

Evaluation of Birth Companions' Community Link Service

Report produced July 2015

Naomi Clewett and Vanessa Pinfold



Contents

Executive Summary	4
1. Introduction and aims.....	12
2. Methodology.....	12
2.1 Overview.....	12
2.2 Analysis.....	13
2.3 Research Advisory Group	15
2.4 Sample description.....	16
3. Initial Theory of Change Model	18
3.1 What is Theory of Change?.....	18
3.2 Description of service	19
3.3 Community Link service approach	20
3.4 Initial Theory of Change.....	20
4. Key findings from literature	22
4.1 Focus of review	22
4.2 Support for vulnerable women before and during birth.....	22
4.3 Post-natal support for vulnerable women	22
4.4 Evidence base in summary	24
5. Results: Findings from interviews.....	25
5.1 Context of women’s lives	25
5.2 Experience of Birth Companions’ support.....	29
5.3 Impact of Birth Companions support	38
5.5 Birth Companions’ approach	51
6. Discussion.....	61
6.1 Limitations of the evaluation	62
6.2 The role of Birth Companions	62
6.3 The impact of Community Link service on outcomes	65
6.4 Evidence based practice within Birth Companions’ model	68
7. Updated Theory of Change	69
8. Conclusion and recommendations	72
9. Acknowledgements	74
10. References.....	75

11	Appendices.....	78
	Appendix 1 – Interview guide – women	78
	Appendix 2 – Interview guide – professionals.....	81
	Appendix 3 – Interview guide - Birth Companions’ staff and volunteers	85
	Appendix 4 – Method: recruitment and data collection.....	89
	Appendix 5 - Participant preference sheet	91
	Appendix 6 – Thematic analysis from the context theme	94

Executive Summary

Introduction and aims

Birth Companions' Community Link service provides support to vulnerable pregnant and new mothers living in the community in London. The service was established in 2007 marking an expansion of work for Birth Companions, where the previous focus had been on support to women in prison. Community Link works with women in the community who face multiple disadvantages including mental health problems, substance misuse, domestic violence, trafficking, asylum-seeking, contact with the criminal justice system and child protection issues. Birth Companions commissioned the McPin Foundation, a mental health research charity, to evaluate their Community Link service.

The aim of the evaluation was to evidence the short and longer-term impact of the Community Link service on outcomes for women. The aims that Birth Companions works to achieve through support are to:

- Improve the mental health and wellbeing of women
- Reduce women's isolation
- Enable women to give their babies the best possible start in life.

Methods

Our evaluation consisted of three components: a review of existing literature; interviews with women who had previously received support from the Community Link service; and interviews with professionals and Birth Companions' staff and volunteers. These components were all planned carefully with Birth Companions. A central part of the approach was the involvement of women who had been supported by Birth Companions as advisors to the evaluation. The evaluation approach adopted included working with Theory of Change. This involved mapping the components and objectives of the service prior to data collection, to provide an initial pathway map of how the service 'worked'. This understanding was then assessed and refined as a result of the analysis of interview data.

Results

Key findings from literature review

There is not a robust evidence base documenting how to deliver best practice interventions to vulnerable pregnant and new mothers. We do know that continuous support during labour is beneficial for mum and baby health outcomes. We also know that psychological interventions are effective for treating depression. An integrated model of care including home visits, practical and emotional support, weekly peer support, befriending, parenting groups and liaison with the perinatal mental health team, found some positive effects for vulnerable women. Contact with the service increased over time (an indicator of engagement), and there was a reduction reported in depression and anxiety scores (Warriner, 2011). Integrated programmes have also produced positive evidence for women with substance misuse issues. A systematic review (Stewart-Brown and McMillan, 2010) made several recommendations for perinatal parenting programmes based on

promising evaluation findings, including those targeted at high risk women. These included: promote infant-mother bonding, prevent and treat postnatal depression, provide parenting support in infancy and early years, and offer parenting programmes for the prevention of behavioural problems in children.

Key findings from the interviews

The Community Link service worked with vulnerable women who faced multiple, interrelated and co-occurring challenges. The most common challenges faced were mental health problems, social isolation, money problems and housing issues. These challenges had often been on-going for years, and faced with the birth of a new baby, were likely to continue into the future, impacting on mother and child.

Women reported a very positive experience of support – they were very satisfied with the Community Link service. They were grateful for the help they had received from staff and volunteers, and felt they had good relationships with the volunteers they worked with. The experience was described as beyond women’s expectations and they experienced the relationships that they built as familiar: ‘like family’, ‘friend’, ‘like super angels’, ‘like a mum’, ‘like a sister’, ‘like an auntie’ and ‘like a godparent’.

Not all the women were supported by a birth companion during labour. Among the sample interviewed only 55% had a volunteer birth companion in the hospital delivery suite, but the service provides far more than labour support and these benefits were also reported as positive. The range of services offered by Community Link were important for understanding the experience of women, combining relationships built on kind and caring attitudes, along with practical advice and information, sharing parenting skills, providing material items and small financial resource. This was not a combination vulnerable women usually experienced from support agencies.

In terms of outcomes we found:

- Birth Companions were successful in engaging women with the service, when many other services struggled to do so. There was some evidence this led to better engagement with other services.
- Women felt more in control of their situation as a result of advocacy support from Birth Companions and acquiring the parenting skills, knowledge and material equipment necessary to care for their babies.
- Women felt less isolated through Birth Companions involvement, from support during labour to developing strong, trusting relationships with volunteers who provided emotional support. There were mixed experiences of the sustainability of reduced isolation when the support ceased.
- Birth Companions reduced stress and worry for women, and provided a safety net to buffer emotional crises during a difficult change period in their lives.
- Practical help with parenting, breastfeeding, providing equipment and increasing access to services was likely to have a positive impact on the babies’ wellbeing.

- Birth Companions helped women create positive memories of birth which were likely to support wellbeing and bonding with their babies.
- Some women wanted to give back to Birth Companions as a way of expressing their gratitude for the support they had received. They donated baby clothes and equipment as well as volunteering their time to the organisation.

Overall the Birth Companions' Community Link service is a unique service built upon a:

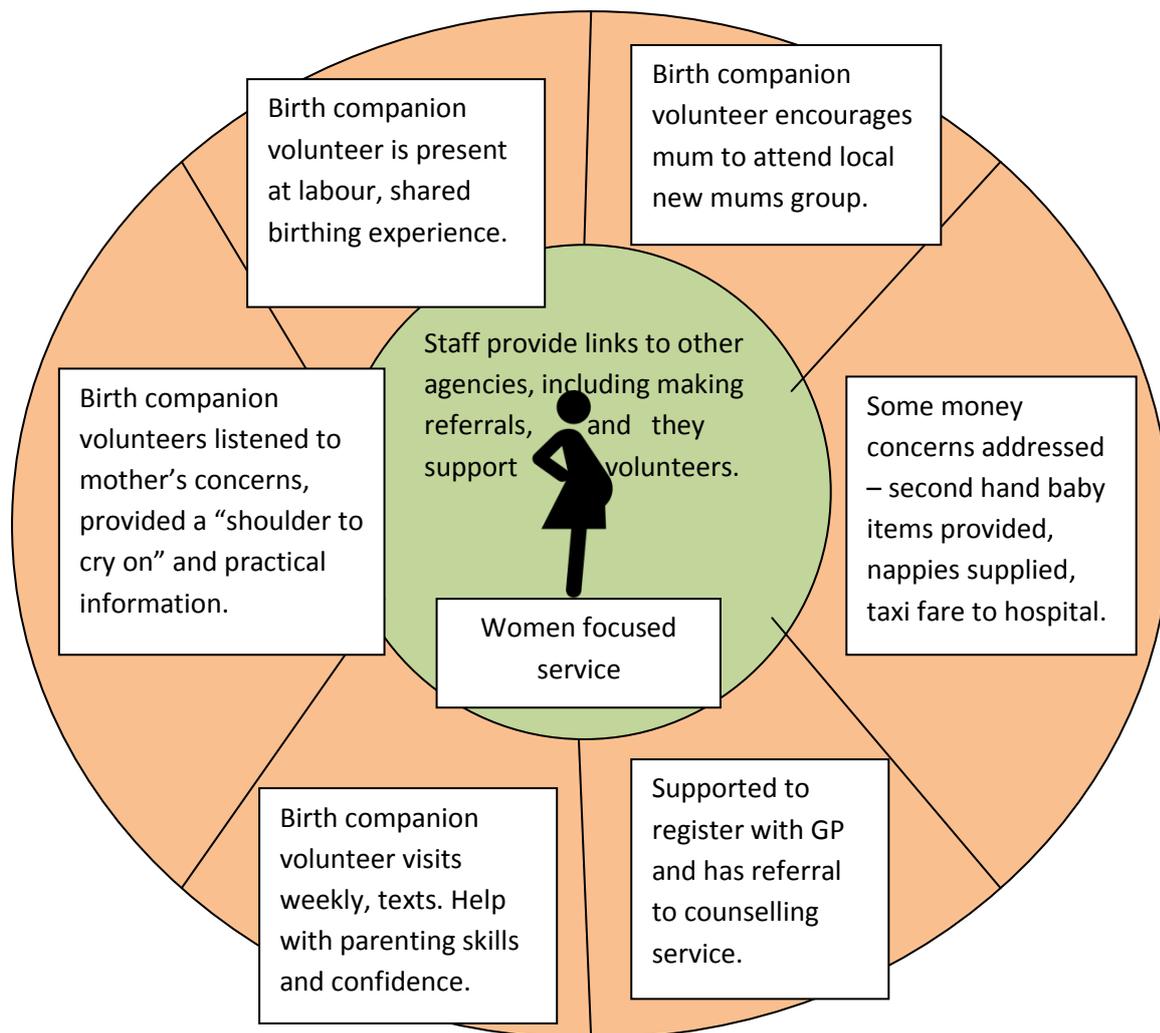
- Flexible service model - providing a service that is not available elsewhere; what Birth Companions offer is different.
- Woman-centred approach - women felt Birth Companions listened to their needs and were led by their concerns.
- Focus of the service on mother and not child. This is a key difference to how other agencies deliver support.
- Emphasis on relationships between Birth Companions and women that were strong and trusting. This was the basis for the service and how quality relationships were forged.
- Professionals valuing and viewing Birth Companions as experts in perinatal care and complex cases.

How did Birth Companions support a 'hard to reach' group of vulnerable women that other services struggled to connect and engage with?

- Women felt different about Birth Companions' support compare to input from other agencies.
- The service was genuinely 'woman focused' with a personalised approach that put the woman in control of how Birth Companions supported her.
- Women experienced relationships built on trust – which is often lacking in personal and professional relationships.
- Women experienced support that was beyond the immediate practical input but had symbolic meaning built on gestures of kindness.
- The 24/7 flexibility of a number to call and a volunteer to listen to you, was reported as reassuring.
- Volunteers didn't stop trying, even when making contact was hard they still tried.

We understood the service as “a wheel of support” containing: practical advice and information; useful resources; emotional support.

The Birth Companions Wheel of Support¹



Theory of Change

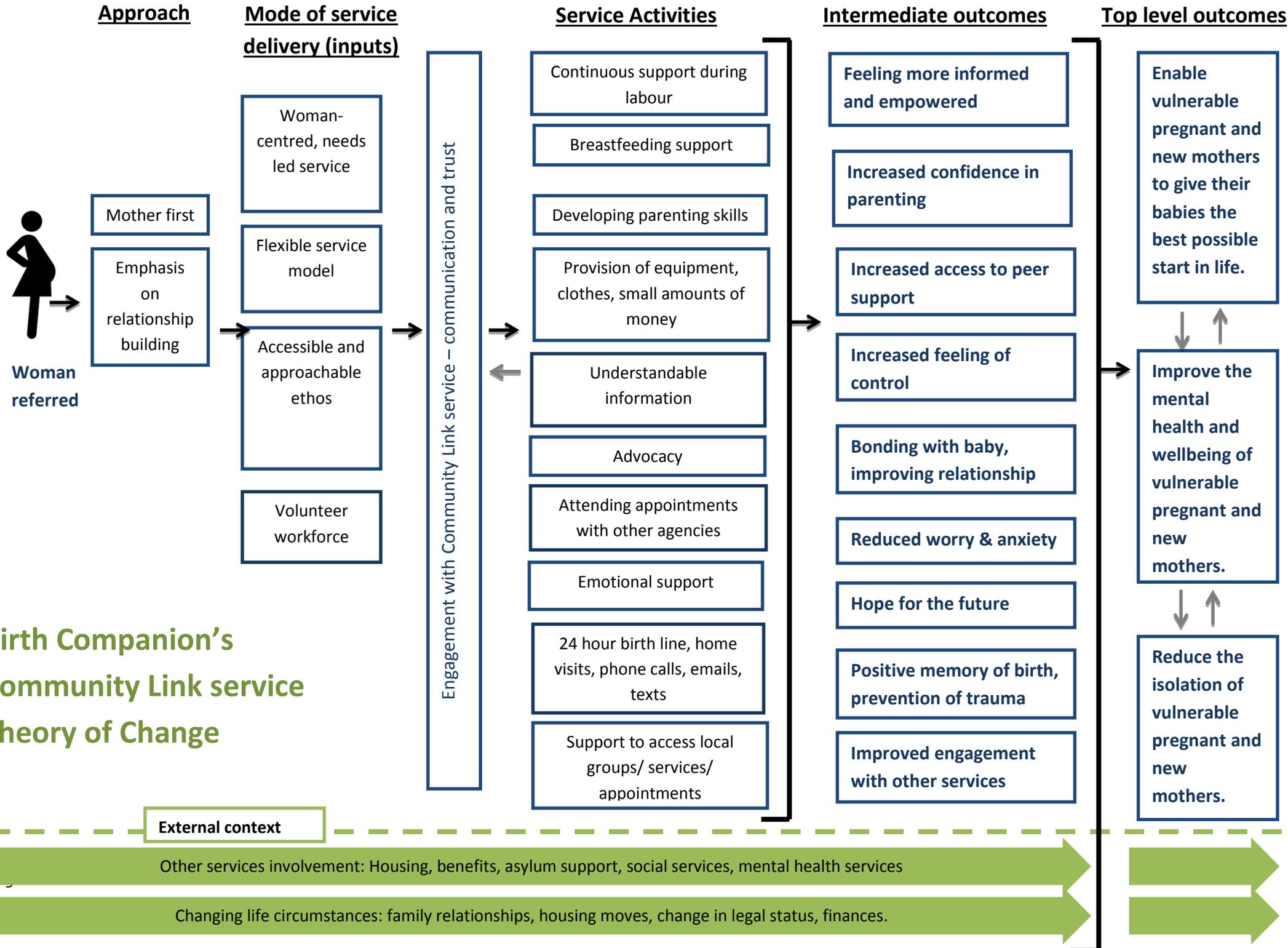
We built a Theory of Change (TOC) model through a process that involved an initial outline, testing the model with interview data from referring practitioners, staff/volunteers and women service users, creating summary 'logic model' tables and considering literature review evidence. In this summary we provide the final logic model summarising information from the interview data and the TOC.

¹ Image credit: Pregnant by Andrew McKinley from the Noun Project <https://thenounproject.com/term/pregnant/12961/>

Summary describing Birth Companions approach following logic model principles

Intermediate outcomes	<ul style="list-style-type: none"> • Engagement in other services • Greater knowledge and understanding – of systems and parenting • Women led decision making, taking control of their lives • Building positive relationships • Positive birth memories • Establishing positive parenting behaviours • Building local connections to address loneliness and isolation • Reduced stress or worries and anxieties • Support for physical and mental wellbeing • Hopefulness for the future • Helping women bond with baby
Enablers	<p><i>Internal</i></p> <ul style="list-style-type: none"> • Different offer to other services – and it “feels” different to women • Working at a pace set by each woman – not systems or agencies. Genuinely women focussed approach. • Taking time to build quality relationships with women – that are valued • Communication working best with shared language – acknowledgement that interpretation services sometimes needed • Quality of staffing / volunteers • Proactive contact – not giving up when making contact was hard • Empowerment – helping women achieve their own goals by themselves • Information and advice offered but in order for women to make choices. • Managing the ending of relationships positively <p><i>External</i></p> <ul style="list-style-type: none"> • Link and refer to other services for specialist input • Referring agencies who have a good understanding of Birth Companions • Stable housing
Activities	<ul style="list-style-type: none"> • Helping to attend appointments by accompanying women • Understandable information and knowledgeable volunteers • Home visits as well as regular emails, texts and phone calls • Pre-birth planning including writing personalised birth plan • Support during labour - support, advocacy, taking photos • Hospital visits and help talking mum and baby home • Breastfeeding support • Resources for mum and baby including money and practical equipment • Emotional support – someone to confide in • Supporting women to re-connect with estranged family members • Support to access other services including counselling and peer support • Making contact with other community groups for new mums • Parenting skills and reassurance to new mums – teaching practical skills like bathing the baby • 24/7 telephone support line
Inputs	<ul style="list-style-type: none"> • Mother focused support • Flexible service offer • Accessible and approachable ethos within the service • Volunteers working alongside staff – skills and knowledge

Birth Companion's Community Link service Theory of Change



Conclusion and recommendations

The women that Birth Companions worked with faced multiple and co-occurring challenges that were often interrelated. The most common of these were social isolation and poor mental wellbeing. Birth Companions involvement in women's lives come at a time of transition to motherhood – often first time motherhood - which can have a positive impact on women, but is also associated with a period of increased stress and worry, increased risk of mental health problems, increased service involvement and additional financial pressures.

There are limitations to this evaluation, and the 20 women we spoke to may have had different experiences of the service and reported different outcomes to other women meeting Community Links staff and volunteers. We only spoke to 20 out of the 73 women receiving support during the evaluation period, and these 20 used the service more and were keen to tell their story.

We found there was little available evidence in published literature on best practice for supporting women with complex needs in the perinatal period; however, the literature suggested that integrated care, centred on the individual had the strongest evidence base. Studies show that agencies should build relationships based upon trust, especially when working with women with perinatal mental health problems and other vulnerabilities. This is what the Community Link Service did, by taking a woman focused approach that is distinct to all other services offered for this vulnerable client group. Evidence from this evaluation demonstrates that Birth Companions' emphasis on building relationships through an informal and caring approach allowed them to gain trust where other services were unable to do so.

We found service satisfaction was high – for women and referring practitioners. In the short term, many intermediate outcomes were identified as supporting women to feel less isolated, have better mental health and build positive relationships with their baby. We did not identify evidence of long term changes, beyond hints that behaviour changes were resulting from establishing local support networks and relationships built on trust. A different methodology would track outcomes over time and we recommend robust collection of routine monitoring of selected intermediate outcomes within the service.

Birth Companions' specific remit was in establishing a trusting relationship with mothers and responding holistically to their needs through practical, material and emotional support, when other services are focussed on only one aspect of care, and also often the baby's wellbeing. Working with vulnerable women to build trust is hard work and not all the women referred wanted to engage. Practitioners talked about Birth Companions building 'a bridge' between the women and their needs. The emphasis on working with the women, and building a trusting relationship 'with mum' sought to reduce the risk of crises developing during the perinatal period – a critical time for a woman's wellbeing. Both literature evidence and interviews from this evaluation support the unique service which offers to provide continuous support during labour. The women themselves reflected on how important it was to have someone with them at labour, something this isolated group never realised they needed or could access.

Isolation was why women were referred and remains the outstanding challenge at discharge. Thus building more opportunities for peer support to flourish, and connecting vulnerable women who

have shared experiences of receiving Birth Companions' support, is one area of development this evaluation would recommend.

Other recommendations are to:

- Continue the current service provided which is highly valued by women receiving Community Link support.
- Further promote the service to potential referring agencies, NHS and local authority teams to ensure the full service from Birth Companions is well understood. A strategy to manage sustainable level of referrals would be needed but the ambition should be for London-wide awareness of Birth Companions work in relevant boroughs.
- Consider how to address women's desire for on-going support, working with other providers in the community or setting up mother and baby groups.
- Consider how to make use of the enthusiasm of some women to give back to the service through volunteering, for example, establishing a peer support element to the service, or a peer-led support group.
- Consider how the service might further reduce cultural and language barriers, for example through recruiting a more diverse volunteer workforce, and use of interpreters.
- Strengthen record keeping to allow better monitoring of service user diversity statistics, length of contact, and the types of issues faced by women. This will help with future service reviews.
- Robustly measure intermediate outcomes and track these over time as a way of showing impact to commissioners. Consider how to evidence overall aims, which are hard to achieve by Birth Companions alone or using short term interventions, but intermediate outcomes are providing building blocks towards these goals.
- Consider undertaking further research into the mechanisms for change, working with vulnerable pregnant and new mothers, within components of the Community Link model

About Birth Companions

They are a unique charity, registered number 1120934. They provide support to vulnerable pregnant women and new mothers who are, have been or are at risk of being detained. They deliver services in HMP Holloway, HMP Bronzfield and in the community in the greater London area. For more information: www.birthcompanions.org.uk or info@birthcompanions.org.uk

About McPin Foundation

We are a mental health research charity, registered number 1117336, and our mission is to champion experts by experience in research so that people's mental health is improved in communities everywhere. That means working with people using mental health services and other groups vulnerable to developing mental health problems, to ensure their voices are at the heart of research. For more information: www.mcpin.org or contact@mcpin.org

Funding

The evaluation was funded by Birth Companions as part of a grant for the Community Link service from Lankelly Chase Foundation. The McPin Foundation match funded the grant to allow for sufficient resources to complete the work.

1. Introduction and aims

Birth Companions' Community Link service provides support to vulnerable pregnant and new mothers living in the community in London. The service was established in 2007 marking an expansion of work for Birth Companions where the previous focus had been on support to women in prison. Community Link works with women who face multiple disadvantages including mental health problems, substance misuse, domestic violence, trafficking, asylum-seeking, contact with the criminal justice system and child protection issues. Birth Companions commissioned the McPin Foundation to carry out a qualitative evaluation of the Community Link service in December 2013. The evaluation started in January 2014 and reported in July 2015.

The aim of the evaluation was to evidence the short and longer-term impact of the Community Link service on outcomes for women. The aims that Birth Companions' work seeks to achieve through short term perinatal support are to:

- Improve the mental health and wellbeing of women
- Reduce women's isolation
- Enable women to give their babies the best possible start in life.

The commissioned evaluation sought to explore how far the service was able to meet these outcomes for women, and how this occurred. This report describes the methodology used, and the findings from both the literature review and interview components of data collection.

For the purpose of simplicity, women who have previously received support from Birth Companions' Community Link service are referred to throughout this report as 'women'; professionals who have made at least one referral to the service are referred to as 'professionals' and Birth Companions' own staff and volunteers are referred to as 'staff and volunteers'. We use the term Birth Companions and Community Link service interchangeably.

2. Methodology

2.1 Overview

This evaluation consisted of three components: a review of existing literature, interviews with women who had previously received support from the Community Link service, and interviews with professionals and Birth Companions staff and volunteers. These components were all planned carefully with Birth Companions in order to understand the impact of the Community Link service particularly in the longer term.

A central part of the approach was the involvement of women who had been supported by Birth Companions as advisors to the evaluation. It was important to learn from them about the best way of approaching other women with a request to take part in research, the topics they felt were important to cover in interviews and issues we needed to be aware of during interviews. Working with vulnerable women means researchers have to be very sensitive to the women's emotional safety and practical needs for interview arrangements.

The evaluation approach we adopted included working with Theory of Change (TOC). In order to understand the impact of the Community Link service, we mapped out the service and its objectives prior to data collection, to provide an initial pathway map of how the Community Link service 'worked'. This was then assessed and refined as a result of the analysis of interview data.

