Turning the Map Green

Independent evaluation of the Maternal Mental Health Alliance Everyone's Business Campaign 2016–2021

January 2022

Wendy Sugarman & Gillian Granville

Kim Donahue, Helen Garforth and Vicky Daborn Tedder

WSA Community Consultants Ltd

info@wsacommunity.co.uk

www.wsacommunity.co.uk

Glossary, key terms and language conventions

Glossary of abbreviations and acronyms

APPG: All-party parliamentary group

CCG: Clinical commissioning group

MBU: Mother and baby unit

MMH: Maternal mental health

MMHA: Maternal Mental Health Alliance

NHSEI: NHS England and NHS Improvement

NICE: The National Institute for Health and Care Excellence

PMH: Perinatal mental health

PIMH: Perinatal and infant mental health

ToC: Theory of change

SIGN: Scottish Intercollegiate Guidelines Network

VCS: Voluntary and community sector

Key terms

Perinatal mental health (PMH)

The term 'perinatal mental health' refers to a woman's mental health during pregnancy or the first years after birth. Examples of perinatal mental health issues include antenatal and/or postnatal depression, anxiety, obsessive compulsive disorder, postpartum psychosis and post-traumatic stress disorder.

Specialist services

Specialist services include specialist PMH community teams and inpatient mother and baby units (MBUs), which provide life-saving care to women and families affected by mental health problems during pregnancy and in the first years after birth.

Lived experience

The term 'lived experience' describes personal knowledge of an issue through direct, first-hand experiences. The voices and insights of people with lived experience of perinatal mental illness have always been integral to the Alliance and its campaigning.

Maternal Mental Health Alliance (MMHA or the Alliance)

The Maternal Mental Health Alliance is a UK wide charity and network of over 100 organisations dedicated to ensuring women and families affected by PMH have access to high-quality comprehensive care and support. Organisations in the network span the PMH sector, including third-sector organisations, royal colleges and training institutions.

Everyone's Business Campaign (the Campaign)

Everyone's Business is the MMHA campaign that calls for all women throughout the UK who experience a PMH problem to receive the care and support they and their families need, wherever and whenever they need it.

Turning the Map Green

Turning the Map Green is the name of the phase of the Everyone's Business Campaign that ran from 2016. This phase focused on ensuring that women and families have access to specialist PMH services in all areas of the UK.

Language conventions

Perinatal Mental Health (PMH) and Maternal Mental Health (MMH) are both used by stakeholders when talking about this work. In this report, we use the terms interchangeably. As a shorthand, we sometimes refer to the Maternal Mental Health Alliance (MMHA) as 'the Alliance'. When referring to the Everyone's Business Campaign, we use Campaign with a capital letter 'C' to distinguish it from other campaigns or campaigning. We use the phrase 'experts by experience' to represent individuals who have personal experience of perinatal mental illness, and the term 'Lived Experience Champions' for those experts by experience who share their stories as part of the Everyone's Business Campaign.

Acknowledgements

The evaluation team would like to thank all those who took part in the evaluation or provided data to support it. The passion and drive of everyone involved in the Alliance and working across this sector is really appreciated; thanks so much for sharing this with us!

Special thanks to the entire MMHA staff team, particularly Karen Middleton and Emily Slater, whose active championing of learning and evaluation has led to a rich and open learning process, and Sian Drinkwater for support in gathering secondary data and logistics.

We would also like to thank Anna Faherty from Strategic Content for her role as editor and Nicki Brown from Transcribe It, who has worked with us over the last five years providing transcription services. Final thanks to the wider WSA Community Consultants team, particularly Hana Vyas, for project support.

Executive summary

Perinatal mental health and Everyone's Business

In 2016 the Maternal Mental Health Alliance (MMHA) received a five-year grant from Comic Relief to continue with Everyone's Business, a campaign that calls for all women in the UK who experience mental health problems during pregnancy or within the first years after birth to receive the care they and their families need, wherever and whenever they need it.

More than one in 10 women experience a mental health problem during pregnancy or within the early postnatal years. Though the cost of providing appropriate services outweighs the economic cost to society of not treating perinatal mental illness, at the start of this Campaign phase many women did not have access to the care they needed.

Evaluating change in PMH investment and services

This independent report evaluates the impact of the Campaign between 2016 and 2021, a phase focused on the development of high-quality specialist perinatal mental health (PMH) services. These services, which comprise PMH community teams and inpatient mother and baby units (MBUs), provide life-saving care to women and families affected by perinatal mental illness.

The Campaign is structured around a theory of change (ToC) approach, which sets out the actions expected to achieve desired outcomes. The 2016 ToC identified three Campaign outcomes, against which change is evaluated in this report:

1. All women and families in every area of the UK have access to PMH care within a supportive perinatal pathway that complies with the National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) guidelines.
2. PMH investment is prioritised by government(s), with money pledged and spent on specialist PMH services in all nations.
3. The voices of experts by experience are heard by local and national decision makers and help influence the development of local PMH services.

In addition, the Alliance agreed a Campaign ambition around the wider PMH pathway, which would be implemented if specialist services became more established. This ambition led to a fourth ToC outcome, agreed in November 2020: 'The women and families in all four nations of the UK have access to good quality PMH care within universal and primary care services, which is supported by specialist staff within each service'. Progress against this outcome will be fully evaluated in future reports.

Evidence of investment and new services

Prior to this phase of work, over 40 per cent of areas within England and Scotland, 70 per cent in Wales and 80 per cent in Northern Ireland had no specialist PMH provision. In the five years since, there has been positive movement across all four nations, with money newly pledged for specialist PMH services in all nations and past financial pledges translating into new and additional specialist services in England and Wales.

PMH investment has been prioritised by governments, while the goal of women and families in every area of the UK having access to PMH care within a supportive perinatal pathway has

been realised in policy and, in some regions, practice. Key developments during this phase of the Campaign include:

- In the five years to 2021 the English government invested £365m as part of the NHS Five Year Forward View and there is some level of specialist community services now available within every CCG area. Four new MBUs, with 32 new MBU beds, have opened in England, along with ten additional beds in existing units and 13 more anticipated over the next two years. Additional recurrent funding totalling around £710m has been committed in the NHS Long Term Plan, which sets out several ambitions around PMH. These include a further 24,000 women being able to access specialist PMH care by 2023/24.
- All political parties in Northern Ireland agreed to fund specialist PMH services in the region's five health trusts. At an expected annual cost of approximately £4.7m, these services should be fully operational by early 2022. The business case for an MBU has been developed, and there is a strong prospect of 6-8 new MBU beds on the horizon.
- The Scottish Government allocated £52m towards improving access to Perinatal and Infant Mental Health (PIMH) services and work is underway to translate the financial commitment and national needs assessment into local delivery plans to develop specialist services. Of the 14 geographical NHS Scotland Health Boards, four now provide specialist stand-alone teams for PMH. All other boards, with the exception of those with low birth rates, have some provision.
- Resources allocated to PMH specialist services in Wales have doubled (from £1.5m to £3m) and all health boards have been supported to become members of the Perinatal Quality Network. An interim MBU has opened in South Wales, offering 6 new MBU beds, with a unit to serve North Wales under discussion.

Campaign influence

By keeping a focused message about the need for specialist services on the political agenda the Campaign played an instrumental role in driving these changes. The Alliance has consistently engaged power holders and key decision makers in dialogue around Campaign messages, using effective evidence-based Campaign tools alongside personal stories of perinatal mental illness, while also taking into account the political context and health needs within each nation.

In terms of universal services, there is evidence that the Campaign's focus on specialist services acted as a catalyst to spread services across the PMH pathway, and that specialist services can positively influence the development of PMH services.

Across mainstream and social media, the Alliance has the power to profile-raise in a unique way, since it is understood to be speaking for a large and wide group of stakeholders. The Campaign's social-media reach has grown during this period, with profile, visits, mentions and new followers each increasing and new social media channels launching.

The Alliance has strengthened and expanded its network of Lived Experience Champions (people who tell their own story in a public forum in order to further the cause of PMH) during this phase of the Campaign, recruiting 15 additional Champions and a Lived Experience Network Champion Officer. These Champions have had contact with local decision makers and national stakeholders, held decision-making roles in the perinatal pathway and influenced service design.

From its first informal meeting in 2011 through to becoming a membership organisation and building its profile, the Alliance's ambition and collaborative ethos have remained key factors in the Campaign's success. During this evaluation period MMHA became a charity, implemented a new governance structure and appointed a high-profile chair, all while staying true to its roots as a membership organisation.

Drivers of change

This evaluation has identified six drivers of change:

1. **Focused, collaborative campaigning**
   The Campaign consistently called for specialist services provision throughout this period, only beginning to address the pathway as a whole once specialist services commitments were in place. Its ability to work with a wide range of stakeholders, pulling together clear messages in an often siloed space, has been a major strength.
2. **The use of evidence-based tools**
   The Maps and Centre for Mental Health and LSE Economic Report, which provide powerful evidence of the need for change, have made an impact at both national and local levels, being used by politicians and CCGs when debating policy and funding decisions. When combined with stories of personal experience of perinatal mental illness, they wield even greater influence.
3. **The voice of lived experience**
   Formal activities undertaken by the Campaign's Lived Experience network, along with informal moments where professionals share personal stories, have influenced politicians, commissioners and the design and delivery of services. The voice of lived experience is also increasingly embedded within governmental decision-making.
4. **The influencing power of key individuals**
   The experience, passion and commitment of key Alliance officers, trustees and staff played a key role in winning hearts as well as minds. These individuals have been able to influence decisions at a political, national and transnational level.
5. **The strength of political support**
   The Alliance's ability to build and navigate relationships across political parties has enabled it to truly make PMH 'everyone's business', keeping it on the political agenda through both Brexit and Covid. Despite earlier funding pledges, political support persists, as evidenced by the October 2021 budget announcement of £100m in mental health support funding for expectant parents.
6. **A supportive funding relationship**
   The Alliance's relationship with Comic Relief is characterised by support, collaboration and sustainability. Comic Relief worked alongside MMHA to fund the Maternal Mental Health During a Pandemic report, supported the Alliance as it transitioned to a charity and has introduced the organisation to other funders, advocating in order to generate longer-term funding.

