

Nottingham Centre for Children, Young People and Families

Experiences of SSBC families in having a Family Mentor

Report Prepared for Small Steps, Big
Changes

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Executive Summary

Introduction:

There remains a lack of understanding of the experiences for families in having a family mentor and the implications this has for the design of social policy as services seek to support young children in areas of socio-economic deprivation.

Our research sought to understand:

1. The experience of families in Nottingham who have received support from the SSBC Family Mentor service;
2. How well supported parents with a child or children under the age of four years felt by having a family mentor, what had been most helpful, and what could be improved;
3. How parents' perceived their child or children responded to having a family mentor, including the resources provided and the value of ASQs;
4. We were particularly interested in families' experiences of ending the support from their family mentor, whether this was because their child or children started nursery or for another reason, including those who decided not to continue receiving family mentor support; and
4. Whether parents would recommend having a family mentor to another family, how they might describe the service and why.

Literature in the Area:

As there are few publications specifically about family mentors, our literature review looked at five main areas that have direct relevance to the

aims of the research:



1. *mentoring research and defining a mentor.* Literature on mentoring mainly comes from business, education and youth studies. It emphasises the importance of the relationship between mentor and mentee, and the importance of the empathic, non-professional relationship.
2. *becoming a parent.* Literature in this area focuses on the significant life and identity changes involved, and the need for initial and ongoing support for parents. It also examines groups of parents who might experience particular difficulties and stresses.
3. *service delivery.* Even before the pandemic, parents accessed services in a variety of ways, including online, and they like hybrid provision. Empowerment of parents is discussed as key, as is offering support to all parents within a local area, to avoid feelings of stigma. The personal attitudes of service providers are as important to parents as their professional or voluntary status. It is also crucial to be inclusive of different ethnic and social groups when planning provision.
4. *other family members.* The role of other family mentors, especially fathers, is important for mothers. Including fathers in provision can enhance positive parenting. The role of grandparents is complex as their information may be out of date, and some parents prefer to turn to friends with similar age children. The grandparenting role does, however, remain significant in many ethnic minority families.
5. *austerity and social deprivation.* Poverty brings additional parental stressors, especially to mothers. Single parents often protect their children from poverty at a cost to their own wellbeing. Cuts to services may mean that parents have to seek out and ask for help if they need it, and not all are well equipped to do so. Digital exclusion can be a further problem for families in poverty; this was a particular problem in the early stages of the Covid-19 pandemic.



Methodology and methods:

Our research took a mainly qualitative approach using a semi-structured interview schedule. All households included in the study lived within Nottingham City. All had at least one child under the age of four and had direct contact with SSBC family mentors. For all families, the contact with SSBC family mentors was through the local groups; for all but one family, this contact also meant receiving support from having their own family mentor either at the time of the interview or recently within the last six years. In addition, all were identified as being in designated local council wards of either Aspley, Bulwell, Hyson Green and Arboretum, or St Ann's. We conducted 26 interviews of parents from 25 families: 25 women and 1 man. The man was the partner of one of the women interviewed. All interviews were completed by phone and audio recorded, using either Skype or Microsoft Teams. All recordings were then transcribed verbatim before thematic analysis.

Findings:

Relationship with parents:

The interviewees commented positively on the relationship they had with their family mentor. This included experienced parents and those who worked professionally with children themselves. Most important is that the parents found family mentors reassuring. The positive relationships and reassurances also meant parents felt supported with skills and expertise which reassured them and helped them to understand their child's development. The focus on the wellbeing of the parent was very welcome, given how so much is prioritised for the child in other services, and parents also felt that family mentors played a part in relieving loneliness and isolation.



The regular contact meant that a close relationship could develop, with both the parent and their children. This fostered trust, which was mentioned by parents as being very important. Parents spoke about how much they trusted their family mentors with details, which led to the advice being specific to their needs and parents feeling able to ask family mentors for support in other areas, for example when speaking to health professionals about their children. Family mentors also supported parents through poverty, for example by providing access to food banks.

The non-judgemental approach of family mentors was clearly valued by parents. This was particularly important when a parent was getting conflicting advice from their family.

Parents also preferred getting advice from a family mentor to finding it online.

Service delivery:

Although most of the family mentor contact with parents was on an individual basis with the mentors visiting the parents and children at home or keeping in touch by phone, the groups run by family mentors were also important for parents. The family mentor service delivery also included completing the ASQs. These were sometimes done with parents, but often parents said they would be left with the ASQs and complete them in their own time if they wanted. On the whole, parents found both the ASQs and the activity sheets to be helpful. However, some parents felt that the programmatic aspects of delivery got in the way of their relationship with the family mentor and the mentor's ability to respond to their needs. Even where children did not meet their expected targets using the ASQs, the family mentors were still able to reassure parents their child was doing well. For children with disabilities, the ASQs helped highlight a developmental need. This was handled sensitively, with the family mentor still reassuring the parent and signposting them for



specialist support. Although 'graduating' from the family mentor service usually went well, families who had to change mentor due to a mentor leaving had a less good experience, with one ceasing to have a mentor as a result.

Several of the parents mentioned that the family mentor service delivery during lockdown was very much appreciated, as it meant they were able to continue having regular contact and support. This included parents who started having a family mentor remotely. Some parents preferred to continue with telephone contact after the lockdown ended.

Parents suggested that the initial contact from the family mentor service needed improvement. Several found this very confusing, and spoke of being unsure who the phone call was from or what it was about. Some mistakenly thought they were being contacted by social services, another health visitor, or even a housing charity. This could be problematic as parents sometimes believed they were being singled out to have a family mentor because professionals thought they were not coping. Parents would also like to be actively involved in choosing their own family mentor from those available for their area at the time according to lifestyle and culture, for example. They would also like to be put in touch with other parents in their area, as this would enable them to make contact with other parents and continue informal peer support after direct contact with family mentors had finished.

Parents also commented about adjusting to remote support during lockdown. Several parents said the online sessions were not suitable for very young children because their children did not engage well with a screen. Others had difficulties using the online link on their phones. Managing their young children at home while attempting to follow an online session was too difficult for some.



Inclusive approach:

A lot of the parents praised their family mentors for being inclusive of the whole family.

However, one parent recommended changes to the paperwork used by the family mentors to be more inclusive of different families, such as same-gender parents. Family mentors also need to be aware, when talking to parents, that not all parents are heterosexual.

Several of the parents commented on the significance of the family mentors being parents themselves. They preferred the family mentors to have knowledge about parenting young children from their own personal experience. Some younger parents, however, would have liked a family mentor nearer their own age. Parents also commented on the comparative lack of family mentors from ethnic minorities, although generally there was praise for mentors' cultural sensitivities and interest in family cultures and practices.

Distinctive to other services/professionals:

One of the many strengths of the family mentor service is being distinctive from other services and professionals. All the parents recognised that it was important they were offered family mentor support because of the local authority ward in which they lived, rather than because they were seen as needing any kind of crisis intervention for child protection or health reasons. They also felt that health professionals are really only sought out in a crisis, whereas family mentors provided a service that was pro-active and helped prevent situations becoming serious. All the parents said they would recommend the service to a friend or member of their family with a young child if they were eligible. This complete endorsement also came from those who had stopped having a family mentor or refused to have one.



Recommendations

We recommend that SSBC and others:

- make strong representations to Government, Local Authority and other policy makers to advocate for the support needs of all parents of very young children under the age of four years being partially met through a trusted and non-judgemental peer mentoring service, with SSBC family mentors as an example of good practice;
- improve and clarify the first contact to parents about the family mentor service and reduce confusion as to what is being offered;
- resist the withdrawal and delay of adapting services (both professional and non-professional) in future emergencies, and plan for this;
- make an additional effort to recruit more family mentors from ethnic minorities;
- make every effort to provide cultural and ethnically sensitive family mentor matching especially for both parents and young children from black and Muslim families;
- find ways to include families more fully when matching family mentors to families, and give them some degree of choice in the process;
- develop and adapt paperwork and other communication to be inclusive of gay partnerships and as an example of good practice to education and health professionals by including other family members;
- evaluate the effectiveness of telephone or video, as opposed to face-to-face, contact in delivering support to families with very young children post-COVID-19



restrictions and in the event of any further lockdowns, continuing to offer in-person or telephone contact as a parent prefers;

- evaluate the impact of family mentors on parents' decisions regarding their child's health and well-being e.g. vaccinations, healthy eating, trips out etc. particularly given the current cost of living crisis and those families experiencing poverty;
- consider adapting the family mentor group sessions to include older children during the school holidays and running the groups on different day to promote access by working parents;
- increase efforts to involve the parents of very young children and the children themselves in decision-making processes and promote their rights to be heard.



Introduction and Research Aims

Research Aims

There remains a lack of understanding of the experiences for families in having a family mentor and the implications this has for the design of social policy as services seek to support young children in areas of socio-economic deprivation.

Our research sought to understand:

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Review of available literature

The literature available

As there were few publications specifically about family mentors, our literature review looked at five main areas that have direct relevance to the aims of the research.

These were academic and where relevant, other literature including research and media reports about:

6. mentoring research and defining a mentor
7. becoming a parent
8. service delivery
9. other family members
10. austerity and social deprivation

Where possible, we prioritised literature which highlighted experiences of families with babies and children aged 0-4 or under four years of age, sometimes also referred to as 'young children' or 'early years provision'. However, a lot of the literature had a different focus, for example, health support for parents with newborn babies, rather than family mentor support for parents with children under four years of age.

Mentoring research and defining a mentor

Mentoring research, often found in business, education and youth studies literature, is considered relatively new (Allen et al, 2007). However, the literature does help clarify what makes a good and effective mentor. For example, positive mentoring helps encourage the skillset of those being mentored (Rhodes, 2002). Bryant and Treborg (2008) also write about the effective transfer of knowledge from a mentor to those being mentored, and Chesmore et al (2017) discuss how mentoring can help with coping strategies. Eby et al (2008), suggest

that youth, academic and workplace mentoring practices can help shape attitudes which mean skills and knowledge are more easily developed, while Cho (2011) argues that mentors should leave a positive legacy. Mentoring literature also calls for research into the diversity required for an effective service. Karcher (2006) writes about the importance of recording demographics of both mentors and those who are being mentored, and Sanchez et al (2013) conclude that in-depth race, ethnicity and culture awareness should be more than that of matching backgrounds of mentors with those being mentored.

The complex but beneficial relationship between a mentor and those being mentored has been described as reciprocal and dynamic, but this very much depends on mentoring style:

“both mentors and protégés grow from a mentoring relationship, although it seems likely that different types of mentoring relationships result in different types of personal growth and change”

(Haggard, 2011, p.300).

Haggard was exploring career-based mentoring, but there are many features of mentoring research that are directly relevant to family mentors. For example, trust in a mentor is crucial (Griffith and Larson, 2015; Cho, 2011), and closeness and dependency are to be expected between a mentor and those being mentored (Goldner and Mayseless, 2008). Spencer and Basualdo-Delmonico (2013) also discuss the responsibility of mentors involved with vulnerable children, and in particular how a mentor is to end a mentoring relationship well.

