



Building Peer Support

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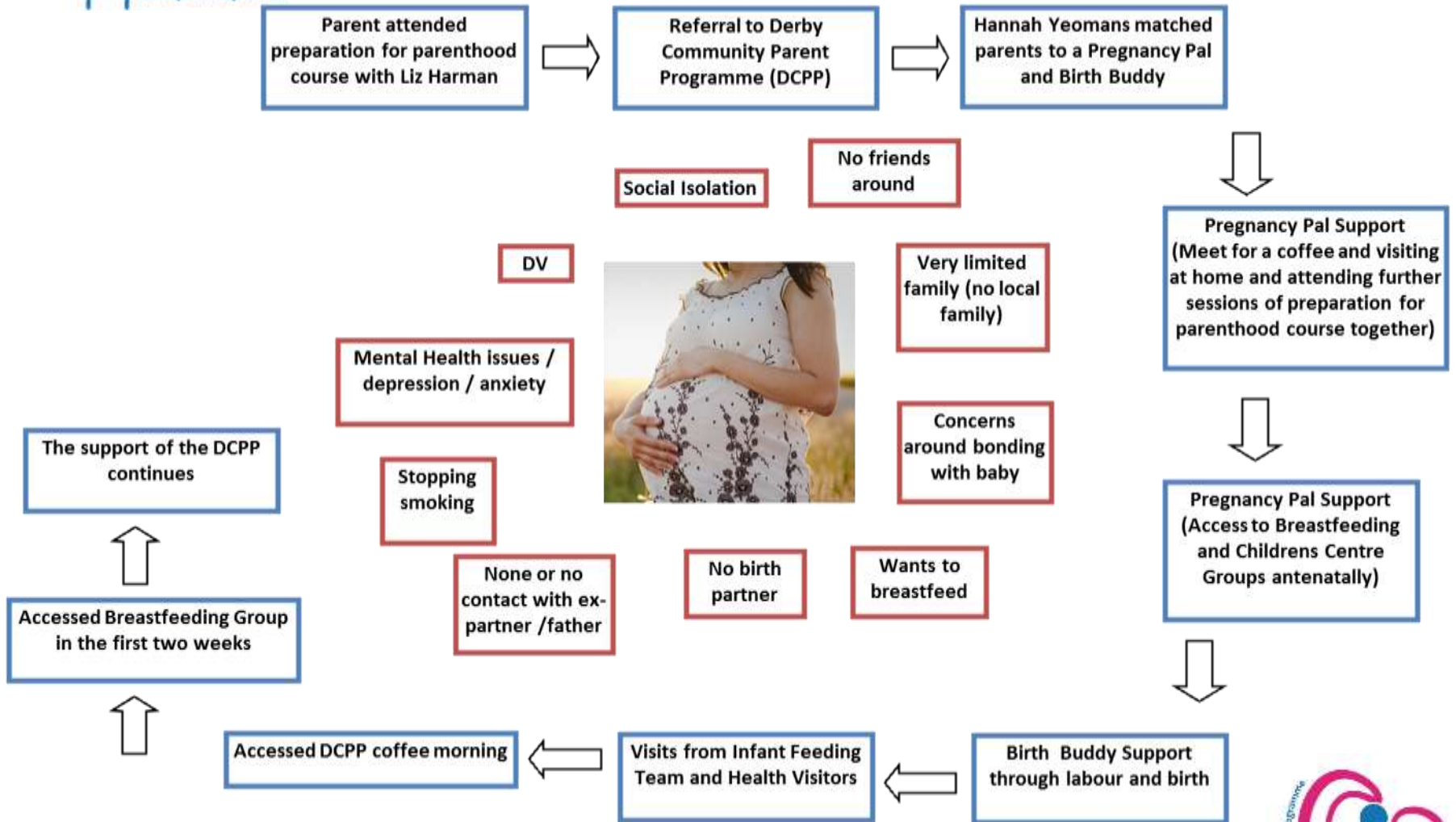


Derby Community Parent Programme

Volunteer Peer Support for first-time expectant parents throughout pregnancy, during labour and birth and transition to parenthood

“someone in my corner”





What do we mean by...?



