Perinatal Support Project Evaluation

Phase 2 Report - Spring 2023

University of Nottingham's Rights Lab
for Hestia and Happy Baby Community

Contents

Hestia *supports over 15,000 vulnerable adults and children each year to build a life beyond crisis, including survivors of modern slavery, victims of domestic abuse, and those enduring severe mental ill health, across London and Kent. The award-winning Phoenix Project[1], providing volunteer-led, long-term support focused on victims' recovery and integration into local communities, currently supports 70+ survivors of slavery who have exited the NRM.*

Happy Baby Community *facilitates safe and thriving communities across London for over 1400 mothers with their 2000 children, who are seeking asylum having fled from violence, abuse, or human trafficking. They work to build meaningful relationships around the shared experience of motherhood, tackling together language and cultural barriers, inequalities, and the challenges of transitioning to motherhood whilst seeking asylum in the UK.*

The University of Nottingham's Rights Lab *is the world's largest expert modern slavery research group. Through five research projects, they deliver new and cutting-edge research that provides rigorous data, evidence, and discoveries for the global antislavery effort. The impact team supports collaboration across sectors, and our INSPIRE project elevates survivor-informed research to help end global slavery by 2030.*

Hestia
LIFE BEYOND CRISIS

HAPPY BABY COMMUNITY

University of Nottingham
Rights Lab

[1] *Since this partnership concluded, the Phoenix Project has been transformed into the new Modern Slavery Innovations Team.*

Section 1: Introduction

Pregnancy, childbearing, and welcoming a new baby are profound experiences in women's lives. They are times when support is important and when the ready availability of that support is key. Women who are separated from their previous social networks of family and friends and who may also be new to settings and systems or, due to circumstances, may not be sure who to trust, experience particular challenges.

Our partnership with Hestia and Happy Baby Community aimed at documenting the essential and needful support of pregnant women in a range of vulnerable situations. These include women who are refugees or seeking asylum, as well as some who have experienced human trafficking and exploitation. We've sought to learn – from the organisations and from the women especially. We continue to be certain that this is a significant constituency of need, little understood by public bodies or the public at large. Our aim has been to understand women's experiences of the services, in the challenges and context of their lives and needs, as well as those of their infants.

Pregnancy may be the time and reason why women first engage with, or come to the attention of, statutory healthcare and other services. Women may encounter midwives, general practitioners, and obstetricians for care during pregnancy and birth; these may be the first healthcare professionals a vulnerable woman meets in the UK. Other studies have shown that healthcare professionals would like to know more about how best to provide maternity care to women in particular situations of vulnerability. Women also receive support from other agencies, across sectors, including safe accommodation and literacy and providing advocacy. Previous studies have shown a willingness from both statutory and non-statutory services to work together to support women during maternity.

This evaluation provides further information about the needs of particular groups of women, and their experiences of the support from two non-statutory services, Happy Baby Community and Hestia. Further research in this area, working collaboratively with workers from both statutory and non-statutory agencies, would be beneficial.

The Rights Lab, University of Nottingham 2023

Authors: Kevin Bales, Helen Spiby, Lois Bosatta and Mariana Crespi de Valldaura

Section 2: Evaluation Update

2.1 Impact evaluation overview

As noted in our Phase 1 report, this review evaluates the impact of a Starting Well funded project ('the project'), delivered by Happy Baby Community ('HBC') and Hestia, as they continue to support asylum seeking mothers in London through their pregnancies, births, and into early parenthood. The project focuses on mental health and well-being, infant feeding, and peer support, which is offered to about 200 mothers per year. Mothers often arrive with complex needs, and due to their life circumstances, they experience significant barriers to care and wellbeing.

The project supports mothers who are seeking asylum from the time they are five months pregnant. This support continues through birth, the transition to motherhood, and up to three months post-birth. The project was developed following two pilot phases of a tailored birth companionship project carried out by HBC. It was aided by the existing support mechanisms in place between the two charities. The project includes birth companionship, health information classes, and peer support from HBC. For clients who have experienced modern slavery, casework support is provided by Hestia's services. These activities are aimed to meet the needs of the client group, in order to support mothers to become confident, capable, and supported, and to help them care for their children while building safe, stable futures. Once children are 3 months old, families are invited to continue engaging with the wider community networks, through planned activity sessions, and other support services offered by the organisations.

In Phase 1 (Autumn 2021 - Spring 2022) we focused on a desk-based analysis of literature, internal project documents and existing data, and input from both charity partners. Through these resources we gained an understanding of the project framework, including core activities, themes, priorities, and the principles underpinning their approach. This led to formulating the key research questions guiding the evaluation, and which suggested the potential primary data methodology. Some high-level recommendations were made, including considerations for monitoring and learning beyond the timeframe of the evaluation, the response to which we will lay out below.

Phase 2 ran during the final 6 months of the project (Autumn 2022 - Spring 2023). We reviewed ongoing monitoring data from the partners, carried out a series of interviews and focus groups with mothers and peer volunteers, and ran a short online survey of staff across the two organisations to capture experiences and opinions.

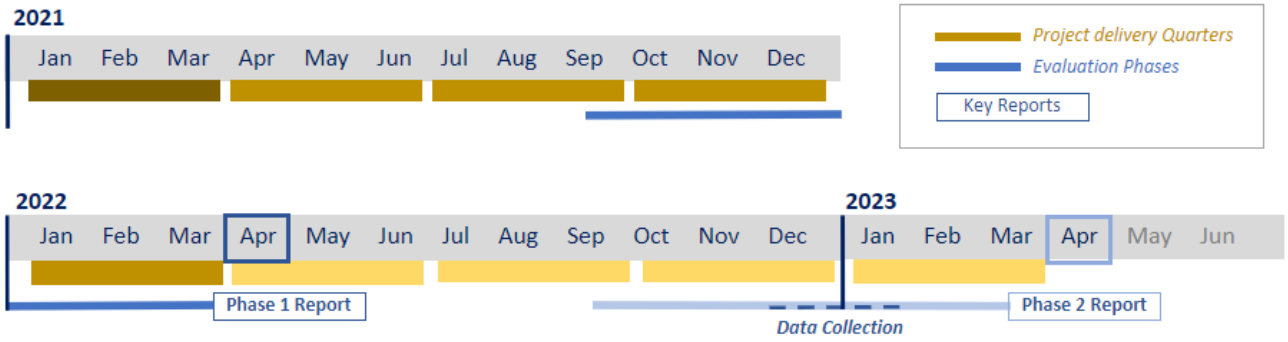


Figure 1: Timeline of key project dates

2.2 Structural differences to the programme

Following the first report in April 2022, both charity and evaluation teams clarified some differences from the original structure which were not previously captured.

a. Hestia and Happy Baby Community are separate organisations with distinct foci and strengths for their service provision. While they have some joint clients, in practice the two organisations work more distinctly in terms of service delivery than was first anticipated. The main values of this partnership are the referral pathway, and the breadth of tailored support they can offer clients who are eligible for both services across many issues beyond direct perinatal care including housing, legal, financial, food, employment, English and forming positive relationships.

b. In Phase 1 we laid out the project as four strands of support: birth companionship, one-to-one support calls, group support and classes, and casework support. These are not four equal areas of support, whether in terms of service resource or in terms of core outcomes. While all four strands of support received positive feedback from mothers (see Sections 5 & 6), it is worth noting that the birth companionship element, which was the foundation of the project following HBC's Pilot Project in 2020, was the most strongly and enthusiastically assessed as a direct impact on mothers' wellbeing, as well as meeting the mothers' most urgent practical, physical and emotional needs.

2.3 Service changes since Phase 1 report

The number of women being supported in the perinatal programme significantly increased since this evaluation began, now supporting over 300 mothers per year. This consequently increased one-to-one birth support, group attendance, phone calls for birth information, breastfeeding support, perinatal peer support calls, liaising and advocacy for mothers with maternity and perinatal mental health services. More interpretation provision was needed to support these activities. Other changes initiated since Phase 1 by HBC, as reported by the project are as follows:

a. **Increasing support to mothers' own nutrition in postnatal care**: a variety of healthy food is provided at the 5 weekly community drop-in sessions, mostly cooked with fresh ingredients. The women have choice, and the meal is balanced with protein, carbohydrate, fruit and vegetables; on some occasions food is available for women to take home. HBC comment that being able to counsel women to eat more healthily when they are at home is a difficult and sensitive matter, particularly, as is captured in Section 5, for those who live in asylum Initial Accommodation Units, with no choice over the timing and content of meals provided, and no money to make their own purchases. In addition to the availability of food at community groups, and referrals to food banks for some mothers, both organisations plan to continue development, support where possible and advocacy beyond what they are able to offer within their own service provision.

b. **Increase in face-to-face visits post birth:** Since Covid-19 restrictions lifted in early 2021, opportunities to meet face-to-face have increased. HBC in particular have increased in-person meetings with mothers through their weekly community drop-in sessions. These include antenatal and postnatal sessions, one-to-one conversations, a variety of informational classes such as baby massage, developing birth preferences and infant feeding groups. Their perinatal care staff also attend more hospital appointments prior to birth and some postnatal visits in hospital than previously. Though mothers continue to request at-home postnatal support, there are limitations to this due to accommodation

limitations, safeguarding, distance and capacity.

c. HBC have developed their **employment and education pathway**. Some peer volunteers had found this useful and developed into their role because of this opportunity, and others still were considering future employment and volunteering positions. There is more comment on this future-facing aspect under Section 5 of the findings.

d. The **location** of HBC's West London community group moved in Autumn 2022 to be accessible to more mothers, especially large numbers at hotels near Heathrow airport.

e. **HBC trained new doulas** on a few occasions through Starting Well, increasing the team to meet the growing numbers of women referred to the project. In addition, to support these mothers, HBC expanded their in-house training for all the current doulas to offer more sessions on birth physiology and interventions, including due to the need to provide birth information at face-to-face groups using teaching resources developed during the time of Starting Well.

f. As well as face-to-face provision, more **health information sessions** were developed and offered to the HBC virtual community (zoom), including birth preparation courses, preparing to breastfeed, and other health aspects for mother and child health such as vaccinations and contraception.

2.4 Evaluation Questions

Phase 1 enabled a detailed mapping of the services' aims, philosophies and activities. In Phase 2 we sought to understand the experiences of the services from the perspectives of mothers who were users of the support services and peer volunteers.

The research questions are:

1. Does the project support improvements to perinatal mental health for the clients? (primary outcome of the project)
2. Does the project help increase breastfeeding rates?
3. Does the project contribute to an increase in access to evidence-based information on feeding babies?
4. What is the overall experience of (a) women who are supported through the project, and (b) the women who provide support as perinatal volunteers?
5. How are the principles that underpin the project adhered to in practice, and how do they contribute to outcomes?
6. How does the project interact with other communities and systems (including hospital and community maternity services), and how does this influence outcomes, including any evidence to suggest the project has potential to reduce operational and financial burden on services?

2.5 Evidence gaps

Outstanding evidence gaps from Phase 1

Phase 1 crucially lacked the experiences and opinions of service users, and the majority of gaps identified from Phase 1 were to be understood through primary data collection. These gaps included:

1. **Perinatal Mental Health:** How mothers felt before joining the programme and their mental health and wellbeing since receiving support, and what elements of the service, if any, made a difference to their mental health and wellbeing. Prompted by the Logframe in Section 5, themes indicating improved mental wellbeing such as confidence, self-efficacy, agency and trust were explored. We also

sought to explore medium-term effects of the project's support on mental health through interviewswith peer supporters who had themselves previously been supported by the project.

