Evaluation Report:

Connected Perinatal Support CIC

A report highlighting the experiences of peer supporters who deliver, and parents who receive, one-to-one perinatal peer support through Connected CIC

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Executive summary

Connected Perinatal Support CIC (from hereon in Connected) provides perinatal peer support services across Derby. It offers families assistance in a range of ways, from one-to-one peer support, and in-person and online community groups, including a support group for fathers, provided by volunteers (from hereon in peer supporters). In 2022 - following funding from Public Health at Derby City Council, Connected and the European Development Fund (ERDF) - the University of Derby were invited to evaluate the experiences of peer supporters who deliver one-to-one peer support and the parents[1] who receive it. The evaluation forms part of a wider piece of work and a PhD conducted by Angela Dace; supervised by Drs Christopher Barnes and Jane Montague at the University.

In this report, we document the findings from interviews conducted between November 2022 and February 2023. The results offer readers an insight into how peer support was conceptualised by participants and the importance it played in their lives; this includes what peer support looked like in practice, what they gained from peer support and any challenges they experienced.

Peer-supporter experiences

Our findings show that, for those who deliver one-to-one perinatal peer support, it is a predominantly positive experience with multiple clear benefits. When referring to their role, peer supporters positioned themselves as being both a friend and a professional. The training delivered by Connected, and the robustness of the support received, was seen as being pivotal to the success and quality of the support they, in turn, could offer to parents. Peer supporters placed a strong emphasis on skill development during training; in particular, they highlighted the importance of personal reflection and knowledge development. Peer supporters felt valued by Connected; they gained confidence, a sense of accomplishment, and for some it had facilitated a positive change in their own lives, making changes to partner relationships, and equipped them with the skills and experience when transitioning to paid employment both within Connected and external organisations.

It was clear that peer support, for the vast majority, was about responding to parents in a way that would empower them to successfully manage their own lives. However, there were some differences in the way this was viewed by peer supporters. For example, some believed that empowerment was facilitated best when the peer supporter had their own relatable and shared experiences of parenthood. Others felt that empathy and understanding was a key attribute, whilst some thought that relationship development and listening skills were crucial.

There were some challenges to the role of peer supporters. For example, managing professional boundaries in the peer supporter-parent relationship: gauging the extent and limit of support provided, managing how support ended, and balancing their own commitments against being available for parents as needed.

Parental Experiences

Parents who took part in this study spoke about the broad range of support they received, including: (i) preparing for birth and parenthood, e.g., information on labour; (ii) supporting with perinatal mental health experiences, e.g., normalising experiences: (iii) getting out and about with confidence, e.g., being alongside parents and going out together, including to community groups to meet other parents.

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[1] All parents who participated in this research identified as women and mothers.

When parents spoke about the peer support they had received a majority described feeling doubtful initially about the potential value it would give them. A small number of parents also viewed the acceptance of help as questioning their ability to be a good parent. Despite feeling this way at the outset, all parents went on to subsequently report that peer support far exceeded their expectations. They felt their peer supporter was someone who approached them without an agenda and who listened attentively to their needs. Parents generally thought that a peer supporter's experience of parenthood was useful to fulfil their role, though a small number did not hold this view. Importantly, the parenthood experience is wide-ranging and the experiences that parents valued within peer support differed according to their own needs and circumstances, e.g., having a peer supporter with perinatal mental health experience or who had given birth via C-Section.

In a similar way to peer supporters, parents also found it difficult when managing the end of the support relationship. Indeed, for parents, this was because of the close relationships they had formed with their peer supporters. At the time, all parents were made aware that the end of support was approaching, but many said that this still did not prepare them emotionally when the final day arrived. It is important to note that, even though parents felt this way, they also felt that the strategies that had been used by peer supporters to help manage the end were transparent and they had been successfully supported with further onward signposting for any ongoing needs. Furthermore, the opportunity to attend Connected community groups following one-to-one support was available and was helpful for some parents in buffering the end of one-to-one support. A minority raised concerns relating to a perceived lack of professional involvement within these groups, though this is most likely the result of the change in the type of support rather than the quality of support received.

The findings section of this report provides a full analysis of the interview data and explores the one-to-one perinatal peer support service received through the Connected.

Furthermore, we make several recommendations:
- To further explore the importance that peer supporters with experience of parenthood has on the parent-peer supporter relationship.
- To put processes in place during training or ongoing monitoring that ensures peer supporters fully meet parents' support needs.
- To develop peer-support skills in managing endings.
- To consider whether there are appropriate times when peer supporters can shadow experienced ones.
- To ensure that professionals at all levels are aware of the existence of Connected's support provision for professional services where support agreements are in place.

In conclusion, all of those who participated, either providing or receiving Connected one-to-one perinatal peer support, reported a positive and beneficial experience. Participants' experiences have given insight into how one-to-one support may be further developed. Although not part of the research itself, feedback on providing hospital and community group support also provided useful considerations for relationship development between services and management of Connected community groups.