Buddy

Befriender

Parent Champion

Volunteer

Mentor

Community Parent

Community Champion

Peer Support

Health Champion

“Life changing”

Key life transition

Volunteer



Parent

Giving & receiving



Six Principles (Evidence Review)

- 1. Strengths based**
- 2. Relationship based**
- 3. Reciprocal**
- 4. Evidence-based but adaptive**
- 5. Collaborative**
- 6. Clear about the parameters**



What was the evidence review?

- A Better start focuses on improving outcomes for 0-3 year olds in:

Communication & Language
Social and Emotional Development
Nutrition and Prevention of Obesity

- 5 ABS sites are all using volunteers/peer supporters
- Parents 1st appointed to explore the available evidence base and evaluate best practice on volunteering
- Provide understanding of examples, models and methods (what works, when, for whom and in what circumstances) to achieve ABS outcomes



Creating conditions for change

Volunteers can have indirect impact on improving child outcomes

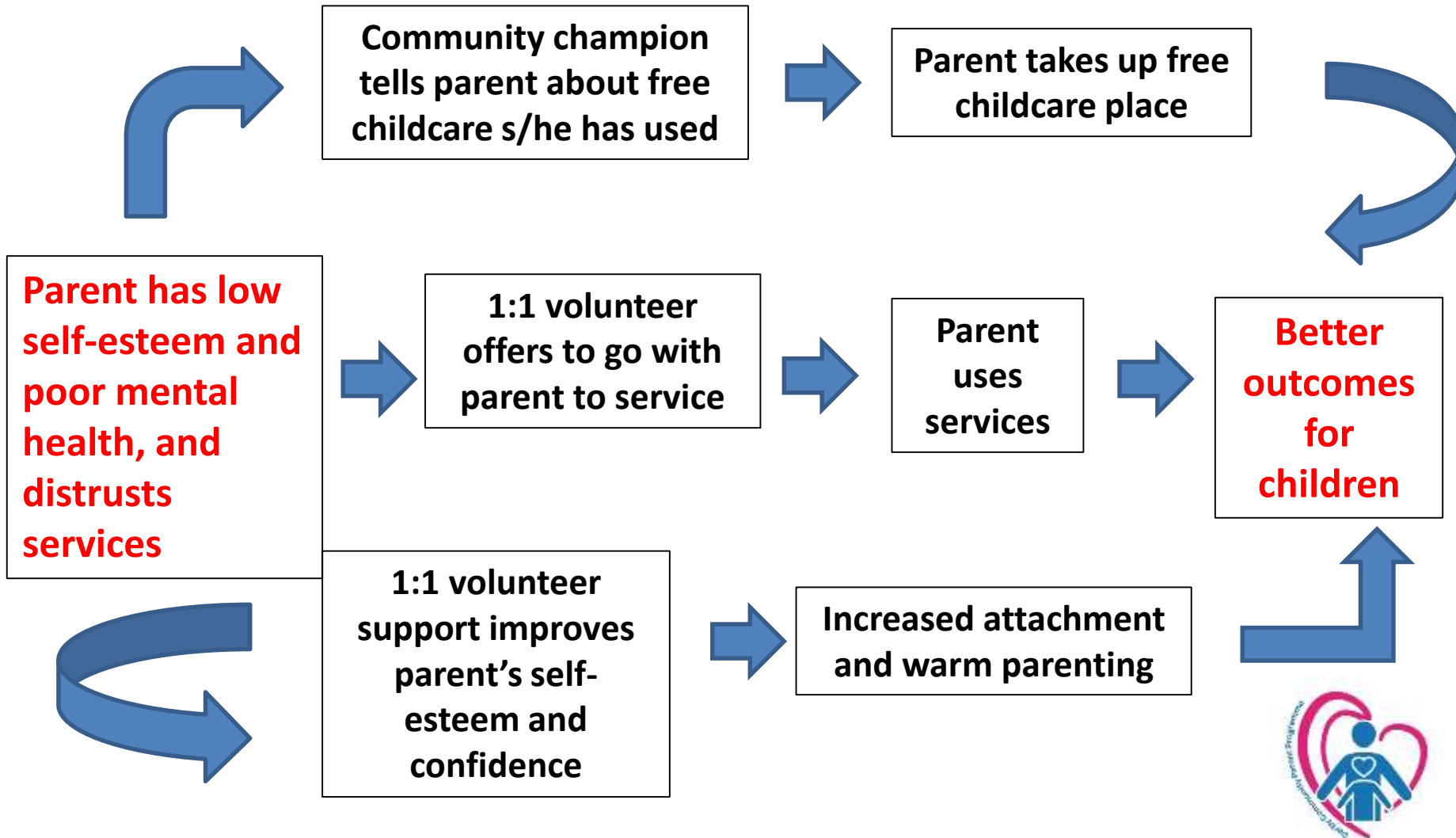
- Changing local ‘culture’: the ‘ripple effect’
- Changing the way parents feel about themselves - improved maternal mental health and confidence.
- Changing parents’ ability to engage with services.
- Changing professionals’ understanding of the communities with which they are working.

