

Social Impact Report

Parent and Baby Wellness



PND (Postnatal Depression) and
LivPIP (Liverpool Parent-Infant Partnership)

Contents

Section 1: What is Impact Reporting?	Page 3
Section 2: Who We Are	Page 4
Section 3: Why the Parent and Baby Wellness Service is important	Page 5
Section 4: What we want to achieve	Page 6
Section 5: Who we work with	Page 7
Section 6: What our client's journey is like	Page 9
Section 7: What we have achieved	Page 11
Section 8: What our clients say about us	Page 18
Section 9: Our Economic Impact	Page 20



Section 1: What is Impact Reporting?

PSS has long been committed to delivering services that strengthen communities and empower individuals.

As an organisation that seeks to create improvements in society, we need to measure and quantify not only what we do, but also how many people we reach, how effective we are at what we do, and to place a value on services we deliver. Having the evidence to demonstrate our social impact is important to us for two reasons: firstly, our commitment to quality means that in order to improve our services' and service users' stories of change we need to understand what does and does not work. Good impact reporting will help us to tell these stories more clearly and to focus on achieving even more for those we are supporting. Secondly, we are motivated by legislative and regulatory requirements such as the Public Services (Social Value) Act 2012 which place a duty on organisations like ours to demonstrate how our services might improve the economic, social and environmental well-being of society.

We prioritise social impact reporting because:

We want to demonstrate the **difference we make**

The ultimate aim is to look at our service and the people we work with - and be able to answer the question - are we doing any good?

We have embedded it in our key strategic objectives **underpinned by our vision and values**

This report for the Parent and Baby Wellness Services looks at the outcomes for professionals to enable them to identify infant mental health issues, as well as for parents who are struggling with postnatal depression and attachment issues. The report will cover the services provided by the PND and LivPIP services, collectively known at PSS as the Parent and Baby Wellness Service. The report covers the calendar years of 2014, 2015 and 2016 - as the LivPIP service started in 2014.

We want to see **what does and does not work**

We are committed to delivering **value for money**

Section 2: Who We Are

The PSS Parent and Baby Wellness service is the only one of its kind in Liverpool and acts as an early intervention service that works to support and strengthen the bonds and interdependencies within our city's families. Born out of the long-established PSS Postnatal Depression Service and the nationally supported LivPIP service; our aim is to support families throughout the whole perinatal period, providing the support and therapeutic treatment needed to give them a positive start during their child's most crucial developmental stage.

The postnatal depression (PND) part of the service is a specialist service in its 13th year, and supports parents who are experiencing anxiety and depression in the ante and postnatal period, from conception to 24 months. The service aims to improve the mental and physical health and wellbeing of parents and thus promote happy and secure family relationships, ultimately resulting in changes in intergenerational patterns of parenting.

The LivPIP (Liverpool Parent Infant Partnership) is the only service of its kind in the city of Liverpool dedicated to strengthening the relationship between parents or carers and their babies. The focus is therefore not on either person but on the connection between them. We explore how carer and baby interact with each other using a variety of measures to capture the range of issues and situations that families face and the areas of focus they might agree to work on.

Criteria for referral to both parts of the Parent and Baby Wellness Service are that it comes from a Liverpool based GP, there is a child under the age of 2 years or parent to be. There is an open referral process for women experiencing ante and postnatal depression and their wider family. Therefore, we aim to be inclusive and family centred by recognising the impact of anxiety and depression and to be easily accessible to individuals as well as professionals.

The largest proportion of referrals are from Midwives, GPs, Children's Centres and Health Visitors.



Section 3: Why the Parent and Baby Wellness Service is important

Depression and anxiety are the most common mental health problems during the perinatal period, with around 12% of women experiencing depression and 13% experiencing anxiety at some point with many women experiencing both.

These mental health problems frequently go unrecognised and untreated in pregnancy and the postnatal period. If untreated, women can continue to have symptoms, sometimes for many years, and these can also affect their children in early years and later life, as well as other family members. Research has also found that up to 1 in 25 new fathers become depressed after having a baby; therefore the Parent and Baby Wellness service, whilst predominately working with women, aims to support whole families by working with both parents where needed. The good news is that, with the right help, women can recover from these illnesses. There is widespread agreement about what services are needed for women affected by perinatal mental illnesses, which carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK¹.

We can estimate that **15% of all new mothers and 5% of new fathers** will develop postnatal depression in Liverpool, based on the current population³.

Approximately **8,395** babies are born per year at Liverpool Women's Hospital - that's **23** each day.

“Perinatal” (*adj*) - relating to the time (usually a number of weeks) immediately before and after birth.

Depression and Anxiety affects **15%-20%** of women in the first year after childbirth².

For the child themselves; emotional wellbeing in childhood and young adulthood is one of the most important factors in predicting whether an individual will be socially mobile and experience good mental health in later life. Research by the **Social Care Institute for Excellence** emphasises the extent of the impact of parental mental ill health on dependants. Early attachment problems are a contributor to many future difficulties including anxiety, low self-esteem and depression. Research studies show that children who have been maltreated develop early attachment problems that can lead to conduct disorder and criminality and it is agreed that if perinatal mental health problems were identified and treated quickly and effectively, many of these serious and long term human and economic costs could be avoided.

¹ *The costs of perinatal mental health problems, Bauer et.al. (2014) LSE - PSSRU*

² *Antenatal and postnatal mental health: clinical management and service guidance CG192, NICE (2014)*

³ *LivPIP final report 2016*


Section 4: What we want to achieve

The PSS Parent and Baby Wellness Service aims to support parents throughout the perinatal period and to help build strong, happy and healthy relationships between carers, babies and families. The PND element of the service supports this by helping new parents to combat postnatal depression and the LivPIP part of the service focuses on enhancing the connection between parents and their children. This early and preventative work contributes to a reduction in problems in later life.

