services/resources
- Level of taking leaflets home
- Amount of attending other groups

Parents...have a more realistic perception of their achievements

- Ability to acknowledge of different development stages
- Ability to recognise the positives in the day (small wins)
- Level of realistic expectations of what can be done in day
- Ability to have confidence in their decision making
- Ability to know when to reach out for support
- Ability to recognise they are not the only one to feel how they do
- Level of understanding the range of 'normal' for their baby
- Ability to recognise that what is going on for them/their baby is normal and will change
- Level of understanding that their baby is thriving
- Ability to set goals
- Amount of positives experiences to share about what has worked/ what they have done well
- Ability to recognise they know their baby best
- Ability to believe they are doing the best they can in their situation
- Ability to relate their current situation to typical development/milestones

Parents... feel less alone

- Level of attendance at peer support sessions regularly
- Level of attendance at other groups and sessions
- Ability to socialise and interact with others
- Type of Body language
- Level of feelings of loneliness
- Ability to ask for help and advice
- Level of talking about shared experiences with other parents
 - *"I know what you mean..."*
 - *"I feel the same..."*
 - *"I thought it was just me..."*
 - *"It's such a relief to know others feel the same..."*
- Ability to discuss feelings with partner/ family/ friends

Parents... feel less anxious

- Type of body language
- Type of facial expression
- Level of topics they want to talk about
- Ability to be still
- Capacity to listen to others
- Type of eye contact
- Ability to interact with others in the group
- Degree to which they seek reassurance
- Ability to laugh about their "mistakes"
- Level of willingness to try new things
- Amount they ask for help and advice
- Manner in which they ask for help and advice
- Willingness to share the challenges and difficulties of parenting
- Ability to enjoy spending time with their baby
- Amount of and quality of sleep
- How well they are eating

Parents... have improved wellbeing

- Level of how happy they are
- Ability to engage in pre-baby activities (eg exercise class)
- Ability to take care of themselves
- Level or frequency of doing things they enjoy (eg having a bath, listening to music)
- Ability to find enjoyment in their lives
- How calm they are
- How anxious they are
- How sociable they are
- Ability and willingness to interact with other participants
- Ability to have close relationships with other people
- Amount of time spent socialising outwith the group
- How well organised they are
- How chaotic their life is
- Amount of quality time they spend with their child(ren)
- Amount of confidence to leave the house with baby
- Willingness to leave baby in the care of someone else who they trust
- Ability to ask advice/ ask for help



Possible indicators for outcomes: 1) Expectant/new parents who are experiencing or are risk of developing mental health issues (continued)

Parents... are more emotionally available for their baby

- Level of attendance at peer support sessions
- Ability to notice baby's cues
- Responsiveness to baby's cues
- Amount they talk with baby
- Level of quality of talk with baby
- Amount of words used to talk with baby
- Amount of eye contact with baby
- How they hold baby
- How much they hold baby
- Physical distance from baby
- How easily distracted from baby
- Type of body language
- Appropriateness of response to normal baby behaviour
- How realistic their expectations of baby are
- Willingness to try out what they see others do with baby
- Willingness to try new experiences with baby
- Appropriateness of conversations held in front of baby

Parents... have more opportunities to witness positive interactions between other parents and babies

- Level of attendance at peer support sessions with other parents and their babies
- Level of engagement with other attendees
- Level of attention they pay to other parents' interactions with their babies
- Ability to develop friendships with other attendees
- Amount of meeting other attendees outside sessions
- Amount of joining other parent / baby groups
- Level of arriving early / staying late at sessions

Parents...are more likely to access other sources of appropriate support

- Level of attendance at peer support sessions with other parents and their babies
- Ability and confidence to ask for help, advice and support
- Level of positivity of experience of peer support
- Amount of knowing what other sources of support are available
- Ability to have a trusting relationship with others
- Level of being curious about their baby and baby development
- Amount of understanding the potential benefits of other sources of support

Parents... have increased confidence in their parenting skills

- Ability to trust their instincts
- Level of responsiveness to their baby's needs (eg when the baby cries or requires a nappy change)
- Ability to be relaxed around their baby
- Level to which they interact with their baby
- Amount they play with their baby
- Amount they ask for advice
- Ability and willingness to give advice to other parents
- Amount they worry about whether they've done the "right" thing
- Type of words they use to describe what they do as parents
- Amount and how often they seek reassurance

Parents...are more likely to bond with their baby

- Quality of eye contact with their baby when they feed
- Amount they talk with their baby
- Quality of interaction with their baby
- Way in which they respond to their baby's interactions
- Amount parents play games with their baby
- Level to which parents encourage their baby to be curious and explore their surroundings

Parents... feel better able to cope

- Level of confidence to attend group sessions
- Level of confidence to leave their house
- Ability to be relaxed with their baby
- Ability to positively interact with their baby
- Level of feeling comfortable to ask for help and advice
- Amount of enjoyment interacting with their baby
- Ability to notice when their baby requires changing or feeding
- Amount of interaction with others
- Level of willingness to make plans
- Ability to look forward to doing things
- Ability to be flexible about plans
- Frequency/ amount of feeling overwhelmed
- Ability to prioritise tasks
- Type of body language/ facial expressions





