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The Impact of Birth Supporter Training on Volunteer Capability to Undertake Further Study or Employment

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Abstract

This thesis reports on a research project that was designed to investigate the impact of a community-based volunteer birth supporter programme on the personal, educational, and social trajectories of 27 female volunteers. Set within a context of increased strain on UK maternity services, the study explores how participants' training for the role shaped their motivations, experiences of learning, evolving identities, and subsequent engagement in birth support work.

Theoretically framed by the Capability Approach to Human Development expounded by Sen and Nussbaum and by Bourdieu's theories of habitus, social capital and field, the research conceptualises the training not only as a site for skills acquisition, but as a space of transformation.

A multi-method qualitative design was employed, combining an open-ended survey, focus groups at different stages of training, and narrative interviews with active birth supporters. Thematic analysis supported the identification of six interconnected themes that charted participants' transitions from initial uncertainty to enhanced self-confidence, agency, and social recognition.

The findings highlight the significance of emotional and relational learning, the importance of safe, inclusive educational spaces, and the enabling power of structured peer support. The training allowed participants to reframe their experiences, develop confidence and imagine new life possibilities. In doing so, it fostered a sense of value, belonging, and purpose that extended beyond the programme itself.

The research contributes theoretically by demonstrating how the Capability Approach can illuminate the interplay between personal transformation and social structures in volunteer training. It also offers practical insights for policymakers, educators, and practitioners designing community-based adult education. While rooted in a specific local context, the findings have wider relevance for understanding how educational programmes can support well-being, agency, and community capacity-building. Overall, the thesis argues that volunteer birth supporter training should be recognised not simply as an intervention to fill service gaps, but as a powerful site for personal flourishing, social connection, and care-oriented change.

Dedication

To the women who shared their stories, their time, and their trust, your insights shaped every page of this work.

And to the Sister Circle team, whose quiet strength and unwavering belief in community continue to inspire.

With deep respect and enduring gratitude.

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Chapter 1: Introduction

In this chapter, I will introduce the reader to the overall purpose and approach of the thesis. I begin by providing a general overview of the whole study (1.1) and explaining the rationale for undertaking this work (1.2). At 1.3, I introduce the research questions. I then briefly outline the major contributions to knowledge made by the thesis. Finally, I explain the structure that the remainder of the thesis will take.

1.1 Overview

This doctoral thesis explores the experiences of individuals undertaking a volunteer birth supporter training programme (see 1.7) that is delivered across three Boroughs of a large UK city, with a particular focus on the participants' own perceptions of its personal and educational impacts. The research is situated within the evolving landscape of doula and volunteer birth support, a field marked by growing demand, limited regulation and significant tensions within mainstream maternity services. Set against a backdrop of increasing pressure on the NHS, persistent inequalities in maternity outcomes, and rising parental dissatisfaction, the study considered how training for community-based birth supporter programmes might impact personally on women who chose to train for, and undertake, this role.

The research population consisted of women residing in three Boroughs in East London. In total, 27 adults took part and all self-identified as female. Participants were not directly asked about their educational or socioeconomic status because this was felt to be an overly sensitive topic of discussion. However, it is important to note that all three Boroughs within which the volunteer birth supporter training programme runs, and within which participants were recruited, are considered to be areas of high socioeconomic deprivation, according to the UK indices of multiple deprivation. The precise Boroughs are not named in the thesis in order to maintain confidentiality. The focus groups and interviews also revealed more about the lives and experiences of participants. As discussed in Chapter 5, many of the participants were balancing caregiving and precarious work, and many noted living on a limited income. Some had been excluded from the world of work for an extended period due to caregiving responsibilities. Some emphasised past negative experiences of formal education. Beyond this, the sample was diverse in terms of age and ethnicity. Participants were not asked to disclose their exact age, but approximately 26% identified their age as being between the ages of 18 and 29; 30% between 30 and 39; 30% between 40 and 49; 7% between 50 and 59; and 7% between 60 and 69. Participants were asked to self-identify from a range of ethnic backgrounds, following the ONS ethnic group classification. Approximately 37% identified their ethnic background as 'Black, Black British, Black Welsh, Caribbean or African'; 41% as

’White’; 19% as ’Asian, Asian British or Asian Welsh’; and 4% as ’Other ethnic group’. More information about the participants can be found in Section 4.8 of the thesis.

Data were generated using three complementary qualitative methods: (1) open-ended questionnaires; (2) focus groups during and after the training programme; and (3) unstructured, narrative interviews. Braun and Clarke’s (2006) thematic analysis framework was used to analyse data across all sources. The study was grounded in a reflexive approach, informed by my professional identity as both the study’s researcher and as a UK midwife and midwife educator. I was also the designer and facilitator of the birth supporter training programme that was the context for the study. As something of an ‘insider’ researcher in relation to the programme, I have been involved in the practices, politics, and relationships that were crucial to the delivery of the birth supporter role and its compulsory education. Ultimately, I feel that being in this position has been an asset to this interpretive study. However, it has been vital to acknowledge and examine my positionality and how it has shaped the lens through which the study was designed and conducted. This is something I explore in a little more depth below (1.8) and in even greater depth in Section 4.2 of the thesis (‘Positionality and reflexivity’).

1.2 Rationale for the research

The rationale for this study emerged from two interconnected concerns. Firstly, I felt the study was important in relation to the contemporaneous state of maternity care in the UK. At the time I began the research, profound challenges faced maternity services in the UK, challenges which have continued to grow. In recent years, the system has been subject to widespread critique, both from within and beyond its institutional structures. Reports of understaffing, burnout, and resource constraints have become alarmingly common (Royal College of Midwives, 2022; Sands, 2020). Alongside these pressures, persistent inequalities in outcomes and experiences have been widely documented, particularly for ethnic minorities, migrants, disabled, and working-class birthing people (Knight et al. 2022; Birthrights, 2022). Research consistently demonstrates that maternal mortality rates are significantly higher for Black and Asian women, and that experiences of racism, cultural insensitivity, and neglect are not isolated incidents but part of a systemic pattern (Knight et al., 2022; Davis, 2019). Despite national strategies aimed at addressing these disparities (NHS England, 2021), progress remains slow and uneven. Within this strained and inequitable system, the emotional and relational dimensions of care are often the dimensions most valued by service users (Baines, 2021), but are ironically often sidelined in favour of efficiency, compliance, and risk management (Kirkham, 2010). In partial response to these continued problems, the sector has witnessed a rise in voluntary and community-based birth support roles. Across the UK and beyond, individuals and grassroots organisations are stepping in to provide forms of care that the formal system increasingly struggles to deliver. Roles such as doulas, peer supporters, and community

advocates are grounded in relational and holistic approaches to birth, often rooted in lived experience and cultural knowledge (Kabakian-Khasholian et al., 2015; Rothman, 2016). These roles are increasingly framed, both by health services and third-sector organisations, as part of the solution to structural gaps in care. However, their integration into formal systems remains partial and uneven. Many birth supporters operate in a space of insecurity, lacking institutional recognition, consistent training pathways, or clear professional status (Lazarus, 2020). This is particularly true for those whose knowledge and approaches fall outside dominant biomedical or managerial frameworks.

The growing visibility of voluntary and community-based birth support roles brings me to the second concern framing the study. Although these roles have grown in prominence, I have noticed a relative lack of academic research with a focus on the experiences of the individuals who choose to volunteer as birth supporters, particularly those from diverse and marginalised backgrounds. Relatively little scholarly attention has been paid to the learning journeys and lived experiences of birth supporters. The benefits of continuous labour support have been widely evidenced (Bohren et al., 2017), and while doulas are increasingly recognised in research as contributing to positive outcomes (Gruber et al., 2013), there remains a dearth of work that explores the perspectives of these supporters themselves, particularly those working on a voluntary or community basis, and those from marginalised backgrounds. Where such voices are present, they are often framed through a deficit lens, as under-trained or lacking in expertise, rather than as holders of alternative, situated, and often resistant forms of knowledge (Haraway, 1988; Hooks, 1994). This gap is not only empirical but epistemological, raising urgent questions about who is seen as a legitimate ‘knower’ in the birth space (Davis-Floyd & Johnson, 2006). These underexplored dimensions of motivation, identity, and personal transformation call for a deeper academic engagement with the lived realities of birth supporters, particularly through frameworks that recognise their experiential knowledge as epistemologically significant.

1.3 Introduction to the study’s theoretical framing

The present study draws primarily on two interrelated theoretical frameworks. These are discussed in detail in Chapter 2, but a summary is included here to help orient the reader. Firstly, the study draws on the Capability Approach to Human Development, as articulated in the scholarly works of Sen (1999) and Nussbaum (2000). This is supported by Bourdieu’s social theories of habitus, capital, and field (Bourdieu, 1977; 1984). To a lesser extent, Lave and Wenger's Situated Learning Theory (date) has also been important in aiding my understanding of how birth supporters learn, position themselves, and navigate complex and often marginalising institutional landscapes.

The Capability Approach (CA) offered a framework for thinking about human flourishing, grounded in the idea that individuals should have real and substantive opportunities to do and be what they have reason to value (Sen, 1999; Nussbaum, 2000). Rather than measuring success through economic indicators or institutional participation alone, this approach foregrounds the importance of freedom, dignity, and agency, emphasising the conditions that enable individuals to thrive in context-specific and personally meaningful ways. In educational research, the CA has been used to critique reductive, outcomes-driven models of learning and to reimagine pedagogy as a site for expanding people's opportunities to act meaningfully in the world (Walker & Unterhalter, 2007; Hart, 2012). In the context of my own study, the CA helped me to frame the birth supporter role and the compulsory education required to be part of it. Rather than thinking about birth supporter role training merely as a means of skills acquisition, the CA helped me to think about this training as a space where participants explored and expanded their capabilities, including their capabilities to speak with confidence, act with care, challenge systemic norms appropriately and to see themselves as legitimate contributors to birth work. It also provided a theoretical lens for analysing the structural constraints that shaped what was possible for each individual. These include, for example, access to education or recognition, and more subtle barriers, such as internalised hierarchies, affective labour, and the emotional demands of working in care-based, undervalued roles.

To complement and complicate this view, the study also drew on the work of Bourdieu, particularly his concepts of habitus, capital, and field (Bourdieu, 1977; 1984). Bourdieu's work is valuable for exploring how people's dispositions and practices are shaped over time through their positions within structured social spaces. The concept of habitus speaks to the embodied, affective histories that participants bring with them. It also speaks to the ways that they have learned to move, speak, relate, and respond within particular contexts. Capital refers to the resources, economic, social, cultural and symbolic, that individuals possess or lack, which mediate their ability to act and be recognised as competent or credible. Meanwhile, the notion of field captures the social space, with its own internal rules, hierarchies, and struggles for legitimacy. These concepts are particularly relevant in the context of birth support, which exists on the margins of professionalised healthcare, yet remains deeply structured by institutional norms and power dynamics. Participants in this study were often negotiating their identities and contributions in a field that undervalued their knowledge, questioned their legitimacy, or demanded forms of compliance that conflicted with their values. At the same time, the learning space provided an opportunity to accumulate and exchange different forms of capital in the form of confidence, language, knowledge, and connection, and to reconfigure aspects of their habitus in relation to new possibilities.

