Lovely to come in and talk and have a brew

Staff, facilities and information are outstanding

Another lovely visit, very satisfying

Comfy, homely, laid back atmosphere

Felt a lot better for my visit

Knowledgeable staff

Brill support

They solved my problem

Problem solved

Saved us lots of stress

Wonderful

Supportive

Lovely

Caring

Excellent

Swap shop

Confident

Their support is excellent

聽到

Smiling

Willingness to help

Willing to help

Friendly

Polite

Relaxed

Inviting

Exceptional

Comfortable

Get my problem sorted

Enjoy talking about baby’s development

One of the only places I feel welcome

The staff are understanding

Came out smiling, relaxed and less stressed

Somewhere I feel welcome and comfortable

They understood my needs

Nothing is too much trouble for staff

It was the reason I came into town today

Advice and support helped put me at ease
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Auntie Pam’s Supporting Mums-to-be is a service which was commissioned by NHS Kirklees Primary Care Trust (PCT) and is now provided by Kirklees Council. It was launched in March 2010 with the opening of the Dewsbury centre. The Huddersfield centre was established in November 2014.

The service provides a safe place for women of childbearing age to speak about the issues that matter to them. The aim is to empower these women to make positive lifestyle choices to ensure good health and wellbeing for themselves, their family and their community.
Why is Auntie Pam’s important?

Pregnancy and infancy are pivotal times in the lives of both expectant mothers and their children. Social, economic, personal, environmental and biological influences on development begin at conception (or earlier, in terms of genetic effects). These accumulate through pregnancy to influence the health of the child at birth. From birth, these factors can affect the child’s health, wellbeing, behaviour, development, esteem, life skills, resilience and resistance to ill health. Auntie Pam’s recognises the cumulative impact of these influences and provides support and signposting based on the individual needs of service users. The table below shows some examples of how this can help mums-to-be:

<table>
<thead>
<tr>
<th>Example</th>
<th>How might this help?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOCIAL</strong></td>
<td>Having supportive relationships</td>
</tr>
<tr>
<td></td>
<td>Emotional and practical support from peers can promote resilience and self-efficacy and sustain perinatal mental health.</td>
</tr>
<tr>
<td><strong>ECONOMIC</strong></td>
<td>Having enough money</td>
</tr>
<tr>
<td></td>
<td>Receiving the correct welfare entitlement can help counter some disadvantages associated with living in poverty, such as poor health.</td>
</tr>
<tr>
<td><strong>PERSONAL</strong></td>
<td>Not smoking</td>
</tr>
<tr>
<td></td>
<td>Stopping smoking in pregnancy can reduce the risk of stillbirth, infant mortality, preterm and low birth weight babies, asthma and sudden infant death syndrome (SIDS).</td>
</tr>
<tr>
<td><strong>ENVIRONMENTAL</strong></td>
<td>Having good quality housing</td>
</tr>
<tr>
<td></td>
<td>Living in good condition, permanent and adequately sized housing can have a positive effect on children’s health, growth and development.</td>
</tr>
</tbody>
</table>

Who benefits from Auntie Pam’s

The main beneficiaries of the Auntie Pam’s scheme are likely to be those women of childbearing age whose circumstances and/or lifestyle choices put them at a health disadvantage, along with women with limited previous experience of pregnancy, childbirth and parenting. Beyond empowering and supporting women and mothers, benefits should extend to the entire family unit of those who attend the service. This, in turn, will contribute to meeting the New Council outcome: ‘Children in Kirklees have the best start in life’. By supporting mums-to-be and those with the most challenging lifestyles, Auntie Pam’s may contribute to long term, tangible change, reducing health inequalities.
How is the service delivered?

Auntie Pam’s is funded and enabled by Kirklees Council which recognises that, while it is important to identify areas of need, it is essential to find out “what works” in order to enhance the ability of individuals and communities to maintain and sustain their health. This is referred to as an “asset-based approach” which looks to utilise the skills, knowledge and potential within a community, connecting and guiding these elements to produce sustainable change.

The Auntie Pam’s model was designed to adopt this approach. Intensive scoping conducted prior to the launch of the service indicated that the women who weren’t accessing maternity services would be more inclined to seek support in an informal setting from “someone like them”. The Auntie Pam’s service is therefore delivered by trained volunteer peer supporters who receive specialist training and are supported by public health professionals to ensure they have skills knowledge and resources to provide the best possible service.

Volunteers are trained to work through basic motivational change cycles (see Figure a) that can lead to improved health and wellbeing in the short, medium and long term. Women are signposted to more appropriate support services and networks where needed, or offered continued support within Auntie Pam’s.
What are some of the current issues in Kirklees?

*Source: Kirklees Observatory – Kirklees Council/Child Health Profiles 2016 – PHE

What is the purpose of the evaluation?

An evaluation of the Auntie Pam’s service was conducted by Kirklees Council in June 2014, to determine how well the service was meeting its objectives. This project focused on an assessment of performance across six key outcomes areas:

1) Number of women who access the Auntie Pam’s service.

2) Increased resilience to poor health behaviours and negative lifestyle circumstances.

3) Improved emotional wellbeing, self-esteem and motivation.

4) Number of women who successfully train as peer support volunteers.

5) Improved and/or increased access to appropriate and timely services required by clients.

6) Clients and volunteers involved in and influencing children’s and maternity services planning, development and delivery.