Possible indicators for outcomes: **2) Babies of parents who are experiencing or at risk of developing mental health issues**

Babies... have more social experiences

- Level of attendance at support groups and baby sessions
- Amount of meeting up with other parents and babies outside sessions
- Amount of time spent with other people outside sessions
- Baby level of curiosity about their surroundings
- Amount and willingness to interact with other babies and participants attending the sessions

Babies... are more likely to have their emotional needs regularly met

- Level or how relaxed baby is
- Level or how confident baby is
- Amount that baby looks to their caregivers for comfort
- Ability of baby to settle with their caregiver
- Type of baby babbles and noises
- Amount that baby is curious
- Amount baby is willing to interact with their surroundings
- Amount baby wants to play
- Amount baby wants to explore

Babies... have their physical needs met more often

- Level of carers physical health (knock on)
- Amount that carer has information and access to education on meeting physical needs
- Amount that carers have access to positive role models
- Carers are trying their best with the resources they have

Babies... are more likely to become securely attached

- Amount that baby looks to their caregiver for comfort and confidence
- Amount that baby maintains eye contact
- Level that baby is excited and curious to meet and interact with others
- Amount that baby is curious
- Amount that baby wants to play with toys
- Amount that baby smiles
- Level and variety of baby facial expressions
- Amount that baby feels confident to explore a room
- Amount that baby feels confident to leave their caregiver (*age and stage of development appropriate eg 7-8 months stranger-danger mode starts - there will be a strong preference to be with carer*)
- Level that baby keeps track of care giver in a room
- Level that baby finds comfort in proximity and touch
- Level baby responds positively when their caregiver returns to the room
- Amount that baby becomes settled/ finds comfort in being in close proximity to caregiver (*age and stage appropriate*)





Possible indicators for: **3) Peer support volunteers**

Volunteers... have more opportunities to give something back (ex service users)

- Amount that they feel like a valuable member of the team
- Level of comfort in their role
- Level of opportunity to share their experiences with others
- Level of opportunity to be involved in discussions about project development

Volunteers... have more self confidence

- Ability to immerse themselves into the organisation
- Ability to come up with new ideas and suggestions
- Amount of reassurance needed from others
- Ability to start conversations with new participants
- Appropriateness of involvement with activities
- Level of and degree of engagement with other activities

Volunteers... have a better understanding of the support that expectant / new parents may need

- Ability to respond to the service users needs appropriately
- Ability to show compassion and empathy
- Ability to help parents to access other available services

Volunteers... develop new skills

- Level of engagement with training opportunities
- Enthusiasm to learn more
- Ability to try out new ideas in practice
- Level of understanding of their role
- Ability to identify and meet their own personal goals eg complete a training course, become a first aider



Let's apply this!

When coming up with indicators to measure the outcomes, you only need to select a few- no more than five or six for each intended outcome. Using the chosen outcomes and using the indicator longlist in this toolkit we now have a plan for what we want to measure.



Example 1: Group peer support: Buggy Walk and Talk

Outcomes:

Parents...have more opportunities to meet other people with similar experiences

Parents...have more opportunities to witness positive interactions between other parents and babies

Babies...have more social experiences

Volunteers..... have more opportunities to use their experience to give something back

Indicators:

- Level of attendance at peer support sessions
- Ability to engage with other parents at sessions
- Amount of contacting parents outside sessions
- Level of attention paid to other parents interactions with their babies
- Willingness to interact with other babies and participants attending the sessions
- Level of comfort in their role
- Level of opportunity to share their experiences with others

Methods:

Who:

When:



Example 2: 1:1 Befriending: Coffee Chats

Outcomes:

Parents... have more opportunities to be open about how they are feeling

Parents... are more aware of the support available to them

Parents... are less anxious

Parents.... feel less alone

Volunteers...develop new skills

Indicators:

- Level of attendance at peer support sessions
- Having honest conversations about how they are feeling
- Ability to share problems
- Asking for advice
- Receiving advice
- Noting information
- Sharing other support received
- Ability to interact with others in the group
- Topics they want to talk about
- Body language
- Facial expression
- Level of feelings of loneliness
- Ability to ask for help
- Level of engagement with training opportunities

Methods:

Who:

When:

Step 3 - Evaluation Methods

In this section we have included some case studies of methods that Peer Support projects currently use. There are lots of different methods you can use. They all have their strengths and weaknesses. You may want to tweak them or invent your own - they don't need to be complicated.

Common methods of evaluation include: questionnaires, interviews, case reviews, video diaries, focus groups, feedback from referring partners, case notes of things you observe or records or service statistics.

There are also many creative methods which may be more appropriate for your project. Try to build evidence collection into your everyday work.