2.1.1 Review of existing literature

A review of literature was carried out focussing on 'what works' to support vulnerable women in the perinatal period. The review included both academic and 'grey' literature (reports and non-peer reviewed publications) as much work in this area was still emerging practice. The full literature review, including methodology, is available from the research team. However, key findings relevant to the work of Birth Companions have been extracted and are drawn upon within this report. The purpose of the literature review was to place the work of Birth Companions within a wider literature addressing support needs of vulnerable pregnant and new mothers.

2.1.2 Interviews with women supported by the Community Link service

Face to face interviews were carried out with 20 women who had received support from Birth Companions Community Link service, with a referral date between January 2012 and December 2014. Of these, seven women were interviewed twice in order to gather a longitudinal perspective of the impact of Birth Companions' support. Women were asked about the support provided to them by staff and volunteers, their experiences of pregnancy, birth and the postnatal period, and how things were for them at time of interview (see appendix 1 for interview schedule).

2.1.3 Interviews with referring professionals, staff and volunteers.

Telephone interviews were completed with 15 professionals who had experience of referring a woman for support from the Community Link service. As well as asking them about their experiences working with Birth Companions, we sought their perspective on the short and long term impact of this work on vulnerable women, how the Community Link service fits alongside other service provision, and to gain a sense of gaps in the current system that Birth Companions, or others, could potentially seek to address through development of their current service offer (see appendix 2 for interview schedule).

In addition, five of Birth Companions' own staff and volunteers were interviewed on the telephone. These interviews provided detailed information on the work carried out by Community Link as well as the views and experiences of staff in terms of the perceived impact of their work (see appendix 3 for interview schedule). A more detailed description of the recruitment process and data collection for the interviews is provided in appendix 4.

2.2 Analysis

Theory of Change (TOC) approach was taken into the analysis phase to clearly explain the findings. This had not been planned when the evaluation was commissioned or the data was collected. The scope of the project did not allow for a detailed TOC but the team felt it was useful to draw on this approach to explore outcomes being achieved by the Community Link service. The analysis process involved a number of stages. These are outlined below:

Stage	Approach / Data used	Analysis phase
One	Set up conversations with Birth Companions' Community Link staff and volunteers. Meeting with advisory group women individually. Reading Birth Companions' website including case material.	Developed initial Theory of Change (TOC) model mapping out long term goals and components of the delivery process to achieve specified outcomes.
Two	Interviews with women, professionals and staff/volunteers.	Thematic analysis, using NVIVO and a framework analysis approach (Ritchie and Spencer, 1994). This was done independently from the TOC and was not influenced by it.
Three	Full literature review.	Summary of tabulated literature to understand evidence for key components of the Community Link service, identified in the TOC and interview data (stages 1 and 2 above).
Four	Revised TOC.	Logic models developed for main two data themes – experiences and impact of the Community Link service. Basic synthesis of all data sources.

The most important stage of the analysis was coding of transcripts. Learning from the women what their experience of the Community Link service had been. Transcripts were divided between two researchers and read and annotated for themes. Codes were then developed based on a combination of emerging themes from the interviews. By combining these topics and themes, a coding structure was produced and applied to the data set. The computer software package NVivo was used to organise data from the transcripts into a grid, guided by the coding structure. The lead researcher then read each transcript and summarised information under each code, using direct quotes where possible, 32 codes were used – these are shown in Table 1. Three analysis grids were created – one for women, one for professionals, and one for staff and volunteers. The final stages of framework analysis (mapping and interpretation) were not undertaken, as the basis of the report was descriptive, not detailed analysis and synthesis. In the report direct quotations from the women interviewed are used and these are verbatim using spoken English uncorrected for grammar. In some cases these are the translations of what the women said provided by the translator within the interviews.

Table 1 - Codes used in interview analysis

Top level theme	Sub-theme
1. Context of women's lives	1.0 Social services involvement 1.1 Mental health problems 1.2 Domestic violence 1.3 Asylum & immigration 1.4 Housing 1.5 Isolation 1.6 Money problems 1.7 Having a new baby 1.8 BCs fit within services 1.9 Other
2. Experience of support	2.0 Support in labour and around birth 2.1 Parenting skills 2.2 Equipment and financial support 2.3 Advocacy 2.4 Emotional support 2.5 Support with relationships 2.6 Accessing other services 2.7 Breastfeeding 2.8 Timing of support 2.9 Other
3. Impact	3.0 Mental wellbeing 3.1 Social inclusion / social isolation 3.2 Control 3.3 Positive parenting 3.4 Baby / child wellbeing 3.5 Engagement with services 3.6 Longer term impact 3.7 Other
4. Approach	4.0 Person centred 4.1 Relationships 4.2 Other
5. Other suggestions	5. Suggestions

2.3 Research Advisory Group

The plan at the beginning of the evaluation project was to hold three meetings of a research advisory group (RAG) made up of staff, volunteers and women who had previously been supported by the Community Link service. The purpose of this was to guide and advise the evaluation to ensure the methods were relevant and ethical, and to interpret findings in a meaningful way. It became apparent early in the project that large meetings involving all these participants would not be the best way to ensure meaningful participation. Instead, the researcher initially met with staff and volunteers in an office meeting, and separately on a one-to-one basis in informal settings with four women recruited via Birth Companions. The purpose of these initial meetings was to explain and seek participation in the RAG, and to hold discussions to contribute to the development of the interview procedures and topic guide. Another meeting was held part-way through the fieldwork phase which was attended by all members of the RAG. It updated on progress of the evaluation, advised on content for the professionals' interview schedule, and provided troubleshooting advice

on interview procedures including payments. It was not possible to arrange a third meeting of the RAG. Members were invited to a celebratory picnic, and those who could not attend were thanked for their participation in writing. Women who were members of the RAG had their expenses reimbursed and were thanked for their time using shopping vouchers.

2.4 Sample description

2.4.1 Women

Women taking part in interviews were asked to fill in a short demographic form at the end of their first interview. All but one woman completed this form (see Table 2). Just over half the women said they considered themselves to have a mental health problem and described these in various ways, including 'depression' and referred to having problems in their past. Nine of the women reported having a mental health diagnosis, and these included depression, anxiety, bipolar disorder, personality disorder and post-traumatic stress disorder (PTSD).

Table 2 - Demographic data comparison for all women from Community Link service and women from interview sample

	Total women using service		Interviewed women		
	N	%	N	%	
Date of first contact	2012	20	27%	7	35%
	2013	26	36%	6	30%
	2014	27	37%	7	35%
Age	Range	18-40		22-36	
	Average	28		28	
Ethnicity²	Black African	14	28%	12	60%
	Black Caribbean	2	4%	1	5%
	Black Other	2	4%	0	0%
	White British	6	12%	1	5%
	White Other	11	22%	3	15%
	Asian Chinese	3	6%	1	5%
	Asian Bangladeshi	1	2%	0	0%
	Asian - Indian	0	0%	1	5%
	Mixed	1	2%	0	0%
	Other	1	2%	0	0%
Missing	9	18%	1	5%	
Foreign national	Yes	44	60%	15	75%
	No	13	18%	3	15%
	Unsure/ missing	16	22%	2	10%
English as an additional language	Yes	18	25%	14	70%
	No	39	53%	5	25%
	Missing	16	22%	1	5%

² Ethnicity data from total women using the service was only available for women with a first contact between March 2012 and February 2014. After this the way ethnicity data was captured in the service changed and it was not possible to compare data.

We compared the sample of women taking part in interviews to the total group of women who had begun accessing the Community Link service during the same period as the evaluation. There was a substantial amount of missing data in the records; however, Table 2 shows that the interview sample was broadly similar to the women accessing the service in terms of date of first contact and age. The interview sample, however, had a higher proportion of ‘Black African’ women, and a lower representation of ‘White Other’ women. The Community Link service had a high proportion of women from Eastern Europe using the service. The interview sample also had a greater representation of women who were foreign nationals and women who did not speak English as a first language.

It was not possible to accurately calculate and compare the length of time women were supported by the Community Link service or the number of visits they received. However, the service data shows that many of the women using the service had short contact including a single visit in some cases, while women who took part in interviews all received substantial support from Birth Companions around the time of their baby’s birth and afterwards, ranging from several weeks to over a year after the birth of their baby. Service data indicated that 30% of women received under five visits, 32% received between five and 10 visits, 29% received between 11 and 20 and 9% received over 20. The largest number of recorded visits was 48. The number of visits provided to each women is determined by firstly their needs and wishes, and secondly capacity of the service. We provide this data to highlight that those who took part in the evaluation are different in terms of the number of visits they received to those who we did not engage to provide feedback on their experiences.

2.4.2 Professionals

All the professionals (n=15) who took part in interviews had previously referred at least one woman to the Community Link service. The most common professional background was midwifery, and these were midwives who had a particular remit around supporting vulnerable women perinatally. Other professions included: case workers who held positions in organisations providing support for specific issues such as housing, homelessness and trafficking; therapists who worked in an on-going therapeutic capacity with women who had trauma or mental health problems; and managers in these respective organisations. A breakdown is given in Table 3.

Table 3 - Background of professionals in interview sample (n=15)

Professional background of interviewee	N
Midwives	5
Case workers	4
Therapists	3
Managers	2
Other (NHS)	1

2.4.3 Birth Companions staff and volunteers

Five Birth Companions’ staff and volunteers took part in interviews for the evaluation. Demographic and professional background details are not provided in order to protect anonymity.

3. Initial Theory of Change Model

3.1 What is Theory of Change?

One approach for evaluation study is to use a Theory of Change (TOC) approach (Harris et al 2014). This evaluation drew on the TOC method to understand which outcomes the service was achieving. The research team did not start the study planning to use TOC, but have incorporated aspects of this method within the analysis phase.

What Is a Theory of Change?

A theory of change (TOC) is a tool for developing solutions to complex social problems. A basic TOC explains how a group of early and intermediate accomplishments sets the stage for producing long-range results. A more complete TOC articulates the assumptions about the process through which change will occur and specifies the ways in which all of the required early and intermediate outcomes related to achieving the desired long-term change will be brought about and documented as they occur.¹

Steps to Create a Theory of Change

1. Identify a long-term goal.
2. Conduct 'backwards mapping' to identify the preconditions necessary to achieve that goal.
3. Identify the interventions that your initiative will perform to create these preconditions.
4. Develop indicators for each precondition that will be used to assess the performance of the interventions.
5. Write a narrative that can be used to summarize the various moving parts in your theory.²

¹ Adapted from Anderson, A. (2005). *The community builder's approach to theory of change: A practical guide to theory and development*. New York: The Aspen Institute Roundtable on Community Change.

² Adapted from www.theoryofchange.org

<http://www.hfrp.org/evaluation/the-evaluation-exchange/issue-archive/evaluation-methodology/an-introduction-to-theory-of-change>

Theory of change – beginning to make the difference (Kail and Lumley 2012)

New Philanthropy Capital

A theory of change shows a charity's path from needs to activities to outcomes to impact. It describes the change you want to make and the steps involved in making that change happen. Theories of change also depict the assumptions that lie behind your reasoning, and where possible, these assumptions are backed up by evidence.

A good theory of change can reveal:

- whether your activities make sense, given your goals
- whether there are things you do that do not help you achieve your goals
- which activities and outcomes you can achieve alone and which you cannot achieve alone
- how to measure your impact.

Theories of change are often shown in a diagram, allowing you to see the causal links between all the steps. Of course, the world that charities work in is in fact complex, messy and impossible to reflect comprehensively in a diagram. But that is where the theory of change approach has real value: it forces you to take a clear, simple view, crystallising your work into as few steps as possible to capture the key aspects of what you do. (Extract from page 3)

The initial TOC was developed based on discussions with staff and volunteers at Birth Companions, and drawing on available paperwork provided by them. The aim was to set out how the service understood its purpose, ways of working, and outcomes prior to the evaluation. The data from the evaluation would then be used to test and update this TOC to provide a model for Birth Companions to use for articulating and explaining their service model to funders, staff, volunteers and other stakeholders such as policy makers.

3.2 Description of service

The Community Link service was coordinated by a paid staff member who received initial referrals, conducted initial visits and risk assessments and coordinated volunteers. The majority of contact with women was then carried out by volunteers. They work in teams of 2-3 volunteers to ensure that dependency does not develop with the women, those being supported do not feel let down if a volunteer needs to withdraw for any reason, and it is more sustainable for volunteers in terms of ensuring they do not feel overwhelmed. This was an all-female team with a variety of backgrounds – some were midwives and doulas, some had experience supporting vulnerable women and many had their own children. Volunteers went through an application process and then underwent extensive training over a year before visiting women to provide support. A part-time breastfeeding counsellor was also part of the Birth Companions' team. In addition to recruiting volunteers, a second key aspect of the service is collecting donations of second hand high quality baby equipment.

3.2.1 Pre-natal support

Ideally support to women began several weeks before the birth. Birth Companions' staff and volunteers established a relationship with women, identified any particular concerns or hopes that the individual had for their birth and their baby, talked about their wishes for the birth (including support to write a birth plan if relevant), and helped the women to plan for the baby's arrival. Planning could include the Birth Companions providing essential baby equipment and money to get to the hospital. Women were given a 24 hour phone number to ring when they went into labour.

3.2.2 Support during labour and birth

Birth Companions provided continuous support during labour. Women rang the 24 hour phone number which was answered by a volunteer, when their labour began. They were then allocated a volunteer 'birth companion' who met them at the hospital. The volunteer's role during labour was to support the woman and advocate for her. They did not provide medical advice or intervention, but they used their knowledge of labour and birth to help the woman understand her choices, make decisions and ensure her wishes were respected. If the labour was very long, several volunteers might be involved in supporting the woman.

3.2.3 Post-natal support

Immediately following the birth of the baby, the volunteer ensured that the woman was comfortable and any immediate concerns she had were dealt with. Often, the volunteer would take photos of the new baby to give to the mother to keep. While the woman remained in hospital, visits from Birth Companion staff and volunteers continued to provide social contact, emotional support and practical support where needed. After the woman left hospital, contact was generally kept for up to three months, but the type and aim of contact depended on the woman's individual circumstances. It could include visits to talk to the woman about how they were feeling, emotional support for coping with motherhood and any links to previous trauma that may have arisen from the

birth, talking about any concerns the woman had about herself or her baby and provided advice on next steps. Practical support included providing necessary equipment and clothes, support to teach essential parenting skills, practical help with the baby and accompanying the mother to local community groups. Support tapered off gradually and in agreement with the mother once she had been linked into other appropriate support. The process involved visits and telephone contact becoming less frequent, and in most cases, contact had ended by three months.

3.3 Community Link service approach

The service aimed to provide a woman-centred approach. Practically, this meant considering the needs, wishes and circumstances of the woman as a priority, and supporting her to make choices that she was comfortable with. The approach was therefore flexible in order to respond to the individual. The emphasis in communication was to build a trusting relationship between women and staff/volunteers, so that they felt comfortable and cared for and was therefore more likely to engage meaningfully with the service. This also required flexibility as it may take time to develop this quality of relationship.

It was normal for more than one volunteer to be introduced to a woman, to both prevent a dependent relationship forming with one individual, and also to ensure that the woman was familiar with several volunteers - as there may be practical limitations on who could attend the birth on the day and provide support both before and after the birth.

3.4 Initial Theory of Change

Our understanding of the Community Link service's model of work from initial meetings with staff is described in Figure 1. Several assumptions were made that:

- Services provided by Birth Companions lead to the three top level aims
- Flexible support and a woman-centred approach facilitated engagement of vulnerable women
- Engagement with services was a significant milestone for vulnerable women
- Mental wellbeing and reduced social isolation of the women are important outcomes independent of babies' outcomes.

The priority for the evaluation was to use the interview data collected from the 20 women, 15 professionals and five staff / volunteers to explore the relationship between the support provided by the Community Link service and the intended outcomes.

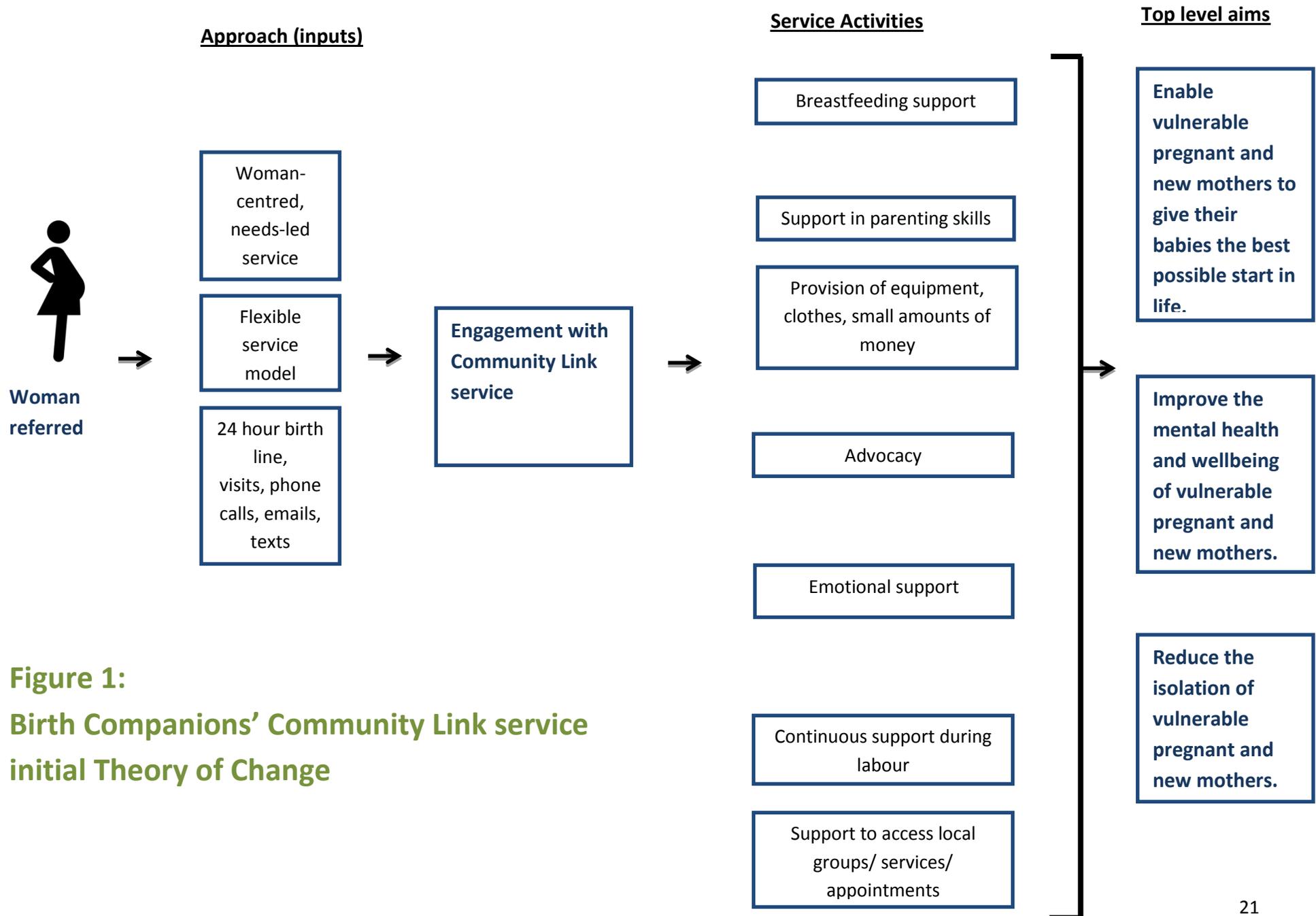


Figure 1:
Birth Companions' Community Link service
initial Theory of Change

4. Key findings from literature

4.1 Focus of review

A review of research literature was carried out in 2014 to provide a comprehensive overview of the existing academic and policy or other expert publications such as reports or briefing papers on 'what works' to support vulnerable pregnant women and new mothers living in the community. This included women with perinatal mental health problems, complex needs such as substance misuse issues, young mothers, asylum seekers and refugees, migrants, socially disadvantaged mothers and women from Black and Minority Ethnic groups (BAME). The interventions that were included in the review were equally varied including home visiting, debriefing services, peer support, befriending, specialist workers, integrated programmes and psychosocial interventions. The full methodology and information from the review were reported separately, but key findings from the review have been extracted and are summarised here.

4.2 Support for vulnerable women before and during birth

Support for vulnerable women during pregnancy and shortly after birth is known to be important for ensuring optimum maternal wellbeing and child development (Department of Education and Department of Health, 2011). However, although we know poor antenatal care is linked to poor outcomes, little is known about what makes antenatal care effective (North, 2005).

A recent Cochrane review found that continuous support during labour made women more likely to have a spontaneous birth, use less pain relief medications, have slightly shorter labours, have babies without a low five-minute Apgar score, and appeared to lead to more satisfaction from the mother (Hodnett et al., 2012). The most beneficial continuous support was by a person solely there to provide support during labour, with experience of this and some training. The authors recommended that continuous support from a companion of the woman's choice should be standard practice.

4.3 Post-natal support for vulnerable women

Published literature reviews several interventions for impact on vulnerable women. Poor mental health during and after pregnancy can have a significant impact on women, the mother-infant relationship and subsequent social and emotional development of the child (Misri & Kendrick, 2008). One in ten women in the UK are estimated to experience these health challenges after childbirth (NICE, 2007). Around half of women in an online survey felt that their poor mental health was due to isolation, and 30% were reluctant to talk about these feelings in depth and did not tell a health professional (Russell and Lang, 2013). However, evidence for perinatal mental health interventions is not always consistent.

4.3.1 Debriefing

Following birth, there was no evidence that debriefing services reduced the symptoms of anxiety, or depression (Rowan et al., 2007; Meades et al., 2011), but some evidence that it may reduce symptoms of post-traumatic stress disorder (PTSD) (Meades et al., 2011). Women with PTSD valued the opportunity to talk about their birth experiences (Rowan et al., 2007), and the debriefing led to a reduction in negative appraisals of birth (Meades et al., 2011).

4.3.2 Peer support

In the UK, the evidence on peer support for women with perinatal mental health problems was limited and there was a lack of understanding of what constitutes a successful peer support structure. However, there was some evidence that access to peer support networks were important, as was the practitioner's role in nurturing these (Jones, 2013). A Canadian study also found that telephone peer support could halve the risk of women developing postnatal depression when assessed at 12 weeks (Dennis et al., 2009).

4.3.3 Home visiting and integrated programmes

Home visiting may be viewed negatively by women with low level needs, however, international research shows that those from families at high risk benefitted most from visits (Olds et al., 2002), and that intensive visits could increase maternal satisfaction with postnatal care (Yonemoto et al., 2003). Establishing a trusting and confiding relationship between mother and home visitor, especially when attempting to identify and support mothers with perinatal mental health problems and other vulnerabilities was extremely important (North, 2005).

A study of an integrated model of care including home visits, practical and emotional support, weekly peer support, befriending, parenting group and liaison with the perinatal mental health team, found some positive effects for vulnerable women. Contact with the service increased over time, and there was some reduction reported in depression and anxiety scores for women. Programmes integrating care across services showed success in reducing mothers' depression scores (Warriner, 2011).

4.3.4 Psychological interventions

The literature review did identify stronger evidence base for psychological interventions. We briefly reference this here, although these are specialist interventions provided by health services to women with a mental health diagnosis and are not a treatment support offered by Birth Companions. There was evidence that Cognitive Behavioural Therapy (CBT) was effective in reducing postnatal depression (Morell et al., 2009; Marrs et al., 2013) and was recommended by NICE (2007). Donaghy (2012) also found that Interpersonal Psychotherapy (IPT) was effective in reducing symptoms of postnatal depression when delivered by an experienced perinatal psychotherapist.