Future recommendations

Reflecting the Alliance's commitment to evidence-based learning, the evaluation highlights five key recommendations intended to provide focus for the next Campaign phase. These are:

- **Maintain the successful Campaign focus**
  As membership continues to grow and the Campaign broadens out to address the wider pathway, it will be important to retain the culture and values that define the Alliance, while drawing on the methods and focus that have worked so well to date. Collaboration, consensus building and speaking with one voice will all be key, as will the Alliance's proven ability to adapt to different local, regional and national contexts.
- **Look beyond green**
  Without ring-fenced and sustained funding, there are risks that some newly pledged specialist services may be lost. Quality of care is equally important. Even when services are maintained, questions remain about workforce capacity and skills, geographical access, and rising demand. The Alliance must keep the pressure on by questioning whether pledged funds have been delivered, demanding transparency around where and how money is spent and holding local areas to account around quality of care. This involves balancing the emphasis between investment in service provision and the extent to which services are offering quality care.
- **Shine a light on equality, diversity and inclusion**
  While addressing equality, diversity and inclusion is an implicit priority of the newest phase of the Campaign, services are not yet as inclusive as they could be. The Campaign can drive change here by calling out health providers for the evidence gap around accessibility and inclusion, ensuring accountability around pathways to support greater community representation in the workforce and further expanding its own Lived Experience Champion network to include diverse and seldom heard voices.
- **Build consensus for the future**
  As the Alliance celebrates its tenth anniversary, growing to 110 members and establishing itself as a sustainable charity, it is the perfect time to continue to build consensus around the future PMH agenda. This could include agreeing the appropriate emphasis the Campaign places on aspects of the wider pathway or considering the extent to which the Campaign supports the mental health of partners and infants.
- **Carry on learning**
  The Alliance has already proven its long-standing commitment to embedding learning both within and beyond the Campaign. Building on this strength, MMHA should keep bringing nations and members together to create opportunities for sharing good practice, while continuing with a theory of change framework for planning and evaluating Campaign impact.

Contents

1. Perinatal mental health and the Everyone's Business campaign 9

2. Using a theory of change approach 11

2.1 Campaign outcomes 11

2.2 Campaign ambition 11

2.3 Organisational sustainability 12

2.4 Research methods 12

2.5 Data presentation 12

3. Progress and impact 13

3.1 Prioritising investment and increasing access to specialist services 13

3.2 Raising the voices of experts by experience 18

3.3 Increasing access to quality services across the pathway 22

3.4 Transitioning to a charity 24

4. Drivers of change 27

4.1 Focused, collaborative campaigning 27

4.2 The use of evidence-based tools 29

4.3 The voice of lived experience 31

4.4 The influencing power of key individuals 32

4.5 The strength of political support 32

4.6 A supportive funding relationship 33

5. Making all care count 34

5.1 Following through on pledged funding 34

5.2 Embedding high-quality services 35

5.3 Tracking and satisfying demand 36

5.4 Monitoring diversity and prioritising inclusion 37

5.5 Creating opportunities to share lived experience 37

6. Learning and recommendations 39

6.1 Maintain the successful Campaign focus 39

6.2 Look beyond green 39

6.3 Shine a light on equality, diversity and inclusion 40

6.4 Build consensus for the future 40

6.5 Carry on learning 40

Appendices 41

Appendix I: Campaign Theory of Change, 2016 41

Appendix II: Evaluation data summary 43

1. Perinatal mental health and the Everyone's Business campaign

In 2013 the Maternal Mental Health Alliance (MMHA), a coalition of organisations with shared ambitions, received a three-year grant from Comic Relief to launch Everyone's Business, a campaign that called for all women in the UK who experience mental health problems during pregnancy or within the first years after birth to receive the care they and their families need, wherever and whenever they need it.

More than one in 10 women experience a mental health problem during pregnancy, or within the early postnatal years. These problems include antenatal and postnatal depression, anxiety, obsessive compulsive disorder, postpartum psychosis and post-traumatic stress disorder. If left untreated, these 'perinatal mental health' (PMH) issues, which each require a different type of care or treatment, can have devastating impacts on women and their families.

The Alliance has taken a strategic decision to improve the lives of thousands of women through campaigning for better access to appropriate PMH services, rather than working directly with women and families. While the cost of providing appropriate services outweighs the economic cost to society of not treating perinatal mental illness, at the start of the Everyone's Business campaign many women did not have access to the care they needed.

The first three years of the Campaign (during the period 2013–2016) raised the profile of PMH among key campaign targets and secured new PMH specialist-service funding commitments, including £365m over five years in England and £7.5m in Wales. In 2016, MMHA received a further, five-year, tapering grant from Comic Relief, while the Big Lottery awarded a four-year grant in 2020.

This report evaluates the impact of the Campaign between 2016 and 2021, when Campaign activities focused on the development of high-quality specialist PMH services. These services, which comprise PMH community teams and inpatient mother and baby units (MBUs), provide life-saving care to women and families affected by perinatal mental illness.

Prior to this phase of the Campaign, over 40 per cent of areas within England and Scotland, 70 per cent in Wales and 80 per cent in Northern Ireland had no specialist PMH provision. By 2021, money had been newly pledged for specialist PMH services in all nations and past financial pledges had translated into new and additional specialist services in England and Wales.

PMH investment has now been prioritised by governments across the four nations and the Campaign goal that women and families in every area of the UK should have access to PMH care within a supportive perinatal pathway has been realised in policy and, in some regions, in practice.

A key tool developed during this phase of the Campaign is a set of regularly updated maps that highlight the level of provision of specialist PMH community teams in every region across the UK via the colours red, amber and green. These Maps have been used and referenced by both internal and external stakeholders. Though they are sometimes seen as a blunt instrument, the phrase 'Turning the map green' has been central to this Campaign phase, even providing its name.

Alongside the Maps, the Centre for Mental Health and LSE Economic Report[1], published during the first phase of the Campaign, played a continuing role, as did the voice of those with lived experience of perinatal mental illness.

Since 2020 the context around the Campaign has changed considerably. The Covid-19 pandemic put the mental health of mothers and families at increased risk while simultaneously increasing demand for NHS finances and resources. The pandemic became a serious political issue, with the potential to jeopardise the political will and practical commitments previously secured by the Alliance.

[1] Bauer A, Parsonage M, Knapp M, Iemmi V & Adelaja B (2014) The Costs of Perinatal Mental Health Problems: Centre for Mental Health & LSE.

2. Using a theory of change approach

The Alliance used a theory of change (ToC) approach throughout the Campaign. This guided Campaign activities and provided a robust frame of reference for this independent evaluation.

ToC is the approach of choice for planning and evaluating complex programmes designed to deliver social change. Starting from a set of desired outcomes, a ToC is a hypothesis that sets out the actions expected to bring about change. This hypothesis, or theory, is then tested through evidence.

One of the strengths of a ToC approach is that it considers the specific contexts that enable or hinder change and identifies key drivers of change. These drivers include policy initiatives, campaign activities, funding streams, research and stakeholder relationships.

In 2013, Alliance members and stakeholders came together to develop the first Campaign ToC. This was reviewed in October 2016, resulting in a new five-year ToC, which has been used as a framework for this evaluation (see Appendix I).

2.1 Campaign outcomes

The 2016 Campaign ToC identified three outcomes to be achieved by 2021, along with a Campaign ambition. The three outcomes, against which change is evaluated in this report, are:

1. All women and families in every area of the UK have access to PMH care within a supportive perinatal pathway that complies with the National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) guidelines.
2. PMH investment is prioritised by government(s), with money pledged and spent on specialist PMH services in all nations.
3. The voices of experts by experience are heard by local and national decision makers and help influence the development of local PMH services.

2.2 Campaign ambition

The Campaign ambition acknowledged the need for change along the wider pathway of universal services and primary care, while keeping the core outcomes focused on the need for specialist services:

> *If we start to see the map turn green and specialist services being established, the Everyone's Business campaign would seek to broaden its focus to look at services across the rest of the pathway.*

Given the positive moves in 'turning the map green' this ambition led to the development of a new, fourth ToC outcome, agreed in November 2020:

4. The women and families in all four nations of the UK have access to good quality PMH care within universal and primary care services, which is supported by specialist staff within each service.

This report evaluates progress against this outcome based on the limited data so far available. Moving forward, future evaluations will have access to more comprehensive data relating to this outcome.

2.3 Organisational sustainability

A portion of the Comic Relief funding for this phase of the Campaign was allocated to support organisational development. This was intended to help the Alliance work towards becoming a charity, a transformation that requires effective governance procedures and a comprehensive organisational plan. This report explores the extent to which this transition has been achieved.

2.4 Research methods

The evaluation is based on a mix of qualitative and quantitative research methods, including case studies, stakeholder interviews, surveys, reflective diaries and secondary data sources collected by the Alliance team. When selecting interview participants, a sampling matrix detailing clear criteria was used to ensure a representative sample. A list of the research activities conducted as part of this evaluation is provided in Appendix II.

All data has been triangulated and analysed, using the framework of the 2016–2021 ToC in order to produce robust conclusions.

2.5 Data presentation

This report summarises the findings of the evaluation team. It presents evidence of change, demonstrating where the Campaign has had an influence – either directly or in partnership – while also highlighting challenges, criticisms, and areas where there is more work to be done.

Quotes from interviews and focus groups have been anonymised, but are attributed to one of three categories of people:

- **Expert by experience:** people with lived experience of perinatal mental illness, including the Campaign's Lived Experience Champions.
- **National stakeholder:** people working at national level in any of the four nations, including health-service commissioners, civil servants, funders, government representatives and MMHA members.
- **Internal stakeholder:** Alliance staff team members as well as trustees and honorary officers.

3. Progress and impact

This section of the report identifies key changes that have been achieved during this phase of the Campaign. Reflecting the interlinked nature of ToC outcomes 1 and 2, the first section explores both governmental investment and service provision. The second and third sections evaluate outcomes 3 and 4, considering the voice of lived experience and the development of the wider pathway. The final, fourth, section reports on aspects of organisational development.

3.1 Prioritising investment and increasing access to specialist services

Prior to this phase of the Campaign, over 40 per cent of areas within England and Scotland, 70 per cent in Wales and 80 per cent in Northern Ireland had no specialist PMH provision. In the five years since, there has been positive movement across all four nations, with money newly pledged for specialist PMH services in all nations and past financial pledges translating into new and additional specialist services in England and Wales.

PMH investment has been prioritised by governments and the goal of women and families in every area of the UK having access to PMH care within a supportive perinatal pathway has been realised in policy and, in some regions, practice.