Introduction

Connected Perinatal Support

In 2022, with funding from ERDF, Derby City Council and Connected, a collaboration was begun between Connected and the University of Derby to carry out a piece of research exploring the perinatal support services it offers to parents in Derby. Connected offers peer support in a range of modalities, e.g., one-to-one peer support and group peer support in community settings. Support focuses on addressing self-identified needs, e.g., preparation for birth, support to attend other services, reducing isolation, advocacy, and empowering parents to provide positive beginnings for their babies. Peer supporters can also volunteer to be birth partners, during which, support is available 24/7 from the two weeks before and after the estimated birth date. Senior leadership are also available during this time to ensure safe practice and support for volunteers.

Peer supporters complete core weekly training for six months, with continued and regular learning opportunities thereafter. Sessions are delivered by Connected leads and by professionals such as specialist midwives, many of whom volunteer their own time to support the learning and development of peer supporters. A range of topics are covered in-depth to ensure peer supporters have the skills and the local service knowledge relevant to their role. Peer supporters receive regular one-to-one supervision to help them manage the support they give and reflect on their own experiences, meaning training is also a personal experience.

Perinatal Mental Health

Approximately one in five women experience perinatal mental illness (PMI). Those with a history of mental illness are more likely to experience a relapse, and pre-existing mental health conditions can exacerbate it (Royal College of Obstetrics and Gynaecology, 2017). Suicide continues to be the leading cause of direct death in mothers in the 12 months following pregnancy (Knight et al., 2021, 2022). Notably, certain health and social experiences and inequalities are associated with the development of PMI, e.g., a history of mental illness, lower education status, low income and experiencing domestic abuse are associated with developing perinatal depression (Yang, et al., 2022). Moreover, a lack of social support and isolation are also linked to the development of PMI (O'Hara and Wisner, 2014; Cust, 2016; Taylor, et al., 2022). Peer support is a supportive social intervention (WHO, 2019), and positive social relationships are helpful in buffering against vulnerability to mental illness and life stress (O'Hara and Wisner, 2014).

Peer-to-peer support

Perinatal peer support is recommended within multiple health guidelines (NICE, 2010, 2021a, 2021b), and research suggests it has beneficial outcomes for the physical and emotional wellbeing of women (McLeish and Redshaw, 2015, 2016, 2017). This includes reducing isolation and feelings of low mood and anxiety, as well as increasing confidence around parenting. However, where peer support is not tailored to individual needs, it can be unhelpful or even detrimental to women's emotional health by invalidating existing concerns and increasing feelings of isolation (Jones et al., 2014). This research with Connected was undertaken during a time when poor maternity experiences and outcomes have been highlighted, e.g., women's and families' concerns about not being listened to (Ockenden, 2022). In addition, maternal and infant deaths continue to be a more common experience within areas of deprivation and, in some cases, amongst women who struggle to engage with services (Knight et al., 2021, 2022). Alongside this, rates of formal volunteering for at least once a month have declined from 2019/20 – 2020/21, due to the Covid-19 pandemic. Rates fell from 23% to 17%. In 2022/23, this rate has been maintained at 16% but remains below pre-pandemic levels (National Council for Voluntary Organisations, 2023).

There is considerable variation in the type and mode of provision of perinatal support services within Derbyshire. For example, Derbyshire Healthcare NHS Foundation Trust provides perinatal mental health care for moderate to severe concern through inpatient care and have recently introduced a perinatal mental health peer support service. However, according to an online search of services, including the Hearts and Minds Partnership, perinatal support within the voluntary and charity sector provides targeted support for postpartum psychosis, anxiety and depression, support for fathers, breastfeeding, loss and pregnancy sickness. This support is offered through online groups, one-to-one email and telephone, and video support and access to online resources. It is delivered by a range of volunteers, peer supporters and professionals. In-person support from these targeted services is not always available in Derbyshire or is dependent on living in specific Derbyshire localities, e.g., Erewash. To the best of the authors' knowledge, this type of targeted provision seems not to be generally available in-person in Derby. Furthermore, the availability of broad-based perinatal support, and that which is offered to parents with varying levels of need, is also limited. Connected appears to be the only broad-based perinatal peer support service that offers one-to-one peer support in a range of modalities, including in-person, to Derby parents. Additionally, while its in-person community groups are Derby-based, they are referral-free and open to any parent across Derbyshire.

This research

Within this context, Connected was keen to understand the key benefits and challenges of their one-to-one peer support service. This research was commissioned, therefore, to explore the experiences of peer-supporters and parents who deliver or receive their peer support.

Methodology

This project was conducted between June 2022 and June 2023 and was comprised of two separate studies. Both studies were underpinned by a qualitative approach to capture the in-depth experiences of both peer supporters and parents through semi-structured interviews. The research received ethical approval from the University of Derby, College of Health, Psychology and Social Care Research Ethics Committee.