- [Click here to view ESS's guide and workshops on designing evidence collection methods](#)
- [Click here to access ESS's template for 'capturing casual moments'. Link what you hear to your indicators and outcomes.](#)
- [Click here to view a series of method sheets to download](#)



In order to identify the best methods for your situation, you need to consider several factors:

1. What are your key indicators? Who is most likely to see evidence of them? When and where?
2. What type/s of evidence do you need to collect? Scales/numerical? Quotes? Observations?
For a description of qualitative or quantitative data, see page 40
3. What activities does your project do? Group work? One to one?
4. What setting are you in? Are you indoors or outdoors? In a private or public space? At your premises or at someone's home?
5. What are the people that you support like? Are there any communication issues or barriers? How can you make your methods easier and accessible for them?
6. How often do you need to collect evidence? Should you collect baseline data when you first meet someone or wait until you've built a relationship?
7. Is the information you want them to share very personal? If so, how can you make it private?
8. Who will be collecting the evidence? How can you make it easier for them?
9. Who will the evidence be collected from?
10. What ways of capturing evidence would be feasible (or impossible) eg observations, photos, questionnaires, interviews etc

Step 3 - Evaluation Methods

Observation

With staff and volunteers often among the first to notice changes over time, one of the most common methods used in evaluation is observation

As a technique, observation provides the opportunity to monitor and document evidence of what is seen or heard. Noting the changes in actions and behaviours (particularly when they occur within a natural context) can be powerful indicators of change.

It's critical that a structure around observation is put in place, that staff or volunteers receive training and that families know what data is being recorded over time.

Advantages

We know that the first meetings are an important time for building relationships with families. Some services believe that asking people to complete a questionnaire or take part in an interview at this stage isn't appropriate and may not bring honest answers from the person taking part (as trust has not yet been built). Observation is therefore less invasive and allows staff and volunteers focus on building the relationship at the initial stages of meeting.

When a strong relationship has been formed and trust has been built, it can allow for more accurate observations to take place. E.g *'Mum is relaxed, comfortable and contributing in the group today'* or *'Dads says he has met up with other dads from the group at the weekend'*. Creating a trusted environment allows staff to witness and capture what changes they have heard and seen in families over time.

Observation can be particularly important for infant mental health and staff or volunteers are able to observe the differences in baby or baby's relationships over time. For example – *'Baby is making more 'babbling noises' and seems relaxed'* or *'mum is spending more time on the floor playing with baby and commented on how connected they have been feeling'*.

Limitations

It needs to be clear to the families that are being supported that staff and volunteers will observe and monitor changes over time to help with evaluation purposes. Without this clarity, ethical concerns are raised.

This method is susceptible to bias from the person doing the observation. Training and following an evaluation framework is critical. It is also susceptible to the person knowing they are being observed and changing their behaviour (particularly in overt observation).

Can be time consuming and expensive to process all of the data received.

How is the evidence stored?

It's important to think about the specific items for which you want to collect data and determine how that data is to be collected (for example – recording sheets, checklists or observation guides). An observation evaluation framework should then be created (a template can be downloaded from the link below). Make sure if you are collecting any personal information that you have the correct permissions and follow GDPR.

[ESS has a guide on using observation on their website. Click here to access.](#)



Step 3 - Evaluation Methods

Questionnaire or Survey

Questionnaires or surveys are a common way of asking the same sets of questions to different people. They can be used to ask questions about your outcome indicators and you can combine different question types including open and closed ended questions, scales, ratings and 'Yes' or 'No' questions.

Advantages

Questionnaires or surveys are useful to collect both quantitative and qualitative evidence. They can be easily tested and a way to get quick information from a group of people. You can use the same set of questions and ask people at different points in time to measure change over time.

You can also use surveys to ask the same sets of questions in different formats depending on what is suitable or most accessible. You can use them to gather information in person, as part of an interview or group session or you can use online or paper formats to collect information.

Limitations

Engagement can be poor. It is helpful to go through the survey and explain how the information is going to be used and what it will do to support the development of your programme to get buy-in. Incentives can also help as well as making it a part of the project or service.

How is the evidence stored?

Depending on the format you use to collect information, you will need to set up a process of collating and storing information from the questionnaires. There are some good online survey platforms that you can use that will store the information for you such as SurveyMonkey, Google Forms or Alchemer. They often have free and paid plans, depending on the scale of information you are collecting. Make sure if you are collecting any personal information that you have the correct permissions and follow data protection best practice and legislation. [Visit the ICO's website for practical information on data protection.](#)



Top tips

- Give people a choice about how to engage (eg online, anonymously if preferred)
- Provide support from staff or volunteers to complete the survey if that helps
- Use a combination of open and closed questions. Be aware that open questions are harder to analyse but can also provide rich content and learning.
- Don't make the survey too long.

[ESS has a guide on using questionnaires on their website. Click here to access.](#)



Step 3 - Evaluation Methods

Interviews

Interviews can be a helpful way to follow-up informal feedback, or to integrate into part of your peer support service. They can take place as part of a referral or when someone first starts with the project and then at regular check-in points. Interviews can range from formal to informal and different ways of asking questions can be used. For example you can use open ended questions or visual tools and scales to talk through people's experience.

Advantages

Interviews are great to link your evaluation to your activity. They offer an opportunity for people to really inform your learning and allow in-depth discussion. You can combine different tools to reflect on your indicators and outcomes within the interview. They can be held face-to-face, online or over the phone.

Limitations

Volunteers or staff need to be skilled or trained to make sure everyone feels comfortable. They also need to have a good understanding of outcomes, indicators and the types of questions being asked. It may take more organising to ensure everyone is comfortable and has the equipment they need.

How is the evidence stored?