2. **Breastfeeding rates:** Whether the mothers found their interaction with the project helpful to starting or maintaining feeding, whether they felt they could ask for help when they needed it, and whether the resources were helpful, or if there were any difficulties or gaps.
3. **Feeding information:** Whether mothers felt, through the health education and group support provided by the project, their knowledge had increased on topics relating to feeding their babies both in the early weeks and when they were considering changes to solid foods.
4. **Mothers' overall experience**: Phase 2's data collection activities involved mothers from 5 different language groups and one peer volunteer group, all of whom had experienced a variety of support through the services of the project.
5. **Application of the principles in practice**: To capture a sense of the extent to which project principles were applied in practice, we sought to identify examples through both data collection with mothers and the staff survey. The five key principles are:
   - The project supports the voice of the mother to be central to her own service provision.
   - The project recognises challenges experienced and recognises resilience and skills of mothers.
   - The project avoids intensification of trauma (staff survey only)
   - The project works in partnership with other organisations and services wherever possible.
   - The project develops skills, knowledge and opportunities.
6. **Service interactions:** Data collection focused on mothers' own experiences of referrals for support outside the project. This included: the mother's awareness of other services available to her; the ability to ask for help for additional services or needs; and the mother's view of whether the project helped her navigate these other services and systems.

We also asked mothers what gaps in HBC and Hestia services they saw, and their recommendations to strengthen the services they received. Findings are presented in Section 5.

Comments on the Logframe approach

Phase 1's LogFrame approach was a helpful exercise in preparation for the data collection, to ensure potential research questions were aligned to the four service delivery strands and shaped the topic guide. The LogFrame can be considered by the project and the organisations as opportunities for ongoing monitoring, depending on their priority indicators for success moving beyond Starting Well. We encourage the project managers to consider the LogFrame as they continue, self-evaluate and strengthen their services, and grow their monitoring and evaluation methods.

Section 3: Contextual review

This review focuses on understanding some of the current affairs and policy changes in the wider context of the UK. The three issues addressed in this briefing are: immigration policy, rising cost of living in the UK and health service pressures. It is not comprehensive, but highlights some experiences, challenges and barriers experienced by the client group, the project, and relevant wider services, to better understand the context in which the project is operating. This review draws on literature from news, government and NGO reports, and other grey literature.

Immigration Policy

Recent changes in the current UK government's politics and approach to asylum seekers is set to affect the provisions for pregnant women and women with children in these circumstances. Two critical amendments are: the inclusion of modern slavery in the Nationality Borders Bill Act 2022 and the Illegal Migration Bill.

Concerns by human rights organisations were raised when victims of trafficking and slavery, who were considered with a safeguarding approach under the Modern Slavery Act 2015, were set to be included in 2022's Nationality and Borders bill, now viewed through an immigration lens. Research showed that the "proposed changes pose a risk of causing damage to the people they are intended to protect and threaten to undermine the government's stated policy objectives"[1]. For example, the limited allowances available for mothers and their children (£45 per week each, with additional £5 per week per child under 1) who are awaiting asylum status, are set to be even further restricted with 2023's new Illegal Migration Bill.

The Illegal Migration Bill was introduced by the current government and discussed in Parliament in March 2023. The new bill seeks to end illegal entry as a route to asylum in the UK[2], stop people from crossing the English Channel, preventing those that do so from claiming asylum and instead, detaining them and sending them back[3]. By making significant changes in the identification of victims of modern slavery, victims will no longer be supported or protected from removal unless they are cooperating with an investigation or criminal proceedings[4]. As pointed out in the UK government's webpage: "Anyone illegally entering the UK will be prevented from accessing the UK's world-leading modern slavery support or abusing these laws to block their removal"[5].

Cutting off support for pregnant women entering the UK 'illegally' means that those with rights to safety will no longer be able to seek protection and support services will struggle to reach those in need. Additionally, changes in rhetoric have been observed in the media that re-cast immigration as a criminal activity, and downplay the crucial human need for safeguarding those who are vulnerable. Rather than looking at individuals' human rights and seeking to protect them, the discourse targets them as a criminal population, and grows negative attitudes among the public towards refugees.

Cost of Living crisis

Higher living costs are affecting the whole population in the United Kingdom. According to the latest data from the UK Parliament, "the cost of living increased sharply across the UK during 2021 and 2022"[6], affecting the affordability of goods and services for households. Food prices have also been increasing over the past year and were 18.0% higher in February 2023 compared with a year before. Likewise in that time frame, energy prices and road fuel costs have risen

sharply, as domestic gas prices have increased by 129% and domestic electricity prices by 67%.

Office of National Statistics (ONS) research found that low-income households spend a higher share on food and energy than average and therefore, will be relatively more affected by increases in their prices[7]. The Trussell Trust charity's UK foodbank network has reported they provided almost 1.3 million emergency food parcels from April to September 2022, a third more than in the same period in 2021 and 50% more than pre-pandemic levels. In those six months, 320,000 people were forced to turn to a food bank for the first time, representing a 40% increase compared to 2021[8].

Meanwhile affecting the whole population in the United Kingdom, the worrying cost of living increases – rent, food, services and energy – exacerbate the situation of those that were already living on or near the poverty line. This increases the burden that immigrants and asylum seekers might already be carrying.

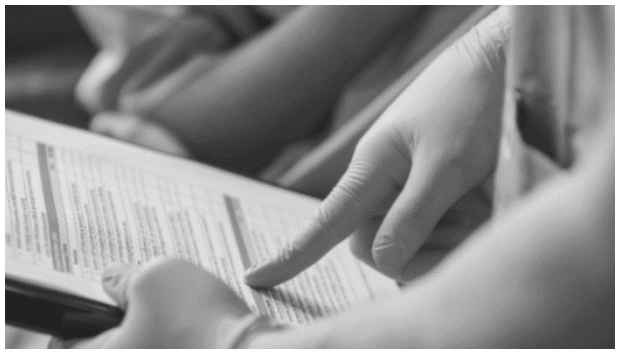
Pressures in Healthcare

Asylum seekers are allowed access to free National Health Service (NHS) healthcare, such as seeing a doctor, free prescriptions for medicine or getting hospital treatment[9].

Since the Covid-19 pandemic, the NHS has been under extreme pressure. The British Medical Association highlighted that "the NHS is experiencing some of the most severe pressures in its 70-year history" as they continue to suffer from chronic under-resourcing and inadequate planning[10]. As the BMA indicates, the main pressure points are chronic understaffing; poor retention; declining well-being; growing pressure on general practice; insufficient funding; inadequate space; outdated IT; and long waits and waiting lists. Covid-19 simply made this crisis worse[11]. Last January 2023, the NHS highlighted that pressure continues as hospitals deal with high bed occupancy[12].

This has also affected maternity services, mothers, and their babies. As the Royal College of Midwives warned a "severe shortage of staff in maternity services is putting mothers and babies' lives at risk"[13]. As part of the 2022 *Safe Staffing* campaign, the All-Party Parliamentary Groups on Baby Loss and Maternity (APPG) urges action to increase the maternity workforce in order to deliver safe maternity care[14], reporting evidence signalling how staff are overworked, stressed, and burnt out[15]. The Chancellor's November 2022 statement included specific maternity commitments including a plan to recruit the 2,000 midwives that are currently lacking[16].

In their position statement "Caring for Migrant Women", the Royal College of Midwives claim that migrant women are at a "higher risk of experiencing poor outcomes for themselves and their babies" alleging that "midwives have a duty to care to all women, regardless their immigration status"[17].



Section 4: Primary Data Collection

4.1 Methodology

We approached the data collection in two parts:

1. Semi-structured interviews with mothers, who were current or recent recipients of project's services and peer volunteers who had previously received Happy Baby Community's perinatal support.
2. Online, anonymous survey for any staff and volunteers from both HBC and Hestia who work with mothers through the project.

Mothers' focus group and individual interviews

Lived-experience mothers were invited to share their experiences and opinions of the services they received through Hestia and Happy Baby Community before, during and after birth. The purpose was to determine the impacts on perinatal mental health, access to evidence-based information regarding infant feeding, the overall experience of women supported by the services, the extent to which programme principles were applied and evidence of partnership working that may contribute towards health outcomes for 0-2 year olds.

Focus group discussions provided a pragmatic approach in terms of efficiency in data collection but more importantly to enable use of existing group dynamics. The Expert Advisory Group[2] supported this approach and advised that one cultural group be invited to join one-to-one discussions rather than groups. For some of this group, additional experiences of trafficking bring additional vulnerabilities. We were advised that cultural needs would be best met through individual interviews rather than group discussion.

Language:

Participants spoke in English, Albanian, Arabic, Amharic and Spanish. These were selected as they represented larger groups of mothers within the project across a spread of nationalities and facilitated focus group discussions. Translation of information and consent forms, interpretation of discussions and transcription services were engaged through Clear Voice, a service readily used by the partners and similar services and endorsed by Migrant Help.

The EAG advised on appropriate language for certain key themes which would be addressed including mental health, particularly in the case of interpreted groups, but also the sensitivity required for mothers to feel safe about sharing their experiences and feelings in order to prepare appropriately across the cultural mix of participants.

Structure:

We undertook five focus groups across four key languages (English, Spanish, Arabic and Amharic), and a focus group in English specifically for peer volunteers. We also ran 5 individual interviews with Albanian women, with interpreter support. Groups typically included up to 6 mothers, two researchers and an interpreter where necessary for non-English groups. Groups ran up to 90 minutes, due to the time for interpreting information and gathering consent; individual interviews ran up to 60 minutes.

Recruitment:

HBC and Hestia lead the recruitment to enhance confidentiality for the mothers and reduce the personal information that needed to be shared to the external research team, but also due to the existing trusted relationship and regular points of communication with the mothers. They called upon 88 mothers across all language groups with participant information and consent forms translated into their relevant language, and an FAQ

[2] *More information on the Expert Advisory Group (EAG) can be found in the Phase 1 report, Section 4.3 (p16).*

document was provided to support the staff with any additional questions which may have arisen. This was done using a convenience sampling approach. Where interest exceeded spaces available, mothers joined based on availability on the given date. In the case of the 'peer volunteer' group, conducted in English, a smaller pool enabled all to be invited. While the recruitment was done by the two organisations, the focus group and interview discussions were facilitated by researchers, independent of the project staff.

Location:
Following consideration with the services about safety, comfort, childcare, independence from the service, project-supported access and familiarity with technology, discussions took place online via Zoom, which enabled mothers from across the project to join from their home. They were able to attend to their children's needs during the call when necessary, and interviews and focus groups were held at a time that did not conflict with usual project services.

Inclusion criteria:
Any mothers who fell into the 5 language categories who had given birth during the project were eligible to join. Our main exclusion criteria was declining participation, and the limits on the study around size of group and languages included.

Data collection:
Sessions were audio recorded, transcribed and stored securely. Consent was collected verbally, due to mixed literacy abilities and the online setting. The participant**s** received copies of both the participant information and consent form in advance in their language to have time to reflect, as well as having it read to them on the day with time for queries. Consent records are kept separately from transcriptions, and mothers were allocated a code for analysis to maintain anonymity.

Vouchers:
Mothers were offered high street vouchers as an acknowledgement for their time and contribution. HBC distributed these to the mothers following confirmation of attendance.

Ethics:
The evaluation protocol was reviewed and approved by the University of Nottingham's School of Politics and International Relations Research Ethics Committee prior to the start of any data collection.

The full topic guide used is available in Appendix 1.

Staff and Volunteer Survey

We also carried out a short, online, anonymous survey of staff and volunteers. This included professionals such as doulas and breastfeeding counsellors with role specific training, as well as peer volunteers who have been trained through HBC's perinatal programme, and Hestia caseworkers. Our aim was to capture additional insight or experiences related to the way they interface with external services. We focused on capturing opinions on the extent of achievement of the 5 priority principles through 5 multiple choice questions (0= not applicable to my role, 1= never achieved, 2= rarely achieved, 3= sometimes achieved, 4= often achieved, 5= always achieved), and then capturing free text anecdotal comments to support any additional experiences, contextual information or comments they felt were helpful for the research team to understand alongside the mothers' responses. We received responses from 31 participants, 6 of whom were also through Hestia which represents a similar proportion to the mother participants.

The survey questions are available in Appendix 2.

4.2 Data Analysis

Individual interviews and focus group discussions were recorded and transcribed verbatim. Anonymity was maintained by the allocation of an identifier to each participant; further information is provided in Section 5. Transcripts were read and re-read in full by the lead researcher to achieve immersion in the data. We analysed the transcripts using thematic analysis, through a lead researcher with samples of coding confirmed by co-investigators.