“Before I’d be like, ‘Oh, I don’t want to even get dressed.’ I were constantly feeling low about myself... [The volunteer]’s boosted my confidence and self-esteem. Like now I’ll actually take time and do my hair and do a bit of make-up and go out and look nice.”

“I was thinking, “It’s the end”...[The volunteers] didn’t allow me to think I don’t have anyone to look after me. I can see a brighter future now.”



Indirect impacts on outcomes



Volunteers can reach the parts other services do not reach:

- Peer support model of **empathy and engagement**
- Volunteers can build a **relationship of trust** without agendas
- Can be successful with families who are:

Poor

From BME communities (but avoid simplistic assumptions)

Asylum seekers and refugees

Without recourse to public funds

Experiencing domestic abuse

Involved with Child Protection

- **But...more disadvantaged parents are harder to engage for volunteers too**
- **And...no evidence about fathers**





Headline Findings



Volunteers complement but are not a replacement for professional support

Volunteers are effective when...	Volunteers are not effective when...
Their distinctive non-professional contribution is understood and valued	They are seen as a cheap replacement for health professionals
Their role is to empower the parent with information and support	They are positioned as expert teachers
There are realistic expectations about what they can achieve and the likely timescales	They are seen as 'the answer' and are rigid, short-term targets which require intensive monitoring and data collection
They are supported by local health and social care professionals	Professionals ignore or obstruct their activities



Working with professionals

Goes well when professionals:

- See the project as a resource
- See the volunteers as complementing their work
- See volunteers engaging with families who they find 'hard to reach'
- See volunteers supporting families to access services
- Develop collegial relationships with volunteers

This happens when :

- Professionals are involved from the outset
- Professionals are involved on the steering group
- Professional are involved in volunteer training
- Projects articulate clear boundaries
- The project co-ordinator networks extensively
- There are simple, clear referral guidelines
- The project is co-located with a professional service (but beware!)



The most important factor is support from professionals

Goes wrong when professionals:

- **Feel their jobs are threatened**
- **Feel their professional competency is challenged**
- **Don't understand the volunteer role**
- **Aren't confident about the project boundaries**
- **Are unaware of the scope and rigour of volunteer training and supervision**
- **Aren't able to refer easily**
- **Aren't aware of the volunteer project**

This leads to:

- **Restrictive gatekeeping**
- **Lack of referrals**
- **Obstruction of volunteer activities**