> ***I would say this is something that the Maternal Mental Health Alliance has achieved… This rather extraordinary investment that they have secured from central government into specialist perinatal mental health services…at a time when it's been really difficult for anybody to secure additional funding… It's been a really significant success, and quite groundbreaking in getting government to focus on and invest in such a deliberative way.***
>
> (National stakeholder)

Key investment and service-provision developments during this phase of the Campaign include:

- In the five years to 2021 the English government invested £365m as part of the NHS Five Year Forward View and there is some level of specialist community services now available within every CCG area. Four new MBUs, with 32 new MBU beds, have opened in England, along with ten additional beds in existing units and 13 more anticipated over the next two years. Additional recurrent funding totalling around £710m has been committed in the NHS Long Term Plan, which sets out several ambitions around PMH. These include a further 24,000 women being able to access specialist PMH care by 2023/24.
- All political parties in Northern Ireland agreed to fund specialist PMH services in the region's five health trusts. At an expected annual cost of approximately £4.7m, these services should be fully operational by early 2022. The business case for an MBU has been developed, and there is a strong prospect of around 6-8 new MBU beds on the horizon.
- The Scottish Government allocated £52m towards improving access to Perinatal and Infant Mental Health (PIMH) services and work is underway to translate the financial commitment and the national needs assessment into local delivery plans to develop

specialist services. Of the 14 geographical NHS Scotland Health Boards, four now provide specialist stand-alone teams for PMH. All other boards, with the exception of those with low birth rates, have some provision.

- Resources allocated to PMH specialist services in Wales have doubled (from £1.5m to £3m) and all health boards have been supported to become members of the Perinatal Quality Network. An interim MBU has opened in South Wales, offering 6 new MBU beds, with a unit to serve North Wales under discussion.

The Campaign played an instrumental role in driving these changes by keeping a focused message about the need for specialist services on the political agenda. The evaluation highlights a consistent level of political and media engagement across this phase of the Campaign supported by effective evidence-based Campaign tools, which have been used alongside personal stories of perinatal mental illness. Campaign activities and events, which brought stakeholders together to share progress, ideas and experience, also played an important role.

The Alliance has consistently engaged power holders and key decision makers in dialogue around Campaign messages. While multiple organisations were operating within this area, the Campaign unified key messages, enabling the Alliance to maintain a persistent focus on PMH that kept the topic on the political agenda, even at times when resources had already been committed or when the demands of Covid could easily have been a distraction.

> ***It is bringing all of those disparate voices together and then shouting with one united voice that, 'this is what we need to do first'. And, so, it has been that focus in that agenda-setting which has been amazing: that you've been able to get all of those different people with all those different agendas to actually agree, 'we're going to do this first'. That was the really powerful bit, because it was laser sharp: 'this is what you've got to do' and, from a government point of view and a policy point of view, it sounded really clear.***
>
> (National stakeholder)

Evidence for the Campaign's influence through political and media engagement is set out below, before consideration of the Alliance's ability to adapt to the specific political and health contexts in each nation.

3.1.1 Political engagement

The Campaign has regularly been referenced in the UK and Scottish Parliaments, with influencers and politicians, including ministers, reflecting Campaign messages, both publicly and privately. In England the Campaign drew particular attention from the then Minister for Mental Health when it featured within a debate on maternal mental health. In Scotland, Campaign asks were reflected in the delivery plans set out by the newly established PIMH Programme.

In Wales, where the Campaign Coordinator has regular meetings with civil servants, four Members of the Senedd and the Deputy Minister for Mental Health and Wellbeing requested meetings with the Coordinator after the Campaign launched a pre-election MMHA Senedd Manifesto, which was distributed to all election candidates. This was followed up by a post-election congratulatory letter sent to all Senedd Members.

The 2017 inquiry by the Children, Young People and Education Committee[2] was a key turning point for Wales. The committee scrutinised Welsh Government and its approach to PMH and made 27 recommendations for improving care. The Alliance continues to amplify many of these asks, holding the Welsh Government to account and working closely with the National Clinical Lead and other key stakeholders to ensure recommendations are implemented.

An excellent example of the strength of the Campaign's political influence comes from Northern Ireland. While there was no government in place, the Alliance built consensus for change through a range of activities, including workshops with stakeholders, a briefing paper and a Campaign-sponsored magazine issue dedicated to MMH. Crucially, in 2019, the Alliance drafted a Consensus Statement on the improvement of PMH services in Northern Ireland, which asked party leaders to 'urgently request the commitment of investment and ring-fencing of funds required to ensure women, babies, families and communities get the care and support they need and deserve'.

What we've identified is that this all-party political Consensus Statement was something we had to fight really hard for and we knew, in Northern Ireland, that was going to be the springboard for influence. It took a while, first of all, to actually draft something. Then it was up to the team in Northern Ireland to go out there getting everyone to sign up.

(Internal stakeholder)

Despite the political stalemate in the region at the time, all political parties co-signed this groundbreaking agreement, formalising their commitment to work together to close the gap in specialist mental health provision for women during pregnancy and the first year after giving birth. This commitment is now embedded in policy, thanks in part to other Alliance activities that kept the issue on the agenda.

The Regulation and Quality Improvement Authority (RQIA) report, the Consensus Statement, the MMHA meetings and forums bringing everybody together – all of that was the key. And having a good health minister that listened. And having a good representation in the Public Health Agency, who's helped drive the business case.

(Internal stakeholder)

The Alliance was a co-production partner in the development of the business case for a new PMH model for Northern Ireland, working alongside the Public Health Agency, Health and Social Care Board, the Royal College of Psychiatrists and other stakeholders, including experts by experience. In early 2021, this resulted in the agreement to fund five specialist PMH teams – one in each of the region's health and social care trusts – at an expected annual cost of approximately £4.7m. In a Northern Ireland Department of Health announcement, the Health Minister stated, 'My officials have been working closely with the Public Health Agency to finalise a business case for specialist community perinatal mental health services and I am

[2] https://senedd.wales/laid%20documents/cr-ld11234/cr-ld11234-e.pdf

delighted to approve this much needed service that for too long, women in Northern Ireland have gone without'.

These specialist teams are now being recruited and the new services should be fully operational by early 2022. Reflecting the value the Alliance places on experts by experience, the service implementation team includes people who have lived experience of perinatal mental illness.

The fact that we now have, after 20 years, a service in every trust is pretty impressive. I don't think we could ask for more.

(National stakeholder)

There is now appetite for a new MBU in Northern Ireland, and the Alliance has contributed to the business case for this. It is highly likely that this will be agreed, providing around 6-8 new MBU beds.

We are continuing to campaign and call for a Mother and Baby Unit, for any mother who requires inpatient treatment, as a completion of specialist perinatal mental health services in Northern Ireland.

(National stakeholder)

Across all nations, policy developments like this have been influenced by evidence and Campaign tools, media coverage and other campaigning tactics. In particular, the Centre for Mental Health and LSE Economic Report produced in the first phase of the Campaign continues to be referenced and discussed, while the Maps offered a powerful way to highlight the need for specialist services.

I remember Nicola Sturgeon talking about it and having the Map in her hand before that funding pledge came through.

(National stakeholder)

Alongside direct political influence, the Alliance has further developed strong relationships with other key partners who exert influence at national and global level, such as the Royal Foundation. The relationship with the Global Alliance is also seen as helpful when meeting with representatives from government, particularly in Scotland.

What they did like to hear was there's a Global Alliance for maternal mental health and that fits well with Scotland wanting to be a global player.

(National stakeholder)

3.1.2 Media and public engagement

The Campaign in each nation of the UK has fully engaged with decision makers, funders and the public via mainstream media and social media. Media mentions have followed an upward trend throughout the evaluation period, illustrating the growing strength of the Alliance's use of media channels to get the message across, often through the voice of lived experience.

I would say their greatest achievement is the way they've brought [PMH] into the public domain. I've absolutely no doubt

that has been hugely successful and, by bringing it into the public domain, bringing it into the consciousness of politicians and people that can actually act on it, there's no doubt that's been massive.

(National stakeholder)

While data collection around social media changed during this phase of the Campaign, where data exists the Alliance's social-media profile, visits, mentions and new followers have each increased.

Between July 2017 and July 2021 followers on Twitter quadrupled, with consistent growth seen every year. Monthly impressions (the total times tweets were seen) in the year to September 2020 ranged from 60,000 to 284,000. One specific example of the Campaign's strong social-media reach is the tweet that launched the Maternal Mental Health in a Pandemic report. Posted in March 2021, this single tweet gained over 127,000 impressions.

The Alliance is now expanding its social media use to incorporate Instagram. The recently launched @mmhalliance Instagram account has almost 2000 followers and has enabled connections with new clinicians, people with lived experience and community and small-business fundraisers.

The MMHA website is a useful resource in this context. It has seen over 200,000 users between October 2016 and October 2021. Almost a third of these were documented in the year to October 2021, a period which included the Covid report, women and families' guidance, and Make All Care Count launch.

You certainly see that in the press. You certainly see it on social media. People are speaking about it openly. So, I think that's been a really big change over the last five years.

(National stakeholder)

In both the mainstream media and social media, the Alliance has the power to profile-raise in a different way to individual charities or service providers, since it is understood to be speaking for a large and wide group of stakeholders.

I would never have thought of let's put this all on Twitter, get this out on Facebook, let's raise the profile of this in a very different way, because that's not what we do as health professionals. We plod away and chip away and have a conversation with the commissioner and try to get our tuppence in with the Minister but, in general terms, we don't think in those wider dimensions.

(National stakeholder)

3.1.3 Adapting to the context of each nation

While the Campaign has always focused on the same asks, the specific methods used to drive change reflect the Alliance's deep understanding of the political context and health needs within each nation.

For instance, in Scotland – which already had two MBUs – Campaign messaging called primarily for community specialist services. In Northern Ireland, because there were so many competing health priorities when power sharing was finally restored after a three-year hiatus

the team made the strategic decision to split up the two key demands and call for a staged approach.

> ***I think it is different on the ground in Scotland. From a Campaign perspective we weren't proactively pushing for mother and baby units because there were two. I'm sure there can always be more, and the distance is an issue, but, for the Campaign, we've been pushing community specialist services. That's where we want to see the shift.***
>
> (Internal stakeholder)

> ***The one thing that is missing [in Northern Ireland], and this was the compromise, was the mother and baby unit, but compromise in the sense that we separated it out from the business case because it needs capital expenditure for a build. [The Health Minister] explained that to us. He said, if you keep it all in one, it's going to take longer.***
>
> (Internal stakeholder)

3.2 Raising the voices of experts by experience

The term 'lived experience' describes personal knowledge of an issue through direct, first-hand experiences. The voices and insights of people with lived experience of perinatal mental illness have always been integral to the Alliance and its campaigning.

