Roots of Life – Year one Jan - Dec 2025

Project ID - 20283016

Beginning with Belonging

- Roots of Life was created in response to what many Black and Brown mothers told us directly: that while services existed, they often didn't feel accessible, culturally familiar, or emotionally safe. Support was available – but it didn't always feel *for them*.
- From the outset, B3 set out to create something different: **a safe space grounded in belonging, shared experience, and trust**, where mothers racialised as Black and Mixed Black could arrive without explanation or expectation.
- Year 1 was intentionally about building relationships, listening deeply, and allowing the work to evolve in response to what families themselves showed us they needed.

Year 1 at a Glance (Key Figures)

Across Thurrock, over 12 months, we delivered:

- **56 peer support groups**
  - 50 in-person
  - 6 online
- **8 wellbeing walks**
- **1 sling fitness session**
- **Health information day**
- **57 new mothers engaged with us**
- **73 returning mothers**, continuing engagement over time
- **96 mums, dads and children** at the Christmas community celebration
- **128 members** in the B3 WhatsApp community
- Group sizes ranged from **4 to 16 mothers**, with the largest group reaching 16 participants

Who the Mothers Were

The majority of mothers who engaged with us:

- Identified as **Black British of African descent**
- Spoke **English as their primary language at home**
- Identified as being **married**
- Were navigating early motherhood alongside work, recovery from birth, and family responsibilities

This context mattered. It shaped how support needed to be offered — flexibly, relationally, and without stigma.

Community First: How Support Was Experienced

At the heart of projects were peer support groups: Consistent, culturally-informed spaces where mothers could talk, listen, laugh, or sit quietly without pressure.

Many mothers arrived with low expectations, shaped by past experiences of services that felt impersonal or judgmental.

One mother described her first session like this:

“I Saw this thing in the Family Hub newsletter – ‘a space for Black mums’ – and I’ll be honest, I had zero expectations. I just needed to get out of the house.
I sat quiet at first, kind of side-eyeing the room like... okay, what is this gonna be?
But then I started listening. And it was wild how much of what they were saying sounded like my life. Same thoughts, same struggles, same jokes.
It felt like I wasn’t alone in ways I didn’t even realise I’d been feeling alone.
Now I’ve made friends I never saw coming.”

1:1 interview with new mum – ‘Simi’

Another mother simply said:

“This feels like home.”

This sense of recognition — of being seen without explanation — was a recurring theme throughout the year.

We supported mothers across a wide spectrum of need — from isolation and adjustment, to anxiety, low mood, and crisis.

Across Year 1:

- **7 mothers self-referred to counselling**
- **6 took up the offer**
- **2 mothers were referred to us via Perinatal Mental Health services**
- **2 mothers completed a 1:1 peer support journey**
- **1 additional mother signed up for 1:1 support**

Where counselling was accessed, recognised tools (PHQ-9 and GAD-7) showed **clear improvement**, with mothers moving from moderate–severe anxiety and depression to minimal or mild levels by the end of support.

Key Learning: Belonging Comes Before Intervention

There has been 350+ check ins made by our peer support workers

While improved mental health through 1:1 support was a key intended outcome, Year 1 revealed something important about *how* mothers arrived at that support.

Many mothers:

- Were hesitant about labelled or formal “support”
- Did not actively request 1:1 help
- Preferred to remain within **community spaces**
- Yet wellbeing still improved.

This happened because peer support workers became highly skilled at **noticing** – who was quieter, who was withdrawing, who stayed on the edges – and responding through **gentle, consistent, relational contact**.

- Support often took the form of:
- Check-in messages or phone calls
- Quiet conversations before or after group
- Home visits where appropriate
- Relationship-building over time, without pressure
- This informal 1:1 contact frequently became the bridge to deeper support when mothers were ready.

An Emerging Model: The Belonging-Embedded Peer Support (BEPS) Model (name subject to change)

Through Year 1 delivery, B3 has developed what we now name the **Belonging-Embedded Peer Support (BEPS) Model**.(for now)

This model:

- Embeds mental wellbeing support *within* community spaces
- Prioritises emotional safety and trust before intervention
- Recognises informal 1:1 contact as legitimate and effective support
- Reflects how care and learning traditionally happen within many African and diasporic communities

We believe this helps explain why some peer support services struggle to engage Black and Brown communities — and why relational, community-first approaches are more effective.

Case Study 1:

This mother was referred to B3 by her midwife following a traumatic labour and birth. During her delivery, she felt unheard and sidelined, with decisions made without her full understanding or agreement.

"It felt like they got what they wanted — not what was best for me or my baby."