You can record interviews - if you have permission - or use notes depending on what is most appropriate or feels most comfortable. However the interview is conducted it is useful to have a template set up for interviewers to input content. It is useful if the common questions are linked to indicators and outcomes within the template, and there is space for other feedback or learning. Make sure if you are collecting any personal information that you have the correct permissions and follow data protection best practice and legislation.



Top tips

- Make sure everyone is clear what the interview is about and why the questions are being asked
- Have a combination of question types including open-ended questions
- Don't have leading questions or assume answers
- Allow enough time and have options for format (in-person, over the phone or online) depending on what is most appropriate
- Spread out interviews and make them a regular part of 'checking in'

[ESS has a guide on interviews as an evaluation method on their website. Click here to access.](#)



Step 3 - Evaluation Methods

Focus Groups

Focus groups can potentially be used to gather information about any outcome. However, it's important to be aware of the risks if the topic to be explored is particularly sensitive. It may not always be an appropriate method to use and it requires skilled facilitation.

Advantages

They can be run groups online as well as face-to-face to enable different participants' preferences and availability. The toolkit working group participants find that they are able to ensure they create a safe space by using staff that the parents already know and trust to host the sessions. Focus groups have also allowed them to gather a greater diversity of responses by supporting quieter voices to participate. And anyone who is unable to attend a session can be given the opportunity to contribute via an online questionnaire.

Limitations

Face to face engagement – attendance can be impacted by personal circumstances of supported people on the day.
Digital engagement – relies on digital literacy and access to wifi, data, devices.

How is the evidence stored?

Transcripts, responses and notes are stored in the organisational database before being collated and analysed by a member of staff.



Top tips

- Give supported parents a choice about how to engage.
- Provide support from members of staff that the parents have an existing connection to.
- Be very mindful of who is invited to participate – parents' stage of recovery must be considered carefully to avoid further

[ESS has a guide on interviews as an evaluation method on their website. Click here to access.](#)



Real Evaluation Case Studies

Method: Video Interactive Guidance (VIG)

Video Interactive Guidance (VIG) is a strengths based, therapeutic, video feedback intervention in which clients are guided to reflect on video clips of their own successful interactions with their baby.

Parents are supported by a VIG practitioner to view and discuss short edited clips of their 'best moment' interaction with their child.

Parents are asked "What is it that you are doing that is making a difference?" This is a process of active engagement and reflection that helps parents become aware of, and build on, their skills in attunement.

VIG helps Nurture the Borders to measure the following outcomes:



- Parents are more likely to have a realistic perception of their achievements
- Parents are more emotionally available for their baby
- Parents have increased confidence in their parenting skills
- Parents feel better able to cope
- Parents are more likely to bond with their baby



- Babies are more likely to have their emotional needs met
- Babies are more likely to become securely attached

Nurture the Borders finds that they can gather evidence about almost all of the suggested indicators for these outcomes. They seek written consent from all participants before storing the evidence on a secure database.



We use VIG as a therapeutic intervention within our project already and so it made good sense to also use it as part of our evaluation. VIG provides a rich source of qualitative data in the form of video recorded interactions between parent and carer and also video recorded conversations during the shared review

The VIG Process

1. After explaining the VIG process, the practitioner works with the parent to identify one or more goals
2. The VIG practitioner takes a short film recording (5-7 minutes) of parent and child interacting/ playing together in their 'normal' way
3. The practitioner microanalyses the film and selects clips of 'best moment' interactions which show exceptions to the usual pattern - usually looking to illustrate the parent's attunement to the child and moments of emotional connection. Clips can be very short (10-15 seconds), or even a photo
4. The parent and practitioner meet for a 'shared review' to explore the clips. Using AVIGuk *Principles of Attunement* (Kennedy et al. 2011) the practitioner supports the parent to reflect on what they see, and to identify *what the parent is doing that makes this interaction go well*. There is a collaborative discussion on how to build on these strengths.
5. These steps (a 'cycle') are usually repeated 2-3 times, but significant progress can be sometimes made in just one cycle.

[For more information on VIG and how it could benefit your service click here](#)



Video provides powerful evidence as it captures real moments of interaction including non-verbal evidence. This is particularly helpful for capturing evidence from non-verbal infants.



Top tips

- You need to be a trained practitioner to use this method. It requires investment and training via AVIG UK to ensure you use this method safely and can get the best from it

Real Evaluation Case Studies (cont.)

Method: Parent Infant Interaction Observation Scale (PIIOS)

PIIOS is an observational tool that uses video. There are descriptions attached to each point on the scale to ensure consistency.

Midlothian Sure Start has recently started to use PIIOS to gather information about the warmth and security of the attachment relationship between parent and baby.



It seems likely that it could be used to gather evidence for the following outcomes from this resource



- Parents are more emotionally available for their baby
- Parents have a more realistic perception of their achievements
- Parents have increased confidence in their parenting skills
- Parents are more likely to bond with their baby



- Babies are more likely to have their emotional needs regularly met
- Babies are more likely to become securely attached.

How is it used?

Midlothian Sure Start uses PIIOS routinely in all 1:1 and group sessions. It also helps them identify appropriate interventions when someone is referred to the service. Evidence gathered is used to inform discussions at weekly team meetings and line management sessions.

How is the evidence stored?