The main outcomes we intend to achieve across the service are:

- Increasing awareness in the area of infant mental health
- Reducing the levels of depression and anxiety in new parents
- Improving new parents' relationships with their children

PND	LivPIP
<ul style="list-style-type: none"> • We provide a community-based PND service, with sessions delivered on a one-to-one or group basis. Work includes enhanced listening, self-esteem and confidence building, education on PND, identification of bonding and attachment issues, relaxation, mindfulness and signposting to other services. • Group work offers a 6 week Mums Matter and other courses. • The service will provide a minimum number of 6-8 contact sessions with clients, allocated on the basis of need. • The service aims to align with other professionals in order to ensure that we deliver consistent public health messages and that we safeguard vulnerable adults and children. • The service works in partnership with other services, including LivPIP, in order to deliver a cohesive service to families and to promote close family bonds and secure attachments. This includes joint work with other appropriate services to support clients and make the most effective use of resources e.g. enhanced midwifery team, CAMHS. 	<ul style="list-style-type: none"> • We explore how carer and baby interact with each other using a variety of measures to capture the range of issues and situations that families face and the areas of focus they might agree to work on. • We aim to educate and train professionals on infant mental health including areas such as Baby Brain Development, Intergenerational Patterns of Parenting and The Impact of Anxiety and Obsessive Patterns in the Perinatal Period. • We offer consultation to any professional who has concerns about a parent's relationship with their unborn baby or infant, relationships in the family or a parent's emotional state and beliefs. • We aim to work more closely with GPs, Midwives and health visitors to promote a generalised approach to mental health needs assessment and to facilitate joint visits. • Sometimes conception, pregnancy and childbirth are challenging or traumatic and the baby may be seen as representing these difficulties . LivPIP works with parents to process these experiences/thoughts so that they don't get in the way of getting to know and relating to the baby. • Through the work of LivPIP we expect to see more families enjoying their baby, a reduction in the need for interventions such as speech and language therapy, school assistance and social services input.



Section 5: Who we work with

PND:

Since 2014, the PND service has worked with 703 women across all areas of Liverpool. The average age of the women we worked with was 31.



703 women



250

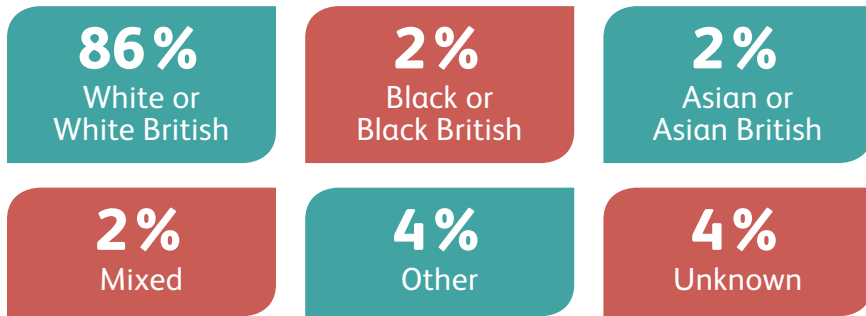
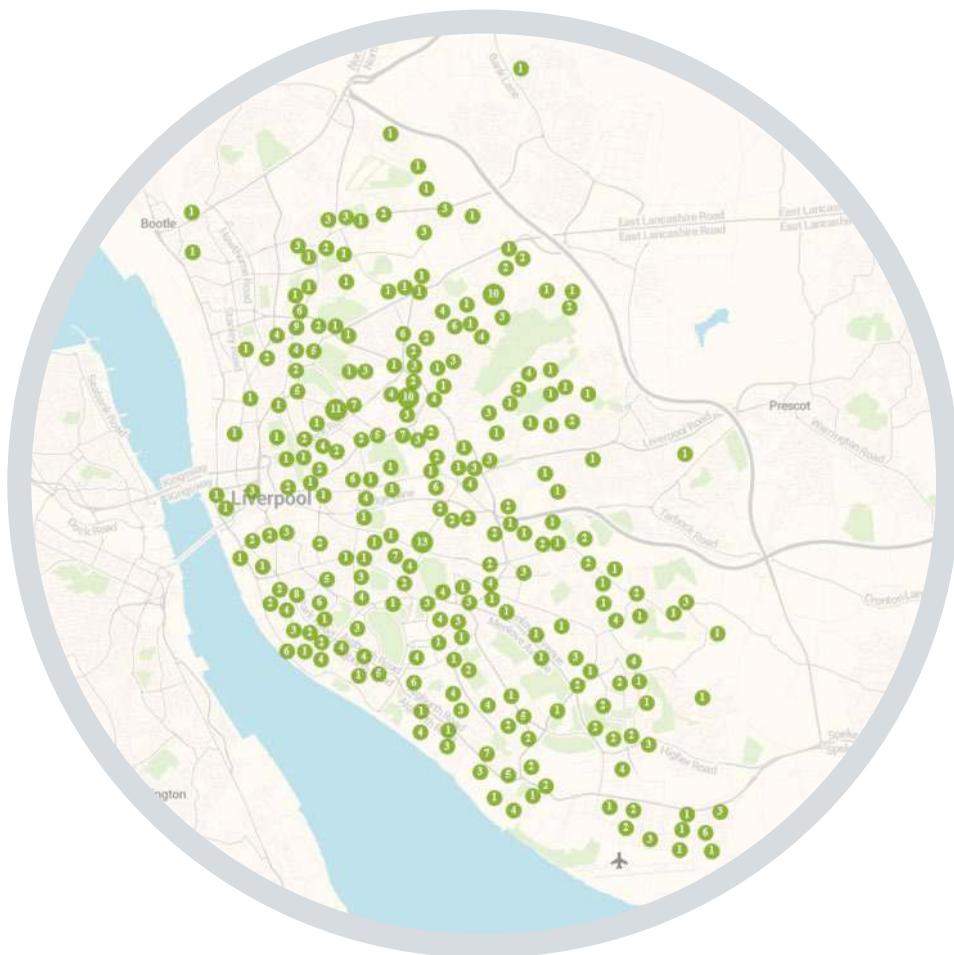
Referrals in 2014