Together, these two frameworks allowed for a nuanced, multidimensional analysis of the data generated in the study. The CA foregrounds participants' aspirations and potential to live flourishing lives, whilst Bourdieu's theory draws attention to the historical and structural conditions that shape and constrain those aspirations. The former emphasises agency, hope, and transformation; the latter provides a language for discussing power, inequality, and the reproduction of social hierarchies. In bringing them together, this study engages in what Subrahmanian (2005) describes as a 'productive tension' between normative and descriptive accounts of social reality.

The academic framing of the study is not simply theoretical, it is also political. It recognises the need for methodologies and frameworks that honour complexity and centre lived experience, as well as attend to both the constraints and possibilities of transformation. It also invites a reimagining of what counts as legitimate knowledge in the field of birth work and beyond. The study's theoretical framing is explored in greater depth in Chapter 2.

1.4 Summary of existing literature and the need for further research

In Chapter 3, I present a review of literature relevant to the present study. In summary, existing literature to date provides a rich and evolving picture of volunteering, particularly in health and social care contexts. Much of this work establishes a broad consensus on the value of volunteering for both individuals and communities. Studies such as those by Wilson (2000), Musick & Wilson (2008), and Hustinx et al. (2010) highlight a range of motivations for volunteer roles that are both intrinsic and extrinsic. These include altruism, personal growth, skills development, and a desire to 'give back' to communities. However, volunteering is a complex phenomenon and has been shown to exist on a spectrum that ranges from entirely self-directed and altruistic to more structured, or even coerced, participation. Mandatory placements or incentivised schemes have become commonplace in UK society, as noted by Whittaker et al. (2015) and Haski-Leventhal et al. (2018).

Within this context, maternal healthcare volunteer roles, such as the doula or birth supporter role, are recognised for their potential to offer compassionate, continuous support that bridges gaps in overburdened health systems and delivers improved outcomes in breastfeeding initiation rates and maternal satisfaction with their birth experience. This is borne out by research, for instance, both Hodenett (2013) and Bohren et al. (2016) found, in their systematic reviews of existing research, that lay companions, including trained volunteers, can play a significant role in reducing anxiety and improving outcomes for birthing women. Despite this growing evidence base on the benefits for birthing individuals, research rarely focuses on the volunteers themselves, their motivations, experiences of training, or long-term transformations.

This absence is particularly striking given that some studies, such as those by Spiby et al. (2015) and McLeish & Redshaw (2018b), suggest that birth supporters gain significant personal and professional development through their participation. Such findings are often described only in brief, descriptive terms and lack deeper theoretical framing or critique. There remains a scarcity of work that asks why these transformations occur, or how structured training and lived experience combine to support the emergence of new confidence, aspirations, and educational momentum.

The literature also foregrounds ongoing tensions between midwifery and doula practice, especially when doulas are perceived as unregulated or potentially unsafe (Lucas & Wright, 2019; Maternity and Newborn Safety Investigations, 'MNSI', 2024). Concerns centre around the absence of standardised training and lack of oversight to raise ethical questions about safety, authority, and role boundaries. While community birth supporter schemes with structured training are generally viewed more favourably by healthcare professionals (Spiby et al., 2015), existing literature does not adequately explore what it is about such training that facilitates trust, confidence, and collaboration.

In terms of education theory, the extant literature is again limited. While some studies acknowledge that volunteers gain skills or report increased self-esteem, very few explore these processes as learning in a pedagogical sense. This omission is particularly important in the context of my study, which examines a structured, community-based training course. Here, theories of adult education, including Freire's critical pedagogy (1970), Lave and Wenger's (1991) communities of practice, and Brookfield's (2012) emphasis on critical reflection, offer rich lenses through which to interpret women's experiences. These theoretical tools remain underused in contemporary research on volunteer training. Moreover, existing literature often overlooks the philosophical implications of training within care-focused roles. While Boud and Solomon (2001) and others have drawn attention to the transformative potential of workplace and community learning, such perspectives are rarely applied to voluntary roles. Similarly, there is limited application of the CA in this area of research, despite its growing use in education and human development. Sen (1999) and Nussbaum (2000) stress the need for learning to enhance agency, dignity, and freedom, particularly for women who have experienced marginalisation. Yet, these ideas remain surprisingly absent from studies of birth supporter training.

Finally, feminist critiques within the literature highlight that caregiving volunteer roles are often feminised and undervalued (Einolf, 2011). While some studies argue that volunteering offers empowerment and visibility for women, especially those from culturally restricted backgrounds (Daoud et al., 2010), others caution that it may reinforce traditional, unpaid gendered labour unless framed with care. Again, this tension remains underexplored in empirical work on birth support training.

In summary, the literature confirms that volunteering can be meaningful, valuable, and transformative. However, a review of this literature also reveals major gaps in work focused on understanding the educational processes underpinning this transformation, on theorising women's motivations and development, and on connecting volunteer experiences to broader frameworks of social justice and empowerment. Whilst some studies discuss empowerment and learning informally, few attempt to operationalise a framework to interrogate how opportunities, freedoms, and aspirations develop through training. Similarly, while Bourdieu's theory of practice, particularly the concepts of habitus and field, offer a powerful tool to examine structural constraints and personal transformation, these ideas have been largely overlooked in the study of birth support training and volunteerism.

This study tackles these omissions directly, addressing an important and under-researched intersection: the experiences of women who undertake structured training as volunteer birth supporters. It does so through the combined theoretical lenses of the Capabilities Approach and Bourdieu's theory of practice. In doing so, it goes beyond surface-level descriptions of satisfaction or success to consider deeper questions of transformation, identity, and structural influence. The study's aim was not only to fill a 'gap' in the literature, but to fundamentally challenge and expand how success, motivation, and educational impact are understood within community-based health volunteering.

1.5 Research questions

In response to these converging concerns, I developed the study's research questions, which I will explore in more depth later in the thesis. These research questions were:

> **RQ1:** Do capabilities, as defined by the Capability Approach to Human Development, impact on women's intrinsic motivations to undertake volunteer birth supporter training?
>
> **RQ2:** How do volunteer birth supporters in a large UK city perceive the personal and educational effects of their seven-week training programme?
>
> **RQ3:** Does practice as a post-course birth supporter alter volunteers' perceptions of the personal and educational effects of their training?

1.6 Introduction to the research approach and methods

In Chapter 4, I describe and discuss the study's methods and methodology in detail. It has often been argued that human experiences can be best understood using in-depth, qualitative methods that attend to phenomena from the perspective of the individuals who experience it (Denzin & Lincoln,2018). For this reason, a qualitative, interpretivist methodology informed by the Capabilities

Approach (Sen, 1999) and Bourdieu's theory of practice, was used to explore how volunteer birth supporter training influences women's personal, educational, and career trajectories. The research prioritised participants' lived experiences and their evolving sense of capability. The research was grounded in feminist-informed, relational, and ethical research practice. At its heart was a commitment to centring the voices[1], agency, and lived experiences of those supporting birth outside dominant medical paradigms. The research was designed to explore not only what participants *said*, but also how they *positioned* themselves in relation to their practice, how they changed over time, and how they *made sense of* their experiences in a broader social and structural context.

Data were generated through multiple, overlapping methods that allowed for a nuanced exploration of change, within which participants' own perspectives were foregrounded. Fieldwork took place between August 2018 and January 2020, using three complementary qualitative methods. Firstly, open-ended questionnaires were distributed during recruitment open days. These were designed to explore participants' motivations for enrolling in the training.This data was a primary reference point for addressing Research Question 1. The open-day questionnaires provided initial insights into motivations and expectations, capturing a snapshot of participants at the threshold of the course. These surveys were also used to gather basic demographic information to contextualise responses. Secondly, focus groups were conducted both during and after the training programme to examine how participants experienced and interpreted the personal and educational impact of the course. This data was a primary reference point for responding to Research Question 2. The focus groups also created space for shared reflection and group dialogue at different stages of the learning journey. Thirdly, unstructured narrative interviews were carried out with practising birth supporters who had taken the same training in the past. This supported an in-depth exploration of long-term reflections on training and practice, in line with Research Question 3. The interviews offer a deeper, more personal account of participants' evolving identities and practices. This approach enabled the research to attend to both individual transformation and collective meaning-making across time.

Braun and Clarke's (2006; 2022) thematic analysis framework was used to analyse data across all sources. The data analysis was guided by the Capabilities Approach and informed by Bourdieu's concepts of habitus, capital, and field. This analytic framework made it possible to explore how structural forces shaped participants' opportunities and constraints, while also attending to their agency, desires, and strategic manoeuvring within the field of birth work. The aim was not merely to extract content from participants' accounts but to attend to the ways in which they narrated their experiences, how they embodied learning, and how they negotiated their positions within shifting

[1] I return to the use of the term 'voice' in the thesis in Section 4.2.

social, emotional, and institutional landscapes. Ethical considerations, including informed consent, anonymity, and attention to power dynamics, were embedded throughout.

Overall, this design supported a layered, contextually rich understanding of how training may support capability development and progression into further learning or employment among women in diverse urban communities. A more detailed account of the approach and methods is given in Chapter 4.

Findings from the study illuminated several key dynamics. Participants often described the course as a turning point in their personal and professional lives, one that fostered a growing sense of legitimacy, confidence, and purpose. Their accounts pointed to the significance of relational and embodied learning, knowledge that emerged through stories, shared experiences, and the emotional texture of the group space. Many spoke about the tensions they encountered when navigating mainstream maternity systems, including feelings of exclusion, resistance, and compromise. During the course, many came to reframe previously devalued ways of knowing, such as intuition, lived experience, and emotional labour, as central and legitimate components of their practice. These findings suggest that community-based, feminist pedagogies can play a vital role in nurturing critical reflection, collective support, and empowered practice in emotionally charged and structurally constrained spaces such as birth work.

1.7 An introduction to the birth supporter programme

The volunteer birth supporter programme discussed in the present thesis is a structured, community-based initiative designed to empower women through accessible, inclusive, and relational education. Data collection for the present study took place between the summer of 2018 and early 2020. The programme, which still runs in a similar format in 2025, was developed and delivered by a charitable organisation in East London, UK. It consists of a seven-week training course followed by supported birth supporter placements. These placements offer the opportunity to accompany and support vulnerable women during the antenatal, labour, birth, and postnatal periods. Rooted in the principles of equity, empathy, and cultural safety, the programme seeks to offer more than basic knowledge, it cultivates a space for dignity, confidence, and transformation.

The training itself is provided free of charge and is non-clinical in its structure and delivery. The course covers essential topics including safeguarding, communication, emotional support, breastfeeding, birth physiology, navigating boundaries, and understanding trauma. What distinguishes the programme is not simply the breadth of content but the method of delivery. Classes are intentionally non-hierarchical, discussion-based, and emotionally affirming, making space for diverse experiences and voices.

As identified in the literature (Brookfield, 2005; Hustinx et al., 2010), adult learning is most powerful when it connects with prior experience, challenges assumptions, and creates the opportunity for reflection and identity development. The birth supporter course embraces this ethos, using storytelling, group dialogue, and critical questioning to foster both skills and self-awareness. In doing so, it aligns closely with informal, transformative learning theories (Boud & Solomon, 2001) and provides a counter-narrative to rigid, standardised training models more commonly found in healthcare settings.

