



# **Volunteering & Early Childhood Outcomes:** Case Study One – Bradford Volunteer Doula Service

**Host organisation:** Action For Community Limited

**Date started:** 2012

**Funder:** Bradford City Clinical Commissioning Group

**Members of staff:** Project Coordinator: 30hrs; Administrator: 1 day per week

**Current number of active volunteers:** 26

**Length of initial volunteer training:** 90+ hours over 13 weeks

**Number of families supported per year:** average 53 families

**Location:** Manningham in Bradford

## What the volunteers do

The volunteer doulas work one-to-one with pregnant women for the last six weeks of pregnancy, are with them when they give birth, and continue one-to-one support until six weeks after birth. All the mothers are isolated, and many have mental health issues, have experienced domestic abuse, or are recent migrants who do not speak English and do not understand the UK maternity system. The volunteers typically visit each mother for an hour a week and are available by phone between visits. The content of the visits varies according to the mother's needs, but typically includes information about pregnancy, birth, baby care and infant feeding, emotional support, and support to access health and community services. The volunteers are 'on call' 24 hours a day around the expected date of birth, and when a mother goes into labour the volunteer remains with her until her baby is born, giving her support and encouragement. If the labour lasts so long that the volunteer is unable to stay, a back-up volunteer will take over from her. If the mother's partner is present, the volunteer works with the couple.

## What is known about the impact?

Mixed methods evaluation (Spiby 2015) of this volunteer model (including Bradford alongside four other sites) showed that mothers were more likely to start breastfeeding and to continue breastfeeding for at least six to eight weeks; they felt more knowledgeable, confident and skilled as parents; and they felt less depressed and had increased emotional wellbeing.

## Key learning about working with volunteers

- Recruiting the right volunteers takes skill. In the first round of recruitment they were inexperienced and about half of those trained were more interested in the training than the volunteering. In subsequent rounds they had gained the experience needed to ask potential volunteers the right questions and to make the necessary time commitment clear to them (including the need for them to have childcare support so they can attend births in the middle of the night). They also recruited a much wider range of volunteers, including from the local south Asian community, by marketing the opportunity better – they

talked to local health professionals, advertised in children's centres, had a Facebook page, and the original volunteers brought others in.

- Build a relationship of trust with volunteers. It is essential that volunteers feel able to be open with the project coordinator about any problems, and it is easier to build this relationship if the coordinator takes part in their initial training.
- Retaining volunteers takes a lot of investment. The volunteers work on their own so the project coordinator works hard to keep them connected to one another and to the project, and to show them how much they are valued. They have monthly meetings for the volunteers, and use a Facebook page. If personal circumstances mean that a volunteer doesn't currently have time to volunteer, they invite her to take a break rather than leaving, and encourage her to stay involved by coming to volunteer meetings and staying in the Facebook group.

## Challenges of running a volunteer doula project

- Resources - the size of the team has limited what they can do. The project manager has multiple roles including strategic meetings, networking with professionals, initial interviews with mothers referred, matching of mothers to volunteers, support and supervision of the volunteers, and is also a back-up doula where needed. She doesn't have enough time for fundraising or to do these many roles as comprehensively as she would like.
- Getting professionals to understand what the volunteer doula role is and how it's different from an independent doula (privately hired by mothers), and making sure the volunteers know and respect their own boundaries.
- Balancing referrals with volunteer capacity – particularly when they have not had funds to train more volunteers.
- Combining a friendly relationship with volunteers and effective supervision. Friendliness helps volunteer retention and trust (the volunteer feels able to phone in the middle of the night if they don't know what to do), but it also makes it more difficult to challenge a volunteer who has underperformed. If necessary, they can bring in the CEO of the host social enterprise to do a difficult supervision.

## Building relationships with health professionals

They knew from the start that this project could only work with the full support of the local maternity hospital. Some midwives were initially suspicious because of previous experience of assertive and sometimes confrontational independent doulas. They built relationships from the beginning by:

- Having a champion for the project in a leadership role in the maternity services – the local consultant midwife. She took part in the volunteer training and created opportunities for the project manager to explain the project to midwives, for example by attending the 6am shift change meeting at the hospital, and doing a presentation to student midwives.
- Clarifying the volunteers' boundaries – that they have no medical role and will not interfere with the midwives' role. Midwives are reassured by the rigorous training and supervision.

- Establishing a track record – over time, the midwives have come to see the volunteers as an asset to their service as it reduces the pressure on the midwives if a mother has someone with her all the time during labour.

However, with constant staff changes and excessive workloads, it takes a lot of work to keep the momentum going. The project coordinator keeps the doula project visible to busy professionals by:

- Doing quick talks at GP practice meetings, to remind community professionals how to refer.
- Attending a range of local strategic maternity meetings and the local Maternity Services Liaison Committee.

## Tips for success

- Do the groundwork with professionals before you start, and keep it going.
- Create diverse roles for volunteers to maintain the involvement of those who are on a break from the one-to-one role. For example, volunteers were involved in running a 'Happy Birthday' community event which also enabled volunteers and mothers to see each other again.
- Ensure a structured referral process that is easy for professionals to use but also clear for the project to follow up.