232

Referrals in 2015

221

Referrals in 2016



15-19 years



20-24 years



25-29 years



30-34 years



35-39 years



40-44 years



45-49 years

Section 5: Who we work with

LivPIP:

Since 2014, the LivPIP service has worked with 283 families across 24 Liverpool postcodes. The average age of the women we worked with was 29.



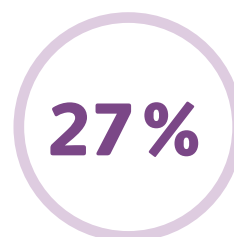
283 families



15-19 years



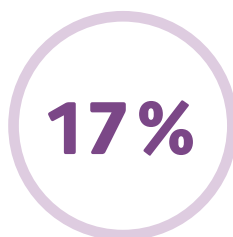
20-24 years



25-29 years



30-34 years



35-39 years



40-44 years

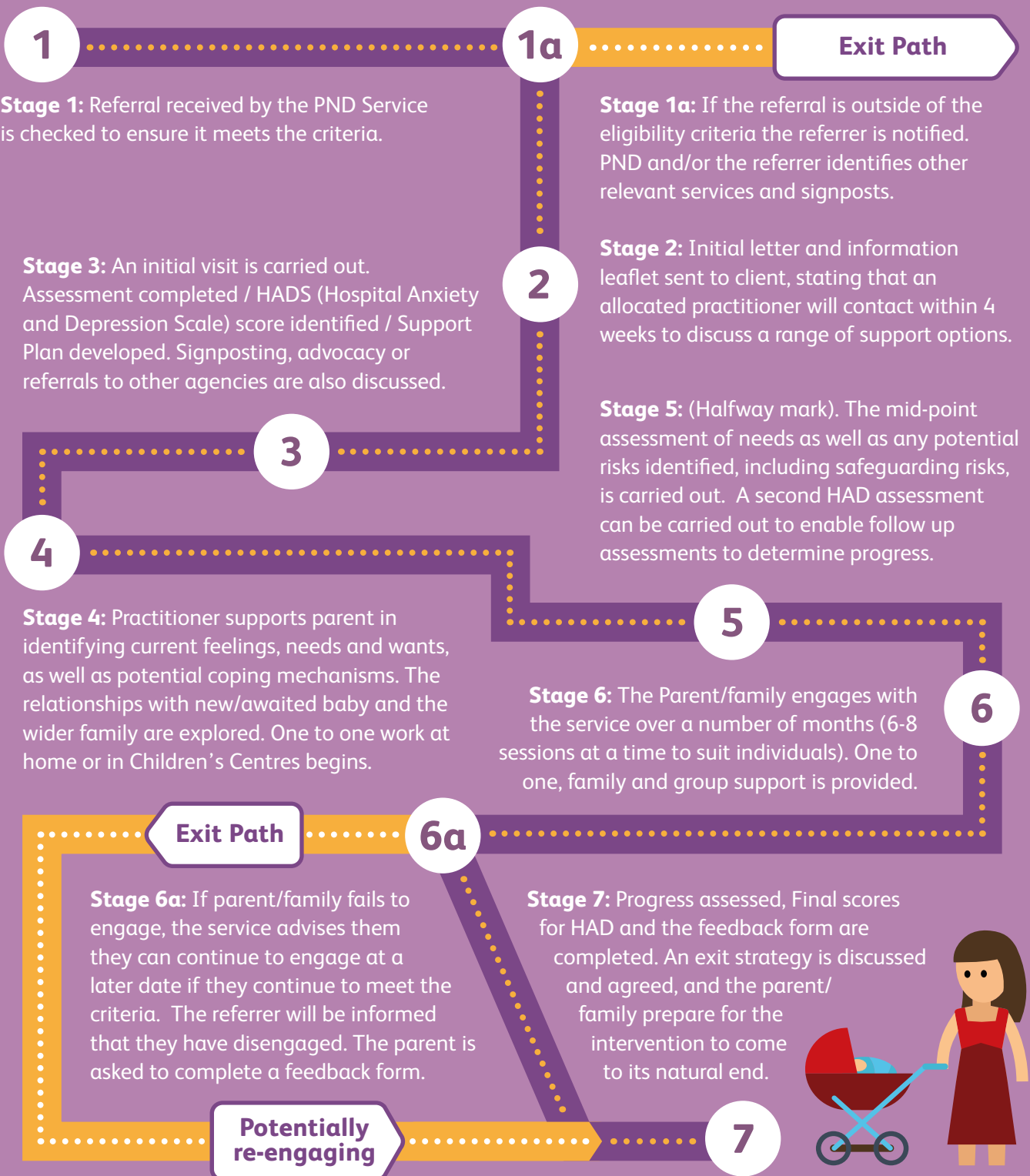


45-49 years

Section 6: What our clients' journey is like

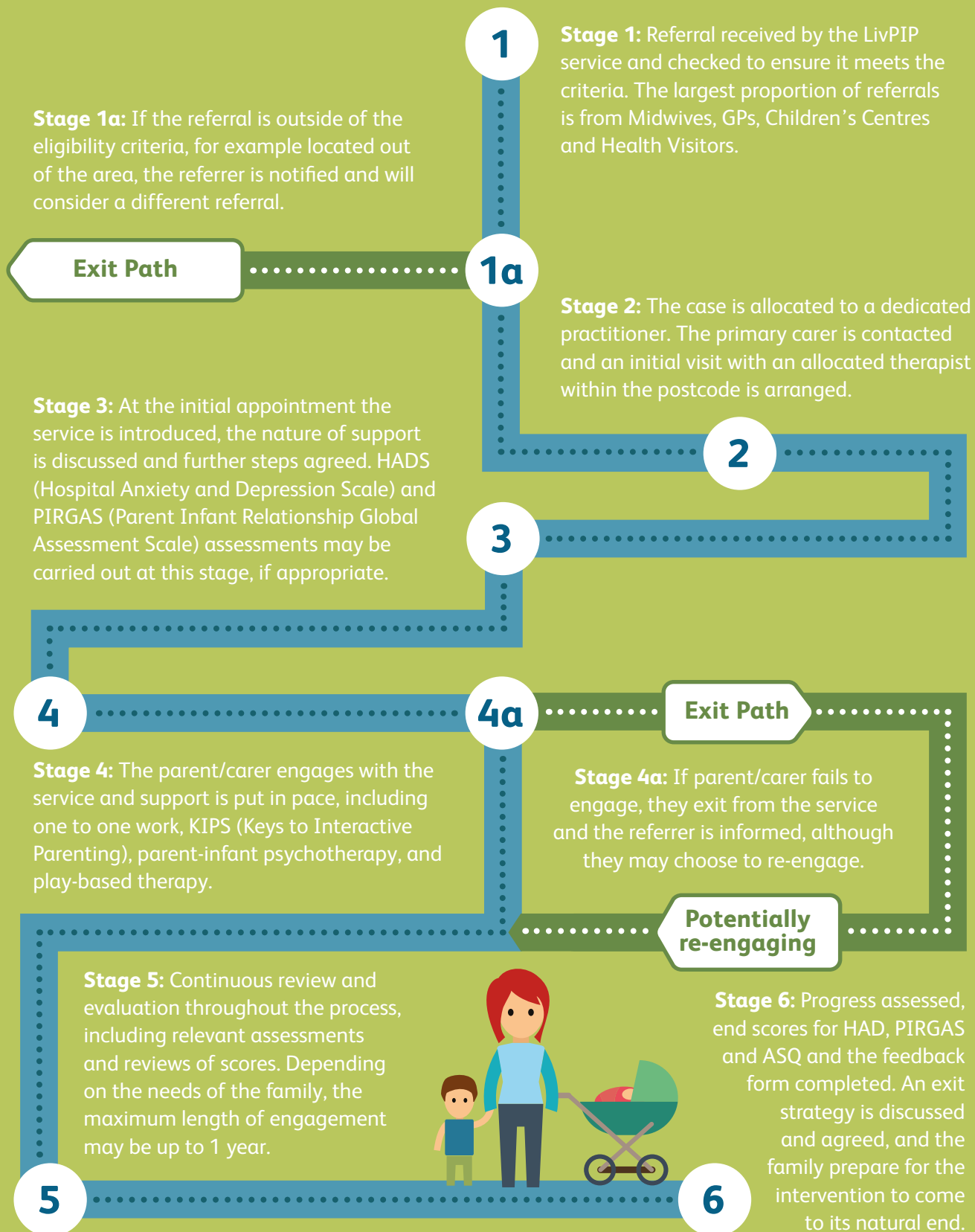
The Parent and Baby Wellness services have very similar journeys although there are some slight differences between them. The following show a typical pathway through the service from referral to exit and the stages that parents can expect to go through.

The journey through the PND service...



Section 6: What our clients' journey is like

The journey through the LivPIP service...



Section 7: What we have achieved

Student placements:

Northwest Development Placement Network (UCLAN) has designated PSS to be suitable to host placements and we have been allocated our first placement of students. We consider this to be a landmark achievement which will allow us to firmly embed the research base of LivPIP into primary and social care provision for the future. We have also offered placements to trainee Clinical Psychologists on the University of Liverpool Training CP Course.

Partnerships:

Both services work in partnership with all of the professionals who support families with babies; Health Visitors, GPs, children's centres, Midwives, Perinatal Mental Health Teams and many others. We have taken an active role in supporting the Liverpool Health and Wellbeing Board to develop the Liverpool Perinatal Mental Health Pathway, sharing the vision to improve mental health and wellbeing across the city during the perinatal period and throughout the life course.

Celebrating our successes:

LivPIP's second year celebration event was attended by parents, ministers and benefactors who continue to recognise the need for PIP nationally and this influenced their continued support. It also contributed to our close and supportive working relationship with ministers and other coalition partners of the 1001 Critical Day Manifesto.

Working at the Women's Hospital:

Liverpool Women's Hospital Neo Natal unit has a LivPIP Therapist available to provide one to one support for parents who are worried about the bonding and attachment process with their baby. The staff at the hospital are also able to seek support and training from a member of the LivPIP Team on a regular basis.