4.3.5 Evidence of effective interventions for specific vulnerable groups

For women with substance misuse problems, there was some evidence that home visits by trained professionals or lay people can increase engagement of women in drug treatment services during pregnancy (Turnbull & Osborn, 2012). Integrated programmes for pregnant women with substance misuse issues can have positive effects on maternal mental health (Niccols et al., 2010), birth outcomes (Milligan et al., 2010), small positive effects on parenting outcomes (Niccols et al., 2012; Sword et al., 2009), but no difference was found in involvement with child protection teams (Niccols et al., 2012).

Little or no evidence was available on what works for supporting asylum-seeking and refugee women, homeless women and those experiencing domestic violence in the perinatal period. Much has been published highlighting the needs of these groups and lack of access to maternity services, but very little appears in the literature outlining effective or good practice approaches for these specific groups.

The needs of asylum seeking and refugee women are highly complex. Many will have experienced sexual violence, marital rape, domestic violence, female genital mutilation, forced abortion or sterilisation, and/or human trafficking (ICAR, 2007). Dispersal and relocation is a critical factor in the provision of ante- and postnatal care, and some recommendations suggest that no pregnant woman should be dispersed, especially after 34 weeks gestation (Feldman, 2013). Literature notes that while women had favourable perceptions of maternity services, appropriate routes to accessing healthcare professionals for this group needed to be made known, and women simply ‘received’ services rather than worked as partners in planning them (Nabb, 2006). Other studies also report the high need for support, explicit hostility and racism from maternity services and the social isolation pregnant asylum seekers often experience (McLeish, 2005).

A systematic review (Stewart-Brown and McMillan, 2010) made several recommendations for perinatal parenting programmes based on promising evaluation findings, including those targeted at high risk women. These included: Promote infant-mother bonding, prevent and treat postnatal depression, provide parenting support in infancy and early years, and parenting programmes for the prevention of behavioural problems in children.

4.4 Evidence base in summary

Overall it is clear that the evidence base that frames the work of Birth Companions for supporting women with complex needs in the perinatal period is small. There is little or no evidence about what works for women who are asylum-seekers and refugees, homeless women or those experiencing domestic violence. There is some evidence that integrated programmes with multiple interventions reduce depression, and these included home visiting services. For the general population, continuous support during labour was highly beneficial and recommended for all women. Across all interventions, the quality of the interaction was found to be critical – be that a midwife, volunteer befriender or paraprofessional. The opportunity to meet with other pregnant women was a simple but important mechanism of support.

5. Results: Findings from interviews

The interview data is presented under the main themes introduced on page 12 within the coding framework (see Table 1). Throughout these sections an emphasis was placed on documenting the impact of the Community Link service. We were interested in learning about the service’s impact on vulnerable pregnant women and new mothers: providing support to give their babies the best possible start in life; improve their mental wellbeing; reduce social isolation. We organised the findings into 4 sections.

5.1 Context of women’s lives

The data from women provided varying levels of detail about what was happening to them at the time of their pregnancy and birth of their child, and past history. Appendix 6 provides a summary – theme by theme – of the challenges women spoke about. In this section we provide an overview.

5.1.1 Summary of issues impacting on women

The women faced multiple barriers to their own mental wellbeing and social inclusion within the local community. Many of the issues they faced were interrelated, as disadvantages in one area often caused or exacerbated other disadvantages. Common challenges were social isolation, poor mental wellbeing and housing issues – a full breakdown can be seen in Table 4.

Table 4 - Issues affecting outcomes for women using Birth Companions Community Link service

Issue	Number of women who spoke about the impact of the issue (n=20)
Social services involvement	9
Domestic violence	4
Asylum and immigration	14
Housing	18
Money problems	16
Isolation	20
Mental health problems	19
Having a new baby	17
Addiction problems	1
Physical illness	3

Considering the aims that Birth Companions seek to address, the interviews revealed a strong alignment with these goals. Practitioners are referring vulnerable women who are isolated. All the women interviewed talked about the problem of isolation and the stress this places upon them.

I’ve been in this country more than ten years but I still doesn’t, I’m unsettled.
BCSU9

Because I just myself, I feel lonely and during the pregnancy, I really scared.

BCSU10 through interpreter

When you're pregnant and you're alone, then all you want to do is feel like you know you can be a good mum and, you can't if you can't, if you feel like you're completely alone.

BCSU3

It was very, very bad because then you know when someone's pregnant, you don't know how far you're pregnant, you don't have anybody, you don't have any family, nobody. It was very bad at that time. [...] I was very worried, very, very worried at that time.

BCSU22

Poor mental wellbeing was another strong theme.

It was very difficult, I was very sad.

BCSU18

I wanted to give up to be honest because I couldn't take it anymore.

BCSU2

Because I've never seen my mum, so each time I've got pregnant, I'm scared as well.

Because she once, she passed away when she was giving birth to me, so it's like a traumatic things for me, each time I got pregnant, I'm just scared about that [...] Yeah, and I do blame myself all the time.

BCSU18

I have so many things going on around me at that time, my heart, my head was heavy.

BCSU22

And finally the goal to provide a good start for the baby was also identified. Women talked both about the struggle of bonding with their baby and the positive life change that becoming a parent might signal.

And I've been always crying, crying, crying for him and I did not like him for the first time, when he was born [...] So each time I saw the baby, it was like seeing the man in front of me and everything I'd been through with him just come backs in my head and it was very difficult for me living that experience with my child.

BCSU18

So he makes me feel happy, even if sometimes I feel I don't have anybody, when I look at him, I say yes, I'm OK!

BCSU22

So maybe the baby coming into my life sort of was a wake-up call for me, I had no time to waste and be to myself, feeling sorry for myself, I had to be practical. So that sort of practicability, that sort of kept me busy.

BCSU4

Composite case study

This case study draws upon issues raised in various interviews with women. The purpose is to give an example of how these issues might typically co-occur, and the complex challenges women who Birth Companions work with, may face.

Mary is a 23 year old African woman who was recently trafficked into the UK. She had suffered physical and sexual abuse in her home country where human rights violations were commonplace. She had not heard from her family since leaving and did not even know if they were still alive. She suffered from anxiety, had flashbacks and nightmares that prevented her sleeping well. When she arrived in the country she was not aware of her pregnancy until she was around five months pregnant, so she had missed out on early antenatal care until this point. Mary had support from a service working with refugees and asylum seekers – they had found her a solicitor who was working with her on her case for asylum. In the meantime, she received a modest income that covered her food and some essential expenditure.

As her due date came closer, Mary was worried about how she would cope with a new baby – she was not in contact with any friends or family, and did not feel she could bond with her baby that was a result of rape she had experienced in her home country. She was worried that she did not have enough money to buy the essential things she needed to prepare for a baby's arrival, moreover she did not even feel confident knowing what she should do to plan for the baby's arrival – back home she would have had her mother and sisters to advise her, but she felt isolated here. She visited the hospital for antenatal care, where midwives were friendly but rushed, and she did not always understand what was happening but felt unable to ask questions as her English was not fluent.

Mary was initially placed in temporary accommodation in a hostel, but this was not suitable for living with a baby and the refugee organisation helped her to ask for a move. She was moved one week before her due date to a shared house – this was stressful as she was unable to lift heavy things herself and the driver of the van sent to help her was rude and dismissive. Once she had the baby she also found the new accommodation difficult to live in. Her neighbours were noisy and their shouting increased her anxiety and sometimes woke her baby. She did not trust her neighbours and therefore did not feel able to leave the baby upstairs while she used the shower or the shared kitchen downstairs, which resulted in her not spending the time to cook proper meals for herself. However, she did not want to ask for another housing move as she knew other houses had problems with damp and broken facilities, and she needed to look after her baby's health.

Researcher's reflections

The process of interviewing itself, and the knowledge gained by the researchers provides another perspective of the complexity the women were managing.

Through chatting before and after interviews, and conducting many interviews in women's homes, I was able to get a snapshot of the conditions and daily stresses that women were living in. I was particularly struck by the conditions that asylum-seeking women were living in with young children. Often homes were run down, common areas like corridors were cluttered and dirty, and the women pointed out broken facilities – a broken washing machine or front window that had been reported but not yet fixed. Their only private space was a bedroom where, after a bed, a cot and a chest of drawers there was very little room left for a growing baby to move around. Managing with a new baby in a space shared with strangers was a common concern.

Many women clearly found it very difficult to talk about their emotions as they were so strong and raw, and for some this meant avoiding the topic of the past completely. Outside the interviews women often revealed additional concerns in their lives such as the existence of their older children whom they had lost contact with. When meeting women in local community venues, it was somewhat surprising that on several occasions women were not aware of free activities or resources just a few minutes' walk from their house – a park with a duck pond, or a free mother and baby group.

The most striking thing was the amount of different pressures on women that co-occurred. In addition to traumatic past events, daily hassles associated with housing, money, relationships and isolation made things very difficult to cope with.

5.1.2 Key Points: Working with complexity of needs

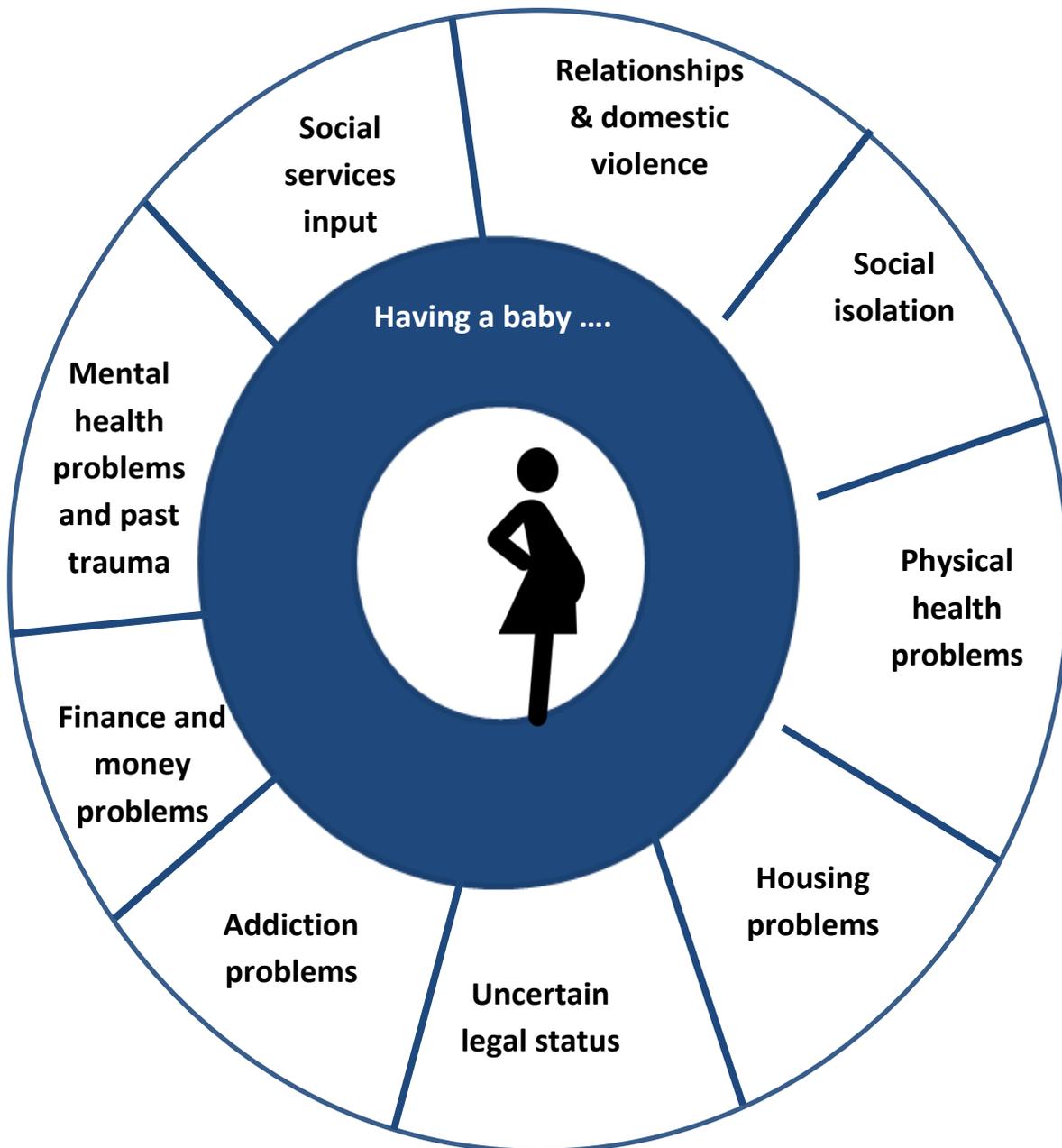
The women's interviews helped us understand why they had been referred to Birth Companions – we heard 20 stories of vulnerability. In summary:

- All women referred to Birth Companions faced multiple, interrelated and co-occurring challenges.
- The most common challenges faced by women were mental health problems, social isolation, money problems and housing issues.
- These challenges have often been ongoing for years, and are likely to continue into the future impacting on mum and the new baby.
- Many challenges are caused or exacerbated by pregnancy and having a new baby, although this life change can also be seen as a positive turning point.

We understood the work of Community Link within a context of multiple presenting problems explaining women's vulnerability and also several agencies involved in each 'case'. The pressure of social services involvement and the immigration and asylum system was described as most difficult

for women. We illustrate this in Figure 2, which replicates the information in Table 1, and return to this in the discussion and recommendations section of the report.

Figure 2: Multiple challenges facing vulnerable pregnant mothers which frame the work of Birth Companions' Community Link service



5.2 Experience of Birth Companions' support

The narrative from women who took part in interviews about their experience of Birth Companions' support was overwhelmingly positive. Women spoke about how the support they received often went beyond their expectations and many struggled to express just how grateful they were to the staff and volunteers that had supported them. Several women suggested that the service should be available in a wider geographical area, and to more women, because this type of support was so valuable to them.

Because they help me a lot for, I don't know if somebody tell you, if somebody tell you if you need something, just call me, it's everything you know, it's everything[...] What can you need more?

BCSU13

I think they're really doing well and I have nothing to say to them, I can't say even thank you to them because even if I have to spend all my life saying thank you, it's not going to be enough for them, to say thank you to them?

BCSU18

That someone just like an angel comes and just do everything perfect to you, everything.

BCSU24

The type of support women received depended on their individual needs, although some elements were commonly present in most women's stories. We provide an overview below.

5.2.1 Summary of women's experiences

5.2.1.1 Support in labour and around birth

All of the women who had support from Birth Companions in labour spoke very positively about their involvement. The role described was one of an advocate in line with current best practice guidance on maternity support.

I never imagined them, I knew, I had, they told me they were going to try their best but it was more than I expected honestly.

BCSU2

Based on my own personal experience, the biggest help from Birth Companion is to accompany me to the hospital to give birth to the baby.

BCSU10

Many women spoke about Birth Companions taking photos for them of their newborn baby, and in one case even recording their first cry. Women described this as important because they would otherwise have had no photos or record of these moments, and it was often not something they had thought of themselves, but were very grateful for later.

I ask her to record anything, record him and take a picture, if I'm alone, no one is do it.

BCSU9

Of the twenty women interviewed, nine did not have support from Birth Companions during their labour. For women who had a longer stay in hospital, whether or not they had a birth companion present at birth, they reported feeling very supported by frequent, often daily visits.

She [birth companion] brought fruit every day, she brought breast pads, she brought bras, she brought little onesies for [daughter], she told me if you don't want me to come, we won't, if you want any books, if you want anything and yeah, they were very nice. I didn't expect that.

BCSU3

Birth Companions provided company during this time, brought any baby essentials and comforting food and drinks that women appreciated, and provided emotional and practical support, such as caring for the baby so that the woman could have a short break or a sleep. Birth Companions also accompanied two women home from hospital which made them 'so happy' (BCSU12).

5.2.1.2 Equipment and financial support

Birth Companions had provided some kind of material support to all of the women interviewed. This was either small amounts of financial support, or more commonly things that women may need for themselves and their babies.

Because actually they did everything, baby clothes, baby food, nappies, you could just tell them you need anything, they will just tell you to give them time to find.

BCSU22

For most women this felt like a lifeline as they were unable financially to prepare for their baby's arrival without this support.

Just from Birth Companion I have things for my baby, without them, no one, even the government don't give me no money for the baby, nothing.

BCSU12

But for many women the meaning of receiving these things went beyond basic material support and was experienced as a gesture of kindness.

It was like little things like that, that they would remember that I liked and they would come and bring them for me. And those were the things I think that I cherished the most about it all.

BCSU1

Because of the sense of gratitude women felt, by the time they had finished needing it, many wanted to return any equipment to Birth Companions that they felt other women could use in future.

5.2.1.3 Emotional support

Emotional support was a core function of Birth Companions' support, experienced by all women. For many, the important thing was that someone was just 'being there' for them, through texts, phone calls and visits to check up on how they were, and making them aware they could get in touch if they wanted to talk about worries that they had.

I am trying to be positive, but when you think 'oh my god, what is happening' then you have their number to call and they tell you everything will be fine.

BCSU11

For some women it was especially important to be able to talk to someone about worries related to their pregnancy and their babies, and talking to someone knowledgeable was therefore important particularly where family and friends were absent.

I remember the day I came home from hospital! I think it was, I was so exhausted, I was just an emotional wreck, I just kept crying [...] She [Birth Companion] said it's always overwhelming [...] It felt nice, I think, it was comforting.

BCSU21

For most women, however, it was more than this. Women spoke about the value of having someone to support them emotionally through life difficulties that coincided with the time around the birth of their child: bereavement, memories of trauma, burglary, illness, mental health problems, being separated from children, having a baby in a special care baby unit, and other challenging life circumstances that they faced. Women described Birth Companions as a 'shoulder to cry on' (BCSU1).

It's very helpful I think because then it was very, very, very, very sad.

BCSU22

They were there for me in my darkest hour, there for me when I'm happy.

BCSU8

Indeed, some women found the greatest value emotionally in having someone to talk to about 'normal' everyday things, or just to talk openly about their pregnancies. For example, one woman felt she had no one else she could talk to about her pregnancy, having cut off her family for fear of judgement about social services being involved in her life:

I didn't even talk to her [birth companion] about any of the things that were going on, I just wanted to show her all the clothes I'd got for [son] and like all the things I'd like got really nest-y over and stuff like that. And it was a totally different experience to the other ones I was having really.

BCSU16

Emotional support was present as an element of all other types of support provided by Birth Companions, and was essential to their interactions and ongoing relationship building with women.

5.2.1.4 Parenting skills

Many professionals, especially midwives, spoke about staff/volunteers key role in helping women to prepare for the arrival of their baby. Women also highlighted this as a key area of support in the absence of other available experienced people in their lives. This included planning and preparing for birth, budgeting, making lists, buying or sourcing equipment, writing a birth plan and packing a hospital bag. This process also helped women to prepare mentally for the arrival of a new baby.

After the birth of the baby this support extended to teaching practical skills to new mothers such as how to bathe and feed the baby, getting enough sleep, and advice on common worries with

newborns. Women said that they really appreciated this support as it came from women they knew to have experience with these issues.

I think because she [birth companion] was more experienced, not all my friends have kids. You know people can hold for you the baby, yes, but she can help you out if the kid has colic or if you have some worries about something.

BCSU21

Birth Companions clearly provided a flexible range of other practical support in response to women's needs including looking after the baby or doing household chores so that they could have some time to rest, wash, cook, or do some shopping when they were otherwise struggling to manage with a newborn.

She said to me, do you want, I come around, sit with the baby for four hours then you can grab some sleep. I think that makes a difference as well because babies cry for a while, and then you're not sleeping and then you don't know what to do, and then you get frustrated with yourself.

BCSU4

Although all women spoke positively about this support, some expressed a desire for this to continue longer. A common issue of concern was managing the ending of Birth Companions' input.

5.1.2.5 Breastfeeding support

Birth Companions have a paid breastfeeding specialist who works across several services including the Community Link service. Twelve women spoke about receiving support from Birth Companions with breastfeeding. Support came in the form of visits (especially within hospital, but also at home), books, videos, encouragement, and in one case referral to a medical expert. Women found this support 'nice' (BCSU22) and accessible when midwives did not seem to have the time or women were getting particularly stressed about it. One woman explained that no one had told her she would not have milk at first and she was panicking about this until Birth Companions were able to tell her it was normal and advise her (BCSU7 – notes).

5.1.2.6 Support with relationships

Part of the emotional and parenting support that Birth Companions gave to women was related to the relationships they had with their children. Some women spoke about Birth Companions helping with this, showing them ways to bond with their babies, such as skin-to-skin and breastfeeding. Women who had experienced abuse, including rapes that resulted in their pregnancies, faced particular challenges in creating loving bonds with their children.

I could tell her when I woke up and I didn't want to recognise that I'm pregnant at all. All she [birth companion] can do is listen tell you, yeah it's normal, you do this or talk to this or devise things you could do that would sort of let you bond with your baby.

BCSU4

Occasionally Birth Companions also took a role in supporting relationships between mothers and older siblings where these were problematic. They spoke to women about feelings, modelled behaviour and suggested parenting techniques.

5.1.2.7 Advocacy and accessing services

Women described part of the volunteer's role as supporting access to other services, including health services and mainstream parenting support and activities. They supported access to essential appointments by providing money for travel, sending reminders, and providing a double buggy so a woman was able to travel outside alone with her children.

Birth Companions were able to explain the purpose of appointments and what was happening to women both in hospital and by accompanying them to various appointments in the community. Professionals pointed out that this was particularly important for recent immigrants who may not have been familiar with the systems they were in and may face significant language barriers. The advocacy role was also concerned with ensuring women's voices were heard in an environment where other professionals were generally concerned primarily with the baby's welfare. One woman described that she was unable to challenge the social worker's decision that she shouldn't spend time with her baby before she was taken into care because she felt '*just numb*' (BCSU1). In this situation Birth Companions was able to speak with the social worker and arrange that they had some time alone together prior to separation.

Some women spoke about Birth Companions finding local groups and encouraging them to attend.

After I gave birth, because there was like baby groups and things like that... So I was going with, they had a lady, [birth companion] introduced me to, yeah. I think we went to two or three groups and then later on she told me she trying, I should try and go there by myself and see how I would like it, yeah.

BCSU18

Professionals were not all aware that this was something that Birth Companions did, but some explained how it would be helpful. One professional said this was their main reason for referring to Birth Companions, to help women to make connections in their local communities. Several women also mentioned the usefulness of a meeting Birth Companions had organised to bring together ex-service users. It was helpful for them to meet other women and share their stories, and even just to have the break from childcare by making use of the crèche.

5.2.2 Timing of support

Reporting of the timescales of support was very mixed from women and professionals alike. Women said they first met Birth Companions anywhere from being five months pregnant until the day they went into labour, with the majority saying it was around four to eight weeks before they had their baby. This was in large part dictated by when referrals were made by professionals, and at what point referring professionals became aware of a woman that was pregnant, as many vulnerable women present to services late in pregnancy. Two professionals spoke about the benefit of beginning support earlier if resource were not a barrier, which would allow more time to build trusting relationships with women prior to birth. However, only one woman spoke about wishing her support had started earlier, and this was because she felt it would have helped her to deal with social services involvement better from the start:

And I think yeah, if I'd had them in earlier, I think I would have felt a lot more able to deal with the stuff that they were throwing at me.

BCSU1

There was also a mixed understanding of how long Birth Companions continued to support women, with some professionals saying they did not know at all, others reporting anything from one to two weeks to around nine months, and midwives knowing only that it was longer than 28 days which is when their own support ends. Volunteers themselves also had a mixed understanding of how long support would normally last – all understood that there was an element of flexibility to take account of individual circumstances, but reported that support generally ended either six to eight weeks, three to four months or after four visits.

Women generally understood support to last either until six weeks or three months after their baby was born, but most reported being able to stay in touch via text and telephone if they needed to after their discharge. Women that moved out of the area reported support stopping at this point. There was a mixed experience of endings amongst women.