The findings have been presented following the chronology of the women's experiences of the service. This reflects the way questions were posed and responses were offered in data collection. We begin with the immediate practical needs (support for birth and items for the baby), the early experiences of navigating health services and the emotional distress experienced by many of the women at that stage. Then we look at birth, whether with or without birth companionship, which leads into questions around feeding and support needed in the early days and weeks of the newborn's life. Then the questions went to broader activities, informational support around weaning and parenting, and into thinking and preparing for the future.

After reviewing the mothers' transcripts, both the numeric and the anecdotal responses of the staff and volunteers through the survey were collected and analysed. Here, some responses echo the mothers, and some bring additional insight from the perspective of those who have worked with a number of clients in different circumstances, and those with external perspectives. This is also beneficial when considering the project's working relationship with other services, as the mothers may not always see some of these 'behind the scenes' collaborations.

Theory of Social Support

The areas of support offered through these surveys aligned with **social support theory** and found that a valuable framework to draw into the analysis. This theory suggests that improvement in circumstances and wellbeing is experienced through four to five common components: **instrumental (practical), emotional, social, informational and appraisal support**. This theory has been explored in other contexts of those experiencing violence, deprivation, rape, domestic violence, conflict and risk, and has been recognised to have both mental health and physical health implications [18]. The two main theoretical mechanisms of this framework are the direct promotion of health and wellbeing, and buffering stress, including reducing the physiological effect of stressors[19]. This is important both during pregnancy, with an impact on positive health outcomes, and postnatally, including helping reduce anxiety and build mother-baby attachment[20]. A number of studies around the world also reflect that social support is an important factor in encouraging successful breastfeeding.

Section 5: Findings

In this section we lay out the findings of our data collection, from both mothers and our staff survey. The findings have been presented following the chronology of the women's experiences of the service. To protect women's privacy and anonymity when citing responses, groups have been coded from A-G in random order, and women within each of them are referred to by numbers (A1, A2, A3, B1, B2…). The breakdown of the number of participants by language is shown in the table. All responses from staff and volunteers quoted below are taken from the online survey.

Language group	***Number of participants***
English	8
Spanish	5
Albanian	5
Arabic	5
Amharic	3
Peer Volunteers	5
Total participants	***31***

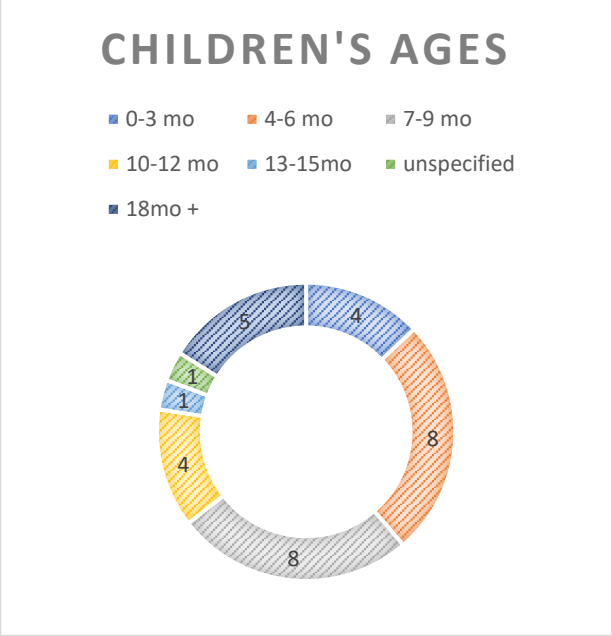


Figure 5.1: Ages of the children represented by participants, as relevant to those for whom they had experienced support by this project. Additional older children are not represented, who some had had before referral to the project.

5.1 Pregnancy and immediate needs to prepare for birth

5.1.1 Why are women joining the service?

Women supported by the Starting Well Project face broad challenges. Starting Well supports and attends migrant women who are pregnant or have recently had their babies. Normally, women attending the service have arrived in the United Kingdom on their own when pregnant. They lack support from social networks, family, or friends. Moreover, they usually face language barriers, are unfamiliar with maternity, welfare and healthcare systems. Certainly, all these factors harm women's mental health and well-being, causing them high levels of stress and often depression.

Women often join the service because they have no one to accompany them during childbirth. Some join because they are alone and don't know anyone, others because their only relatives or friends are not available to accompany them. As women often said: "You need someone to talk to, to ask for help" (G2). Almost all of the women supported by the perinatal programme are asylum seekers. In their case, they are placed in hotels, and lack any clothes or basic material needs for their babies. Normally, they do not hold the paperwork needed for legal residence, exacerbating their insecure situation. For instance, one woman interviewed (G4), was found on the street after seeking help from the UK Home Office on a Saturday, when it is closed. After being attended by an ambulance, a midwife referred her to the HBC.

5.1.2 Immediate needs

Those interviewed identified an urgent need for basic items for themselves and their babies. The lack of these was a source of distress. When the services were able to provide these essential items, distress was relieved, and respondents expressed gratitude. Some women reported that their first and main reason for joining the project was simply not having anything for their babies. One woman explained she didn't even have a t-shirt for her baby (F1). Not having basic clothes and other items needed for their pregnancy causes a high level of distress. Some women described feeling desperate.

Receiving material resources helped to reduce stress. As one woman said, "When you need things for your babies, you just have to request it, and if they have it, they will provide it to you" (C1). In the interviews and focus groups, women often mentioned having received clothes for their babies, maternity bags (including everything they need for the hospital), toys, shampoo, bathrobes, pampers, cots, soap, milk bottles, and pumps for babies. In addition to these, some were given vouchers for food or transport costs, helping them to attend different project activities. A small number of women also received larger items such as a phone, a pram, or a bed, such as B2 who valued this above other services she received. A Hestia caseworker highlighted that "an anxiety that a lot of mothers seem to face is the issue of material supplies", since financially this can be difficult, she confirmed that both HBC and Hestia assist with referrals and grants to cover costs of nappies, cots, and clothing.

Beyond material needs, an HBC 24-hour perinatal helpline is available for pregnant and new mothers to seek support. Some women have been assisted in moving out of hotels and finding more secure accommodation in London. Women also appreciated the extra help and support received by HBC during the Covid pandemic such as groceries, nappies and phones, pointing out how hard it is for "immigrant mothers to arrive to a new country where there is lockdown" (C3).

5.1.3 Guidance

Upon arrival in the United Kingdom, women recounted their feelings of loneliness, worry, and fear. Often, they did not know where to ask for help, or what steps they would need to follow regarding their pregnancy.

Information and guidance are crucial here, a woman signalled that she valued this as "the most important thing for new mothers that come along to the UK" (C4). Women often feel that they are completely ignorant about issues regarding the NHS, GP, schools, council, and nurseries. For that, they were very pleased about the help and guidance on these issues: "I really needed someone to tell me how to act and where to go" (C4).

Beyond these practicalities, women feel relieved and assured since they know that they will receive all the necessary support in relation to their labour, child, and pregnancy. A single pregnant mother stated she was "a bit, well a big not a bit, worried" (B1) felt that 50% of her stress was gone after talking with the staff and acknowledging that she could count on a doula to assist her.

In summary, women's immediate material needs appear to be met and that was greatly appreciated. Women had been reassured by the help provided from their first contact with the services, contact that helped them to recover their hope. They felt welcomed, embraced, and finally calm, since they knew they were going to receive appropriate support and help for themselves and for their children.

5.2 Birth preparation and the doula's role

It is the goal of the HBC perinatal programme to offer the help of a doula to all women during the last trimester of pregnancy, through childbirth and the early postnatal weeks. Doulas give support in many different ways, such as looking after the mothers, checking on them over the phone, and accompanying them to the hospital during labour when needed. On the whole, doulas provide information, guidance, practical and emotional support, and help regarding pregnancy in general.

This section looks at the role of the doula in women's birthing journey. Our key question asked, how did women experience the support of the doulas in their birthing experience? Related to this, the discussion aimed to determine the extent to which women feel that their voices are being heard and whether they feel they were at the centre of their own service provision.

Doulas aim to place women at the centre of their own service provision, seeking to help them feel reassured, hopeful, comfortable, and safe; help them to have agency to make informed decisions about their care; and enable them to ask for help and self-advocate.

5.2.1 Birth Preparation

Mothers are encouraged to think about how they want to give birth through birth plan preparation. In these sessions, they exercise their own judgement and communicate their preferences for birth procedures, environment, cultural wishes and care during childbirth, including what may trigger traumatic memories for them. As a woman explained (G1), 'you sign the birth plan and give it to the midwife, so the doctor prepares the birth according to the plan. If you need anything else, the doula asks for it based on what you have written down.' As G2 explained, she made plans on how to give birth with her doula, in the process she learned "a lot of things" (G2). One woman asked explicitly to not have a male doctor because she was not comfortable, and the doula made sure her request was respected (G5).

The aim, as explained by a HBC doula in the survey, is to "voice their desire to birth in a particular way, for instance in water". Such requests are noted in birth preferences in preparation for birth, but also the presence of a doula can support ongoing decisions and changes that may arise during labour. In the case of G5she would have preferred to give birth in a birthing pool which was not possible because of the baby's situation; she had to divert from her original preferences such as not having an epidural, due to how her labour progressed: "It went the opposite way and everything that I wanted to avoid, happened" (G5). Despite the unexpected problems, she was grateful to her doula: "I would want this doula, this exact person to accompany me during birth again" (G5).

An antenatal staff member from HBC highlighted that mothers attending the sessions on birth preparation tended to be more reflective once they had received information. This allowed them to ask questions and make choices that had not been considered beforehand, such as the place of birth. Moreover, this staff member highlighted that some mothers were not aware of the existence of birth centres, the possibility of birthing their babies in water or a birth pool, or the right to request a caesarean. Once they did learn of these options, they would consider their preferences and raise these with their midwives. Similarly, one HBC doula explained that mothers are given information in order to support their choices concerning labour, such as who accompanies them or the extent to which they want to receive postnatal calls. This doula recounted how a woman that she attended decided to wait for induction, even though she was receiving "constant pressure from midwife and obstetricians to go ahead with induction a week early". Through the guidelines received and using birth information, she decided to follow her mother's intuition and waited.

5.2.2 The role of a Doula

Over 75% of women interviewed received doula support (24 women out of 31). Companionship, support, and guidance are the core characteristics of a doula's work, and these are often noted as extremely valued and appreciated by women. Doulas provide emotional and physical support such as calling mothers regularly to check in on how they are feeling and any issues arising for them, accompanying them to the hospital and staying with them to support during labour and after the baby is born, and being available to help them in different aspects of their pregnancy and preparation for birth, infant feeding and newborn care. Thanks to them, women feel reassured, comfortable, and safe: "the lady gives everybody hopes!" (A1).

Companionship in labour

Above everything, mothers reported special appreciation to doulas for staying with them during their labour. Women can be frightened to give birth alone, and the support and company of a doula helps to relieve stress and fear, helping them to feel comfortable. Women valued being accompanied during birth, especially those who were alone in the UK, not having anyone to be with them (F3 for instance) at such an important time. In this sense, doulas take on the role of mothers and sisters and are frequently compared as such, as B1 or E2 described: "She came the day when I gave birth, and she came, she assisted me, she was *moooore* than my mother" (B1);

"She helped me a lot at the hospital, you can even say like a mother. I'm still grateful when I think about her being with me"(E2).

Women described doulas during their delivery as a "light" (C2) and an "angel" (C5). Women appreciate their presence, their time, their support talking with them during the labour and after the baby is born, their practical help. Women assert how very happy they are to have been accompanied, to have someone to hold their hands. In the case of G1, she was firstly very doubtful about the doula: "At the beginning, I thought that it was so unrelated, I don't know how to explain it. Like, how was she going to help me? She doesn't know anything about me" but when starting to feel pain, she said that it was a "relief" to have a doula holding her hand all the time (G1). Respondent F5 mentioned that even when having a husband with them, doulas are of great help:

"because one can have a husband but it's not the same, they are also nervous, and as the doula has more experience is like to have a second mum giving support, also to the husband. Sometimes also giving hugs when needed and being present"(F5).

