

# Evaluation brief for Young Mums Connect

## 1. Summary

This evaluation focuses on Young Mums Connect (YMC), a programme developing pathways for early intervention using peer support in community settings for young mothers and their children, alongside workforce training programmes. It will take place in Nottingham City and the Royal Borough of Greenwich. The project will be delivered in partnership with third sector organisations MumsAid and The Motherhood Group and with a local authority, Nottingham City Council. The project has funding for three years with a three-month lead in period and a three month lead out period.

### *Background to the programme*

This programme has been born out of years' worth of previous work here at the MHF. Young mums represent a particularly vulnerable group requiring targeted action to help prevent mental health problems for themselves and for their children. Young mums have also been highlighted as a group requiring further targeted interventions through our internal Covid-19 Response Fund due to the impact of the pandemic on these existing vulnerabilities. Our previous programmes [Young Mums Together](#) and [Mums and Babies in Mind](#) have substantially influenced the approach that will be taken in YMC.

### *Information about the programme*

The beneficiary group will be mothers up to the age of 25, their children and the services that support these families. A high proportion of these mothers have experienced multiple points of trauma; many are at risk of exploitation, homelessness, substance misuse, domestic abuse and other vulnerabilities. Care experienced young people are over-represented in teenage pregnancy statistics. Mental health problems are more likely to be experienced by young mothers compared to other maternal age groups, and they are less likely to seek help for their mental health difficulties.

We are aiming to reach 844 people (300 young mums, 360 children, 224 workforce members). Recruitment will take place through self-referral by the mums themselves as well as through a range of professional referral routes (practical care visits from Mumsaid in Greenwich; maternity care; Early Help or other social care services). The practical care visits are able to offer the mums therapeutic support and practical help and will also begin to offer the Young Mums Connect groups.

YMC will act as an additional arm in the current provision from Mumsaid in Greenwich and Nottingham City Council. In both sites there is a lack of support aimed at young mums that allows them to come together as a group. YMC will fill this gap in support through providing peer support groups as well as upskilling the existing workforce to ensure sustainability and longstanding improvements to the services. These two elements will be combined and delivered in both third sector (Greenwich) and local authority (Nottingham) contexts.

The peer support groups will provide a holistic and preventative approach to improving mental health outcomes for the young mums. These will include activities and discussion that address key risk factors common to single mothers, particularly young mothers and Black, Asian and ethnic minority mothers. The groups will be run by expert facilitators, with increasing co-delivery with young mothers who will be trained as Peer Supporters to work on a volunteer basis alongside professional facilitators. We anticipate that key 'ingredients' of the programme will be: peer support, food, facilitator qualities, the creative and interactive element of delivering psychoeducation and play. Please read our previous

evaluation report for Young Mums Together as the structure and type of activities delivered in sessions this programme will be similar for Young Mums Connect. A programme manual [not yet published] will also be made available to the evaluators with further information about the model and underpinning theoretical approaches.

The workforce training will be aimed at non-mental health workers in social care and health, and mental health workers. There will be 2 strands to this training: one training staff in the YMC model so that it can continue beyond MHF involvement and the other a mental health focused training specific to the needs and common experiences of young mums including cultural differences, socio-economic factors and family dynamics. The content of this training will be co-developed with The Motherhood Group and MumsAid. The delivery model is yet to be finalised and is dependent on any Covid-19 restrictions that may be in place at time of delivery. It is hoped that the YMC model training will take place in person over a 5-hour programme; the mental health training will hopefully be piloted in person and then moved online to ensure a nationwide reach beyond the current programme.

At the direct beneficiary level, we would like to understand whether the programme leads to:

- Enhanced parent confidence and skill in promoting healthy parent-infant attachment
- Enhanced maternal mental health – we would welcome discussion on which mental health outcomes to focus on. We have considered including awareness and utilisation of coping strategies that improve emotion regulation.
- Increased likelihood of help-seeking, where additional support and help may be needed
- Enhanced life changes through increase aspirations for the future, greater access to employment and educational opportunities, including financial help for career development and childcare options.

However, we are also very interested in evaluating outcomes relating to service level and systemic change. MHF is working with the programme partners to embed the Young Mums Connect pathway and peer support model into existing service structures, measuring this change will be crucial for the evaluation. Some workforce/service level outcomes that may be useful to explore include:

- In the short term, workforce is more engaged in supportive conversations with young mums
- In the medium term, a more confident and aware workforce in relation to identifying and responding to mental health needs (trying to take a preventative approach, looking at risk & protective factors)
- In the long term, a sense of ownership in the workforce over helping the pathway to be developed. Also, an improved/more effective pathway for young mums to address their mental health needs and any additional impact on service provision (e.g. numbers stepped down in CiN and/or CP plans as a result of improved parenting practices).