No, to be honest, they didn't tell me, no, no. (laughs) I thought they will come again! But now I am OK you know because when I had need to be here, they came here you know, now maybe some other woman needs to be with them, you know.

BCSU13

Some women reported that although they were sad to leave Birth Companions, they understood the reasons and felt able to cope with the ending of support, particularly as the ending was gradual.

Because I think [birth companion] stayed really in touch after three months I think. And gradually, gradually, so until you feel you don't even need her, like you're used to things. And then she goes to you, I need you to sign for me this form; [...] It worked out well.

BCSU4

A gentle approach to endings, including offering women the chance to call back if they need help in future, helped some women to experience this positively and remain feeling supported.

Because every [other] time I had bad ending, yeah, like stress, I'm crying a lot, I can't see people going from my life [...] But this time it's nothing, because they're saying me, they will call me back, yeah, and if I need help, they can [...] they can at least help me.

BCSU24

Other women found the discharge process more difficult.

I really felt sad a bit when [birth companion] told me she wouldn't be able to visit like often like she does before, I was really sad to be honest because she was my only companion at that time.

BCSU2

Most of these women understood that support had to end in order to allow the service to support others, but nevertheless, this could be difficult when their experience of the support they received and their relationships had been so positive.

And then [birth companion] told me that she had to leave me because there's some more mummy that she need to care about, so ... I find it very hard, it was very hard, the last time she told me that, it was very difficult, I even cried.

BCSU18

In fact, five women suggested that given the resource the support should continue for longer, including wanting material and financial support longer, and more practical parenting support as their baby grew older. Several women and professionals described how endings were easier if women had other support available to them, and that this was an important element of the ending process. Some women did not feel they had enough support to get involved in social things, and for women whose support had ended because they moved out of London, this could not happen at all.

I'd like to keep in touch with them but I understand it's not possible because they don't have that service here. You know if they had, maybe if they had any other branches here or something, I'm sure they was going to send someone or you know or meet another person who come and you know talk to me.

BCSU15

Although professionals expressed a concern that if support continued much longer it would risk dependency, several women felt that because of the special time Birth Companions were present in their life and the life of their child, it was important that they stay in touch - one woman described this as being the role of a 'godparent' (BCSU7).

Professionals generally agreed that the weeks immediately prior and post birth were the period of time when women were most vulnerable, and most in need of support. They felt this was enough time to establish positive parenting behaviours, to provide any support needed with breastfeeding without creating a dependency on the service. They did acknowledge however, that it was necessary to be flexible (as the staff and volunteers described) to accommodate any additional support needs that may arise from sudden crises.

5.2.3 Key findings: Experience of Birth Companions' Community Link service

From the 20 women interviewed we learnt in summary:

- Women reported a very positive experience of support – they were very satisfied with the service, grateful for the help they had received and felt they had good relationships with the Birth Companions they worked with. The experience was described as beyond women's expectations.
- Not all the women supported receive a birth companion during labour. Among the sample interviewed only 55% had a volunteer birth companion in the hospital delivery suite, but the service experience was far broader than labour support and these benefits were described.
- The range of services offered by Birth Companions are important for understanding the experience of women, combining relationships built on kind and caring attitudes with practical advice and information, sharing parenting skills, providing material goods and small financial resource. This was not a combination vulnerable women usually experienced from support agencies.
- Women experienced support that was beyond the immediate practical input but had symbolic meaning built on gestures of kindness.

When considering the impact of Birth Companions using a TOC approach it is useful to break down a service into a model. For example one team (Harries et al., 2014), used a logic model structure to

outline components of a service describing inputs, activities undertaken, enablers – both internal and external, and intermediate outcomes. Table 5 has been compiled based upon data in section 5.2, using a logic model format.

Table 5: Building a logic model for the community Link service based upon interview data – experiences of services

Intermediate outcomes	<ul style="list-style-type: none"> • Reducing the fear of birth • Positive birthing memories • Building a loving bond with baby • Getting adequate rest • Women making connections in their local community • Meeting other women who had received Community Link service in peer support group • Positive relationships built on trust • Establishing positive parenting behaviours
Enablers	<ul style="list-style-type: none"> • Valued relationships - expressed with overwhelming gratitude • Quality of support – described as beyond expectations • Contrasting relationships to those held with other services – described as a different kind of relationship • Managing the ending of relationships positively • Service relationship with midwives and hospitals, removing barriers to the work of volunteer birth companions • Time – volunteers giving women their own time to support expressed needs
Activities	<ul style="list-style-type: none"> • Pre-birth support including preparing for birth through information sharing and creating birth plan, packing overnight bag • Resources for mum and baby including money and practical equipment • Support during labour - providing encouragement, support and advocacy • Marking the birth - photos, recording first cries • Hospital visits - bringing food and clothes for baby, offering support and encouragement • Giving mum and baby lift home • Regular contact - text, email, phone calls • Emotional support – including ‘a shoulder to cry on’ • Parenting skills and reassurance to new mums – teaching practical skills like bathing the baby • Breastfeeding support • Support to access other services including counselling and peer support • Attend postnatal appointments with women and other meetings such as with social services
Inputs	<ul style="list-style-type: none"> • Staff and volunteer knowledge – based on personal experience of being a mother. • Staff and volunteer skills including breastfeeding support and new born care as well as empathy and kindness developed through extensive training and supervision.

5.3 Impact of Birth Companions support

Women found it difficult to articulate in interviews the exact impact of Birth Companions' support. Given that most women faced multiple and changing barriers to social inclusion and wellbeing, multiple agency involvement, and the life changing transition to motherhood, it was not surprising that it was difficult to distinguish exactly which event caused which outcomes. This was also recognised by the volunteers:

So you know you can only offer a very limited amount of protection as all of those things are going on.

BCV4

In contrast, we heard how positive change in women's lives can occur as a result of a multitude of factors, including the major event of having an (often first) baby, and involvement from other services offering different approaches such as counselling, and support with housing and asylum issues. This section attempts to identify from interviews those outcomes that were described specifically in relation to support they have received from Birth Companions.

5.3.1 Engagement with services

Many of the professionals interviewed spoke about their client group being very difficult to engage, and women themselves, particularly those with social services involvement, reported their lack of trust in services. In addition, women faced language barriers, a lack of understanding of the systems of care, and practical and emotional barriers to accessing appointments and activities. Birth Companions addressed this through ensuring that their own service was accessible and approachable, and in turn they often influenced women's relationships and access to other services as well.

Both women and professionals reported that practical support and a flexible approach made Birth Companions' support easier to access than that of other services, resulting in women being able to receive help when they otherwise might have not have accessed services at all:

So I got help with breastfeeding specialist [from Birth Companions][...] because they told me my midwife, I could get a midwife to show me, but even my midwife didn't come [...] She couldn't come because I was far from where she was.

BCSU2

Home visiting, repeated proactive contact, financial support, reminders and accompanying women to appointments all contributed to women receiving more timely care from services that they better understood.

Without Birth Companions I would be late [to the hospital] [...] more difficult and delayed.

BCSU10

I think if you've got a lady saying we'll meet and we'll get on the bus, or I'll meet you at your appointment, they're more likely to be like OK I'm meeting someone[...] It's sort of just, it's like almost a service that helps them engage with care as well.

BCP16 - Midwife

Birth Companions appeared to often be able to gain women's trust where other services were not able to do so. This meant that women had at least one professional with whom they felt they could be open and honest about their feelings and concerns.

I don't know how she did it (laughs) but she, [birth companion], but she managed to get my trust completely, to the point where I don't think I spoke to like anyone else.

BCSU3

Through gaining this trust, Birth Companions were sometimes able to explain to women the role of other services and improve relationships and engagement with them.

I wouldn't even, like when the social worker rang, I'd be like ee, you know, and have to sort of say, oh God, [birth companion], and she would just say, calm down, they have a requirement but you just need to be calm and show them that you're going to...

BCSU3

One professional gave an example of a client for whom Birth Companions created a strong relationship. They were then able to influence positive behaviour from the woman who other services were finding very difficult to engage.

I think you know it was difficult to engage with this client and there were a lot of issues. But [birth companion] was you know very sensitive, didn't foist support on her when she didn't want it. But kept up that sort of, pressure is the wrong word, but you kind of keep up that motivation.

BCP5 - Manager

5.3.2 Control

One volunteer described the importance to the service of working in an empowering way:

You don't really want to be told that that person couldn't do it without you, we want the person to feel that they did manage to do it by themselves and they'll continue to manage to do it by themselves.

BCV4

We found that women did generally feel that Birth Companions worked in an empowering way, being responsive to women's needs and offering information whilst allowing women to make their own choices about which actions to take.

I was able to call them to ask them, tell them, and then they told me what to do, like they suggest to me what to do. And then honestly they were just, they leave it to my choice but if I want to do, they just give me suggestions what needs to be done, and then I make the decision whatever I want to do.

BCSU2

An essential precursor to feeling in control for women was understanding what was happening, both with other services, and with their pregnancies and their babies. Many women spoke about Birth Companions making things easier for them to understand, which enabled them to make decisions about their own or their baby's care.

Things I don't understand they bring to my own understanding.

BCSU8

You know and she put me mentally I think in a place which I didn't even realise myself that I to be to be prepared to give birth in the first place.

BCSU3

For women who had little or no other support in preparing for and parenting a new baby, advice, suggestions and the availability of responses to their concerns helped women to feel more confident about their ability to parent, and feel more in control of their own situation.

Other services, however, were not always well understood by women, and they often felt excluded from decision-making. On some occasions, particularly during labour and birth, women felt that they would not have been listened to without advocacy support from Birth Companions. Through discussing preferences in advance, often making a birth plan together, and taking the time to explain things and understand their wishes, women felt Birth Companions were able to make them heard when they were unable to do this themselves.

When I first went to the hospital the midwives were telling me that they would take the baby and call social services. I told the manager about what they were saying but she was rude. But when [Birth Companion] was there, when I asked for things they did it.

Researcher notes from an interview with BCSU7

This woman was being sort of quite pressured into having an induction and she was being pressured into having a Caesarean section and you know for her it felt that things were really being taken out of her control and it was very important that she felt in control. And they were really, and she didn't speak English and there really needed to be someone who could fight her corner[...] and in the end I mean she had to have a C-section under general anaesthetic and they were there for that. But the most important thing was really that the, she was given, she was supported to have as much control as she could have had.

BCP4 - Therapist

One professional also pointed out that through Birth Companions simply supporting women with basic needs in their lives they may feel more able to take control of their own situation.

When you know you have the support of an organisation to help you get on your feet, suddenly it all becomes more possible, do you know what I mean, you might have travel money, you might have enough food to think straight, you might get access to a decent GP who can help you with massive headaches that are making you shout or hear things or ... you know there's all sorts of traumas going on and physical conditions that need dealing with.

BCP1 - Manager

The reports from interviews show evidence that women felt listened to by Birth Companions, and that their needs and wishes were responded to by them. Through increasing the information available to women and improving their understanding, women felt more confident in their decision-making. In addition, there is some evidence that through advocacy support, women felt more in control of what was happening in their relationships with other services.

5.3.3 Reducing social isolation and promoting social inclusion

Most women spoke about the benefits to themselves of having somebody to support them. Feelings of loneliness and isolation were common, and the immediate relief of these through companionship and a supportive relationship was reported as an important positive experience by women. This included both immediate support provided by Birth Companions during labour and the support through visits, texts and phone calls, around pregnancy and the post-natal period.

It made me feel special because like a lot of other women, they had their husbands there and they had their family come in and see the baby [...] And then [Birth Companion]'d come in every day and just make me feel like there's someone there.

BCSU3

Many women reported that Birth Companions gave them someone they could trust to talk to when they had no one else to confide in.

You know I didn't feel I was alone, you know, I felt like [Birth Companions] were, you know there are other people out there, like friends or, I have a family you know, that they will come and visit me and see me.

BCSU15

Beyond providing company for women, thus reducing isolation directly, some women spoke about how the Community Link service contributed to improving wider support networks. For two women, the support that was provided resulted in more and better family support, either through giving the woman a way to re-connect with estranged family;

So by [birth companion] talking to me, it sort of made me a better person, and I started talking to my sister more! (laughs) It sort of, it's made a difference. Not like she told me talk to them, but because it calmed me down a bit, it calmed me down [...] So we somehow got involved, we started, my mother-in-law sort of let's go out and buy clothes now.

BCSU4

Or modelling supportive behaviour and relieving the pressure on others which made them feel more able to be involved with the pregnancy and baby;

With the help Birth Companions gave me, it made things more easier for my family because then they realised, OK we left our child alone and there are strangers coming, like being with her, if strangers are doing it, why don't we also do it. So even with the help that they gave me, it made my family and his dad also, it took a bit of the pressure off them, and then they also came in to help.

BCSU2

There is an obvious connection between reduced feelings of isolation amongst women and improved feelings of mental and emotional wellbeing. Women articulated this often through talking simultaneously about being alone and about worries and depressed feelings. It is unsurprising then that women also clearly articulated a link between reduced feelings of isolation and increased wellbeing as a result of Birth Companions support.

Because I not feel nervous anymore because I think someone with me.

BCSU10

I was 37 or 38, no, I was 37 or 36 weeks pregnant when I met Birth Companion. Yeah. After that day, I feel safe, I feel someone is there with me.

BCSU9

Beyond the immediate relief from isolation, some women had also been introduced to local community groups and activities by Birth Companions. However, whilst they reported that they met other parents and made friends in these places, they had often still not found anyone with whom they could share the depth of relationship that they did with Birth Companion volunteers.

Yeah, I did meet one or two people there [at the groups] and we still, we do talk, we exchanged numbers, so we do talk once in a while.

BCSU2

One professional described how a mother and baby group that Birth Companions runs through a third organisation provides a more realistic prospect of making meaningful connection for vulnerable women.

And then meeting each other sets them up, you know to help each other because they're all quite vulnerable. And that's another thing, I find that some women say to me that going to mother/baby groups outside of the organisation they're not ready for because they're scared that women who haven't had the kind of lives they have will say, oh why are you here and how did you get to the country, and this sort of thing.

BCP1 - Manager

Birth Companions was clearly successful in creating meaningful relationships with women during their period of involvement - a time when it is important to women to have someone to talk to and to reduce feelings of isolation linked to poor mental wellbeing. Women also reported some more sustainable improvements to social isolation, most meaningfully through support to re-establish and strengthen existing family and friends' networks. The extent to which support to access new groups and activities also reduced isolation was varied – whilst mainstream groups provided some social contact, it was likely that more meaningful support was found amongst groups of peers rather than in mainstream services.

5.3.4 Mental Wellbeing

Due to the complex and changing nature of women's lives it was difficult to clearly identify concrete improvements in women's wellbeing when simply comparing feelings at the beginning and end of Birth Companion's support. For example, a woman whose wellbeing was improving with support may then have experienced a difficult housing move or a traumatic birth which heightened stress and anxiety. However, women and professionals identified a period of heightened stress around pregnancy and birth, and reported that having Birth Companions' support at this time prevented women's wellbeing from becoming so low they were unable to cope.

Women with mental health diagnoses, and professionals who worked with women with clinical mental health needs, both described the positive impact that Birth Companions had on mental health at a vulnerable point in women's lives. Although the women who spoke about this did not claim that the support could have prevented their illness or caused their recovery, it was clear that there was a significant impact that prevented worse mental health outcomes for these women:

I think I would have been a lot more tearful and more prone to, because I'm prone to depression, I had post [natal] depression, I think I would have actually developed it a lot quicker than I actually did after I had [Birth Companion].

BCSU1

Birth Companions saved me from taking more medication for depression [...] I'm not going to say to you that Birth Companions cured my depression, no they did not. But it's, what causes the depression, what was causing me to feel better was they talked.

BCSU4

Professionals agreed that the support provided by Birth Companions could act as a protective factor against mental illness, for example, through talking and providing reassurance at a worrying time, or encouragement to go out of the house when otherwise women would become isolated.

So she'd be sort of getting herself isolated, and it's like no, fresh air's really good for [baby] and it's good for you to get out the house and have some fresh air. And so they [Birth Companions] were good in encouraging that kind of thing with her as well, because obviously we don't want her to get you know postnatal depression.

BCP7

And I think certainly for one of, you know another client I can think of where she had a psychotic incident following her, gosh her first baby, [...] she engaged with the Birth Companion second time round and third time round, and I think that was a really, really protective factor and something that helped to keep her well.

BCP12

One professional who worked specifically with women who had experienced sexual abuse was impressed by the ability of Birth Companions to protect them from what could be a re-traumatising experience. This was a result of collaborative working to train Birth Companions in supporting women with these issues:

A lot of what I have wanted them to do and what they have been able to do, very successfully, because they've been open to it, has been around helping the woman to remain what we'd call grounded, so to be aware of what her surroundings are, so that she doesn't feel that she is back in the situation where she was being raped.

BCP4

Many women did not speak about their mental health using medical language, but all of the women interviewed to some extent described how both talking through concerns, and practically addressing them (for example, supplying baby equipment when pregnant mothers were concerned that they could not provide for their child) decreased feelings of stress and worry.

If I'd been alone, I was, I would be so stressed, every single thing, you feel, I feel bad, if I'm die, if anything happen, but when I'm with Birth Companion, when we chat, you don't think about it.

BCSU9

Her approach wasn't more like I'm looking for the faults in me. It was more, I will listen to you. And what seemed big, it became small, it was now smaller problem.

BCSU4

Some women spoke about how this type of support had prevented the things that had felt overwhelming from becoming too much to cope with:

And it was kind of like a part of my life that thank God they were there for, otherwise I think it would have all been pretty dark to be honest.

BCSU16

If they were not there maybe I might be in hospital or a depressed centre or such... They didn't let me go down.

BCSU8

Some women described the support they received as having a positive impact that 'gave me the strength to continue' (BCSU18), and was the 'driving force really to keep going' (BCSU1). Several women spoke about the combination of reassurance and practical support making them feel that things would be OK, or that they were able to look to the future, with at least three women describing this as Birth Companions giving them 'hope' when they previously felt despair.

At first I thought all hope was gone, but when they [Birth Companions] came in my life, there was a big difference, I never realised there was hope.

BCSU2

The professionals we spoke to echoed this sentiment – that although support was informal and non-medical, it was what was needed to make it through a particularly difficult transition period.

So I think that's why, psychologically, it helps a lot of women to be stable enough to get through and perhaps attempt proper therapeutic recovery at a later point.

BCP1 - Manager

Midwives particularly emphasised the impact of the specific support that Birth Companions were able to give women during labour.

I think that it's the impact on, just the positive, the support, there might be less fear involved, if there's less fear then you know that the pregnancy... the labour will progress better.

BCP16 - Midwife

Knowing that somebody was going to come and be with them, and having the reassurance of that, sort of made them feel a lot calmer and a lot more able to cope with potentially quite you know high levels of anxiety around the birth.

BCP8 - Midwife

This may have been particularly true for women with mental health problems.

Another client I can think of who had quite severe mental health problems, schizophrenia, who really benefited from that labour support because she was quite frightened.

BCP8 - Midwife

The positive impact of both practical and emotional support to women appears to be universal, but the extent of this and how it was described depended on women's individual circumstances. Some women described this as helping them reduce their worries and concerns at a particularly stressful time, while for others the support was clearly a much needed safety net that prevented what may

have otherwise become a much more serious situation. Giving women hope and the motivation to continue was a key aspect of care that led to improved wellbeing for women as they were able to move on or cope with the adversities they were facing.

5.3.5 Baby/ child wellbeing

Women and professionals both identified physical and emotional health benefits to children as a result of support to their mothers. On a basic level, professionals described how through advocacy, flexible support, reminders and accompanying to appointments, women were more able and likely to register their children with a GP, understand medical advice given to them about their baby, and understand the reasons behind medical intervention that might make them more engaged with this.

The specific support provided by the Birth Companions' specialist around breastfeeding appeared to encourage some women to do this where otherwise they may not have. As a result, the organisation aims to have an impact on a baby's health through nutrition and improving bonding between mothers and babies.

At the hospital [birth companion] kept teaching me about to breastfeed because obviously the milk doesn't come out the first few days but you just put the baby on to clutch on. So that was handy because even, I don't know if I would have breastfed as well.

BCSU21

Several professionals reported that in their experience reducing anxiety amongst mothers was good for the baby's health. This was reportedly true both during pregnancy:

And also emotionally, you know, feeling more confident about the birth, not so anxious in pregnancy, we know that anxiety in pregnancy causes babies to be stressed.

BCP14 - Midwife

And during early parenthood:

If you've got a calm mum, a calm baby as well, as the baby's sort of developing in the first few days

BCP16 - Midwife

Professionals we spoke to also identified the importance of Birth Companions' role during the time they were involved with mothers in supporting a positive attachment relationship. They recognised that a more positive birth experience aided the mother's bonding with a new baby, and that modelling behaviour such as treating the baby and their needs with importance and responding appropriately, positively influenced women's subsequent behaviour.

One woman reiterated how the encouragement for bonding from Birth Companions was invaluable to both her and her baby:

Looking back, it was quite helpful because obviously she did quite a lot because who knows, maybe I would have ended up giving away my child at that point! Because it's overwhelming.

BCSU21

The practical information given by Birth Companions experienced in parenthood also helped mothers parent in a way that they felt confident was best for their baby. This included information on how to perform baby care tasks like bathing and feeding the baby, support on when to seek medical help, and support to attend sociable activities with the baby. All of these things have clear health and wellbeing benefits for the baby.

And [birth companion] was on the other side of the phone every time throughout those first six months. You could just call and say, you know what, [baby] is not drinking, she's not doing this [...] Or she would come and go, oh this baby has got this, probably ask the midwife to do this. And just knowing that somebody else, it does make a difference in that you know, somebody else has got the knowledge, the know-how!

BCSU4

They [Birth Companions] also reinforced what I had said as well about you know clearing the worktops, emptying the rubbish. [...] because in this new flat, and I comment on it every time I go in there, I say oh it's really tidy in here, it's really clean, the floor's lovely. Because he's crawling now, and ... well he's crawling and walking, so he prefers to crawl, he's a bit lazy. But she's keeping the kitchen really clean.

BCP7 – Case worker

Birth Companions also occasionally supported mothers with their relationships with older children. Two women described explicitly how Birth Companions' advice and suggestions had enabled them to change their negative behaviours towards these children, and parent in a more positive way:

I was like, if I didn't had [Other support organisation and], Birth Companions, maybe I would be slap her, I will shout on her, oh you no good daughter to me, you just said, you insulted me, you said me this, I would be saying these words to her. But yesterday I was so quiet, it's like no emotions, nothing, my mind is working, no, and telling me no, let her speak, and now you speak.

BCSU24

For one of these women, this was a turning point in a difficult relationship where she felt she could not love her son who was a conceived as a result of rape.

So I put those things on my mind [that son was equally a victim of abuse]. And I start loving him. It's like things that I've never been able to do with him on my own, so being with him and playing with him, they make us a lot closer.

BCSU18

Two professionals felt there were cases where Birth Companions' support had enabled a woman to begin to make more positive choices such as moving away from a situation of domestic violence and drug use, which ultimately contributed to a decision that the baby could remain living with her rather than be taken into care.

Birth Companions provided support that both directly improved relationships between mothers and children, and indirectly improved interactions between them through supporting women's mental health. Guidance on breastfeeding and other practical parenting techniques also helped women to parent with confidence and helped them to understand current health advice.

5.3.6 Longer term impact

While Birth Companions were flexible to some extent about the length of time they worked with women, the focus of work was clearly around the immediate perinatal period. We carried out a second interview with seven women in order to gain an understanding of whether any impact from Birth Companions support lasted beyond the time of their involvement. These women were interviewed immediately after they had been discharged from Birth Companions, and then again four to six months later.