When women need to stay in the hospital for longer periods of time, doulas stayed with them, or visited them every day. One woman felt "reassured" (D3) by the time she spent with her doula, who stayed with her during her operation. Other women received support by phone, staying on the line through the whole time of delivery. Respondent F4 was extremely thankful for that. Another woman highlighted how a woman from Hestia visited her three times a week, even when "she was not allowed to visit so often, but she saw my situation and visited me often and helped me emotionally as she knew I don't have anyone here" (G2). Similarly, G3 admired how the doula stayed through 28 hours of labour with her, describing it as "one of the biggest helps I have ever received" (G3).

Many of the women, especially those who are first-time mothers, can be afraid and stressed. Some reported not feeling enough strength to go through their pregnancy – but, as for example F2, explained that through the guidance provided by the doula she was able to have her baby in a very natural way, "which was beautiful". For this encouragement she is: "grateful because it enabled me to have a very nice and special connection to my baby"(F2). Likewise, F5 asserted having received a lot of encouragement, and feeling more sure of herself. She was heartened when the doula told her that mothers have an instinct for birth and reassured her that she could do it (F5). Beyond emotional support, doulas also help women physically during their labour. One

woman explained (F1), when she was alone, the doula wiped her sweat, gave her water, and distracted her … and when the baby was born, she helped her change her clothes. When she felt pain, the doula gave massages, and also helped women to take showers when needed.

Unfortunately, due to not knowing yet about the project, one woman had to be alone, and without doula support, during her birth. Her experience shows how hard it is to give birth alone and without support. She described the experience as “the hardest of my whole time in the UK and I mean it” (G4). She explained how a health visitor visited her and saw that she was “beaten up and emotionally tired”, "one time (...) she came in and asked me how I was doing, I immediately broke down in tears" (G4). Her experience, she explained, was very sad in that she was sharing a room in hospital with two other mothers who were all the time surrounded by their relatives: “They didn't have to get off their bed, even to just pick up their babies, whereas I had to do everything by myself, I got up to change the baby, to rest it, everything” (G4).

Women who do not speak English felt stressed about how they would deal with birth and labour. Lacking knowledge of the language was found to be deeply frustrating (F4). Doulas sometimes speak the mothers’ native language and are able to help facilitate translation during birth; and when they do not, then mothers are provided with an interpreter by the hospital or by HBC who advocate for this so mothers can make informed choices during birth. This was the case of D2, D3 and F4, who were frightened and worried as they had no family with them. After birth they thanked HBC for providing them with an interpreter (D3). As D2 mentioned, “going to the hospital and giving birth while not knowing the language felt very difficult (…) thank God, when I contacted the organisation, and they reassured me, and things became much easier” (D2).

One woman (G5) felt she had no voice, and felt she was not able to communicate appropriately with the staff in the hospital, however her doula was able to ensure her voice was heard.

Checking on women (before and after birth)

Before and after birth, doulas call to check on the well-being of the mothers and their babies and that their needs are being covered. Respondents note that these calls give women hope and happiness.

“Whenever the lady calls me, she gives me more happiness!” (A1).

A mother noted that she was called on and off, “giving sweet voices” (A1), and that these calls, checking in and looking after them, alleviated feelings of loneliness and isolation (F3).

Moreover, doulas also accompany women to appointments with doctors, midwives, and social workers. On such visits, G3 described her doula as “the mother or sister that I needed at that time (…) I have honestly not met anyone like her” (G3). Doulas are compared to family members, as mothers and sisters, many times: “the doula herself was a mum"(G2); "I really like her as a person, and I don’t really know how to explain it, but it felt really good to have her close to me as I don’t have any family here and I’m alone."(G5)

Doulas helping with depression and solitude

Beyond accompanying and supporting women during their pregnancy and birth, doulas helped women to feel that they are not alone, and at times have helped them to deal with depression: “I didn't know that pregnancy comes with depression, sometimes you lose hope. So, that person is there to help when I am down” (A2). One woman described the emotional support and encouragment she received from the doula as being “like therapy”, adding "I was completely terrified, very scared, I was weak, I felt it like a very important support” (F3).

5.3 Feeding support

After pregnancy, doulas continue to call the women to check on how they are recovering after birth and how they are settling in with their newborn baby, and importantly, to offer support and guidance around infant feeding. They help a mother in whatever way she wishes to feed her baby (breast, formula/ bottle or combined). They are also able to signpost mothers who need more help to an HBC breastfeeding counsellor or a midwife. Moreover, women who have suffered trauma and sexual violence often find breastfeeding challenging. HBC doulas and breastfeeding specialists offer trauma informed breastfeeding support that enables women to have safe options if they choose to try breastfeeding.

5.3.1 Breastfeeding guidance

The majority of women, especially those that were first-time mothers when they joined the HBC, had little knowledge regarding breastfeeding. The service offers help to women through classes about pregnancy, childbirth, and breastfeeding. Respondents were very appreciative, recognising that thanks to the service they can “breastfeed naturally” (D1) and have described breastfeeding as a “beautiful experience” (F1).

Many women reported facing challenges in breastfeeding, especially first-time mothers. Mothers described challenges such as pain, swollen breasts, and difficulty to stimulate milk production: “My breasts were swollen, and he couldn’t drink” (G5). Through the help of doulas, staff, breastfeeding specialists, midwives or nurses, mothers were able to learn how to position their babies, relieve their pain, and stimulate their breasts to produce milk. This was the case of G2 who struggled considerably then received guidance on balancing between using a breast pump and breastfeeding, and then only breastfeeding (G2). D5 was “shocked by the breastfeeding” asserting that it was really hard as she had sore nipples. The help received from her doula enabled her to stop using formula to only breastfeed (G5).

5.3.2 Continuation of breastfeeding

Despite the physical and/or emotional challenges encountered at the beginning of breastfeeding, and thanks to the help and guidance received, many mothers were able to overcome initial problems, relieve discomfort and continued to breastfeed. Some women felt this led to a special connection with their newborn. One mother noted breastfeeding helped to reduce costs (F2). F2 explains that she first thought it was too painful to continue breastfeeding, and only after instructions and help could she keep going. Mothers reported persisting with breastfeeding through support, acknowledging that it is good for their babies: “They explained to me that it’s better to breastfeed both for myself and the baby. They really supported me." (G1)

5.3.3 Weaning and other kinds of feeding

Some women find breastfeeding too uncomfortable and are unable to continue for long. For instance, F4 claimed that her “experience with feeding was like my first delivery”, in that her child was damaging her nipple, she could only breastfeed for 20 days, and then used bottles (F4). Similarly, D3 was struggling as her breasts were hurting very much, and she needed instruction on how to express milk (D3). When necessary, women need to receive information on other feeding options. For this, the service provides women with advice and information on expressing breastmilk, formula feeding, safe bottle preparation, and weaning onto solid food. In addition to this, women reported joining health information sessions on children’s nutrition, as well as the prevention and/ or care for common childhood illnesses.

5.4 Mental health and wellbeing

To better understand the impact of the project on women's wellbeing and mental health, respondents were asked about their emotions and feelings before they fully engaged with the project.

5.4.1 Women's feelings before receiving support.

Feelings of loneliness, fear, disorientation and unpreparedness are significant and frequent among mothers. Often, they have arrived in the UK alone, sometimes single, or first-time mothers. They often have little or no grasp of spoken English. Many HBC and Hestia mothers have experienced severe traumas as survivors of human trafficking, modern slavery and sexual violence. Not surprisingly, they lack access to support whether emotional, social, and/or financial. This precarious state enhances fear and undermines hope. Regarding their pregnancy, as G4 signaled, they feel "totally unprepared" (G4).

Women feel lost and are terribly worried. The shock of arriving in a new country is described by F4 as "frustrating", and the fact of not "knowing anything" is very frustrating (F4). Similarly, C4 arrived in the UK without her husband, pregnant, and with one young child. She felt "100% ignorant about everything" (C4), she needed guidance regarding all social services: school, local council, the doctor surgery, and the hospital. This mother also stated that she really needed someone to tell her how to act, and where to go. Single mothers declared that it is especially difficult and challenging for them. B2 urged: "please keep helping all mothers, but especially single ones" (B2).

Women also felt lonely and sad: "because of all the things that I was going through, I was feeling so lonely" (C2). A2 was alone at home, without any help to care for her baby. When she was asked how she felt before joining the service, she replied that it was "kind of emotional, sometimes it makes me cry, I am a little crying right now" (A2). G1 said that at the beginning, she thought she was going to be alone, and that scared her very much. Now, she is no longer alone: "there are many people that can help me, and I feel very happy" (G1). F3 mentioned that she had nothing and was feeling very sad, "I cried very often" but the service helped her "both emotionally and providing me with things for my baby like clothes" (F3). Depression is experienced by some women. One respondent felt very lonely when spending 12 days in the hospital alone and stated, "I believe I was depressed, and there is no shame in admitting that" (G3). Similarly, G2 mentioned that sometimes she was depressed because "you know, you are at the hospital by yourself, you know…when you do things by yourself, it is very difficult, very painful…"(G2).

Women were also afraid and scared. One noted that she was so stressed and depressed that she took an overdose: "Oh my God, I am pregnant again because I am a victim of violence and abuse (…) I don't think I will be able to have it. So, I took an overdose" (A2). Another participant was also very worried since she was a new mother and had Covid when she was about to give birth. She even thought that she "was going to die and that I won't get the chance to meet my daughter" (E1). One mother (E1) thanked God for guiding her to contact the organisation, and states that she has a big trust in them. Another woman, F5, was frustrated and scared as she was having twins away from her country and family and was alone with her husband. She did not know whether a caesarean would be needed, and not having support and help from her family worried her very much. The encouragement from HBC helped her to remain very calm (F5).

"I had a rough labour (…) and after gave birth to my daughter, I wrote Happy Baby a message. But it wasn't a regular message - it was a message from the soul. It gets very emotional every time I think about it because it is the only door that was opened to me in England."(G3)

5.4.2 Women's feelings since receiving support

As a doula from the HBC explained, women are supported by doulas, breastfeeding counsellors, and postnatal callers. These support workers help women to meet and understand the challenges of both feeding their babies and looking after their own well-being and health. Overall, beyond the practical help women received, such support also helps them to deal with whatever stress, depression, and trauma they might carry.

"They gave me support when I was pregnant, God replied when I called." (E3)

Some women asserted that the support helped them with their mental health, "even they give you support if you have mental health issues, you can always speak to someone" (C1). As C2 claimed "first of all, they helped me with my mental health", especially as she could ask about everything that worried her about her baby (C2). Women were also aware that there is a mainline phone service 24 hours, and if "you are feeling depressed or feeling down you are always free to call" (C3). Many women talked about how they were helped to release their stress, to not feel alone, and for some, to deal with their depression. This gave them "hope to enjoy life again" (B2). In the case of B2, it was a difficult time as she was living in a hotel, and she very much appreciated the advice and receiving "lovely words" (B2). Another woman, G3, stated that while the material support was good, what she appreciated the most was the "love and sympathy": "it's the face-to-face contact, the closeness that helps"(G3).

Emotional help and support allowed these women to overcome feeling alone, and to feel loved; "it's the emotional support that is important", stated G5. Another woman, B4, emphasised how supportive HBC had been to her when she was "really depressed". Having people checking on her, and receiving what she needed, has been a "good thing" to her (B4). In the same vein, F1 was grateful as despite being alone, she knew there were a lot of people willing to help, "providing emotional support and that is very beautiful as it helps oneself not feel alone"(F1).