Evidence is held within the organisation's case notes using a limited access team folder within MS Teams on SharePoint.

What is good about using PIIOS to gather evidence?

It provides a reliable tool to assess and discuss families using a common language. Using PIIOS ensures that the interventions the projects offers to families are aligned to their needs and that observations made by different people are consistently coded. It is an excellent example of being able to collect evaluation evidence as part of the project's everyday activities.

What else?

There is a cost attached to PIIOS training. The training involves 2 days with a further day follow up at a later date. Completing training requires gaining reliability in the use of the tool to become signed off.

Real Evaluation Case Studies (cont.)



Method: Feedback from partners

One of the working group peer support projects uses feedback - either deliberately sought or ad hoc - from statutory partners as a useful source of evidence.

This is particularly useful and appropriate where there is a referral relationship with the peer support service.

This method often provides the organisation with evidence of the outcomes:



- Parents who are experiencing (or at risk of developing) mental health issues are more likely to bond with their baby
- Parents who are experiencing (or at risk of developing) mental health issues require less support from other (statutory) services

Indicators include:

- Quality of mother- child engagement
- Quality of relationship between organisation and NHS
- How quickly the parent accessed the service after referral
- How easy it was for the parent to access the service

Why use this evidence collection method?

This method emerged organically from the way the organisation's service is structured. In order to provide the best service to the families they work with they naturally strive to develop and maintain beneficial relationships with referrers from statutory services. This means they have ongoing contact with related statutory services via phone calls, meetings and attendance at forums. The organisation will sometimes request specific feedback for specific purposes (for example to include in presentations or funding applications)

How is the evidence stored?

Feedback is stored on the organisational digital recording system in supported persons' files and on a database.

What is good about this method?

- It is built into everyday work - and benefits both parties
- Statutory partners are often very busy and struggle to find time to respond to more formal requests for feedback (eg questionnaires_
- It offers another professional's perspective and can therefore help to ensure families receive the best possible care and support and achieve the best possible outcomes
- It creates opportunities for further discussions and deeper relationships with statutory partners, enhancing understanding of each other's services.

What is less good?

Most of the evidence is ad hoc, so there's no guarantee how much will be gathered.



Top tips

- Focus on building and maintaining good communication with partner agencies in order to maximise opportunities for giving and receiving feedback. Store your feedback in a common place and agree what indicators or outcomes it is evidence towards.

Let's apply this!

When coming up with methods to collect information on indicators try to remember that there will be things you observe and informal feedback you will receive. This too is important and should be captured. Using the ideas in this toolkit we have now added ideas for the 'methods', 'who' and 'when' sections for each of our groups.



Example 1: Group peer support: Buggy Walk and Talk

Outcomes:

Parents....have more opportunities to meet other people with similar experiences

Parents....have more opportunities to witness positive interactions between other parents and babies

Babies....have more social experiences

Volunteers..... have more opportunities to use their experience to give something back

Indicators:

- Level of attendance at peer support sessions
- Ability to engage with other parents at sessions
- Amount of contacting parents outside sessions

- Level of attention paid to other parents interactions with their babies

- Amount of time spent with other people outside sessions
- Willingness to interact with other babies and participants

- Level of comfort in their role
- Level of opportunity to share their experiences with others

Methods:

- Register of attendance at walk and talk meet ups
- Observation

- Observation

- Interviews with regular attending parents
- Observation

- Online Volunteer survey
- Volunteer thank you event discussion

Who:

- Buggy Walk Volunteer Co-ordinator (on rota)

- Buggy Walk Volunteer Co-ordinator (on rota)

- Buggy Walk Volunteer Co-ordinator (on rota)

- Management

When:

- Weekly and emailed to Toddler Group administrator

- Observed and noted at each weekly buggy walk and talk

- Weekly after the walk in person, online, text or call

- Six monthly survey
- Annual thank you event



Example 2: 1:1 Befriending: Coffee Chats

Outcomes:

Parents... have more opportunities to be open about how they are feeling

Parents... are more aware of the support available to them

Parents... are less anxious

Parents... feel less alone

Volunteers...develop new skills

Indicators:

- Level of attendance at peer support sessions
- Having honest conversations about how they are feeling

- Ability to share problems
- Asking for advice
- Receiving advice
- Noting information
- Sharing other support received

- Ability to interact with others in the group
- Topics they want to talk about
- Body language
- Facial expression

- Level of feelings of loneliness
- Ability to ask for help

- Level of engagement with training opportunities

Methods:

- Attendance register
- Peer Support Survey
- Observation question (scale)

- Peer Support Survey question
- Volunteer observation

- Peer Support Survey question
- Volunteer observation

- Volunteer observation

- Register of attendance at volunteer training

Who:

- Volunteer befriender
- Volunteer co-ordinator

- Co-ordinator sends survey and goes through it at the beginning of a match with the parent and volunteer. Then sends and collates information

- Check in and catch-up meeting with Co-ordinator where survey questions are discussed as well as observations from both volunteer and parent

When:

- Observations recorded after each session
- Survey at beginning of match and then every 3 months

- Monthly submission of report on meet-ups by volunteers from first meeting

- At beginning of match and then every 3 months

- At beginning of match and every 3 months

Step 4 - Analysis and Reporting

Once you have collected your evidence, you need to make sense of it. What does it tell you? What does it mean?