Personal stories of PMH have the power to raise awareness, reduce stigma and influence positive change. Stakeholders recognise that the Campaign's combination of lived experience and other data plays a key role in influencing change.

> ***Nobody else can own that story. So there's that side of it which it absolutely is…the most authentic, the most powerful way of getting this message to anybody – to any stakeholder.***
>
> (National stakeholder)

> ***It is really important that I still tell my story but then it's also good for our message to be put across and say why we are doing what we're doing, and the organisation is there. Because a lot of professionals know the Maps – they know the green, red and amber maps of provision across the UK – but they don't necessarily know it's linked with us.***
>
> (Expert by experience)

The Alliance's own Lived Experience Champions have taken on varying roles in the Campaign. There is evidence that Champions have had contact with local decision makers and national stakeholders, held decision-making roles in the perinatal pathway and influenced service design.

Information about the Campaign's network of experts by experience is provided below, along with evidence of where these voices have been heard during this phase of the Campaign. The

support the Alliance offers to those people who step up to share their personal stories is also explored.

3.2.1 The Lived Experience Champion network

The Alliance makes use of a network of Lived Experience Champions, people who tell their own personal story in a public forum in order to further the cause of PMH.

By setting up and mobilising this network the Alliance demonstrated the power of lived experience and acted as a catalyst for others to employ a similar approach. Network best practice has been influential in helping other organisations feel comfortable working alongside experts by experience, and the network acts as a central resource where people can seek out individuals with lived experience to take on decision-making roles.

The Alliance has strengthened and expanded this group during this phase of the Campaign, recruiting 15 additional Champions and, in 2021, a new part-time Lived Experience Network Champion Coordinator. There are now 35 champions, with the number expected to rise to 40, in line with lottery outcomes. This large pool of people is recognised as a strength of the Campaign.

> ***Building up that network of people means you've got a depth of experience that is able to be articulated, and people willing to articulate that experience. And I think that that's really powerful. Because if you're reliant on one or two individuals then it creates an enormous amount of pressure for them.***

(National stakeholder)

3.2.2 Contact with local decision makers and national stakeholders

Examples of where the voices of experts by experience have been heard include Champions speaking with commissioners, the NHS, Health Education England, government departments, health visitors and new perinatal specialist midwives.

> ***It was really interesting to do it directly to commissioners because it's hard for them. They've got a big pot of money to allocate and, suddenly, you see somebody saying the negative impact of non-specialised care.***

(Expert by experience)

> ***It helps [health visitors] to solidify why they're doing what they're doing and it's invaluable… If you're doing it just from a management point of view, or a service deliverer's point of view, you forget the reason why you're doing it. You need to see those service users. And my story started from negative care to positive care and, actually, to hear that impact on my family is really important for service-providers and commissioners, to understand why it's so important***

(Expert by experience)

In England, the integration of lived experience within the Campaign has become well established. As an example, as part of the Campaign call for local spend to be openly

reported, MMHA drafted a letter to ask CCGs about their budget plans and supported Champions to adapt it for their local areas. Other local activity includes Champions sitting on local boards or bodies.

In terms of what provision looks like in their area some Champions are fighting for what they see as…gaps still in their area and have very strong relationships with their local commissioners [and] have engaged their MPs.

(Internal stakeholder)

3.2.3 Holding decision-making roles and influencing services

Lived experience is now increasingly embedded within governmental decision-making, with some experts by experience involved in decisions around the perinatal pathway, including taking on roles on interview panels or feeding into new policies, like Start for Life in England.

We talk to parents all the time and it always throws up things that you weren't expecting from parents and carers, foster carers and it throws up ridiculous anomalies in the way services work, support services work but it also throws up real inequalities.

(National stakeholder)

In Scotland, government has committed to greater community and patient participation across the board and there have been great strides made towards this within PMH policy. Two Participation Officers now work with the Programme Board and the value of involving women with lived experience is embedded across all health boards, with a requirement to report on how people with lived experience have been involved in service development.

Each board, at the end of each financial year, has to report back to the Government to say what they've spent their money on. In the reporting document there's now a section that says 'What have you done to involve people with lived experience in your service development?'

(National stakeholder)

There was consensus among those interviewed that the Scottish participation posts were strongly influenced by Campaign messaging and the work of the Scottish Coordinator, who highlighted the need for evidence of participation from lived experience within the planning of services. For many stakeholders, having that embedded Participation Officer and emphasis on co-production with women and families is a standout achievement.

This is the first time that the Scottish government has had a role like this, so it's not only novel, it's unique. And it's the first time that this role is being used in a very high-profile piece of work. To me, that's an outstanding result that has come from the Campaign.

(National stakeholder)

In Northern Ireland the voice of lived experience has influenced decision makers, policy and clinicians. The presentation to the all-party parliamentary group (APPG) by someone with lived

experience was seen to have had a major impact on APPG support, while the voice of lived experience was a priority for the business case and for the RQIA report. There is now an implementation team to make sure that there is a person with lived experience on each of the five specialist service teams.

> ***The powerful voices of those people and the bravery of them putting themselves forward, and being heard and being responded to… In Northern Ireland we have great Champions with lived experience that has made this Campaign a success.***
>
> (Internal stakeholder)

> ***I've been at meetings with politicians where [an expert by experience] has spoken about her admission to hospital and, certainly, you see politicians being both shocked and moved by what they hear. And I've no doubt that it has an impact.***
>
> (National stakeholder)

In Wales the voice of lived experience has directly influenced services, including the design of the new interim MBU.

> ***From the colours, from the feel, from the design… where it's going to be situated… We went through lots of different areas and [the experts by experience] were able to contribute and I use that group now, as well, too. We're developing an outcome measures framework: what to expect when you come into services, when you're using services and when you leave.***
>
> (National stakeholder)

Overall, the voice of lived experience has influenced clinicians and how they deliver and develop services.

> ***I think what's really powerful when midwives pause for thought and hear the woman's journey from beginning to end and start to add up the dots, start to say 'oh gosh, that started in the antenatal period and how could we have influenced that along the way?', or 'what could we have done to make that better?' or 'how did the care that we provided in labour ward impact on this woman's mental health? Did I do her a disservice? Did I support appropriately? Who could I have referred her to?'***
>
> (National stakeholder)

3.2.4 Supporting the Lived Experience Champions

As a result of the increase in staff capacity during this period, Champion protocols have been updated. Internally, it is felt that there has been considerable improvement within the system. Champions themselves rate resources such as one-to-one training and the Champion Welcome Pack to be useful. The emotional support provided when they share their stories is particularly highly valued.

I've been involved in other co-production things where you're left quite unsupported once you're taking part in the co-production, whereas I like the fact that, with the MMHA, you have the debriefs. You can have a meeting with them afterwards if you want to and they will follow-up with you to check how you are, and I think that's quite important and quite valuable.

(Expert by experience)

We actually had a check-in before and a check-in after and that's been really common. And quite often I say, 'don't worry, I don't need it' but, equally, she's so lovely, I know I can just say – I've got her on WhatsApp – I can just go, 'hey I need a chat, that was really hard'.

(Expert by experience)

Champions have indicated that this support, along with the fact that (since 2019) they have the option of being paid an involvement fee, has made them feel more valued within their role. However, while the network of Champions are well supported on a one-to-one level, evidence from this evaluation suggests Champions would appreciate more opportunities to come together to support and learn from one another.

3.3 Increasing access to quality services across the pathway

The MMHA website defines a PMH pathway as a comprehensive, high quality PMH care system including and beyond specialist services. It enables everyone coming into contact with a woman before, during and after pregnancy the opportunity to deliver mental health support.

In acknowledgement that there are gaps within comprehensive PMH care, a new ToC outcome was established in 2020, which addresses this wider pathway. MMHA has begun to integrate this outcome into the Campaign, while scoping the wider pathway to inform discussions about Campaign focus going forward.

Data around this new outcome is understandably limited, but there is evidence that the Campaign's focus on specialist services has acted as a catalyst to spread services across the wider PMH pathway, and that specialist services can positively influence the development of PMH services.

3.3.1 Specialist services as a catalyst

Because specialist PMH teams work closely with other health professionals (including general practitioners, health visitors and midwives) and community and voluntary sector organisations, they spread knowledge and understanding of PMH beyond the specialist service, while shining a light on gaps within the rest of the pathway.

I would like to think GPs are much more aware of perinatal mental health now. Certainly, with health visitors, we've raised the awareness of it and within maternity services. So, I think, as we've raised the profile, people have become more aware of it and we would like to think that out of that, that filters down and it means that women get a better service.

(National stakeholder)

In England, the opportunity to bid for money for specialist services with other organisations and services created meaningful partnerships to develop in some geographical areas, leading to better work across the sector. Stakeholders acknowledge that local PMH specialists provided the appropriate level of expertise to support the development of teams across the universal pathway, and that specialist community teams play a key role in training and development for the rest of the pathway.

The roll out of specialist PMH community teams has positively influenced the wider pathway and local health landscape. This has particularly been seen in some areas of England, where services have become embedded, performing a critical role in local health systems.

> ***People have moved on from saying, 'what the hell did we need those [specialist services] for?', to saying 'God, this is really quite useful'. And the maternity services, for example, constantly saying how fabulous it is to have them. And health visitors and midwives saying the same. And GPs beginning to say, 'we didn't know there was such an amazing bit of mental health care going on'. So, yes, [specialist services are] valued.***
>
> (Internal stakeholder)

3.3.2 Integrating the wider pathway into the Campaign

One example of efforts to scope out the wider pathway can be seen in Wales, where the Campaign is working with a number of organisations and charities who provide support to families, to explore the needs and gaps in services and identify where changes could be made. This work is ongoing, as the Welsh Campaign Coordinator works alongside the National Clinical Lead to facilitate a third sector Coffee & Catch-Up meeting every six weeks, which brings together organisations working to support families. Through this networking, participating organisations are starting to think about how they can work more closely together.

As this example demonstrates, addressing PMH goes beyond providing specialist services to embedding PMH across universal services and the voluntary sector. In recognition of this, in late summer 2021 the Alliance launched Make All Care Count, a phase of the Campaign that calls for all women and families across the UK to have equitable access to comprehensive, high-quality PMH care, including and beyond specialist services. Achieving this goal relies on a confident, well-equipped workforce delivering excellent, safe PMH care and support for all women, including those impacted by inequalities.