Since the beginning, many women felt embraced by the community, that they were surrounded by "family" (A1). As A1 described "when I went there, I met (...) and oh my God, she embraced me as if we are family, she really embraced me" (A1). The majority of them felt sad and lost before joining the service, but afterwards they began recognising themselves feeling happy and "reassured" (D2)

"I am in the top of the world because I have family around me. I don't have anybody but with them I have family around me" (A1)

5.4.3 Women feeling safe and trust in the community.

Receiving these types of support, and feeling part of a community, allows women to feel safe and trust the organisations. Women recall being comfortable as they are constantly checked on and are asked about their feelings and emotions. As B4 explained, "I am a single mum, and sometimes I really need that kind of support, someone that just calms me and asks how I am doing, you know… they make me feel very comfortable and I could not complain about anything" (B4). Similarly, B1 feels "really really comfortable" (B1).

Trust grows within the mothers, "they have helped me in the past and is not forgotten" (B5). Some women trusted HBC more than their families. As G3 noted, she felt sure that if she had any problem "I wouldn't contact my mum or my sister. I had more trust in Happy Baby than my family, do you understand how much help they've given me from the beginning?"(G3). Without the HBC, E2 assured that everything would have been more difficult, "after I met them, it gave me comfort that if I wanted something I could contact them" (E2).

5.5 Relationships

Due to the closeness of the support received throughout their journeys, strong bonds seem to have been developed between mothers and their doulas and other members of staff. Weekly sessions, 'mum groups' and sharing different activities appear to help women to engage within their Happy Baby community whilst allowing them to build relationships with each other. There are also 'baby groups' where children can interact, play, and have fun.

5.5.1 Continuity of support

Bonding between women and doulas or other members of staff seem to transcend beyond the service provision. Women, as mentioned before, sometimes refer to them as their 'mothers', 'sisters' or 'friends', acknowledging they can count on them if they need. However, the perception of access to direct support felt ambiguous to some, for example, who expressed that the end of their weekly support calls was 'abrupt' after the 3 months. Perinatal volunteers (either HBC members with lived experience of asylum and motherhood, or external volunteers with a background in perinatal work) call mothers once per week over three months and then they stop doing so; some women reported difficulties and disappointment when this occurred as they do not want these relationships to end. The advantages found by participating in HBC drop in sessions were not always explored by women, but those who did engage face-to-face found the transition in support easier. A potential need for ongoing support was noted by a Hestia caseworker who highlights that mothers still need to receive help "once they have refugee status or when their children are older than one year".

5.5.2 Advantages of the community

"The target of the community, that is to make mums and children happy, works!"(C5)

Connecting with other women

One of the reasons why women want to join the service was to "connect with other mothers" (A2). Community groups are created where mothers come together, share their worries, and acknowledge other women are living through similar events. Being part of a community reduces mothers' feelings of loneliness: "It is like creating a community and helps you to not feel isolated" (C1). Despite women's different backgrounds and languages, sharing experiences with other mothers was "beautiful", always finding "other ways to communicate" (F1). Hearing from other mothers living in similar situations helps women to "learn more and it helps to heal yourself" (C2). Women feel at home when meeting other women from their same country allowing them to talk in their own language: "When I got to HBC, I meet lots of Albanian mums that they were all going through the same situation" (C2). G4 stated that she liked to socialise as she did not have family or friends in the country and that in HBC "there are some other girls who are Albanian too and we all chill together and that (…) makes me feel home" (G4). Having Arabic-speaking friends also helped C4 to feel more comfortable. Many women consider the community in the HBC as their "family" (B1), "When there was a holiday, they used to send us postcards. And I cannot admire that enough"(E2).

Therefore, weekly sessions are highly valued. Sharing sessions with other mothers creates a distraction from pressing concerns and enables mothers and babies to enjoy some time together: "It's something that you look forward to, Wednesdays to meet with others" (C1). During the lockdown, the virtual community helped a lot as women were isolated at their accommodations: "My daughter loved it so much" (C3). Online yoga sessions were also especially appreciated by women, with a request for more yoga classes due to "back pain after the birth and it was really helpful" (D5).

Several mothers reported that they made friends and developed strong relationships with others through the community. Building a social network and connecting with mothers of the same language "makes you better for the future" (C3). In community, women feel as if they are surrounded by family and friend; they bond with others though a shared experience and this helps them feel less lonely and isolated.

Happy children

"Baby's groups" allow children to have a space to interact with other children, play and have fun. There are activities organised such as storytelling, dancing and singing, in which mothers are sometimes also involved.

Many women express happiness as they see their children happy, and that makes them happier: "When I went with my daughter, she was very happy exploring everything... It was nice" (B5); "I went there every week and I noticed that every time I go, my kid is very happy to go there, she plays with all of the other kids there"(G1).

"My children tell me: 'Mum let's go to bed soon, tomorrow is HBC, and I don't want to miss it'. That's why I am so grateful; you can only find fun and happiness in the Happy Baby Community." (C5)

5.6 Women's Future

5.6.1 Principle – Knowledge, skills, and opportunities

A variety of new knowledge and skills seem to be acquired by women since they joined the service, such as English language and first aid. These are gained both directly, through classes and courses; and indirectly, in that women report to having gained greater confidence, life skills, and autonomy.

Knowledge and skills are obtained in different ways. Women obtained new information useful for their current situation and for their future. As mentioned above, information needs related to labour and birth were met "Undoubtedly, HBC is very helpful to all mums that we are here as immigrants and to know what is going to happen when we give birth"(F5). Additionally, they gained the ability to navigate through the NHS, the GP, the council, and schools. In addition to this practical and useful information, women are also offered the opportunity to join English classes, health information and nutrition classes, and discussions to prepare for breastfeeding. G3 mentioned that she joined lots of groups where she learned things in relation to nutrition, babies' diseases, problematic labour, STDs, vitamins for the baby and babies' health (G3). A third of the women interviewed demonstrated great interest in learning English, and they greatly appreciated access to classes. Learning the language helps them to feel confident: "Here, if you don't speak English, you walk as a dumb and a blind" (F4). Another woman was not going out much as her English was very poor, and she recounted that the HBC helped her a lot with that (G3). Women recounted how they had acquired a number of life skills throughout their journey, including: enhanced personal confidence and greater autonomy. Learning better communication skills helped individuals to be "confident and able to live here" (G3). Attendance at drop-in sessions helped them to go out and learn to take public transport (G1).

Of those women who discussed their future, most had plans for work or study. In Hestia, one woman had been encouraged to focus on her children and to return to education "I am planning to go for nursing" (A1). Some women could envisage a future independent of the services, for example D4 who shared: "I don't think I'll need support if he grows up and goes to school" and said that she will

continue with her education. Other women had specific career plans and could envisage seeking advice from the services about access to nurse training, “since I don’t have anyone to contact or have any idea how I should proceed, I might contact them at the beginning, but after that, I want to stand alone"(E2). Another planned to be ‘very active as a person’ (G4), once required documentation was completed. The service had made clear a women’s “right to learn and study English”; she had been unaware of this, and now attends college (C2).

However, some women were worried about their future. They voiced the need to do something to feel proud of themselves, or both for themselves and their children, though some questioned “how it will be” (B1) in their futures, “As mums, we always want to do more for our kids” (B4). Women again saw HBC as a source of support should they need it “My past experiences with the HBC were amazing so my first priority would be only HBC in the future" (B5).

5.6.2 ‘Beneficiaries’ and then volunteers.

"Every Wednesday, when I’m waking up, I have a different energy ‘today is the day of volunteering’, ‘today is the day that first of all makes me happy’ ” (C5).

After being ‘beneficiaries’ of the service, some women want to help others to get the same support that they had previously received themselves. The following quotes from two volunteers’ evidence this: for one, the help she received was “so great that I want to pay for it back” (C3), and similarly “because it was very helpful, I wanted to support other mothers with their babies” (C1).

Being a volunteer makes them happy as it makes them “keep learning”(C3) and feel “grateful I was accepted as a volunteer” (C5). In addition, volunteering appears to be a way to support their own mental health enabling them to feel proud of themselves. The impact of volunteering was “huge because I was not doing anything before, and it was very hard, and I felt depressed” (C3). Volunteering provided several opportunities to connect to the programme, training, and courses. Eventually, this made one mother volunteer happier seeing the “impact on the mothers and also on my daughter” (C3). The satisfaction of volunteering was further described: “When you are volunteering you are happy because you are helping. Your conscience is happy, you are putting your head on your pillow at night by thinking that today you’ve done something, and that makes you happy"(C5).

5.6.3 Overall, Happiness and Gratitude

In interviews, women expressed considerable gratitude towards the organisations, emphatically thanking them. These are some women’s quotes of appreciation:

"If you go to Happy Babies, you will be a happy mum too, so you don’t have to fear anything." (C5)

"They went above and beyond to help me and be there for me (…) Actually, they're improving themselves every day (…) Happy Baby has taught me everything that I know about being a mum and has helped me with every single thing that I needed as a new mum for my daughter."(G3)

"All what can I say is that they should continue like that, to make people happy happy happy. I am really happy with them." (B1)

One mother advised others: "That she will always have people to lean on, especially at birth. I would absolutely suggest that she joins the Happy Baby Community." (G5)

5.7 Staff and Volunteer Survey responses

A survey was completed by members of staff and volunteers in both HBC (25 respondents) and Hestia (6 respondents). Quotes used hereafter are taken from the survey responses.

"Nothing is too much trouble when it comes to women's wellbeing"- Doula

5.7.1 Achievements of project's core principles

In the survey, staff and volunteers were asked to what extent they considered the project achieved the five priority principles (See Appendix 2 for full survey). Response options were: 1 (not in a position to comment), 2 (not achieved), 3 (rarely achieved), 4 (often achieved) and 5 (always achieved).

All five principles were thought to be 'often achieved' by at least 87% of respondents. The achievement of principle E, 'avoiding intensified trauma', was regarded most highly, as 100% of respondents rated it at least 'often achieved,' amongst whom 38% believed it to be 'fully achieved.' The area with most room for growth was the aim to 'recognise challenges mothers have experienced and encourage their resilience and skills' (principle D), for which 13% of respondents selected 'rarely achieved,' while 10% felt it was 'always achieved'- the lowest score in this category. Additional information given in the boxes provided for free-text comments included themes such as: benefits of employment pathway support; the desire for more English classes; and the challenges faced trying to navigate statutory services.

Seeking to enhance women's agency, doulas and other members of staff support them and encourage them, making sure that their voice is heard and "letting them know they have the right to say no if they feel it" (perinatal supporter from the HBC). Another doula said that "women are looked after on a very personal and close level", and that their experience is always very positive as the support received before, during and after labour is described as vital. Generally, doulas receive enormous amounts of gratitude from women for "changing their birth experience to the utmost degree" (HBC doula). Usually, they "can't thank them enough" and their experience having them is "priceless". A support caller suggested that "even when I felt that I would have liked to be more helpful, mothers have always expressed gratitude to the Happy Baby community".

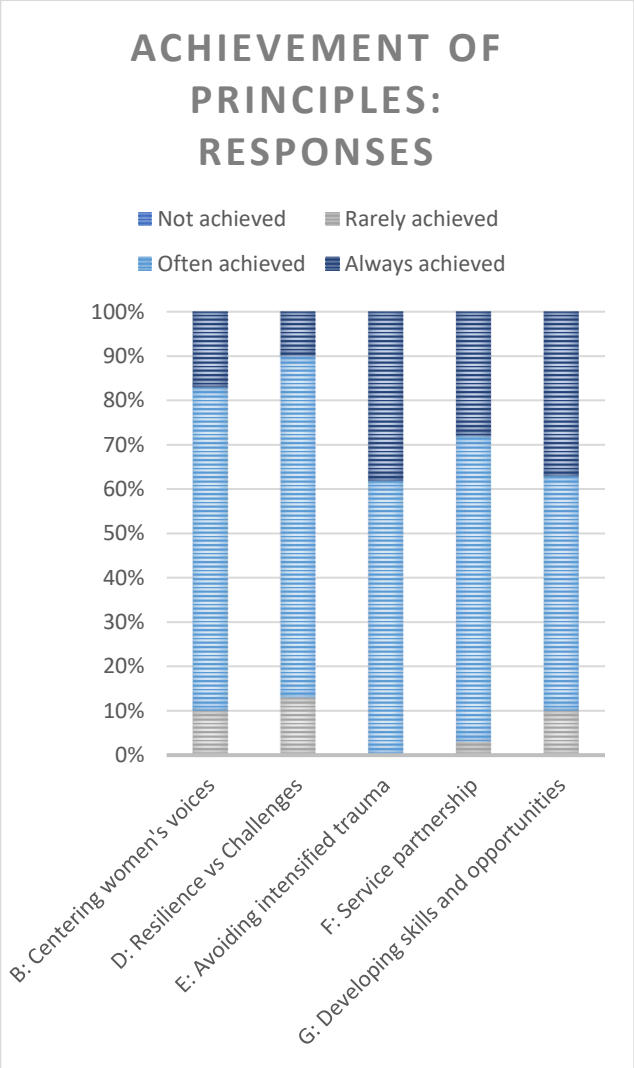


Figure 5.7.1: This chart shows the responses of all those who felt they were in a position to comment on the extent of achievement of the principles. For each question, only 1-2 staff felt they were not in a position to comment so each bar represents 29-30 staff and volunteers. No respondents felt any of the principles were not achieved at all, so this is represented, but not visible.

