

Bump Start

Report on the North & North East Edinburgh pilot project providing 1:1 support to pregnant women with higher support needs

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I was worried about post natal depression due to having had a previous mental health issue. As it happened I did have it! My confidence since having my baby was really knocked. <Bump Start worker> has helped me to get out and about. She's been there to talk to in person or on the phone. She's introduced me to other services and put me in contact with people.... I wouldn't go out of the house if it wasn't for <Bump Start worker> - I would just sit in the house.

Debbie

Introduction

The Bump Start project development began in July 2010 piloting an approach to providing 1:1 support to pregnant women with higher support needs in North and North East Edinburgh. Contact with women began in February 2011.

From September 2010 the Bump Start project was aligned with Ready Steady Baby, a health literacy project working in the North area of Edinburgh. After negotiations the two initiatives combined their efforts to provide a wider ranging intervention. Through development of the programme the team built on the existing 'Mum's Club' model at Crewe Medical Centre and initiated 'Pregnancy Cafes' bringing an adult education approach to parent craft classes for literacy and numeracy support.

This report focuses on the development of 1:1 support by Bump Start, whilst the 'sister' report, Final Report on Ready Steady Baby, August 2011, examines the health literacy approach of that project.

Ensuring the best possible start in life for every child has been an important goal of the Early Years Health Improvement Fund (HIF) of NHS Lothian. In 2011 the Scottish Government refreshed its framework for maternity care in Scotland¹, promoting a person centred approach, in which women receive timely, relevant and easily accessible information to help them make the choices they face. The Framework committed to service provision of equitable quality regardless of women's individual circumstances, with consistent support, advice and continuity of care throughout pregnancy. However, the framework recognised the challenges in working with vulnerable women and highlighted the following priorities:

- The need to reduce inequalities in maternal and infant health outcomes at birth and across the life course.
- The need to measure improved access, care and experience for all women prioritising improvements for those at risk of poor health outcomes.

The Framework set out a range of important principles that have been important to the development of the Bump Start project:

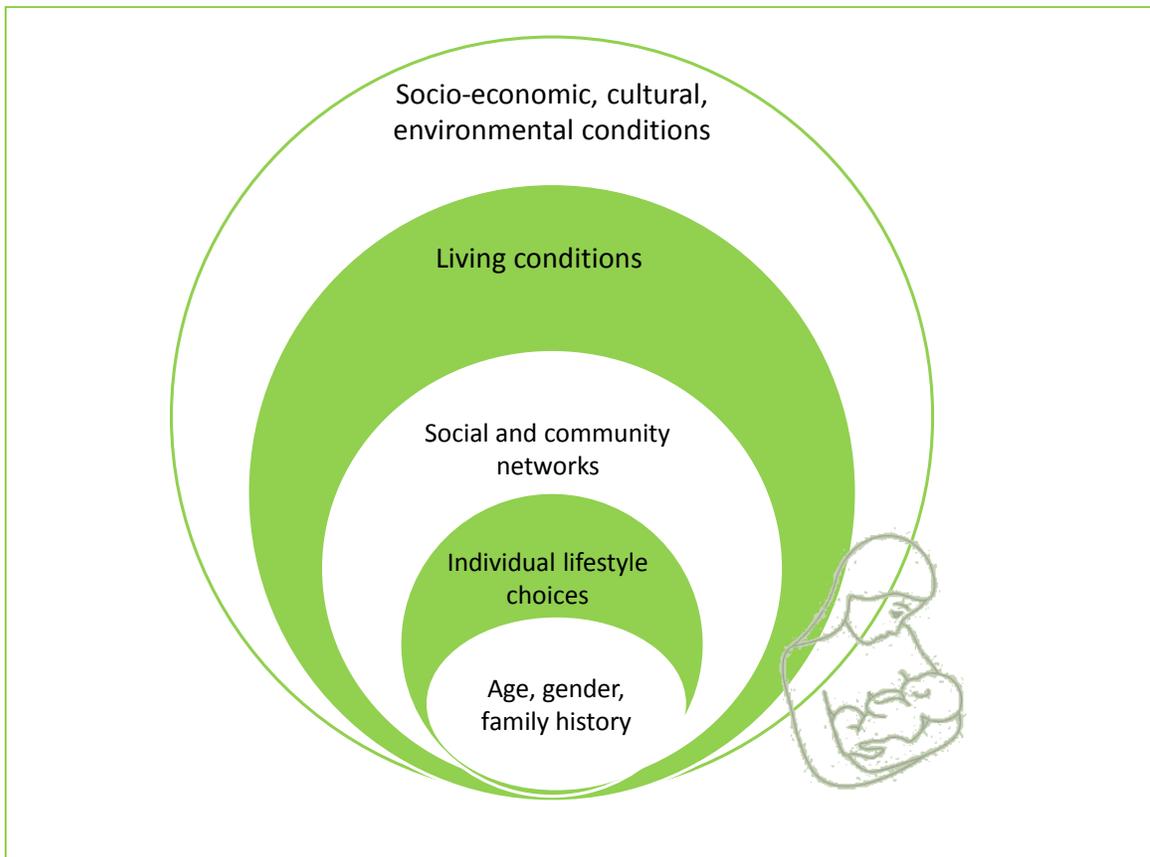
- A strengths based approach helps to promote health and shared decision making between women and health professionals
- A partnership approach helps women to develop social and community networks which support their health