Participants were recruited through pre-prepared invitations to participate sent by a Connected administrator and a Connected volunteer representative to approximately 30 parents and 25 peer supporters. Connected were otherwise not involved in the recruitment process and had no information relating to those who consented to take part. Interviews took place between November 2022 and February 2023, online via Microsoft Teams or in person in a private room at the University of Derby.

Ten peer supporters who had completed Connected core training and had provided one-to-one peer support for at least three months post-training completion participated in Study One. Participants were between 22-62 years and came from a variety of professional backgrounds (such as health or education). They had a mix of parental experiences. Five parents participated in Study Two and were aged between 20-34 years. For some their peer support started antenatally; for others, it began postnatally. As with the peer supporters, the parents had a variety of parental experiences, e.g., as first-time parents, single parents or in blended families.

Interviews focussed on what it was like to give or receive peer support, what peer support meant to participants, and what they took from it, including challenges. Each set of interviews was thematically analysed (i.e., peer supporters' interviews were analysed separately from parents' interviews) to generate themes about the experience of providing or receiving one-to-one peer support.

Findings

Findings follow the analytic approach with peer supporters' experiences and parents' experiences reported separately. Themes and subthemes generated from each set of interviews are shown in Tables one and two. Themes are illustrated with extracts to give a sense of participants' experiences of providing or receiving one-to-one peer support. Anonymity and confidentiality have been maintained by removing names, organisations and places.

Study- 1 - Peer-supporter experiences of one-to-one peer support

Table 1 – Peer supporter themes

Themes	Subthemes
Peer supporter motivations	'I didn't feel like I wanted to just shove it under the carpet and just go back to life as it was, I kind of wanted to use it to maybe help other people': Using lived experience to support others 'It kind of fills a little hole that's been inside of me for a while…like I knew something was missing…it became a perfect fit': perinatal peer support providing meaningful purpose 'I'm part of a community, and I think it's very important to give back to that community': A motivation to give back
Preparation for peer support - the training	'I think I knew the timelines and I knew the structure but I think the intensity was something that I hadn't geared up for…the commitment': The intense journey to becoming a peer supporter 'It helps you to reflect on your own experiences and yourself and your feelings around pregnancy and birth…so that you're then better able to support other women': Training is personal 'I don't think I would have been able to give her the support that I did without that reflective space in the training and be able to…challenge my own sort of thoughts': Adapting skills, knowledge and assumptions to fit the peer approach in the perinatal period
The middle-ground of the peer supporter	'It's that kind of professional friend…you're not there as a medical professional, you're not there as a friend': The middle ground of the peer supporter role 'You get that different view…often a different relationship…you're getting that different outlook that can also help professionals': Bridging the gap between professionals and women receiving support
Empowering parents through peer support	'A lot of it is just listening, and I didn't know how powerful that was': Listening as a mechanism for peer support 'As a peer supporter it's about empowering the ladies to be able to do that themselves': Peer support to empower, not solve problems
Shared experiences within perinatal peer support	'How can you potentially empathise with that level of disruption and chaos unless you've actually lived it yourself': Shared experience of parenthood is helpful for perinatal peer support 'The peer support role is not about me…my birth stories or my history. The role is about the lady in that context, in that situation at the time.

	So...to be able to find out together is stronger than maybe having an experience of motherhood': Building a relationship and responding to parents' needs is more important than having shared experience
Boundaries of peer support to manage the role	'There's a certain amount of commitment there...make sure that you have those boundaries...she knows, you know, expectation, it's two way...be honest': Managing support in practice 'If it was up to me I'd just have them all forever...You become emotionally invested...it's about having those boundaries. So when we end support, we are ending that one-to-one relationship...and it's difficult': Managing the end of support
Impact of peer support role on peer supporters	'I was quite an anxious person and now kind of I'm more confident. My reflection skills have...really improved': Emotional wellbeing 'I've come in, I've done something. I've realised actually you know I have got this ability to support other people': A sense of accomplishment 'The volunteers get closer and become supporters of each other as well': Gaining connection with others

Theme 1 - Peer supporter motivations

Peer supporters were motivated by different and multiple reasons to take on the role, e.g., finding meaningful purpose or using lived experience positively such as the experience of struggling during pregnancy and receiving formal support:

> *'It was early pregnancy...I was struggling with...like financial things, home life...and then bringing a new baby into that as well and I just wasn't coping...but then having that [support]...made me feel like not so alone...So that made me then think you know I could actually use this experience to help somebody else.'*

Peer support served a reciprocal function in that peer supporters gained something through helping others, whether this be to fulfil an interest in the perinatal field or to support a transition out of a professional role for retirement or health reasons.

Theme 2 - Preparation for peer support - the training

Preparing for the one-to-one peer support was an intense process in and of itself that required dedication. The training took six months and included reflective work, supervision and the opportunity for continued learning sessions.