Sharing expertise:

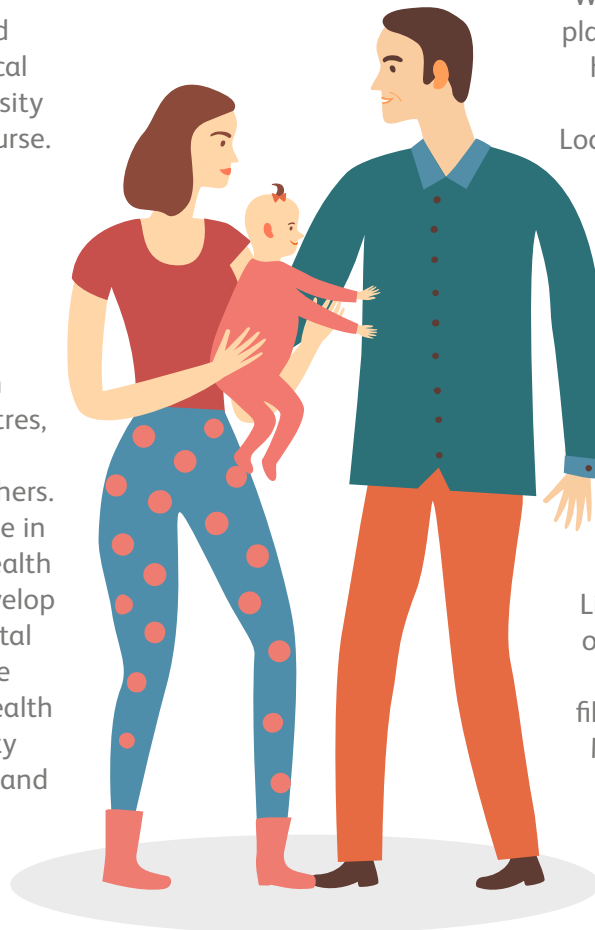
LivPIP offers consultation to any professional who has concerns about a parent's relationship with their unborn baby or infant, relationships in the family, a parent's emotional state and beliefs, whether the parent has the capacity for psychological therapy, and the factors that can have a negative impact on the parent/baby relationship, will all be discussed. We work collaboratively to agree a plan with other professionals about how to proceed; defining actions, responsibilities and timescales. Localities outside of Liverpool often consult with our service and PIPUK cites our service as one of the best performing PIPs in the network.

Producing resources:

LivPIP has worked with users of our service to produce a Parent & Baby Wellness DVD (funded by Public Health Liverpool): a collection of a variety of experiences of pregnancy, birth and early parenthood. The short film was launched during Liverpool Mental Health Festival in October 2016. The resources were also shared with women at Liverpool Women's Hospital and provided a wealth of material shared via social media.

Involving our service users:

LivPIP has established a parents steering group and this group consults on all matters relating to Parent and Baby wellness service delivery. These families have provided feedback on existing and future services and contribute to wider initiatives such as Liverpool CCG's Parents Review & Advise Maternity Services (PRAMS) forum.



Increasing awareness around infant mental health

The relationship between a child and its parents (particularly its mother) has a significant impact on their social and emotional development. In turn, a parent’s ability to provide a nurturing relationship is dependent on their own emotional wellbeing.

It is a simple fact that if parents or parents-to-be experience mental health problems, that this will likely cause significant distress to child, family, and community. It is also a fact that mental health problems in children often lead to lifelong impairment, which has tremendous negative social and economic consequences. Therefore increasing awareness around infant mental health, to enable healthcare professionals to deter problems earlier is a crucial part of the preventative agenda around parent and baby wellness.

Inputs from PSS and Professionals		Outputs and Achievements	
<ul style="list-style-type: none"> PSS have run 22 training courses on infant mental health across the last 3 years including ‘breaking the myths’, ‘birth trauma’, ‘baby brain development’ and ‘the impact of anxiety and OCD on parent-baby bonding’. 388 professionals have attended the training courses: an average of 18 attendees per course. 		<ul style="list-style-type: none"> Of the 388 attendees, more than 90 % have stated they would recommend the training to their colleagues. A year-on-year increase in referrals to LivPIP as a result of greater awareness of infant mental health. 	
Stakeholder		Outcome and Value Added	
Health and Social Care services	<p>Increased awareness among health staff and professionals of infant mental health enabling earlier diagnosis and facilitating the preventative agenda. Early identification has been shown to prevent greater need for health and social care services further down the line.</p> <p>The IAPT agenda (improving access to psychological therapies) recognises that guided self-help is effective and our service aims to continue to advocate for this model by supporting parents on their recovery pathway, thus building resilience.</p>		
Parents and Care Givers	<p>Increased training and awareness among professionals resulting in early identification and quicker diagnosis and referral to the benefit of parents and care givers; resulting in reduced levels of health and social care needs as well as improved quality of life. Parents are able to regulate their own emotions as well as those of their baby and they are confident in their journey as a family.</p>		
Children	<p>Early identification and treatment for parents will ultimately result in a healthier emotional, cognitive and physical development of the child, reducing the potential for serious long-term impact. This includes health and social care needs, or educational needs and involvement with criminal justice.</p>		

What attendees said...

“I really enjoyed the group discussions where best practice was explored and ways in which practitioners may identify and deal with specific behaviours.”

“It was useful learning how the brain develops early on, and how important the first few weeks and years are.”

“The knowledge and expertise of the trainers was good, and the videos were helpful to reinforce messages and support parents to re-think the myths.”



Reduce the levels of anxiety and depression in new parents

Many new parents, particularly women, experience symptoms of depression and anxiety both during pregnancy and following the birth of their child. The physical and hormonal impact of childbirth can be difficult to process and may impact on sleep, stress and general disruption to family life.

All of these things can lead parents to become more anxious than usual, or experience postnatal depression. The Parent and Baby Wellness service works closely with women to help address anxiety and depression to achieve the best outcomes for both parents and children.