The contrast between having a parent as a mentor for parents as opposed to a health or social care professional is seen as critical. Writing of the role of ‘parent partners’ for parents

experiencing the child welfare (child protection) system, the importance of empathy and support rather than professional expertise is emphasised:

“Because of the power differential in the relationship between caseworker and family member, worker assistance may be perceived as coercive and controlling...rather than empathetic or understanding...parent partners are uniquely positioned to provide social and practical support to families...families highly value the support of a parent partner and that parent partners also personally benefit from assuming a helper role”

(Leake et al, 2012, p.16).

Sears et al, (2017), also writing about the role of a mentor for parents involved with child protection services, similarly emphasise the importance of empathy in mentors partnered with parents.

Becoming a parent

Parents of young children can experience significant life changes. Sandison (2022) writes candidly about how becoming a parent is overwhelming because there is a loss of identity coupled with the a very demanding new skillset. This is also reflected in academic literature:

“The TtoP (transition to parenthood) involved considerable selflessness, which in turn induced feelings of loss of individuality... when the parenting role becomes the priority, individual needs are overshadowed by those of the child”

(Lévesque et al, 2020, p.1951).

Becoming a parent can take months or even years of adjustment (Delmore Ko et al, 2000; Grace, 1993), affecting personal confidence (Arriga et al, 2021) and often resulting in



exhaustion (Martins, 2018). As Kurth et al (2016) write, all parents need support with a newborn. Similarly, Alexander (2011) argues is unreasonable to assume that new parents know how to parent.

Parents can seek out support from various sources. Mothers in particular seek out friendships with other parents:

“mothers may attach greater importance to friendships than fathers across the life-span... [which] may also contribute to greater buffering effects of friends for mothers...social support [is] pivotal in enabling new parents to flourish”

(Hughes et al, 2020, p.377,379).

Parents can also get information from social media (Doty et al, 2016), although this can be viewed as controversial and not always helpful. For example, parents who seek health information online risk being labelled as neurotic (Rathbone and Prescott, 2019), even though they can feel better equipped to raise concerns about their child’s health with professionals which in itself can be a daunting step.

Some can experience particular difficulties in becoming parents. While all parents can face stress on having a newborn including significant relationship stress for co-parenting couples (Toombs et al, 2018; Hamilton et al, 2016; Ryan et al, 2009), single parents can face additional disadvantage because of the extra demands on personal and economic resources (Waldfogel et al, 2010). However lesbian parents may also face additional difficulties, including societal prejudice and insensitivity. Lévesque et al (2020) write about the risk of lesbian families being targeted by hate, and Wilson (2000) of the situation of lesbian co-



parents. Wall (2011), also writing about lesbian parents, urges that adding discrimination to the demands of parenthood means lesbian parents face a very particular need for support without prejudice or judgement.

Service delivery

Support for parents of young children can be in person, online or a hybrid of both. Writing about how social work with children and families changed given the limitations due to COVID-19, it would appear that a combination of different approaches to delivering support post-pandemic might continue:

“Many professionals and consulted children were in favour of the kind of hybrid approach to their future use, combining in-person and digital relating...[a] ‘remake’...in an overarching structural sense, where hybrid digital and in-person casework and walking interviews, for instance, become routine”

(Ferguson et al, 2021, p.20-21).

Duppong-Hurley et al (2016) also advocate for hybrid of face-to-face and online support for parents who might otherwise face practical barriers to participation, especially as online only does not suit all parents (Strange et al, 2018). However, online services both for information and access to training are increasingly used by parents even before the pandemic restricted in person service delivery (Benedicta, 2019; Breitenstein et al, 2014). Support, whether online or in person, can be delivered to individual parents (one-to-one) or groups (Cotter et al, 2013), and there is much evidence that taking the time to offer the right parental support type is the most effective approach (Cox, 2008). Furthermore, Smart (2020) argues for the importance to providing for all parents in a local area, and not just to



those who have the greatest need to reduce stigma: that support based on postcode will increase access to support for those who need it the most.

Empowering parents is an essential part of service delivery. Barimani et al (2021) write about how new parents felt more secure on returning home with their newborn if they were given adequate information about how to manage well. Morris (2013) warns against lack of familiarity due to infrequent support visits, and this becomes increasingly significant as services face funding cuts. However, parent-led services (Gilworth et al, 2020), and positive partnerships with parents (Plantain and Daneback, 2009) are crucial to providing effective support, particularly for parents of children with special needs (Pogoloff, 2004) or those who raise issues about child mental ill health (Pidano et al, 2020). This is not only about having a positive and open attitude to the views of parents but providing the right environment (Smart, 2020), and taking the time to build rapport with parents (Scott et al, 2006). Key attributes to effective and positive work with parents have been identified as:

“non-judgmental approach; acceptance of divergent parental views; honesty, openness and truthfulness; warmth; empathy; trustworthiness; friendliness; accessibility and approachability”

(Ward, 2018, p.278).

Parents also tend to rate the personal attitudes of child professionals as much as the type of health care professionals (Kollenburg et al, 2018), as trusting someone outside the family with a young child is a significant decision of any parent (Pridham and Chang, 1985). Furthermore, while ASQs have been shown to be valued by parents (Gollenberg et al, 2010)

as well as saving health professionals time and money, not all parents are able to complete on their own, so offering the right support in the right way is critical (Squires et al, 1997).

Overcoming any stigma associated with needing support is important in service delivery. Barboza et al (2021), writing of the stigma for parents in accepting help from social services, conclude that once initial contact is accepted, the support is often welcome. Toombs et al (2018) suggest motivation in engaging with services is reduced if parents have to ask for help when they need it, rather than having support available already. Similarly, Hatton and Gargani (2018) conclude that parents avoid seeking help for fear of being judged as inadequate. It is possible, therefore, that service delivery from birth has the potential to address this issue because parents are already engaged with support. Furthermore, it is important to include and engage parents of all ethnicities and cultures (Thompson et al, 2018; Sanchez et al, 2013; Shia and Alabi, 2013), and especially those experiencing poverty and disadvantage (Scott et al, 2006).

Other family members

The family mentor service is designed to be delivered from pregnancy to up to four years, and while this prioritises pregnant mums, the service is careful to refer to 'parents' rather than exclusively 'mothers' (SSBC, 2021). However, the role of other family members can be significant for a mother of a young child, particularly fathers, and including all family members can make support more meaningful (Backstrom, 2021). Including fathers in support traditionally offered to mothers can enhance positive parenting:



“The more social support that fathers receive from others, the more readily fathers might use new parenting techniques”

(Hudson et al, 2009, p.226).

In addition, addressing cultural needs to include ethnic minority fathers is particularly important (Shia and Alabi, 2013).

Thomas and Epp (2019) outline different ways that both mothers and fathers as parents of newborns can utilise a range of resources for the benefit of their parenting skills, both online and in person. Thomas and Epp also explain how this is challenged when single parents and those of low income seek to access resources which might then be beyond their means. For those who live in areas of social deprivation, COVID-19 has made the collective need for parents of young children to support one another all the more valuable. As Walsh (2020) argues, families’ needs have been shaped by the COVID-19 experience, with all members having a role to play in offering mutual support.

However, the role of grandparents can be complex. While some are trusted for child rearing knowledge, others find that the information is outdated and unreliable (O’Connor and Madge, 2004). There is increasing evidence that parents prefer the knowledge of friends who are themselves parents, and O’Connor and Madge also discuss the social support which comes from friends as distinctive. However, ethnic minority grandparents continue to have an important role in the sharing of knowledge for parenting young children. It is argued that the impact of ethnic minority grandparents, and particularly that of the maternal grandmother, is especially significant:



“If Black family networks have a substantial cultural component above and beyond the influence of social class, then this should be most evident in the role of the maternal grandmother”

(Hirsch, 2002, p.299).

Hirsch also considers the role of white grandparents as influential for younger family members. Knowledge about parenting can therefore be shared from a number of sources which can then compete for a parent’s priority.

Austerity and social deprivation

Families with young children who experience poverty and social deprivation have particular stressors and difficulties in addition to the responsibility of child-rearing. For example Scott et al (2006) argue poverty is as much about the lack of individual family recourse to available income as it is regarding community deprivation in an area without quality services. Poverty is therefore multi-faceted and complex, compounded by living in a deprived neighbourhood:

“Several factors that both make the task of parenting more difficult and are associated with negative outcomes for children are more prevalent in poor areas.

Lack of money has many consequences,”

(Scott et al, 2006, p.2).

Government policies of austerity have also been identified as contributing to family poverty. For example, Jensen (2018) argues women are disproportionately affected by austerity, and that mothers experiencing poverty in particular are blamed for any behavioural problems with their children. However, Padilla and Ryan (2020), researching children with problematic temperaments, argue that children with problem behaviour do

not necessarily always lack quality parenting. Similarly, single parents, and single mothers especially, can be unfairly viewed as inadequate when they are in fact often protecting their young children from the negative impact of poverty at great cost to their own wellbeing (Stack and Meredith, 2018).

Austerity also affects the services available to parents with young children. As McLeish et al (2020) conclude, cutting regular services such as community midwifery postnatal care and health visiting means mothers, and new mothers specifically, are then faced with the additional pressure of having to ask for help when they need it, which most are reluctant to do in case they are viewed negatively. Goff and Springer (2017) examine this predicament regarding parents of children with intellectual and developmental disabilities, also concluding that parents under extreme pressure are not always equipped with the resources to request the help they need. As Hedegaard and Edwards (2019) argue, families who are regarded as 'hard to reach' because of their individual circumstances such as experiencing poverty could also be viewed as deprived of community services because of funding shortages. This is particularly the case where services are provided online, because:

“The link between poverty and digital exclusion is clear: if you are poor, you have less chance of being online”

(Holmes and Burgess, 2020, p.1)

Inevitably, many services switched to digital service delivery during the first UK COVID-19 national lockdown. Families with young children do not necessarily always have easy access to online resources, resulting in further social exclusion. This can then lead to additional stress for families who have been struggling to look after their young children at home during



the early stages of COVID-19 (Mantovani et al, 2021). Thus, without regular, trusted and established community support for families with young children, disadvantage can further negatively impact those living in areas of socio-economic deprivation.



Study design and research methodology

Our research took a mainly qualitative approach using a semi-structured interview schedule. The qualitative design helped capture the lived experiences of families who resided in Nottingham designated SSBC wards with children under the age of four years and had been offered a family mentor. The quantitative questions captured demographics including (of both the parent being interviewed and their child or children under the age of four): age, gender, ethnicity, disability; and of the parents only: marital status, sexual orientation, length of time of having a family mentor, how many family mentors they had in total, whether they currently had a family mentor, and the first three digits of their postcode (e.g. NG1) to identify the SSBC local authority ward. All of the demographic questions were open-ended, and no options were offered from a prescribed list; in this way, all the answers we were given were self-described by the parents of themselves and their child or children. We used thematic analysis to find common themes across the interviews and look for where the data confirmed or challenged the literature available. All households included in the study lived within Nottingham City, and all had at least one child under the age of four years at the time of being offered a family mentor. All were identified as being in designated local council wards of Aspley, Bulwell, Hyson Green & Arboretum, and St Ann's. Most families were contacted through SSBC; in addition, those who had taken part in an earlier research project about the lived experiences of families with young children during the first UK national lockdown were approached and invited to be interviewed about being offered a family mentor.