"Our birthing experiences stay with us forever. A positive birth experience not only supports the time around birth but also promotes a positive start to family life." - Doula

Principle: Avoiding intensified trauma

Mothers supported through the project have experienced various forms of trauma, with many fleeing violence and conflict to come to the UK; one principle aim of the project is to avoid intensifying the experiences of trauma. We did not inquire into women's experiences of trauma in interviews or focus groups so as to avoid possible re-traumatisation. We sought staff and volunteers' perspectives on this aspect of their clients' experiences. This was rated most positively of all the principles, with 100% of respondents who felt they were in a position to comment, reporting that this principle was either often or always achieved.

"Women and their babies are at the heart of the Happy Baby Community" – Doula

Responses indicated the importance and availability of regular, specialised training for staff and volunteers around trauma-informed care. This was evidenced by workers from both HBC and Hestia. Such training prepares workers to identify when a woman is struggling, some risks they may face in the systems they navigate, and making sure they give them the right tools to cope. As a peer volunteer reported, "I wanted to assure mums that there is help out there, no matter what you need" (C1). Volunteers "learn to be good listeners" (C2).

"I have witnessed mothers go from being on the receiving end of support to then being able to pay it forward by becoming a peer supporter and supporting other mums. I have witnessed how having the perinatal support of a support caller has completely changed the mood and support level of mums, and the direct gratitude expressed by the mums is testimony." (HBC staff member)

According to an antenatal supporter from the HBC, the presence of a doula in the birth space has prevented the carrying out of a non-consented invasive procedure.

Additional comments

Staff and volunteers have check-in sessions every one to two months with a coordinator or manager to discuss how everything is going and how things can be improved. Some 'beneficiaries' that then became volunteers highlighted that this was helpful as "you can share your experiences and what you are finding difficult, HBC can do the best and find ways to improve. Also, there were opportunities if you want to refresh something from the trainings that we have had before" (C2). Mothers can also be supported by the welfare team and doulas, in coping with housing, financial issues and other welfare concerns. A staff member mentioned that she worked with a mother who needed support to move and buy household basics.

Some recommendations were highlighted by the survey respondents. Among these, a doula from HBC recommended that women should have a doula who they have been able to meet in person before, as "the reassurance of having met someone and knowing a face before labour is valuable" and that highlighting as well that doulas and mothers should have more in-person meetings before labour. Others mentioned that it would be beneficial to have more face-to-face sessions, more mothers and baby groups across London, increase the number of activities and enhance the focus on helping them to build employability skills that they can use whenever they want to find a job.

Overall, survey respondents agree that “HBC is providing an incredible support network to vulnerable women and hope it continues to grow from strength to strength”. Staff members believe in women’s strength and resilience, as one of them pointed out: “All the women at HBC I have ever encountered have incredible strength and resilience and I believe HBC supports their achievement of this. The many who volunteer for the charity are an example.”

Relationships with other services

Due to the focus of the mothers’ data collection topics, we did not delve into the nature of the service relationships in depth, as was laid out in the evaluation questions. Some mothers reported referrals for specific organisations and purposes, such as an asylum seeker looking for employment, children's groups, for baby items such as a pram, and for legal support. From Hestia, G1 received a lawyer, help being moved from the hotel to a house, received a pram and a bed; she helped her with "everything"(G1). Mothers also told us of their referral routes into the project, demonstrating a network of organisations aware of the project and its benefits.

In the survey, the collaborative nature of these service partnerships was exemplified a bit further. A doula from HBC mentioned having worked with other stakeholders such as midwives, mental health specialists, and social workers while supporting women which was “effective and given the women ‘joined up care’” appreciating that other professionals were willing to cooperate. In this regard, she mentions that perhaps specialist midwives could contact HBC to check if women have a doula but “currently they are too overworked”. Other examples of referrals included working with local health visitor teams and GP services, other care organisations for specific health needs.

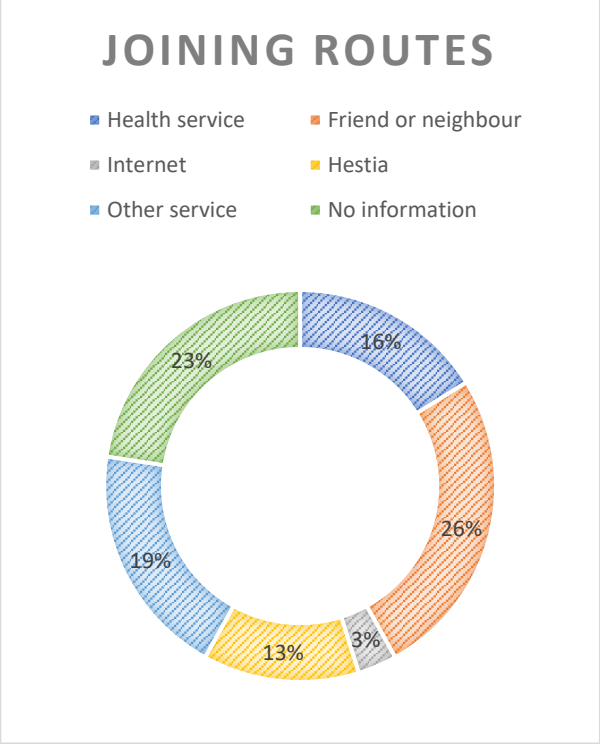


Figure 5.7.2: Routes by which participants were referred into the perinatal care programme, which delivers this project of support.

5.8 Outstanding areas of need

Throughout the data collection, from the survey, focus groups and interviews we asked participants for perceived gaps in services and opportunities for improvement.

- Overall, women’s immediate practical needs are met. Some mothers indicated that they would like to receive bigger clothes as their babies grow (B1, B2, B4).
- Funding or signposting options for additional or larger items was desired, such as one woman who was not able to get a pram (G2), or a staff member from HBC wished she could provide mothers with items such as breastfeeding bras, pyjamas, and slippers.
- Some mothers would like to have closer contact with their doulas, to be able to contact them more freely, and expressed frustration with the

central phoning system through which they must request support, which occassionally led to missed or delayed support (such as A2's doula did not arrive until the following day), fears of responding to withheld numbers (C1), and others who felt they needed more mental health support which was limited due to this system.

- Some women ask for longer periods of doula contact after the birth, and also hope to "see the doula face-to-face after the hospital, even if it is only one day after the hospital" (A1). This was echoed by other mothers (A2, A3) as well as staff who recognise the need for opportunities to meet mothers face-to-face.

- Information on weaning and feeding infants beyond breastmilk was lacking in parts with some mothers stating that they had not received enough information. A2 and E1, for instance, learned how to breastfeed through the service but claim that in relation to other kinds of feeding, they had to "search on the internet and inquire from other mothers in the community" (A2). Another said that she has not received information from HBC regarding "how to switch from breastfeeding and transition towards other kind of feeding"(F5). This was supported by an antenatal staff member at HBC who said that there could be strengthened support due to the financial strains some mothers are under.

- For those under asylum accommodation and living in a hotel, many women are worried that they are not able to provide proper food to their children. Issues included rooms being far from the kitchen (E2), financial constraints to buy balanced and nutritious food, food that is provided being limited in nutrition (F3, F4), choice and not meeting dietary requirements for mother or baby (G3) which cause some mothers to skip meals (G4), and added to stress and anxiety about providing for their children.

"It's a hard situation for me, it concerns me and sometimes I even cry, as my baby is hungry, but I can't do anything. I think he is not eating properly for his age."(F4)

- Some mothers perceived there to be a lack of supporters within the organisation, causing delays to requests for help (E2) or stopping frequent calls (C4). C4 suggests that single mothers need to receive extra help and support and requested giving priorities to cases such as these who have additional needs.

- Overall, women seem to really enjoy different opportunities to meet other mothers and would like to see the face-to-face opportunities increase during the week (F2), expressing that they benefit from sharing ideas, guidance, and information. Having meetings "at least twice or three times per week" (E3) was suggested as mothers enjoy "spending time together and even the kids like being with the volunteers" (E3). This would provide additional social opportunities for mothers, and support those mothers whose children are without a nursery place (B2).

- Several women indicated that their home was too far from the community, so they wished to have a place closer to them. Two participants commented on their distance from HBC: "The face-to-face activities are very far from where I live"(C4), and "only wish is for their place to be closer to me. I need to take two trains to get there. That was the hardest thing" (D3).

- English classes are provided by the organisations, however women appeared interested in having more opportunities to join, including occasional comments related to one-to-one English lessons and classes more days per week. This was echoed by staff members who saw this as a key for the future also.

- For some women, access to work or study was limited by lack of childcare. This also limited one woman's ability to engage with the service's activities (F5). Consensus between members of one of the groups showed would be very helpful to have a "venue for childcare", "a safe place to leave the child", so they can study, learn the language, or look for a job.

Section 6: Discussion

6.1 Response to findings

Here we review some of the answers we gained from the data collection for the evaluation questions and suggest where there may yet be gaps.

1. Supporting improvements in Perinatal Mental Health: Mothers across the participant group reported contrasts between their mental and emotional wellbeing before and since receiving input from the project. Many who had felt depressed, worried, scared, lonely and without hope prior to referral and before birth, reported reduced stress, happiness, encouragement and confidence through the support of the project. A few mothers reported referral to group or individual counselling through this project which was helpful to them, and more significantly about feelings that they may die which were relieved through the support they received within the project.

2. Help increase breastfeeding rates While the project has not set up ongoing monitoring records to quantitively record breastfeeding rates, anecdotal evidence from mothers and staff through data collection activities indicated that the majority of participant mothers breastfed their babies, exclusively or in combination with formula milk. Mothers appreciated the support offered when they experienced pain and discomfort related to breastfeeding and, for some, this had helped them to continue breastfeeding. Some mothers continued to breastfeed while introducing solids 6-9 months later, and two mothers reported feeding longer than one year.

3. Contributing to an increase in access to evidence-based information on feeding babies: Many mothers commented on the helpful information around breastfeeding, preparing to feed, transitioning to solid foods and other health information. However, while the breastfeeding support was positive across many responses, the response was more mixed in terms of sources of information regarding the transition to solid foods, with some mothers unsure where to go for information or looking among peers or online for advice. Others still found the information helpful but lacked the resources to feed their children according to guidance due to their circumstances and this caused stress.