Questions you may want to ask include -

- What does the evidence you have gathered tell you about your indicators and contribution to your intended outcomes?
- Did you set the right outcomes for your project?
- Have you found evidence of any unexpected outcomes too?
- Did you make more of a difference for some people than for others?
- Can you work out why?

Analysis doesn't have to be scary. It's simply about identifying your evidence, piecing it all together, and coming to conclusions about what happened and why. Your findings will help you improve your planning and your work as well as helping you report to funders.

Quantitative evidence: It is usually relatively easy to analyse numbers (**quantitative** evidence) using fairly simple arithmetic. For example how many people you worked with, how often they came etc. You might also have some results from scales to analyse (eg "how do you feel about X on a scale of 1-5?").

Qualitative evidence: Although it may seem more daunting, it is also easy to analyse **qualitative** data (ie non-numerical evidence in the form of verbal or written quotes, photos, video, the results of creative activities etc). Qualitative evidence usually tells you more about someone's thoughts, feelings, experiences.

ESS has several free resources that can help you with analysis including:

[Analysing as you go](#) | [Analysing qualitative information](#) | [Analysing quantitative information](#)

[ESS has a guide to analysing information for evaluation. Click here to access.](#)



Step 4 - Analysis and Reporting

Using and Sharing Learning

There are lots of different ways in which you may want to use what you have found out from your analysis.

After all, there is no point in doing all this evaluation if you don't then do something with the results!

For example:

- Celebrating your success
- Sharing what you have learned with others in your organisation (eg your volunteers, board and/or other members of staff).
- Reflecting and acting on what you have learned in order to tweak and improve your service.
- Using your outcome evidence to explain the value of your project to potential beneficiaries, referrers and/or volunteers.
- Telling policy makers about what works in peer support and the difference it makes.
- Sharing your learning with other organisations that do similar work so they can benefit from it too and don't have to reinvent the wheel.
- Reporting to funders.



ESS has some free resources that can help you with using and sharing learning

- [Support Guide 3b: Report writing](#)
- [Support Guide 3c: Case studies](#)
- [Stats and Stories: a guide to blending different types of evidence in evaluation reports](#)
- [Reporting Template \(may be helpful if your funder doesn't have their own\)](#)
- [Getting Ready to Report webinar](#)
- [Change Record Template \(a way to keep track of tweaks and changes you make to your project and why - policy makers and funders may be interested in this\)](#)



Let's apply this!

Let's see how we could take the information gathered for our two fictional perinatal peer support services and how we could present the analysis to share and learn from our evaluation.

How might you present your learning in your reporting to improve services and better communicate your impact?



Example 1: Group peer support: Buggy Walk and Talk

The outcome we wanted our service to achieve was: Parents with (or at risk of developing) mental health issues have more opportunities to meet other people with similar experiences

The buggy walk and talk provides a good opportunity for parents to meet others with similar experiences. Over the last six months, 35 parents have attended the buggy walk and talk. This includes

- 20 parents who have attended more than 10 times,
- 10 parents who have attended more than 5 times and 5 parents less than 5 times.

10 parents were new to coming to buggy walk and talk in the last six months, and 5 parents have stopped attending since our last analysis. This means over the last year 40 parents have attended sessions since we started.

In the last six months our Buggy Walk Co-ordinator spoke with 25 parents (one parent per week) about what they got from attending Walk and Talk.

- 22 out of the 25 parents agreed that Walk and Talk helped them to meet and speak with other parents
- 18 of the 25 parents said they were now contacting others outside of the session

A walk and talk whatsapp group has also been set up which has 28 parents involved. One parent commented that "**Walk and Talk has been so helpful - it makes such a difference to know that there are other people who don't find this easy**".



Example 2: 1:1 Befriending: Coffee Chats

Benefits of #Befriending #CoffeeAndChats

Our Learning

Over the past year we have learnt that whilst informal, the service does require co-ordination and support. The biggest most important factor was organising and providing a trusted and safe space for people to connect. By providing the support up-front through the Co-ordinator, parents trusted us to match them with a volunteer befriender that would suit them. We found this was really important as parents valued being able to trust their befriender to be interested in the things they wanted to talk about.

We found really positive evidence that by providing this trusted space for people to connect, the project helped parents to feel less anxious. Our evaluations showed that over time parents would share information with their befrienders and each other. They increasingly felt safe to ask for help and advice, and over time were able to talk about things other than the immediate concerns for them and their baby.

We also found that parents felt less lonely and isolated and said they felt less stigma about what they were going through. These were **unexpected outcomes** and ones we are keen to explore more as part of future learning.

Section 4



4 Appendices

In this section, please find a brief description of some of the studies as mentioned in the evidence review; Peer Support in Perinatal Mental Health: Review of Evidence and Provision in Scotland

Appendices

The Scottish Government evidence review lists a number of studies that have explored the impact and benefits of peer support in the perinatal period.

A brief description of just some of the studies in the evidence review are included below. It is not always possible or proportionate for voluntary sector groups to undertake the level of research or gather the level of evaluation evidence that these studies have. However the studies reference the outcomes and indicators that the working group identified when developing this toolkit.