All of the interviewees spoke fluent English; however, not all had English as a first language and SSBC had advertised that interpretation was available had this been necessary for any

parent to participate. All interviewees were asked whether other members of their family were involved with the family mentor. Fathers, grandparents, lesbian partners and co-parents who were mentioned in the course of an interview were invited to take part, but only one father who was partner to a mother interviewed undertook his own interview. In total, 26 interviews were undertaken with 25 different families.

We provided respondents with written information about the research, including a debrief sheet with contact details of local family support groups, and gained written consent from all interviewees by email. All the interviews were conducted by telephone and audio recorded with permission of the interviewee. A £20 shopping voucher was offered to all interviewees, to thank them for taking the time to be interviewed. The research design was approved by the Nottingham Trent University Business, Law and Social Sciences Ethics Committee.

Our interviewees

The parent interviewees were recruited by SSBC through a range of methods including an advert on their website and Facebook page, leaflets, and word of mouth. With their permission, contact details were passed to the researchers who phoned to have an initial chat, and then emailed the information and consent forms, which were returned completed. Dates and times for the interview were agreed with each participant. It was noticeable that some needed to rearrange the agreed interview date and time more than once due to circumstances that demanded their attention with very short notice such as waiting to hear back from a hospital consultant or childcare arrangements.

All interviews were completed by phone and audio recorded, using either Skype or Microsoft Teams. All recordings were then transcribed verbatim before being analysed. Some of the

parents got quite emotional during their interview, especially when describing personal experiences which they had discussed with their family mentor or had affected their decision whether to have a family mentor or not. These included mental ill health, child disability, LGBT+ prejudice and bereavement including miscarriage. All were very articulate about their experiences and that of their children. We are grateful for the effort they made in describing their experiences including those which were emotionally challenging.

Summary:

SSBC areas - all families were identified as living in a priority ‘in ward’ area of either Aspley, Bulwell, Hyson Green and Arboretum, or St Ann’s.

- **Age** – the parent interviewees were aged between 22 and 55 years old; their children, who were under the age of four years when offered a family mentor (a total of 34 including the unborn child whose mother was 33 weeks pregnant at the time of interview), were aged between 7 weeks and 6 years of age, with 16 aged under two years including the unborn child.

Age of interviewees/ parents

20-30 years	30-35 years	36-40 years	41-50 years	over 50 years
7	8	8	2	1

Age of child who had a family mentor (includes those who no longer have a family mentor)

unborn	under 1 year	1-2 years	2-3 years	3-4 years	over 4 years
1	7	8	8	2	8

- **Gender** – 25 of our parent interviewees identified as female and 1 identified as male; 21 of the children whose parents had been offered a family mentor were identified as being female and 13 as male including the unborn child.



Interviewee/ parent gender

female	male
25	1

Child/ren who had a family mentor gender

female	male
21	13

- **Ethnicity** – nine different ethnic category groups were represented for the parents: in alphabetical order - 3 identified as African, 1 as Any Other White, 1 as Asian Pakistani, 1 as Black African, 1 as Black and White British, 1 as Black British of African descent, 1 as British Pakistani, 1 as Mixed European and 16 as White British. The children were identified using thirteen different ethnic category groups: in alphabetical order – 1 as African, 1 as Black African, 1 as Black and White British, 1 as Black British, 1 as British, 1 as British born Asian Pakistani, 1 as British Pakistani, 1 as Mixed White African, 1 as Mixed European, 2 as Mixed Race British, 1 as Mixed Black and White, 1 as White Black African and 21 as White British.

Interviewee/ parent ethnicity

African/Black African/Black British	Black and White British	Any other White/Mixed European	Asian Pakistani/ British Pakistani	White British
5	1	2	2	16

Child/ren who had a family mentor ethnicity

African/ Black African/ Black British	British Pakistani	Mixed European/ Mixed Black and White British	White British
7	2	4	21

- **Disability** – 25 of the parents described themselves as having no disability and 1 as having one; 29 of the children were described as having no disability and 5 were identified as having a disability.

Interviewee/ parent disability

has a disability	no disability
1	25

Child/ren with a disability who had a family mentor

has a disability	no disability
5	29

- **Marital Status** – 10 of the parents described themselves as married, 10 as single, 2 as co-habiting, 2 as engaged and 2 as separated. It is to be noted that those who described themselves as single did so as a self-categorisation that indicated they were not married, and included those who had a partner and that sometimes that partner was the father of their child or children.

Interviewee/ parent marital status

co-habiting	engaged	married	separated	single
2	2	10	2	10

- **Sexual orientation** – 18 of the parents described themselves as straight, 3 as heterosexual, and 1 (female) as having a husband; 1 described themselves as gay and 1 as lesbian; 2 said they preferred not to say what their sexual orientation was.

Interviewee/ parent sexual orientation

gay/ lesbian	heterosexual/ straight	preferred not to say
2	22	2

- **Length of time in having a family mentor** – 25 of the parents had accepted the offer of having a family mentor and 1 said they had declined but had been very involved with the family mentor groups and was able to complete the interview. The length of time in having a family mentor was reported as between 2 months and over 5 years; those who reported

having a family mentor for longer than the usual time of up to 4 years had been offered a family mentor for more than one child.

Length of time in having a family mentor in years

no family mentor	less than 1 year	between 1 and 2 years	between 2 and 3 years	between 3 and 4 years	more than 4 years
1	4	7	7	2	5

- **Number of different family mentors** – at the time of the interview, 22 of the parents had had one family mentor, 3 had 2 and 1 had declined the offer of having a family mentor.

Number of different family mentors

no family mentor	1 family mentor	2 family mentors
1	22	3

- **Whether currently had a family mentor** – 22 of the parents said they currently had a family mentor and 4 said they did not.

Currently had a family mentor

yes	no
22	4

- **SSBC local authority ward** – From giving the first two letters and number of their postcodes (e.g. NG1), we were able to identify the parents as follows regarding their residence in the designated SSBC local authority wards: in alphabetical order – 8 lived in Aspley ward, 9 in Bulwell, 3 in Hyson Green/Arboretum and 6 in St Anns.

Number of interviewees by SSBC ward

Aspley	Bulwell	Hyson Green/ Arboretum	St Ann's
8	9	3	6

- **Household** – four households were extended families across three generations, all with grandparents and three with siblings of the mother. Eight households were single parents with no partner; 14 were in a partnership as a couple or married and two of these were gay/lesbian couple families (one married and one in a partnership as a couple). Extended family was mentioned as having regular contact for 13 households, and one reported that their children regularly spent time at another household, that of the children’s father. One family had an older foster child, one an older transgender child and while we did not specifically ask for the information, several mentioned older children with disabilities.

Household

lives with child/ren & extended family	lives with child/ren only	lives with child/ren and partner
4	8	14



Findings

Relationship with parents

The interviewees commented positively on the relationship they had with their family mentor. Most important is that the parents found family mentors reassuring. As Sara¹ commented:

“it’s like having a friend that you didn’t know that you needed...” (female age 23, child age 14 months²).

The closeness to and friendship with the family mentors was welcomed by the parents.

Abigail spoke of her family mentor in terms of being like a friend and a parent:

“it is like having another friend. And in my case, it’s like having an extra mum.” (female age 22, child age 1 year).

The positive relationships and reassurances also meant parents felt supported with skills and expertise if they felt unsure. As Shona commented,

“I feel very supported as a parent. I feel like there's backup, there's someone there that I can, if I’m like, out of my depth, there's someone that I can always like turn to, to ask for guidance. Yeah, I feel reassured by having them” (female age 35, child age 1 year).

The reassurances also meant parents felt supported that they are doing the best for their children, and this was backed up with evidence that the development of their children was going well. Rana explained how this helped her as a parent:

¹ All interviewees have been given pseudonyms in this report. We have attempted for the pseudonyms to match the ethnicity, culture, religion and age of the parents interviewed as far as possible.

² While the age of the child who is currently or most recently benefitted from family mentor input is given, this might be the youngest of a larger family; eg the parent might mention having three children but only one child is cited for reference.

“Like she guides me really well in the development, she told me oh, you are doing your job really great. And she’s been supportive and informative as well for me... Like, as a parent, because it’s my first baby and I didn’t have much information about that, how to handle and how, what to do everything, like she really guides me, and she supports me...Because like, she gives me the old notes as well, the whole things which she had as well...I didn’t get the time to go through that, but when she asked me the questions that either he started crawling, he started sitting, he started smiling and everything...And then she can see it, so it’s fine” (female age 27, child age 9 months).

One of the key aspects to the parents accepting the reassurances that family mentors had to offer was that they were able to build an ongoing positive relationship through regular contact. The family mentor contact included the children, and this was something Rebecca found positive:

“It’s someone they’ve got to know, it’s not someone who just dips in and out of their life. The visits have been continuous. They know who they are...I like that, because, I like the fact that my children have got someone who they feel safe with as well. And...as I say, it’s helped them develop relationships other than with family” (female age 33, children age 4 years and 1 year).

Leah also praised the positive interaction that her family mentor had with her children:

“But she normally like, plays with them, reads stories with them, she’ll, she gets involved as well. Like we went to the park together and she got involved at play and stuff like that...it’s like when, when she visits, it’s not just sit down and then

here's a list of things. She'll get involved with, with the children, and she'll play with them while having a conversation with me. So it's all, I don't know, like she integrates into what, whatever we're doing. Like she, she won't come and tell us right, we're doing this today. It'll be she'll just join in with whatever we've been doing" (female age 26, children ages 4 years and 2 years).

Other parents also commented on how their child or children were fond of the family mentor and as parents they trusted them as safe adults from outside the family unit.

Claire commented that the routine of the family mentor visits was something that helped her enormously when also having to cope with her child's illness:

"I did feel like she was, the relationship was close enough that I could confide in her you know, the things that were worrying me, or you know. You know, some of the times with [birth child] in hospital were really traumatic. And so you know, having someone who I knew you know, well I'll see [family mentor] on Tuesday or whenever you know, I might just mention it to her. Just knowing that, was really helpful" (female age 37, child age 4 years).

The familiarity of the family mentors because of the regular contact was also of benefit to the parents, especially those who felt lonely with a new baby. As Charlotte said,

"I suppose having somebody to come round, somebody to talk to. You know it can be quite lonely sometimes when you're a new parent, particularly at the start. So it was nice to have somebody to have a cup of tea with" (female age 37, children age 6 years and 2 years).

This focus on the wellbeing of the parent was very welcome, given how so much is prioritised for the child. As Hayley commented,

“So yeah, it was quite good support to be fair, very good support about that. And it was just nice just to get a phone call just to say, are you okay? Like not are the kids okay or anything, but are you okay? And I was like, oh actually, someone cares” (female age 38, child age 4).