Bump Start developed its approach using a health assets model :

"Health asset or strengths based approaches recognise the strengths within an individuals' possession. Health assets or strengths embrace both internal and external strengths. Internal strengths include positive relationships with others, the motivation to control or change individual circumstances, and the presence of protective personal characteristics, such as for example, a resilient personality and/or a sense of optimism. External characteristics include social support networks, expectations of others, and physical and environmental elements. The antecedents of health assets are genes, values, beliefs, and life experiences. Using health asset based approaches can mobilise an individual to engage in risk assessment, decision making, and change".

Overview of the Pilot

Dahlgren and Whitehead's (1991)² model of influences on health formed the basis for Bump Start's approach to conceptualising the range of needs of vulnerable pregnant women and what the scope of a 'helping relationship' with Bump Start workers might look like.

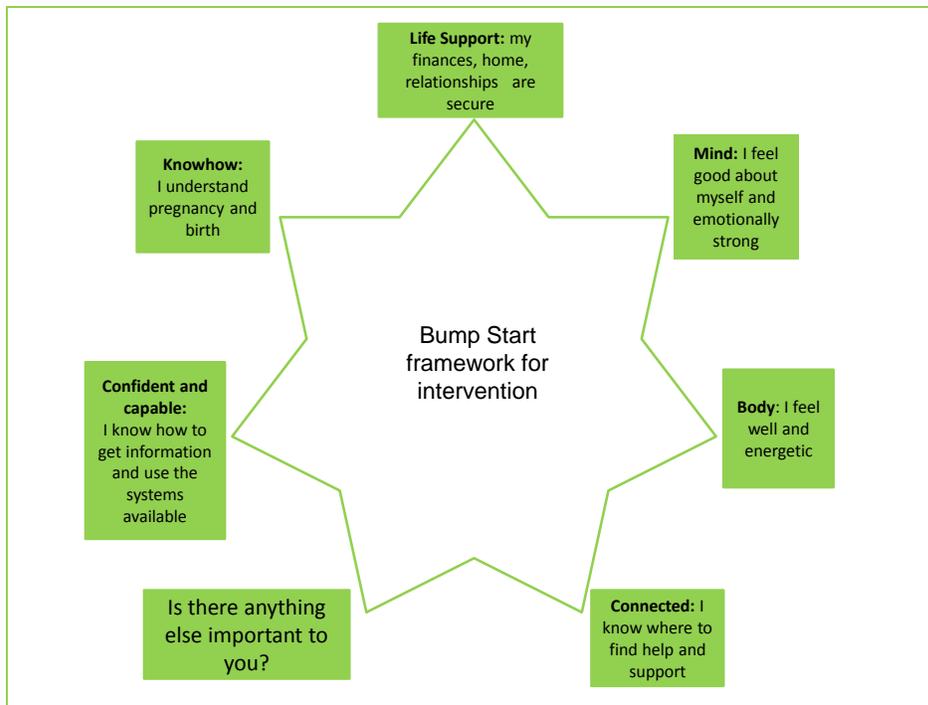


Bump Start team consists of multi-agency workers from NHS, CLD and the Voluntary sector. Based in midwifery offices the teams obtain referrals from midwives who identify women during ante-natal appointments and request additional support for the woman from a Bump Start worker. Midwives identified the following key concerns about the women they felt had needs for support which could not be met by their service alone:

- Vulnerability through **age** – young mothers and in particular those with limited family support
- Vulnerability through **lifestyle** – women with insufficient understanding, skill, resources or capacity; or limited personal empowerment to adjust their lifestyle in preparation for becoming a parent
- **Isolation** from other parents, community facilities or social support which could help people during pregnancy and as a parent; often caused by housing issues: pregnant women's entitlement to a house changes when the child is born, so many women relocate during this time
- **Living conditions** unsuitable for a baby, including homelessness, debt to utilities companies or lack of finance for baby equipment etc; benefits and entitlements unclear or unclaimed
- Parents from other ethnic backgrounds with different **cultural expectations** of pregnancy, birth and parenthood; including women who have not been in Scotland for long and with limited confidence in the English language.

Bump Start's response to this was structured to enable women to consider a range of dimensions of their wellbeing and their baby's wellbeing, identifying both strengths and vulnerabilities.

Bump Start



Case study of the framework in practice - Heather

Heather was referred to the project after a difficult first three months in which she feared miscarriage twice. Her mother had recently died and she had split up with her partner.

Knowhow - prior to the Bump Start intervention Heather felt mistrustful of health services after the signs of miscarriage she had experienced had been misdiagnosed by a GP.

By the end of the Bump Start intervention Heather knew about options available to her to support a natural birth within the Edinburgh Royal Infirmary.

Life support - before the Bump Start intervention she had huge financial worries and limited information on entitlements.

By the end of Bump Start intervention Heather felt more secure that her finances were sorted out, and where to get additional resources for the baby.

Mind - before the Bump Start intervention Heather was struggling with bereavement and anxiety about the pregnancy.

By the end of the Bump Start intervention Heather was looking forward to getting support from a befriender through a community agency.

Connected - before the Bump Start intervention Heather was isolated: her father lives in Cornwall and her mum had died, she had split up with her partner although he remained her main support.

By the end of the Bump Start intervention Heather was aware of community groups and preparing to use them after the birth.

Confident and capable – before the Bump Start intervention Heather felt panicked and isolated.

By the end of the Bump Start intervention, Heather's comments were:

When my partner and I split up I don't know what I would have done without the non-judgmental support I received from <Bump Start worker>. She's always been there for me and listened to my decisions and choices but at the same time letting me know about alternatives and the pros and cons about them all.

Bump Start

The Bump Start approach

Bump Start uses a model which links health literacy, social capital and personal empowerment to achieve a holistic approach:

The core of the approach is 1:1 outreach work

- Midwives identify a patient who may need additional support, and asks if a Bump Start worker can contact the patient, or a parent is identified by another service or through attending a Pregnancy Cafe.
- The Bump Start worker makes a call and meets or home visits the woman to get to know her.
- The Bump Start worker's main objective is to build a trusting relationship and get to know the woman's own assessment of her needs.

Social and community connections are a vital resource

- The Bump Start worker will get to know what social or family support is available to the woman and how much she is connected to community groups or opportunities for further support.
- The Bump Start worker takes the woman along to groups or asks a group worker to come and meet the woman, in a 'bridging' approach.