The 2014 evaluation found that the service was effective at targeting women and mothers who required support. The purpose of this update is to revisit the same criteria in order to assess how well the service is continuing to meet the needs of those who stand to benefit from Auntie Pam’s involvement. Where appropriate, this report also looks to understand how clients and outcomes differ across time and the locations of the two centres.
What has happened since the last evaluation?

November 2014
The second Auntie Pam’s centre opened in Huddersfield town centre.

March 2015
Auntie Pam’s Dewsbury celebrated its 5th birthday.

April 2015
Kirklees Council won the LARIA Impact Awards for Best Use of Social Care or Health Research.

June 2015
Auntie Pam’s won Community Group of the Year.

March 2016
Auntie Pam’s won the national LGC Award for Community Involvement.

September 2016
An Auntie Pam’s volunteer won the Volunteer of the Year Award.
AUNTIE PAM’S EVALUATION HEADLINES

1 IN 4 CLIENTS ARE PREGNANT

4 IN 5 CLients discuss health topics

OVER HALF of clients returned at least once.

AVERAGE NUMBER OF MONTHS VOLUNTEERING: 18
AVERAGE CLIENT AGE: 25
NUMBER OF VOLUNTEER QUALIFICATIONS: 47
% OF CLIENTS WHO WOULD RECOMMEND AUNTIE PAM’S: 100
NUMBER OF WOMEN WHO HAVE VOLUNTEERED: 193
TOTAL NUMBER OF CLIENTS: 447
TOTAL NUMBER OF CHILDREN WHO HAVE BENEFITED FROM AUNTIE PAM’S: 674
NUMBER OF VISITS: 1709

623 REFERRALS TO...

78 DIFFERENT SERVICES

Words used by clients to describe Auntie Pam’s...
OUTCOME ONE

Number of women who access the Auntie Pam’s service.

Why is this important?
Every contact is an opportunity for Auntie Pam’s volunteers to provide support, guidance and referral signposting to enable the improvement of the health, emotional wellbeing and circumstances of clients and their families. The more people visiting Auntie Pam’s the greater the potential impact of the service.

How is this measured?
A database captures first visit and return visit details for each client.

What have we found?
Auntie Pam’s has had a total of 447 new clients since it opened on 29th March 2010. Of these, 357 visited the Dewsbury centre and 90 visited the Huddersfield centre. The number of new clients accessing the Auntie Pam’s service annually in Dewsbury has increased year-on-year since it opened in 2010 (see Figure b).

2015 was the first full year in which Huddersfield was open and in which the two Auntie Pam’s centres ran concurrently. Dewsbury experienced its highest volume of new clients during this year suggesting that the opening of the Huddersfield centre didn’t negatively impact on the utilisation of the Dewsbury centre. The number of new clients was almost double that of the previous year.
On average, the Dewsbury centre sees 4.6 new clients a month. Over the period of time when the two centres were running concurrently, the number of clients per month in Dewsbury increased to 5.5 clients a month, compared to 3.9 in Huddersfield. The lower number of new clients in Huddersfield could be as a result of the service being less well established, and is higher than the corresponding opening 12 month period for the Dewsbury centre (2.7 new clients per month).

Overall, there have been 1,709 visits to Auntie Pam’s, 1,262 of which have been return visits. Over half of clients (58%) come back at least once. More clients returned for at least one more visit in Huddersfield (79%) than in Dewsbury (53%). However, Dewsbury has more high intensity users with 7% of users returning more than 10 times compared to 2% at Huddersfield. The median number of returns was 2 in both centres. These figures only capture physical attendance; support was provided on some occasions via telephone, but this was not captured in a systematic way. In addition to direct contacts with the clients who attended, the influence of Auntie Pam’s should be thought of as extending back to a client’s network, in particular, their family unit. As a result of this, 674 children, born or to be born to women accessing the service, have also potentially benefitted.

The mean age of clients at the time of their first visit was 25. This was slightly higher in Huddersfield (26.4 years) than in Dewsbury (24.7 years). One in every four (24%) clients attending Auntie Pam’s in Dewsbury were under the age of 20 compared with one in five (20%) in Huddersfield. More than half were 25 or older in Huddersfield (51%) compared with less than half in Dewsbury (43%) (see Figure c). The age of women attending the Dewsbury service for the first time also appears to have increased slightly over time. While the first evaluation found that eight out of 10 (81%) were below the age of 30 at the time of their first visit, this has dropped to seven out of 10 (70%) in the period after. At the same time, the mean age at Dewsbury has increased from 23.7 years to 26.1 years.

![Fig. c](image-url)
Almost three-quarters (74%) of Auntie Pam’s clients with a Kirklees postcode live in areas within the most deprived three deciles. In Dewsbury, around eight out of 10 (78%) clients live in these areas compared with just six out of 10 (59%) in Huddersfield. Figure d illustrates where in Kirklees clients are coming from for each of the two centres:

What is IMD?
The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation for small areas. It is based on scores for income, employment levels, health deprivation and disability, education, skills/training, barriers to housing/services, crime and disorder and living environment. Areas are ranked into deciles (10 equal groups), from most deprived to least deprived.
Over half (54%) of clients were first time mums with Dewsbury’s rate being higher than that of Huddersfield (58% v 41%). The proportion of first time mothers has fallen since the last evaluation at the Dewsbury centre (from 68% to 39%). The most popular time for pregnant women to access the service was during their second trimester (see Figure e).