The prioritising of parents was noticed by others, such as Claire who felt it was right to assume if a parent was doing well then a child would also be doing well:

“And I think that [family mentor] understood I think that my wellbeing impacted [birth child]’s wellbeing... It wasn't prescriptive, it was empathic, it was how am I, therefore, how is [birth child]. Not, how is [birth child], therefore how am I?” (female age 37, child age 4).

The attentiveness of the family mentors towards the parents was highly valued, even to the extent that Shona remarked on the relationship being personable,

“I’m not sure if I’m the only mother they deal with, I don’t think so actually, but they still make it personal. Like they remember, like you feel like they’re only dealing with just you, because they remember a lot of the conversations that you’ve had about your baby and stuff like that, yeah” (female age 35, child age 1 year).

Other parents commented on the flexibility of the family mentor contact, which could be rearranged at short notice if necessary. The family mentors could also be easily contacted by parents should they need to be in touch outside agreed times, and if their particular family

mentor could not be contacted, there was always another available to offer support if a matter needed urgent attention.

The family mentors were seen as being noticeably positive workers, which was highly rated by the parents such as Abigail who said of the family mentors she had met that they were,

“Always positive, they’re always very happy people” (female age 22, child age 1 year).

Time and again, parents spoke about how much they trusted the family mentors. The trust they had was built up through the regular contact with the family mentors as parents. Joanna explained this as needing to trust the family mentor as a parent first before allowing her children to do so:

“I trusted what she was saying to me. When she was saying to me, you're not the only one going through this, I trusted that, and she was really kind, really took the time to be there for me and for my children...So she's made a relationship with me and both my children and she's put the time in for us to have a trusting relationship with her. If she hadn't have done, if she'd not been the way she's been or not made the effort then maybe I wouldn't trust her, wouldn't have that same relationship” (female age 35, children ages 2 years and 7 months).

Other examples of trust were from Justine (female age 29, children ages 2 years and 4 months) who spoke about sharing photos of her children’s milestones, such as taking their first steps, with the family mentor as she would a close friend, and Malinda (female age 46, child age 5 years) who talked of how much her child likes meeting with the family mentor. However, Kim was not the only parent to admit trusting her family mentor took a while due

to her own issues with trusting others: when asked what it was about her family mentor that made her easy to approach with any difficulties, she replied,

“it’s the caring. Like they want to help, they want to know, so it’s not...don’t get me wrong, it took me near enough the two years to reach trust to my mentor, but again, that’s just trust issues on my behalf” (female age 33, child age 2 years).

The parents spoke of very personal issues and how much they trusted their family mentors with details which led to the advice being specific to their needs. These issues included relationship difficulties, mental ill health including post-natal depression, bereavement including miscarriage, feelings of inadequacy as a parent and being overwhelmed in having a newborn, and managing to provide well for a child on a limited budget. As Kim also explained:

“They done a food bank for me...Which was a Christmas dinner thing for me and the four children...And then they got a present each as well...And then they asked you if you had enough electric and that throughout Christmas, but I did” (female age 33, child age 2).

Several of the parents commented on how their family mentors gave assistance when they experienced poverty. These comments included family mentors offering donations of toys during lockdown, hampers at Christmas where a working partner had been furloughed, and advice on purchasing affordable clothes or home accessories such as stairgates. All of these examples highlight the attentiveness of the family mentors, and the parents spoke about feeling more confident in being able to provide for their children. These offers of practical and financial support were significant at the time of the interviews, and it is reasonable to assume they would become more important given the current cost of living crisis.

Most significant was that the parents spoke about trusting the family mentors with their children's issues, including support in speaking with health professionals about health concerns and managing developmental issues. As Sara commented, it was important to be advised about language acquisition for a child in a house where different languages were spoken:

"I was just talking to her about how like, how important it is for like, my daughter to like, learn my language or, or my boyfriend's language...And so she was explaining to me, sometimes this, if you're coming from like different cultures, obviously everyone in the household speaks different languages you might see this in your child, like a bit of like, a delayed talking, just because she's trying to understand everything in each language that you guys speak to" (female age 23, child age 14 months).

Part of the reason the parents felt they could trust their family mentors was because of the non-judgemental attitude. As Angela explained:

"She's really yeah, she's really friendly, she's got a really calm approach to things, and she's a really good listener. And yeah, you just feel supported by her. And the way she gives information to you, is done really well...it's never done in a patronising way...It's a non-judgemental ear" (female age 39, child age 3).

Being non-judgemental was particularly important when a parent was getting conflicting advice from their family. Often, older members of a family would advise according to culture or tradition, and the parent would discuss the different approaches with the family mentor; it was then the role of the family mentor not to judge the family but to support the parent

to make the choice with which they were most comfortable. Marie felt there was an advantage to the family mentor not belonging to her actual family:

“You have this person and they’re like, right, you can’t handle these things, you know, and you’re judged harshly for it. But somebody who doesn’t know you, they’re like well, you can try something different, you know, adjust some work or find other ways to sort it out, you know...Because if you would tell family well, I have four kids, I’m tired, I need some help, they’re like oh, you know what you were getting into, what do you want now?...But the mentor says oh, difficult things are rough sometimes but, you know, you can try different things and you can come out of it, you know. With a bit of help it’s doable” (female age 37, child 19 months).

Tahra questioned her family tradition and valued the approach of her family mentor regarding her culture:

“So they taught me how to go about with the baby. Because we...we have a way of you know, going about with our babies. And I consider where some things that we do that were wrong...Yeah, you know these family mentors, they don’t just abolish your culture or your traditional whatever...They don’t come and say that, on this is not good, do this, no, no, no! that's not how they operate. They come to get involved, and even show you more things and adapt things what you know already” (female age 37, child age 11 months).

Similarly, Shona felt more comfortable talking to her family mentor than to her own family when it came to child rearing issues:

“Because everyone’s got an opinion about how a baby should be raised, and stuff like that. But there is no backing from it you know, it’s just something that maybe

so and so once told them. And so I just have that more confidence in talking to a family mentor, because I can challenge that, and they're not going to take any offence to it, or anything like that. It's just, I don't know, I just feel like with family, sometimes as well, there's an expectation for you to do certain things in a certain way. But a family mentor can give you five other options of how to do something you know, and that's not the only way of doing it" (female age 35, child age 1 year).

Although Amy did not take up the offer of having a family mentor and did not face similar cultural pressures from family members, she did recognise the advantages of being able to speak with someone outside of her family especially about health issues:

"Well I just think it can be quite difficult you know, if you're you know, you've got family around you, it's quite difficult, it can be quite upsetting to talk to your family about things. Sometimes it helps to have a different opinion...sometimes you're just more comfortable I think, talking to somebody that's not close to you. Sometimes it's easier" (female age 30, child age 4).

However, Nadia, thought having a family mentor was a nice extra, in that she was confident about being a parent anyway:

"I'm not really sure it's made much difference as a parent. It's a treat...And it's something that's free and makes you feel like there's some value in sort of like looking after a little one and that there's funding out there for something like that, and that's an important consideration. But I don't know if it's really changed me that much as a parent" (female age 55, child age 2).

Some parents also mentioned how they preferred having someone they trusted rather than attempting to seek advice online. Chatrooms and social media were utilised but by



comparison, the personable support of the family mentors was invaluable. Marie explained how negative an experience seeking advice online can become:

“When you’re, when you’re first-time parents, and you read all the rubbish on the internet and they tell you how, how your child is supposed to behave, and it actually doesn’t, you just want to cry at the end...[but]... the family mentor service has been great. It’s nice to speak to somebody else about your problems” (female age 37, child age 19 months).

The parents said they preferred to build up a positive, trusting relationship with their family mentor and ask their advice than to get confused with online opinions.

Interestingly, even when parents were very experienced in having children or as professionals working with children such as teachers, nurses and social workers, some still valued the support received from family mentors. Claire explained:

“I had...my teenage daughter has lived with us for getting on for nine years...I’d had so much parenting experience, and I thought this would be a doddle [laughs]. I had no idea how hard it was going to be to look after a baby. Because I’d looked after these really challenging, really traumatised children for such a long time. So I thought, gosh well you know, having one from scratch is going to be a walk in the park...I should have known! But no-one tells you that stuff. So it’s the fact that [family mentor] sort of walked alongside me while I was discovering these things...it was a really special relationship, I would say that. It was really, I really trusted her. It was a really you know, I really, even now, I look back and really value her advice and her support” (female age 37, child age 4).

Again, Shona assumed her professionalism would stand her in good stead for becoming a mother, but soon found she really valued having a family mentor to support her with what was essentially a completely new experience:

“I always thought, I’m great with babies you know, because I work with babies. But it was such a different experience when I had *my* baby. And I don’t know, I couldn’t have done it without my mentor at the time” (female age 35, child age 1 year).

The family mentors were so valued that most parents couldn’t imagine being without the support offered. Nicole spoke for more than one other parent when she said:

“I really love having one [a family mentor]. Just something that we’ve even considered like moving house, but we don’t really want to move out the area, because we don’t want to lose my family mentor” (female age 28, child age 11 months).

Overall, the parents spoke extensively about having a positive relationship with their family mentors and how much they valued the input.

Service delivery

Although most of the family mentor contact with parents was on an individual basis with the mentors visiting the parents and children at home or keeping in touch by phone, the groups run by family mentors were also significant regarding mentor service delivery. While this research was not exploring the family mentor group sessions as such, many parents commented on the advantages of attending the groups. In particular, the social benefits for both parents and children were highlighted. As Charlotte said, the groups brought an added



reassurance because she found that she was not alone with worrying about her child, and she was able to discuss her child's development with other parents:

"I started to go to baby groups, I got that support from other mums. Because sometimes it was just knowing that you're not the only one, and that actually, that's quite normal...as a first time mum, I didn't know, is that normal? is that okay? should they be doing that? And you just sort of want some reassurance almost and inevitably in the end, the best people I got that from was going to baby groups" (female age 37, children age 6 and 2 years).

Christopher also mentioned the social benefits of attending the family mentor run groups as it helped him and his family get to know their neighbours:

"It's [the family mentor run groups] a great source of support, it helps your kids sort of develop and socialise. And also yeah, because it's quite close to us, we get to meet people in the area as well. Which is nice, because we're not from this area where we live at the moment. So yeah, we live in [area] but we're not from [area], so it's nice to kind of meet our neighbours really I suppose" (male age 33, children age 2 years and 4 months).

Kim praised the children's parties provided by the family mentor groups, such as at Halloween and Christmas, and Sara also emphasised how her child was relaxed and happy at the family mentor run group sessions:

"...in the sessions as well, it's like, I think it helps like, there's a lot meant for the babies. Like my child, she's a very shy girl. But when she's there she's just like free, she just goes around, just plays" (female age 23, child age 14 months).