Direct links to local services provides accessible long term help

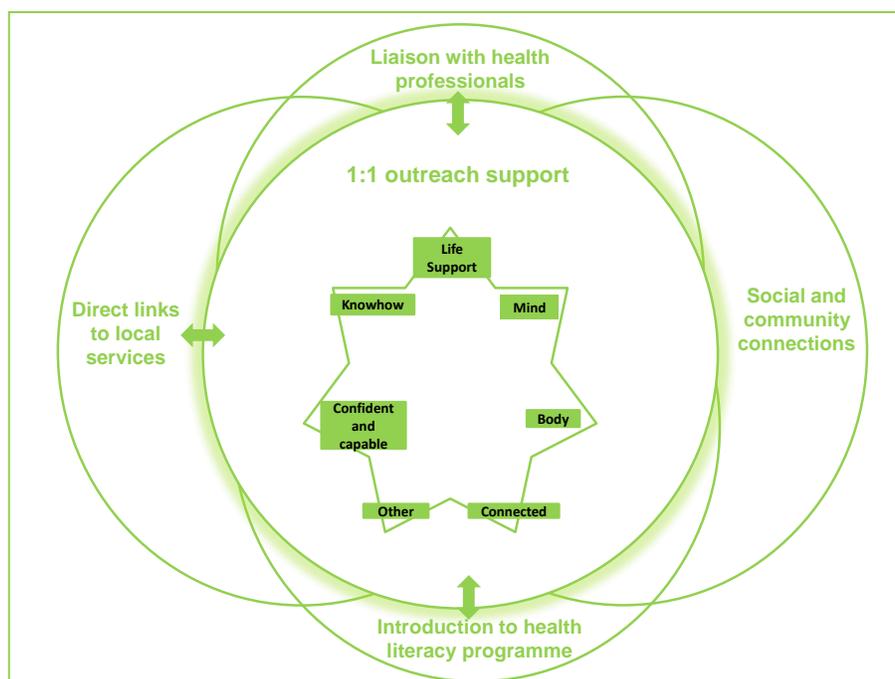
- The Bump Start worker does provide direct help with housing, benefits, and resources for the baby, but ensures that the woman gets to know about, and starts to use, local agencies that can provide longer term support for this.

Liaison with health professionals ensures person-centred practice

- The Bump Start workers ensure women are aware of health information and choices available to them.
- The Bump Start worker uses the trusting relationship to help women make informed choices.
- There are flexible 'entry points' to Bump Start's support but information sharing with health professionals (with parent consent) works regardless of how the woman first engaged with Bump Start.

Embedding the process within a health literacy programme empowers parents

- The Bump Start workers will also take the woman along to Pregnancy Cafes to develop confidence, health awareness, and to learn skills for healthy lifestyles and healthy parenting.
- Pregnancy Cafes were developed to provide accessible, informal ante-natal, health and parenting education sessions which would be attractive to vulnerable or disadvantaged parents who are under-represented in mainstream parent craft classes.



Case studies of the approach in practice

I've found out about things I would never have found out. I was being sent around in circles and she's helped me get answers. She's come up to the house on Mondays to help with forms and information, she takes care of things we don't understand.

Vanessa and Sean were encouraged by a midwife to attend a Pregnancy Café. The couple were experiencing difficulties with housing and Sean had literacy problems which made form filling and benefits claims difficult.

The Bump Start worker started to make home visits, initially focusing on benefits claims which resolved anxiety.

The worker then provided a range of information, from what is on in their area for families, to information on a project which helps people to decorate and revamp furniture and the home.

Sean has been connected up with a literacy tutor and both parents are attending community parent support groups.

Sonja was in her late teens and had severe ADHD. She was supported by her mum but there was a long history of Sonja having behavioural difficulties which placed a strain on the relationship. At the time of Bump Start's involvement, Sonja was staying with her mother and struggling to cope with the practicalities of pregnancy and preparing to become a parent.

The Bump Start worker supported both Sonja and her mother to claim her entitlements, sort out housing options, and plan for supporting Sonja in the first few weeks of parenthood.

Outcomes for Sonja and her baby looked grim before Bump Start involvement. Sonja's mum, her only support, was overwhelmed and Sonja did not have the skills to cope. The family were supported to resolve practical and emotional issues.

She was a massive help during my pregnancy. She gave me help with my accommodation and setting up a bank account and sorting out benefits.

When we went back to the abandoned flat the door to the flat had been broken down and the locks replaced. There was a pile of letters from the housing and council tax all threatening court action.

Fiona was 18 and pregnant whilst staying on her mum's sofa; her mum already had Fiona's sister, partner and 2 year-old child staying with her.

Fiona has abandoned her own tenancy after splitting up with her boyfriend and receiving threatening texts from his new girlfriend.

The Bump Start worker first addressed the debt, housing and council tax arrears that had built up after Fiona left her flat. Repayments were negotiated and Fiona was able to move back into her own place confidently.