> *'The level of training...just kind of created this well-rounded view of anything from social care involvement to what the children centres do, going in and having the training with the senior midwife, actually being trained to be a birth supporter it was incredible.'*

Not only did it provide a wealth of knowledge and information, e.g., support in labour, but the training also required personal reflection and challenging preconceived ideas about parents and families.

> 'It helps you to reflect on your own experiences and yourself and your feelings around pregnancy and birth…so that you're then better able to support other women and recognise your own triggers and deal with what's going on in your own head to be able to sort of make more space for the people that you're supporting.'

This focus ensured that peer supporters were in a positive psychological space to give support to parents who may be experiencing adversity at a critical time. Peer supporter wellbeing was at the core of the training and self-care was advocated; the training environment became a safe space for peer supporters to share their experiences with each other as part of learning and sense-making.

Even though the volunteers had a range of existing valuable skills, knowledge and experience these needed adapting to the one-to-one peer support approach. Training, therefore, focussed on giving the volunteers the confidence to shift from any previous professional roles to becoming a non-judgemental peer supporter.

> 'I had to and have been conscious to unlearn is as the [professional role] I would be a problem solver for my families…whereas I think now as a peer supporter it's about empowering the ladies…to explore their options. So I had to shift my mindset from my previous work role...and I think the Connected team have been very supportive in terms of helping me move across from a giver or a deliverer to a facilitator.'

Nothing could fully prepare peer supporters for the one-to-one role. Some volunteers suggested shadowing more experienced volunteers carrying out one-to-one peer support but recognised this might negatively impact a parent's support experience.

> 'I guess nothing like fully prepares you for the role…I might support somebody completely different to the next person so it just depends on the person but every bit of information that we've been given I can a hundred per cent say that I've used

Training provided a good grounding for the one-to-one role. It used a strengths-based approach by recognising peer supporters' existing skills and supporting them to consider their own personal experiences and how this might impact the support they give. Peer supporter wellbeing was valued and at the core of being able to provide safe peer support to parents.

Theme 3 - The middle ground of the peer supporter

Peer supporters positioned their role in between that of a professional and a friend, while acknowledging it was neither of these. Peer supporters felt the support relationship had a more balanced power dynamic with parents due to the perceived authority and expertise of professional support. Peer support was based on collaboration with parents, however there were instances where support appeared to be more directive. There were also difficulties for some peer supporters in balancing the non-professional status that supported parents' openness with the responsibility to follow safeguarding principles. As part of transparency and good practice, safeguarding principles are explained to parents at the beginning of their support, including escalating concerns to statutory services as necessary to promote safety. Although done with the best intentions, escalation of concern can impact the support relationship, sometimes resulting in its breakdown.

'[Peer support] …Not the expert, so not going in telling people it's done this way, that way or the other way. It is about shifting the balance back to the individual but actually helping them through a journey…without being judgemental, without being the expert.'

'I had to pass on what she'd said. …it was passed on to social services…she'd had an experience a few years prior with her other child where social services got involved, it had happened again. So it's been really tricky in that respect…that has been you know hard…to go to, "no we don't want support anymore.'

Peer supporters felt their middle ground left them well-placed to bridge the gap between professional support and parents. This might be to complement under-resourced professional services in maternity care or to encourage engagement between parents and professionals. Importantly, peer support provided an alternative view of parents' circumstances that fed into wider professional support using a strengths-based approach. Peer supporters would encourage parents to be open with service professionals about their care-giving achievements.

'[We] intermediate between the two, because we're there to help build trust in those services so that families feel supported in going to those services if they need to for help and guidance.'

'So it was really kind of working on her self-esteem and confidence with her and I kind of wouldn't tell her to go and tell the social worker because I wanted it to come from herself but I'd just reassure her…she was listening to baby's needs and I'd always link it back to…the health visitor…she'd already spoke to the health visitor and they were telling her they were doing the right thing…she did end up going and telling the social worker…in the end the social worker moved away from her intensity…as she could see her parenting capacity and how well she was doing.'

In contrast, there were some instances where peer supporters had gone to provide support within maternity care and the reception to this was inconsistent. Staff were welcoming in the main, but peer

supporters were also met with resistance from some staff who were perhaps unaware of Connected and the service level agreements in place to provide support.

> *'Some of the bigger challenges that I've had…say like the hospital…I'm reassured…that the team on the hospital ward know about Connected and we are allowed to be there but yet…I've still had to justify my position…depending who you get…So I think continuity and information sharing at the more corporate level has been a bigger challenge.'*

The middle ground of the peer supporter is a complex position to be in, due to providing neutral, relational care to parents in a non-professional capacity, yet having some of the same safeguarding responsibilities as professionals. The perinatal period can be a difficult time to navigate, and parents may also experience additional adversity. Given such complexity at a critical time, the regular supervision that Connected provides its peer supporters is key to safe peer support Service level agreements with Connected need to be communicated across and within the professional services where these agreements exist.

Theme 4 - Empowering parents through peer support

Actively listening to parents was central to the one-to-one peer support role. Doing this the peer supporters were able to help parents process their concerns and to support themselves.