Lisa found that having attended the family mentor run groups, she was able to socialise outdoors with other parents when the groups stopped meeting indoors due to lockdown restrictions. For Lisa, this was seen as important in offsetting the social isolation brought about for young children by the COVID-19 pandemic:

“So she was very sort of isolated from children her own age, if that's the right word, especially over these last 18 months...So it's been nice, because even though groups haven't been on, a lot of the parents what I've met through having a family mentor, and through it being introduced to SSBC groups, I've been able to meet up with these, like on a park. So she's gained a lot more friends” (female age 41, child age 3 years).

The family mentor service delivery also included completing the ASQs. These were sometimes done with parents, but often parents said they would be left with the ASQs and complete them in their own time if they wanted. As Angela commented,

“No, they were left with you, [family mentor] talked through them, but then they were left with me to complete...I've still got the box in the living room with them all in. So some of them I have done, others I haven't” (female age 39, child age 3).

On the whole, parents found both the ASQs and the activity sheets to be helpful. However, Nadia was initially wary of family mentors carrying out developmental checks:

“I think that was something I didn't feel that comfortable about it at the start, because I thought, is it sort of like you're being checked up on in a way of, you know, are you doing the right thing? and that sort of thing” (female age 55, child age 2).

However, Charlotte, a qualified professional who works with children, commented on how she stopped having a family mentor because it was not focussed on her as a parent and only followed a rigid programme presented as a series of sheets in a box which she didn't find very helpful:

“It was more like they came round with a focus on the box, on a week to week you know, session, or however often I had it, and we would go through that particular week...So it was more like, I don't know, week two might have been, are you talking to your baby? and then we'd go through a session on ideas on what I should be doing with my child, interaction wise, rather than my particular needs that I had that week...It was like they were trying to teach me all the basic things, like I wasn't capable of doing that...And it felt a bit like I didn't have a clue what I was doing...every time they came round, down came the box and out came the sheets that we would be working on that week” (female age 37, children aged 6 and 2 years).

Similarly, Claire found it more meaningful to engage with the family mentor as a person who respected her skills and experience than someone who followed a prepared formula:

“So she was, she never patronised me. And that's the thing is that I didn't have to do the sheets, because while they form some sort of framework, we didn't, yeah I didn't need them, I didn't need them. A lot of the things, I'd already thought about, I'd already done, I'd already practiced. So the importance of reading to your child was not something I needed to do an activity sheet on. Because she knew I was already reading with [child]. She came to the house and saw that there was a

library's worth of children's books. It's not, so I don't, I think, I didn't find those sheets particularly riveting" (female age 37, child age 4 years).

The family mentors also used the ASQs to show parents their children were on target. As Bethan mentioned, the paperwork questionnaires helped reassure her as a parent that her child was developing well:

"...we done a form the other day...yeah, her development's fine...We've just, we've done like her feeding and that, to make sure everything was fine with her, like with scores or, some paperwork. But yeah, it was reassuring" (female age 23, child age 7 weeks).

Interestingly, even where children did not meet their expected targets using the ASQs, the family mentors were still able to reassure parents their child was doing well. Sara gave the example of expecting her daughter to be walking by fourteen months:

"So like now, my daughter, she's fourteen months, she just turned one in August, and she hasn't started walking yet...I was like, I'm really like concerned because like, she's hit every milestone...all the milestones at the right time, and with this one thing I felt like she's delayed a bit. So she just reassured me like, until she's eighteen months, don't worry, because there's still a lot of time...But for now, as long as she's standing or if she's crawling, she's active and everything looks fine, you shouldn't be concerned. And I feel like that wasn't normal, I was like, oh, she's meant to be walking by now. But then, I didn't know babies could take, it could take time or delay up to eighteen months" (female age 23, child age 14 months).

For children with disabilities, the ASQs helped highlight a developmental need and this was handled sensitively, with the family mentor still reassuring the parent and signposting them for specialist support. As Mercy explained:

“...you know sometimes as a parent you start blaming yourself, oh my child is not talking, is it my fault, and everything. So having her [family mentor], she reminds me that no, you know there's other kids like this and there's like this, and all you need to do is to do that and that. So yes, it's that confidence in just parenting” (female age 38, child age 2 years).

Similarly Leah spoke about how the ASQs helped highlight the needs of her elder child:

“So it was kind of like, oh, hang on a minute. Like, they're both being brought up the same way, you know, they're both doing the same things. But [elder child]'s really struggling more with it. So I could see that from the questionnaires and how they were doing. Which was an indicator that actually, yes, I might need someone to have another look at him” (female age 26, children ages 4 years and 2 years).

Ending the support with a family mentor featured for many. For most who were able to comment on this, they completed their support with a family mentor when their child (or youngest child) reached nursery age. There was then a formal sign off with a 'graduation' for the child. As Hayley commented,

“She [family mentor] seen her [child] the other day, which was when we signed her off, and she did a graduation thing...it was really nice, because [youngest child] was like, ooh let's put this dress up on. And it was like, it's graduation, kiddie's graduation gown, and...she said, well we're coming to the end anyway, it's

graduation and yeah. So it just got a little bit difficult, because she started nursery full time, and that's all it was. It's just because she's four, and she just went into nursery" (female age 38, child age 4 years).

However, other parents described changing family mentor before their child reached 'graduation' because their family mentor changed jobs or got promoted. For one parent, it was difficult to change from one mentor to another, particularly when her first had been such an ideal match:

"I think I've had a different relationship with my first mentor because they kind of pair you with someone that you're very similar with or that has, you know, similar beliefs, interests or, you know, personality wise. So the lady before we had a different relationship; that was more like, you know, I would text her...because we are both vegan and things like that, so we'd had a different relationship. Whereas this one is a bit more formal, so yeah, she just lets me know when there's groups and things and yeah, it's just nice to have an extra person to talk to" (Gemma, female age 33, child age 23 months).

For Claire, being offered a different family mentor part-way through the support was not something she accepted, and she ended having a family mentor:

"I was devastated when she moved onto a different job...So I did turn down having a new family mentor when [name] moved on...I was open to having someone else, but I was really specific about what I needed [laughs]...And so I didn't want just anyone" (female age 37, child age 4 years).

Several of the parents mentioned that the family mentor service delivery during lockdown was very much appreciated, as it meant they were able to continue having regular contact and support. Jessica did not meet her family mentor until after COVID-19 restrictions ended, as her support started remotely. Even so, she welcomed the contact which was in contrast to severely limited social contact:

“It was like having an extra person to talk to talk to you know. Because everybody was so isolated...And it just helped...it became something I looked forward to...In a kind way, you weren't allowed to see anybody, where it was like an extra person that you could speak to. And it was just, it did, it was something that I did, I quite enjoyed it. And she was useful and it was just, made you feel that bit better”

(Jessica female age 36, child age 19 months).

Hayley contrasted the service delivery from other professionals with that of her family mentor during the COVID-19 national lockdowns, and explained that she was helped with specific needs because she was unsure where to go for support:

“I don't see the health visitor. So I couldn't even tell you who [child's] health visitor is to be quite fair. So yeah, it just feels like they've just disappeared under the radar. Because we only deal with [specific health professionals]...I just feel like health visitors just gone, I don't know. But it's really, really good, it's nice to have that, someone there...and there was a couple of times that I've gone...I was like, oh I'm not sure who to contact and stuff like that. And...at SSBC, who was my family mentor said, oh I'll check on her notes and see who you need to contact. And she's kind of helped me with information and stuff like that, if I needed anything” (female age 38, child age 4 years).

Although most parents were happy to resume or start the family mentor contact in person once the COVID-19 restrictions ended, at least one parent said they preferred phone only contact because it offered flexibility and was more relaxing not to have to welcome someone when busy with a baby:

“I’ve enjoyed the phone aspect part of things, because I’ve been relaxed about it. But then when we start thinking of meeting up, I have to think about so many, because I’ve not done it yet, it’s just a lot, it’s just a lot to get you know, it’s now like an extra thing. Whereas on the phone, it’s just easy going, I know I’m going to get a call, we’re going to talk about this, I’m relaxed” (Shona, female age 35, child age 1 year).

Given the changes to service delivery brought about by the COVID-19 national lockdowns, it is interesting that some parents preferred in-person support while others spoke about liking the phone calls and the online sessions.

There was one main area parents suggested needed improvement regarding service delivery of family mentors, namely the first contact. A lot of parents found this very confusing, especially if contact was made to mothers during the final weeks of pregnancy when they were feeling overwhelmed and stressed about being due to give birth. They spoke of being unsure who the phone call was from or what it was about. Some mistakenly thought they were being contacted by social services, another health visitor, or even a housing charity. As Hayley commented,

“...and I was like, yeah, yeah, yeah, of course I want the health visitor kind of thing. And they’re like, oh you’re in the area for the finding or something. I think that's



what it was, because I was in the area. I don't know if it was done on records at the doctors, because I was in the area for that. I don't know, just I had this random phone call one day, and I was like, yeah, yeah, of course I want... I honestly thought they was a health visitor [laughs], I didn't realise, because I've never had one before" (female age 38, child age 4 years).

Lisa found the first contact confusing and worrying, mistakenly thinking she was being judged as not being good enough as a mother:

"...when I first got told about it, my health visitor said, oh I'm going to put you forward to a family mentor. Well I actually, I'd never heard of it. So I took offence to it actually...I was thinking she was thinking I was a struggling new mum, who needed...because I didn't realise what a family mentor meant as such you know. I thought it was like somebody who was a bit like from social services, coming to guide me and tell me what to do you know, because they thought I needed assistance" (female age 41, child age 3 years).

Claire initially rejected the offer of a family mentor at first because she assumed she was being called about housing:

"I got a phone call from [housing charity] [laughs], and they said, hello it's [housing charity]. And I said, oh hi. And they said, we hear you're having a baby. I said, yeah I am, but it's alright I live in my house, it's like, I don't need any help...And they said, yeah, no, no, it's not about that, it's about your baby. I said, no my baby's got somewhere to live, we're okay [laughs]. And I was, I think I was, it just...I'd taken the call just outside my antenatal class, so I wasn't really wanting to have a conversation" (female age 37, child age 4).

Confusion about being eligible for a family mentor also extended to other professionals, including Justine being wrongly advised that it was dependent on employment status:

“And then because...so then the health visitor...she didn’t...because I had had a job, she didn’t think I qualified for the family mentor service at first. But obviously it’s not on how much money you earn, it’s just because of the area we live in. And she didn’t know that at the time” (female age 29, children ages 2 years and 4 months).

While the initial contact regarding the family mentor service is very important, and getting the right message so parents understand what they are agreeing to is crucial, this doesn’t always appear to have worked well.

However, successful introductions to family mentors were examples where parents have approached the service themselves. This might be because they knew someone like a neighbour, friend or another family member who already had a family mentor, or because they tried out one of the groups and decided to find out more. As Emily explained regarding her first contact:

“They were doing an open fun day at [place] and it come across that we went to be nose to see what it was all about and it was family mentors...And it come across that they were opening up a new scheme. We were like, okay, so we signed up for it and then I ended up with my mentor and my sister had a mentor as well, so she had a different one” (female age 34, children ages 5 years, 20 months and 1 unborn).