Interestingly, the narrative of women's experience of support did not change greatly between interviews. Even several months after they had stopped receiving visits, women reiterated overwhelmingly positive experiences of support during pregnancy, labour and early motherhood, indicating that positive memories of these events stayed with them over time. This is perhaps especially important for women who are separated from their babies soon after birth who do not always have other opportunities to create positive memories with their children.

I think that the Birth Companions offer kind of memory building, so for example, they're very good, they will take photographs of a woman and her baby, they will get them developed and give them to the woman to keep. And that's very, very powerful, if she is not able to parent her child full ... you know full-time.

BCP12 - Midwife

There was a mixed experience for women in their ability to build long term support networks after they were discharged from Birth Companions. It was clear that Birth Companions provided vital support to reduce isolation during their period of involvement with women, but there was a mixed understanding about how far Birth Companions provided support to access groups and services in the local area.

I think what would be really great is if we could do some work on kind of Birth Companions helping to bring women in to universal services, so in to a Children's Centre, local Children's Centres and local services for families [...] so you know helping to bring her into her local community and to kind of be a bit less isolated.

BCP8 -Midwife

Where Birth Companions did introduce women to local networks, for some this did change their behaviour, with lasting impact.

But with Birth Companions, I've meet a lot of things like playgroup, Sure Start, things like that. So they introduce me to a lot of things [...] whenever I move, I look for Sure Start, yeah. I just carry on with it. Because through them as well, you find another thing, some more interesting things.

BCSU18

Some women were able to access an ongoing support group (the Helen Bamber group) that was run by a Birth Companions' volunteer within a second organisation, and this continued after the visits from birth companion volunteers had ended. This group was helpful to women both as a form of social contact, and a way to continue to receive material support where possible by asking Birth Companions to bring things they needed for the baby.

For others, the lasting impact of Birth Companions was not a physical introduction to universal services, but a shift in attitude borne out of a positive and caring relationship that changed their interactions with other services in the future. One professional described this as women having a greater awareness of their right to be treated fairly that gave them confidence in their interactions with other agencies, while one woman spoke about the impact Birth Companions had on her ability to trust other agencies in order to allow them to support her:

If you ask oh did you like this person, do you want to meet that person? No, no, no, but these people [Birth Companions], they slowly, slowly change me a lot. Now I'm happy to talk to people and I start believing people but before I was not like this, no.

BCSU24

However, there were some women who remained isolated at the time of their second interview either because they had moved area and did not know of local services, decided not to attend groups, did not have time to go to groups due to studying commitments or felt too depressed to go out and meet people.

I've been twice [to the Children's Centre]. When first time we went, he catch virus [...] then I thought I don't want to take him anymore. You know! I don't want to get him ill.

BCSU9 – second interview

I didn't go sometimes even [counselling] because I feel depressed, so I stay just with myself and baby on my own, so apparently isolated.

BCSU10 through interpreter – second interview

Moreover, for many women who did have other places to access support such as groups, Children's Centres, and churches, they did not always feel that they had found someone else who provided the depth of understanding and trusted relationships that they found in Birth Companions, which could have led to remaining feelings of isolation despite some local social connections.

There was also one woman in the interview sample who spoke about the support that Birth Companions had given her to move away from destructive lifestyle habits. The support had contributed towards her feeling able to move away from a situation of domestic violence and drug addiction, to create healthy lifestyle changes enabling her to live with her baby.

When conducting interviews a substantial amount of time after support had stopped, several women mentioned wanting to give something back to the organisation either through volunteering or donating their baby's things that they no longer needed. This demonstrates the desire women have to remain connected to Birth Companions, which may be an asset to the service should they consider any changes to their model of working to provide support outside the immediate perinatal period.

5.3.7 Key findings: Impact of the work

Most of the impacts we identified were intermediate outcomes – part of the process leading to changes in women's lives. In summary:

- Birth Companions were successful in engaging women with the service, when many other services struggled to do so. There was some evidence this led to better engagement with other services.
- Women felt more in control of their situation as a result of advocacy support from Birth Companions and having the parenting skills, knowledge and material equipment necessary to care for their babies.
- Women felt less isolated during the period of Birth Companions involvement through support during labour, and developing strong, trusting relationships with volunteers who provided emotional support. There were mixed experiences of the sustainability of reduced isolation.
- Birth Companions reduced stress and worry for women, and provided a safety net to buffer emotional crises during a difficult change period in their lives.
- Practical help with parenting, breastfeeding, providing equipment and increasing access to services was likely to have a positive impact on the babies' wellbeing.
- Birth Companions helped women create positive memories of birth which were likely to support wellbeing and bonding with their babies.
- Some women reported wanting to give back to Birth Companions through donations of baby things and volunteering their time to the organisation.
- Stakeholders are not clear on the model of timing for support. There are mixed experiences of the ending of support for women, and mixed opinions on whether the support goes on for long enough.

As within section 5.2 above, we have summarised the information on impact into a logic model format to describe the key components of the Community Link service, linked to intermediate outcomes (see Table 6). We have adopted this approach in order to revise the initial TOC based upon interview data, and show the stages involved in doing so.

Table 6: Building a logic model for the Community Link service based upon interview data – impact of services

<p>Intermediate outcomes</p>	<ul style="list-style-type: none"> • Engagement in other services – building trust in other systems of support e.g. Registering baby with GP • Women had increased understanding of other services – how they worked and what was on offer in terms of support • Increased confidence in asking for their rights – speaking with other agencies to gain support • Women led decision making, taking control of their lives • Building positive relationships • Positive birth memories • Increasing women’s confidence in their parenting skills • Reducing loneliness felt by women • Feeling less isolated • Reduced stress or worries and anxieties • Support for mental wellbeing • Hopefulness for the future • Reduced fear about pregnancy and birth • Helping women bond with baby through breastfeeding
<p>Enablers</p>	<p><i>Internal</i></p> <ul style="list-style-type: none"> • Quality of staffing • Building relationships based upon trust • Proactive contact – not giving up on women when making contact was hard • Empowerment – helping women achieve their own goals by themselves • Information and advice offered but in order for women to make choices – women controlled choices <p><i>External</i></p> <ul style="list-style-type: none"> • Referrals from other agencies • Availability of support from other agencies that women require offering different approaches • Stable housing
<p>Activities</p>	<ul style="list-style-type: none"> • Helping to attend appointments • Use of interpreters to overcome language barriers • Providing information on system of care and support in England for pregnant mothers and new mothers • Home visits as well as emails, texts and phone calls to keep in touch • Pre-birth planning including writing personalised birth plan • Providing practical resources – money for transport, baby equipment • Providing a birth companion including taking photos • Emotional support – someone to confide in • Supporting women to re-connect with estranged family members • Making contact with other community groups for new mums • Parenting skills – bathing baby, feeding, social activities
<p>Inputs</p>	<ul style="list-style-type: none"> • Flexible support • Accessible and approachable ethos within the service • Volunteers working alongside staff

5.5 Birth Companions' approach

5.5.1 Focus on mothers

Birth Companions staff and volunteers felt their primary focus was on supporting the women, and through supporting women that there would be benefits to their babies. This was particularly important for women who had substantial social services involvement where they felt other services were only concerned with their babies.

They [Birth Companions] were just there to support the woman, which is out, in all of this, what I found the thing that I didn't get any support with. Because Social Services in [Borough] were looking out for, were looking from it, from a perspective of a child being at risk, mental health services were also looking at a child being at risk, if I was unwell. But nobody once really came into consideration that I was the one that was getting abused.

BCSU16

Professionals we interviewed explained that although Birth Companions would have to report any child protection concerns they became aware of, and contribute to case conferences on occasion, they did not have a specific safeguarding remit like social workers and midwives. This allowed women to access support for themselves where otherwise they may have felt unable to confide in professionals whom they felt were continually assessing their ability to parent. In fact professionals pointed out this difference to women in conversations they had with them about referral to Birth Companions. At this time in their lives women were often feeling overwhelmed and their initial reaction was often that they did not want any other professionals involved.

She [birth companion] just, she became a friend, if you know what I mean, like she took over from the counselling but in a more friendly way [...] Whereas with my counsellor, it was more I knew what she's writing about, so that was worrying me as well because I did think, oh she's, if I'm depressed and she's writing ... if I tell her how I feel, she writes it up, they may take my baby away!

BCSU4

They [Birth Companions] were just talking to me about being a mum, and about breastfeeding and your concerns about things like that, the trivial things [...] And you get yourself so worked up and I didn't feel I could ever ask anyone else any of these questions [...] Because I was scared of getting judged by, that anything that I said was going to be taken out of context or be abnormal or have read, be read into too much, you know.

BCSU16

Similarly, midwives acknowledged that their primary duty was to the baby, and felt reassured that there was another support service available to the women that focussed solely upon them as an individual.

So for some midwives, it can be a really, really tricky process to go through when you have to prioritise the needs of the child [...] And so I think it kind of allows, having the birth companion on board, having that relationship with them, is a bit kind of, allays our anxieties of OK, well who's actually looking out for mum in this scenario.

BCP12 - Midwife

Moreover, a common concern amongst midwives was that following a child's removal from care

women often experienced a sudden transition from having a great deal of professional involvement in their lives, to having almost none as professionals whose remit is focussed on child welfare were not able to continue to support women after this time. Some midwives expressed frustration that women may be left with continuing needs and little or no support at a time when they are particularly vulnerable having just experienced the removal of their child from their care. Where Birth Companions were involved, they were able to stay in touch with women and support them emotionally through this.

You know it's really quite heartbreaking really, to see women just go off without their children and any, you sort of wonder, well what will become of them, you know, who's going to pick up the pieces [...] I can't do that, but Birth Companions do do that. And there should be a lot more of it.

BCP11 – Midwife

5.5.2 Person centred support

Responding to individual needs

Birth Companions' staff and volunteers used the needs women identified for themselves as the basis for the support they provided:

What does that person want in that particular moment?

BCV1

Professionals also indicated that unlike other services, Birth Companions did not expect them to fit into a service, but rather, provided support in response to women's needs.

They don't categorise people according to how bad the atrocity or violence has been, they just get on with the job of supporting them.

BCP1 - Manager

This approach recognised, and was able to respond to, the complex and changing nature of the challenges faced by the group of women the service works with. They worked at a pace the woman was comfortable with and had time to build relationships with them as a result.

You're going in as a person, they deal with you with your changing circumstances, you're pregnant, they're dealing with you as a pregnant person indeed but it's flexible.

BCSU4

They never pried about anything either, and it was only if I wanted to talk about something.

BCSU16

It's more just to take the journey with them, but from their, from completely their perspective and at their pace.

BCP11

This makes the 'feel' of the service different for women; with Birth Companions it 'becomes personal' (BCSU3). Women reported that they felt listened to, and as a result Birth Companions was able to address their real concerns at the time.

This is so good because if you have somebody that you can tell for what you are worried and then they can help you, it's amazing you know.

BCSU13

I would like them [Birth Companions] to do the same [for others] as they did for me, approach the person and find the best way to help her and to know her need as well.

BCSU18

This approach is strongly linked to the importance of the woman being the focus of Birth Companions work. For example, the main concern for one woman was how she could help her recently orphaned nieces and nephews in her home country. No other services could help with this concern, but Birth Companions were able to work with her to find a way she could support them (sending clothes), empowering the woman to take some action and addressing the biggest issue and cause of worry identified by the woman herself.

Flexible support model

In order to respond to women's needs in the context of their complex lives, support was available from Birth Companions outside normal working hours and in women's homes or other local locations. The service runs a 24 hour telephone line, mainly used for women to call to get support during labour, but in interviews women reported also being told they could ring this with worries and concerns they had at any time. Just knowing that this support was available, for one woman was enough to make her 'heart to settle down' (BCSU10). Other services were not able to be so flexible with hours of availability, and women felt that they did not get as immediate a response from other services.

And I need to leave the message to [other organisation] that I want to talk to you, yeah, but they call me after, like two, two/three, three hours, sometimes they don't call, they call after, like next day they call you. And that time you don't want to talk, yeah, that time what you are suffering, that's gone now.

BCSU24

Professionals also valued the service being able to support women at times when they could not.

I can't be there for [name] on a Saturday and a Sunday, I can't be there in the evening, whereas Birth Companions kind of like fill the gap.

BCP7 – Case worker

Unlike most other services women came into contact with, Birth Companions visited women in their homes or elsewhere, and were able to accompany them to places they needed to get to or were interested in locally. This was important when women were heavily pregnant or had new babies and found it difficult to get out or make it to appointments on time otherwise, or were not confident travelling in the local area. Moreover, the length of time that the service was in contact with women was flexible. After visits ended the service often stayed in touch occasionally via texts and phone calls, and women were told that if they needed help with something in future they could get back in touch. Only one woman complained about the visiting times and responsiveness of Birth Companions. However, this experience was unusual and for most women the availability of the support was beyond their expectations.

Meeting language / cultural needs

Birth Companions supported women to access services which they would otherwise have struggled to do. This included support with understanding language and communication issues. Women mostly did not report any problems with communication; saying that Birth Companions took time to explain things simply to them and this was enough for them to understand what was necessary. However, there were some instances within the interviews where professionals and women pointed out some communication and cultural barriers that did exist.

For example, there was some evidence that women did not feel able to raise or discuss certain more difficult issues with Birth Companions when English is not their first language

I talk with [friend] [about asylum issues] because we can speak with the same language and we can express the feelings better. Nobody else.

BCSU13

Some professionals also thought there may be occasions where interpreters would have been useful for Birth Companions, but recognised that resource may not allow for this. Language barriers may also have explained the misunderstandings that some women had about what Birth Companions could do or when support would end. Four out of five Birth Companion staff/volunteers mentioned language as a potential barrier to providing the best support to women. Although they used many techniques to facilitate understanding such as using gesture, speaking simply, or sometimes being able to use hospital interpreters, they recognised that this may be frustrating for women at times and impede their ability to talk freely about feelings or ask for things that they needed. This could be especially true when women's ability to understand and express themselves in English was further impaired by their emotional state.

She understands a lot but she can't speak very well, so it's sometimes very frustrating to try and understand what she's trying to say. And because she gets frustrated, she gets angry or upset, more upset than she might do.

BCV2

It was not just language, but also different cultural understandings that may have affected how women experienced the service. For example, one woman who remained very low at her second interview but had not been back in touch with Birth Companions described how in her culture you would not repeat requests for help, so she was reluctant to do this. Two women also mentioned a need for culturally appropriate food, one of whom did not request any shopping when this was offered by Birth Companions as she did not feel they would be able to get her the African foods that she wanted from the market to do her cooking.

Although for the most part culture and language does not seem to have been a problem in forming close supportive relationships, there may be scope to explore how Birth Companions can better match these needs with the volunteers they recruit, or given the resource, possible use of interpreters.

5.5.3 Relationships

Women described the quality of the relationships they formed with Birth Companions as very different to their relationships with other services. It was described as an informal, close relationship characterised by feeling genuinely cared for and loved. Words women used to describe their

relationships with Birth Companions included: 'Like family', 'friend', 'like super angels', 'like a mum', 'like a sister', 'like an auntie' and 'like a godparent'. Several factors appeared to contribute to the trusting relationship that Birth Companions were able to form with women, including: an informal and caring style of interaction, having enough time to spend getting to know women as individuals, listening and responding to individual's needs, and understanding that Birth Companions were not paid to support women.

It was important for women that this relationship felt different to that of other services through its informal nature, as this allowed them to form closer and more trusting bonds. This was facilitated both by the difference in the remit of the service (i.e. not having any statutory duties), and also by the ways in which Birth Companions were able to interact with women they supported.

Just, [birth companion] kept referring to her own life, she never referred me to any sort of like official information this and that's that.

BCSU4

Sometimes a danger with services that become very kind of professional and become a bit cold and you know things about, well you know that's a boundary and we can't do this, that and the other. Whereas Birth Companions are a lot more, felt that [birth companion] was a lot more led by what the client needed.

BCP5

Approaching women with a warm and engaging manner and treating women with kindness was a different experience than women had with statutory services who had an agenda, paperwork to do and little time to spend with them.

[Birth Companions] can treat you so well and you can trust them, [...] they can speak warmly you know, nice and you can trust in the moment you know.

BCSU13

The way they [Birth Companions] talk and, you see their personalities as well come through, as opposed to just being like, this is how I'm trained, and it's off a sheet and everything has to be ticked, you know, it wasn't like that, you do feel like it's personable, far more personable.

BCSU16

Having the time available to take a gentle approach, work with women on their own terms and get to know them as individuals made the women feel genuinely cared for and facilitated trust building.

I always had fun with her, I was feeling safe with her, confident as well, [...] She knows me well. When she came, she saw I'm not well, she noticed that something's wrong, yeah.

BCSU18

Equally important as listening in the early stages of building a relationship was that Birth Companions were seen to take action in response to listening to women's concerns, for example by providing equipment they needed for the baby. For many women the meaning of receiving these things went beyond basic material support. They felt the gesture of listening to what they needed, or thinking about what might make them more comfortable, was important.

I remember when I gave my birth, all my bra was getting small for me, so it's the birth companion provide a bra for me and the day they bring it I was crying, I felt like, I wasn't seeing them only as a helper, but like a mum I think.

BCSU18

This allowed Birth Companions to build trust with women, and some women described how this made them feel more able to talk to them about other concerns.

So at first really, my first impression was I'm going to get the practical help from them, practical support... And then this sort of confiding in her, feeling free to talk to her came after this.

BCSU4

The fact that women were often aware that Birth Companions were mainly volunteers made the support even more meaningful to them.

I mean that's selfless I think, to be able to do that when it's not even you giving birth, and it's not your daughter and it's not your sister, it's not anything to do with you related, in blood relation, they have no reason to, they're not getting paid for it, they're doing it out of the genuine kindness of their own heart, I think that's amazing.

BCSU3

In this way, Birth Companions were successful in building relationships with women who had been previously very distrustful of services or of people in general as a result of their experiences. One woman explained that 'At first I was really sceptical, because I just thought I didn't really trust anyone at the time' but later said she got on with Birth Companions 'like a house on fire' (BCSU16). This experience was reflected in professionals' accounts also:

She's a tricky client and she's you know quite, can get quite angry quite quickly, and whatever it was they did, I mean she just, her face would warm into a smile and she would just say well they were my sisters, they were my mother, they were my family, they were you know, there was really a sense that she felt held by these women.

BCP4

Professionals thought that wherever possible it was important for Birth Companions to have enough time to build rapport with women, so that they felt comfortable with whoever may be supporting them during labour. For the most part, the person supporting a woman during labour would be someone she had already met previously, but it was common to have met several volunteers. Birth Companions' staff and volunteers reported that this was both to reduce the risk of creating dependency, and to be able to provide the right amount of support to women at times they needed it by sharing amongst volunteers.

Because even though it wasn't consistent in terms of the same person, the consistency of care and love and affection was there in all of them.

BCSU1

I don't mind anymore because I met [birth companion], the first people I met in Birth Companions, they are very nice people, so if they tell me, if [birth companion] said she's sending someone down to me, I know it's OK.

BCSU22

Sometimes this was even reported as a positive element of the service

The best thing about it was, is that each and every one of them had different things about them that they brought to the table.

BCSU1

However, a minority of women did explain that it was difficult to form relationships when meeting several new people as they felt they had to explain their story multiple times.

Because anybody that comes had to start all over again, so it was just a pain, it was OK honestly but if I had one person.

BCSU2

If you have to send new person, that means she has to explain to the new person all over again, so it can trigger her pain, emotional agony or whatever. So she didn't like that, she want the same person that know her well after a while, so she don't need to go through that again and again and again.

BCSU10 through interpreter

The style of Birth Companions' interaction and their primary focus on women's needs sets them aside from other services. Birth Companions take an informal gentle approach, responding to needs as identified by women themselves. The service model allows for flexibility in when and where support can be accessed, and what type of support can be available in recognition of the individual needs women have. This approach is appreciated by women who otherwise have no family and friends to confide in, and often face barriers to accessing other services.

5.5.4 Birth Companions fit with other services

In this final section, we consider staff, volunteers and referring professionals' description of Birth Companions alongside the provision of other services to understand further the approach the Community Link service offers.

Staff and volunteers reported a mixed understanding of Birth Companions' Community Link service by other professionals. On occasions birth companions had not been allowed into hospital delivery rooms as midwives did not understand their role, and there had also been some misunderstandings of the remit of the role, for example, professionals in child protection meetings expecting reports from the service. However, once the role was clearly explained and understood, staff and volunteers said they generally did not have any ongoing problems with working with other services.

While Birth Companions aims to be flexible and responsive to the needs of the individual woman, there were limits to their influence and expertise. Most women, professionals, staff and volunteers agreed that support with the statutory provision of benefits, housing, and professional mental health support was outside the remit of Birth Companions. However, when these issues arise Birth Companions' staff and volunteers could provide emotional support and referrals (through the Community Link Coordinator) to appropriate services, and on some occasions there was evidence they took an advocacy role. Professionals felt there was a real need for advocacy in these areas of support. Birth Companions' staff and volunteers expressed some frustration when issues continued to affect women negatively after they were discharged from their care, as it was felt they had a big and lasting impact on women's wellbeing, but that they did not have the power to help.

We can't do anything about their housing, we can make phone calls and make noises occasionally but you know there's a limit to how much we can have any influence there. And I find it really hard to walk away from someone who's not coping that well with their circumstance and knowing that we can't change it.

BCV2

Birth Companions did, however, have a role in providing emotional and practical support to women, which may have relieved some of the stressors and issues that were caused by the type or lack of provision of statutory support. Often women saw the role of Birth Companions' support in relation to other support that they were receiving. For example, for one woman, the useful support from Birth Companions was emotional in nature as she saw practical support as the remit of other services in her life. For another woman, the main support that Birth Companions provided was practical as she already had a counsellor.

There were, however, some particular areas of support and expertise which Birth Companions were unique, or unusual in being able to provide. Service users and professionals both commented on the usefulness of small amounts of money provided by Birth Companions for vital travel and phone calls, as well as the provision of baby clothes and equipment. Several professionals agreed that this was vital to women's wellbeing but that they were unable to provide this through their own organisations, or unable to provide this in an accessible way, such as delivering equipment to the home address:

Because sometimes you know if they had back pain and having to carry clothes can be quite uncomfortable. And to have someone arriving with clothes at your home can feel really, really special as well.

BCP2 - Therapist

A particular characteristic of Birth Companions' services that made them attractive to referring professionals was their expertise around pregnancy, childbirth and the care of newborns, and especially their ability to be there at the birth of the baby which was a unique feature of the service. Women identified the specific support they had around preparing for birth which other professionals in their lives were not able to provide:

She [birth companion] put me mentally I think in a place which I didn't even realise myself that I needed to be to be prepared to give birth in the first place you know, which social workers weren't so, that's not their job really.

BCSU3

Moreover, professionals both within and outside the field of perinatal care were clear that referring to others with expertise in this area was extremely valuable. For professionals whose main remit was outside perinatal care, they were aware of women's need for support in this area and pleased to be able to refer to an organisation which they could rely upon for this type of support:

The other thing is you know I'm not an expert on being a doula or whatever, I can't talk to midwives knowledgeably about postnatal care and you know all of these issues [...] It's just essential, it's like a bridge between you and the NHS, it's like a bridge between the woman

and what she needs.

BCP1 - Manager

For midwives that we spoke to it was particularly reassuring to know that a knowledgeable volunteer was available to support vulnerable women who they worked with to prepare for birth when they did not have the capacity to spend time doing this as thoroughly as they would like.

Moreover, the fact that Birth Companions could be present during labour and birth was reassuring to midwives and other professionals as they either did not have the ability to attend hospital or the type of flexibility required to be available at any time this may be required. This was therefore seen as an essential component of Birth Companions' work that could not be found elsewhere, and indeed was often the main feature of the work known to professionals and a key reason for referral.