Once the stress and anxiety was addressed, Fiona felt able to consider her health and social needs. She was supported to attend the Pregnancy Café where she could meet other pregnant women and gain some social support.

Challenges and solutions

For many years services have recognised the challenges of making their services accessible to relevant groups and have attempted innovative ways to engage them. Bump Start has encountered similar kinds of challenges.

Challenges

- A high number of missed appointments – people living difficult lives are difficult to engage and require sustained effort to reach out to.
“The hardest bit is making contact. With the nature of some of the clients they 'DNA' [did not attend]' a lot, there's a lot of chasing and getting the engagement started.”
- Some people are in crisis, requiring sudden and intense support which is hard to plan for: some women required more than 100 contacts during their period of support. For example, one young woman was suicidal, homeless and very isolated from any form of emotional support. This required intense practical and emotional support by the worker during pregnancy and massive effort following the birth to disengage from the woman and ensure she connected well to local services.
“It's always a challenge with endings.. Sometimes when I pull away from a relationship I do wonder if I've pulled out too soon.”
- Bump Start is a short term intervention which begins in early pregnancy and ends in the first 2 or 3 months after the baby is born. However, some people's social and communication difficulties mean that connecting them effectively to other social and community support requires a longer term, gentle approach.
“Due to the nature of a woman I was working with it was really difficult to link her in with things, so you sometimes worry that they're not any better supported in the longer term.”
- Bump Start workers inevitably became involved with families where child protection concerns arose. These immediately drained a lot of capacity from the project and were particularly difficult when part-time staff were involved.
- A small team working across two different locations, in which many staff are part-time, will inevitably face difficulties with its own communication and collaboration, both of which are critical to developmental work where there is no 'rule book' for all the challenges that occur.
“Due to all of the midwives being part time and I only work two days, I don't know some of the midwives and never meet them so sometimes the team can feel disjointed.”

Solutions

- The team have used text, door-knocking, being available at a person's next ante-natal appointment for direct introduction by a midwife; and use a principle of trying multiple methods of engagement before withdrawing.
- One way the team has been effective in engaging women is their ability to engage with the whole family – partners and ex-partners, grannies and in-laws, which helps client relationships to develop whilst building on the existing strengths in the social support available to women.
- Good local knowledge by all the workers ensures that their aim of connecting women with appropriate services or social/community support can be put into practice, which also helps ensure that the Bump Start worker is never the only form of support the woman knows about.
- The whole approach works with an ending in mind: that a woman will feel confident to access services and community support herself, by the time Bump Start support ends. This is achieved in a number of ways but often by accompanying women to services and community facilities – much more time-intensive than simply 'referring on', but evidence shows, much more effective.
- Joint team meetings with midwives, and a regular stakeholder review, has helped the team build its collaboration with other health professionals.

The case for working alongside midwives

Bump Start is a community based initiative using a multi-agency team of professionals from NHS, CEC and the voluntary sector. It has broken new ground by co-locating staff from all these agencies within local midwife bases, building on the success of Ready Steady Baby which provided waiting-room drop-in support and health literacy work during ante-natal clinics in a Mum's Club.

Benefits to midwives and clients

Midwives report the following benefits of collaborating closely with Bump Start workers:

- Referral is much easier – there is dialogue and a more natural form of follow-up and information sharing than is usually achieved with an 'outside' agency
- Knowing Bump Start workers proactively accompany clients to appointments and opportunities adds real value – even when midwives know what is on in an area, they can rarely follow through in this way
- Midwives get to know and trust Bump Start workers, making it easier to recommend them to vulnerable clients whose own trust can be so hard to win
- Bump Start worker involvement in midwife - delivered parent education classes helped to increase numbers and make the experience more participative – encouraging questions and bringing capacity to break the group into small groups for discussion
- The extensive work of investigating benefits and housing issues, gathering baby equipment and engaging with other services provides a “total patient focus” that midwives have been unable to manage because of their high case load and the demanding nature of their work, such as commitment to home deliveries, ante-natal and post natal clinics and home visits, parent education and responsibilities in relation to child protection and Getting it Right for Every Child.