Make All Care Count set out eight areas of care where everyone who comes into contact with women before, during or after pregnancy has an opportunity to provide mental health support. These are:

- Specialist PMH services
- Health visiting
- Maternity services
- GPs and other primary care
- Mental health services
- Parent–infant services

- Children's services
- Voluntary and community support

The Make All Care Count graphic and animation sends a strong message about the links between the different elements of care[3]. Depicting these areas in visual form builds on the Campaign's strength in using visuals, such as the Maps, which have had a strong impact on delivering Campaign messages. While it is too early to draw robust conclusions about the impact of Make All Care Count, data should be available for the next evaluation report.

> ***I think that we can't underestimate how, having this visual which talks about a system, is a step forward, because it helps to show the interconnectedness of the support that women and families need.***
>
> (Internal stakeholder)

A key component of Make All Care Count encompasses the services and support provided by the voluntary and community sector. The evaluation identified strong networks between healthcare professionals and the voluntary and community sector, with greater access to PMH services being supported by the voluntary sector.

3.4 Transitioning to a charity

One of the areas that Comic Relief wanted to support during this phase of the Campaign was organisational development, so that the Alliance could reach the next stage of its development.

Prior to 2018, MMHA was hosted by one of the Alliance members: Action on Postpartum Psychosis. Today, the Alliance is its own charity with a high-profile Chair and a structure that has helped it grow and develop. There is a plan to set out a coherent funding strategy, which is expected to lead to greater sustainability. Overall, this is a major development, which stakeholders believe has made a real difference.

> ***It's pulling different disciplines in and thinking together under one umbrella. It's a huge strength and the fact that it's now a charity is a massive strength. Its leadership is now a real strength.***
>
> (National stakeholder)

As an example of the impact of this transition, when the pandemic hit in 2020 the Alliance's position and reach enabled it to listen to what members needed and build consensus in order to ensure a coordinated response. While the Alliance has a history of building consensus, the formalised nature of the charity, along with its reputation and position, enabled a rapid response.

Though this phase of the Campaign has taken place during a period of organisational change, the Alliance has always been evolving and ambitious. From its first informal meeting in 2011

[3] https://maternalmentalhealthalliance.org/campaign/make-all-care-count/

through to becoming a membership organisation and building its profile, being an alliance has remained a key factor in the Campaign's success.

> ***They're a very credible organisation and they've always punched well above their weight (given that they are pretty tiny at the heart, although their membership is huge). I know they've worked tremendously hard to do it, but they've definitely achieved a great deal.***
>
> (National stakeholder)

At an international level, as the first established PMH alliance, MMHA has linked with and contributed to the Global Alliance, which has based much of its approach on how the UK Alliance operates.

3.4.1 Remaining true to the membership model

Throughout this transition, members have continued to sit at the heart of the Alliance. The process to become a charity was undertaken in discussion with members, who helped agree the shape and structure of the organisation, and member involvement in future strategy is seen as key. While the Board is responsible for overall strategic objectives, the Alliance remains membership-driven. Board members attend all three member meetings each year and the Alliance Chair, trustees and staff meet members to support the work of the Alliance.

> ***I think it's really important actually to have that membership model and have a good organisation at its core who is able to listen to and represent the combined interests of its membership and work towards the bigger picture stuff.***
>
> (National stakeholder)

When new members join, they are encouraged to share their expertise to support the Alliance. These contributions vary from opening their own specialism or training to MMHA staff or sharing data to collaborating on papers to support the mission of the Alliance and providing meeting rooms for Alliance meetings.

> ***People are invited to pay a joining fee or give us gifts in kind to the equivalent value. Some people pay it and most do something else instead… There is clearly an assumption when people join that they are going to contribute.***
>
> (Internal stakeholder)

One example of this is a new member sharing data and research findings around the maternity experiences of black women. Another example is where the Chair of a small member organisation became a Lived Experience Champion.

In addition to members' contributions, there has been plenty of collaboration between members and the Alliance team. A few key examples during this evaluation period include:

- Working with Unite the Union to develop a free edition of the *Mental Health Nursing Journal* dedicated to PMH.
- Co-hosting an event with the Royal College of Midwives to launch the *Parental Emotional Wellbeing & Infant Development* report.

- Working together with Refugee Women Connect to highlight the needs of women during Refugee Week through, for instance, a Twitter Q&A.

3.4.2 Recruiting a strong board and chair

Board members for the charity were recruited through an open application process, followed by a separate process to recruit a new Chair. Former MP and long-time advocate for the improvement of mental health services Luciana Berger took up this role in September 2020, working alongside seven board members and the founding chair, now President, who maintains an active role.

> ***It's now recognised by the policy and nationally that this is a really important organisation and I think having your Chair…really reflects that. A really big name...who's committed in mental health circles, who's actually leading the organisation is also really helpful.***
>
> (National stakeholder)

3.4.3 Developing new funding sources

The Alliance continues to nurture and develop strong relationships with funders, some of whom were introduced by Comic Relief. It applies for a steady stream of grants from charitable trusts and is now exploring other funding options. Discussions that will lead into the planned funding strategy revolve around charitable trusts, membership models, individual donations and corporate fundraising.

During this phase of the Campaign, the Alliance achieved investment from the Big Lottery (for a four-year programme) and the Esmée Fairbairn Foundation. The Lottery is covering 80 per cent of project costs, with the Alliance fundraising for the remaining 20 per cent.

> ***In simple terms we are trying to use trusts and foundations to fill the immediate gap, and we have three years to work out how to fill the much bigger gap and that is where the new funding strategy comes in.***
>
> (Internal stakeholder)

4. Drivers of change

A theory of change approach identifies why change has occurred within a specific context. During this five-year evaluation six drivers of change have emerged. Each has played a role in achieving or working towards the agreed Campaign outcomes.

The drivers are:

1. Focused, collaborative campaigning
2. The use of evidence-based tools
3. The voice of lived experience
4. The influencing power of key individuals
5. The strength of political support
6. A supportive funding relationship

Each driver is explored below.

4.1 Focused, collaborative campaigning

A key driver of success has been the way the Alliance has stayed focused on clear Campaign asks while building collaboration.

> ***They made that decision to tackle pyramid of need by thinking about specialist services... There was never any disagreement that there needed to be a conversation about maternal mental health, so that was almost the easy win. But being able to talk with a collective voice about the cost of that to society was very powerful.***
>
> (National stakeholder)

4.1.1 Focus on specialist services

Keeping the focus around specialist services in this five-year period has been key. While there was a clear ambition to broaden the Campaign to the wider pathway, efforts during this period remained focused on embedding change within specialist services.

Only once commitments were in place for specialist services, did the Campaign start addressing the pathway as a whole. At times there was pressure to do more earlier, but there is no doubt that the decision not to dilute the specialist-services message was a driver of success.

The Campaign's focus on specialist services was ambitious, but this did not prevent it also being helpful and supportive. It often took on an enabling role behind the scenes, at both national and local level. This included working with the Royal Foundation, national governments and strategic health bodies. While working within the system, the Alliance maintained its independence, ensuring it could challenge decision makers and retain the clarity of the Campaign message.

> ***You notice other people start copying things that Everyone's Business have done, which is always a good sign. But I think it's also that kind of ability to work inside the system as well, so you***

show muscle outside, but you also work on the inside and get alongside decision makers.

(National stakeholder)

Work in strategy and policy nationally with various bodies who we were trying to influence, being partly just helping them in order to have a seat at the table and a voice and partly targeting them in a campaigning sort of way: a dual role, which I think actually reflects one of the very successful approaches that the Alliance takes generally, which is to campaign in an ambitious way but at the same time, be helpful and supportive and try to come up with solutions as well as demands.

(Internal stakeholder)

4.1.2 Collaboration between stakeholders and nations

The Alliance works with a whole range of stakeholders, service providers, families with lived experience, politicians and other campaigns. This is a key strength and there is wide evidence that this has driven change over the last five years.

One of the strengths of the MMHA is its capacity to collaborate very broadly and also to be influencing at a… government/parliamentarian level.

(National stakeholder)

The Alliance nurtures and facilitates collaborative approaches, including supporting a united voice with a consistent message. Many stakeholders commented that this ability to pull together clear messages in an often siloed space has been a major and impactful strength of the Campaign:

Government is very siloed and not very joined up and, so, when faced with a bunch of charities and bodies working in silos, it's a very convenient way for government to say, 'come back when you've decided what you all want to call for'. So, I think Everyone's Business…. have been very powerful in bringing a sort of voice together, that actually then causes an impact.

(National stakeholder)

With a significant number of new members in the last five years, representation has widened within the Alliance, giving it a stronger and more powerful voice. While speaking for the sector through agreed messages, the Alliance has played a key role in bringing together the sector, building understanding and creating networks.

That is the genius of it. It's not coming from just a particular perspective, it's trying to bring all of those perspectives together, which is sometimes uncomfortable. And that does mean that there's quite a bit of consensus-building needed.

Because the deeper you get into a campaign like this, the more there are going to be squabbles.

(National stakeholder)

A key example of this is the Alliance's response to Covid, when it took on a major role to ensure a coordinated response across the sector. This included taking the lead on providing information for women and families, which was the first time the Campaign spoke directly to women and families. By viewing women and families not just as beneficiaries, but as a primary audience, the Alliance became a trusted source for women in the perinatal period and filled a gap for coordinated provision of information.

MMHA produced a web resource which was fantastic, which provided a portal for links to other organisations' web resources.

(National stakeholder)

Other examples of collaboration include important relationships the Alliance nurtured and developed across the system, including connecting with other campaigns, whose messages they shared and highlighted. Campaign messages and activities have supported a range of other initiatives, including contributing to nation reports and advising and supporting local areas around development of their PMH services.

One particularly powerful example of collaboration is the work across the four nations, which has undoubtedly driven change. This has included building relationships and devising tailored approaches for each national context (for example, developing the Consensus Statement in Northern Ireland).

It's not just 'this is happening in England so come on other nations, just repeat and copy'.

(Internal stakeholder)

Each nation has taken a unique approach, but connections made by the Alliance have helped to achieve change and investment across all four nations. By sharing best practice and benchmarking, the Campaign provides both support and challenge.

An example of this is the work done by the Scottish Coordinator in sharing information and linking with Campaign Coordinators in Wales and Northern Ireland. This networking was seen as an important part of the Northern Irish success story.