If for example, one of the women that I'm case loading is in labour and I'm not around, if I know there's a birth companion involved, I can relax! (laughs) Because I'm a human being, I want to be there when my women are going through birth but obviously I have a life outside of work and can't always be there.

BCP12 - Midwife

But this is so unique because it's saying to them, look, there's going to be someone who is going to help you through that transition of being a mother [...]of course there are a lot of other services available, but it's that kind of specific help to do with that moment in time of birth delivery and afterwards.

BCP2 - Therapist

Professionals we spoke to described often being aware of additional support that some of the most vulnerable women they worked with needed, but being unable to do this either within the remit of their role, or because of caseload pressures. As a result they saw Birth Companions' role as either being able to provide similar support in a more accessible way, adding additional support of a similar nature during a critical time period when it was most needed, or providing support to deal with issues that professionals did not have time to focus on sufficiently otherwise:

They probably do a similar role but they could do it more in-depth for that short period of time...Which is probably the most vulnerable point for women that need support.

BCP10 – Case worker

Having that person that will come in and make a cup a tea and sit down and ask about the other bit of your life is really important and how perhaps things are going with your, I don't know, your housing or your relationship with your partner or whatever, I mean not that we don't do that because we provide that care as well, but time is, time is precious because we have so many clients.

BCP8 - Midwife

One therapist pointed out that as they could trust Birth Companions to provide this type of support, they felt more able to focus on their own therapeutic work with women where they felt their skills were best used.

5.5.5 Key findings: overall approach

The unique service was built upon a:

- Flexible service model that improved engagement and provided a service that was not available elsewhere – what they provided was different and ‘felt’ different.
- Woman-centred way of working where women felt Birth Companions listened to their needs and were led by their own concerns.
- Mother as focus of the service approach, and not the child. This was a key difference to how other agencies delivered support.
- Relationships between Birth Companions and women were strong and trusting – this was the basis for the service. How Birth Companions worked was built upon the quality of relationships forged.
- Professionals viewed Birth Companions as having expertise in perinatal care and complex cases.

Table 7: Building a logic model for the community Link service based upon interview data – Birth Companions approach

Intermediate outcomes	<ul style="list-style-type: none"> • Positive relationships – trusting, loving, cared for • Improved wellbeing of mum (reduced worries and anxieties) – which will impact on child wellbeing
Enablers	<p><i>Internal</i></p> <ul style="list-style-type: none"> • Different offer to other services – and it ‘feels’ different to women • Working at a pace set by each woman – not systems or agencies. Genuinely women focussed approach. • Taking time to build relationships with women – quality relationships • Communication working best with shared language – acknowledgement that interpretation services sometimes needed <p><i>External</i></p> <ul style="list-style-type: none"> • Link and refer to other services where Birth Companions don’t have required specialist skills to address problem • Referring agencies who have a good understanding of Birth Companions – the service offer and way of working
Activities	<ul style="list-style-type: none"> • Needs based assessments – what does the woman want at this point in time? • Emotional support • 24/7 telephone support line • Home visiting ‘out of hours’ • Accompanying women to appointments • Providing understandable information through knowledgeable volunteers
Inputs	<ul style="list-style-type: none"> • Mother focussed support • Flexible service offer • Volunteer workforce

6 Discussion

The purpose of this evaluation was to explore the impact of the Birth Companions’ Community Link service against stated outcomes. A TOC approach was incorporated into the design of the analysis phase to investigate to what extent Birth Companions met the service’s intended outcomes for women, and how.

The women that Birth Companions worked with faced multiple and co-occurring challenges that were often interrelated. The most common of these were social isolation and poor mental wellbeing. Birth Companions’ involvement in women’s lives came at a time of transition to motherhood – often first time motherhood - which could have a positive impact on women, but was

also associated with a period of increased stress and worry, increased risk of mental health problems, increased service involvement and additional financial pressures.

We found there was little available evidence in published literature on best practice for supporting women with complex needs in the perinatal period; however, the literature indicated that integrated care centred on the individual had the strongest evidence base. Studies showed that agencies should build relationships based upon trust, especially when working with women with perinatal mental health problems and other vulnerabilities. The Community Link Service did this, taking a women focussed approach that was distinct to all other service offers for this vulnerable client group. Evidence from this evaluation demonstrated that Birth Companions' emphasis on building relationships through an informal and caring approach centred on the mother's needs' allowed them to gain trust where other services were unable to do so. All of the women interviewed reported positive experiences of the Community Link service. We heard that Birth Companions were like 'family', they were like a 'mum' to the women they supported.

6.1 Limitations of the evaluation

Firstly, the data collected did not allow for in depth analysis of the longer term impact of Birth Companions, which was a specific aim of the commissioned evaluation. Our design incorporated longitudinal interviewing in order to explore the longer term outcomes for women, but it was only possible to interview seven women twice and we did not learn about long term impacts in second interviews. At follow-up interviews women reiterated what they told us initially about Birth Companions, providing consistent positive experiences and views, and described the continued challenges in their lives. Designing a study to assess long term impact with this cohort group would be challenging, partly because keeping women engaged in sufficient numbers to follow up would be difficult, and require considerable financial investment.

Secondly, the sample was biased and this should be considered alongside the results. Our evaluation included interviews with 20 out of 73 women accessing the service during the period January 2012- December 2014. There may be groups of women, whose voices were therefore missed, including those living in refuges, Eastern European women and those who were in contact with Birth Companions only for very short periods of time. We only interviewed one woman whose baby was taken into care, but this was an outcome that many have to deal with. We interviewed women whose contact with the service had been greater; most women supported by Community Link have under 10 appointments, but our sample were women receiving on average more support from the service. Equally, some professional perspectives may have been missed, particularly those from smaller, specialist organisations who referred to Birth Companions as some of these did not respond to requests for participation.

Finally, the research team have not been able to carry out in-depth analysis of the data collected. The commissioned budget from Birth Companions was £14,000 for a literature review and interview study which the McPin Foundation matched funded. However, even with this resource it proved impossible in a project of this scale to do detailed analysis and synthesis work.

6.2 The role of Birth Companions

The data described a consistent model of support provided by the Community Link service. A women-centred, mother first, approach that was time limited prior to birth and to approximately 3 months post-birth. It was a flexible service offer operating out of office hours, including 27/4

telephone line, to deliver a service that could meet every woman's needs as they arose. The delivery workforce of volunteers was a key ingredient – the women valuing the kindness provided especially because birth companions were volunteers. The main supports provided were a combination of information, practical resources and inputs and emotional support.

In section 5.2, we summarised the multiple challenges the women they support were facing and the different agencies involved. The role of the Community Link service has to be placed within this context; they did not provide support in isolation. Although it was outside the remit and expertise of Birth Companions to provide specific support with statutory entitlements such as housing and benefits, the service worked alongside these agencies and was flexible and able to respond to concerns as they were raised by women themselves. During a critical time period for women, Birth Companions worked closely with them, addressing needs as they arose so that they did not 'fall through the net' of other services' care, and prevented them from reaching crisis point.

Figure 3 describes the work of Birth Companions as a wheel of support. The wheel of challenges facing women keeps turning, and Birth Companions adapted and supported as appropriate. The Community Link service was in a unique position, and what they provided to the women was a few months of unconditional support that we heard was empowering, helped women take control and make informed decisions, supported them to address significant challenges, and built trust that included trusting other services that might be helpful to them. This support did not remove the other challenges that people were dealing with as refugees in Britain, as women managing relationships involving domestic violence, or as women living in poverty. But it helped women cope and everyone we spoke to wanted to express their sense of gratitude and thanks.

Figure 3: Birth Companion wheel of support – case study example

A woman is referred and assessed. This process helps the Birth Companion coordinator and volunteers develop a plan with the women for how their Community Links service can help.

Organisation involvement:

Asylum process and immigration office.

Local Council Housing department – seeking rehousing.

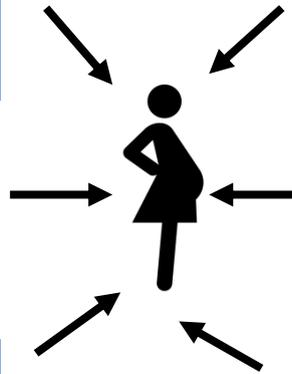
Social services – assessing child protection concerns.

Significant life challenges

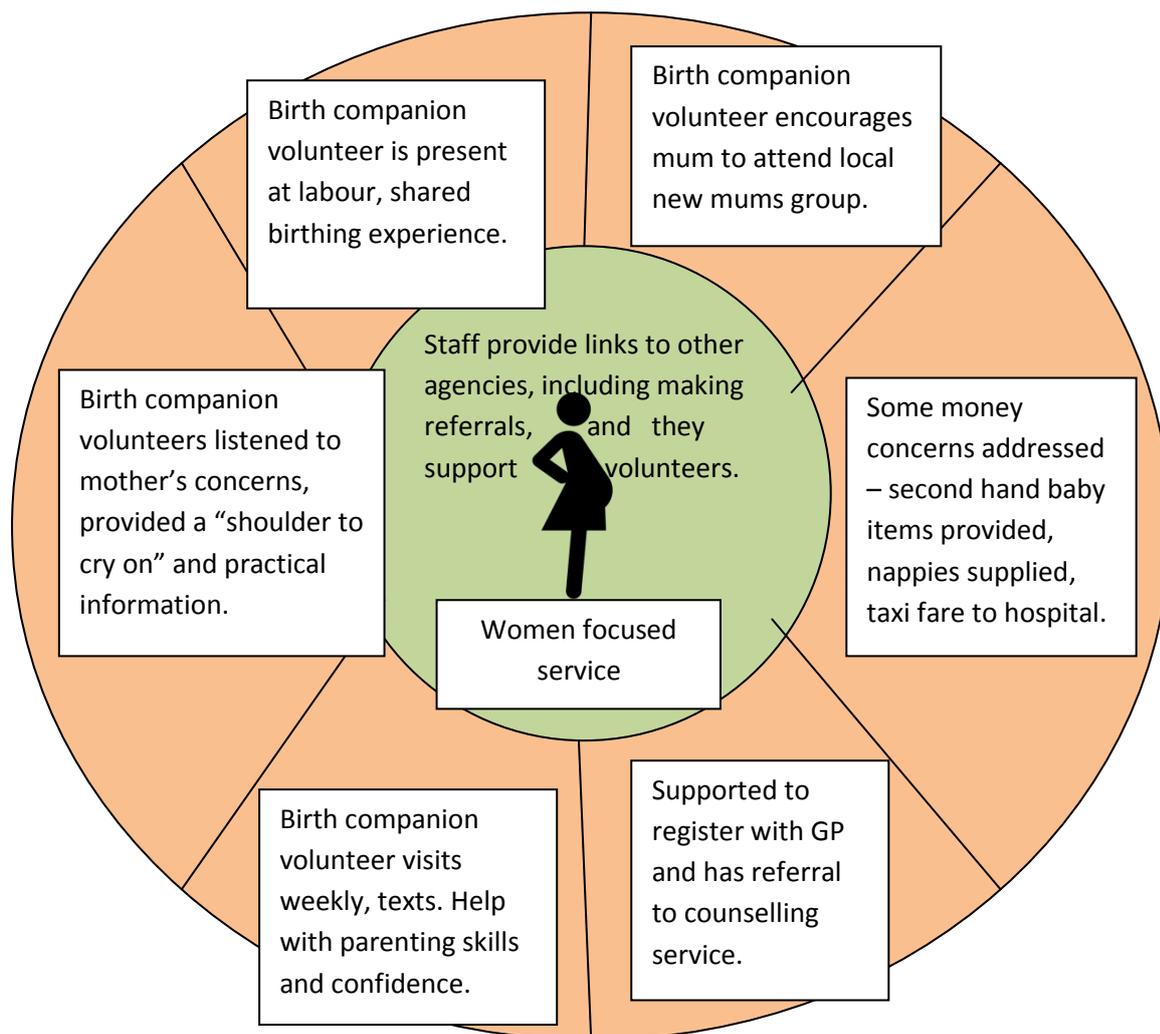
Money worries – lack of resources to support new baby.

No family locally, few friends – feels lonely and unsupported.

History of depression and trauma - currently anxious and worried, feels low.



With Birth Companions' involvement: Volunteers work as part of a team of 2-3 volunteers plus Co-ordinator. The coordinator has involvement liaising with other services, the volunteers deal only with the women.



6.3 The impact of Community Link service on outcomes

Within interviews, the overwhelmingly positive narrative from women about their experiences of support from Birth Companions was strengthened by the consistency of this message over time for women who took part in two interviews. Women were very satisfied with the service, grateful for the help they had received and felt they had good relationships with the staff and volunteers that they worked with. This was true even when their baby was taken into care. However, the fact that women supported by Birth Companions reported a positive experience is not an indicator of impact on outcomes. The literature review provided little robust evidence about 'what works' for supporting women with complex needs in the perinatal period. There were several examples of emerging practice where evaluations showed high satisfaction levels, but this did not result in improved outcomes for women.

Despite taking a qualitative approach to investigate impact, this remained difficult to explore.

- Women's narratives did not speak about long term impacts directly or indirectly, they may not have been aware of these themselves or been able to articulate the support they received in those terms.

- Disentangling what each agency provided women, and the impact of each agency's specific input was hard.
- The changing circumstances of the women and their enduring problems meant identifying the impact of one short term service on significant outcomes like mental wellbeing or social isolation was challenging.

However, it was possible to look at intermediate outcomes. The evaluation team sought to build a 'logic model' based upon interview data of factors influencing the impact of the Community Link service. Table 8 provides the final model constructed from sections 5.2 to 5.5.

How did Birth Companions' support a 'hard to reach' group of vulnerable women that other services struggled to connect and engage with?

- Women felt different with Birth Companions' support.
- The service was genuinely 'woman focussed' with a personalised approach that put the woman in control of how Birth Companions supported her.
- Women experienced trust – often lacking in personal and professional relationships.
- Women experienced support that was beyond the immediate practical input but had symbolic meaning built on gestures of kindness.
- The 24/7 flexibility of a number to call and a volunteer to listen to you, was reported as reassuring.
- Volunteers didn't stop trying, even when making contact was hard they still tried.

We interviewed 20 women, but that was only a proportion of clients. Those not interviewed might have experienced different intermediate outcomes, or none at all.

Table 8: Logic model drawing on combined data sources

Intermediate outcomes	<ul style="list-style-type: none"> • Engagement in other services • Greater knowledge and understanding – of systems and parenting • Women led decision making, taking control of their lives • Building positive relationships • Positive birth memories • Establishing positive parenting behaviours • Building local connections to address loneliness and isolation • Reduced stress or worries and anxieties • Support for physical and mental wellbeing • Hopefulness for the future • Helping women bond with baby
Enablers	<p><i>Internal</i></p> <ul style="list-style-type: none"> • Different offer to other services – and it ‘feels’ different to women • Working at a pace set by each woman – not systems or agencies. Genuinely women focussed approach. • Taking time to build quality relationships with women – that are valued • Communication working best with shared language – acknowledgement that interpretation services sometimes needed • Quality of staffing / volunteers • Proactive contact – not giving up when making contact was hard • Empowerment – helping women achieve their own goals by themselves • Information and advice offered but in order for women to make choices. • Managing the ending of relationships positively <p><i>External</i></p> <ul style="list-style-type: none"> • Link and refer to other services for specialist input • Referring agencies who have a good understanding of Birth Companions • Stable housing
Activities	<ul style="list-style-type: none"> • Helping to attend appointments by accompanying women • Understandable information and knowledgeable volunteers • Home visits as well as regular emails, texts and phone calls • Pre-birth planning including writing personalised birth plan • Support during labour - support, advocacy, taking photos • Hospital visits and help talking mum and baby home • Breastfeeding support • Resources for mum and baby including money and practical equipment • Emotional support – someone to confide in • Supporting women to re-connect with estranged family members • Support to access other services including counselling and peer support • Making contact with other community groups for new mums • Parenting skills and reassurance to new mums – teaching practical skills like bathing the baby • 24/7 telephone support line
Inputs	<ul style="list-style-type: none"> • Mother focussed support • Flexible service offer • Accessible and approachable ethos within the service • Volunteers working alongside staff – skills and knowledge

The interview data showed that Birth Companions were working towards their major aims of improved mental wellbeing, reduced social isolation and improved child outcomes. For example, with outcomes for babies, the interview evidence indicated that women felt more confident and competent at parenting as a result of the advice and practical support they had received, more likely to continue breastfeeding and more able to provide for their babies with the material goods from Birth Companions. Advocacy and support in accessing other services was also likely to have a positive impact on babies' wellbeing through women's improved understanding of health systems such as registering with a GP, and attending local groups and activities. Birth Companions also helped to create positive memories of birth for women which were likely to support both their own wellbeing and help to create a positive bond with their babies.

6.4 Evidence based practice within Birth Companions' model

A key component of Birth Companions model was support during labour. Evidence showed that one to one support in labour led to positive outcomes for both mother and baby, and was recommended for all women. For many women using the service, this would not have been possible without Birth Companions. During interviews, professionals identified support during labour as a unique service offer, important for improving the experience of labour, helping it to progress quicker, for women to remain calmer and reducing the risk of reliving trauma. Women reported that Birth Companions presence made them feel more relaxed and in control of what was happening, and more able to form lasting positive memories of the birth of their child.

Evidence also shows that an integrated service offer is important, particularly for improving service engagement. Birth Companions did not duplicate provision provided elsewhere, it provided a unique service valued by other services as well as women. For example, alongside involvement during labour, the wider support from Birth Companions around the perinatal period provided women with companionship, when they were otherwise isolated. This relationship, characterised by its informal and trusting nature was not available to women elsewhere. Birth Companions were able to engage women when many other services had failed to do so effectively, and this enabled access to other types of support from Birth Companions, and there was some evidence that it improved access and engagement with other services also. Women reported feeling a greater sense of control as a result of advice, advocacy, the facilitation of parenting skills and the provision of material goods necessary to care for their babies. Interviews showed some evidence of cultural and language barriers, which if overcome, may further improve the types and quality of support women can access through Birth Companions, but these were within the context of an overall positive report of the relationship.

Evidence in the literature on perinatal mental health interventions was not always consistent. Psychosocial interventions were the most robustly evaluated and showed positive outcomes for women in reducing perinatal depression. There was also some evidence that establishing peer support networks was important for women, and that women from high risk families benefitted from home visiting. Birth Companions did not provide psychosocial interventions, but often worked alongside and took referrals from other organisations that were working with women in this way. Women reported that the quality of relationship that they developed with Birth Companions through visits, texts and phone calls, reduced their feelings of isolation and provided a safe environment to talk about worries and concerns. Interviews with women and professionals indicated that Birth Companions were able to reduce anxiety and low feelings for women, preventing them from reaching crisis point at a critical period in their lives – the transition to motherhood.

There was some evidence of sustainable social support networks being established, but how far this happened and how strong the relationships created through these were varied. Moreover, these networks were disrupted when women moved area which was a common experience. Literature evidence indicated the importance of establishing peer support networks for women, and a positive impact from one study on maternal depression scores. Women who attended the service user days run by Birth Companions reported in interviews that they valued the chance to meet with peers and continue to have contact with the service in an ongoing capacity. This might be a service offer the Community Link service wants to build up further in the future.

7 Updated Theory of Change

An updated TOC for Birth Companions' Community Link service was produced (see figure 4). It is 'work in progress' for the Birth Companions' staff and trustees to build upon in the future. In comparing the updated and initial TOC, they are similar in terms of inputs and activities. The evaluation has helped us identify enablers' factors, achieving change and intermediate outcomes. These intermediate outcomes maybe easier to track over time to assess short and long term impact.

The starting point for the service was an approach that focussed on the mother as an individual, and the importance of building trusting relationships. This was the basis for forming the model of service delivery; a person-centred service driven by the needs of the woman as identified by the woman herself. This was very much aligned to current policy across mental health services and wellbeing projects taking a recovery focussed approach led by the individuals and their needs rather than service structures and systems. Birth Companions delivered a range of services. In response to individual needs, the Community Link service model was flexible in its working hours, communication channels, timing of support and how volunteers and staff try to address different needs raised by women. The service set up allowed for sufficient time to be invested to respond to women's needs and develop strong relationships. As a result, women engaged with Birth Companions, even when other services struggled to engage them.

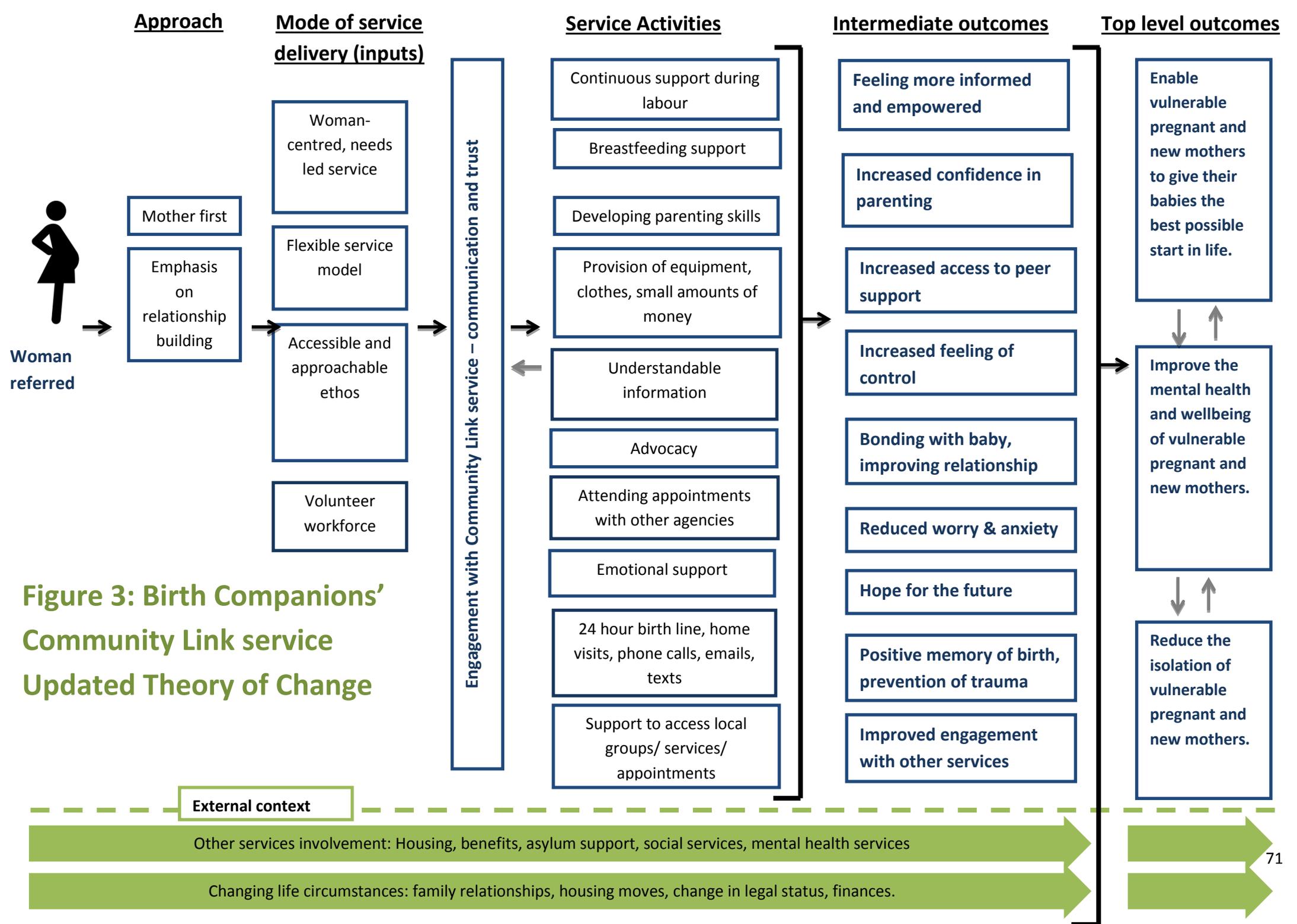
Birth Companions seek to address three top level aims:

- Enabling vulnerable pregnant and new mothers give their babies the best start in life
- Improving the mental health and wellbeing of vulnerable pregnant and new mothers
- Reduce the isolation of vulnerable pregnant and new mothers.