These are useful to add further context and weight to information voluntary sector groups may be collecting and observing from participants in peer support. The studies can be accessed for background reading, and to help groups as context to their own findings and referenced to share the difference peer support can make.

References:

Barlow, J and Coe, C. 2012 Family Action Perinatal Support Project Research Findings Report

This is a review of the Perinatal Support Project (PSP) delivered in July 2010 – 2013 in Hackney (London), Mansfield (Nottinghamshire) Oxford, and Swaffam (Norfolk) and funded by the Big Lottery, The Monument Fund and Henry Smith Charity. The project worked with vulnerable women with mild to moderate mental health issues self referred or referred by Midwives, GPs or Health Visitors. Peer support was offered via qualified and trained volunteer befrienders. Data from the research showed participants had significant improvements in anxiety, social support, self-esteem and mothers relationship with the baby in terms of warmth.



Links to toolkit outcomes:

Expectant/ new parents (or people in a parenting role who are experiencing or at risk of developing mental health issues:

- have more opportunities to be open about how they are feeling
- feel less alone
- feel less anxious
- are more likely to bond with their baby
- are more emotionally available for their baby

Cheyne, H., Calveley, E., Daniel, B. and Maxwell, M. 2016. Aberlour: An Evaluation of the Pilot Delivery Perinatal Befriending Support Service.

This is an evaluation of Aberlour's initial pilot of the Perinatal Befriending Support (PBS) in Falkirk. The pilot was developed using and adapting the model of the PSP and evaluated by Barlow and Coe. The service trains and matches volunteer befrienders with women referred by local perinatal health and social care providers, providing community based support through pregnancy and the first year of a child's life. Analysis of quantitative and qualitative data showed a clear trend towards lower anxiety and depression and greater warmth in the mother-child relationship suggesting more secure attachment and higher self-efficacy. The review also showed that the service helped mothers to regain confidence to go out socially and access services.



Links to toolkit outcomes:

Expectant/ new parents (or people in a parenting role who are experiencing or at risk of developing mental health issues:

- are more aware of the support available to them
- feel less anxious
- are more likely to access other sources of appropriate support

Appendices

Cust, F. 2016. Peer support for mothers with postnatal depression: A pilot study. Community practitioner: the journal of the Community Practitioners' & Health Visitors' Association.

This pilot study from 2016 researched the benefits of six weeks of one-to-one home visits by peer supporters for mothers diagnosed 'at risk' of postnatal depression (PND). The study explored whether peer support could reduce the likelihood of postnatal depression in 30 new Mothers recruited by Health Visitors. Data was collected using the Edinburgh Postnatal Depression Scale (EPDS) prior, and on completion, of the visits, alongside semi-structured interviews. Findings suggested that peer support may assist in the reduction of PND, and identified the benefits of social support and shared experience available through peer support.

Peer Supporters "gave them 'hope', made them feel as if they were 'not a failure' and gave them an overwhelming 'sense of normality'. This, in turn, increased their self-esteem, their positivity towards their parenting role, and their ability to therefore be 'a good mother.'"



Links to toolkit outcomes:

Expectant/ new parents (or people in a parenting role who are experiencing or at risk of developing mental health issues:

- have more opportunities to meet other people with similar experiences
- feel less alone
- feel better able to cope

MacLeish, J. and Hann, A. 2019. Parents in Mind Evaluation Report.

This is an evaluation of the Parents in Mind pilot delivered by NCT in Coventry and Warwickshire (2016-2019), Widnes and Runcorn (2017-2019) and the London Borough of Newham (2017-2019). The Parents in Mind model delivered one-to-one and group peer support for Mothers and expectant mothers. Three quarters of participants had a previous history of mental health difficulties. The evaluation reported that there was a statistically significant reduction in anxiety and depression after peer support, and that peer support was significant in helping people feel less isolated and alone, talk to people who understand what they are going through, and that it helped people to know where to get further help if needed.



Links to toolkit outcomes:

Expectant/ new parents (or people in a parenting role who are experiencing or at risk of developing mental health issues:

- have more opportunities to meet other people with similar experiences
- are more aware of the support available to them
- feel less alone
- are more likely to access other sources or appropriate support

Appendices

Montgomery, P., Mossey, S., Adams, S. and Bailey, P.H. 2012. Stories of women involved in a postpartum depression peer support group. International Journal of Mental Health Nursing. 21(6), pp.524-532.

Part of a larger study in Ontario, Canada this research looked at how women in peer support groups talked about postpartum depression. The study findings suggested that women actively seek out established spaces to talk about recovery with their peers and encouraged health-care services to recognise the importance of peer support in helping people recover.

Support for and links to Toolkit outcomes;
Expectant/ new parents (or people in a parenting role) who are experiencing or at risk of developing mental health issues...
·Have more opportunities to meet other people with similar experiences



Links to toolkit outcomes:

Expectant/ new parents (or people in a parenting role who are experiencing or at risk of developing mental health issues:

- have more opportunities to meet other people with similar experiences

McLeish, J. and Redshaw, M. 2017. Mothers' accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: A qualitative study. BMC Pregnancy and Childbirth. 17(1).