4.2 The use of evidence-based tools

Campaign tools, such as the Maps and Centre for Mental Health and LSE Economic Report, use specific evidence and data that has driven change. More information about both, along with other Campaign tools, is provided below.

The organogram or the infographic from the economic LSE report was a powerful, visual thing that parliamentarians can see easily.

(National stakeholder)

4.2.1 Campaign Maps

Evaluation research demonstrates that the Maps are one of the best ways to highlight the need for specialist PMH services. Along with the Economic Report they were described as useful on more occasions than any other Campaign tool. There is evidence that they have been used by national stakeholders and politicians as a driver for change in a range of contexts.

> ***I think the Maps were definitely part of the Campaign, and that's very visual. I know that's used in a lot of teaching [of health care practitioners].***
>
> (National stakeholder)

> ***Heat maps are a very good way of showing, pictorially, in quite a powerful way, where there are inequalities and…big gaps in a service.***
>
> (National stakeholder)

The Maps also prompted communication activity. When updated Maps were released in April 2018, there was a clear spike in media and social-media activity, and many internal and external stakeholders took this as an opportunity to engage and communicate about PMH.

4.2.2 Centre for Mental Health and LSE Economic Report

Alongside the Maps, the most widely cited Campaign tool is the Centre for Mental Health and LSE Economic Report. Even though this dates from the first phase of the Campaign, this analysis of robust data from a respected academic source remains a useful resource for backing up the case for investment. It is widely acknowledged that the economic report has stood the test of time and that people are still using and referring to it.

> ***It's stood the test of time. It's as powerful now, nationally and internationally, as it was when it was first launched. No doubt about that. And it's still used by CCGs locally in their discussions about whether or not to fund and continue funding and so on. That is part of their arguments and so on. It's really powerful.***
>
> (Internal stakeholder)

> ***I think the fact that it was carried out by academics and not practitioners was very powerful. I mean, that shouldn't be the case. There's no reason why practitioners wouldn't know precisely what the costs are and implications but, nevertheless, it seems that government currency is all about academic research.***
>
> (National stakeholder)

A new Economic Report is currently being researched and produced by LSE, which will be used to campaign around the wider pathway. Focusing on PMH and health visitor and midwifery services, the report is expected to publish early in 2022.

4.2.3 Social media

Along with the Campaign newsletter and website resources, social media communications have proven to be a particularly effective way to inform and engage people. Many external stakeholders reported that their main interaction with the Campaign took place through Twitter, which allowed them to find out what was going on and to participate in spreading Campaign messages. There is also a sense that social media played a role in bringing together, and sharing practice among, the nations.

4.2.4 Mixed methods

While individual Campaign tools have been identified as drivers of change there is a large amount of feedback that suggests the Campaign's mixed-methods approach (which uses lived experience alongside evidence-based quantitative data) has been a driver in and of itself.

> ***The Campaign has successfully combined lots of different elements of information. The data it's used, involving people with lived experience, those are very powerful [and] help to convince people and understand the issues.***
>
> (National stakeholder)

> ***I'd constantly be bringing it back to that sort of original Campaign approach around the visuals and the data, and the combination of economic argument, lived experience and visual tools, and all of those things that have helped them create the change that they've created so far. They've got a good model.***
>
> (National stakeholder)

4.3 The voice of lived experience

The voice of experts by experience is articulated in the ToC as a key driver that has potential to build emotional commitment. This applies to voices of lived experience and to the impact of sharing personal stories of hope.

Stakeholders have repeatedly highlighted the importance of sharing lived experience and this has come through strongly as a key driver influencing public and political support. While this encompasses the formal activities of the Lived Experience Champions, those informal moments where people in professional roles within PMH share personal stories also play a role.

> ***Where it works best is where it's taken those voices and experiences from women, mums and families and played those into the ears of those politicians. And that doesn't always happen. So, it's about humanising an issue really, isn't it? And combining the evidence bases that you have. But that's a really important one that needs to be in the mix. So, it's not just about numbers and money and X, Y and Z. It's about real people.***
>
> (National stakeholder)

4.4 The influencing power of key individuals

The significant roles taken on by a number of well-respected internal stakeholders have been acknowledged as fundamental to driving change. These include the MMHA President, Chair, key trustees and staff.

The roles and experience of these individuals, combined with their passion and commitment, were seen as drivers of change. Some had political influence, some were influencers in specific nations and some made a difference across the nations.

> ***There's something about the joy of those people, I suppose, to all intents and purposes, and being charismatic and having the ability to gently bring people along.***
>
> (National stakeholder)

This included the important voice of lived experience within the MMHA staff team and the impact this had in winning hearts as well as minds.

4.5 The strength of political support

The funding commitment attributed to the success of the first phase of the Campaign has made a huge difference to the changes seen during this phase. While it has driven change at a local level in England and Wales, there was always a risk that, with pledges in place, political impetus would be lost.

This has not been the case, thanks to the political will secured by the Alliance across all four nations. In fact, additional funding was pledged in both England and Wales, along with new pledges of investment in Northern Ireland and Scotland. The October 2021 budget announcement of £100m in mental health support funding for expectant parents further demonstrates the level of ongoing political support.

The Alliance has expertly built and navigated relationships across political parties, particularly in Scotland and Northern Ireland. There have been consistent mentions in parliament during the Campaign, with individual politicians who are wholly committed to the Campaign actively supporting it in their respective nations.

By truly making PMH 'everyone's business', this cross-party support for improved services has led to results on the ground – a real achievement, especially in the context of Brexit and Covid. If Campaign messages are seen to be weakening, the Alliance now has direct contact with politicians who can be asked to champion issues on their behalf.

While it is obvious that political support has been a key driver of change to date, it is also clear that it remains a priority going forward. Now that commitments are embedded within policy, the Campaign's focus needs to retain that strength of support as it holds governments and policymakers to account.

> ***As ever, with official government policy, it's one thing to say we're going to do it and it's quite another thing to make it happen.***
>
> (National stakeholder)

4.6 A supportive funding relationship

An important structure that has enabled success has been the relationship with Comic Relief, a funder who is willing to work closely with the Alliance and provide support and guidance.

Historically, the 2013 decision by Comic Relief to provide a 12-month development grant enabled a fledgling Alliance to come together and plan its intentions. This involved developing the theory of change that acted as a framework for Campaign activities. When the Campaign started in 2014 there was therefore a clear vision already in place. Since then, this supportive relationship has continued.

> ***It's been one of our longest standing funding partnerships and we're very proud and pleased to have been involved for the period that we have.***
>
> (National stakeholder)

One example of this supportive relationship during the current phase of the Campaign is the fact that Comic Relief supported the Alliance as it transitioned from being hosted by an established organisation to becoming its own charity. This involved introducing the Alliance to other funders, advocating in order to generate longer-term funding options for the Campaign.

> ***The other thing that we have also been able to do, working alongside the Alliance, is to increase awareness among other funders and try and bring them round the table so that they're also investing in maternal mental health support.***
>
> (National stakeholder)

The strength of this partnership has had wider consequences too. Through working with the Alliance, Comic Relief directly funded a programme for local voluntary and community services working in PMH to complement the national work of MMHA. During the pandemic they funded the Maternal Mental Health During the Pandemic Report.[4]

[4] https://maternalmentalhealthalliance.org/mmhpandemic/

5. Making all care count

Now that the Turning the Map Green phase of the Campaign has made progress, with newly allocated resources and specialist services provision, Campaign emphasis continues to move towards ensuring that appropriate and effective care is available on the ground. As you would expect, the evaluation shows that there is still work to be done to ensure all women and families receive the care they need. In particular, the following five issues have been highlighted during this evaluation. Each is explored in more detail below.

- Following through on pledged funding
- Embedding high-quality services
- Tracking and satisfying demand
- Monitoring diversity and prioritising inclusion
- Creating opportunities to share lived experience

5.1 Following through on pledged funding

The evaluation highlights that it is not always clear where and how funding has been allocated and spent and whether pledged funding is sufficient or recurring.

In Scotland lobbying for recurrent and sustainable funding has been a key objective of the Everyone's Business campaign.

> ***The Scottish Government has committed to annual and recurring funding for PMH beyond the life of the Programme Board, but it is unlikely that this will be sufficient to address the chronic and historic lack of funding for specialist PMH services in Scotland.***
>
> (National stakeholder)

In England the Campaign called for greater transparency on spending at local level.

> ***There's extra money in the system. Well, extra, question mark. But there is money that is supposed to be allocated towards this, but I think we are slightly at the whim of there being advocates for this on a local level. In short, I think there is more that could be done.***
>
> (National stakeholder)

Overall, the lack of ring-fencing for pledged funds puts the sustainability of services at risk, as demonstrated by the fact that, in some trusts, pledged money has been delayed or diverted.

> ***The money's simply not flowing through into the teams on the ground in many places – for all sorts of reasons. Perhaps money has been diverted to acute trusts, maybe, or into CAMHS budgets or other health and social care budgets. Who knows? I don't know, I ask lots of questions at a local level but still don't get clear answers.***
>
> (National stakeholder)

5.2 Embedding high-quality services

Stakeholders feel there is a substantial difference between the availability of specialist services and a system where these services are effective and embedded in the local health system. The more embedded the new specialist services are within local health systems, the more effective they will be and the more impact they will have on universal services.

> ***Just because we've got these teams everywhere, doesn't mean that you've got strong, robust services everywhere. And, so, I think that's the bit that we still need to keep on doing: making sure that we really truly embed these services into their local system and that they continue to grow and develop.***
>
> (National stakeholder)

Currently the map in England is mostly green (around 80%), meaning there is some specialist PMH support available in all CCGs. There is also progress in the other nations. However, there is an acknowledgement that this does not signal complete success in terms of the experience of women and families, and some concern that areas could easily slip backwards. Therefore there is a need now for more nuanced focus on quality, consistency, inclusion and integration of PMH specialist services.

> ***There is progress in Scotland in terms of service delivery, but it would be false to suggest that that improvement was being felt by women and babies because I wouldn't think that was the case.***
>
> (National stakeholder)

One aspect that impacts on this relates to recruitment and training. Evaluation evidence shows that training across the nations is inconsistent, with coverage in England described as 'patchy' and mixed feedback on workforce training. There is also evidence of challenges around recruitment in some geographical areas and clinical specialisms.

Voluntary sector stakeholders have raised concerns that, because some women don't meet the high threshold required for access to specialist services, the voluntary sector has to pick these cases up. While the role of the voluntary sector can be important it is often underfunded, and if pathways aren't clear it can lead to confusion among service users and NHS staff.