The placements that follow training are supported and carefully monitored. Initially, the new volunteers are paired with experienced mentors. They are also offered debriefs after supporting a birth throughout their time as a qualified birth supporter with the charity concerned. This ongoing relational support is critical, as research shows that volunteers can face an emotional burden, burnout, or feelings of inadequacy without structured support (Moore et al., 2020; Mereno-Jaminez & Hidalgo-Villodres, 2024). The design of the programme therefore aims not only to support the birthing women but to care for the volunteers themselves, recognising their labour as valuable and emotionally complex.

The birth supporter programme works in partnership with local NHS maternity teams, who refer women for support and increasingly recognise the value of birth supporters who have undergone this structured training. This collaboration reflects research that shows greater trust in volunteers when they are embedded in formal programmes with clear expectations and boundaries (Spiby et al., 2015). The presence of the birth supporter in hospital or community settings is seen not as interference, but as complementary to professional care, providing continuity, emotional presence, and advocacy that professionals may not have time or capacity to offer.

1.8 Embracing a dual perspective: my role within the research

As a long-standing facilitator and co-developer of the volunteer birth supporter training programme, my involvement in this research project was both professionally embedded and personally resonant. I entered the study not as an outsider attempting to decode a foreign world, but as a practitioner deeply immersed in the lives, experiences, and evolving identities of the women I was researching. My professional role offered me privileged access to the programme's design, delivery, and participants, which in turn shaped both my methodological approach and ethical considerations. In this context, I examined the role of doulas within the maternity care system, with particular focus on their interactions with midwives and their position in the wider professional landscape. My personal position on this debate is that, while doulas provide vital emotional and practical support to birthing women, their role is often poorly understood, both by the maternity services and by doulas themselves, and needs to be more effectively integrated into existing

models of care. I return to this discussion in Chapter 4, where I reflect on my positionality and how it informed the methodological approach of my research. This question of how doulas come to understand their roles, often through complex personal journeys, also shaped my interest in the training programme itself.

Prior to the study, over five years of programme delivery, I had witnessed women enter the compulsory training space with visible apprehension, uncertain about their capabilities, reluctant to engage, and often carrying the weight of past educational exclusion. Yet, session by session, I observed them transform. Confidence grew, voices strengthened, and aspirations emerged where once there had been doubt. These stories of change were striking in their regularity, yet, I found, underexplored in literature. My primary motivation in undertaking this study was to better understand the nature of this transformation and how and why it was happening. I also wanted to understand what it might mean for broader conversations about education, volunteering, and empowerment.

My positionality as an insider in the research carried significant responsibility. I was acutely aware that my closeness to the programme and its participants might present risks of bias or over-identification. I responded to these challenges by consciously adopting a critically reflexive stance. I created space for anonymous and diverse participant voices, included groups I had not taught, and employed theoretical frameworks that challenged me to look beyond anecdote and surface impressions. These frameworks helped ground my interpretations in wider socio-cultural and structural dynamics, ensuring that the research remained critical rather than purely celebratory. My reflections on my own position in the study are discussed in much greater depth in Section 4.2 (‘Positionality and reflexivity’).

In many ways, I feel that my dual role enriched the study. It enabled a depth of understanding and contextual sensitivity that would have been difficult to achieve from a purely external standpoint. At the same time, this role necessitated a constant interrogation of my own assumptions, alongside a commitment to methodological transparency. Throughout the research process, I worked to ensure, to the best of my abilities, that my presence was one of facilitation and not domination, allowing the voices, perspectives, and agency of my participants to shape the narrative. Ultimately, I believe that this research is as much a product of practitioner insight as it is of academic inquiry. It is rooted in the belief that education, when thoughtfully designed and relationally delivered, can be transformational.

1.9 Key contributions of the study

As discussed in Chapter 7, the thesis makes several original contributions to knowledge, including theoretical and empirical contributions. Its primary theoretical contribution lies in the innovative application of the Capabilities Approach (CA) to explore women's intrinsic motivations for undertaking volunteer birth supporter training. While the CA has previously been used in maternal health contexts, I believe that this study is the first to apply it to the experiences of the volunteers themselves.

Empirically, the study demonstrates how volunteer birth supporter training, even when brief and community-based, can function as a site of significant personal transformation. Participants in the present study reported increased confidence, emotional affirmation, and social connection, underscoring the role of birth supporter training, not just in skill development, but in reshaping identities and enabling community engagement. The study also emphasises how real-world practice following a period of training further deepens such outcomes. Engaging in support roles allowed participants to consolidate their evolving identities and apply knowledge in emotionally resonant ways, highlighting the importance of situated learning and the continuum between training and practice.

Furthermore, the thesis identifies training as a restorative educational space for women marginalised from formal education or employment. It foregrounds emotional and social restoration as legitimate outcomes of community learning, contributing to feminist and adult education theory. Additional contributions include advancing reflexive, practitioner-led research; informing policy debates on the regulation of birth support roles; and demonstrating how such training aligns with public health goals by fostering social inclusion and empowerment.

Limitations include the small, localised sample and lack of long-term follow-up, which constrain generalisability. Emotional and identity-based outcomes rely on self-reported data, and the intersectional dimensions of experience were only partially explored. Nonetheless, the thesis offers a compelling case for recognising community-based volunteer training as a transformative, capability-expanding intervention with potential applications across adult education, healthcare, and social policy.

1.10 A note on terminology used in the thesis

Throughout this thesis, terms such as 'birth supporter', 'doula', and 'volunteer birth worker 'are used with acknowledgement of their sensitivity, particularly in relation to their varied meanings and uses in different contexts. The present study focuses specifically on women who undertook a structured training course to support others during childbirth. They did not always identify as

‘doulas’, although they perform similar functions. In the thesis, the term ‘participants’ refers to this specific group of women. In recent years, midwifery and obstetric literature has attempted to become more inclusive, and, to this end, to refer to those giving birth as ‘birthing people’. I have, therefore, used this term in the thesis when referring to persons who are pregnant or birthing. However, I retain the term ‘women’ to refer to my participant cohort, who all self-identified as such.

1.11 Scope and structure of the thesis

This thesis is structured to guide the reader through the development, execution, findings and implications of the research logically and coherently. Chapter 2 begins by outlining the theoretical framework that underpins the study, introducing the key concepts and theorists that shaped the research design and informed the analysis. In Chapter 3, I present a critical review of the relevant literature, situating the study within existing debates around volunteerism, women's learning, and birth support, and identifying the ‘gaps’ my own research seeks to address. Chapter 4 details the methodology and methods used to conduct the research, including a discussion of the interpretive framework, the research design, and the tools used for data collection and analysis. This section also reflects on the ethical considerations and my own positionality as the study’s researcher. Chapter 5 presents the findings of the study, based on sustained analyses and presented using both analytic summaries of themes and illustrative quotations from participants. In Chapter 6, I explore and discuss the findings in greater depth. Chapter 6 draws together the study’s themes and the theoretical perspectives outlined earlier in the thesis. This chapter directly addresses the three research questions, offering insight into the motivations, experiences, and outcomes for the women who undertook the birth supporter training. Finally, Chapter 7 draws the thesis to a close by summarising the key contributions to knowledge, reflecting on the study’s limitations, and offering practical and theoretical recommendations. This concluding chapter also includes a reflexive account of the research journey and highlights the potential implications for practice, policy, and future research.

1.12 Chapter summary

This chapter has outlined the context, aims, and methodological foundations of my study, which explored the experiences of a specific group of birth supporters. It has introduced the theoretical lenses that shaped the design and analysis and described the multi-method, qualitative approach used to generate and interpret the data. A brief overview of the key findings has been offered, highlighting the complex, affective, and situated nature of learning and identity-making within the field of birth work.

By attending to participants' voices and meaning-making over time, my study sought to contribute not only to understandings of how birth supporters learn and change, but also to wider conversations about the value of feminist, community-rooted educational practices. The following chapters build on this foundation, moving between theory, literature, and lived experience to deepen the analysis and explore the broader implications of the research.

The academic framing sets the groundwork for the more detailed theoretical discussion that follows. In the next chapter, I engage more fully with the conceptual underpinnings of the Capabilities Approach and Bourdieu's social theory, and explore how these intersect with feminist, relational, and critical pedagogical traditions. This deeper theoretical grounding not only informed the analytic lens of the study but also reflects the political and epistemological commitments that shaped its design and interpretation.

The next chapter, Chapter 2 (Theoretical Framework), sets out the conceptual tools that underpinned this study. It explores how the CA, Bourdieu's theory of practice, and situated learning theory offer distinct, yet complementary, perspectives on care, agency, inequality, and education. By examining these theories, along with critiques and alternative approaches, I establish a critical foundation for framing the findings that follow. These frameworks not only shaped the way data was interpreted, but also helped me to articulate how care-based learning experiences contribute to personal transformation within socially and structurally constrained contexts.

Chapter 2: Theoretical framework

2.1 Chapter introduction

The theoretical framework for an empirical study can be understood as a foundation that situates the work within existing scholarly discussions and conceptual traditions. This chapter will explore the theoretical resources that contributed to my thinking as I developed and conducted the study. This chapter provides the foundation on which the ideas discussed in the thesis are based and a framework for my analysis of the data. I begin the chapter by describing the study's most influential theoretical resources and exploring the extent to which they have been used to research birth supporter training and other forms of volunteer training in past research. Next, I outline a range of other theories that have been used in research on similar topics, considering the relative strengths and weaknesses of these theoretical framings and their relevance to my topic. Finally, I reflect on what the Capability Approach (CA) and Bourdieu's ideas offer to my study in particular and how they can be used alongside one another to provide an overall theoretical 'framework'.

2.2 Rationale for selecting the theoretical resources

As noted in the introductory chapter, the present study aimed to explore the experiences of individuals participating in a volunteer birth supporter training programme, with a particular focus on the participants' own perceptions of its personal and educational impacts. One theoretical resource that has previously been employed in studies focused on volunteer training, although less so in the specific context of birth supporter training, is the CA associated with the work of Amartya Sen and Martha Nussbaum. The CA can be seen as a useful resource in the context of volunteer training because it shifts the focus of analysis from skills or economic value to individual agency and the real opportunities that individuals have to pursue lives that they value. This is particularly relevant for volunteers, including birth supporter volunteers, whose motivations often go beyond the instrumental goals of employment and accreditation. It is for this reason that I felt the CA was of particular value to the present study. I considered that it would aid my thinking about the ways in which individuals engaging with the birth supporter programme felt about what they were able to *do* and *be* at different stages in the process. However, as I will expand upon in this chapter, such approaches have also received significant critique for their inattention to the ways in which deep social structures, power relations, and internalised dispositions shape and constrain individual freedoms *in practice*. It is for this reason that my own study employed a theoretical framework based on two core sets of theoretical resources. The CA was combined with Pierre Bourdieu's theory of practice, which provides a unique lens for thinking about how social structures, individual dispositions, and power relations interact to shape people's engagement with training opportunities. Bourdieu's ideals thus offer a greater acknowledgement of the ways in which

volunteers' motivations, trajectories, and outcomes are deeply embedded in, and constrained by, their social context.