The purpose of this academic study was to explore mothers perceptions and lived experience of peer support and what the impact of this was for her. The researcher met with 47 from ten different peer support projects in Bradford, Bristol, Burnley, Huddersfield, Halifax, Hull, London and rural North Yorkshire. The projects had different 'primary target groups' including women with complex needs, first time Mothers, young women, women from ethnic minority communities and women with depression/ anxiety and provided a range of support through one-to-one volunteer, group and paid peer support.

Through face-to-face and semi structured interviews the research explored "the mother's experiences of using the maternity services; how she heard about and decided to take up the peer support; the nature of the support and what she felt its impact had been; whether she felt there was any difference between receiving support from a volunteer and from a professional; how she felt about the ending of the support; and whether she would recommend any changes to the peer support."

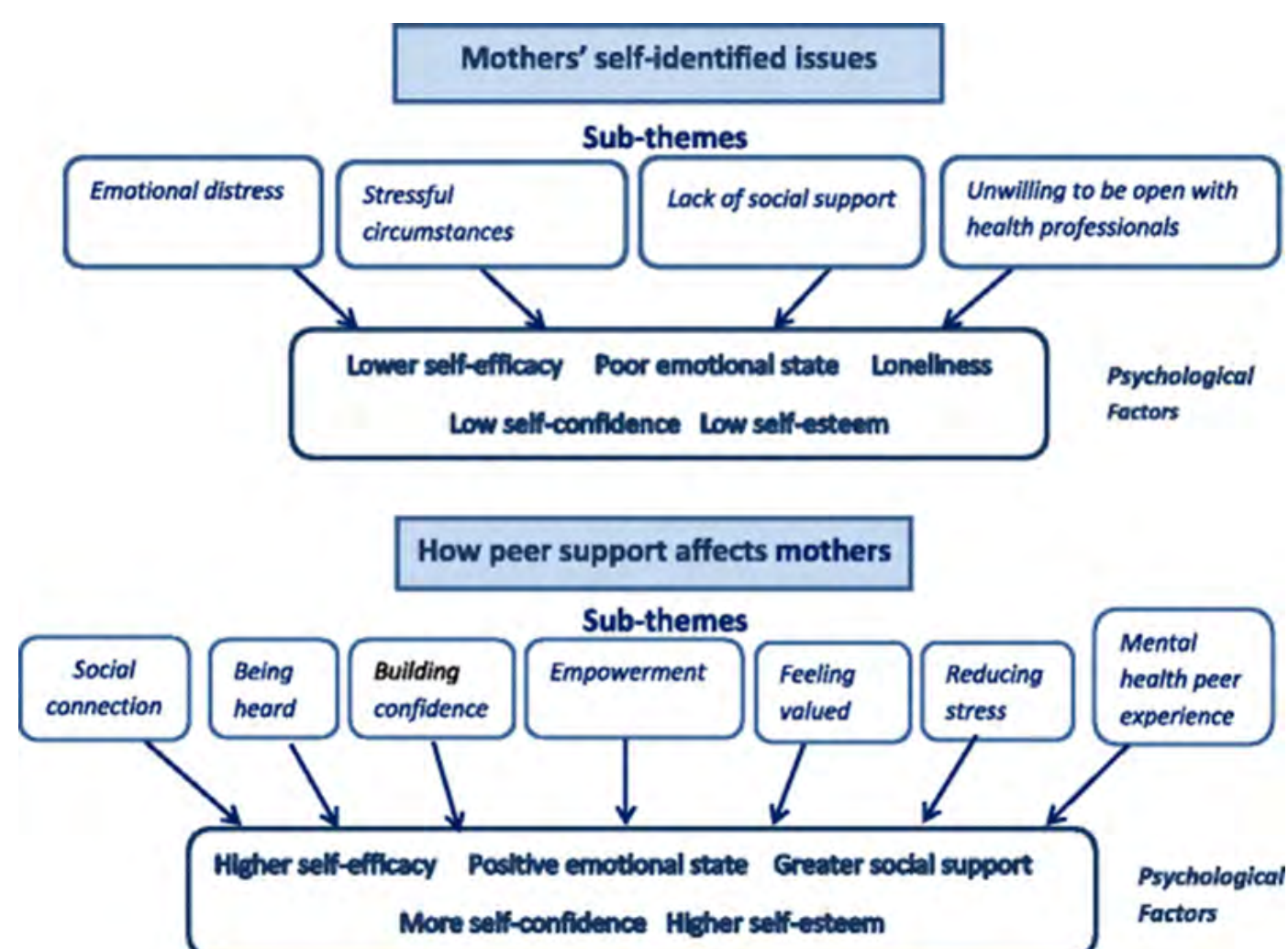
The key themes emerging from analysis of the interviews have demonstrated through the diagram which has links to, and supports outcomes identified by the working group in this toolkit.



Links to toolkit outcomes:

Expectant/ new parents (or people in a parenting role who are experiencing or at risk of developing mental health issues:

- have more opportunities to be open about how they are feeling
- have more opportunities to meet other people with similar experiences
- feel less alone
- feel less anxious
- feel better able to cope (have increased confidence)



Acknowledgements

If you have any questions about this resource or have any evidence about the impact of peer support in perinatal mental health to share please email pimhenquiries@inspiringscotland.org.uk



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