Inputs from PSS and Client		Outputs and Achievements of Client	
<ul style="list-style-type: none"> • PND have worked with 703 women who have been referred, of which 283 have been assessed at the start and end of the intervention using the HAD scale. • LivPIP have worked with 283 women who have been referred, of which 123 have been assessed at the start and end of the intervention using the HAD scale. • Parent Infant Relationship Global Assessment Scale (PIRGAS) is used by the clinician to rate how the family are getting on and their ability to meet developmental demands. It is used to describe the strengths of the parent infant relationship as well as to capture any disorder in the relationship. 		<ul style="list-style-type: none"> • Significant results using the HADS questionnaires to demonstrate reduced levels of anxiety and depression among parents completing the starting and finishing questionnaire. (See the table on Page 15 and the economic section on Page 21 for more detail). • Participation in therapeutic interventions, group work and 1-2-1s to help understand and reduce levels of anxiety and depression. • We observed changes to the PIRGAS scores during the intervention: the average beginning score was 22.3, and the average ending score was 20.3: there was a 9% improvement in scores at the end of the 3 year period. 	
Stakeholder		Outcome and Value Added	
Parents, Care Givers and Children	<ul style="list-style-type: none"> • 226 women in the PND service stated their levels of anxiety had reduced - a total of 80% of those who completed the questionnaires. • 217 women in the PND service stated their levels of depression had reduced - a total of 77% of those who completed the questionnaires. • 119 women in the LivPIP service stated their levels of both anxiety and depression had reduced - a total of 97% of those who completed the questionnaire. • 103 women using the services fell below the threshold for depression • 99 women using the services fell below the threshold for anxiety. • High levels of social value created for both parents and children where the mother is no longer depressed or anxious, as shown in the economic analysis section at p21. 		
Public Services	<p>Based on the numbers who fell below the threshold following intervention from the Parent and Baby Wellness Services, this ultimately will reduce the need for health and social care services, as well as future interventions in relation to education and criminal justice. The cost-benefit analysis element of our economic analysis has indicated that for every £1 invested in the Parent and Baby Wellness Services £13.18 will be saved by Public Services.</p>		

Shelley's Story

Shelley is a married mum of 2, age 24 who was referred to the PND service by her GP. Since giving birth she has been feeling very anxious and negative, and was prescribed anti-anxiety medication by her doctor. Following the first visit by the service, and the completion of the first HADS questionnaire - this confirmed that Shelley had severe anxiety (a HAD score of 20) and mild depression (a HAD score of 10).



Shelley made very positive early progress following the first 1-2-1 session with the PND worker, and they discussed the reasons for becoming anxious, how the body deals with it and some simple breathing techniques to help her cope. Shelley was also encouraged to keep a log of her achievements called a 'diary of victories' - even the small ones which she can review and feel positive about.

Over the next few visits Shelley made good progress but also had a small relapse also. At this point she was encouraged to set small and achievable goals, and was given a DVD on postnatal depression to emphasise the commonness of the problem, and the need to be more compassionate with herself.

In the following months Shelley made excellent progress; she began visiting friends more, she addressed some long-standing issues with her mother, and began to prepare for her return to work.

At the end of the intervention, Shelley's HAD anxiety score had reduced from 20 to 11, and her depression score from 10 to 4. By the final visit Shelley had begun to socialise a lot more and was focussing on her strengths and achievements and less on her weaknesses.



Demonstrating outcomes in reducing Anxiety and Depression

The **Hospital Anxiety and Depression Scale (HADS)** is a valid and reliable self-rating scale that measures anxiety and depression in both hospital and community settings. HADS gives clinically meaningful results as a psychological screening tool and can assess the symptom severity and presence of anxiety disorders and depression in individuals using one brief questionnaire.

In the Parent and Baby Wellness Service, these questionnaires were carried out in both PND and LivPIP at the start and end of the intervention with parents to determine the presence and severity of levels of anxiety and depression. Research has identified that a score of 8/21 for anxiety or depression is a cut-off point where a person can be said to have a level of need⁴.

The Parent and Baby Wellness services categorise scores as follows:



As the outcome section of the table for anxiety and depression demonstrated earlier, high percentages of participants demonstrated positive reductions in the levels of anxiety and depression.

However the below table shows the proportions whose initial scores were above the score of 8, and where they then scored lower than 8 at the end of the intervention and therefore below the threshold for anxiety or depression.

Anxiety		Depression	
Number of women scoring >8 at start	Numbers scoring <8 at end	Number of women scoring >8 at start	Numbers scoring <8 at end
PND: 240	PND: 80	PND: 171	PND: 86
LivPIP: 59	LivPIP: 19	LivPIP: 44	LivPIP: 17

Using these numbers, we have then looked at what the costs of perinatal anxiety and depression are, both to the public sector across health and social care, criminal justice and education; as well as what the human and emotional costs are estimated to be to both women and children. This has enabled us to identify not only the cost-benefit of the service, but also the social value created as a result of having this service working with parents in this way. This can be found in the 'Economic Impact' section of the report on page 20.

⁴ Bjelland, I; et al. (2002). "The validity of the Hospital Anxiety and Depression Scale. An updated literature review". *Journal of Psychosomatic Research*. 52 (2): 69–77.

Improving new parent's relationships with their children

From conception through to birth and the first year of life every aspect of a baby's emotional environment influences its future development. Perinatal mental ill-health, substance misuse, maltreatment, domestic violence, poverty and birth trauma are just a few of the significant risk factors that can have a negative impact on the caregiving relationship and so increase the risk of an insecure attachment.