> ***I think what VCS organisations can do is they can create a more trusting relationship that can sometimes then be a route into mainstream or an alternative to mainstream. The problem is, we often get those two pathways confused and they both have their merits, but you need to know which one you're doing. And sometimes the presence of voluntary and community organisations can be used by NHS colleagues as an excuse not to reach out.***
>
> (National stakeholder)

A related issue raised by stakeholders is fragmentation in universal services between midwives, health visitors and GPs, which means women often have to navigate their own way

through services, even when they aren't well enough to do so. While there is some evidence that these gaps are starting to close, this remains a concern.

> ***It's moving in the right direction but it's not there. Part of me worries that these new maternal mental health teams may cause fragmentation rather than pulling together…I worry that it's going to be less joined up than we think it's going to be and less flow through the system and people being a bit siloed and a bit protective of their territory.***
>
> (National stakeholder)

5.3 Tracking and satisfying demand

While stakeholders generally accept that there are now theoretically enough MBU beds in England, this doesn't always translate to everyone being able to access all the services they need when they need them. Across the nations, issues remain around geography, distance and inclusion, with feedback that some women and babies are being placed in MBUs a long way away from their families because of availability of spaces.

> ***It's possible that because of where they're located, people are still travelling. In which case we need to think do we need to add more MBUs?***
>
> (National stakeholder)

Keeping track of need has been made more difficult by the pandemic; it is hard to monitor the number of beds needed when 'stay at home' messaging during the first lockdown may have led some women to avoid taking up MBU places. The situation is further complicated where the commissioning of MBU places and community specialist PMH services is not joined up. This may lead commissioners to assume that needs are being addressed by the other part of the specialist system.

While stakeholders feel there are theoretically enough MBU spaces for England for now, they are keen to keep this under review, something NHSEI has committed to. NHSEI anticipates providing a further 13 MBU beds within the next two years. These are intended to address any gaps, particularly in response to monitoring the distance between women and babies in an MBU and their families.

In Scotland there is evidence that the two MBUs (which opened prior to this phase of the Campaign) are often full and unable to take admissions; there has been concern about the need in remote areas and a feeling that access has not improved over the last five years. However, there is now hope of additional beds and a Campaign intention to make the case for additional capacity in Northern Scotland.

> ***The specialist beds that do exist are concentrated on the central belt. However, the Scottish Government will soon be consulting on where to locate any additional MBU beds.***
>
> (National stakeholder)

One consequence of the success of the Campaign is a greater awareness of PMH as a whole, which has placed further demand on services outside of the specialist team, whose workload is also growing. This is partly due to the availability of specialist services and partly a result of

greater awareness of the issues; it is more common for staff to ask about the issue, precisely because there are services available to support people.

This increased demand presents further challenges for the whole pathway in terms of capacity and training. This applies to specialist PMH staff, but also to professionals working in universal services and those in the voluntary sector.

5.4 Monitoring diversity and prioritising inclusion

The evaluation has shown that there is no clear data about equality, diversity and inclusion of services.

> ***The fact that we don't know tells us that we should know and we should have data on this. There is no excuse for not knowing. Put simply, if we don't have data to know how well [specialist PMH services] are reaching, particularly, women from racialised communities, then – given the track record of mental health services is not good – then that's not really okay.***
>
> (National stakeholder)

Though there is a real evidence gap around diversity, accessibility and inclusion, most respondents feel that services are not yet as inclusive as they could be. This is reflected in concerns around the needs of diverse groups and the make-up of PMH and voluntary sector teams.

> ***We know that even in places that are ethnically diverse (typically inner-city patches of England), if you look at the diversity of the community perinatal teams, you'll see it's skewed. It doesn't represent the local population at all.***
>
> (National stakeholder)

While there is ongoing work within the Alliance to diversify representation among the Lived Experience Champions, the voice of lived experience within the sector as a whole has not always been representative of all women.

> ***The same faces that come up are always white women… But I guess that's a reflection of everything isn't it?***
>
> (Expert by experience)

The Alliance is therefore taking a proactive approach, reaching out to groups who are currently underrepresented, including LGBT groups, Muslim women's groups, refugee groups and black parents' groups. There has already been some progress as a result of this approach, including three new Lived Experience Champions from underrepresented groups.

5.5 Creating opportunities to share lived experience

There are some reports from Lived Experience Champions that the number of opportunities to share their stories is decreasing.

> ***I do so few conferences now, even virtual.***
>
> (Expert by experience)

While the pandemic has undoubtedly affected the number of opportunities for Champions to be heard, the success of the Campaign may also have played a role here.

> ***The longer it goes, I feel I'm way more distanced from the service I experienced because, as a service user, it was when there were no specialist services and sometimes I'll be at a conference and think, maybe my story's getting old now. Maybe it's not reflective of the current situation.***
>
> (Expert by experience)

As the emphasis of the Campaign changes, regular recruitment of new Champions will be important, along with a strategic approach for generating opportunities to share lived experience.

6. Learning and recommendations

Reflecting the Alliance's commitment to evidence-based learning, this section highlights five key recommendations that have arisen from the evaluation. Intended to provide inspiration and focus for the next phase of the Campaign, these are:

- Maintain the successful Campaign focus
- Look beyond green
- Shine a light on equality, diversity and inclusion
- Build consensus for the future
- Carry on learning

Each recommendation is explained below.

6.1 Maintain the successful Campaign focus

The Alliance approach to campaigning is both well-respected and proven to deliver results. Change has been driven by collaboration across the PMH sector, consensus-building and speaking with one, unified voice. The ability to work alongside policymakers, while also challenging them, has been important, as has amplifying the voice of lived experience of PMH.

The Campaign approach remained effective even when the context around it changed considerably. The pinpoint focus on key messages and asks led to progress across all four nations, despite varied political contexts, while the fact that the Campaign kept PMH on the political agenda during the pandemic is testament to its strength.

As membership continues to grow and the Campaign broadens out to address the wider pathway, it will be important to retain the culture and values that define the Alliance, while drawing on the methods and focus that have worked so well to date. In particular, the Alliance's proven ability to adapt to different local, regional and national contexts will continue to play an important role in achieving success.

6.2 Look beyond green

While the Maps were undoubtedly a powerful tool during this phase of the Campaign, it is clear that an area turning 'green' isn't the end of the story. Without ring-fenced and sustained funding, there are risks that some specialist services may be lost; equally important is ensuring a high quality of care. Even when services are maintained, questions remain around workforce capacity and skills, geographical access and rising demand.

The Alliance must keep the pressure on by questioning whether pledged funds have been delivered, demanding transparency around where and how money is spent and holding local areas to account around quality of care. This involves balancing the emphasis between investment in service provision and the extent to which services are offering quality care.

An important first step will be pushing the nations' health bodies to share monitoring data so that the Alliance can identify where focused work is needed and how the Campaign should respond.

Overall, this is not a time for complacency and the Maps still have a role to play. It is recommended that they continue to be updated, even for those areas that are mainly green, so they can be used to highlight if – and where – any services begin to slip.

6.3 Shine a light on equality, diversity and inclusion

While addressing equality, diversity and inclusion is an implicit priority of the newest phase of the Campaign, the evaluation has shown that services are not yet as inclusive as they could be. In particular, stakeholders have highlighted three particular areas where the Campaign could make a difference, which are summarised here.

There is a need to call out health providers for the evidence gap around accessibility and inclusion. Data must be collected, gathered and published in order to evaluate how well specialist services are reaching women and families from diverse communities.

In terms of workforce development, pressure could be applied to support greater community representation in the workforce, particularly for specialist services.

The Lived Experience Champion network should be further expanded to include greater representation from diverse and seldom heard groups across the UK, with MMHA's Equality and Diversity framework informing this work.

6.4 Build consensus for the future

During this phase of the Campaign it might be said that the Alliance has come of age. Membership has grown from 78 members listed in the 2016 evaluation report to 110, the organisation has become a sustainable charity and its Campaign has transformed investment in – and access to – specialist PMH services. This is, therefore, a perfect moment to step back and consider the future Campaign focus.

This could include agreeing the emphasis the Campaign places on aspects of the wider pathway and considering the extent to which the Campaign supports the mental health of partners and infants.

Typically, maternal mental health problems affect not only women but the whole family. To date the Campaign has focused on mental health care for women, support for women and their partners and support for their relationship with their babies. While reaching consensus on the extent to which partners and infants are supported has previously been a challenge, going forward the Alliance should be confident in its ability to initiate and facilitate conversations to build consensus around the future PMH agenda.