The most common overall client ethnicity was White British (77%), followed by Other White background (6%) and Pakistani (6%). The remaining clients were made up from various BME groups. This shows a decrease in the overall proportion of White British service users since the last evaluation in 2014 where the percentage was 83%. The ethnic profile of return visitors was similar to the overall ethnic profile. Figure f demonstrates the differences between the demographics of the client base at each centre.
Dewsbury had a larger proportion of *White British* and *Pakistani* clients whereas Huddersfield had a greater proportion of clients from *Other White backgrounds*.

Clients found out about the Auntie Pam’s service in a variety of different ways:

**Dewsbury**
1) Recommendation 27%
2) Other services 20%*
3) Walking past 20%
4) Midwife 19%
5) Leaflet 5%

**Huddersfield**
1) Other services 33%**
2) Walking past 32%
3) Recommendation 13%
4) Leaflet 8%
5) Midwife 7%

*(Other services included Kirklees College, Housing, Social Services, Health Services etc.)*

* The mode response in the *Other services* category, with 5% of all Dewsbury clients stating it, was Social Services.

** The mode response in the *Other services* category, with 8% of all Huddersfield clients stating it, was Health Services.

Relatively small number of clients found out about Auntie Pam’s from leaflets (6%) and posters (5%). The way in which women heard about Auntie Pam’s Dewsbury before and after the June 2014 evaluation has been fairly consistent.

**What does this tell us?**

GP-registered population data from 2015 shows there was a total of 75,881 women aged between 18 and 44 living in Kirklees⁹. Using the last three years of available birth data (live births 2013-2015¹⁰,¹¹) Kirklees has an average of 5,502 births per year. From these sources, it is clear that the actual number of Auntie Pam’s clients represents a small proportion of potential service users. However, the profile of the clients shows that service users are typically from the demographic groups that the service aims to support.

The presented information also shows that the characteristics of clients accessing the service in Dewsbury are different from those in Huddersfield. In Dewsbury, the average service user is more likely to be younger, a first-time-mum and from an area of relative deprivation. This difference in client base suggests that the Auntie Pam’s delivery model is robust enough to provide services which women from a variety of backgrounds value. There is some evidence that the differences between the centres will narrow over time. While overall, clients in Dewsbury are younger and more likely to be first time mothers, values after June 2014 are more closely aligned with results from Huddersfield.
Clients of the Dewsbury centre are also more likely to have had the service recommended to them or by a midwife or client and less likely to have found out about the service when walking past. Again, this may be reflective of a more established service which has developed better referral routes from maternity services and reputation. Women using the service in Dewsbury are less likely to return after their first visit; only around five out of 10 come back, however the Dewsbury centre has a larger proportion of high-intensity users.

The ethnic profile of clients is not reflective of the wider comparative population (see Figure g) although the similarity between the ethnic profiles of those who initially attend and those who return to the service is similar. This suggests that clients from all backgrounds find the service equally useful, and that the key challenge is to encourage women from minority communities to attend in the first instance.

The *Pakistani* population in particular is underrepresented in the Auntie Pam’s client base. This may be because some Asian cultures tend to place emphasis on the importance of extended family and are more likely than western cultures to seek support within these networks\textsuperscript{12}.

Notably, the proportion of clients of *Other White background* in Huddersfield was higher than the population average. This may be symptomatic of the barriers experienced by pregnant migrant women to accessing formal, clinical antenatal care; of a lack of understanding of UK services, administrative barriers (such as being asked to provide documentation that they do not have), perceived financial barriers and legal implications are significant deterrents\textsuperscript{13}. The Auntie Pam’s service may therefore be invaluable for this section of the population.

![Ethnic profile of Auntie Pam’s Dewsbury Clients](image1)

![Ethnic profile of all new mothers in North Kirklees 2015/16](image2)

![Ethnic profile of Auntie Pam’s Huddersfield Clients](image3)

![Ethnic profile of all new mothers in South Kirklees 2015/16](image4)

*Fig. g*
OUTCOME TWO

Increased resilience to poor health behaviours and negative lifestyle circumstances.

Why is this important?
Resilience is the ability to adapt compassionately in the face of adversity; it includes letting go, learning and growing, as well as finding healthy ways to cope. Instead of relying on others to do something on their behalf, those clients with increased personal resilience know how to solve problems themselves or who to ask for help\textsuperscript{14}.

How is this measured?
A resilience score has been captured using the Brief Resilience Scale (see Appendix 1). This questionnaire provides the respondent with a score out of 5. Higher scores indicate higher resilience.

To understand the variety of issues faced by this population, the volunteers record topics of their conversations with clients. These topics are matched to keywords and are inputted into the database after first and return visits. Identifying the issues that clients experience can help to demonstrate how poor health behaviours may be associated with reduced resilience. Support and guidance can then be offered in these areas with the aim of increasing and building resilience.

In addition, qualitative feedback has been sought in the form of anonymous client satisfaction questionnaires and comments postcards.

What have we found?
A total of 292 resilience questionnaires have been completed by 151 women during their visits to Auntie Pam’s. From these, the average resilience score was 3.18, with a 95\% confidence interval between 3.12 and 3.24.