We are open to discussion about these outcomes, how best to assess them, and what is feasible given the timeline and budget for the project.

## 2. Budget

£60,000 - £75,000. Bids should be inclusive of VAT.

## 3. Timeline

Delivery of the project is estimated to begin in September.

The overall project is planned for 3 years, with a 3 month lead in time (which started in July) and a 3 month lead out time, meaning delivery will end in April 2024.

Discussion would be welcomed at an early stage to consider key milestones for programme delivery and evaluation.

The diagram below reflects the anticipated timings of the programme delivery and evaluation. During the 'programme delivery' period there will be staggered starting of different groups in Greenwich and Nottingham.

	2021						2022	2023	2024						
	Jul	Aug	Sep	Oct	Nov	Dec			Jan	Feb	Mar	Apr	May	Jun	Jul
<b>Evaluator in place</b>															
<b>Initial groups / beneficiary recruitment</b>															
<b>Programme delivery</b>															
<b>Interim progress report ahead of 3rd year</b>								Feb'23							
<b>Final report deadline</b>															

#### 4.Aims & Objectives of the project evaluation

The initial aims are still being considered. Those that we understand as essential to the evaluation are:

- Examining progress against direct beneficiary outcomes as stated above in Greenwich and Nottingham<sup>1</sup>
- Examining progress against workforce/service level outcomes as stated above in Greenwich and Nottingham<sup>1</sup>
- Conducting two cost analyses for the LA on outcomes for beneficiaries in Nottingham and Greenwich.

Other aims that we are interested in that we think could add some extra depth to the evaluation are:

- Evaluating the implementation of the project, including some research/mapping exercise on recruitment and referral pathways, perhaps in collaboration with an Advisory Group (though the Project Manager may lead on this).
- Identifying lessons on sustainability, for instance around the peer support element. These may be in the form of recommendations for local authorities or broader policy change.

We would welcome early discussion to finalise these aims and objectives and any suggestions you have on which are realistically within scope considering the length and budget of the project.

---

<sup>1</sup> Given that the two models differ across the sites (e.g. Greenwich's model is more resource-intensive with an advocacy worker and a home-visit approach), we would like evaluators' assessment of progress against outcomes to include some comparative learnings.

## 5. Research Design and Methodology

We do not have a set idea about the methodology for this evaluation and we would like you to demonstrate in full your proposed methodology:

- How you intend to evaluate the project against its aims and objectives, with specific emphasis on how you would tailor their methodology to suit and engage young mums in the evaluation process, given the challenges that have been identified in the past.
- How they would go about capturing comparative learnings from both sites, considering that they represent different settings and routes of delivery through the third sector and the local authority.

We would also like bidders to include in their application assurance regarding safeguarding, ethical and data protection considerations.

There is the potential for data collection to be incorporated into the programme itself. We have had initial internal discussions about using the workforce training to also upskill young mothers as peer researchers. This would allow for in depth involvement of those in the programme and may help save on some cost. We would be interested to hear your costings including your own data collection approaches as well as how some activities might be built into the programme delivery.

## 6. Milestones and Deliverables

Milestones:

- Inception meeting after evaluator in post
- Programme delivery begins September 2021
- Programme delivery end April 2024 (with a view that local teams would maintain delivery without as much direct input from the Foundation's delivery team)

Deliverables:

- An interim report (up to 10 pages, excluding references) reporting on the progress of the programme to date and any learnings/feedback that can improve the programme before its end.
- A final report (up to 20 pages, excluding references and annexes) that meets the aims and objectives of the research as outlined in Section 4 of this brief, and includes an Executive Summary which also provides a stand-alone summary of key findings from the research.
- Potentially a summary document that is particularly accessible to and relevant for local authority audiences – we would welcome discussion about this or something similar.
- To host a 'learnings' session to share the process of evaluation and findings with all project partners.
- To have a smaller meeting on lessons learnt from the evaluation and following this up with a written output of recommendations for future evaluations with similar population groups

The interim report will be required by February 2023.

A first draft of the final report will be required by 3<sup>rd</sup> June 2024 for comments and feedback. The final report will need to be submitted by **15<sup>th</sup> July 2024**.

## 7. Working together

In addition to the delivery of the above milestones and outputs, it is expected that the following activities will be undertaken by the successful evaluator:

- i. Attend Inception Meeting with key stakeholders
- ii. Iterative development meetings - participate in regular catch-ups with the Foundation's project team, particularly in the first few months of the project, to keep up to date/contribute/stay informed on developments of project.
- iii. Provide monthly (or bi-monthly) evaluation check-ins (whether by Teams or email) with the Senior Evaluation Officer at the Foundation. These discussions can help to draw out the key learning points to date (so that these can be fed into the ongoing development of the project) and where appropriate, discuss the implications of the research undertaken on the subsequent stages of research.