When she first connected with B3, counselling was offered, but she declined. What she wanted was to speak to someone who could relate, without judgement or explanation.

We provided regular home visits with a trained peer support worker – another mother with lived experience. Over time, she felt able to talk about her birth, rebuild trust in her instincts, and grow in confidence.

"I didn't know how much I needed someone to just listen. Not tell me what to do — just be there.
I feel more like me again. I'm enjoying my baby, and I actually feel like I can do this now."

Even though the formal support has ended she attends the groups when she can and counselling is still open to her.

Case Study 2 :

Another mother, recovering from a C-section and with no access to public funds, self-referred to B3 – after encouragement from a peer supporter within parents first.

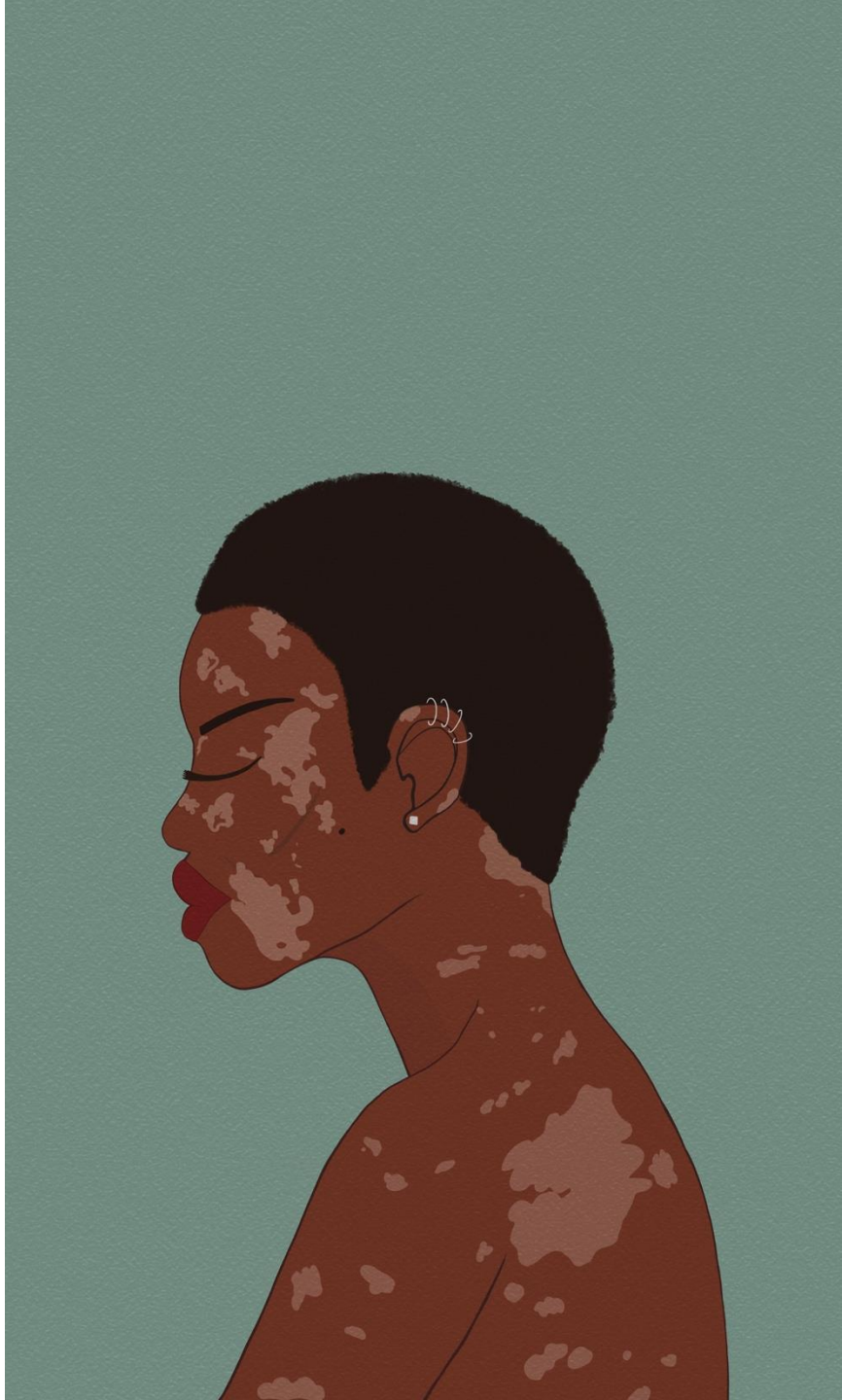
At the point of referral:

- She had no electricity
- Her fridge and freezer were off
- She was in physical pain and experiencing anxiety and depression

Using the hardship element of the fund, we:

- Provided emergency electricity and food support
- Loaned a breast pump so her partner could support night feeds
- Linked her into counselling
- Offered ongoing peer support and regular check-ins

This combination of practical and emotional support enabled her to stabilise, recover, and feel supported rather than judged. It also demonstrates how we have to pivot if we are to meet and support people where they are, as individuals



Case Study 3 : Hope Healing and Deep joy

Background:
During one of our group sessions, a mother shared her powerful journey of navigating fibroids – something that had once left her believing she might never be able to have children. For years, she lived with uncertainty and fear. But her story took a different turn: not only did she go on to have a healthy pregnancy with no complications, she later learned she no longer had fibroids.

Her Words:
She credited her faith, her family, and her husband for getting her through – naming them as the sources of strength that helped her speak up for herself, advocate for her care, and hold onto hope. Sharing this testimony was a milestone moment for her, and a moment of inspiration for everyone in the room.

Impact:
Her story became more than a personal win – it was a reminder that Black women and families *deserve* deep joy. That thriving is possible, not just survival. Her openness created space for healing, celebration, and connection.

A Moment of Generational Connection:
In that same session, a grandmother turned to her daughter and said how much joy it brought her to witness this space – Black women coming together, sharing openly, and lifting each other up. “This,” she said, “is what’s been missing.”

This session reflected everything B3 stands for: real stories, shared strength, and spaces where healing doesn’t just happen individually – but collectively, across generations.

“What I found at B3 wasn’t just a group – it was a safety net. A space where I could show up messy, tired, uncertain, and still be held. There was no need to explain the nuances of my life as a black mum – it was already understood. That kind of emotional safety is rare. It made me want to come back whenever I could, but not out of obligation, but because it felt like home, I want it to always be here for my friends, my sister whoever!”

1:1 with ‘Goldie’ mum of 2

B3 DADS

Dads' Voices: What Fathers Told Us
Feedback from fathers who attended our 2 dedicated activities:

100% said they would attend a B3 event again

Fathers valued:

- Getting to know other people in the local area
- A relaxed atmosphere and good food
- Learning a new skill

Fathers said they would like:

- Organised social activities such as **darts, pool, or golf**
- Low-pressure spaces that feel welcoming rather than formal

- **In their words:**
- *"I appreciated that dads were thought of."*
- *"I came because of how much my wife got out of B3"*

What this tells us:

Fathers are more likely to engage when:

- They feel intentionally included
- Activities are social and familiar
- The focus is on connection, not labels
- *Supporting mothers well creates pathways to engage the whole family.*

This learning strengthens our commitment to a **family-viewed approach** to wellbeing.

In future delivery, we aim to:

- Develop more intentional father-inclusive events
- Offer structured but relaxed activities that support connection
- Build on the trust established through mothers' engagement
- Ensure fathers feel seen, welcomed, and valued in their own right

Context Matters: Safety, Fear, and Engagement

During the summer months, attendance dipped. This coincided with increased racial tension locally and nationally, and heightened fear within the community. Where flags were being used to symbolise ‘no go areas’ for diverse communities.

- Some mothers did not feel safe attending public or outdoor spaces.

Importantly, this did not mean disengagement. Mothers stayed connected through:

- Online groups
- WhatsApp community support
- Informal peer contact

Many returned to in-person sessions once they felt safer. This reinforced the importance of **multiple routes to belonging**, not relying solely on physical attendance.

What we learnt in Year 1

Year 1 showed us that:

- Belonging itself is a mental health intervention
- Community can be a gateway to individual support
- Informal, relational approaches are often more effective than formal models
- Cultural familiarity reduces stigma and builds trust
- We are best placed to design something integral this community to ensure the right care is being delivered

In response, Year 2 will focus on:

- Testing and refining the BEPS Model through a community focus group
- Piloting the **Belonging & Wellbeing Check-In Tool (appendix)**
- Use the underspend to strengthening digital connection and information-sharing through a ‘digital hub’ before we secure a physical hub.
- Also use this to build capacity to sustain and grow the work safely

Partnerships, Recognition & System-Level Influence:

How B3 is building trust locally – and driving change nationally

Community Collaboration Highlights

Gift partnerships with Cantu UK
Collaboration with Black and Being Essex with our summer health information day
Free online and in-person sleep & birth support sessions
Creative wellbeing session with Together Productions
Upcoming support for Welcome to the UK's Health Literacy in Pregnancy project