Of those women who completed the resilience questionnaire, 44 did so at least twice. From this sample, it was hoped to establish how resilience changed over time during the course of a client’s interaction with Auntie Pam’s. Unfortunately, this proved impossible. Data was highly erratic, and there is uncertainty over how scores should be interpreted. Firstly, it is difficult to measure how pregnancy and early motherhood will affect ‘normal’ resilience levels. Secondly, given the function of Auntie Pam’s, clients may be experiencing episodes of low resilience when they attend which may skew the results. However, the keywords of volunteer-client conversations provided some insight into the various issues affecting service users.
On a client’s visit, the keywords from conversations between the client and volunteer are logged. These logs showed that support and guidance was the leading topic of conversation, of which emotional support was the largest component (with 80% having conversations relating to this during their first visit). Health was also a major topic of conversation. On the first visit, seven in ten (71%) clients had conversations relating to health. During return visits, six in ten clients (59%) discussed health topics. Overall, eight in ten (79%) clients discussed health with the volunteers.

The most common health topics discussed (see Figure h) were Own health during pregnancy (discussed in 24% of visits), New baby’s health (22%) and Unborn baby’s health (18%). Health discussion topics were higher among pregnant clients than non-pregnant clients, especially at the time of the first visit. Almost twice the proportion of conversations between pregnant woman and volunteers related to health, compared to non-pregnant clients (39% vs 22%) at their first visit. This fell to similar levels on return visits (31% for pregnant woman and 27% for non-pregnant women).

![Conversation topics](image)

There were some marked differences between discussion topics at the two centres. Women attending the Dewsbury centre were much more likely to discuss benefits (39% of first visits in Dewsbury and 13% in Huddersfield) and money (29% in Dewsbury and 9% in Huddersfield). Clients in Dewsbury were more likely to discuss health topics relating to pregnancy and birth (Giving birth: 24% vs 13%, Own health during pregnancy: 43% vs 18% and Unborn baby’s health: 36% vs 9%).

---

**Fig. h**

**First visit**
- Health: 41% (Own health during pregnancy: 38%)
- Lifestyle: 18%
- Circumstances: 3%
- Support & guidance: 9%

**Return visit**
- Health: 33% (Unborn baby’s health: 47%)
- Lifestyle: 17%
- Circumstances: 4%
- Support & guidance: 3%

**Overall 8 in 10 clients discuss health**
Over time, there have been changes in the topics discussed at the Dewsbury centre (see Figure i). After June 2014 (when the previous evaluation took place), 13% fewer clients discussed Benefits on their first visit than before this time. A similar fall was seen with Money (-10%). However, discussions relating to Housing and Jobs increased (+11% and +12% respectively). While there were falls in pregnancy based topics, like Giving birth (-10%), Own health while pregnant (-18%) and Unborn baby’s health (-31%), child raising topics increased (Raising children (+11%) and Other children (+16%)).
Along with what service users talk about when they visit, the responses from the anonymous Client Satisfaction Questionnaires gave insight into how Auntie Pam’s enabled them to cope with life’s challenges and the positive impact of the service on their outlook and approach:

“Saved us lots of stress and will definitely be telling friends about Auntie Pam’s service.”

“ Took a big burden from me.”

“ I wonder how people managed before they [Auntie Pam’s] came to Huddersfield.”

“Auntie Pam’s has really helped me in my first year of becoming a mum.”

“Really glad I popped in and found out more. At 35 weeks pregnant this place has come at the right time for me! Very grateful!”

They also spoke of the advantages of having support to find healthy ways to cope in a non-clinical setting and some commented on the how the service ‘fills the gaps’ in support provided by health care providers:

“I came here to get out of the house and having spoken to Diane [at Auntie Pam’s] I realised that I am worried about a lot of things. I didn't realise I could get help for these things.”

“I have lost confidence in my doctors and felt like I couldn't talk to them about how I'm feeling.”

“Support given that medical professional can't give due to time constraints and lack of resources.”

“Really helped me understand fasting and pregnancy.”
What does this tell us?

The resilience score questionnaires returned an average score (3.18) that was significantly lower than would be expected in a comparable group in the general population. Smith et al. (2008) (1) found a resilience score among young women of between 3.53 and 3.57. This shows that clients may be likely to benefit from support at the time they are attending Auntie Pam’s.

Volunteers are trained to work through basic motivational change cycles (see Figure a) that can lead to improved health and wellbeing in the short, medium and long term. The high proportion of clients who discuss emotional support and health with volunteers indicates that many service users may be in the active stages (at the least, contemplation or preparation) of the motivational change cycle which may be having a real impact on their lives. This is especially true of pregnant women, where mental and physical health support may be particularly beneficial to mother and unborn child. Although it is difficult to measure the extent to which the support provided by Auntie Pam’s impacts upon clients’ behaviours, given that health continues to be a strong topic of conversation on return visits, it is likely that clients value the input of volunteers and continue to seek it out when needed.

The conversation topics reinforce some of the differences observed between Dewsbury and Huddersfield clients in the Outcome One section above. The clients in Huddersfield who are
generally from relatively less deprived areas have fewer conversations relating to money and benefits. Dewsbury clients are more likely to be pregnant and as a result concerned with their own health and that of their unborn child. However, these values appear to be converging over time. Conversations in Dewsbury relating to *Benefits* and *Money* are falling, bringing them more closely into line with Huddersfield, although remaining higher. Similarly conversations on pregnancy health are increasing in Dewsbury, but remain lower than those in Huddersfield. The increase in conversation topics relating to raising children may be indicative of clients feeling safe and comfortable seeking out support for extended issues. Furthermore, these topics suggest that as Auntie Pam’s becomes more established and well known within communities, families are relying on the service beyond the pregnancy and infancy stage for continued parenting support.