These theoretical resources, then, have been selected for their particular suitability in exploring the complex dynamics of birth support, particularly the ways in which agency, dignity, social positioning and institutional structures shape the experiences of both women and their companions.

The CA offers a powerful means of understanding well-being, not solely as a matter of health outcomes or service provision, but in terms of individuals' real freedoms to achieve lives they have reason to value. Originally developed by Sen (1999), and later expanded by Nussbaum (2000, 2011), it has increasingly been applied across the fields of education, development studies, and public health. However, as discussed in the following sections, its explicit application to birth support has not been observed, with most research in this field tending to rely on frameworks centred on outcomes, access, or experiential narratives, without systematically interrogating underlying concepts of agency, capability or justice.

Similarly, Bourdieu's theoretical contributions, particularly the concepts of habitus, capital and field, can offer a critical lens through which to examine the social structures and institutional norms that shape the role of birth supporters within maternity care settings. Bourdieu's work enables a deeper exploration of how informal or relational forms of support are legitimised, marginalised or contested within the dominant biomedical and bureaucratic logic of hospital environments. Despite its relevance, Bourdieu's theory has likewise been underutilised in birth support research, although broader work in health sociology has demonstrated its value in analysing professional hierarchies, embodied knowledge and institutional gatekeeping. By integrating these two perspectives, this study sought to make an original contribution to theoretical debates about agency, relational care and social justice within health systems, while offering an empirically grounded analysis of the lived experiences of birth supporters.

In the following sections, I introduce the theoretical resources that underpin the study in more detail, beginning with an exploration of the Capability Approach associated with the work of Sen and Nussbaum.

2.3 The Capability Approach

The primary theoretical resource for my research was the Capability Approach (CA) to Human Development, originally developed by Amartya Sen (1999) and later expanded by Martha Nussbaum (2000). This approach is grounded in two central claims. First, that the freedom to achieve well-being is of primary moral significance. Second, that this freedom should be understood in terms of people's capabilities. Within this approach, what they are actually able to *be*

and *do* is described as their ‘functionings’, while the ways in which they can transform their resources into ‘functionings’ are known as ‘conversion factors’. These aspects of life are influenced by both personal and environmental conditions, including human and fiscal factors. Sen, in particular, emphasised the need for a global success model that evaluates development based on individuals' *actual capabilities and achievements*, rather than traditional metrics such as Gross Domestic Product (GDP).

I consider the CA to be particularly well suited to this study because it provides a powerful lens through which to explore how volunteer training experiences affect women’s real opportunities, not just their intentions, to move towards further study or employment. It enables a greater depth of understanding of development by attending to individual agency, personal choice, and structural constraints. In the context of this research, it allows for an exploration of how training as a birth supporter may enhance women’s confidence, widen their sense of possibility, and shift the way they view their futures.

Importantly, the CA recognises that the presence of resources or services *does not guarantee equality of outcome or opportunity*. It draws attention to the social, cultural, and economic factors that mediate whether individuals can convert such resources into meaningful outcomes. Through the CA, the study critically examines how access to training intersects with personal history, social positioning, and aspiration to shape the actual expansion of capabilities - something that is understood within this approach as ‘functionings’ and ‘freedoms’.

2.3.1 Functionings and conversion factors

In the CA, these freedoms are understood as capabilities; that is, the opportunities or potential a person has to achieve different states of being and doing. When an individual realises a capability, it becomes a ‘functioning’. In the context of this study, examples of ‘functionings’ might include completing an accredited training course, volunteering in maternity care, returning to formal education, or entering employment. This approach is particularly appropriate for exploring the effects of training on participants in the birth supporter programme, many of whom faced complex and layered barriers to personal development. This approach is supportive of research that attends not only to what was *offered*, for instance, the training itself, but also to what participants were able to *do with it*, how their opportunities were expanded (or not), and what outcomes were personally meaningful to them.

Robeyns (2005) contributed further depth to this model by introducing the concept of ‘conversion factors’, an idea that helps to explain why not all individuals can equally translate the same opportunities into the same outcomes. Conversion factors can be personal, for instance, confidence, literacy or physical health. They can also be social, linked with cultural expectations,

childcare responsibilities and discrimination as examples. They can also be environmental, that is, related to factors such as transport access and the local availability of further training. An example to demonstrate this might involve two participants completing the same course, but only one going on to enrol in higher education, because of differences in confidence, financial support, or family obligations.

In the current study, these conversion factors are especially important. The women participating in the researched training programme lived in areas of high deprivation and most had experienced disrupted or limited engagement with formal education. Some were mothers of young children or carers for other family members, whilst others faced language or cultural barriers. The Capabilities Approach offered an opportunity for the research to explore how individual experiences of the training programme interacted with these broad contextual factors. It also offered an opportunity to consider not just whether participants 'succeeded' in conventional terms, but also whether their capabilities were meaningfully expanded.

Importantly, I also consider that the CA resists deficit-focused narratives. Rather than asking why people fail to meet predefined benchmarks, it asks what conditions are needed to support people in achieving lives they value. This enhances its effectiveness in a study focused on development, empowerment, and inclusion. In the context of my own study, the CA enabled me to acknowledge structural constraints and personal agency, and to consider whether the birth supporter training programme had acted as a catalyst for change in participants' lives, either by expanding their available capabilities or by supporting the conversion of potential into meaningful outcomes.

2.3.2 Nussbaum's ten central capabilities

This emphasis on fostering *conditions* for flourishing, rather than focusing solely on deficits or failures, was further developed in the work of Martha Nussbaum. While Sen's formulation of the CA prioritised individual agency and the freedom to choose one's path, Nussbaum complemented this with a more normative account. She proposed a defined list of central capabilities that she argued should be universally protected and promoted. Her contribution provides a useful framework for examining whether the training programme supports participants in realising fundamental human capabilities. In her 2011 book, Nussbaum listed ten central human capabilities, which she argued are essential to a life with dignity:

Nussbaum's Ten Central Capabilities (2011)

Life – being able to live a normal lifespan.

Bodily Health – being able to have good health.

Bodily Integrity – being safe from violence, able to move freely, etc.

Senses, Imagination, and Thought – education, literacy, creative expression.

Practical Reason – being able to form a conception of the good and engage in critical reflection.

Affiliation –

- (a) being able to live with and toward others,
- (b) having the social bases of self-respect and non-humiliation.

Attachments - Being able to have attachments to things and people outside ourselves, to love, to grieve ('emotions');

Other Species – being able to live with concern for the natural world.

Play – being able to enjoy recreation and fun.

Control over One's Environment –

(a) political: being able to participate in political choices,

(b) material: being able to hold property, seek work, etc.

In addition to offering this list, Nussbaum emphasised the critical role of women's education in promoting gender equality and enhancing their capabilities, arguing that education is fundamental to enabling women to participate fully in social, political, and economic life. In this way, they

improve their overall well-being and expand their agency. Her work underscored how literacy and access to education can empower women to escape oppressive situations, such as abusive marriages, by equipping them with the knowledge and tools necessary for independence and informed decision-making. Nussbaum's broader work, particularly *Women and Human Development* (2000), offers illustrative narratives that highlight the transformative potential of education. One example discussed by Nussbaum is that of Vasanti, a woman who left an abusive marriage with the support of her brothers and of education. The case demonstrates how capabilities such as practical reason, bodily integrity, and affiliation can be realised through educational opportunities and supportive relationships. Nussbaum used these real-life accounts to ground her philosophical arguments about human experiences, illustrating how education functions as a gateway to greater freedom, dignity, and choice.

Nussbaum's work provides a valuable framework for assessing whether the birth supporter training programme supports participants in realising a broad and holistic vision of human dignity. As discussed in the findings and discussion chapters (Chapter 5 and Chapter 6 respectively), some of Nussbaum's capabilities were indeed found to be particularly relevant to the present study. Even on paper, there are clear links between birth supporter training and the list of ten central capabilities, both in terms of the direct experiences of birth supporters themselves and in terms of the women they may eventually support as a result of their training. For example, the opportunity to live a full life, not cut short by avoidable mortality, can be seen to relate directly to improved access to maternal health knowledge and services. Good bodily health, including reproductive health and adequate nourishment, is another essential capability that birth supporter programmes may help to promote through greater awareness and education. Nussbaum emphasised the importance of bodily integrity, having control over one's own body, freedom from violence, and the ability to move freely. Birth supporter training may support this in particular, as it builds participants' confidence and advocacy skills.

Meanwhile, the development of senses, imagination and thought, engaging the mind through education and creative expression, is something that has been shown to be fostered through the learning process itself, a process that invites participants to reflect critically and imaginatively. Emotional capabilities, such as the ability to form attachments, to express feelings, and to experience love and grief, may well be supported within a training programme's nurturing and collaborative environment. Practical reason is also closely linked. This is described as the ability to form a clear understanding of what is good and to reflect on one's own life. A training programme such as the birth supporter programme featured in the present study stands to open up space for new aspirations and personal re-evaluation.

Affiliation, another of Nussbaum's central capabilities, concerns the ability to engage socially, to care for others, and to be treated with dignity and respect. It can be seen that the collective nature of training programmes such as the one featured in the present study may reinforce these qualities, encouraging solidarity and mutual recognition. Although less central to the training, the capability to live with concern for other species could be seen to connect with holistic and traditional care approaches that recognise the importance of the natural world. Equally, play, the ability to laugh, to enjoy recreational activities, and to experience joy, may be fostered through the camaraderie and shared experiences that programmes such as those featured in the present study may support. Lastly, control over one's environment, both politically and materially, is a vital capability. This refers to having a voice in community life as well as access to resources, employment, or further education. Birth supporter training could act as a stepping stone towards such opportunities, giving women increased agency over their circumstances.

Nussbaum's perspective strengthened the ethical and philosophical grounding of my study's focus on empowerment and development. Her work supported my understanding of the training not only in terms of what it provides materially, but also in terms of how it may nurture the full range of human capabilities, enabling women to lead lives they have reason to value. However, while Nussbaum's account offers a compelling ethical framework, it is not without critique. One concern lies in the prescriptive nature of her capabilities list. Scholars such as Robeyns (2005) and Deneulin (2006) have questioned whether a fixed list, however well-intentioned, can sufficiently account for cultural diversity or differing social priorities. Unlike Sen, who deliberately refrained from specifying a universal list in order to preserve contextual flexibility, Nussbaum's approach may risk privileging western liberal values under the guise of universality. This raises important questions about whose values are being prioritised and how space is made for alternative conceptions of well-being.

A second critique concerns the practical application of Nussbaum's framework. Robeyns (2006) has argued that, although the capabilities are conceptually powerful, their breadth may present challenges in empirical research, particularly in assessing whether specific interventions genuinely support their development. As Stewart (2005) has highlighted, practically measuring and comparing capabilities across contexts can be methodologically complex, potentially undermining the actionable potential of the approach. Nonetheless, despite these concerns, Nussbaum's framework continues to offer a valuable, if normative, structure. When applied reflexively and with sensitivity to local contexts, it can deepen understandings of empowerment, and help to illuminate the multidimensional value of initiatives such as the birth supporter training programme.