Family mentors being approachable to new parents in such group sessions therefore seems to be very important in ensuring as many parents as possible are aware of the service and what it can offer. However, one possible area for consideration was that the NHS lanyard worn by family mentors could hinder approachability because family mentors are not directly linked to medical care and intervention.

Other suggestions for improvement were to do with choosing a family mentor and ending family mentor contact. Firstly, the selection process for an individual match might not always be made for the parents; instead, the parents could be actively involved in choosing their own family mentor from those available for their area at the time according to lifestyle and culture, for example. Secondly, parents could be put in touch with other parents in their area as this would enable them to make contact with other parents and continue informal peer support after direct contact with family mentors had finished; while some of the parents kept in touch with other parents from the group sessions, making such contact part of the finishing process could help increase parental peer support after family mentor contact has ended.

Another area which was commented on regarding improvement of the family mentor service was to do with adjusting to remote support during lockdown. Several parents said the online sessions were not suitable for very young children because their children did not engage well with a screen. Others had difficulties using the online link on their phones. Managing their young children at home while attempting to follow an online session was too difficult for some, as Rebecca explained:



“then they [family mentors] started introducing the groups on Zoom as well. Which I did find helped, but I needed eyes in the back of my head with...so I prefer going to groups, because at least then you've got other adults around to watch the children. Whereas when you're in your own home, it's like you're trying to, this is like multi-task beyond any type of multi-tasking we've ever know...But yeah, it was like...and so sometimes I just used to sit in and listen. I'd have like, I'd have the ingredients given to me, I'd have the sheets on what to do step by step. And then sometimes I'd just have to do it when I wasn't on Zoom” (female age 33, children ages 4 and 1 year).

Some parents found it confusing that different services stopped in-person contact at different times in response to the COVID-19 social restrictions. It was noticed that other services continued in-person support while the family mentors did not. As Justine asked,

“...so literally everything just stopped overnight. And you're just expected to do it on your own. And yeah, I mean obviously you want more than just someone coming in once a month or whatever. But...if a midwife can come and be masked up, why can't a family mentor be coming and be masked and like socially distanced as much as you can?” (female age 29, children ages 2 years and 4 months).

Another parent commented:

“SSBC just completely shut down, which I understand them saying that's for safety, but there were many other groups going on, and I think SSBC targeted for like vulnerable areas and families that need support, so if anything they should have been the ones that were providing the most, whereas I was having to go elsewhere

and pay for groups to ensure my daughter was still socialising, safely obviously, you know” (Gemma, female age 33, child age 23 months).

Sourcing alternatives to the in-person services provided by the family mentors was one of the ways parents struggled to manage during the early weeks of the national lockdowns.



Inclusive approach

A lot of the parents praised their family mentors for being inclusive. Even though the priority of the family mentors is that of the parent who has agreed to the support and their young child or children, it was often commented how the whole family was included. Emily commented on being donated a trip to the seaside for her whole family of six, and how the family mentor cares about everyone in her household:

“Yeah, everyone's made as the family if you know what I mean, and not just being, right, I'm a mentor, I'm only coming for the little ones, she makes it about everybody. She'll ask about everybody all the time” (female age 34, children ages 5 years, 20 months and 1 unborn).

Jessica, who has five children, spoke about talking to her family mentor about her older child transitioning across genders, and feeling supported and understood; this was in contrast to some extended family and neighbours who had been judgemental and negative. However, Jessica had found it difficult that during the holidays when she had older children off from junior school. She was unable to bring them along to the family mentor group sessions, and as she didn't want to leave them at home, her youngest had to miss attending the sessions as usual. Nicole (female age 28, child age 11 months) noted that having the group sessions on fixed days meant she was unable to attend some due to her work patterns, and made the additional recommendation that the groups could swap the days around to allow for greater access by working parents.



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Justine spoke about how her male partner was included by the family mentors, from taking part in baby massage classes after their first child had critical surgery to always being asked about which she felt was in contrast to health professionals:

“So we did like Baby Massage...So he did the course as well. But sometimes he was working, because he had like a phased return. But she still included him on like the certificate, because I’d showed him the skills, so it made him feel included. So when, yeah when, probably like the doctors and stuff, it’s always the mum...And so the midwife’s coming to see you and the baby. So obviously the dad doesn’t really count...the family mentor, she literally has included him from day one. And even when he’s not there, she always asks about him, or asks how work’s going, or do you know, she always...and knows what’s going on in our lives. So it’s definitely a more personalised service” (female age 29, children ages 2 years and 4 months).

Christopher (Justine’s partner) also commented on how this inclusion was welcome:

“...they always ask how I’m getting on, and you know, how I’m finding kind of being a dad, and yeah...I think with being a dad, I found that a lot of time when people are talking to both of us, they’re more kind of focused on just my partner. Whereas I feel like [family mentors] they’re kind of you know, they’re talking to me at the same time. They’re making eye contact, they’re including me, they’re asking me sort of questions, asking what my kind of views are on whatever they’re asking about. Yeah, I just feel like they’re kind of treating us equally” (male, age 33, children ages 2 years and 4 months).

Clare gave the example of going in the ambulance when her child had an emergency admission into hospital on the same day as her wife stayed home for a furniture delivery, and remembered how supportive the family mentor was to both her and her wife as parents:

“But you know, the reality was that [family mentor] arrived in the middle of that one day, and then checked that [wife] was okay. There wasn't anything about her, there wasn't anything about anything else, she didn't offer any anecdotes about someone else she knows being fine. She just checked that [wife] was okay, and was there anything she needed. And then she called me the next day to check that I was okay” (female age 37, child age 4 years).

However, Charlotte recommended changes to the paperwork used by the family mentors to be more inclusive of different families:

“...any forms we'd have to fill in, it would say mother and father for an instance. We'd always have to cross the father off, and write parent one and parent two... Yeah, so you know, with the fact that we were both females, I would say that wasn't addressed, same sex wasn't really addressed in forms per se. So that was an issue. And actually, sometimes, I suppose it's not, I suppose this probably isn't relevant to this, because [family mentor] was lovely, but quite often when we had [oldest child], if I was at home alone, they would ask about a husband, and I'd have to say like, oh no sorry, we're same sex” (female age 37, children ages 6 years and 2 years).

Charlotte explained that the family mentors were not the only service that didn't make her and her partner feel included, and that health and education paperwork also assumed a married, heterosexual couple.

Several of the parents commented on the significance of the family mentors being parents themselves. They preferred the family mentors to have knowledge about parenting young children from their own personal experience. Claire also spoke about how important it was that the family mentor offered support and empathy from personal experience of parenting older children:

"I needed someone who had older children, who perhaps had been parenting for as long as, or if not longer than me. And those mentors were few and far between I think. And so I felt that my unique set of circumstances meant that it was going to be really difficult for me to find a mentor who could have the wisdom to understand how complex our life was" (female age 37, child age 4 years).

Conversely, while Abigail found having a family mentor to be a very positive experience, she did feel excluded in group situations because of her age, and recommended family mentors were not always a generation older than the younger mums:

"I'm quite young compared to all the other mums that join and go to like the groups and stuff. And I'm also very young compared to the mentors. And their sort of having conversations always about their husbands you know, with the other mums. I'm just like going like; I'm not part of this conversation. Same with when they're talking about their children, some of them, their children are the same age

as me. And that's the one thing, they need to be younger" (female age 22, child age 1 year).

A couple of the parents suggested that the family mentors could represent ethnic minorities better. For example, having a family mentor who was black was important to help have more black families accepting the offer of having a family mentor. Tahra recommended,

"I didn't see a lot of black community there. So I was thinking if they could go extra mile to involve or engage the black community" (female age 37, child age 11 months).

Similarly, Angela pointed out:

"all the Family Mentors I came across were white...I could see that may cause an issue for some parents, that wouldn't perhaps feel as represented. Or as if their mentor may have as much in common with them culturally, as others" (female age 39, child age 3 years).

However, many of the parents praised the cultural sensitivity of their family mentors. This was as much to do with ethnic minority traditions as it was to do with specific lifestyle choices. For example, Joanna spoke about being able to discuss her husband and children's culture openly with her family mentor:

"I'd have conversations with [family mentor] about, so recently I was thinking whether or not to take my little girl to an Afro-Caribbean hairdressers or just to my sort of normal hairdressers that I go to...And I think we'll talk about different foods, so she will say to me, oh you know, do they eat African food as well, because

my husband is half African, half Jamaican. So we'll talk about things like that. So I suppose she's showing an interest in their culture and the other side of their heritage" (female age 35, children ages 2 years and 7 months).

For Gemma, being vegan is very important and she was surprised her first family mentor was also vegan, and how supported she was in attending the family mentor groups:

"Yeah, really sensitive. Like I didn't actually attend, there's a Cook and Play group and I didn't attend that because I didn't want to kind of be like, not awkward but, you know. And I mentioned it and they said, oh, you know, there's a class on a Friday. And then I told them why and they said specifically they will always make sure that there's an option for my daughter. Even like we've been going every Friday and last week she said, oh we're going to be making cakes, what would you prefer as an egg replacement, and like they buy vegan cheese when we make pizza, so yeah, I cannot, yeah, praise them highly enough for that" (female age 33, child age 23 months).

Other examples about cultural sensitivity given were about matching a Muslim family mentor to a Muslim family, and having a family mentor who was genuinely interested in Christian religious practices even though they were not religious themselves.



Distinction from other service and professionals

One of the many strengths of the family mentor service is being distinctive from other services and professionals. All the parents recognised that it was important they were offered family mentor support because of the local authority ward in which they lived, rather than because they were seen as needing any kind of crisis intervention for child protection or health reasons. Angela explained this last point by saying,

“I think when people think of formal intervention, they think of social services and things like that. And because you’re not able to cope. Where this is a service that’s offered for everybody, because of your postcode basically...I think it’s a different skill set. They still need to be able to build a relationship with you, but I think it’s, they’re there more for professional advice, where that’s not what a family mentor is to me...especially social workers; it would feel more like an intervention than a mentor service” (female age 39, child age 3 years).

Twenty-four of the parents (92%) said they would not want to see family mentors replaced by for example social workers or health visitors. The main reasons given were to do with fear and stigma of being visited by social workers, and negative experiences with health visitors.

Amy explained her reluctance in having a social worker replacing a family mentor:

“...like I said you know, they have this fear that you know, that it’s just different. It’s someone being a social worker, I mean would probably put a lot of fear in somebody that you know, if they were doing a house visit, or you know, things wasn’t right a hundred percent perfect you know. Saying a social worker’s coming to visit you would probably at least put a little bit of anxiousness into somebody” (female age 30, child age 4 years).

Marie had a big difference of opinion with her health visitor regarding weaning, eventually meeting with her GP who supported her choices. She contrasted theory-based approaches with the flexible experience-based offers by family mentors who always supported her decisions without judgement and helped her work around any difficulties:

“Because at the end of the day, health visitors, they quote you from the book, because that’s how it is, you have correspond with their policy and procedures. Well actually, This is the quoted procedure, This is how you have to do it, The book says do this. And I’m like, my dear, what it says in the book, the reality is a different thing [laughs]. You cannot quote me a book as reality, because the reality is, what is in the book don’t match. That’s not possible” (female age 37, child age 19 months).