There was an overwhelming consensus amongst the clients that the service had a positive impact on them which is implicitly important to the maintenance/improvement of their resilience. Notably, several mentioned the importance of the unique model of service provision at Auntie Pam’s; gaps identified in formal care paths which were ‘plugged’ by Auntie Pam’s included:

- Not knowing that help existed.
- Lack of confidence in healthcare professionals.
- Lack of professional resources.
- Lack of professional time.
- Cultural (rather than medical) barriers to health.

The case study also gives a snapshot of lived experience by an Auntie Pam’s client which would be impossible to capture using data alone. She discusses her difficult situation, explaining that despite this, she recognises the value of being able to talk and that she is less stressed and more able to cope as a result of Auntie Pam’s support.
OUTCOME THREE
Improved emotional wellbeing, self-esteem and motivation.

Why is this important?
As stated by the developers of the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS), mental wellbeing is defined as “a person’s psychological functioning, life satisfaction, ability to develop and maintain mutually benefitting relationships and includes the ability to maintain a sense of autonomy, self-acceptance, personal growth, purpose in life and self-esteem. Staying mentally healthy is more than treating or preventing mental illness.”

How is this measured?
The psychological wellbeing score of clients has been captured using the WEMWBS questionnaire (see Appendix 2). The WEMWBS contains 14 questions and returns a score out of 70. A higher score indicates higher wellbeing.

In addition, qualitative feedback has been sought in the form of anonymous client satisfaction questionnaires and comments postcards.

What have we found?
A total of 517 WEMWBS questionnaires were completed by 228 clients, 75 of whom completed it more than once. As with the resilience score, it was not felt possible or appropriate to make statements of how this changed over the course of a client’s involvement with Auntie Pam’s.

In order to form a comparison with the general population, the Auntie Pam’s results were transformed into SWEMWBS scores (a shorter version containing 7 questions for a maximum score of 35) to assimilate them to those collected during the Current Living in Kirklees (CLiK) survey undertaken by Kirklees Council in 2016. As with the WEMWBS, a higher score indicates higher wellbeing. The average score from Auntie Pam’s clients was compared to the scores in the comparable Kirklees population (see Figure j).

<table>
<thead>
<tr>
<th>Population</th>
<th>Average SWEMWBS score</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant women and mothers living with children under four across Kirklees*</td>
<td>23.2</td>
<td>22.7 – 23.6</td>
</tr>
<tr>
<td>Auntie Pam’s clients</td>
<td>22.7</td>
<td>22.2 – 23.1</td>
</tr>
<tr>
<td>Auntie Pam’s clients (Dewsbury)</td>
<td>22.6</td>
<td>22.1 – 23.1</td>
</tr>
<tr>
<td>Auntie Pam’s clients (Huddersfield)</td>
<td>22.9</td>
<td>22.2 – 23.7</td>
</tr>
</tbody>
</table>

*Source: Current Living in Kirklees (CLiK) survey 2016 – Kirklees Council

The SWEMWBS scores amongst Auntie Pam’s clients in Dewsbury and Huddersfield is lower than scores from similar populations within Kirklees.
Many of the clients spoke about how their experience at Auntie Pam’s positively impacted upon the way they felt about themselves and their circumstances:

“Came out smiling, relaxed and less stressed.”

“No issue today but really enjoyed the social aspect as I haven’t been out for a few weeks!”

“Put me at ease straight away.”

“Calming environment”

“Felt I’d known them for ages even though it was my first visit.”

“[My favourite thing is] having a good talk! Feeling better about things.”

“I feel comfortable coming to Auntie Pam’s with baby whereas I feel conscious anywhere else.”

Many of the responses emphasised the impact of the service on the wellbeing of their child(ren):

“My baby loves coming here and getting hugs from volunteers.”

“My one year old enjoyed visiting too.”

“As a regular visitor, me and my baby enjoy seeing familiar faces and having somewhere to go in town.”

“There are toys for kids to play with whilst I do what I need to do.”

“Somewhere for kids to play and a place to relax.”

“I’ve been to Auntie Pam’s on a few occasions and the staff have seen my baby more than some of my family members!”

“I like the fact that I can go somewhere to feed my child and also my other child can play and be safe.”
What does this tell us?

The wellbeing score for the Auntie Pam's clients was lower than that recorded in pregnant woman and mothers of young children across Kirklees. There was no statistical difference found between respondents in Dewsbury and Huddersfield, indicating that populations are similar in respect to wellbeing. As with the resilience scores in the Outcome Two section, this indicates that clients may be seeking out support for circumstances related to lower wellbeing. It is impossible to comment upon how wellbeing changes as a result of the support and guidance received at Auntie Pam’s.

Many of the clients who opted to make additional comments regarding the impact of Auntie Pam’s spoke about improvements to their wellbeing, not only as a result of the direct support provided, but also a by-product of the social aspect of having somewhere to go. The isolation associated with having young children seems to be alleviated by Auntie Pam’s.

What was observable from many of the comments was the significant impact of the service on the children of the clients. These related, in particular, to:

- The atmosphere of the setting.
- The familiarity of the volunteers.
- Having somewhere to go.
- Having a place to play safely.
- Having a place to feed comfortably.
OUTCOME FOUR
Number of women who successfully train as peer support volunteers.