While the CA offers a valuable framework for assessing individual freedoms and the real opportunities people have to lead the kind of lives that they value, it does not fully account for the

internalised social structures that shape individual perceptions and choices. To address this, my study also drew on Pierre Bourdieu's theories of habitus, capital and field, as a complementary lens.

2.4 Bourdieu's theory of habitus and related concepts

To complement the CA, this study also draws on the sociological theories of Pierre Bourdieu, particularly his concept of habitus. Habitus refers to the deeply ingrained dispositions, ways of thinking, and behaviours that individuals acquire through their life experiences and social environments (Bourdieu, 1977). These dispositions are not consciously chosen, but are formed over time through repeated social exposure within the families, education, cultures, and socially classed communities. Habitus influences what people perceive as possible for themselves, shaping aspirations, confidence, and comfort in particular spaces, such as formal education or healthcare environments. For the women in this study, the notion of habitus may be helpful for understanding participants' limited expectations around education and professional progression. In this way, Bourdieu's theory provides a useful tool for understanding how structural inequality is internalised and perpetuated.

Bourdieu's theories tend to be critically characterised as deterministic, but it is clear that a Bourdieusian understanding of habitus is of something that is firmly ingrained, but not fixed. It can be reconfigured by new experiences that challenge or disrupt previous patterns of thought. Bourdieu (1990) acknowledged that exposure to new social ideas can create moments of reflection and transformation. It is for this reason that I felt habitus would be an important and generative theoretical resource to complement the CA within my own study. Whilst it was important to consider how the individuals involved in the birth supporter training brought with them particular experiences and ingrained ways of being and doing, it is also possible that experiences, such as the birth supporter training programme, also served as a space of disruption, offering knowledge, new forms of language, professional exposure, and affirmation with the potential to expand participants' sense of what is possible. This idea also aligns with the CA. Both support a framing of the birth supporter programme as something that can foster the development of *new* capabilities, not only materially, but in terms of the ways in which participants come to see and value themselves and imagine their futures.

Though of a lesser focus, Bourdieu's concepts of cultural capital, field, and symbolic capital are also relevant to the present study. Bourdieu defined cultural capital (1986) as the skills, knowledge, and qualifications that are recognised and valued within educational and professional contexts. In this sense, participation in a training programme such as the birth supporter programme can be understood to enhance women's cultural capital, providing them with symbolic resources that

support progression into further learning or employment. Here, it is important to acknowledge numerous recent critiques of the problematic application of the notion of cultural capital within education programmes. As Reay (2004) has argued, cultural capital is often misinterpreted and used to label working-class students as lacking, rather than interrogating how educational institutions reproduce middle-class norms.

Meanwhile, the Bourdieusian concept of field (1977; 1984) refers to the structured social arenas in which people operate, such as healthcare, education, or community work. Each field is governed by its own rules, hierarchies, and forms of power. The notion is relevant to the present study in terms of thinking about how birth supporters learn how to navigate the field of maternity care, which is predominantly shaped by clinical professionals. Understanding and negotiating this field plays a significant role in the development and success of trained birth supporters, and may help explain why untrained doulas often encounter resistance or exclusion in formal healthcare settings.

Finally, symbolic capital, another key concept in Bourdieu's work, refers to the recognition, prestige, or legitimacy associated with particular roles or identities. Even within a voluntary position, the status afforded to trained birth supporters may provide women with a sense of legitimacy and visibility. This, in turn, may contribute to the reshaping of their habitus, supporting the development of new identities and increased confidence. Spiby et al. (2015) have previously highlighted the significance of symbolic capital in the greater comfort and acceptance shown towards trained birth supporters by healthcare professionals.

2.4.1 Practice, belonging and capability

Although there is no universal definition of practice theory, it is commonly associated with the work of Bourdieu (1977). Practice accounts of social action tend to theorise human behaviour in terms of the interplay between individual human agency, and something beyond the individual, on a societal or cultural level. Bourdiesian practice theory suggests that structural constraints contribute to the formation of permanent dispositions of perception and thought, as well as embodied ways of being. Although less of a focus in the present study, Lave and Wenger's (1991) theory of communities of practice is a related theoretical resource. The notion of communities of practice offers further insight into how individuals occupy space within social settings, particularly in relation to participation, recognition, and social mobility. The work of Lave and Wenger resonates with me in terms of the process by which beginners become accepted members of a group or professional structure. Ideas of legitimate peripheral participation provide a complement to Bourdieu's theory of practice, clarifiying how individuals begin at the outside edges of a community and, through ongoing involvement, observation, and engagement with shared practices, gradually move towards acceptance and full participation. This progression in belonging is not only about gaining skills, but

also about becoming recognised as a legitimate member of a group. In Lave and Wenger's work, acceptance is something that must be earned, often through demonstrating competence, commitment, and an understanding of the group's norms, much like the embodied enculturation involved in habitus. This has deep resonance with the situation of many doulas and birth supporters, who benefit from becoming an accepted part of a team, eventually enabling them to support mothers more effectively.

This perspective also links to work that brings together Bourdieu's work with Sen's CA (1999; 2009). While Sen focuses on the real freedoms people have to do and be what they value, Bourdieu draws attention to the social and structural conditions that shape those freedoms. Scholars who combine the two approaches argue that capabilities cannot be fully understood without considering the social fields in which individuals operate. They must also attend to the forms of acceptance and recognition that shape their ability to act as part of a social or professional group (Robeyns, 2005; Hart, 2012; Webber, 2018).

As such, Lave and Wenger's work (1991) helps bring together the two perspectives, providing further illustration that Sen's capabilities are not only about *having opportunities*, but also about *being able* to participate. The ability to belong to a community, whether educational, professional, or social, involves more than simply being present. It is about the navigation of unspoken rules to gain the trust of others and to earn a space within a group. These are relational and social processes, shaped by the structures that Bourdieu describes, and the kinds of freedoms that Sen is concerned with.

2.5 Combining the Capability Approach and Bourdieusian theories

Taken together, Bourdieu's concepts supported my ability to critically examine how participants' pre-existing dispositions interacted with new opportunities in the present study. Training may support not only skills development, but also a reorientation of self-perception and aspiration. In conjunction with the CA, this framework supported my analyses of how the present training intervention influenced both *perceived* and *actual* capabilities, for women seeking new paths in education and employment. Whilst Sen's ideas focus on an individual's freedom to achieve a life they value, Bourdieu's theories allow for a deeper exploration of how those freedoms are perceived, internalised, and acted upon. Habitus helps to explain how women's life experiences and social environments may shape their sense of what is possible or acceptable.

In contrast, the CA centres on the expansion of choice and voice, attending to how training programmes and education can enhance a person's agency and capabilities. Whilst Sen and Nussbaum are concerned with the tangible and intangible conversion of opportunity into real

outcomes, Bourdieu offers insight into how prior experience, cultural capital, and positioning within social fields may affect a person's ability to do so. Used together in the context of the present study, these perspectives allowed for a deeper and more layered understanding of how my participants engaged with their training, how they saw themselves changing, and what possibilities they believed might be open to them as a result. Next, I will review existing attempts to combine the CA with Bourdieusian habitus, as a way of better understanding their synergies and existing approaches to combining the two, as well as potential challenges to integration.

2.5.1 Integrating the Capability Approach and habitus: A review of key contributions

Several key researchers have brought together Sen's CA with Bourdieu's notion of habitus in educational research, presenting balanced insights into the ways that individual agency and social structures can have a bearing on educational outcomes. Significant contributions have been made to this debate by Hart (2012), Gokpinjar and Reiss (2016), Dimopolous and Koutsampelas (2022), Walker and Unterhalter (2007) and Molla and Gale (2023)

In her 2012 book, Hart applied theories associated with Sen and Bourdieu in combination for her research on aspirations, education and social justice. Hart's work explored how students' aspirations to progress in life are formed within the interplay of individual capabilities and social structures. She argued that, while Bourdieu's concept of habitus helps to explain how social conditions influence dispositions, Sen's CA foregrounds the freedoms that individuals have to pursue goals that they truly value. This synthesis provides a comprehensive lens to examine educational inequalities and the potential for social mobility. In a similar vein, Gokpinar and Reiss (2016) developed a two-stage theoretical model linking Bourdieu's key concepts of habitus, cultural and social capital and field with Sen's CA. Their research focused on science education, demonstrating how outside-school factors contribute to students' science-related capabilities and achievements. The authors highlighted that, while Bourdieu's theory elucidates the influence of social and cultural capital on educational outcomes, Sen's approach underscores the importance of providing students with genuine opportunities to convert these forms of capital into valued functionings.

Dimopoulos and Koutsampelas (2024) proposed an extension of the Sen-Bourdieu framework by incorporating Bernstein's sociological concepts (See Donnely & Abbas, 2018). Their work aimed to understand the mechanisms underpinning the transmission of educational inequalities, with a focus on linguistic ability. The authors suggested that a combination of these theories offered a more robust analytical tool for examining how structural factors and individual agency contribute to ongoing disparities in education. This range of existing, combined applications underscores the value of integrating Sen and Bourdieu's theories to better understand and address educational

inequalities, highlighting the dynamic interplay between individual capabilities and the social structures that shape them.

However, whilst such integration offers a valuable opportunity for examining educational inequality, it is not without its challenges. A number of scholars have critically engaged with this theoretical convergence, highlighting both its strengths and its limitations. These critiques often focus on the practical difficulties of operationalising such complex and multidimensional frameworks, as well as the potential tensions between their philosophical foundations. DeJaeghere (2018), for example, highlighted how the CA's focus on individual agency and entrepreneurial self-development can be co-opted by neoliberal agendas emphasising self-responsibility over structural reform.

Added to this Gewirtz and Cribb (2009) postulated that the CA may be too individualistic to align comfortably with Bourdieu's structural focus, noting the potential for conflict between the CA's emphasis on agency and Bourdieu's attention to how power and inequality are reproduced through social systems. For research that seeks to explore institutional programmes such as volunteer doula initiatives, this critique signals the need for caution regarding how personal agency is framed, especially when it comes to the experiences of marginalised women, whose choices may be significantly constrained by policy environments, institutional norms, or socio-economic conditions. Furthermore, Walker (2006) has argued that the CA under-theorises the embodied and habitual aspects of social life, which are central aspects of Bourdieu's theory.

Given the political volatility surrounding birth work, and increasing ideological pressure for cost-efficiency, self-management, and public service reform, these theoretical tensions are not merely academic. They directly shape how volunteer-based interventions are conceptualised and implemented. As such, this thesis must not only navigate the possibilities of integrating the CA and Bourdieu, but also maintain a critical stance on how such frameworks reflect, obscure, or challenge prevailing policy discourses. It must also reflect on the realities that the use of such frameworks may produce for women and birth supporters in the UK.

Walker and Unterhalter (2007) combined these theoretical approaches in the context of Higher Education (HE) research, emphasising the moral imperative of capabilities, while recognising the enduring impact of social structures. Although they combined Sen and Bourdieu's theories, they also warned that the inclusion of Bourdieu in the CA could lead to a dilution of the normative structure of the theory, reducing the goal of creating a better future. Hart (2012) also raised concerns about the risk of oversimplifying habitus or instrumentalising the CA in ways that detach these theories from the lived experiences of individuals.