> *'I see it as walking alongside somebody and trying to help them navigate something that is perhaps unfamiliar or scary. You know there are lots of anxieties around the perinatal period …I don't see my role as going in and doing things for any of the women that I support, but I go in helping them to understand how they can access things or work their way through things themselves'*

Crucially, the role was not about solving problems for the parents. One-to-one peer support is time-limited so ensuring parents were better placed to support themselves after it ended was a significant part of the support provided. This could be challenging for peer supporters who wanted the best for parents; however, equally they recognised the boundaries of the peer support relationship.

> *'We can talk about things like boundaries...healthy relationships...and good coping strategies, but I'm not allowed to just…go, "…You shouldn't be with him anymore."…it's challenging sometimes to enable someone to actually come to that realisation themselves. And it's frustrating…But it's not your life or your journey.'*

Support through empowerment requires consideration of parents' needs and strengths in addressing concerns. For peer supporters, it is a balance between doing enough to support and encourage parents, but not doing so much that the opportunity for them to learn is lost. Crucially, peer support

that empowers is about ensuring parents maintain agency within the support relationship and in addressing concerns.

Theme 5 - Shared experience within perinatal peer support

Peer supporters' views differed on the need for a shared experience of parenthood to be a peer supporter. Some felt shared experience between peer supporter and parent was necessary as it enabled relatability and confidence in their ability to provide peer support. However, they acknowledged that parenthood experiences were wide-ranging including parenting experiences outside of being pregnant or giving birth. Some also acknowledged that shared experience outside of the perinatal and parenting field were just as valuable within perinatal peer support.

> *'That feels like…a quality a peer would have…until you've actually had a child yourself or it might not be that you physically have the child it might be a different dynamic but you know you've cared for a baby because obviously Connected are primarily supporting parents through pregnancy and the first three months so it's that really intense period where baby is new, and the whole family dynamic is changing and I think how can you potentially empathise with that level of disruption and chaos unless you've actually lived it yourself.'*

Others believed having shared experience was not necessary to the role, but the ability to build a relationship and to respond to the parent's experiences and needs, were the aspects that mattered. This is significant as not all peer supporters are parents themselves, and while shared experiences may exist between peer supporters and parents, this is different from peer supporters actually disclosing them. Some peer supporters never spoke about their family circumstances, keeping their preferred boundaries. Another noted that she was a parent, but perinatal practices had changed as her children were now adults. In this sense, shared experience can become an abstract notion if its role within a peer support relationship with a parent is not carefully considered and has implications for matching.

> *'Some of them are just like so happy to have someone to talk to that it just never comes up in conversation and I never share anything about myself unless it's either asked or relevant. So I just keep it all about them and I think that's what makes it work because they feel like somebody actually does care about them and it is all about them for a change.'*

The shared experience of parenthood can aid peer supporters in carrying out their one-to-one role by promoting relatability to parents. However, shared experience within perinatal peer support covers more than just experience relating to the perinatal period and parenting, and providing good peer support is about more than possessing shared experience with those receiving support. Shared experience is an important consideration for matching of parent to peer supporters to ensure both parties' needs for having a shared experience, sharing those experiences and maintaining privacy are met.

Theme 6 – Boundaries of peer support to manage the role
Peer supporters were skilled in setting boundaries to help themselves manage their roles.

> *'I only take up what I have the time to. So there are times when I can take on more and during like the six weeks holidays when my little boy is off school I couldn't do as much and they're really grateful for anything I don't feel like I ever have to give too much.'*

This included managing their availability against existing commitments such as family and work, managing the balance of sharing information about themselves as part of the support relationship and their own privacy and managing the support itself.

There were limits to what peer support could help with and how long for, e.g., some parents required more specialist support so referrals would be made, or some parents needed support for longer. Managing the end of the support relationship was an important but difficult task for many of the volunteers, due to the bonds they had formed. Volunteers receive supervision to plan the end of support and to then reflect on their support-giving. Other volunteers felt at ease with their support ending, knowing it was the right time through being able to see positive change in parents.

> *'One of the hardest things is letting the relationship go…Connected are only supposed to offer support until baby is around 12 weeks and we did prolong that because…I felt like she needed the support…So that's quite hard but I think [Connected leads] understand that. They've been peer supporters themselves so they do support you…but they do emphasise about professional boundaries you've prepared them to go on their two feet…It's also about modelling healthy relationships and you can close the relationship in a healthy way.'*

Creating boundaries was not without its challenges, e.g., peer supporters feeling an emotional pull to do more, or frustration at cancellations. However, Connected enabled the peer supporters to create safe boundaries to manage the role and to not do more than they could easily manage beyond the minimum of two hours community-based support a month. Connected also empowered peer supporters through supervision and informal check-ins to manage their interactions with parents in sometimes difficult circumstances, and to reflect on any frustrations or challenges they encountered.