Children who experience secure attachments tend to have better outcomes than non-securely attached children in social and emotional development, educational achievement and mental health. Early attachment relations are thought to be crucial for later social relationships and for the development of capacities for emotional and stress regulation, and self-control. Children and young people who have had insecure attachments are more likely to struggle in these areas and to have emotional and behavioural difficulties. The Parent and Baby Wellness service has worked with women to help provide therapeutic interventions to help improve parents' relationships with their children.

Inputs from PSS and Client		Outputs and Achievements of Client	
<ul style="list-style-type: none"> • LivPIP has worked with 283 women between 2014 and 2016, to help them to develop better relationships with their children. • LivPIP has provided a total of 1,259 individual sessions to these women - an average of 4 sessions per woman with some only having one session, to some having significantly more. • The length of engagement on average is 33 weeks, although some women engage for a much shorter period, and some longer. 		<ul style="list-style-type: none"> • Parents engage positively with the Keys to Interactive Parenting Scale work - which engages parents with video feedback sessions which can help parents nurture their child and understand their behaviour. This is a recommended activity from the NICE Quality Standard on Children's Attachment (QS133)⁵. • Engagement in group work, one-to-one sessions, education and support as recommended by NICE Guideline 26. 	
Stakeholder		Outcome and Value Added	
Parents, Care Givers and Children	Using the KIPS tool, practitioners observe parents and children together and rate 12 different domains by observing the behaviours using a scale of 1-5. Lower scores are indicative of more significant issues. For those using the tool in LivPIP the mean starting score was 17.54, which following engagement with the programme increased to 32.83 - an improvement of 46 %.		
Public Services	<ul style="list-style-type: none"> • The work done by LivPIP and assessed through HADS as well as KIPS, has been shown to reduce levels of anxiety and depression, and the corresponding impact on the relationship between parents and children. This has an impact on the use of public services as demonstrated in the Economic Section of this report at p20. • Whilst no specific work has been done to review the long-term effects, the NICE Guideline on Children's Attachment⁶ costing statement indicates that savings could be realised by implementing these low-level interventions through; reducing short-term care placements, reductions in school exclusions and a reduction in long-term mental health and behavioural issues. 		

⁵ NICE Quality Standard on Children's Attachment (QS133) (2016)

⁶ NICE Guideline on Children's Attachment NG26 (2015): Costing Statement

Jane's Story

Jane is a doctor based in Liverpool who developed severe postnatal depression following the birth of her first child and as a result suffered difficulty in bonding with her daughter.



Following her referral LivPIP provided weekly sessions with a clinical psychologist in her own home. According to Jane this was one of the best bits about the service, as she stated “when you suffer with depression it is difficult to find the motivation, energy and organisation to get to appointments. This is even more difficult with a small baby”. Even more importantly the service also scheduled late sessions every other week to enable Jane’s husband Tim to join in, emphasising that it was a problem facing the family together, and encouraging Tim to understand what Jane was going through and supported him to talk about things.

Even more positively about having sessions at home in this way was that Jane didn’t have to leave her daughter in childcare, or stop breastfeeding, because the nature of the service is to work with both parents and children to explore their relationship.

Using the KIPS approach and video feedback, the service videoed Jane playing with her daughter and then played it back to her to help her see the things she was doing well. Jane admitted “this was vital for me as I felt like I was failing and a bad mother because of my illness but LivPIP were able to give me confidence and help me to improve things further.

Jane has made huge advances since being with the service, and particularly appreciates that it is an open-ended longer-term service, unlike the alternative 6-week course of CBT which could also have been offered. Having the time to review her own experiences, and do this together with her family and the others in the group work has given her space to make the most of their input, rather than feel pressured by a countdown. The individual focus of the service was hugely valued by Jane rather than a ‘one-size fits all’ approach.



Section 8: What our clients say about us

In our annual survey...

94%

of respondents said they would **recommend the Parent and Baby Wellness services** to their family and friends.

100%

of respondents said that the support they received from the Parent and Baby Wellness Service had a **positive impact on both their Health and Wellbeing and their Quality of Life.**

94%

of respondents said they were **“happy” or “very happy” with the overall quality of the service** they receive from the Parent and Baby Wellness.

“ My therapist is like a breath of fresh air in my life. From session one she made me feel at ease, she feels more like a great friend - so down to earth and can relate to things I discuss, which helps so much. I will miss her company so much and will never forget how she helped me so much. ”

....

“ Really useful to have it in my own home. Really helped me bond and support my children and build self-esteem and recover from PND. ”

....

“ Without the support and help I received I wouldn't have got through my PND. I believe it's services like these that are critical in ensuring families get help. I wasn't treated as a patient in the way most health services treat you. I was treated as a friend which I feel was vital to my recovery. ”

....

“ I felt like I could talk openly about my situation. The service has given me a real confidence boost and has made me think of the positive outcomes rather than the negatives. ”

“ LivPIP has such a massive impact on my life and my parenting. The fact that we do the sessions as a family means that we can use the techniques and discussions outside the sessions. ”

....

“ I am more confident in my relationship with my little girl, clearer about my feelings and more aware of negative thoughts. I am starting to be curious about situations rather than needing to fix them. ”

....

“ LivPIP really helped us and the service was very accessible at home. We'll miss this, I got such great feedback and felt that my parenting style was respected. ”

....

“ I feel better. I've established a sleep routine which has helped me regain some energy and concentration. I'm smiling and laughing more when I play with the baby. I'm very glad that this service exists. ”

....

“ I have found this service invaluable, I was able to access this quickly at a time when I felt overwhelmed and isolated. Being supported by LivPIP has had a very positive impact on my relationship with my son. ”



Section 9: Our Economic Impact

National Economic Impact

There is a significant amount of literature available on the fiscal impact and the potential savings that can be made in the areas of perinatal mental health. However, one thing that is common across all the literature is the agreement that taking a *preventative* approach is key to reducing long-term costs. Intervention is more cost effective the earlier it occurs as the most important relationships are those a person has in the first few years of life.