While the integration of Sen's Capability Approach with Bourdieu's theory of habitus has offered valuable insights into educational inequality and the shaping of aspirations, it is important to

consider how these theoretical ideas have been taken up in studies that more directly align with the context of my own research study. To that end, the next section considers literature that specifically addresses the education and training of volunteers within maternity care settings. In reviewing this work, I aim to examine the extent to which the CA and Bourdieu's ideas about habitus have been applied in research that seeks to understand the development, transformation, and empowerment of women engaging in these roles. In particular, I consider whether these ideas have been applied in the context of trainees from marginalised communities. This shift brings into focus a more practice-based interpretation of capability development and allows for a critical engagement with the intersections of gender, care, and informal learning in maternity-related contexts.

2.5.2 A note on the notion of 'empowerment'

In the present thesis, I make fairly frequent use of the term 'empowerment'. Both Sen and Nussbaum frequently employed the term in their work, although they have done so in distinct ways. While they engage with critiques of the concept of 'empowerment', they defend the use of the term as a means to promote justice and well-being. In my own thesis, I employ the term 'empowerment' to describe the process through which participants gain confidence, skills, and agency. While this aligns with the capabilities frameworks of Sen and Nussbaum, I am aware of critiques that question the uncritical application of 'empowerment' in contexts like volunteering. Scholars have highlighted that so-called 'empowerment' initiatives can sometimes mask underlying power dynamics, potentially reinforcing existing inequalities rather than challenging them. For instance, Cruikshank (1999) discussed how 'empowerment' can be a form of self-policing, where individuals are encouraged to take responsibility for their circumstances without addressing structural factors that contribute to their marginalisation. Similarly, Henkel and Stirrat (2001) caution that 'empowerment' efforts may serve to legitimise existing power structures by presenting them as participatory, thereby depoliticising issues of inequality.

Despite these critiques, I have chosen to retain the term 'empowerment' in my thesis, but with a critical lens. Drawing on Bourdieu's concepts of habitus, capital, and field, I aim to acknowledge that empowerment is not a neutral or universally accessible process, but is mediated by individuals' social positions and the resources they can mobilise. For example, Dean (2015) demonstrates that volunteer recruiters often unconsciously favour middle-class individuals whose habitus aligns with the expectations of volunteering roles, thereby perpetuating class-based inequalities. By integrating Bourdieu's framework, I aim to emphasise how empowerment in the context of birth supporter training may be unevenly distributed and how the notion intersects with broader social structures.

2.6 Applications of the Capability Approach and Bourdieusian habitus in birth supporter training research

Despite significant review of the relevant literature (see also Chapter 3, 'Literature review'), I have found no published research that explicitly applies the Capability Approach (CA), as developed by Amartya Sen and Martha Nussbaum, to research on the role and experiences of birth supporters. This absence is itself a matter of interest. Birth supporters, including doulas, volunteer companions, and other non-clinical actors, occupy a crucial yet under-theorised space within healthcare systems. Their work, situated at the intersection of emotional care, bodily autonomy and institutional mediation, resonates deeply with the foundational concerns of the CA, the expansion of individuals' substantive freedoms, the pursuit of well-being beyond material or clinical outcomes, and the right to lead lives one has reason to value.

Although these concepts are rarely cited in studies of birth support, many of the issues explored in this body of research implicitly align with CA principles. Increasingly, scholarship around birth and perinatal care reflects concerns with autonomy, dignity, and the social conditions that enable or restrict meaningful choice. In other words, while Sen or Nussbaum may not be named, the conceptual influence of the CA is often resonant, particularly in relation to how care is delivered, experienced, and valued. Similarly, I have not found any published research that explicitly applies Bourdieu's theory of habitus to research on the role and experiences of birth supporters.

The next section of this chapter surveys relevant literature across three areas. Firstly, I consider applications of theoretical ideas that have similarities with the CA and with Bourdieusian habitus in research on birth supporters. Secondly, I consider scholarship applying the Capability Approach, and Bourdieusian habitus to health and reproductive care. Finally, I consider the extensive body of work linking capabilities with education. This work offers a useful parallel for understanding empowerment and transformation during life transitions such as childbirth. This mini-review not only maps the existing research base, but also identifies conceptual openings where the Capability Approach and Bourdieusian habitus could be usefully applied in future studies.

2.6.1. Similar ideas in research relating to birth supporters

Although no study of birth supporter training has directly employed the CA as a theoretical frame, the relevance of its central concerns is undeniable. Research by Harte et al. (2016) reveals how environmental and institutional factors, such as the design of the birth space, can limit or enable supporters' ability to act. Their later work (Harte et al., 2024) developed the Birth Unit Design Spatial Evaluation Tool, explicitly acknowledging the importance of physical conditions, for instance, access to rest areas or refreshments, in sustaining the supporters' presence and

effectiveness. These factors, often overlooked in clinical evaluations, are critical in a CA framework, which insists that well-being is shaped not only by what individuals can do, but by the conditions that support or constrain those possibilities.

Other studies focus on more extreme constraints. Retter (2025) explores birth support in prisons, documenting how volunteers working with organisations such as Birth Companions (2023) have attempted to uphold care, presence and dignity in contexts of coercion and separation. While the CA is not named, the values underpinning the work, the safeguarding of agency, the pursuit of emotional well-being, and resistance to dehumanising structures, are closely aligned with Nussbaum's list of central capabilities, particularly affiliation, bodily integrity, and control over one's environment. Earlier studies, such as Shin's (1996) work on delivery experiences, support this view. Shin identifies birth as a developmental crisis, a transitional moment that calls for emotional and social support to avoid alienation or disempowerment. Supporters, she argues, help mitigate stress, build confidence, and affirm a person's agency. These are contributions which echo the CA's emphasis on enabling valued functionings through supportive social relations.

Theoretically, these dynamics can also be understood through Bourdieu's notions of habitus and symbolic capital. Birth supporters are often located outside formal hierarchies of medical authority, yet they contribute emotional and social value. These are forms of care that may be unrecognised within dominant institutional logics. From a CA perspective, such work enriches the capability set of birthing individuals, even while their own capacities to act are shaped by the field they inhabit. As with the CA, I have not been able to find any research on birth supporter training that explicitly employs Bourdieusian habitus as a theoretical framing. However, as with the CA, there are examples of research on this topic which share similarities with habitus approaches. For example, Bakal and McLemore (2021) considered community-based doula training programmes in the United States and how training low-income and previously incarcerated women of colour serving as birth doulas within their communities, can empower and improve maternity outcomes. Whilst the authors do not make explicit reference to Bourdieu, the study nonetheless highlights the transformative potential of such programmes in challenging existing social inequalities and empowering marginalised individuals.

These studies collectively illustrate that the study of birth support, although typically examined through clinical, architectural, or sociological lenses, could benefit from research drawing on a combined CA and habitus theoretical framework. Such work would foreground the idea that care is not simply a service delivered, but a condition of freedom and facilitator of meaningful human development. Although existing studies shed light on various dimensions of birth support, few have engaged directly with the theoretical richness that the CA can offer. To better situate the present study within a broader conceptual tradition, I will explore the ways in which the CA has been more

fully developed in health research, particularly in relation to reproductive autonomy, health equity, and systemic structures of care, as well as in education.

2.6.2 Health, reproductive autonomy and the Capability lens

Health research has made more direct use of the CA, particularly in exploring questions of equity, well-being, and structural injustice. While much of this work has focused on systems and populations rather than on interpersonal support roles, it offers important theoretical insights relevant to understanding birth support within broader reproductive and healthcare settings.

Dixon and Nussbaum (2011), in their analysis of abortion and reproductive choice, argue that dignity and autonomy must be protected through policies that respect individual circumstances, values, and life goals. Although their work focuses on the termination of pregnancy, rather than birth, it makes a compelling case for recognising emotional and moral complexity as essential aspects of health-related decision-making. This is a principle that also applies to childbirth. The authors emphasise the importance of enabling people to make meaningful choices, not merely to have options; a distinction at the core of the CA.

Similarly, Stapleton et al. (2019) apply the CA to prenatal screening for fetal abnormalities, showing how the non-directive model of reproductive counselling can be refined through a capability lens. They argue that it is not enough to offer information; the context must also support individuals' real abilities to understand, deliberate, and decide in accordance with their values. This insight is particularly pertinent to birth support, where the supporter often helps mediate clinical information and provides emotional scaffolding that empowers birthing people to assert their preferences in high-pressure environments.

Such work demonstrates how the CA shifts the analytical focus from outcomes to processes and conditions. In healthcare, as in education, the question is not merely whether care is delivered, but whether people are able to achieve health and well-being on their own terms. This has clear implications for how we understand the value of birth supporters, who often play a central role in sustaining emotional safety and advocating for preferences, as well as creating the conditions for agency during physically and emotionally difficult episodes of care.

In addition to health research, the fields of education and empowerment studies have also drawn extensively on the CA, often alongside Bourdieu's insights into social reproduction and capital. Examining these applications offers further valuable parallels for understanding the role of birth supporters, particularly in relation to fostering agency, promoting relational autonomy, and navigating institutional constraints.

2.6.3 Education, empowerment, and analogous insights

Education, beyond birth supporter training, has been one of the most fertile grounds for applying the CA, particularly in its concern with agency, justice and human flourishing. Scholars such as Walker & Unterhalter (2207) and Tikly (2011) have framed education not only as a process of knowledge transmission, but as a site for expanding individuals' freedoms and capabilities to live meaningful lives. Through this lens, education becomes a deeply ethical and political endeavour, concerned as much with well-being and empowerment as with formal attainment.

Hart's work deepened this conversation by bringing Bourdieu's sociological insights into dialogue with Sen's normative framework. In Hart's (2012) work, she argued that, while the Capability Approach offers a compelling account of what individuals 'should' be able to do and be, Bourdieu's theorisation is needed to explain why some individuals cannot realise these possibilities. Hart's work drew attention to the ways in which an individual's aspirations and opportunities are shaped by their habitus; the ingrained dispositions formed by past experiences and social location, as well as by the capital they possess within various social fields, such as education. This integration is particularly valuable in offering a framework to analyse how people experience support, agency and transformation during key life transitions. Hart's work on students' aspirations shows that choices are never made in neutral or equal conditions. Instead they are framed by power, norms, and institutional affordances. She uses the concept of capabilities development to describe not only what learners *achieve* but how their conditions and relationships either *enable* or *inhibit* their capacity to aspire, act, and grow.

Although her focus is on education, I believe that Hart's insights are transferable to the context of both birth support and birth supporter training. For instance, both learners and birthing people are navigating complex institutional spaces, often under pressure and facing decisions that require confidence, contextual knowledge, and emotional steadiness. Birth supporters or birth supporter trainers, in this analogy, are akin to mentors or facilitators: they do not create freedom, but they help cultivate the conditions under which freedom becomes possible. Their relational support mirrors the ways that educators can scaffold confidence, challenge internalised limits, and create space for growth.