It's certainly made our job easier that vulnerable women are getting this extra help. On occasions we sometimes felt out of our depth as the mums were asking for our help in certain areas that we couldn't take forward. But now we can refer to Bump Start for that practical support. The word 'support' is bandied about a lot without knowing what it really is, but with Bump Start there's now concrete evidence of what support is and how it helps our clients.

Critical success factors

Interviews with midwives and Bump Start workers point to a number of factors in the success of the project:

- **A midwife champion** – in the first Bump Start target area, the strong support of an experienced and well-respected local midwife, who led her team's engagement with the project, created the foundation for its success and created positive expectations in the second target area
- **Full time Bump Start staff** – the Bump Start team has comprised both full-time and part-time staff. The demands of the role and the importance of day to day communication with the midwifery team suggests that part-time working does slightly diminish the level of communication and the potential for intensive work with women with higher support needs – it *has* been successful with part time staff, but the impact appears greater where there is a full-time presence co-located with midwives.
- **Flexibility** – the referral criteria and the different ways of accessing support ensure that women have a stronger chance of engaging with Bump Start than many mainstream services in which missed appointments tend to reduce the chances that vulnerable women will engage. Bump Start workers are proactive and try a range of contact methods to see what works, including texts.
- **Credibility** – it is fair to say that it took time to achieve the strong relationships that now exist between Bump Start staff and midwives. Midwives needed time to see what Bump Start workers could offer and to open themselves up to collaborative approaches such as involving Bump Start workers in parent craft classes.

Integration with a health literacy approach

Health literacy is defined as the cognitive and social skills that enable access to and understanding of information that supports the promotion and maintenance of good health and wellbeing. In 2011 we reported on The Ready Steady Baby health literacy project, which had successfully developed Mum's Clubs, a waiting room drop-in presence at a health centre during an ante-natal clinic. When this project and Bump Start began working together, Pregnancy Cafes were established in two areas to complement the Mum's Club approach, and overcome the practical challenge that few health centres could accommodate the Mum's Club approach due to limited waiting area space; as well as specifically target women unlikely to attend parent education classes. By 2012 the range of activities offered creates a spectrum of support from universal to targeted at vulnerable women which enables a holistic approach and provides staged routes into, and out of, more intensive work when this is required.

Proactive provision of information and routing towards support

Mum's Club in ante-natal clinics

Universal – relevant to all women

Collaborative delivery of parent education classes

Pregnancy Cafes

Assisted engagement with community opportunities

Literacy support

Direct support to access housing, benefits, equipment

1:1 outreach support

Reactive listening, problem solving, solution finding

Targeted – relevant to vulnerable women

Changing the face of parent education

Bump Start has continued the development of innovative approaches to parent education, ensuring new options are available for women who have traditionally avoided midwife-led parent education classes. Bump Start has not sought to replace these, rather, it adds value, and through increasing women's confidence by both individual support and pregnancy cafes / mum's clubs, attendance at midwife-led sessions has increased.

Pregnancy Cafes

Pregnancy cafes are weekly, informal sessions which women can attend by dropping in, by referral from other agencies or midwife, and by supported attendance by another Bump Start worker or other support worker. Sessions include a casual welcome and snack, as well as educational input either by another agency or developed by the Bump Start worker. The sessions follow a broad curriculum to support pregnancy and parenting, led by parents' own interests as well as the Bump Start health education agenda:

- Pregnancy and birth
- Healthy lifestyle during pregnancy and early parenthood
- Feeding – breastfeeding and other choices; introducing health baby foods
- Practical preparations for the baby: equipment, home safety
- Child development, from pre-birth to early years
- Things to do with babies – community opportunities, reading and rhyme, toys

The Pregnancy Cafes have been successful in attracting a diverse range of women. We observed the café working for people who may otherwise have struggled to participate in more formal methods of parent education:

- Women with English as a second language and with different cultural mores around pregnancy and birth; including women new to Edinburgh who were completely socially isolated
- Partners (fathers to be and new fathers)
- Women and men with poor literacy skills

Critical success factors

- **A community learning approach** – lead staff developing Pregnancy Café used their community learning and development skills to create the right atmosphere; and with the fundamental principle of inclusion based on awareness of the needs of people with lower literacy levels of different languages
- **Holistic** – although the staff were pro-active in introducing a health education agenda, they also responded to the wider social, emotional and practical needs of individuals who attended, either within group discussion or by 1:1 follow up
- **Flexible** – staff were confident to think on their feet, develop and adapt sessions based on who attended, and ensure a 'low threshold' to attending: no referral barriers or criteria.
- **Fun** – although evaluators tend to look for those aspects of work that are tangible and replicable, one of the clear success factors in the Pregnancy Café approach was workers' sense of fun, which was commented on by participants and seemed a particularly important factor for young men.