Theme 7 - Outcomes for Peer Supporters
Peer supporters gained benefits from the role, citing personal impacts including gaining confidence, a sense of accomplishment in seeing parents make meaningful changes for themselves and their families, using the experience to apply for paid roles, and making sense of their own birth and parenting experiences. They were able to take what they had learned to support their own families, such as being able to seek support from relevant services and having the courage to end their own unhealthy relationships. Peer supporters also developed friendships with fellow peers and a sense of belonging, to expand their social networks. However, as Connected grows, there was a sense from one

volunteer at the time of interviews that it could become less personal, with peer supporters not feeling as well connected to each other but felt this was a natural consequence of organisational growth.

> *'It almost gives me a sense of freedom...actually seeing them from the beginning to the end...visiting a woman that had very little connection with her child that was really struggling with her mental health to someone that's started to take ownership of her mental health and has this amazing bond with this little girl now. And I don't know anyone that wouldn't feel accomplished by that.'*

For peer supporters interviewed, the benefits of the one-to-one role largely outweighed any costs and appeared to extend beyond personal gains to the wider community, of which peer supporters are a part. Connected also provides a valued sense of belonging and connection for peer supporters and although not the intended aim of the organisation, is an asset that requires care for it to continue.

Study-2 – Parents' experiences of one-to-one peer support
Table 2 – Parent themes

Themes	Subthemes
The essence of perinatal peer support	'You don't just hold a baby every day': Support to transition to parenthood
	'Like meeting up with a friend...much more like that': The uniqueness of peer support
	'My mum always said you won't ever understand until you have your own child, and I really understand that now': Shared experience of parenthood within perinatal peer support
The evolving peer support relationship	'There was something that just clicked, and I felt happy talking to her': Readiness to engage with support
	'She was there with me at the hospital for three days...she's been my rock basically...my voice that I needed that I didn't kind of have': A relationship that fosters a safe, responsive space
	'They're such a shoulder to cry on and such a support system and then they're just gone': The end of the support relationship
The impact of peer support	'I was in a much better place, I wasn't worrying and panicking all the time': Improved emotional wellbeing
	'We had support and massage classes that other people would have to pay for': Access to further support and services

Theme 1: The essence of peer support
Parents' support needs and experiences of peer support varied due to the broad-based offer of Connected support, e.g., support to reduce isolation, birth support, and parenting skills. However, all parents found peer support was helpful through a difficult period and helped to prepare for parenthood through emotional and practical support. It was significant that peer supporters were

equals and support felt like that of a friend, though there were boundaries to this, e.g., friendliness was not friendship. In the main, support was flexible, and parents valued peer supporters who listened and were non-judgemental. This encouraged openness with peer supporters. It felt different from professional support, which had more boundaries to the support relationship and delivery.

> *'There were lots of things going on when I think about what happened with pregnancy…So she was kind of there through all that, and she was listening…I didn't feel judged.'*

Most parents reported that having shared experience with a peer supporter aided empathy and relatability within their support, but parents differed according to what specific parenting experience they found helpful and not all parents felt it was necessary to have any shared experience with a peer supporter.

> *'I don't think I would have felt the things I was going through were normal because I very much felt like I was the only one that was experiencing that sort of lowness…she showed me that other people feel this way and it's very normal.'*

Perinatal peer support is difficult to conceptualise, in part because parents have varying needs. In this research, it appeared to support parents during a period of change and uncertainty through a caring and validating relationship. Crucially, parents needed a holistic approach to their support: the perinatal period did not occur in a vacuum from other experiences that a parent was navigating at the same time.

Theme 2: The evolving peer support relationship
Most parents were apprehensive about accepting peer support. Some already had service involvement or felt their capability was being questioned. However, the experience exceeded every parent's expectations. All formed bonds with their peer supporter, and the relationship itself felt supportive. It felt safe, empowering and responsive to need.

> *'She couldn't have got any better…every time that I needed to talk to her, or if I had a problem with talking to her, she'd be like, "right that's fine." She didn't make me feel bad about cancelling something …just really supportive.'*

> *'We can go out together and it's not going to be you and baby against the world, it will be us working as a team to get through just that coffee morning and at the end of the day you can say 'I've gone and I've done something today so that's an achievement.'*

The importance of flexibility was highlighted by one parent. Though the experience was positive overall, there seemed not to be much choice in how and when support occurred. This made it difficult

to engage as it was offered in the same places that the parent was receiving professional support[2], was geographically far away and was inconvenient timewise.

> *'If she'd said, "would you like to meet at a children's centre?"…the wording of it would have made a difference, so it was a lot of, "I can do this time at this place" rather than, "Is it okay if we do this time at this place or would you like to go somewhere else?"…almost like I didn't have the choice .'*

The bonds formed with peer supporters meant the end of support felt difficult, despite understanding it is time-limited. Parents felt practically prepared for this, i.e., in relation to timeframes, but were emotionally unprepared, and felt a sense of loss. One parent described her ending as happening twice due to peer supporter's illness, only for them to have one final meet-up on the peer supporter's return. This felt unhelpful. However, Connected has introduced training on managing endings since these interviews, based on their own observations. All parents would have liked support to last longer but strategies to help them transition out of support include ensuring referrals to other services are in place. The opportunity to attend Connected community groups can also act as a buffer to the end of one-to-one support, giving the chance for more community engagement. Extending the length of peer support where there are unmet needs within the remit of peer support also occurred.