Moreover, Hart's synthesis of Sen and Bourdieu allows a theorising of not only the support given to birthing people, but the field in which supporters operate. Just as students' opportunities are shaped by their position in the educational field, so are supporters' roles shaped by institutional recognition, symbolic legitimacy, and access to decision-making. This dual lens is crucial for understanding how empowerment is both personal and structural, and how support work must be theorised within the constraints and logics of professional hierarchies.

2.7 Chapter summary: towards a theoretical framework for understanding the individual impacts of birth supporter training

The Capability Approach, when brought into dialogue with Bourdieu's theory of practice, offers a powerful framework for understanding the role of birth supporters within the broader field of human development and for understanding the role of birth support trainers in providing constructive learning environments for birth supporters. Although no existing literature directly applies this combined lens to the work of birth supporters, research across health, education and reproductive care shows the relevance of such a perspective. This offers an opportunity for the present thesis to make an interesting contribution to theoretical knowledge, in exploring the extent to which these theoretical resources are productive tools for researching birth supporter training.

Birth supporters operate in a space between the personal and the institutional, providing care that is emotional, practical, and deeply relational. Their impact can be understood as expanding the capabilities of those they support, enhancing agency, confidence, and dignity during one of life's most transformative experiences. Yet their effectiveness is also shaped by their own position within the healthcare field, by the physical and social spaces they inhabit, and by how their contributions are recognised, and often marginalised, within formal systems.

Drawing on Sen, Nussbaum and Bourdieu, and with Hart's integration as a conceptual bridge, this framework positions birth support not merely as a form of assistance but as a developmental and justice-oriented practice. It provides a lens for analysing how freedom is facilitated or foreclosed in the birthing process, and how supporters themselves negotiate agency and structure in delivering care. In doing so, it opens space for a richer, more human-centred account of birth, rooted in the values of autonomy, relationality, and social justice.

In practice, the combined theoretical framework has influenced the study and this thesis in multiple ways. As is clear from the study's research questions, the theoretical framework was crucial in my thinking about the study and its overall framing from the outset. Research question 1 explicitly considers how capabilities, as defined in the Capability Approach, impact on women's intrinsic motivations to undertake volunteer birth supporter training. The theoretical framework was also particularly important in framing my approach to data analysis, something which I explore in greater detail in Chapter 4 ('Methodology and methods'). As such, I return to the theoretical framework in Chapter 5 (Findings and analysis) and in greater detail in the discussion in Chapter 6.

Having established a theoretical framework grounded in the work of Sen, Nussbaum, and Bourdieu, I will now explore how these ideas intersect with existing research on volunteering in the general sense and as a birth supporter. The following chapter turns to the literature on

volunteering, both in general and in the specific context of birth support, to examine how the ideas of care, altruism, empowerment, and civic participation, underpinned here, have been understood and represented in the wider field. By situating the birth supporter training programme within this wider paradigm, the review highlights how voluntary roles are shaped by broader social, cultural, and policy frameworks.

Chapter 3: Literature review

3.1 Chapter introduction

Building on the theoretical foundations outlined in the previous chapter, this review turns to the literature on volunteering as the primary context in which the birth supporter training programme operates. Volunteering has long been a site of both civic engagement and social care, shaped by complex intersections of altruism, responsibility, and structural inequality. This chapter explores the key debates and themes within the volunteering paradigm, with particular attention to how they relate to birth support roles, in order to ground the study within a broader social and policy context. The review therefore situates the birth supporter role within the complex and multifaceted field of volunteering within the general population, laying a critical foundation for a more focused study in the specialised field of birth support volunteering.

I begin at 3.2, by reviewing broader literature on the topic of volunteering. Though an important body of work exists in relation to birth supporter volunteering and training for the birth supporter role, this discussion is situated within wider scholarly knowledge relating to volunteering and training for volunteering. As noted in the theoretical framework (Chapter 2), there is very little research to date which employs a CA framing to the study of birth supporter volunteering and its training. This is another reason that beginning with a broader review is important. Similarly, general literature on volunteering fills an important gap in the thesis, where less is known in relation to the birth supporter role in particular. For example, little research to date currently addresses the specific motivations of birth supporter volunteers, although there is much published on the motivations of volunteers in general. At 3.3, I move to review literature relating to birth supporter volunteering and its training specifically. Much of the analysis and discussion about the extent to which the CA has been employed within this field is contained in Chapter 2. However, I relate the literature review back to the CA where appropriate. The philosophical perspective associated with the CA is one focused on the exploration of the extent to which individuals have the freedom, opportunities, and resources to achieve their full potential. I consider it an approach to human development that offers empowerment within societies across the world, and a platform from which Sen foregrounds capabilities as a measure of human development, in place of the traditional gross domestic product (GDP) assessments. In the context of volunteering, CA may be a useful lens for understanding volunteering as a way of achieving that, both from the stance of the volunteer and of the people who benefit from volunteer support. Despite this, I am, of course, mindful of the critiques of notions like ‘empowerment’, and aspire to reflect critically on the literature with this in mind. Finally, at 3.3, I summarise and close the chapter.

3.2 Volunteering: definitions, literature and critical perspectives

Volunteering is a multifaceted concept that has been subject to extensive critique and analysis within academic literature. Traditional definitions often depict the role as a selfless act of giving one's time and effort, without monetary compensation. However, this simplistic view fails to capture the complexity and diversity of volunteer experiences. Scholars such as Wilson (2000) and Hustinx et al. (2010) argue that volunteering spans a spectrum from purely altruistic endeavors to activities intertwined with personal gains and societal pressures.

One significant critique revolves around the conceptual ambiguity of volunteering itself. Hustinx et al. (2010) highlight that whilst volunteers may exhibit selfless intentions, their participation is often motivated by the hope of personal benefits, such as skill development, social recognition, and career advancement. This duality challenges the notion of volunteering as a wholly altruistic practice.

A more complex, continuum model is presented by Haski-Leventhal et al. (2018). It emphasises variation in volunteering definitions, suggesting that these seemingly gratuitous acts, can range from the entirely voluntary to those influenced by external pressures or rewards. This model questions the simplistic bifurcation of volunteering into formal and informal categories, urging a more nuanced understanding of volunteer motivations and behaviors. Research projects by Cnaan et al. (1996) and Snyder and Omoto (2008) illustrate the degrees of voluntary participation, from fully voluntary to coerced or incentivised action, whilst Whittaker et al. (2015) challenge the rigid boundaries associated with the idea of formal and informal volunteering, highlighting the fluid nature of volunteer roles and motivations, resulting in a similar idea of volunteering as a continuum, ranging from narrow to broader forms.

At the narrow end of this continuum, volunteering is conceptualised as entirely voluntary, in the true meaning of the word. This view positions one version of volunteering as a process with no coercion or pressure, involving no direct or indirect reward and being undertaken through a formal volunteer-involving organisation. In this context, no previous relationship exists between the volunteer and beneficiary. Broader definitions, however, attend to degrees of coercion, for instance mandatory work experience in schools, community service court orders and work with remuneration below the value of the paid version of the services provided. This definition also includes work undertaken outside the jurisdiction of formal organisations. In such cases, the volunteers and beneficiaries tend to share backgrounds or interests (Whittaker et al. 2015). In many definitions, this type of arrangement is not always seen as formal volunteering, aligning more closely with the idea of ‘helping’ as part of a reciprocal friendship.

Yet further categorisations pay attention to the ways in which volunteering is carried out. An example of this is the notion of episodic volunteering versus ongoing volunteering, explored by Hustinx and Lammertyn (2003). Another example, as previously mentioned, is formal volunteering conducted in an organisational setting, versus informal volunteering, conducted directly with service recipients. This type of altruistic activity is further explored by Lee and Brudney (2012) who hypothesise that formal and informal volunteering have close similarities, but are dictated by differences in human social positions. They note that involvement in social groups increases the likelihood of volunteering for all, but greater human capital renders formal volunteering more likely.

As well as attempts to organise definitions of volunteering, Hogg's (2016) theorisation grouped volunteers into three cohorts. Firstly, Hogg identifies constant participants, who have volunteered for most or all of their adult lives. Secondly, serial volunteers are described as those who have volunteered intermittently and for different organisations. Thirdly trigger volunteers are those who begin to volunteer at an older age, when a specific task appeals to them, or they feel the need to have something more than retirement in their lives. Interestingly, Sheffield (2025) postulates that volunteering is also becoming more popular with younger generations. Sheffield's research measured the volunteering ventures of adults approaching the end of their working lives, when compared to eighty year olds, finding that the younger group had embarked on more volunteering ventures in their lifetime than the older group. Sheffield concluded that their study demonstrates the importance of considering differences in volunteer cohorts when trying to understand the volunteering process as a whole. Conversely, UK Civil Society Media (2024) identified a drop in numbers of young volunteers, something that they perceive to be the effect of Covid and the associated barriers that this period of isolation created. It is difficult to ascertain whether this perceived greater distance, which may have arisen in communities as a result of pandemic conditions, will have a long term, or even permanent, effect on volunteer motivation - something which could both drive or block future participation.

3.2.1 Volunteering and 'empowerment'

Volunteering is widely recognised as a practice that contributes to individual well-being, community development, and the provision of public services across various sectors. Defined broadly as unpaid work undertaken for the benefit of others beyond one's immediate family, volunteering encompasses a range of activities, from informal acts of kindness to structured roles within non-profit organisations, healthcare systems, and educational settings. As described by Musick and Wilson (2008), motivations for volunteering are diverse, shaped by personal values, altruistic intentions, social connections, and aspirations for skill development or career progression

Beyond individual benefits, volunteering holds significant societal value. It has been shown to enhance public services, support vulnerable populations, and strengthen social cohesion. This is particularly evident in healthcare, education, and social care, where volunteers often supplement professional services by providing emotional, practical, and advocacy-based support (Hustinx,et al. 2010). However, some scholars caution against over-reliance on volunteers, arguing that it may mask systemic issues within public service provision and lead to the undervaluation of professional care work (Handy & Cnaan, 2000).

While volunteering can serve as a means of personal and community empowerment, it can also function as a mechanism of exploitation, particularly when structural inequalities are not addressed. Critics argue that volunteering can be exploitative, particularly when it is a substitute for paid labour or reinforces existing power dynamics. Read (2021) examined how volunteer management practices in UK charities, influenced by human resource management models, can intensify volunteers' workloads and align their motivations with organisational targets, potentially leading to exploitation. Similarly, Dowling (2024) has discussed how the professionalisation of volunteering can blur the lines between waged and unwaged work, leading to the exploitation of volunteers, especially in care sectors.

These critiques suggest that, while volunteering has the potential to empower individuals, it can also perpetuate inequalities if not critically examined. Therefore, it is essential to consider the structural contexts in which volunteering occurs to fully understand its implications for empowerment.