Research carried out by the Personal Social Services Research Unit based at LSE, has identified that perinatal mental health problems carry a total economic and social long-term cost to society of about **£8.1 billion** for each one-year cohort of births in the UK (72% of these costs relate to the child and 28% to the mother).⁷

It would cost
£400 per birth
to bring perinatal services
to the recommended
standard in the UK...

...while in comparison,
perinatal mental health
problems impose costs of around
£10,000 per birth
for society as a whole, with costs
of around **£2,100 per birth**
falling on the public sector.

PSS Economic Impact

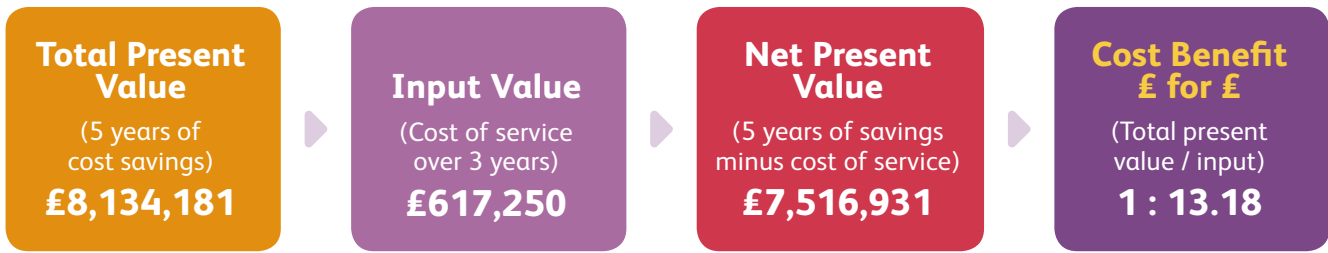
As part of our work on the PSS Impact Report we carried out an analysis of the economic impact of the Parent and Baby Wellness services. By using the details of the outcomes we have captured, and applying financial proxies; we have been able to produce both a cost-benefit figure in terms of investment-to-save for the public sector, as well as a social value figure which comprises both the public savings as well as the human and emotional costs in the longer-term.

How we carried out the analysis:

- We used the starting and ending HADS scores for a three-year cohort of women who completed the HADS questionnaire at the start and end of the intervention as shown on page 15.
- We only counted those who had completed the questionnaire at the end, although some women were still receiving the service. However we didn't choose to estimate their outcome making sure that we didn't over-claim the achievements.
- We ensured that we applied the scores of those reducing in both the PND and LivPIP services against the funding streams for each of the projects.
- Whilst a large proportion of women did reduce their scores significantly for anxiety and depression, we only included those whose final scores were below 8/21 - the point for 'caseness'. However it is highly likely that more women will continue to have improved beyond the point of intervention.
- We applied the general SROI principles to this exercise, and for financial proxies we used those contained in the PSSRU/LSE publication - **The costs of perinatal mental health problems** - which used a literature review and highly robust economic modelling using a variety of data sets and methodologies set out by NICE (e.g. for QALY's). The Impact Map used for this is available on request from the Parent and Baby Wellness Team.

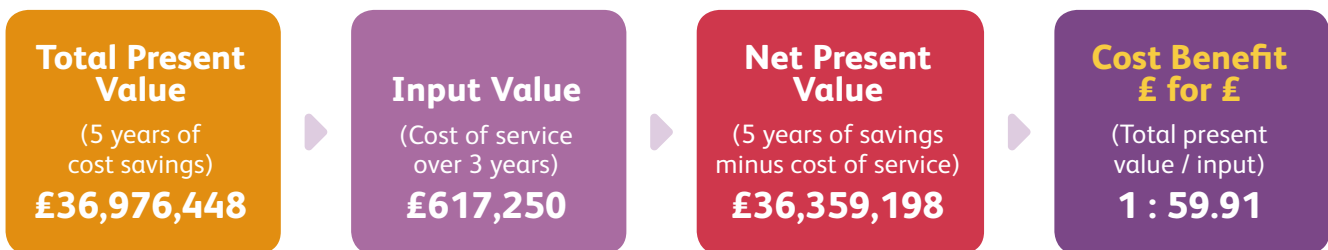
⁷ *The costs of perinatal mental health problems, Bauer et.al. (2014) LSE - PSSRU*

The result of the cost-benefit analysis was...



The cost benefit analysis shows that for **every £1 invested in the Parent and Baby Wellness Service - £13.18 will be saved** by the Public Sector across Health, Social Care, Education and Criminal Justice.

The result of the Social Value analysis was...



The social value analysis shows that for **every £1 invested in the Parent and Baby Wellness Service - £59.91 will be created in social value** - a mixture of the cost-benefits but also including additional social, human and emotional benefits including quality of life and potential future earnings.

It is important to note that:

- These are very conservative economic analyses for the service, focusing specifically on the impacts of reducing depression and anxiety in new mothers and the potential costs and cost-savings that can arise from these perinatal mental health problems.
- Since there were still outstanding cases to close originating in these years, and since some didn't complete the final HAD questionnaires, it is possible that the economic benefits could be even higher.
- The LivPIP service often uses other tools and techniques to assess outcomes and doesn't always use the HAD questionnaires, therefore these figures are based only a proportion of the client base, and therefore the economic benefits could be higher still.
- We have applied standard levels of attributability, displacement, deadweight and drop-offs to the figures to ensure that we do not overclaim.
- These results have not been accredited, and financial proxies are based on economic modelling carried out by PSSRU.



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