Theme 3: The impact of peer support
Overall, parents felt they were in a better place following peer support, e.g., less anxious, more confident, and experienced a normalising of difficult experiences in the perinatal period due to one-to-one peer support.

> *'I think I'd have had a lot worse of a labour because I was really worried at the end of my pregnancy, and I was kind of freaking out and I think that calmed me down a lot more.'*

> *'It's made me realise I'm not alone in feeling how I felt and if I was to have another baby in the future that would stay with me, the fact that it's okay to feel like that, so it's definitely changed my perspective on that early part of motherhood.'*

Peer supporters had helped parents attend additional support that they would not attend on their own and had facilitated access to classes that they would otherwise not be able to attend because of cost.

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[2] While there is no way of knowing if relevant to this parent's support, Connected add that visits taking place in professional settings would be stipulated where risk assessments deem it necessary. Parents are informed of this at the beginning of support.

> *'I did the baby massage class for free. I enjoyed those a lot, they are actually classes you can pay for…they're quite expensive and when you're on maternity leave it's not always a viable option.*

The impact of being able to attend Connected community groups as an add-on or following one-to-one support encouraged social connection and formed support networks. However, one parent voiced concerns about the structure and supervision within the groups, particularly regarding the mix of ages and developmental stages of children attending. However, Connected have responded to parents' feedback, separate to this report's findings. They have introduced age limits to each group and support families to transition onto more appropriate groups as their children grow.

> *'I still go to the baby groups every week…it introduced me to a whole new load of- not services, but support.'*

> *'The only thing I haven't got along with is the groups…one crawling kid grabbed his head…and there was an older kid who was chucking toys, and it's kind of put me off going because I don't want him to get hurt. But also, you want to go to groups, and to go out and socialise.'*

Parents benefitted from the one-to-one support they received. The relationship itself appears to act as a mechanism of support by having someone there for them which benefitted their emotional wellbeing and social connection, but also prompted confidence in their own caregiving.

Conclusions

This report captures the experiences of Connected peer supporters and parents who were interviewed about delivering or receiving one-to-one peer support, respectively. It highlights both positive practices and areas for future development.

Peer supporters expressed motivation for the one-to-one role, which served functions for their own and parents' needs, suggesting the reciprocity often cited within volunteering and peer support literature (Nesta and National Voices, 2015; Watson, 2019). Peer supporters bring existing skills and knowledge that are adapted through rigorous training for a peer approach to support-giving. The emphasis on in-depth core training and ongoing supervision to assist peer supporters demonstrates Connected's commitment to providing effective relationship-based support to parents and ensuring peer-supporter wellbeing. It is, however, pivotal that Connected is transparent with peer supporters regarding role requirements (Leger and Letourneau, 2015), including the necessary dedication just to complete the core training, which is provided through pre-volunteer information sessions and its taster sessions for new recruits.

Both parents and peer supporters value shared experiences with each other, as reported elsewhere (McLeish and Redshaw, 2016, 2017). For most parents, it appeared to promote the authenticity of their peer support, but also served a function for some peer supporters by aiding their empathy and relatability with parents. Yet not all parents and peer supporters felt shared experience of parenthood was a necessary quality. Indeed, peer supporters had a range of additional experiences that they

deemed helpful within peer support, and shared experience was just one quality amongst others necessary for effective peer support, e.g., ensuring person-centred support that focussed on a parent's experience above a peer supporter's. Furthermore, the existence of shared experiences between peer supporters and parents does not equate to peer supporters actively sharing theirs. This has implications for the effective needs assessment and matching of peer supporter and parent, Specifically, for shared experience to be relevant within Connected perinatal peer support, it is important to consider parents' needs regarding what, if any, shared experience is useful to them but also a peer supporters' readiness to share their own experiences as part of peer support.

Peer support exceeded all parents' expectations. They valued the emotional, informational and practical support they received as it guided them through a period of change in the transition to parenthood. It felt like support from a friend and different from professional care while being aware that there were still boundaries in place. Being listened to, not judged or told what to do was key to the support and is in line with similar findings (McLeish and Redshaw, 2015). This facilitated trust and neutrality between peer supporters and parents. In a similar vein, peer supporters placed themselves on a continuum of somewhere between a friend and a professional. However, one parent felt they were not given a choice in support delivery at times and felt unable to address this, potentially disempowering them. Therefore, it is important that peer supporters are skilled in attuning to the needs of the parents including consideration of where parents may feel unable to voice their needs or concerns. Additionally, while not a professional or a friend, peer supporters do share some of the same responsibilities as professionals, i.e., safeguarding, illustrating the complexity of the role. Thus, it is vital that parents are aware of such responsibility at the beginning of their support relationship and that peer supporters continue to be assisted by Connected leads.