Some parents went further, explaining that neither social workers or health visitors would have the time for regular contact. Nadia considered the informality of family mentors was key to their approachability, whereas health professionals are really only sought out in a crisis; in this way, the family mentors provided a service that was pro-active and helped prevent situations becoming serious:

“I think the health visitors have got their own sort of job to do and then this [family mentors] is, I think it's quite different...they do different things. I think [family mentors] they're a bit less formal aren't they because they're not doctors or nurses, so I think it might be difficult for health visitor...because some things can be quite trivial which health visitors haven't got time to do that sort of thing...It's not like to do with illness or health or that sort of thing...it's nice having them separate” (female age 55, child age 2 years).

Others doubted whether anyone other than family mentors would offer anything like the non-judgemental positive support they had received from the service. Mercy described her feelings at attending a health visitor and then a family mentor play session with a clear preference for the latter:

“I think, we don't have social workers and we don't really have health visitors, but we've been to health visitors play session once before, only once because they were like looking down at you...When you go to the health visitor session it didn't feel welcoming, it was like you sat in a circle with your child and that's all you could do. Where a [family mentor] play session you can actually move around, interact with other people, interact with mentors, interact with obviously the people that's there, and obviously the children can play together as it's supposed to be” (female age 38, child age 2 years).

Nicole also made a direct comparison between how she felt about her health visitor and her family mentor's visits:

“Because sometimes when you get just a health visitor, you feel a bit like you're not doing everything you could do. But then with these family mentors, they're kind of more reassuring that like there's no really wrong way to do things...they're really reassured us that we're not doing anything wrong, and we're actually doing a good job. Which has been really nice, because I don't think, because we're first-time parents, I don't think we had much confidence at the start” (female age 28, child age 11 months).



It was very important to parents that the family mentors were also parents themselves, as has been already mentioned. Malinda spoke about her family mentor being like an extra parent, especially as she was waiting for her own mother to visit and help:

“...it's like having a mother teach you how to raise your child...it was like having another parent. Because when my daughter was born I was still waiting for my mum to come from [other country]...Yeah, she was just really approachable, understanding, and she would give you real life examples. So it wasn't just the theory. So she would talk about when my child was this age, or when my daughter or when my son was this age, and this is what I had to do. And she would give real life examples to things that I was going through and in many ways she helped me more than she knows” (female age 46, child age 5 years).

Finally, it is testament to the success of the family mentors that all of the parents said they would recommend the service to a friend or member of their family with a young child if they were eligible. This complete endorsement also came from those who had stopped having a family mentor or refused to have one. Some of the parents argued that the service should be city-wide throughout the whole of Nottingham because they thought it was so valuable for parents of young children to have access to family mentor support.



Conclusion

There is evidence of how much some parents value and appreciate the family mentor support they have received. This has implications for the development and delivery of services, as well as the design of social policy. We have highlighted in this report the hugely positive impact of the family mentor service on parent confidence and parent choice, as well as child and parental mental wellbeing. This is strengthened by the difference between family mentors and other professionals including social workers and health visitors. However, the strengths of the family mentor service can be challenged by how inclusive and personalised parents perceived the family mentor service to be. We suggest a range of policy and practice recommendations, including: inclusive parent-focussed support which extends to all family types particularly gay parent partnerships; cultural and ethnically sensitive family mentor matching especially for both parents and young children from black and Muslim families; while COVID-19 presented an unprecedented global pandemic situation which must have seemed extremely unlikely in 2019, emergency planning of service delivery could help any future adaptation for the parents who have come to rely on the support provided; to improve and clarify the first contact to parents about the family mentor service and reduce confusion as to what is being offered; the welcoming of all children to family mentor group sessions during the school holidays to allow very young children to continue attending; and involving parents and young children in decisions about changes to the services they receive, particularly in the choice of a family mentor. We suggest that addressing these issues for families with young children will promote well-being and access to support provided by the family mentor service.

Recommendations

We recommend that SSBC and others:

- make strong representations to Government, Local Authority and other policy makers to advocate for the support needs of all parents of very young children under the age of four years being partially met through a trusted and non-judgemental peer mentoring service, with SSBC family mentors as an example of good practice;
- improve and clarify the first contact to parents about the family mentor service and reduce confusion as to what is being offered;
- resist the withdrawal and delay of adapting services (both professional and non-professional) in future emergencies, and plan for this;
- make an additional effort to recruit more family mentors from ethnic minorities;
- make every effort to provide cultural and ethnically sensitive family mentor matching especially for both parents and young children from black and Muslim families;
- find ways to include families more fully when matching family mentors to families, and give them some degree of choice in the process;
- develop and adapt paperwork and other communication to be inclusive of gay partnerships and as an example of good practice to education and health professionals by including other family members;
- evaluate the effectiveness of telephone or video, as opposed to face-to-face, contact in delivering support to families with very young children post-COVID-19



restrictions and in the event of any further lockdowns, continuing to offer in-person or telephone contact as a parent prefers;

- evaluate the impact of family mentors on parents' decisions regarding their child's health and well-being e.g. vaccinations, healthy eating, trips out etc. particularly given the current cost of living crisis and those families experiencing poverty;
- consider adapting the family mentor group sessions to include older children during the school holidays and running the groups on different day to promote access by working parents;
- increase efforts to involve the parents of very young children and the children themselves in decision-making processes and promote their rights to be heard.



References

Alexander, D., 2011. *Adventures in Parenting: How Responding, Preventing, Monitoring, Mentoring, and Modeling Can Help You Be a Successful Parent*. Princeton, NJ., Robert Wood Johnson Foundation.

Allen, T.D., Eby, L.T., O'Brien, K.E. and Lentz, E., 2007. The state of mentoring research: A qualitative review of current research methods and future research implications. *Journal of vocational behavior*, 73(3), p.343-357.

Arriaga, X.B., Eller, J., Kumashiro, M., Rholes, W.S. and Simpson, J.A., 2021. Self-efficacy and declines over time in attachment anxiety during the transition to parenthood. *Social Psychological and Personality Science*, 12(5), p.658-666.

Bäckström, C., Thorstensson, S., Pihlblad, J., Forsman, A.C. and Larsson, M., 2021. Parents' Experiences of Receiving Professional Support Through Extended Home Visits During Pregnancy and Early Childhood—A Phenomenographic Study. *Frontiers in Public Health*, 9, p.114-127.

Barboza, M., Marttila, A., Burström, B. and Kulane, A., 2021. Contributions of preventive social services in early childhood home visiting in a disadvantaged area of Sweden: the practice of the parental advisor. *Qualitative Health Research*, 31(8), p.1380-1391.

Barimani, M., Frykedal, K.F., Rosander, M. and Berlin, A., 2018. Childbirth and parenting preparation in antenatal classes. *Midwifery*, 57, p.1-7.

Benedicta, B., Caldwell, P.H. and Scott, K.M., 2020. How parents use, search for and appraise online health information on their child's medical condition: a pilot study. *Journal of Paediatrics and Child Health*, 56(2), p.252-258.

Breitenstein, S.M., Gross, D. and Christophersen, R., 2014. Digital delivery methods of parenting training interventions: a systematic review. *Worldviews on Evidence-Based Nursing*, 11(3), p.168-176.

Bryant, S.E. and Terborg, J.R., 2008. Impact of peer mentor training on creating and sharing organizational knowledge. *Journal of Managerial Issues*, p.11-29.

Chesmore, A.A., Weiler, L.M. and Taussig, H.N., 2017. Mentoring relationship quality and maltreated children's coping. *American journal of community psychology*, 60(1-2), p.229-241.

Cho, C.S., Ramanan, R.A. and Feldman, M.D., 2011. Defining the ideal qualities of mentorship: a qualitative analysis of the characteristics of outstanding mentors. *The American journal of medicine*, 124(5), p.453-458.

Cotter, K.L., Bacallao, M., Smokowski, P.R. and Robertson, C.I., 2013. Parenting interventions implementation science: How delivery format impacts the Parenting Wisely program. *Research on Social Work Practice*, 23(6), p.639-650.

Cox, P. and Docherty, K., 2008. Assessing the impact of a first-time parenting group. *Nursing Times*, 104(21), p.32-33.

Delmore-Ko, P., Pancer, S.M., Hunsberger, B. and Pratt, M., 2000. Becoming a parent: the relation between prenatal expectations and postnatal experience. *Journal of Family Psychology*, 14(4), p.625-640.

Doty, J.L., Rudi, J.H., Pinna, K.L., Hanson, S.K. and Gewirtz, A.H., 2016. If you build it, will they come? Patterns of internet-based and face-to-face participation in a parenting program for military families. *Journal of Medical Internet Research*, 18(6), p.169-184.

Duppong-Hurley, K., Hoffman, S., Barnes, B. and Oats, R., 2016. Perspectives on engagement barriers and alternative delivery formats from non-completers of a community-run parenting program. *Journal of child and family studies*, 25(2), p.545-552.

Eby, L.T., Allen, T.D., Evans, S.C., Ng, T. and DuBois, D.L., 2008. Does mentoring matter? A multidisciplinary meta-analysis comparing mentored and non-mentored individuals. *Journal of vocational behavior*, 72(2), p.254-267.

Ferguson, H., Kelly, L. and Pink, S., 2022. Social work and child protection for a post-pandemic world: the re-making of practice during COVID-19 and its renewal beyond it. *Journal of Social Work Practice*, 36(1), p.5-24.

Gilworth, G., Milton, S., Chater, A., Nazareth, I., Roposch, A. and Green, J., 2020. Parents' expectations and experiences of the 6-week baby check: a qualitative study in primary care. *BJGP Open*, 4(5).

Gollenberg, A.L., Lynch, C.D., Jackson, L.W., McGuinness, B.M. and Msall, M.E., 2010. Concurrent validity of the parent-completed Ages and Stages Questionnaires, with the Bayley Scales of Infant Development II in a low-risk sample. *Child: care, health and development*, 36(4), p.485-490.

Goldner, L. and Maysel, O., 2009. The quality of mentoring relationships and mentoring success. *Journal of Youth and Adolescence*, 38(10), p.1339-1350.

Grace, J.T., 1993. Mothers' self-reports of parenthood across the first 6 months postpartum. *Research in nursing and health*, 16(6), p.431-439.

Griffith, A.N. and Larson, R.W., 2015. Why trust matters: How confidence in leaders transforms what adolescents gain from youth programs. *Journal of Research on Adolescence*, 26(4), p.790-804.

Haggard, D.L., Dougherty, T.W., Turban, D.B. and Wilbanks, J.E., 2011. Who is a mentor? A review of evolving definitions and implications for research. *Journal of management*, 37(1), p.280-304.

Hamilton, K., Kavanagh, D., Connolly, J., Davis, L., Fisher, J., Halford, K., Hides, L., Milgrom, J., Rowe, H., Sanders, D. and Scuffham, P.A., 2016. Baby steps-An online program promoting the well-being of new mothers and fathers: A study protocol. *JMIR research protocols*, 5(3), p.5706-5717.