The interview data with women, practitioners and staff/ volunteers evidenced that Community Link was impacting on these aims while the service was in contact. Women referred to Birth Companions were isolated. While the Community Link service works with them, they have a companion who will visit regularly, email, text and phone. These volunteers felt like 'a mum'. The team tried to connect women with local community support. The relationships forged through supporting the women before and during labour, established trust and a basis for further work supporting development of parenting skills. Babies were supported because mothers had a helper; their start in life was assisted

through provision of baby clothes, buggies, nappies and money to afford a taxi fare home from hospital. The women described quality relationships built around listening skills of volunteers, which made them feel valued and empowered. Volunteers were mostly mothers who imparted knowledge and information, helping women make informed choices to fit their own circumstances and needs. Being able to provide for their babies made women feel confident and improved their own wellbeing.

The challenge for Birth Companions is to achieve long term sustained impact. We did not evidence this but identified intermediate outcomes that explain the impact of their work in more detail. The enablers listed in Table 8 are also important to consider, explaining key features of the service offer. Taken together they describe a service working towards aims that fit with their activities, and are consistent with women's presenting needs.



8 Conclusion and recommendations

This evaluation was commissioned to document the short and long term outcomes for women using the Community Link service using a qualitative methodology supplemented by a literature review. We found service satisfaction was high – for women and referring practitioners. In the short term, many intermediate outcomes were identified, supporting women to feel less isolated, have better mental health and build a relationship with their baby. We did not identify evidence of long term changes, beyond hints that behaviour changes were resulting from establishing local support networks and relationships built on trust. A different methodology would track outcomes over time and we recommend robust collection of routine monitoring of selected intermediate outcomes within the service.

There was limited literature evidence on ‘what works’ for women facing multiple disadvantages during the perinatal period, including almost no evidence on specific support for asylum-seeking and refugee women, homeless women and those experiencing domestic violence. Drawing on wider literature supporting women with mental health problems and the general population, providing an integrated service model including peer support, home visiting, information and emotional support is important. Psychological support has a more established evidence base, thus referring to specialist agencies for therapy is best practice and recommended particularly for treatment of depression.

Birth Companions are working in this under-evidenced area, and this evaluation provides an opportunity to contribute significantly to the evidence base and share best practice. The integrated service model of care fits well with the Community Link service approach. Birth Companions are providing something unique and different, complementing professional support. What is clear is that for the 20 women interviewed and the people who refer to the Community Link service, satisfaction levels were very high. All the women spoke about how grateful they were to the Birth Companions’ ‘family’ and experienced the relationships built as familiar: ‘like family’, ‘friend’, ‘like super angels’, ‘like a mum’, ‘like a sister’, ‘like an auntie’ and ‘like a godparent’.

Birth Companions’ specific remit is to establish a trusting relationship with mothers and respond holistically to their needs through practical, material and emotional support, when other services are focussed on one aspect of care, and also often the baby’s wellbeing. Working with vulnerable women to build trust is hard work. Not all the women referred want to engage. Practitioners talked about Birth Companions building ‘a bridge’ between the women and their needs. We heard from 20 women who had engaged and described positive relationships that hopefully will leave a lasting impression, and built connections that support mother and baby going forwards. But their lives were extremely complex and second interviews, alongside sessions with volunteers, revealed how challenging it was to expect short interventions to transform lives dealing with poverty, unstable housing, uncertain legal status, history of trauma and isolation.

Birth Companions are very specific in the focus they take on providing support for the women themselves; many other services seek to support women in order to safeguard the baby or improve the wellbeing of the child. The emphasis on working with the women, and building a trusting relationship ‘with mum’ sought to reduce the risk of crises developing during the perinatal period – a critical time for women’s wellbeing. Both literature evidence and interviews from this evaluation

supported the unique service offer to provide continuous support during labour to vulnerable women. The women themselves reflected on how important it was to have someone with them at labour, something this isolated group never realised they needed or could access.

The need to balance the ongoing longer term support needs of women with the necessity to avoid a dependent relationship, and to maximise the reach of the Community Link service given limited resources, was discussed in the interviews. The charity wants as many women as possible to benefit. Birth Companions already take a flexible approach to ending support, and this must continue to be carefully managed to ensure expectations are clear, and endings are experienced positively. Women generally understood why support needed to end, and many were keen to pass on the equipment that had been provided, to recycle this practical support to benefit others. Isolation was the outstanding challenge, and thus building more opportunities for peer support to flourish, connecting vulnerable women who have had a shared experience by receiving Birth Companions' services individually, is one area of development this evaluation would recommend.

Other recommendations are to:

- Continue the current service provided which is highly valued by women receiving Community Link support.
- Further promote the service to potential referring agencies, NHS and local authority teams to ensure the full service from Birth Companions is well understood. A strategy to manage sustainable level of referrals would be needed but the ambition should be for London-wide awareness of Birth Companions work in relevant boroughs.
- Consider how to address women's desire for on-going support, working with other providers in the community or setting up mother and baby groups.
- Consider how to make use of the enthusiasm of some women to give back to the service through volunteering, for example, establishing a peer support element to the service, or a peer led support group.
- Consider how the service might further reduce cultural and language barriers, for example through recruiting a more diverse volunteer workforce, and use of interpreters.
- Strengthen record keeping enabling better monitoring of service user diversity statistics, length of contact, and the types of issues faced by women. This will help with future service reviews.
- Robustly measure intermediate outcomes and track these over time as a way of showing impact to commissioners. Consider how to evidence overall aims, which are hard to achieve by Birth Companions alone or using short term interventions, but intermediate outcomes are providing building blocks towards these goals.
- Consider undertaking further research into the mechanisms for change, working with vulnerable pregnant and new mothers, within components of the Community Link model.

9 Acknowledgements

The authors would like to thank the staff and volunteers at Birth Companions for facilitating this research, the interview participants for giving their time and sharing their stories, and importantly the members of the research advisory group who provided feedback and guided the evaluation. Thanks also to Chiara Samele of Informed Thinking for her work on the literature review and to Carla Snell for supporting data collection at the McPin Foundation. We used an image icon in the report and credit Pregnant by Andrew McKinley <https://thenounproject.com/term/pregnant/12961/>

The evaluation was funded by Birth Companions as part of a grant for the Community Links service from Lankelly Chase. The McPin Foundation match funded the grant to allow for sufficient resources to complete the work.

For more information about the McPin Foundation please visit www.mcpin.org or email contact@mcpin.org

10 References

Dennis C-L, Hodnett E, Reisman HM, Kenton L, Weston J, Zupancic J, Stewart DE, Kiss A (2009) Effect of peer support on prevention of postnatal depression among high risk women: multisite randomised controlled trial. *BMJ*, 338:a3064. doi:10.1136/bmj.a3064.

Department of Education and Department of Health (2011) Supporting Families in the Foundation Years.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184868/DFE-01001-2011_supporting_families_in_the_foundation_years.pdf (accessed 30 November 2015).

Donaghy M (2012) Postnatal Counselling: Early Intervention for Mothers with Postnatal Depression, MumsAid CiC, Royal Borough of Greenwich. Evaluation Report available from:

<http://www.c4eo.org.uk/local-practice/promising-practice-examples/postnatal-counselling-early-intervention-for-mothers-with-postnatal-depression,-mumsaid-cic,-royal-borough-of-greenwich.aspx> (accessed 30 November 2015).

Feldman R (2013) When maternity doesn't matter. Dispersing pregnant women seeking asylum. Refuge Council/ Maternity Action.

https://www.refugeecouncil.org.uk/assets/0002/6402/When_Maternity_Doesn_t_Matter_-_Ref_Council_Maternity_Action_report_Feb2013.pdf (accessed 30 November 2015).

Harris E, Hodgson L, Noble J (2014) Creating your theory of change – NPS's practical guide.

<http://www.thinknpc.org/publications/creating-your-theory-of-change/> (assessed 18/10/2015).

Hodnett E, Downe S, Walsh D (2012) Alternative versus conventional institutional settings for birth. The Cochrane Collaboration. John Wiley & Sons, Ltd: London.

ICAR (Information Centre about Asylum and Refugees)(2007) Women refugees and asylum seekers in the UK. http://www.icar.org.uk/ICAR_briefing_on_WomenRefugees.pdf (accessed 30 November 2015).

Jones C, Jomeen J, Hayter M (2013) The impact of peer support in the context of perinatal mental illness: A meta-ethnography. *Midwifery*, 30:491–498.

Kail A, Lumley T (2012) The theory of change – the beginning of making a difference. New Philanthropy Capital: London.

Lankelly Chase Foundation. Theory of Change v1.0.

http://www.lankellychase.org.uk/about/what_we_do/our_theory_of_change (accessed 1 June 2015)

Marrs J (2013) Evaluation of the impact of a CBT-based group on maternal postnatal mental health difficulties, *Journal of Reproductive and Infant Psychology*, 31:72-80, DOI:

10.1080/02646838.2012.747676.

- McLeish J (2005) Maternity experiences of asylum seekers in England. *British Journal of Midwifery*, 13:782-785.
- Meades R, Pond C, Ayers S, Warren F (2011). Postnatal debriefing: Have we thrown the baby out with the bathwater? *Behaviour Research and Therapy*, 49, 367-372.
- Misri S, Kendrick K (2008). Perinatal depression, fetal bonding, and mother-child attachment: A review of the literature. *Current Pediatric Reviews*, 4:66–70.
- Morrell J, Slade P, Warner R, Paley G, Dixon S, Walters S, Brugha T, Barkham M, Parry G, Nicholl J (2009) Clinical effectiveness of health visitor training in psychologically informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care. *BMJ*, 338:a3045. doi:10.1136/bmj.a3045
- Nabb J (2006) Pregnant asylum-seekers: perceptions of maternity service provision. *Evidence Based Midwifery*, 4:89-95.
- NICE (2007) Clinical Guideline 45, Antenatal and postnatal Mental Health. <http://guidance.nice.org.uk/CG45> (accessed 11 June 2014)
- Niccols A, Milligan K, Sword W, Thabane L, Henderson J, Smith A, Lui J, Jack S (2010) Maternal mental health and integrated programs for mothers with substance abuse issues. *Psychology of Addictive Behaviours*, Vol 24(3), 466-474.
- Niccols, A., Milligan, K., Sword, W., Thabane, L., Henderson, J., Smith, A., Lui, J., Jack, S. (2012) Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes. *Harm Reduction Journal*, 9:14.
- North J (2005) Support from the Start. Lessons from International Early Years Policy. London: The Maternity Alliance.
- Olds DL (2002) Antenatal and infancy home visiting by nurses: From randomized trials to community replication. *Prevention Science*, 3:153-172.
- Ritchie J, Spencer L (1994) Qualitative data analysis for applied policy research, In A. Bryman, ed. *Analysing qualitative data*. London: Psychology Press.
- Rowan C, McCourt C, Bick, D (2008) Provision of perinatal mental health services in two English strategic health authorities: views and perspectives of the multi-professional team. *Evidence Based Midwifery*, 8: 98-106.
- Rowan C, Bick D, Da Silva Bastos MH, (2007) Postnatal Debriefing Interventions to Prevent Maternal Mental Health Problems After Birth: Exploring the Gap Between the Evidence and UK Policy and Practice. *Worldviews on evidence based nursing*. 4(2):97–105.
- Russell S, Lang B (2013) Perinatal Mental Health Experiences of Women and Health. http://www.tommys.org/file/Perinatal_Mental_Health_2013.pdf (accessed 30 November 2015).

Stewart-Brown S, McMillan AS (2010) Home and Community Based Parenting Support Programmes and Interventions. Promoting the mental health of children and parents evidence outcomes. Report of Workpackage 2 of the DATAPREV Project.

http://wrap.warwick.ac.uk/3239/1/WRAP_Stewart_brown_DataPrev_final_12_03_10_AS_%282%29.pdf (accessed 30 November 2015).

Sword W, Jack S, Niccols A, Milligan K, Hendersen J, Thabane L (2009) Integrated programs for women with substance use issues and their children: a qualitative meta-synthesis of processes and outcomes. *Harm Reduction Journal*, 6:32 doi:10.1186/1477-7517-6-32.

Turnbull C, Osborn DA (2012) *Home visits during pregnancy and after birth for women with an alcohol or drug problem (Review)*. Cochrane Collaboration. The Cochrane Library, Issue 1. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004456.pub3/pdf> (accessed 19 June 2014).

Warriner S (2011) Maternity and mental health services working collaboratively for women. *British Journal of Midwifery*, 19:729-733.

Yonemoto N, Dowswell T, Nagai S, Mori R (2013) Schedules for home visits in the early postpartum period. *Cochrane Review*, Issue 7. The Cochrane Collaboration: Wiley.

11 Appendices

Appendix 1 – Interview guide – women

This interview aims to elicit a story from women about their pregnancy, birth and post-birth experiences. We will focus on how Birth Companions fits into this story. The data generated by this interview should answer the following questions:

- What is the impact of Birth Companions on the individual's own mental health and wellbeing?
- What is the impact of Birth Companions on the individual's social support network?
- What is the impact of Birth companions on the individual's ability to give their baby the best possible start in life?
- Is there any other significant impact that Birth Companions has had on the individual?
- Were there any gaps in the support provided to the individual during this time?

The interview will be semi-structured, allowing flexibility for women to tell their story in their own way. The headings below will be used as a guide, and suggested prompts are to be used as appropriate to encourage participants to talk about details in their story that are relevant to the evaluation.

This interview schedule is intended for use in first interviews with women. For those who take part in two interviews, the second interview will focus around questions 6 and 7 following up on the individual situation of the participant.

Introduction

- Explain purpose of the interview. Give information sheet to participant and talk through. Answer any questions arising.
 - Complete consent form.
 - Outline structure of interview.
 - Confirm participant is happy to be recorded. Start recording.
-

1. How did you first hear about Birth Companions?

- Who referred/ introduced you? Do you remember what happened? How were you involved in this?
- When was this (stage of pregnancy)?
- Looking back, how do you feel about the way you were introduced to Birth Companions?
- What were your expectations of BCs?

2. What were things like for you before you met Birth Companions?

3. What was your experience of pregnancy?

- How had you planned for birth? Did anyone support you? How?

4. What was your experience of giving birth?

- What happened when you **went into labour**?
- What was your **experience of hospital**?

5. What was your experience after having your baby? (*Remind about breaks and check P is OK*)

- **How was your baby** doing? (In hospital and at home)
- How did you feel about **your relationship with your baby**?
- Did you try **breastfeeding**?

Prompts for all sections

- **What support were you getting from other agencies** at this time? How did you feel about this?
- What support were you getting from **friends/ family/ partner** at this time? How did you feel about this?
- **How were you feeling** at this time?
 - What were your **worries or concerns** at this time/ were there any pressures on you?
 - What were your **hopes**?
 - How well did you feel you were **coping** with things at the time?
 - How far did you feel **in control** of what was happening?
- What was **Birth Companions involvement** at this time (practical/ emotional)? How did you feel about that? Why?
- How did **BCs support compare** to support you were getting from other agencies?
- What did you find **useful** about the support you were getting at this time?
- What **could have been better** about the support you were getting? Was there anything else that you needed?

6. How are things for you now?

- Formal/ informal support, worries, hopes, coping
- **How long** did you stay in contact with BCs?
- How did your **support from BCs end**? How did you feel about this?
- Are you **still in touch** with BCs?

7. Overall, how would you describe your experience of Birth Companions?

- How would you **describe BCs approach**? What is good about this? Is there anything that could be better?
- How did you feel about the **type of relationship** you had with Birth Companions?
 - Did you see **more than one person**? How did you feel about this?
 - **How did BCs communicate** with you?
 - How did this compare to other agencies that were in your life at the time?
- **What difference did Birth Companions make** to you? What difference would it have made if BC weren't there? Do you have previous birth experiences to compare this to?
- Is there anything else that you think would help someone with your experiences going through pregnancy and birth in the future?
- Is there **anything more** you want to see Birth Companions doing?
- Is there anything else that you wanted to say about your experiences of Birth Companions?

-
- Stop recording. Thank participant for taking part.
 - Fill in demographic form.
 - If relevant – confirm participant is happy to be contacted again in a few months for another interview.
 - Give voucher and support leaflet to participant.

Appendix 2 – Interview guide – professionals

This interview aims to identify the impact of Birth Companions' (BCs) support to women from the perspective of professionals who are also working with them. The data generated from these interviews should answer the following questions:

1. What is the a) short and b) longer-term impact of BCs' support on:
 - Women's own mental health and wellbeing
 - Women's social support network
 - Women's ability to give their baby the best possible start in life?
 - Any other impact
2. How does BCs' work fit with other support services provided to vulnerable women during this time?
3. Are there any gaps in support or areas of improvement for BCs?

The interview will be semi-structured, allowing flexibility for practitioners to talk more about details that they know about or are relevant to their role.

All participants will be interviewed only once, and we expect most of these interviews to be conducted by telephone.

Introduction

- Explain purpose of the interview. Explain confidentiality, anonymity and the right to withdraw. Answer any questions arising.
 - Complete consent form if not already received.
 - Outline structure of interview
 - Confirm participant is happy to be recorded. Start recording.
-

Section 1 - Background

1. Please could you briefly describe the work that your organisation does and your role within that?

- Which particular group(s) of women do you work with?
- What are the main barriers to wellbeing that the women you work with face?
- For what time period are you in touch with women?
- What is the main purpose of your role in the lives of women?
- What support or services do you provide?

2. How did you hear about BCs?

3. What is your understanding of what they do/ what support they provide?

4. Have you ever referred a woman to BCs?

- How frequently would you/ your organisation refer to BCs?
- Why/ in what circumstances would you refer to BCs?

- What were your expectations for their involvement? Why are these things important?
- When did you decide to refer? Why at this time?
- What description of Birth Companions support did you give to women you are referring?
- Are there women who are eligible for BCs support but whom you have chosen not to refer? Why? Are there women who have declined a referral for BCs support? Why?
- Are there other organisations you would also refer women to for this kind of support?
- Was there anything that made the referral process difficult? Please explain.

Section 2 - Impact of BCs

1. What do you think is the impact of BCs support for women?

- a) During pregnancy (prompt on: health and wellbeing, social isolation and baby wellbeing)
- b) During labour/birth (prompt on: health and wellbeing, social isolation and baby wellbeing)
- c) Following the birth of their baby? (prompt on: health and wellbeing, social isolation and baby wellbeing)

2. Do you have a case study that you could describe to illustrate the effect of BCs work?

- Please describe the individual's story – why you wanted BC to support her, what BCs did, the impact of this support for the individual and her family.
- Do you have a case study where you did not refer or where a woman did not want to be referred to BCs? What happened to the individual without BCs support?

3. How far does the support that BCs provides meet your expectations? Was there anything about BCs support that differed from your expectations? (refer to Q4)

4. Did you remain in contact with the woman you referred to BCs after BCs support ended? For how long?

- If yes, what is your impression of the longer-term impact of the support BCs provided to a) the woman's wellbeing b) the wellbeing of her child c) the woman's social isolation?
- If no, what (if any) were your hopes/ expectations about how BCs would impact on women's lives in the longer term?

5. How has BCs support to women impacted on your own work, if at all?

- Are there things that BCs can provide that you cannot provide?
- Is there any impact on this for your own workload?

Section 3 - Working with BCs

1. How do you feel BCs' service fits with other services that may be involved in women's lives at the time (e.g. social workers/ midwives/ own organisation)?

- Is there any overlap?

- Are there any gaps that they fill?

2. Do you/ your organisation work with BCs in any other ways (e.g. training and support)? Please describe this.

- What is your role?
- What is BCs role?
- What is the aim of this?
- How far does it reach its aim?

3. How is information sharing and confidentiality negotiated in your working relationship with BCs?

(How far do you share information with BCs about the case, and how far do they share information with you?)

- How do you feel about this?
- What works well about this?
- Is there anything that could be improved?

4. How would you describe your working relationship with BCs?

- How does working with BCs differ or not from working with colleagues from other organisations?

Section 4 - Views and suggestions

1. Overall, how would you describe BCs approach to work with women?

- What is good about this? What is not so good?
- What do you think is the effect of BCs service being almost entirely run by volunteers?
- What is your view on the timing of BCs support? (Suitability of length of involvement?)

2. How well known are BCs?

- What is your view on this?

3. In your work, do you feel there are any gaps in support for women around pregnancy and birth? Please describe these.

- Gaps in support for mental wellbeing, practical support, support around being a new parent, anything else?
- Gaps in pregnancy support, birth, following birth?

4. What changes, if any, would you like to see BCs make to their service?

- Is there anything additional that you would like to see them doing?
- Any other changes to their working practices you would like to see?
- Is there any other support that you feel women you work with would benefit from that BCs might be able to provide?

5. Is there anything else you would like to add?

- Stop recording. Thank participant for taking part.

Appendix 3 – Interview guide - Birth Companions' staff and volunteers

This interview aims to identify the impact of Birth Companions' (BCs) support to women from the perspective of Birth Companions staff and volunteers. The data generated from these interviews should answer the following questions:

1. What is the a) short and b) longer-term impact of BCs support on:
 - Women's own mental health and wellbeing
 - Women's social support network
 - Women's ability to give their baby the best possible start in life?
 - Any other impact
2. How does BCs' work fit with other support services provided to vulnerable women during this time?
3. Are there any gaps in support or areas of improvement for BCs?

The interview will be semi-structured, allowing flexibility for practitioners to talk more about details that they know about or are relevant to their role.

All participants will be interviewed only once, and we expect most of these interviews to be conducted by telephone.

Introduction

- Explain purpose of the interview. Explain confidentiality, anonymity and the right to withdraw. Answer any questions arising.
 - Complete consent form if not already received.
 - Outline structure of interview
 - Confirm participant is happy to be recorded. Start recording.
-

Section 1 - Background

Please could you briefly describe the work that Birth Companions Community Link project does in your own words, and your role within that?

What is the main purpose of your role in the lives of women?

What are the limits of your work? (e.g. asylum/ housing issues etc.)

How did you come to work/volunteer for Birth Companions? What motivated you?

How long have you worked/ volunteered at BCs?

Did you have any background in support to new mums/ vulnerable women?

How far do you feel other professionals understand the work that you do?

Does this differ between professionals?

How far do you feel the women you work with know what to expect from the service?

How do you explain what you can offer to the women you work with?

Section 2 - Impact of BCs

What is your role when supporting women, and how do you go about this:

- During pregnancy (prompt on: health and wellbeing, social isolation and baby wellbeing)
- During labour/birth (prompt on: health and wellbeing, social isolation and baby wellbeing)
- Following the birth of their baby? (prompt on: health and wellbeing, social isolation and baby wellbeing)

After you withdraw support, do you think there is any lasting impact? What? Or what would you hope that this was?

At each of these stages, was there anything you found challenging about supporting women?

E.g. language barriers, women's chaotic lives, working with other professionals, safeguarding issues, gaining trust, visiting home addresses

Have you developed any strategies to deal with these issues?

Is there anything that could make your job easier?

What have you found enjoyable or rewarding about working with women at each of these stages?

Do you have a case study that you could describe to illustrate the effect of BCs work?

Please describe the individual's story – why you were asked to be involved, what BCs did, the impact of this support for the individual and her family.

Do you have a case study where you felt unsatisfied with the support you were able to give? What happened in this case?

How has working for BCs impacted on you and your life, if at all?

Section 3 - Working practices

Timing and length of involvement

When do you normally start working with women? Do you feel this is the right timing? Why?