Having formed relationships that facilitate support and respond to need, both parents and peer supporters described the end of support as a difficult experience, noted elsewhere regarding volunteer and peer support (Spiby et al., 2016, McLeish and Redshaw 2017). Existing strategies to manage the transition from one-to-one perinatal peer support were helpful in buffering its end, and cemented the remit of Connected as providing support that is time-limited and not in place of professional support. These include opportunity for parents to attend Connected coffee mornings and referrals to other services for ongoing needs. Not all parents felt emotionally prepared for the end of support, something that Connected recognised themselves at the time research was being conducted. Consequently, the topic is now incorporated within the core training.

Peer supporters reported that they were well placed to complement professional support, e.g. maternity wards, but in practice this was sometimes difficult when professionals were unaware of existing agreements in place, missing opportunities to give and receive support in this setting. Therefore, information-sharing with professionals at all levels is necessary where there are service-level agreements between Connected and a professional service.

Both outcomes for parents and peer supporters were largely positive and illustrate the benefits of Connected perinatal peer support to the local community. For parents, outcomes included improved confidence, reduced isolation during a time of change and sometimes in the absence of existing support networks. They also gained access to services and support that might not otherwise have been viable, e.g., due to cost. For peer supporters, outcomes included a sense of purpose and accomplishment and increased confidence. Some also applied the skills and knowledge gained from the one-to-one role to support their own families and themselves, such as re-evaluating their existing relationships and accessing key services for their children. Many were also given the opportunity to make sense of their own experiences and gained clarity through the training package. Connection with

others, i.e., fellow peer supporters was also highlighted. It is important then, that as the organisation grows, this sense of connection between peers is not lost.

Positive practice

- High-quality training and regular, continued learning sessions in a safe environment ensure peer supporters gain skills and knowledge to give informed and compassionate perinatal peer support, but also enable peer supporters to make sense of their own perinatal or other personal experiences.
- The regular supervision and availability of Connected leads to assist peer supporters demonstrates the value the organisation places on peer supporters wellbeing and on promoting safe practices for parents receiving one-to-one peer support.
- A strengths-based approach is used at every level of Connected – from building on peer supporters' existing skills in training to peer supporters and parents working together to identify parents' skills and how these can be used for positive outcomes for families in the perinatal period.
- Parents play an active role in what their support covers and how this is delivered, making it meaningful and promoting their engagement.
- Peer supporters provide relational support that helps parents build trusting relationships with a service and feel listened to and validated.
- Connected recognises that families are part of a community and promotes connection with other services as part of systemic practice to maximise outcomes for families.

Key Recommendations and Considerations

- Ask parents their preferences around shared experience with a peer supporter to support positive matching and the developing support relationship, specifically, what, if any shared experience is necessary. Although most parents interviewed valued shared experience with a peer supporter, these experiences differed according to individual needs. One parent did not require her peer supporter to have any parenthood experience at all.
- Ensure that peer supporters are equipped to attune to parents' needs and offer support in a way that parents feel they have a choice in how, when and where support takes place, where safe to do so. This is based on findings that one parent felt unable to decline support that did not suit her needs, which took value away from an otherwise positive experience. This issue highlights the difficult balance of meeting both parents' needs and the peer supporters' who are volunteering their time. Ensuring transparency about role responsibilities at the recruitment phase, and matching based on parents' and peer supporters' agreed expectations of support delivery are key to providing successful support.
- Further consideration should be given to supporting parents to emotionally prepare and manage the end of support. All parents said it was like losing a friend, despite understanding support is time-limited. One parent reported her ending could have been managed better as she had a gap in peer support through peer supporter illness, followed by the end of support. Managing endings is an area that Connected also noticed as needing further input and has introduced training for this.
- Connected to consider if shadowing opportunities are an option for peer supporters new to one-to-one peer support as some felt this would have aided them, or if more established peer supporters could provide case study examples of support during training. Some peer

supporters noted that despite high-quality training, nothing quite prepares for a one-to-one peer support role because each parent's support is unique based on the relationship and individual needs.

- Ensure that information about Connected and support agreements are shared at all levels of the professional workforce where service links exist, to promote positive working relationships between Connected and professionals and prevent challenges to providing peer support. Some peer supporters were unable to give peer support that had been agreed upon at the management level. This occurred during inconsistencies in awareness among front-facing maternity staff, of Connected and service agreements to provide support, resulting in missed opportunities for parents and peer supporters.

- As Connected continues to grow, it could consider ways to maintain its personal touch so that peer supporters continue to feel closely linked to the organisation. Connected runs several events for peer supporters to encourage connectedness, however, some peer supporters felt they could become lost as the organisation grows.

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