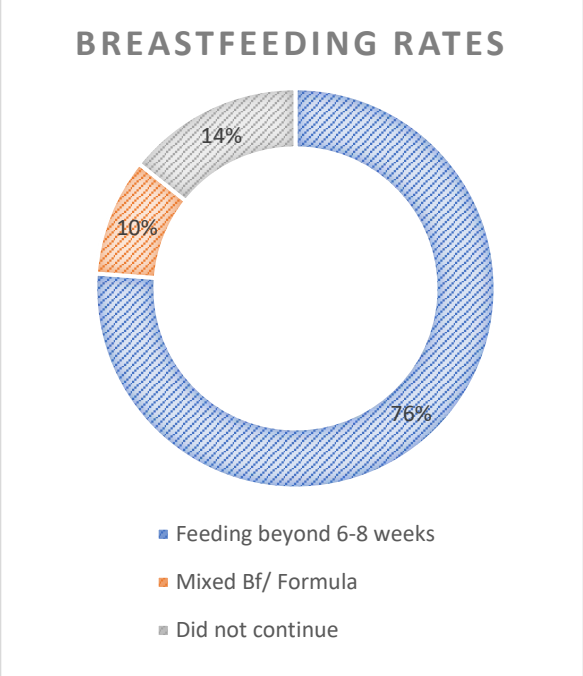


Figure 6.1: Breastfeeding rates beyond 6-8 weeks for 21 of the participant mothers who shared on this topic.

4. Overall: For mothers, the overall experience of the project's support appeared positive, including anecdotes of trusting relationships, happy children, confident and informed mothers, and the desire to refer other mothers to the service. Many looked forward to further support through the project and wished that the one-to-one support could continue beyond the initial 3-month post-birth period. For

women who provide support as perinatal volunteers, experiences also appeared positive. They wished to contribute to a service that had helped them to ensure benefit to other women in situations similar to their own previously.

5. Implementation of project principles: 87%-100% staff and volunteers believed that the five priority principles were 'often' or 'always' achieved. Examples of all five principles were found through the mothers' responses, demonstrating examples of the principles in practice.
6. Services: Comments from mothers and staff reflected a two-way process of external agencies (statutory and non-statutory) referring women to the services and the project interacting with other communities and services. These linkages and partnerships are important to meeting mothers' needs overall, particularly in practical ways such as referrals to food banks and for baby items. Some staff survey responses commented on collaborative relationships from a helpful 'behind the scenes' perspective.

We are not able to comment definitively on whether the project has potential to reduce burden on services. Further research could explore this but would depend on more extensive data collection within the services, identification of appropriate comparison groups and key health interventions and outcomes for which economic data are available, such as birth outcomes, infant feeding and perinatal mental health.

6.2 Social Support Theory

As mentioned in Section 4.3 of this report, this theoretical framework was a helpful logic to help guide the thematic analysis of the findings. These five areas are reflected in mothers' accounts of the support they received. Practical needs were met through the provision of items needed for the immediate care of their baby; the encouragement of doulas and companionship during labour and support calls received reflected emotional and appraisal support; interactions with the wider HBC community through key workers or group sessions reflected social and informational support that would take them towards their future. This was seen with both HBC and Hestia, though more evidence of this approach was seen for HBC (due to the numbers of participants and the design of their programme in relation to perinatal care).

Studies show that the presence of a doula at labour brings benefit to both mother and baby[21], including by decreasing the risk of emergency caesareans[22]; reducing pain[23] [24] and decreasing the need for use of medical pain relief[25]; increasing experiences of positive birth outcomes and bonding; and offering psychological support by means of a soothing attachment system for women feeling vulnerable in labour [26]. In particular, for women of colour, who are at higher risk of mortality in the UK for both mothers and babies[27], doulas help mothers with experiences of greater agency, empowerment and security in labour [28] [29].

6.3 Strengths and Limitations

We were able to include 31 women who had received support from the services and we heard directly from them about their experiences. This was supported by our approach to recruitment, working through the services, as trusted agencies. Participation was further supported by using technology with which participants were already familiar and that minimised demands on their time or disruption of their activities. The project design was informed by project principles that recognise the importance of lived experience leadership, including through volunteers, employed staff and regular consultation with service staff and the Expert Advisory Group.

Our approach to evaluation was informed by several factors: the need to prioritise understanding women's experiences over those of staff and volunteers, avoiding burden and intrusion for women at a time of continuing vulnerability and available resources. Whilst we are pleased with the number of women who contributed, we cannot assume that the experiences shared with us reflect those of all women receiving these or similar services. Additional funding to increase capacity and capabilities within organisations would help projects like this to build evidence demonstrating impact in a deeper, more multi-layered and robust way, as well as support continuous improvement in project delivery, and, hopefully, support sector-wide and policy-relevant learnings from projects happening in communities all over the UK.

6.4 Stepping back: meeting human rights for asylum seekers

We addressed some contextual social and political contexts in Section 3 of this report; however it is worth noting that the ongoing policy debate during the final year of this project, has affected the services and the mothers, and will have significant potential implications for projects serving asylum seekers and victims of trafficking in the coming years. The provisions regarding food and allowances and accommodation are under further threat in the UK, particularly for those who currently qualify for victim care protections under the Modern Slavery Act, and questions are being raised as to whether the policies meet international human rights requirements and expectations[30].

The UN's guidance on the protection of rights for migrants in vulnerable situations[31] includes provisions for right to health, to adequate standard of living, and to access of information. As well as expectations for tailored, gender-responsive and culturally appropriate health care and access to health and rights information, Principle 12 specifies guidance for access to adequate mental health care which is culturally appropriate and is designed and delivered in cooperation with migrants. This project is seeing benefits to mental wellbeing, and benefits from co-design with service users through feedback, staff and volunteer inclusion of lived-experience mothers, and the role of the Expert Advisory Group.

Principle 13 which lays out guidance for standards of living, including clothing, housing and improved living conditions, demands: *'Adequate and safe food sufficient in quantity and quality to satisfy an individual's dietary needs,* ***including the specific dietary needs of pregnant women, nursing mothers and children****'.* The fulfilment of this obligation is something the mothers in this study report lacking, a factor which heightens both physical and mental stress for mother and child. We recommend that policymakers conduct further research to consider this factor, as this came across as one of the strongest messages from mothers who are struggling to feed themselves and their children under the current provisions for asylum seekers.

Section 7: Recommendations

7.1 Recommendations for this service

Many of the recommendations from mothers regarded practical, material and organisational requests, or increasing the availability of support they were already happy with, often with consensus from across the groups we spoke to.

"Actually, they're improving themselves every day" - G3

Here we highlight some areas for improvement or opportunities where a need is not yet being met for the project as it develop from its current state:

i. **More face-to-face groups:** to support women's socialisation through meeting peers who speak a common language, safe places to bring their babies, and the benefits it brought to helping them navigate their environments such as public transport. Additional provision could be identified either through the services or in the absence of funding, alternative local mother and baby groups could be mapped to identify additional opportunities for interaction, English language practice and safe spaces closer to 'home', for those who find it difficult to attend HBC from a longer distance.

ii. **Provide clear information about the range of services available**: a summary of types of services that the project can provide or connect women to. This could be provided in pictorial or infographic form or introduced with language support and may help mothers vocalise their needs and desires, and how to request them.

iii. **Increase English classes**: to address women's needs, supported by the provision of safe spaces for their children during those sessions.

iv. **Review calling mechanism** to maintain optimal systems and security for women, doulas and other workers. This needs to address concerns about call mechanisms including a single support line, awaiting a call back from an unknown private line, ensuring prompt relaying of messages related to labour or other needs.

v. **Face-to-face postnatal visits**: to provide informal care and support in the early days following birth. For practical reasons such as being able to take a shower or help with feeding, as well as for critical postnatal mental health support, we recommend considering including at least one postnatal home visit for new mothers.

vi. **Access to clothes and items, particularly after 3 months old**: to meet the needs of growing babies. Spaces to 'bring and share' outgrown items or lists of local baby banks may be useful for this.

vii. **Strengthen weaning information**: we recommend increasing the provision of information about weaning and 'follow-on' food, particularly considering support to mothers whose accommodation may limit access to food preparation for their baby or appropriate foodstuffs.

7.2 Recommendations for other services: recognising the key strengths of this project.

Here we celebrate the strengths of the project, which offer recommendations which could be adapted by other organisations working with similar circumstances of need.

i. **The set up of professional, peer and group support** provides a strong social support framework to meet practical, medical, emotional, social and informational needs. Organisations could work together to provide these, or work in partnership with other agencies, like Hestia and HBC are.

ii. **The partnership** between these two organisations enables mothers who are eligible for both, to access a broader range

of services and potentially have better coordinated care, which lifts the burden of coordination and navigation through unfamiliar services from the mother herself.

iii. **The importance of translation** and the space for mothers to express themselves: Language was identified as one of the main barriers to accessing services outside of this project, and the two organisations facilitated interpretation where in some cases such as in hospitals, it was inadequate. This is critical to meeting a mother's rights to consent to care, but also to support wellbeing and stronger transition through the services.

iv. **Facilitation of birth companionship and peer support** as essential to perinatal mental wellbeing alongside statutory services.

7.3 Recommendations for policy makers

i. **Enable multi-agency information sharing** with asylum seeking mothers in the same way that local authorities hold risk assessment meetings for other people experiencing disadvantage such as homelessness and domestic abuse. The project recognises that many services such as the NHS are stretched due to funding cuts and the current government's priorities, however greater communication could help statutory services recognise the significant impact of trusted community projects like these in facilitating cases and reducing burden as it prevents siloed working. "The ability to communicate with government agencies or relief organisations may help a lot in solving many of the basic problems that mothers suffer from." - [Staff survey response]

ii. **Supporting follow on care**: while many of these mothers were helped in their immediate needs for this short perinatal period, for those who receive settled status, the best way of being able to contribute long term to society is to get help with English and employment pathways.

iii. **Hotel accommodation and nutrition issues:** this issue was received as one of the most resounding areas of stress for mothers we spoke to, with around half the group commenting on the struggles to get what they needed in hotels. The current allowances for mothers in asylum accommodation are causing physical and mental ill health. It is essential that mothers who are requiring particular dietary needs, not just for cultural or taste desires but in some cases medical needs, are heard and offered alternative ways to get the basic nutrition they need, according to the international right to adequate food.

Section 8: Conclusion

Women who participated in this evaluation appreciated the support provided by Happy Baby Community and Hestia. The support variously met immediate needs, relieved loneliness, and provided emotional support. Health education and information that prepared women for labour and birth and breastfeeding were valued and doula companionship during labour provided comfort and emotional support. Some women were directed to the services by other agencies and their accounts of referral to other agencies reflected shared working on their behalf. Women gained a sense of community from access to the services, for themselves and their children, and developed skills, for example, of navigation around statutory services that could be utilised in the future. Women who had received support from the services became volunteers. Some women currently accessing the services had plans for their future, and the services were seen as a potential source of advice to take those forward.

There were some aspects of the services where information provision varied within and across groups. For some women, uncertainties were voiced about what they could request from the services, for example, larger items of equipment for baby. Areas where women articulated increased need for an existing resource, included English language classes, and increased availability of one-to-one postnatal support in the early days following birth particularly for those women isolated from their families with no one to provide informal care. Some women recounted challenges in meeting their infants' nutritional needs in the hotel accommodation provided. The ending of relationships with service providers was difficult for some women due to lack of other social support. Group activities which provided social contacts for them and also benefited their children were highly valued.

The perinatal support project, provided by Hestia and the Happy Baby Community, has been a strong example of a user-centred, trauma-informed service. It delivered a warm and welcoming environment and a safe place for mothers to receive care and build confidence amid very challenging circumstances. The project was responsive to the voices of the mothers and their needs, adapting through Covid-19, and evolving landscapes of economic pressures and social and political changes.

We hope that the project is able to continue to develop from strength to strength, offering the essential practical, emotional, appraisal, informational and social support areas to other asylum-seeking mothers.

Appendix 1: Mothers' Topic Guide

These topic guides are indicative of the topics and broad areas to be explored for interviews and focus groups. Bullet points are provided only to help explain the topic and will be refined, particularly considering interpretation and may be adapted for use as prompts if required.

Priority areas:

General Interaction with project:

- Stage of perinatal care/ age of child
- How they heard about the project, and reasons for joining
- What support they get or things they've participated in over the whole time or on a regular basis from the project (and experiences of these, especially Hestia, Doula, or phone support clients)

Mental Health and wellbeing:

- How were you feeling in yourself (thoughts, emotions) when you started with the service, and how has that changed?