Developing the approach for the future

Replication of the Pregnancy Café approach may help ensure that 'harder to reach' groups receive preparation and support for pregnancy, birth and parenting. In order for the approach to be replicated, attention needs to be paid to the operational needs of a successful Pregnancy Café:

- **Time** – a once a week café requires a significant amount of staff time in terms of marketing to parents/agencies/professionals; preparation of sessions and securing input from other agencies; follow up work with individuals who attend
- **Venue** – a child-friendly, community-based venue in which food can be prepared, toys provided, buggies stored and both dads and mums, and mums and dads-to-be will feel welcome
- **Commitment** – it takes time for a Pregnancy Café to become established and numbers will fluctuate as people have their babies and move on. There needs to be commitment to sustaining the staff time even when numbers of pregnant women in an area are low.

Learning and implications for practice

Bump Start support to vulnerable pregnant women

Integration

Collaboration

- Co-location supports collaboration
- Communication between busy people more often relies on informal contact that formal referral – again, co-location supports this
- Open minds and willingness to try something new is required by everyone involved

Flexibility

- Keeping criteria as open as possible enables health professionals to make best use of additional support for clients – *whatever* is needed *whenever* a situation presents ensures the most vulnerable women, who use support in the most disorganised way, can be supported

Replicability

- Co-location requires the physical space to host Bump Start team members
- Access to systems such as TRAK for the whole team aids communication
- Part-time working creates challenges for communication in the way that has been most effective in Bump Start for the most vulnerable women. (?)

Holistic approach

Practical solutions

- The starting point for many Bump Start relationships is a focus on getting benefits, housing and financial issues resolved. These generate stress and anxiety for women and, if resolved, create space for a relationship to develop which can broach emotional and health issues. The approach helps illustrate that financial inclusion is a health intervention.

Family and community

- Pregnancy Cafes have been very successful at involving men with their partners.
- The team's non-judgemental approach has enabled them to regard ex-partners and non-resident partners, and their families, as sources of support for women, successfully reducing isolation
- Local knowledge of what is available and appropriate for women helps them connect.

Replicability

- All of the Bump Start workers have long term knowledge of their area; but time allocated to networking and building relationships with other workers in the area is important to ensuring that women will be supported once Bump Start support ends. This investment of time is as important as time spent with clients.

Ending support

Starting to end

- Birth is a milestone for Bump Start, which signals that the support relationship is starting to end. However, the approach works from the outset to help 'bridge' women into other services and community opportunities, so that endings can be more gentle transitions.

Knowhow

- Many women (and their partners) end Bump Start support with a great deal more knowhow in terms of parenting, health, services and systems. This is difficult to capture in terms of measuring outcomes. The Bump Start team has struggled to find ways to measure progress and needs to face this challenge in order to ensure long term sustainability.

Replicability

- Bump start has achieved significant progress with short term, limited funding to pilot the approach. In order to replicate Bump Start throughout the city, attention needs to be paid to providing sufficient development time and realistic capacity to local workers.

Learning and implications for practice

NICE guidance on service provision for pregnant women with complex social factors

The National Institute for Health and Clinical Excellence (NICE) clinical guideline 110³ produced a model for service provision for pregnant women with complex social factors in 2010.