6.5 Carry on learning

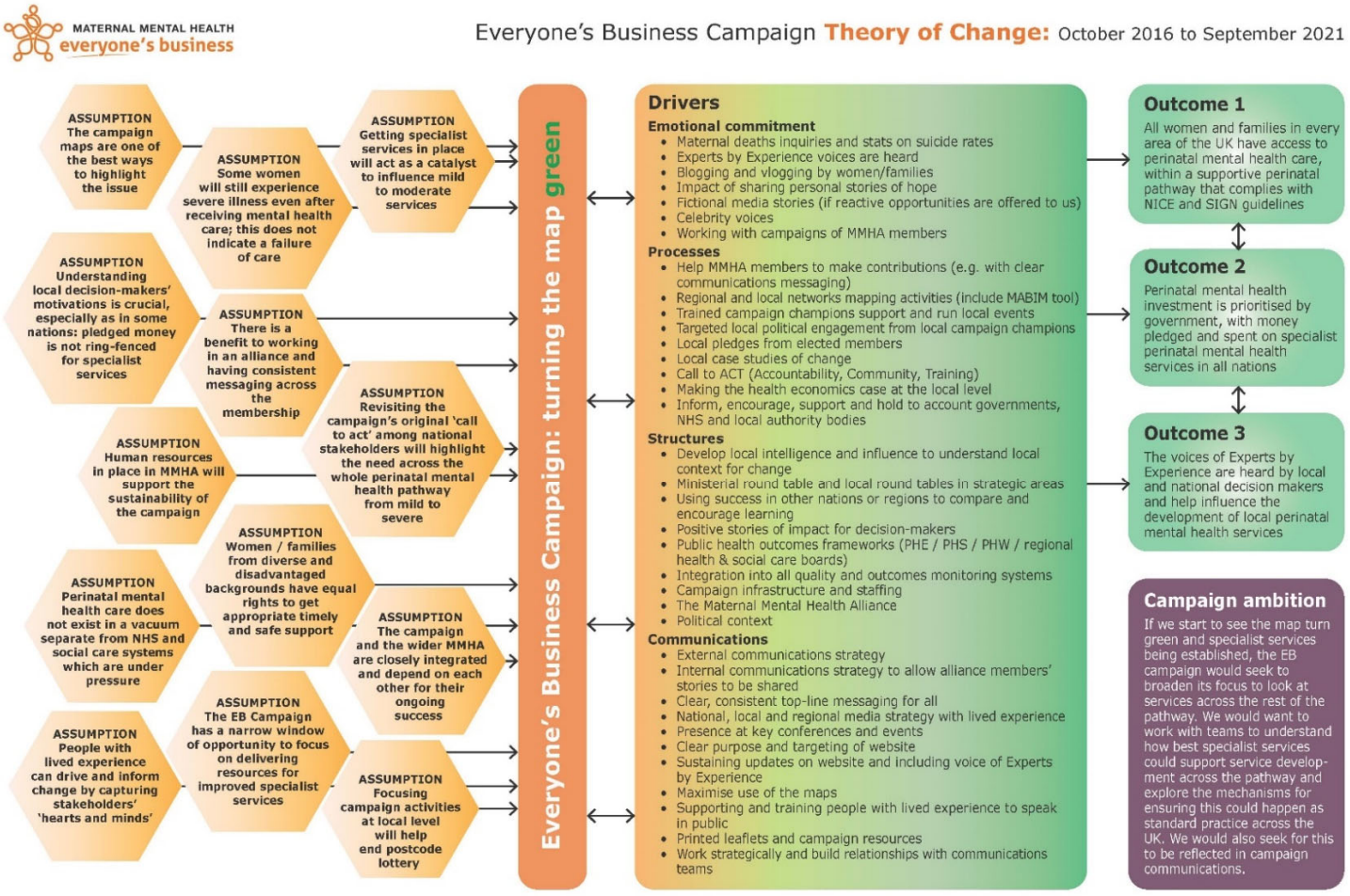
The Alliance has already proven its long-standing commitment to learning both within and beyond the Campaign. This is evidenced through its use of research data and metrics to make the case for investment in PMH and the development and implementation of a theory of change to provide a framework for planning and evaluating Campaign impact.

Learning like this is embedded throughout Alliance ways of working, with evidence of different nations sharing approaches, processes and successes with one another and new members sharing knowledge and expertise when they join.

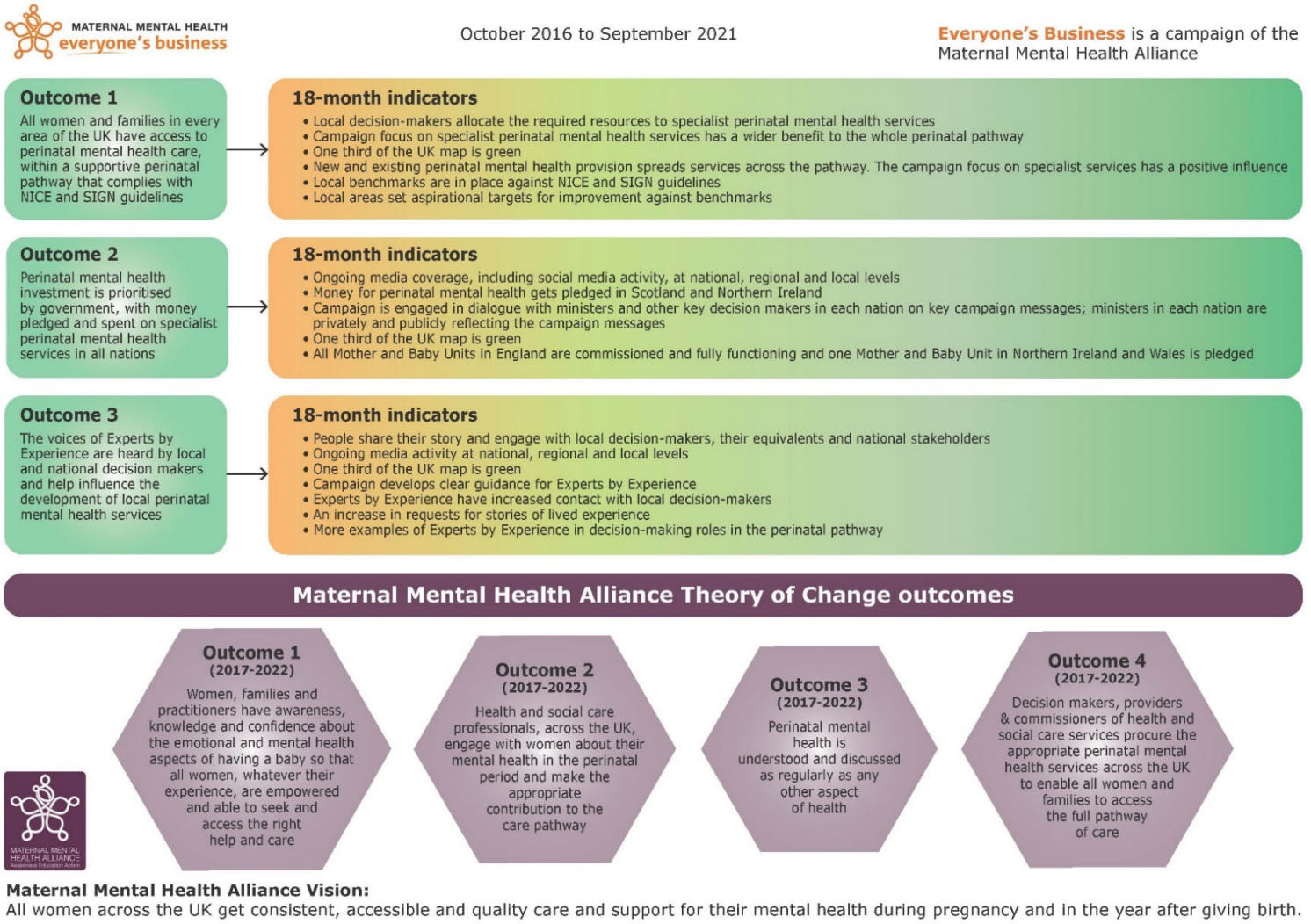
Building on these strengths should involve continuing with a theory of change framework, while bringing nations and members together to create opportunities for sharing good practice.

Appendices

Appendix I: Campaign Theory of Change, 2016



This **Theory of Change** is for the Everyone's Business campaign, funded by Comic Relief. Our outcomes and campaign activities for this period will be based on the funding bid which Comic Relief have agreed.


MATERNAL MENTAL HEALTH
everyone's business
October 2016 to September 2021
Everyone's Business is a campaign of the Maternal Mental Health Alliance
Outcome 1
All women and families in every area of the UK have access to perinatal mental health care, within a supportive perinatal pathway that complies with NICE and SIGN guidelines
18-month indicators
• Local decision-makers allocate the required resources to specialist perinatal mental health services
• Campaign focus on specialist perinatal mental health services has a wider benefit to the whole perinatal pathway
• One third of the UK map is green
• New and existing perinatal mental health provision spreads services across the pathway. The campaign focus on specialist services has a positive influence
• Local benchmarks are in place against NICE and SIGN guidelines
• Local areas set aspirational targets for improvement against benchmarks
Outcome 2
Perinatal mental health investment is prioritised by government, with money pledged and spent on specialist perinatal mental health services in all nations
18-month indicators
• Ongoing media coverage, including social media activity, at national, regional and local levels
• Money for perinatal mental health gets pledged in Scotland and Northern Ireland
• Campaign is engaged in dialogue with ministers and other key decision makers in each nation on key campaign messages; ministers in each nation are privately and publicly reflecting the campaign messages
• One third of the UK map is green
• All Mother and Baby Units in England are commissioned and fully functioning and one Mother and Baby Unit in Northern Ireland and Wales is pledged
Outcome 3
The voices of Experts by Experience are heard by local and national decision makers and help influence the development of local perinatal mental health services
18-month indicators
• People share their story and engage with local decision-makers, their equivalents and national stakeholders
• Ongoing media activity at national, regional and local levels
• One third of the UK map is green
• Campaign develops clear guidance for Experts by Experience
• Experts by Experience have increased contact with local decision-makers
• An increase in requests for stories of lived experience
• More examples of Experts by Experience in decision-making roles in the perinatal pathway
Maternal Mental Health Alliance Theory of Change outcomes
Outcome 1
(2017-2022)
Women, families and practitioners have awareness, knowledge and confidence about the emotional and mental health aspects of having a baby so that all women, whatever their experience, are empowered and able to seek and access the right help and care
Outcome 2
(2017-2022)
Health and social care professionals, across the UK, engage with women about their mental health in the perinatal period and make the appropriate contribution to the care pathway
Outcome 3
(2017-2022)
Perinatal mental health is understood and discussed as regularly as any other aspect of health
Outcome 4
(2017-2022)
Decision makers, providers & commissioners of health and social care services procure the appropriate perinatal mental health services across the UK to enable all women and families to access the full pathway of care
MATERNAL MENTAL HEALTH ALLIANCE
Maternal Mental Health Alliance Vision:
All women across the UK get consistent, accessible and quality care and support for their mental health during pregnancy and in the year after giving birth.

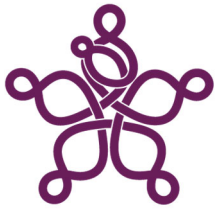
Appendix II: Evaluation data summary

Data collected for this evaluation has included:

- Interviews (x 64)
- Members' surveys (x 2)
- Focus Groups (x 4)
- National observations (x 3)
- Members meetings – facilitated workshops / discussions (x 2)
- ToC review and development workshops (x 3)
- Four nations fieldwork:
    - England: workshop & focus group, 4 interviews (though a number of the general interviews also focused on England), 2 regional case studies, observation, document review
    - Northern Ireland: workshop & focus group, 12 interviews, observation, document review
    - Wales: workshop & focus group, 14 interviews, observation, 1 regional case study, document review
    - Scotland: workshop & focus group, 14 interviews, 2 observations, document review

The secondary data collected by the Campaign team over this period includes social media and website traffic, media coverage, events and meetings, eBulletin sign-ups, reports, Hansard extracts and a log of reported changes received by the Campaign team.

This external evaluation of the Everyone's Business Campaign was commissioned by the Maternal Mental Health Alliance.



Maternal Mental Health Alliance