Those who had a doula: expectations vs experiences (practically and emotionally)

Infant feeding:

- What methods they used at what stage, what contributed to these decisions
- Expectations vs experience
- How they got information and support; and perceptions of this

What has been going well? Even better if?

Any negative experiences during perinatal support?

Prompt discussion on:

Experience of project's principles:

- B: 'the project supports the voice of the mother to be central to her own service provision' - does she feel her voice is heard by the service, both for meeting her own needs and the general improvement of the service?
- D: 'the project recognises challenges experienced and recognises resilience and skills of mothers'
- F: 'the project works in partnership with other organisations and services wherever possible' - awareness of and experiences of those services, access/referral into that service
- G: 'the project develops skills, knowledge and opportunities' for the mother - information and skills gained or sought re. birth, health, early parenting

Peer volunteers only: transition out of the perinatal support project, reasons for volunteering, training, further impact of ongoing relationship with the project.

Beyond the project? Other services/ community interactions or thoughts on preparations and feelings towards their futures

Focus group discussions will be interactive, and facilitators/interviewers will use techniques to ensure accessibility whilst exploring these topic areas. These may include conversational and gently probing questioning, mapping, and illustrative exemplification.

Appendix 2: Staff & Volunteer Survey Questions

1.Who do you mainly volunteer or work with, in relation to the Starting Well services? *Single choice.*

Hestia	Happy Baby Community

2.What is the main focus on your volunteer or staff role with the project? *Multiple choice.*

Doula	Drop in host	Antenatal or other health education
Infant Feeding support	Support caller	Other

For the following 5 questions, the multiple-choice options were: 1: Not in a position to comment – 2: Not achieved - 3: Rarely achieved - 4: Often achieved - 5: Always achieved

3.The project aims to support the mother to be central to her own service provision. This could include feelings like having agency to choose the support she receives, ask for help or self-advocate if there are issues or she wants change within this project's support. From your observations and experiences with mothers, to what extent is this generally achieved?

4.The project aims to both recognise challenges mothers have experienced and encourage their resilience and skills. From your observations and experiences with mothers, to what extent is this generally achieved?

5. Mothers supported through the project may have experienced trauma in their lives. The project aims to avoid making that worse within the services you offer. From your observations and experiences with mothers, to what extent is this generally achieved?

6.The project aims to work in partnership with other organisations and services wherever possible. From your observations and experiences to what extent is this generally achieved for the benefit of mothers?

7.The project aims to develop skills, knowledge, and opportunities of mothers. This could apply to themes around birth, feeding or early motherhood, or another aspect of their lives. From your observations and experiences with mothers, to what extent is this generally achieved?

8. In support of the last 5 questions, can you give any specific examples for your response to the statements? This can be either evidence of them being achieved, or not achieved.

9. Considering the mothers who participate, what are some of the gaps or opportunities which could be improved about the service or activity you support? This could be a suggestion in to improve one of the statements above, or any part of the service. *Multi Line Text.*

10.Are there any other comments you would like to share with us regarding the experiences of mothers through the perinatal support services, with Happy Baby Community and/or Hestia? This could relate to any cultural, religious, emotional, relational or any other factor, service or aspect of health, infant feeding or motherhood. (Please do not name or identify any individuals.) *Multi Line Text.*

Appendix 3: Capturing the Mothers' Voice

Some additional comments and experiences are provided from data collection

Pregnancy and Birth Care	"During my pregnancy she would talk to me and provide me with guidance" (D4) "About the doula, if it happened that I would be pregnant every day, and deliver every day, I would. Just for the doula"(B1) "For me, it was very difficult because I have no one here. No family either. To not having anyone was difficult, but when I went to the hospital, they helped me a lot. They also helped me with translation" (D3) "The birth was great, actually. I was drinking coffee and eating a sandwich while I was giving birth"(D5) "In the beginning, it felt kind of difficult but after my interaction with the organisation, the doula, and some friends from the hotel, it became kind of easier. At the hospital, the midwife helped me with her positivity and encouragement during birth. I really loved giving birth, particularly the treatment"(D1) "Helped me a lot giving a lot of instructions and orientation about the pregnancy and delivery (…) Beyond being someone to help me, she became a friend (…) She helped me a lot, both physically and emotionally, a lot!!!" (F2)
Women' s feelings since receiving support	"I have big trust in them, and that's why I don't want to leave them also. Their care and even their smile is very nice" (E1) "It's to be said that HBC stayed with us, it was very helpful for a single mum to deal with a lot of things and HBC released my stress as well and they gave me hope to enjoy my life again."(B2) "For me, HBC has been very supportive to me (...) especially when I was a bit depressed, well I was really depressed when my pregnancy and HBC have done a lot, I have received stuff, I had people calling me to ask me how my mood is, and you know...it has been a very good thing for me"(B4) "Happy Baby has helped me a lot, if I didn't have contact with them, it would have been very difficult. I have another daughter also, and they have me feel comfort. I was sure nothing would happen to me when giving birth" (E2)
Relationships and Community	"I can go there when I feel stressed"(G5) "I have so much confidence in them that I feel free to say whatever I want, without fearing that they won't accept it"(G3) "More opportunities to meet the other mothers, maybe talking groups as there are several Spanish-speaker mums and it would be very supportive to enable us to share ideas, information, guidance..." (F2)
Future (knowledge, skills)	"I want to be very active as a person (…) I want to do something that is similar to Marketing and accounting, as that's what I have studied. I am not allowed to do any of that yet, however, as I do not have the card that I need in order to work or study" (G4) "People need to feel safe and supported to think about their future. It depends on whether these services can actually offer that to you" (G5) – Respondent G5 was grateful about the services but she understands that there is a limit to what they can do.
Further struggles	"I can't cook here because the kitchen is far from my room so it's difficult for me to prepare that. So, in current situation, I couldn't prepare food for my child, so I buy packed food from supermarket and give her that. That's the difficult situation I am in, they need balanced diet, and I couldn't get that."(E2)

References

[1] The Rights Lab and Human Trafficking Foundation (2021), Nationality and Borders Bill Part 5: Modern Slavery Consideration Paper. Available at: https://www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/resources/reports-and-briefings/2021/october/consideration-paper-nationality-and-borders-bill.pdf.
[2] GOV.UK, *Ground-Breaking New Laws to Stop the Boats* [last updated 7 March 2023] https://www.gov.uk/government/news/ground-breaking-new-laws-to-stop-the-boats
[3] Institute for Government (2023),The Illegal Migration Bill: Seven Questions for the Government to Answer [accessed online March 2023] https://www.instituteforgovernment.org.uk/publication/illegal-migration-bill
[4] The Rights Lab and Human Trafficking Foundation (2023) Assessing the Potential Impact of the Illegal Migration Bill on Victims of Modern Slavery. Available at: https://www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/resources/reports-and-briefings/2023/march/briefing-assessing-the-potential-impact-of-the-illegal-migration-bill-on-victims-of-modern-slavery.pdf
[5] GOV.UK, Ground-Breaking New Laws to Stop the Boats.
[6] Brigid Francis-Devine et al., (2023) *Rising Cost of Living in the UK* [accessed online April 2023] https://commonslibrary.parliament.uk/research-briefings/cbp-9428/
[7] Office for National Statistics (2022) *Family Spending in the UK* [accessed online April 2023] https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/bulletins/familyspendingintheuk/latest.
[8] The Trussell Trust (2022) Almost 1.3 Million Emergency Parcels Provided in Last 6 Months [accessed online April 2023] https://www.trusselltrust.org/2022/11/10/almost-1-3-million-emergency-parcels-provided-to-people-across-uk-experiencing-hunger-over-past-six-months-as-cost-of-living-emergency-drives-tsunami-of-need-to-food-banks/
[9] ' GOV.UK, Asylum Support.'.
[10] British Medical Association (2023) An NHS under pressure [accessed April 2023] https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/an-nhs-under-pressure.
[11] British Medical Association, 2023
[12] ' NHS 75 England (2023) NHS Pressure Continues as Hospitals Deal with High Bed Occupancy [accessed 12 April 2023] https://www.england.nhs.uk/2023/01/nhs-pressure-continues-as-hospitals-deal-with-high-bed-occupancy/.
[13] The Royal College of Midwives (2022) NHS Maternity Staffing Crisis Putting Babies' Lives at Risk. RCM, [accessed 12 April 2023] https://www.rcm.org.uk/media-releases/2022/october/nhs-maternity-staffing-crisis-putting-babies-lives-at-risk/
[14] Sands (2021), All-Party Parliamentary Group on Baby Loss, Sands - Saving babies' lives. Supporting bereaved families [accessed April 2023] https://www.sands.org.uk/appg.
[15] All Party Parliamentary Groups (2022), Safe Staffing: The Impact of Staffing Shortages in Maternity and Neonatal Care. Report of the Baby Loss and Maternity. APPG on Baby Loss, APPG on Maternity. Available at: https://www.sands.org.uk/sites/default/files/Staffing%20shortages%20-%20APPG%20report,%20Oct%2022%20(final).pdf
[16] All-Party Parliamentary Group on Baby Loss, 2022
[17] Royal College of Midwives (2022), Position Statement Caring for Migrant Women. Available at: https://www.rcm.org.uk/media/5850/rcm_position-statement_caring-for-migrnt-women.pdf.
[18] The Wiley Blackwell Encyclopaedia of Health, Illness, Behaviour and Society (2014) Wiley & Sons. [DOI: 10.1002/9781118410868]
[19] Morrell C, Spiby H, Stewart P, Walters S, Morgan A. (2000) Costs and benefits of community postnatal support workers: a randomised controlled trial. Health Technol Assess Vol.4(6)
[20] Morrell et al, 2000
[21] Klaus, P & Simkin, P (2004) When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on the Childbearing Woman Quality Code Publishing: Seattle
[22] Dekker, Dr Rebecca (2019) Evidence on Doulas: Evidence Based Birth [accessed online: 3 Dec 2020] https://evidencebasedbirth.com/the-evidence-for-doulas/
[23] Bohren, M. A., Hofmeyr, G. J., Sakala, C., Fukuzawa, R. K., & Cuthbert, A. (2017). Continuous support for women during childbirth. The Cochrane database of systematic reviews, 7(7), https://pubmed.ncbi.nlm.nih.gov/28681500/
[24] Ravangard, R., Basiri, A., Sajjadnia, Z., et al. (2017). Comparison of the Effects of Using Physiological Methods and Accompanying a Doula in Deliveries on Nulliparous Women's Anxiety and Pain: A Case Study in Iran. The Health Care Manager, p. 1-8
[25] Dekker, 2019
[26] Gilliland, A. L. (2010). A grounded theory study of effective labor support by birth doulas. In Human Development and Family Studies, Vol. Doctorate University of Wisconsin, Madison, Wisconsin, pp. 452.
[27] National Maternity Review (2016) BETTER BIRTHS Improving outcomes of maternity services in England: A five year forward view for maternity care. NHS England [accessed online] https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
[28] Kozhimannil, K. B., Vogelsang, C. A., Hardeman, R. R., et al. (2016). Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth. Journal of the American Board of Family Medicine : JABFM, 29(3), 308–317.
[29] Thomas, M. P., Ammann, G., Brazier, E., et al. (2017). Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. Maternal and child health journal, 21(Suppl 1), 59–64.
[30] Mijatović, D. (2023) *Letter: Parliamentarians should uphold the United Kingdom's international obligations when scrutinising the "Illegal Migration Bill"* Council of Europe, Commissioner for Human Rights [accessed online April 2023] https://www.coe.int/en/web/commissioner/-/parliamentarians-should-uphold-the-united-kingdom-s-international-obligations-when-scrutinising-the-illegal-migration-bill-
[31] UN OHCHR & Global Migration group (2018) Principles and Guidelines supported by practical guidance, on the human rights protection of migrants in vulnerable situations [accessed online] https://www.ohchr.org/sites/default/files/PrinciplesAndGuidelines.pdf