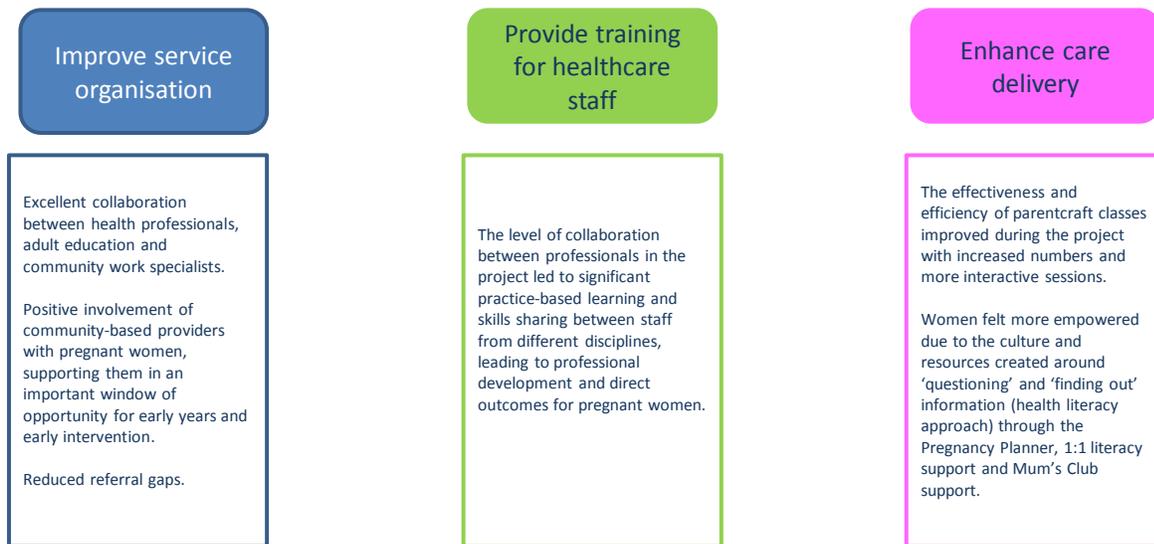
In 2011 we suggested that the model below illustrated how the Ready Steady Baby project had addressed the issues identified in the guidance. In 2012 we have found that the Bump Start project has addressed the range of factors identified and provided an effective local response to the guidelines. In addition, the project has achieved the objectives identified in 'A Refreshed Framework for Maternity Care in Scotland'¹.

Reasons why some pregnant women with complex social factors are discouraged from using antenatal care services.



NICE algorithm

How can these problems be addressed?



Project outcomes

Bump Start

The numbers

Individual Work

Jan 2011 to Mar 2012	North East	North West
Referrals	61	56
Contacts made	563	1014
Face to face sessions	124	284
Literacy support		12 (64 face to face sessions)

Group Work

April 2011 to March 2012	North East April - Mar	North West Sept - Mar
Pregnancy Cafe	21 264 attendances	18 women 3 partners 1 family member (from Sept 11) 56 attendances
Mum's Club	N/A	329 attendances
Parent education support	N/A	9 cohorts supported (each cohort= 4 sessions)

Community Connections

Jan 2011 to March 2012	North East	North West
Referrals to other agencies	70 women	57 women
Number of agencies involved (approx)	32	32

Additional Training was undertaken in the following areas

National Childbirth Trust Antenatal Education training
Child Protection Guidelines
Sollihull Parenting Approach
GIRFEC
Midwifery TRAK
Mellow Parenting
Gender Based Violence
Benefits and Allowances

Contacts

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Evaluation

This evaluation report is the final report in a series of reports to the Bump Start and Ready Steady Baby project teams from 2010 to 2012. Evaluators have worked alongside the project team from the start of their project.

Evaluation evidence includes:

- Collation of worker recordings on a database
- Observations of Pregnancy Cafes at the Haven Project and Dr Bells
- Follow up interviews with 7 women supported by Bump Start workers, two with a partner or family member present
- Interviews, group discussions and action learning sets with project staff
- Interviews with 2 teams of midwives
- A review session held for stakeholders October 2011
- Feedback from key personnel involved in parent education

¹ The Maternity Services Action Group; *A refreshed framework for maternity care in Scotland*; the Scottish Government; Edinburgh; January 2011

² Dahlgren G & Whitehead M (1991) *Policies and strategies to promote social equity in health*. Institute for Future Studies, Stockholm

³ National Institute for Health and Clinical Excellence (NICE) clinical guideline 110: *Guidance for service provision for pregnant women with complex social factors*; 2010