## 8. Working with the Mental Health Foundation

Since 1949, the Mental Health Foundation has been the UK's leading charity for everyone's mental health. With prevention at the heart of what we do, we aim to find and address the sources of mental health problems so that people and communities can thrive.

Our work focuses on the prevention of mental ill-health and the promotion of opportunities for the development of good mental health, which is reflected in our five-year [strategy](#). Our universal programmes are for everyone because we all have mental health and with the right tools we can protect and promote this at every stage of life. We also deliver targeted programmes because the risk and the impact of mental health problems is greatest for those who experience inequality and disadvantage. The current programme is part of our targeted offer.

We want to work with evaluators that align with our four organisational values:

Our values	How this relates to evaluation
<p>1. Determined pioneers: We are passionate, committed, strive for excellence and rigour. We wrestle with tough issues and topics, willing to hold tension and complexity. We search for new approaches, challenge convention and push boundaries.</p>	<p>Our evaluators need to be committed to undertake evaluations to a high standard and be able to adapt their approach if/when challenges arise. We want to work with evaluators that can think creatively to ensure that the data we obtain is as rich and meaningful as possible.</p>
<p>2. Side by side: We achieve through working together. We pursue connection and shared understanding. We embrace difference and lived experience. We trust our people and partners, and make space for reflection, fun and personal growth. We recognised, and own our power and privilege, and act with humility.</p>	<p>We are interested in participatory approaches where feasible. The Foundation believes that lived experience is incredibly valuable to mental health research, and we would like this reflected in our evaluations. Removing barriers to full participation is key to our engagement approaches.</p>
<p>3. Walking our talk: We embrace diversity and operate with openness, prioritising the mental health of our staff and supporters. We recognise and learn from our mistakes and seek honest feedback, without spin. We recognize the need to keep listening and acting with authenticity.</p>	<p>It is important that, as commissioners of evaluation services, we work with partners that prioritise the wellbeing of their staff. We want to establish open communication from the outset of a partnership and welcome honest feedback from the people we work with so that we can make improvements and learn how to best support each other.</p> <p>We also want to understand how evaluators ensure they choose their most relevant researchers for the project, considering diversity and unconscious biases.</p>
<p>4. Making a difference: We are passionate about the role we can play in achieving positive change. We are about the outcome, not the glory. We generate and share evidence of what works. We are creative and action focused.</p>	<p>We really want to understand the impact of our programmes, how they can be improved and their potential for scalability and sustainability. All our programmes aim to understand what makes a positive difference for mental health and how we can make this happen. We want to work with evaluators that are passionate and committed to making positive change in public mental health, and for this to be reflected in the quality of their work.</p> <p>We want our evaluations to inform our thinking and develop our evidence around what works regarding prevention and what doesn't.</p>

*The language that we use*

It is important that the language we use reflects our values and doesn't perpetuate mental health stigma or prejudice. We talk about mental health *problems* or distress, as opposed to illness or issues, and generally try to avoid overly medical language. We would welcome a discussion at initiation about the terminology to use/avoid.

## 9.Application details:

Please outline the following in your application:

- Your understanding of our research needs
- Your experience of conducting similar research
- Your proposed research methodology
- Your required inputs from the Foundation and its partners
- Your approach to project management and quality assurance
- Your ability to complete the work to the deadlines set out above
- A budget for this piece of work, outlining the resource required for each stage of the project (please show the day rate for each team member)
- Please include CVs of the research staff who will be responsible for this work

## 10.Evaluation criteria

The following criteria will be used to score proposals:

Criteria	Weighting (%)
Approach to the project, incl proposed methodology	20
Value for money and ability to meet timelines	30
Alignment with the Mental Health Foundation's values	10
Experience of successfully engaging young parents or similarly less-heard groups for meaningful participation	20
Experience of working within a multi-sector setting, taking a solution-focused approach to mitigating challenges	20

## 11.Tenders

Proposals should be submitted electronically to Talulah Hall at [thall@mentalhealth.org.uk](mailto:thall@mentalhealth.org.uk) by end of day on **15<sup>th</sup> August**. If you have any questions, you can send them to the same address by 5pm on 5<sup>th</sup> August, after that you can send them to Jade Yap at [jyap@mentalhealth.org.uk](mailto:jyap@mentalhealth.org.uk) by 5pm on 12<sup>th</sup> August. We will do our best to get back to you.