Hatton, R.E. and Gardani, M., 2018. Maternal perceptions of advice on sleep in young children: How, what, and when?. *British Journal of Health Psychology*, 23(2), p.476-495.

Edwards, A., and Evangelou, M., 2019, Easing Transitions into School for Children from Socially Excluded 'Hard to Reach' Families: From Risk and Resilience to Agency and Demand. In: Hedegaard, M., and Edwards, A., *Supporting Difficult Transitions: Children, Young People and Their Carers*. London: Bloomsbury Publishing, 2019, p.115-130.

Hirsch, B.J., Mickus, M. and Boerger, R., 2002. Ties to influential adults among black and white adolescents: Culture, social class, and family networks. *American Journal of Community Psychology*, 30(2), p.289-303.

Holmes, H. and Burgess, G., 2020. *Coronavirus has highlighted the UK's digital divide*. Cambridge, University of Cambridge and Cambridge centre for Housing Planning and Research.

Hudson, D.B., Campbell-Grossman, C., FLECK, O.M., Elek, S.M. and Shipman, A., 2003. Effects of the new fathers network on first-time fathers' parenting self-efficacy and parenting satisfaction during the transition to parenthood. *Issues in Comprehensive Pediatric Nursing*, 26(4), p.217-229.

Hughes, C., Devine, R.T., Foley, S., Ribner, A.D., Mesman, J. and Blair, C., 2020. Couples becoming parents: Trajectories for psychological distress and buffering effects of social support. *Journal of affective disorders*, 265, p.372-380.

Jensen, T. 2018. *Parenting the Crisis: the cultural politics of parent-blame*. Bristol: Policy Press.

Karcher, M.J., Kuperminc, G.P., Portwood, S.G., Sipe, C.L. and Taylor, A.S., 2006. Mentoring programs: A framework to inform program development, research, and evaluation. *Journal of Community Psychology*, 34(6), p.709-725.

Van Kollenburg, J., Bogers, S., Rutjes, H., Deckers, E., Frens, J. and Hummels, C., 2018. Exploring the value of parent tracked baby data in interactions with healthcare professionals: A data-enabled design exploration. In: *Proceedings of the 2018 CHI Conference on Human Factors in Computing Systems, Montreal April 21-26, 2018*. CHI Conference, Montreal: The Association for Computing Machinery, p. 1-12.

Kurth, E., Krähenbühl, K., Eicher, M., Rodmann, S., Fölmlí, L., Conzelmann, C. and Zemp, E., 2016. Safe start at home: what parents of newborns need after early discharge from hospital—a focus group study. *BMC health services research*, 16(1),pp.1-14.

Leake, R., Longworth-Reed, L., Williams, N. and Potter, C., 2012. Exploring the benefits of a parent partner mentoring program in child welfare. *Journal of Family Strengths*, 12(1), article 6.

Lévesque, S., Bisson, V., Charton, L. and Fernet, M., 2020. Parenting and relational well-being during the transition to parenthood: Challenges for first-time parents. *Journal of Child and Family Studies*, 29(7), p.1938-1956.

Mantovani, S., Bove, C., Ferri, P., Manzoni, P., Cesa Bianchi, A. and Picca, M., 2021. Children 'under lockdown': voices, experiences, and resources during and after the COVID-19 emergency. Insights from a survey with children and families in the Lombardy region of Italy. *European Early Childhood Education Research Journal*, 29(1), p.35-50.

Martins, C.A., 2018. Transition to parenthood: consequences on health and well-being. A qualitative study. *Enfermería Clínica (English Edition)*, 29(4), p.225-233.

McLeish, J., Harvey, M., Redshaw, M. and Alderdice, F., 2020. "Reassurance that you're doing okay, or guidance if you're not": a qualitative descriptive study of pregnant first time mothers' expectations and information needs about postnatal care in England. *Midwifery*, 89, p.102813.

Morris, K., 2013. Troubled families: Vulnerable families' experiences of multiple service use. *Child and Family Social Work*, 18(2), p.198-206.

O'Connor, H. and Madge, C., 2004. 'My mum's thirty years out of date'. *Community, Work and Family*, 7(3), p.351-369.

Padilla, C.M. and Ryan, R.M., 2019. The link between child temperament and low-income mothers' and fathers' parenting. *Infant Mental Health Journal*, 40(2), p.217-233.

Pidano, A.E., Segool, N.K., Delgado, N., Forness, K., Hagen, K., Gurganus, E.A., Honigfeld, L., Hess, C., Hicks, A. and Morgan, C., 2020. Parent Perceptions of Pediatric Primary Care Providers' Mental Health-Related Communication and Practices. *Journal of Pediatric Health Care*, 34(5), p.49-58.

Plantain, L., and Daneback, K., 2009. Parenthood, information and support on the internet. A literature review of research on parents and professionals online. *BMC Family Practice*, 10(34).

Pogoloff, S., 2004. Facilitate positive relationships between parents and professionals. *Intervention in School and Clinic*, 40(2), pp.116-119.



Pridham, K.F. and Chang, A.S., 1985. Parents' beliefs about themselves as parents of a new infant: Instrument development. *Research in Nursing and Health*, 8(1), p.19-29.

Rathbone, A., and Prescott, J., 2019. "I Feel Like A Neurotic Mother at Times"—a mixed methods study exploring online health information seeking behaviour in new parents. *mHealth*, 5(14).

Rhodes, J.E., 2002. *Stand by Me: The Risks and Rewards of Mentoring Today's Youth*. Harvard: Harvard University Press.

Ryan, R.M., Tolani, N. and Brooks-Gunn, J., 2009. Relationship trajectories, parenting stress, and unwed mothers' transition to a new baby. *Parenting: science and practice*, 9(1-2), p.160-177.

Sánchez, B., Colón-Torres, Y., Feuer, R., Roundfield, K.E., and Berardi, L., 2013. Race, ethnicity, and culture in mentoring relationships. In: DuBois, D.L., and Karcher, M., ed. *Handbook of Youth Mentoring*. California: SAGE, 2013, p.145-158.

Sandison, S., 2022. 10 things I didn't know until I became a mum. Liverpool Echo [online]. 27 March. Available via: <https://www.liverpoolecho.co.uk/whats-on/family-kids-news/10-things-didnt-know-until-23497416> [accessed 28 March 2022].

Scott, S., O'Connor, T. and Futh, A., 2006. What makes parenting programmes work in disadvantaged areas. *The PALS trial*. York: Joseph Rowntree Foundation.

Sears, J.S., Hall, M.T., Harris, L.M., Mount, S., Willauer, T., Posze, L. and Smead, E., 2017. "Like a marriage": Partnering with peer mentors in child welfare. *Children and Youth Services Review*, 74, p.80-86.

Shia, N. and Alabi, O., 2013. An evaluation of male Partners' perceptions of antenatal classes in a national health service hospital: implications for service provision in London. *The Journal of Perinatal Education*, 22(1), p.30-38.

Smart, K., 2020. *Parenting Programmes: What the Parents Say: A Case Study in Mixed Methods Social Science Research*. London: Springer Nature.

Spencer, R., and Basualdo-Delmonico, A., 2013. Termination and closure of mentoring relationships. In: DuBois, D. L., and Karcher, M., eds. *Handbook of youth mentoring*. California: SAGE Publications, 2013, p.469-479.

Squires, J., Bricker, D. and Potter, L., 1997. Revision of a parent-completed developmental screening tool: Ages and Stages Questionnaires. *Journal of paediatric psychology*, 22(3), pp.313-328.

SSBC (Small Steps, Big Changes), 2021. *A better start annual conference 2021: from the community for the community – how Small Steps, Big Changes (SSBC) developed a paid peer workforce*. [online]. Available at: <https://www.smallstepsbigchanges.org.uk/knowledge-hub/learning-hub/family-mentor-service> [Accessed 4 April 2022].

Stack, R.J. and Meredith, A., 2018. The impact of financial hardship on single parents: An exploration of the journey from social distress to seeking help. *Journal of family and economic issues*, 39(2), p.233-242.

Strange, C., Fisher, C., Howat, P. and Wood, L., 2018. 'Easier to isolate yourself... there's no need to leave the house'—A qualitative study on the paradoxes of online communication for parents with young children. *Computers in Human Behavior*, 83, p.168-175.

Summer, K., 2017. The medical perspective: developing health literacy in families. In: Goff, B.S.N., and Springer, N.P., eds. *Intellectual and Developmental Disabilities: A Roadmap for Families and Professionals*. London: Routledge, 2017, p.133-147.

Thomas, T.C. and Epp, A.M., 2019. The best laid plans: Why new parents fail to habituate practices. *Journal of Consumer Research*, 46(3), p.564-589.

Thomson, K., Hussein, H., Roche-Nagi, K. and Butterworth, R., 2018. Evaluating the impact of the 5 pillars of parenting programme: A novel parenting intervention for Muslim families. *Community Practitioner*.

Toombs, A.L., Morrissey, K., Simpson, E., Gray, C.M., Vines, J. and Balaam, M., 2018, April. Supporting the complex social lives of new parents. In: *Proceedings of the 2018 CHI Conference on Human Factors in Computing Systems, Montreal April 21-26, 2018*. CHI Conference, Montreal: The Association for Computing Machinery, p. 1-13.

Waldfoegel, J., Craigie, T.A. and Brooks-Gunn, J., 2010. Fragile families and child wellbeing. *Future Child*, 20(2): 87–112.

Wall, M., 2011. Hearing the Voices of Lesbian Women Having Children, *Journal of GLBT Family Studies*, 7(1-2), p.93-108.

Walsh, F., 2020. Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *Family process*, 59(3), p.898-911.

Ward, U., 2018. How do early childhood practitioners define professionalism in their interactions with parents?. *European Early Childhood Education Research Journal*, 26(2), p.274-284.

Wilson, C.M., 2000, The Creation of Motherhood, *Journal of Feminist Family Therapy*, 12(1), p.21-44.

Appendix 1

Table of pseudonyms with gender, and age, plus child/ren age (in order of being interviewed)

pseudonym	gender	age in years	age of child/ren in months/years/weeks
Abigail	female	22	1 year
Angela	female	39	3 years
Leah	female	26	4 years, 2 years
Emily	female	34	5 years, 20 months, unborn
Joanna	female	35	2 years, 7 months
Marie	female	37	19 months
Shona	female	35	1 year
Sara	female	23	14 months
Bethan	female	23	7 weeks
Rana	female	27	9 months
Nicole	female	28	11 months
Tahra	female	37	11 months
Jessica	female	36	19 months
Justine	female	29	2 years, 4 months
Christopher	male	33	2 years, 4 months
Malinda	female	46	5 years
Nadia	female	55	2 years
Charlotte	female	37	6 years, 2 years
Mercy	female	38	2 years
Claire	female	37	4 years
Amy	female	30	4 years
Rebecca	female	33	4 years, 1 year
Gemma	female	33	23 months
Lisa	female	41	3 years
Hayley	female	38	4 years
Kim	female	33	2 years