How long do you stay in contact with women? Is this the right approach? Why?

How would you usually end your relationship with women? How well do you feel this works (good/ bad experiences of endings)?

How do you feel BCs' service fits with other services that may be involved in women's lives at the time (e.g. social workers/ midwives/ own organisation)?

Is there any overlap?

Are there any gaps that they fill?

How is the way you work different/ similar to these other organisations?

How would you describe your working relationship with other professionals?

Does it differ between types of professional? How?

How is information sharing and confidentiality negotiated in your working relationships with other professionals?

(How far do you share information about the case, and how far do they share information with you?)

How do you feel about this?

What works well about this?

Is there anything that could be improved?

Have you been involved in any other aspects of BCs work other than supporting women? (e.g. delivering training and support, running groups)? Please describe this.

What is your role?

What is the aim of this?

How far does it reach its aim?

Were there any barriers or changes you would make?

How do you feel about the type/ amount of training you received for your role?

How well do you feel the project is currently running?

Volunteers – how well do you feel the current model for allocating work is working?

Are there any changes you would make?

What is the effect (if any) of women seeing several different people from BCs? (effect on women and on staff/ volunteers)

What do you think is the effect of BCs service being almost entirely run by volunteers?

Section 4 - Views and suggestions

How well known do you think BCs are?

What is your view on this?

In your work, do you feel there are any gaps in support for women around pregnancy and birth?
Please describe these.

Gaps in support for mental wellbeing, practical support, support around being a new parent,
anything else?

Gaps in pregnancy support, birth, following birth?

What changes, if any, would you like to see made to the BCs' Community Link service?

Is there anything additional that you would like to see the organisation doing?

Any other changes to their working practices you would like to see?

Is there any other support that you feel women you work with would benefit from that BCs might be
able to provide?

Is there anything else you would like to add?

Stop recording. Thank participant for taking part.

Appendix 4 – Method: recruitment and data collection

We provide some further details here about our approach. We were trying to keep the report as short as possible but these details might be useful for other researchers.

Recruitment

Women

All women who had received support from the Community Link service with a referral date between January 2012 and December 2014 were eligible to take part in the evaluation; this was 73 women. Birth Companions' Community Link Coordinator made first contact with women to ask their permission for the research team to approach them. They prioritised women receiving support in 2014 and worked back through case records. Not all of the 73 women were easily contactable. Women were excluded if the Community Link Coordinator felt that being asked to take part in the research would be detrimental to their wellbeing. Contact details for the women who gave permission were then passed on to the lead researcher who initially rang women to explain the evaluation; this was 25 people. If there was difficulty in contacting women, the researcher also tried emailing, texting and leaving voicemail messages. If no response was received after a maximum five attempts, women were not contacted further. If after a telephone discussion women were willing to receive further information about taking part, the researcher posted or emailed them an information sheet, and rang back one week later to explain the information sheet verbally, confirm agreement to participate and make arrangements for the interview. In total 20 women took part in the evaluation interviews.

All those women interviewed who had stopped receiving support from Birth Companions during 2014 were asked at the end of their interview if they would be willing to participate in a second interview 4-6 months later; this was 9 women. We carried out second interviews with 7 women; one woman was not contactable at follow-up and another declined to take part.

Professionals

The Community Link Coordinator initially sent the researcher a list of all referring organisations and the number of individuals who had referred from those organisations. The researcher then created a sampling framework to ensure we would interview professionals from a range of differing backgrounds. The Community Link coordinator contacted 28 selected professionals offering them an opportunity to 'opt out' of contact from the researcher – no professionals did this. The researcher then made initial contact via email, including an attachment with an information sheet. Fifteen professionals consented to a telephone interview.

Staff and Volunteers

The Community Link Coordinator emailed all 'active' Birth Companions staff and volunteers to offer them the opportunity to 'opt out' of contact from the researcher. In order to preserve anonymity as far as possible by reducing Birth Companions' staff involvement in recruitment, the entire list of

consenting staff and volunteers contact details were passed to the researcher who then randomly selected a sample of five who were contacted via email and telephone to gain their consent and make arrangements for interview.

Data collection

Interviews with women

Whilst arranging interviews, women were asked to verbally complete a Participant Preference Sheet (see appendix 5). This enabled them to choose their preferences for the interview (where and when this should take place, if they needed to have their baby/ child present, if they required special support such as an interpreter) and for receiving support after the interview should they need it. An interpreter was used in 2 interviews out of 27. Interviews were then carried out either in the woman's home, or in a private room of a local community venue. Verbal and written consent was taken at the time of the interview. Interviews were recorded and transcribed, unless the woman preferred not to be recorded, in which case detailed notes were taken by the researcher. If the woman reported that she did not live alone, a second interviewer accompanied the researcher to the interview as part of McPin safeguarding processes; this happened for 7 interviews out of 27. Following the interview, women were given a sheet of contact details for external sources of support. Women were given a gift for the value of £10 to thank them for their time – they chose to receive this either as a shopping voucher, mobile phone or Oyster card credit, or for the researcher to accompany them to the local shops to spend £10 on items of their choice. This flexibility was important as we recognised that some women cannot use vouchers or it cost them to do so by travelling on a bus to a shopping centre, as local shops do not accept them.

Interviews with professionals and staff/ volunteers

Where possible, written consent was received via email prior to the interview taking place. Where this was not possible, verbal consent was audio recorded and written consent was gained later. Interviews took place on the telephone. They were recorded and transcribed, and where requested, quotes were checked back with participants before being used in the analysis for the report.

Appendix 5 - Participant preference sheet

Completed by a researcher with the participant over the phone prior to arranging an interview.

Participant name:

What this form is for:

We want to make you as comfortable as possible when you take part in our study. Everyone has different lives and there may be different things that will help to make it easy for you to take part. We want to ask you what you would prefer and make a record so we can use it later if we need to.

Arranging the interview

1. The easiest place for me to do the interview would be...

- At home

My address is _____

- In a public place near my home/ in a public place away from my home area

I know a good place _____

Or, find a good place near _____

- Somewhere else

1a) If you would like to do the interview at home:

- Is anyone else likely to be at home at the time?

[Researchers may not be able to come at a time when there is another adult in the house, or there may need to be two people coming to do the interview with you. If there is unexpectedly someone else at home when the researchers come, we may have to re-arrange the interview for another time.]

- Are you comfortable to do the interview while they are at home? _____

- Is there anything you would like the interviewer to be aware of to make sure you feel comfortable doing the interview while someone else is around?

2. I might have difficulties doing the interview because...

- It is difficult for me to understand/speak English.

- It is difficult for me to travel
- It is difficult for me to arrange child or other care
- It is difficult for me to find time during the day
- It is difficult for me to do an interview due to physical disability or sensory impairment

It would be easier if

3. I would find it helpful to be reminded about the interview...

- Please text/ call me the day before

Telephone / mobile number _____

- Please text/ call an hour before
- Please write to me 3 days before

Address _____

- No, I'm fine, I won't forget

4. If I don't turn up to the interview/ I'm not in when you come...

- Please assume that I have changed my mind and don't contact me again
- I might have forgotten or something has come up, please contact me

Do this by call/ text/ email on

- Something could be wrong. If you can't contact me, please call

on tel. number _____

If I need support

5. If I get upset in the interview...

- I would prefer to get whatever support I need myself
- I would like someone from the research team to contact me
- I would like the interviewer to contact someone for me

The person(s) to contact is (name and contact details)

6. If I seem to be unwell during the interview, or if the interviewer is worried about me...

- I do not want the interviewer to contact anyone, unless they think I am at real risk of harm

- I might need someone to know about it

The best person(s) to contact would be _____

7. We offer everybody who takes part a £10 voucher. How would you prefer to receive this?

Mobile phone credit/ Oyster top-up/ Lovetoshop voucher/ another shopping voucher (please state which)/ come with me to buy something at my local shop up to the value of

£10 _____

There are other things that would help me:

There are other things I want you to know:

Appendix 6 – Thematic analysis from the context theme

The material below explores the contextual factors that the women we interviewed described that framed their Birth Companions' Community Link experiences. Direct quotations are provided from interviews to illustrate points that emerged.

6.1 Social services involvement

Around half of the women spoke about some kind of social work involvement in their lives around the time of their baby's birth, however within this group experience of this differed markedly. Five considered their social worker's main role as supporting them with accessing other services, such as housing and benefits. Women reported this at best without further comment and at worst as ineffective and unreliable, with one woman counting on her social worker to support her during birth and being let down. In contrast, four women experienced social services involvement in relation to Child Protection proceedings as threatening, judgemental and disempowering:

Social workers, you may lose your child if you don't do this and if you don't do that. And it was like they are supportive but at the same time only to an extent because you're put into kind of a little bit of a category by social workers, you're not really an individual.

BCSU3

For many women, social services involvement was an aggravating factor that added additional stress at a time when they felt they already had enough to deal with. For women who had previously had negative experiences of social services involvement, their repeat involvement heightened their anxiety during pregnancy:

It was incredibly traumatic, her previous children removed, you know, they were forcibly removed with police and everything, and it was very traumatic and she was extremely traumatised by what had happened previously.

BCP5 - Manager

One woman felt social services involvement actually aggravated her violent home situation and increased the risk she was at:

And the abuse got worse because he blamed me for having all these people.

BCSU16

While for others the additional pressure from social services involvement was as a result of feeling scrutinised and embarrassed by the situation, leading to feelings of low self-confidence and increased isolation as they tried not to let others know what was happening.

6.2 Domestic violence

Four women described the effect that domestic violence had on them during their pregnancies and after their baby was born, and one professional spoke about domestic violence being a key reason for referral to Birth Companions. The abusive relationships clearly negatively impacted upon the women's mental health as well as the physical safety of themselves and their babies.

I was quite depressed because I was in a domestic violence relationship.

BCSU1

Moreover, the shame attached to experiencing such a relationship could prevent women from talking openly to friends and family about feelings and thereby increase isolation.

I didn't tell any of my friends any of this, or my family, or anyone. I was so embarrassed about the whole thing.

BCSU16

All of these women had involvement of social services linked to child protection concerns for their babies, and one woman was ultimately unable to live with her baby as a result of her partner's violence. This clearly has implications for the women's emotional wellbeing, and also the type and amount of services involved with women around the time of birth.

6.3 Asylum and Immigration

14 women spoke in their interviews about asylum seeking or immigration issues. This was a prominent issue within the interview sample, and all 14 of these women spoke of, alluded to, or were referred by organisations that indicated previous experience of trauma. Additionally, having recently moved or been trafficked to the UK, some women faced significant language and cultural barriers, and a lack of understanding of the systems and services available to them.

I came here in February of this year, so I never heard about it, I didn't know there is kind of organisation as well, you know like you can go, give birth and someone ... I didn't know, I had no idea.

BCSU15

Being in the asylum system itself affected women in a variety of ways, but undoubtedly had housing and financial implications for all of them. Legal status affected access to services for women, leaving many in housing they felt was not suitable for their or their baby's needs (most often a single bedroom in a house share), in a location away from anyone they knew, but which they had little control over.

Because I'm asylum seeker and I've been sent to [other city] and I didn't know anyone there.

BCSU18

Moreover, as a result of their legal status women lived on a very low income, or in some cases only shopping vouchers. This caused many problems such as it was impossible to buy culturally desired food from local markets with vouchers, instead, they had to be spent at more expensive stores further away, requiring a bus ride which was both an additional expense and more difficult journey when heavily pregnant or with a new-born and possibly additional children. Income was often not adjusted to take into account the additional expense of having a baby until the baby actually arrived, making it difficult to prepare in advance.

Women had often been waiting for the outcome of their cases for several years, with the longest being a woman who had so far waited 14 years. The psychological impact of this was great for women. They reported that ongoing cases caused constant worry:

I'm worried to be honest but I just think every minute about it.

BCSU13

As the cases took a long time to progress, women also reported frustration about not being able to move on with their lives – often their status blocked them from working, studying and finding accommodation which they deemed suitable for raising their children.

I'm just so fed up! [...] I just want to get on with my life to be honest, I just want to get on, and I don't know, I just don't like living in this, I don't know, anyway, there's not much I can really do.

BCSU21

I've been in this country more than ten years but I still doesn't, I'm unsettled.

BCSU9

At the time of her interview, one young mother had just heard that her asylum claim had failed. This was a very stressful experience and she was fearful about what would happen next, whether she would be made homeless, and scared that she would be sent back to her home country with her young children where she felt they would be unsafe.

Being in the asylum-seeking system evidently caused multiple challenges and impacts upon financial security, isolation and wellbeing for women in addition to the trauma and cultural barriers that were likely to already exist.

6.4 Housing

Almost all of the women (18) spoke about the effect that housing had on them. Many had experienced unstable housing situations and frequent moves, particularly around the time that their baby was born. This may have been caused by several factors: a breakdown of family relationships making someone homeless, women trying to distance themselves from an old life and people who were a negative influence, temporary supported housing placements coming to an end, and recognition from authorities that current housing provision was no longer suitable due to the pregnancy or birth of a baby. For some, this was a positive move to more suitable housing situations and the start of a new life. However, for others it added to stress already occurring around the time of birth. Housing moves frequently happened in the weeks and months before and after the birth of the baby which made moving particularly stressful, and physically difficult without support. It also disrupted any local network of support that may have existed:

They had this, what's it, Children's Centre, in [area] [...] I was supposed to go and register with them and then when the baby is born, then I will be like you know the member of that yeah [...] But then before I registered, I was moved to [new area].

BCSU15

I've known most people because I've been here for 5 years. I know my routes to churches I am going to and other things you know and everything. So when they moved me because the place is too crowded and the council doesn't want to give you a house to stay [...] then it was really hard.

BCSU20

As the majority of women also had experience of the asylum-seeking system, this greatly affected their housing situations and the control they felt they had over this. Most women who were still applying for asylum lived with their babies in a room in a shared house with a shared kitchen and bathroom. Often women felt frustrated that housing was unsuitable, for example, having problems with damp, broken windows, living with smokers, drinking and aggressive behaviour of housemates, living in a small room that did not have space for a baby to move around, having no washing machine, and having a bathroom on a different floor. However, despite attempts to solve some of

these problems by the authorities they often felt they were not listened to and were powerless to improve things:

You can't choose when you are an asylum seeker.

BCSU7

The combination of worry over the suitability of housing for theirs and their baby's needs, combined with frustration at not being able to change things had a negative impact on the mental wellbeing of some women.

So I don't know what I'm waiting from this council. You know I'm so fed up. I've been, I've been in this borough more than nine, ten years, still I'm in hostel. I don't care about myself, but I have a little son.

BCSU9

Although no women were interviewed in this situation, one professional working with women who were sleeping on the streets highlighted some of the challenges that this poses and why they might be referred to Birth Companions if they needed support when pregnant. These included the likelihood of involvement with substances, difficulty in engaging women in services and the likelihood that children may be taken into care.

6.5 Money problems

Money worries were another common concern for women. These were often linked to asylum status which limited access to financial support, and to isolation which meant women mostly did not have financial support from partners or family. This was a major source of worry for women during pregnancy when they were preparing for the baby's arrival and realising that they could not afford to get the things that they needed for the baby. Two women described how they would not be entitled to any extra financial support for the baby until the baby was born, which was worrying as they felt unable to prepare anything.

Because the dad was disappeared first, so it was very stressful, financially, everything was, I was so worried about how I was going to take care of her.

BCSU14

I was thinking how do I clothe the baby, how do I feed the baby?

BCSU22

Finances also limited women's ability to access services, for example through a lack of phone credit or money for public transport to arrange or travel to appointments and groups.

It's not always, I wouldn't like to [go to groups] because it's all expensive, transport for me is also another problem because sometimes I don't have the money, so I can't really do much.

BCSU21

Financial concerns clearly had a negative impact upon women's emotional wellbeing, social isolation, access to vital health and community services and ability to prepare and buy essential equipment for their baby's arrival.

6.6 Isolation

Many of the professionals we spoke to worked with many women with complex needs who would have benefitted from support during the perinatal period. Being isolated or without any support was the most common reason for professionals to select women from amongst this group for referral to Birth Companions. In particular, professionals were worried about women not having someone with them during birth, not having someone to help them prepare for their baby's arrival, and child protection concerns for mothers who had little support.

The most important thing is that would anyone be there when they're going to give birth because that's usually the crucial thing. And if they don't, then that's how we then ask whether they want that support.

BCP10 – Case worker

I tend to choose women [to refer to Birth Companions] who, to me, I regard them as incredibly, incredibly highly vulnerable and that they really don't have, or they have very, very limited support. In general, I would say that they're on their own and they don't have a partner and they're extremely isolated.

BCP2 - Therapist

All of the women we interviewed were affected by feelings of isolation, and had come to be isolated in many different ways. For some, their community or family had rejected them, or women felt judged and unsupported by them because of their pregnancy or other problems; some had positively distanced themselves from old networks in an attempt to escape abuse, traffickers, or drug culture. Some women who were seeking asylum had no remaining family or no contact with their remaining families in their home countries and had not established support networks in the UK, and for those with social services involvement for child protection concerns, women felt ashamed, did not want to talk to family and friends and had no one with whom they could be honest about their feelings as they felt they had to constantly appear to be coping. One woman who knew her baby was likely to be taken into care had decided she did not want her family involved in the pregnancy or birth:

I had decided that, because they were telling me they were going to take her away at birth, that I didn't want nobody at the birth with me, I didn't want anybody to be there, I don't want anybody to have to kind of bond with the child, that they may not see.

BCSU1

Isolation was difficult to deal with for women, particularly at a time in their lives when they felt they needed more support. For most, this was their first baby and they felt unsure about what to expect and how they would cope with labour and a new baby when there was no one else to help them. This was particularly problematic as some women noted it was normally a time when family and friends would come around to support a new mother.

Because I just myself, I feel lonely and during the pregnancy, I really scared.

BCSU10 through interpreter

When you're pregnant and you're alone, then all you want to do is feel like you know you can be a good mum and, you can't if you can't, if you feel like you're completely alone.

BCSU3

It was very, very bad because then you know when someone's pregnant, you don't know how far you're pregnant, you don't have anybody, you don't have any family, nobody. It was very bad at that time. [...] I was very worried, very, very worried at that time.

BCSU22

For women who have been separated from their families at a young age, they may never had had parental role models, putting them at a disadvantage in developing parenting skills, and often leaving them with a very low confidence in their own ability to cope.

Whether women had no friends or family, or simply felt unable to talk to others about their concerns, all felt alone, worried about the future and in need of support.

6.7 Mental health problems

Although the language of mental health was rarely used, all of the women spoke about difficulties managing their emotional wellbeing around the time of the birth of their babies, with the exception of one woman who did not wish to speak about the past or her feelings during the interview at all. A minority of women spoke about the impact of a specific mental health diagnosis and the involvement of mental health specialists in their care during pregnancy, including one woman who was admitted to a psychiatric hospital during her pregnancy and another who was admitted to a mother and baby unit to monitor her mental health after the baby was born. Some women also described a history of self-harm and suicide attempts. More commonly however, women had experienced a combination of recurrent thoughts about past trauma and a multitude of daily stress factors linked to poverty, poor housing and isolation, and spoke about feelings of despair, stress and hopelessness at their situations:

It was very difficult, I was very sad.

BCSU18

I wanted to give up to be honest because I couldn't take it anymore.

BCSU2

With reference to research around perinatal mental health, professionals also acknowledged the additional pressures that becoming a new mother could put on women and how this might affect their mental wellbeing.

It's a very vulnerable time for women who have mental health conditions because they're at their highest risk then [...] because lack of sleep and everything that new mums, all new mums suffer from, is very much heightened if you've got an existing mental health condition.

BCP8 - Midwife

This may be even more true for women who have multiple issues and services involved in their lives, who feel that their stresses culminate around the time of their baby's birth

I have so many things going on around me at that time, my heart, my head was heavy.

BCSU22

One professional who worked in homelessness had experienced women who turned to drugs in an attempt to deny their pregnancy to themselves as they could not cope. For several women, the pregnancy itself was a trigger of traumatic memories such as rape and bereavement:

Because I've never seen my mum, so each time I've got pregnant, I'm scared as well. Because she once, she passed away when she was giving birth to me, so it's like a traumatic things for me, each time I got pregnant, I'm just scared about that [...] Yeah, and I do blame myself all the time.

BCSU18

Some professionals referring to Birth Companions also spoke about how victims of abuse, particularly sexual abuse are at risk of becoming 're-traumatised' through the process of giving birth. For one therapist, the main reason for referral would be to prevent this:

I mean the first, if I know that this woman is pregnant and she's a survivor of rape or childhood sexual or both or whatever and she's going to have, I'm worried that she may become re-traumatised during the birth process, then I would be thinking Birth Companions because that's been like the main rationale for my making the referrals.

BCP4 - Therapist

Some women were accessing services that were providing specialist talking therapies to deal with psychological trauma. Often this was provided by the agency that referred to Birth Companions. For others they did not currently have any support, either because they had not been offered any, or because they were no longer able to access appointments during their pregnancy because travelling became too much.

Clearly, Birth Companions work with women who are highly emotionally vulnerable, some of whom have mental health diagnoses, while others do not, but nevertheless are clearly in need of significant emotional support.

6.8 Having a new baby

Many of the stressors and barriers for women outlined above are caused or exacerbated by their pregnancy or arrival of a new baby, for example the additional financial pressures, the worry about how to look after a baby, concern about suitability of housing, and a feeling of isolation at a time when many mothers have strong family support around them. However, women also described the positive changes that having a baby could bring, sometimes acting as a trigger for behavioural change, or a motivator to carry on living when things otherwise seemed desperate. Many women described this as a kind of turning point in their lives.

And in a way I was like thank God I have something to live for now instead of like [...] I was so sick of the lifestyle that had, that I had created I think. I know you can break out of it but I didn't really know how to.

BCSU3

So maybe the baby coming into my life sort of was a wake-up call for me for me, I had no time to waste and be to myself, feeling sorry for myself, I had to be practical. So that sort of practicability, that sort of kept me busy.

BCSU4

In contrast to feelings of isolation, some women found that having a baby made them feel they now had some family and some purpose in their lives.

So he makes me feel happy, even if sometimes I feel I don't have anybody, when I look at him, I say yes, I'm OK!

BCSU22

Amongst all the difficulties in women's lives, this provided an opportunity for change. Although the perinatal period may be one of additional stressors that may pose risks to women's wellbeing, having a baby was also an opportunity for women to re-assess their priorities and lives, and also to re-frame negative thoughts motivate them in their recovery from trauma and mental health problems.

6.9 Other problems

There were also other challenges in the lives of the women interviewed. Three spoke about the difficulties their physical health problems caused them in relation to their pregnancy and coping with a baby. These included a heart condition which made it difficult to look after a toddler, a slipped disc and a very painful infection following the birth which made travelling to appointments difficult, particularly on her own with a baby. One woman spoke about being involved in heavy drug use at the time she became pregnant, meaning that she was on a methadone programme and her baby was kept in hospital after birth to be weaned off the medication. This was a difficult step for the woman, but the baby was a trigger to change her lifestyle. Finally, one woman spoke in detail about how she struggled to bond with her son who was a result of rape. This clearly had a substantial impact on her own wellbeing, as well as a very likely impact on the wellbeing of her son.

And I've been always crying, crying, crying for him and I did not like him for the first time, when he was born [...] So each time I saw the baby, it was like seeing the man in front of me and everything I'd been through with him just come backs in my head and it was very difficult for me living that experience with my child.

BCSU18

Birth Companions evidently work with women within the context of varied and complex lives. Their needs are wide-ranging and often overlapping, making it difficult to define a 'typical' user of the service by the type of problems they face. However, the common themes of poor mental wellbeing and social isolation are clearly major issues for Birth Companions, and other services, as well as the women themselves to address.