Why is this important?
A key factor in the operation of Auntie Pam’s, identified in the initial scoping, is that the project should be led by volunteers, with clients supported by peers. Alongside the benefits to clients, this provides a host of potential benefits to volunteers, including:
- improved awareness of health-related issues;
- self-esteem;
- opportunities for further education and training.
More women successfully completing the peer support training gives a larger pool of volunteers to draw from, assisting in the smooth running of the service, increasing its sustainability.

How is this measured?
A database records details of volunteer activity, including start date and training completion date.

What have we found?
A total of 193 women have volunteered their time in order to provide peer support at Auntie Pam’s (182 at Dewsbury and 11 at Huddersfield), with 33 currently active with the programme (as of September 2016). Six in ten (61%) of women who attend initial training go on to provide support as a volunteer.

As a result, there has been 1 volunteer recruited, trained and deployed for every 3.7 clients. The average length of volunteering was almost 18 months (76 weeks).

In addition to offering support to clients, Auntie Pam’s also looks to support and empower the women who volunteer their time. Volunteers have completed a total of 47 qualifications connected with voluntary work and peer support. A further 12 qualifications are in progress.
The most common reasons ceasing their voluntary role were:

- Securing a new job (30%).
- Family commitments (24%).
- Further education (22%).

What does this tell us?

The profile of volunteers is impossible to distinguish between Dewsbury and Huddersfield because of the small number of volunteers that have so far contributed towards the Huddersfield centre.

The length of time that the volunteers have contributed is important for two reasons. First it is reflective of their dedication. Secondly, it is indicative that the volunteers also benefit from their involvement with Auntie Pam’s. With a typical length of service lasting almost 18 months, it is clear that the volunteers value their time there and see it as a rewarding activity.

CASE STUDY

“Working as an ‘Auntie Pam’ has built my confidence massively. Being a volunteer has given me valuable experience in communicating and has provided me with the opportunity to better myself as I am now studying at university.

The training that is provided at Auntie Pam’s has given me an in-depth knowledge of issues such as domestic abuse, breastfeeding, weaning, smoking during pregnancy and much more, which I will take forward with me into my career.

Working with other mothers in the community has helped with my own parenting techniques as well as my skills in supporting others. I would highly recommend becoming an Auntie Pam’s volunteers as it is an extremely rewarding job and it opens many doors to further opportunities.”

Auntie Pam’s Volunteer
Volunteers have undertaken a variety of qualifications aligned with the provision of peer support. It is possible that these achievements have contributed towards the departure of some volunteers. Almost one-third of volunteers have gone on to take up new employment positions and one in five has left to attend educational courses. This is a positive development for those individuals. Stopping volunteering because of family commitments is not unexpected, given that volunteers in peer support match the client base; young women and mothers.

While a large section of volunteers (39%) do not go on to provide support after their training, it is expected that the knowledge they gain from the training will have some influence in their lives and those around them. Volunteers leave training with a better understanding of health and pregnancy issues, which will likely prove beneficial in other arenas. While it is disappointing that they cannot commit to a voluntary role, this is an issue that affects many peer-led initiatives. The case study gives an example of the ways in which the training and delivery of peer support at Auntie Pam’s has enhanced the potential of one volunteer; she comments on her improved communication and support skills and her practical knowledge, as well as recognising an increase in her own confidence. She comments on the further opportunities which Auntie Pam’s provides, over and above formal qualifications.
OUTCOME FIVE
Increased access to appropriate and timely services required by clients.

**Why is this important?**
Auntie Pam’s provides opportunities for:
- raising awareness of benefits or financial support to which the client may be entitled;
- signposting to other support services within and external to Kirklees Council (including food banks, bereavement counselling, domestic violence support);
- promotion of healthy living choices (such as Healthy Start vitamin scheme, baby swimming sessions etc.).

**How is this measured?**
A database captures occurrences of referrals to other services.

**What have we found?**
There have been 623 referrals to a total of 78 other services since Auntie Pam’s was established in 2010. One-third (34%) of all clients were referred to at least one other service on their first visit. This percentage has fallen slightly from 38% prior to June 2014, the point of the last evaluation, to 30% after this time and is consistent across both centres. For those receiving any referral on their first visit, there were, on average, 4 referrals per client in Dewsbury and 1.5 per client in Huddersfield.

9% of all return visits in Dewsbury resulted in at least one referral to another service compared to 13% in Huddersfield. For return visit referrals, there was, on average, 1 referral per client referred in both locations.

Across both centres, referrals relating to finance (benefits/money/rent) were, by far, the most common; accounting for 8 in 10 (79%) of referrals on first visit. At the time of return visits, this fell to 49% in Dewsbury and 18% in Huddersfield (see Figure 1).

The second most common category for first visit referrals was food/diet/exercise at 7%. At the time of return visits this was 5% at Dewsbury but had risen to 15% at Huddersfield.

With 4% of all first visit referrals, furniture was the third most common referral. Relating to return visits, this proportion had increased at both centres; one in 10 (10%) of return visit referrals in Huddersfield and one in five (22%) in Dewsbury.
In Dewsbury, while nobody was referred to services relating to alcohol or substance misuse on their first visit, 8% of return visit referrals were to these services (compared to 0% at Huddersfield). In Huddersfield, while nobody was referred to education/training/employment services on their first visit, 8% of return visit referrals were to these services (compared to 0% at Dewsbury). Furthermore, 28% of Huddersfield’s return visit referrals were relating to food parcels, compared to 1% of first visits.