Recognition & Representation

Nominated: Community Group of the Year (*Motherhood Group Awards*)
Nominated: Midwife of the Year (*CAHN Awards*)
Invited panelist: Race Equality Engagement Group led by *Baroness Lawrence feeding directly into the national investigation int maternity services*
Seat on JSNA Board, representing *Thurrock CVS* & *Black Maternal Health*

Commissioned Impact

commissioned by Mid and South Essex ICB
Leading an independent research project on Black and mixed-heritage birth experiences at *Basildon Hospital*
Deliverables:
Community Voices Report
Locally co-produced Birth Charter
Goal: Tangible change & accountability

National Influence

-Contributed to Five X More's 2025 Black Maternity Experience Report
B3 cited in their national publication
-Collaborated with EPUT to review and improve tocophobia resources for inclusivity
-Early conversations with Black Mothers Matter in the north of England about distributing and using their pregnancy handbook for our groups

Learning & Adaptation: Volunteering, Capacity, and Timing

One of the key challenges we encountered in Year 1 related to **volunteer capacity and retention**, particularly among mothers who had previously benefited from the project and expressed interest in "giving back".

What We Noticed

- Over the year, we found that:
- Many mothers were enthusiastic about volunteering or becoming peer supporters
- However, **capacity, timing, and energy were significant barriers**
- Traditional volunteer training and onboarding processes often:
  - Required fixed times
  - Took place over multiple sessions
  - Assumed availability that many new mothers did not have

As a result, we sometimes **missed a critical window of opportunity** – particularly while mothers were on maternity leave and feeling connected to the community.

In addition, we recognised that **high turnover is inevitable:**

- Many mothers need to return to work
- Others move into new life stages
- Capacity fluctuates alongside childcare and family responsibilities

This is not a failure of commitment – it is a reality of working with new parents.

Why This Matters for OUR Community-Led Model

B3 is intentionally built *with* mothers, not just *for* them. Alumni involvement and lived experience are central to our approach.

However, Year 1 showed us that:

- Relying solely on traditional volunteer pathways risks excluding those we most want to involve
- Informal interest does not always translate into formal onboarding within rigid timeframes
- Without flexibility, community energy can be lost rather than nurtured

This learning is particularly important when working with Black and Brown mothers, many of whom are already navigating multiple pressures and responsibilities.

Adapting Our Approach: Using Technology to Remove Barriers

In response, we are exploring how to **lean into digital tools and AI-supported learning** to strengthen and streamline our volunteer pathway.

Our aim is to develop training and onboarding resources within our planned **Information Hub**, allowing potential volunteers (and staff) to:

- Access training materials **as and when they are ready**
- Learn at their own pace
- Engage outside traditional office hours
- Revisit content when returning to the organisation after a break

By removing the requirement to be available at a specific moment, we reduce the risk of losing willing volunteers during the finite window of maternity leave.

Why This Is a Better Fit for Our Community

This approach acknowledges that:

- Mothers' capacity fluctuates
- Life transitions are ongoing
- Engagement is not linear
- Community contribution can take different forms at different times
- Our parents usually have to return to work within a year of having their baby

It also supports a more realistic, compassionate model of volunteering — one that reflects how mothers actually live, rather than how services are traditionally structured.

Using Underspend to Strengthen Sustainability

We have identified that project underspend can be responsibly used to:

- Streamline volunteer onboarding processes
- Develop digital and AI-supported training resources
- Reduce administrative burden on staff
- Improve continuity despite volunteer turnover
- Increase operational hours/stategy to support our growth responsibly

This is not about replacing human connection, but about **protecting it** – ensuring that staff time is focused on relationship-building rather than repeated onboarding.

By adapting in this way, we aim to:

- Capture interest when it arises, rather than losing it
- Build a more flexible, resilient volunteer pipeline
- Support alumni involvement in ways that fit their lives
- Create a ‘befriending/matching’ programme that works with volunteer alumni as numbers grow
- Strengthen the long-term sustainability of the project

This learning reflects our commitment to continuous improvement, responsiveness, and building systems that work *with* our community, not against it.

“What has emerged is something intentional, nuanced, scalable and replicable — by and for Black and Brown women in the diaspora. Effective perinatal wellbeing & mental health support does not always begin with ‘intervention.’
For many Black mothers, it begins with belonging and doing what inherently feels familiar to heal and find joy.

Year 1 taught us that community willingness to participate with and within services is not the issue — the structure is. By adapting our systems to fit mothers’ realities, we protect both engagement and impact, our beneficiaries and our organisation”

Nicole Lawal – Founder/CEO