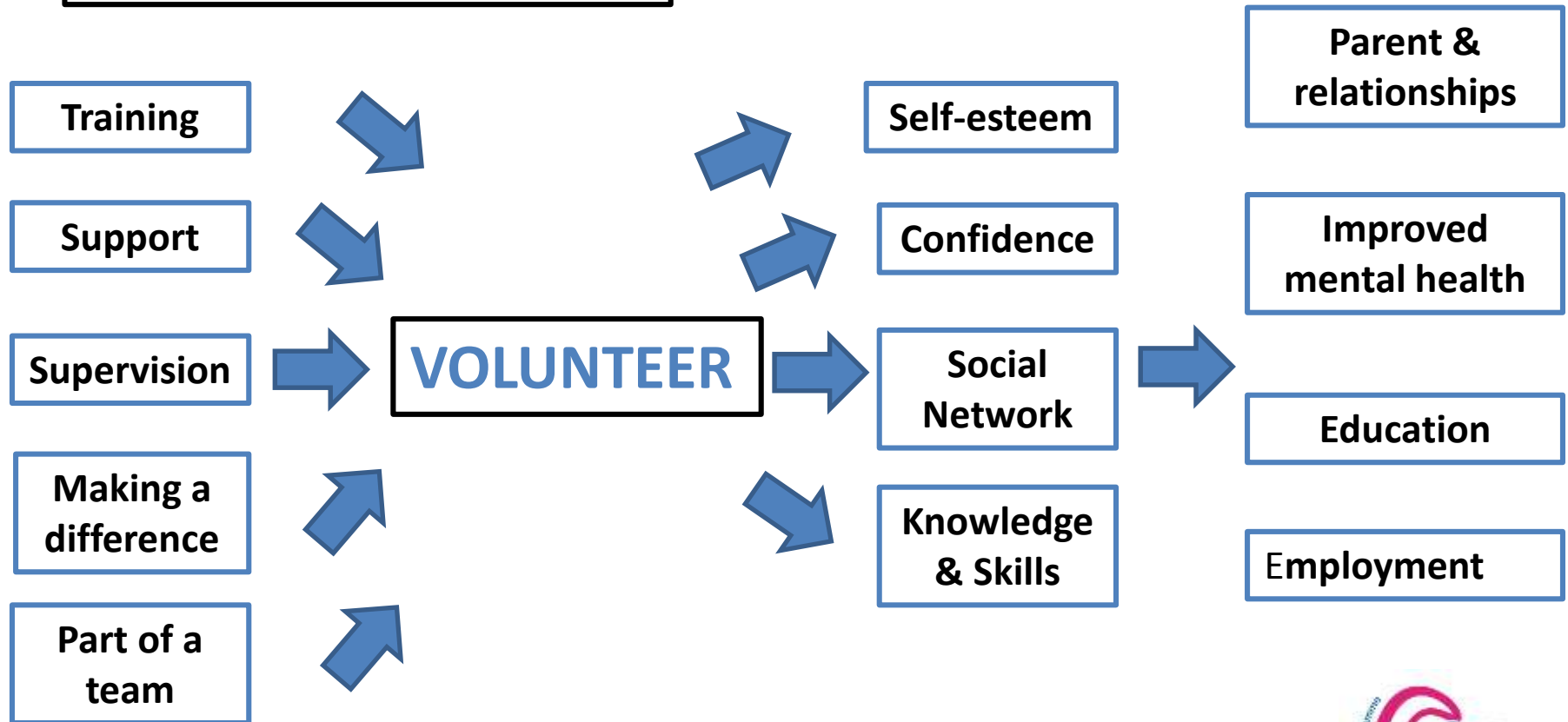


Different Models

Model	Strengths	Weaknesses
Community Champions	<ul style="list-style-type: none"> Large numbers of volunteers Suitable for volunteers with little time 	Limited evidence of impact beyond volunteers (except information about services)
Volunteers Leading Groups	<ul style="list-style-type: none"> Parents value social support May be less 'socially risky' than one-to-one support Good evidence of impact 	Vulnerable parents often lack the confidence to attend groups
One-to-one support	<ul style="list-style-type: none"> Can engage most vulnerable parents Development of long term support relationships Good evidence of impact 	<ul style="list-style-type: none"> Reaches more limited numbers of parents Significant time commitment required of volunteers

Headline findings

Volunteers benefit too:





Find out more...

<http://abetterstart.org.uk/content/resources>





Any Questions?.....