A slight increase in other types of referrals can be observed from first to return visit; referrals relating to pregnancy and prematurity/loss accounted for 3% of the first visit referrals rising to 7% of return visit referrals; there were no referrals relating to sexual health (contraception) at the first visit but 2% of return visit referrals (all in Huddersfield) were relating to this; 2% of first visit referrals were relating to infant feeding rising to 4% of return visit referrals.

**CASE STUDY**

“I first came to Auntie Pam’s when my youngest was a week old for support with breastfeeding. I got loads of help making sure she was latched on properly and advice on keeping my supply up. My daughter is 14 months old now and we come to Pam’s almost weekly and I’m still breastfeeding.”

_Auntie Pam’s Client_
What does this tell us?

The breadth and volume of referrals demonstrate that volunteers have a thorough understanding of the external support available and the skills to recognise the specific needs of their clients. The proportion of clients who are referred at the time of their first visit shows that, while the volunteers feel able to signpost service users elsewhere when necessary, they also have the skills to provide “in-house” support. This was reinforced in the feedback comments given by clients and by the volume of conversations relating to emotional support, detailed in the Outcome Two section. The increase in discussions around more sensitive topics (such as substance misuse, pregnancy loss and sexual health) at the time of return visits may also highlight growing trust in the volunteers and an increased awareness of what services are available to them.

The client case study gives a specific example of how support provided by Auntie Pam’s early on was fundamental in enabling the successful breastfeeding relationship between her and her child.
OUTCOME SIX
Clients and volunteers involved in and influencing children’s and maternity services planning, development and delivery.

Why is this important?
The service was developed, designed and is delivered by local women through a collaborative process of co-design and co-production with clients and volunteers. It is important that we evaluate whether this is still the service delivery model. The Auntie Pam’s service is a direct result of local women shaping a service from their vision and needs, and requiring a service led by “someone like me”.

One-to-one peer support helps to build confidence in clients and motivate appropriate and timely engagement with services. Auntie Pam’s already works closely with Mid Yorkshire Hospitals Trust (MYHT), Locala and the local authority, ensuring women’s experiences and stories are heard across a wide arena, to support the future direction and shape of services.

How is this measured?
Client satisfaction questionnaires (see Appendix 3) are completed at the end of the client visit. They provide a mechanism for measuring how well the service is meeting the needs of clients and offer clients an opportunity to influence and develop the service going forwards. The success of the service and its suitability for purpose is also reflected in the awards won by Auntie Pam’s and its volunteers.

What have we found?
Since the last evaluation there were 293 completed satisfaction questionnaires.

- 98% of respondents said that they were seen straight away with the remaining 2% being seen within five minutes.
- All clients either strongly agreed or agreed that staff were friendly and cheerful and that staff had answered all their questions.
- 89% said that they strongly agreed that staff had explained the support available, 10% agreed with the statement and 1% gave a neutral response.
- In response to whether they felt staff were very knowledgeable, 86% said they strongly agreed, 12% agreed and 2% were neutral.
- 91% strongly agreed and 9% agreed that they would recommend Auntie Pam’s to others.
- 92% said that they strongly agreed and 7% agreed that they would use Auntie Pam’s again.
In response to whether that felt that Auntie Pam’s had reduced their worries, 81% said that they strongly agreed, 15% agreed, and 4% were neutral.

Four out of five clients said that they strongly agreed that they didn’t have to travel far to get to Auntie Pam’s; 2% strongly disagreed with the statement.

This is a reflection of overall satisfaction with the support offered by Auntie Pam’s:

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>87%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>11%</td>
</tr>
<tr>
<td>Neutral</td>
<td>2%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0%</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0%</td>
</tr>
</tbody>
</table>

Clients were asked (open-endedly) in customer satisfaction questionnaires to describe their favourite things about Auntie Pam’s:

*Figure m* refers to client comments regarding the perceived qualities of the volunteers.

*Figure n* refers to words used to describe Auntie Pam’s in general.
Clients were also asked if there was anything that stood out about their experience at Auntie Pam’s.

Many spoke highly about the service they received:

“Felt they understood how I felt and the help I needed.”

“Advice was honest.”

“Nothing is too much trouble for the staff.”

“I feel like I can come here and open up.”

“I feel like there is somewhere I can come without having to wait to get answers or advice.”

“Felt they understood how I felt and the help I needed.”

“Great staff who make time to talk.”

“Guaranteed friendly welcome.”
Several commented positively on the general setting and swap shop:

“Great display with ‘topic of the month’.”

“Comfy, homely, laid-back atmosphere.”

“Staff, facilities and information are outstanding.”

“Borrowed some books - very useful.”

“I was given few clothes to borrow - very grateful.”

“Diane mentioned the library so I borrowed books on weaning. Thank you!!”

**CASE STUDY**

“I’ve gained a knowledge and understanding of the different issues women in Kirklees face daily. As a ‘Pam’, I enjoy chatting and helping local women and attending meetings outside of Pam’s opening hours. I’ve been heavily involved with the development of the new birth centre at DDH which I have enjoyed so much; it has cemented my desire to be a maternity assistant.”

_Auntie Pam’s Volunteer_
What does this tell us?

The overarching message from the satisfaction questionnaires was that Auntie Pam’s volunteers were knowledgeable, able to answer questions and explain the support available. All clients said they would recommend the service. Furthermore, the client feedback, along with analysis of diverse and sensitive conversation topics and proportion of users who return after their initial visit, emphasised the confidence many of the service users have in Auntie Pam’s. They are able to talk openly about their circumstances, giving an insight into what it is like to be a woman of childbearing age in Kirklees. The strength of Auntie Pam’s as a community asset is thus reinforced as it can take this valuable information to higher authorities to advocate for its service users and others similar to them.

The service’s involvement with the North Kirklees Maternity Services Liaison Committee (MLSC) and the Calderdale and Huddersfield MLSC, along with the volunteer case study reinforced this further, demonstrating how the new birth centre in Dewsbury has been designed and developed with consultation from those who are likely to be beneficiaries.

The value of Auntie Pam’s was further highlighted with the presentation of the LGC Community Involvement Award. The judges commented,

“This council has created a service which meets essential needs which has been mainstreamed to continue its community impact.”
WHAT NEXT?

Findings from this evaluation support those of the previously conducted investigation; Auntie Pam’s continues to offer a service valued by women of childbearing age within Kirklees. The opening of the second Auntie Pam’s centre has expanded this service further, and has shown no signs of reducing client numbers in the original centre in Dewsbury.

As the service has expanded, there are signs that the population of clients has begun to shift away slightly from the core demographics of the original scoping work. This may be interpreted in terms of Auntie Pam’s being of value to women of a variety of backgrounds, who appreciate the support that peer supporters can provide and so attend the centres.

The high satisfaction levels shown by clients in their feedback forms illustrates that despite expansion in numbers and scope, the quality of advice and support provided has not suffered.

Auntie Pam’s has evolved and will likely continue to do so in the future. An area of change that has been highlighted in this report is the way that resilience and wellbeing is captured. Currently clients may be asked to complete the associated forms multiple times. Given that there is uncertainty how changes over time can be interpreted, it may make sense to restrict form-filling to one occasion. This should hopefully cut down on bureaucracy upon a person’s visit, allowing greater time for support and conversation.

Currently, the Auntie Pam’s database, from which much of the information for this evaluation has been drawn, only collects data on physical visits. An update for the future will be to modify the database to collect details of telephone calls handled by the volunteers. Although this has been reported as taking up a large portion of volunteers’ time, its capture will give greater understanding of the full impact of Auntie Pam’s.

Based upon anecdotal discussions with the staff, it would also be beneficial to design a method of capturing (anonymous) notable “experiences” of the staff and volunteers in order to give a true understanding of some of the complex issues which exist within Kirklees and which are sometimes resolved at Auntie Pam’s.
It is intended that periodic evaluations will follow in order to continue to capture, understand and publicise the continued work of the Auntie Pam’s service. The national LARIA accolade awarded to Kirklees Public Health Intelligence in 2015, for *Best Use of Health Research*, signifies the value of maintaining observations of how the service is impacting upon the public. It also emphasised the transferability of the evaluation framework. The judges commented,

*The approach used was sound and innovative – using data from different sources, using both qualitative and quantitative data and reporting the findings in a variety of different ways… This provides information, not only for the service being researched, but also a framework that can be used for evaluating other services.*
REFERENCES


APPENDIX

1. Brief Resilience Scale

Instructions: Use the following scale and circle one number for each statement to indicate how much you disagree or agree with each of the statements.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

1. I tend to bounce back quickly after hard times................................. 1 2 3 4 5
2. I have a hard time making it through stressful events............................. 1 2 3 4 5
3. It does not take me long to recover from a stressful event......................... 1 2 3 4 5
4. It is hard for me to snap back when something bad happens...................... 1 2 3 4 5
5. I usually come through difficult times with little trouble.......................... 1 2 3 4 5
6. I tend to take a long time to get over set-backs in my life.......................... 1 2 3 4 5
2. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been interested in new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling cheerful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
3. Client Satisfaction Questionnaire

How are we doing?

Thank you for completing this questionnaire about your experiences at Auntie Pam’s Dewsbury. This will help us to make improvements so we can give the best possible service to you.

All responses are anonymous.

Once completed, please put the questionnaire in the pink ‘Ask Pam’ box.

Date of Visit: ______________ Name of volunteer(s): _______________________

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff greeted me and offered me help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff were friendly and cheerful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff answered all my questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff explained the support available to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff were very knowledgeable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was treated fairly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My needs were understood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice I was given was top quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auntie Pam’s reduced my worries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I didn’t have to travel far to get to Auntie Pam’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would recommend Auntie Pam’s to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would use Auntie Pam’s again</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How long did you have to wait to speak to someone?

○ I was seen straight away
○ 5 minutes
○ 10 minutes
○ 15+ minutes
○ I didn’t manage to see anyone

What are your favourite things about Auntie Pam’s?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Was there anything that stood out about your experience at Auntie Pam’s?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Overall, how satisfied were you with your visit?

○ Very satisfied
○ Satisfied
○ Neutral
○ Dissatisfied
○ Very dissatisfied

Any comments?

Overall, how satisfied were you with the support offered?

○ Very satisfied
○ Satisfied
○ Neutral
○ Dissatisfied
○ Very dissatisfied

Any comments?

Overall, how satisfied were you that your enquiry/issue/needs were dealt with when you left Auntie Pam’s?

○ Very satisfied
○ Satisfied
○ Neutral
○ Dissatisfied
○ Very dissatisfied

Any comments?

Thank you for completing this questionnaire