3.2.2 Structural, emotional and ethical challenges

Despite the widespread framing of volunteering as universally accessible and flexible, it can present a range of structural, emotional, and ethical challenges. Barriers to participation may include socio-economic constraints, lack of formal recognition, and the emotional demands associated with caregiving roles (Handy&Cnaan,2000). These challenges are particularly pronounced in healthcare and maternity-related volunteering, where the need for emotional resilience and ethical sensitivity is acute. Retzer et al. (2023), in their study of maternity volunteering during the Covid-19 pandemic, highlighted the importance of involving volunteers in decision-making and providing consistent support structures. They argued that such measures are crucial for volunteer retention and well-being, especially in times of crisis. However, their findings also suggest that, without adequate support, volunteers may experience increased stress and disengagement, raising questions about the sustainability of volunteer-dependent models in healthcare settings.

3.2.3 Volunteering communities and collective impact

While much attention has been paid to individual motivations, the literature also highlights the broader communal and societal implications of volunteering. Wilson and Musick (2000) maintain that participation in voluntary activity enhances an individual's sense of competence and belonging. Building on this, Putnam (2001) positions volunteering as a critical mechanism for building social capital, suggesting that it strengthens community networks, encourages reciprocity, and fosters trust between individuals and institutions.

However, Putnam's concept of social capital has faced criticism. Some scholars argue that it lacks conceptual clarity and fails to account for the complexities of social networks. For instance, Portes and Vickstrom (2011) contend that Putnam's measures of social capital may conflate different forms of social interaction, leading to ambiguous conclusions about its effects on community cohesion. Additionally, critics point out that an overemphasis on bonding social capital and strong ties within homogenous groups, can lead to exclusionary practices and reinforce existing social divisions (Satayanath, 2017). Furthermore, the assumption that increased volunteering invariably leads to greater civic engagement has been challenged. Critics argue that volunteering does not always translate into political participation or social activism. Instead, it may serve as a substitute for more substantive forms of civic involvement, potentially depoliticising social issues and diverting attention from structural inequalities (Eliasoph, 2013). This critique draws attention to the underlying motivations that drive individuals to volunteer. Understanding whether volunteering stems from a deep-seated commitment to social change or from more individualistic aims is crucial to evaluating its broader societal impact.

3.2.4 Intrinsic motivations for volunteering

Intrinsic motivations, those rooted in internal values and personal fulfilment rather than external rewards, are often key to sustained volunteer engagement. These motivations include a desire for personal growth, moral responsibility, and a sense of community contribution. Stukas et al. (2016) argue that individuals who volunteer for socially driven or values-based reasons tend to experience more positive and sustained engagement, whereas those driven by what are perceived to be more self-serving goals often report less satisfaction and higher rates of attrition. Thus, the nature of volunteers' motivations not only affects their individual experiences, but may also influence the extent to which volunteering fosters genuine civic engagement or reinforces existing social structures.

It appears that altruism is a prominent intrinsic driver. Omoto and Snyder (2002) describe altruism as a core reason that individuals offer their time and skills without monetary reward, with individuals finding satisfaction in knowing that they have positively impacted others. Musick and

Wilson (2008) suggest that this sense of purpose is closely associated with personal well-being and a sense of meaningful impact, whilst Clary and Snyder (1999) highlight that values-based motivations, such as moral duty or religious belief, are often strong drivers of voluntary action.

However, some researchers caution against idealising altruistic motivations. They argue that such motivations can sometimes mask underlying desires for social recognition or personal gain. For example, Hustinx and Lammertyn (2003) suggest that contemporary volunteering is increasingly characterised by a reflexive orientation, where individuals seek personal development and flexible engagement rather than long-term commitment to altruistic causes. This shift raises questions about the sustainability of volunteer involvement and the implications for organisations relying on consistent volunteer support. However, there is no clear evidence that volunteer numbers are subsiding.

Gov.uk (2021/22) reported that sixteen percent of adults in England, approximately seven and a half million people, had engaged in volunteering activities at least once a month over the previous year. The report revealed that motivations for volunteering were diverse, encompassing participation in initiatives aimed at alleviating loneliness, strengthening community support networks, promoting civic engagement, and contributing to charitable causes. While these actions may appear primarily outward-facing, focused on immediate social benefit, a deeper examination suggests that the internal, intrinsic motivations driving volunteer behaviour are equally significant. Intrinsic motivations, rooted in values such as personal growth, moral duty, and community solidarity, can vary from individual to individual and project to project. Nevertheless, studies show consistent patterns across different cultural settings. Sengupta and Joshi (2023), for instance, identified strong intrinsic drivers among volunteers in India, mirroring findings in the UK context as reported by Nichols (2016), who highlighted that value-based motivations often sustain longer-term engagement.

This focus on intrinsic motivation is particularly important when considering critiques, such as those by Eliasoph (1998), who argue that volunteering can sometimes substitute for deeper civic engagement rather than fostering it. Understanding the nature of volunteers' intrinsic motivations, therefore, becomes central to evaluating whether volunteerism merely addresses surface-level needs or contributes meaningfully to long-term social change and political consciousness.

While intrinsic motivations are often framed positively as drivers of sustained volunteer engagement, it is equally important to critically examine the psychological impacts on the volunteers themselves. Although volunteering is frequently associated with personal growth, increased well-being, and social connectedness, these outcomes are neither uniform nor guaranteed. The psychological experience of volunteering can be shaped by complex interactions

between individual motivations, societal expectations, and the realities of volunteer roles. As such, recognising both the benefits and the potential psychological costs of volunteering is essential for a balanced and nuanced understanding of its impact.

3.2.5 Psychological benefits and potential harms

Several 21st century studies have highlighted the importance of psychological benefits as a key intrinsic motivator. These benefits include enhanced well-being, increased self-esteem, and a sense of purpose or meaning in life. For many volunteers, the act of giving their time and skills not only helps others, but also contributes to their own sense of personal growth and emotional satisfaction (Hustinx et al. 2021). Son and Wilson (2012) suggest that personal motivations are often intertwined with social connectedness, where the desire to form and maintain social bonds with others is a significant driver of volunteerism, a term used mainly in the United States of America to mean the act of volunteering.

Volunteering provides opportunities for social interaction and community involvement, which can be particularly appealing to individuals seeking to strengthen their social networks and feel more integrated into their communities (Wilson & Musick, 2000). However, while motivations such as 'paying back' support they have received themselves, personal fulfilment, and social connectedness can be powerful drivers of volunteer engagement, they are not without their complexities and potential drawbacks. The very factors that motivate individuals to volunteer can also give rise to challenges and critiques, particularly when these motivations intersect with broader societal expectations, power dynamics, and the practical realities of volunteer work. Aranda et al. (2019) link this to the volunteers age and primary motivations for volunteering. Their longitudinal study of more than two hundred healthcare volunteers found a correlation between social motivation and volunteer satisfaction and volunteer age, noting that volunteer satisfaction was higher in older participants with high social motivation. However, for younger volunteers, the opposite was true: high social motivation led to reduced satisfaction, with members of this group likely to have less altruistic aspirations that they may recognise or admit to at the outset of the project.

Aranda et al. (2019) also found that the human desire for social connectedness and community involvement, while generally positive, can sometimes lead to unintended consequences, such as the reinforcement of social inequities or the imposition of volunteers' values on the communities they serve. Moreover, the psychological benefits associated with volunteering, such as enhanced self-esteem and a sense of purpose, can create a dependence on external validation, potentially leading to burnout or disillusionment when expectations are not met. Moore et al.'s (2020) work considered volunteer burnout and the reasons for it. The authors recognise that volunteering does

result in many positive outcomes. However, they also describe a lack of congruence between the reasons for volunteering (which they name ‘Volunteer Function’), and the actual experience of the roles (seen as ‘Volunteer Outcome Satisfaction’). This lack of congruence is considered by the authors as a possible predictor of exhaustion and burnout. Recognition of these challenges highlights the importance of understanding what motivates individuals to volunteer and how organisations can effectively recruit and sustain their engagement without over commitment and burnout

3.2.6 Risk of overcommitment and burnout

Local volunteers may possess a deep sense of responsibility and dedication to their communities, which can drive them to take on more tasks and projects than they can realistically manage. This overcommitment can arise from a desire to make a meaningful impact, or from social pressures to contribute extensively. However, without adequate support systems, clear boundaries, and effective time management strategies, volunteers may find themselves overwhelmed. The challenge of balancing volunteer duties with personal and professional responsibilities can lead to physical, emotional, and mental exhaustion, a situation that is commonly referred to as ‘burnout’ in modern parlance.

Mereno-Jamines and Hidalog-Villodres (2024) concluded that burnout in volunteers poses significant risk to motivation and volunteer well-being. They foreground symptoms which volunteers and those around them must remain alert to, including frustration, low motivation and chronic fatigue. Such symptoms, which are personally damaging, can also have negative impacts on the communities that volunteers are trying to support. Expressions of negativity amongst volunteers risks a knock-on effect, causing other potential participants to avoid or leave the role. The authors cite Wilson (2019)’s recommendation that volunteers must have access to adequate resources, information, training and support in order to reduce the risk of burnout and maintain a positive volunteer experience. The greater the volunteering challenge, the more extensive the need for support.

3.2.7 The role and impact of local volunteers: community-embedded support

Although local volunteering is often framed as an inherently beneficial and sustainable model of community support, this assumption warrants more critical scrutiny. While embeddedness within the community can provide advantages, such as cultural competence and trust-building (Musick & Wilson, 2008), it can also introduce significant challenges, including blurred personal-professional boundaries, biases, and pressures that may ultimately undermine the sustainability and fairness of volunteer contributions. The notion that proximity to the community naturally produces better

outcomes overlooks the complex social dynamics, power hierarchies, and relational tensions that can arise when volunteers occupy dual roles as both ‘insiders’ and service providers.

Local volunteers, by virtue of their everyday relationships and insider knowledge, are often assumed to be best placed to address community needs. Indeed, research supports the notion that volunteers with a deep understanding of local culture and values can build trust and relevance more effectively than external agents (Wilson, 2012). However, as Wilson (2012) has argued, volunteerism is not a neutral or apolitical act. The social location of volunteers, which can be related to their class, ethnicity, or social networks, can influence how they deliver support, sometimes reinforcing existing exclusions or informal power structures rather than mitigating them.

Volunteering plays a crucial role in strengthening communities, but the impact and effectiveness of such work vary considerably depending on local contexts and relational factors. Community-embedded volunteers can be powerful agents for positive change. However, without careful organisational structures, training, and reflective practices, their proximity may complicate efforts toward inclusivity, equity, and sustainable development.

3.2.8 Cultural competence, local knowledge and challenges

While the benefits of local volunteering in fostering cultural understanding and community trust are well recognised, they are accompanied by significant challenges. The close social ties between volunteers and community members can blur personal and professional boundaries, introducing biases and potential conflicts of interest that may undermine objectivity and effectiveness.

The National Council for Voluntary Organisations (NCVO) reports that volunteers from diverse backgrounds often face systemic barriers, such as exclusionary cultures within organisations and a lack of awareness about available opportunities. These factors can entrench inequalities within volunteer programmes, limiting their inclusivity and community representation. Structural challenges in sustaining volunteer engagement are also evident. Over half of charities in the UK report difficulties in recruiting volunteers, citing time constraints and a lack of interest as significant barriers (Civil Society Media, 2024). This shortage places additional pressure on existing volunteers, risking burnout, role overload, and diminished quality of service. Without addressing these systemic issues, the sustainability and inclusivity of local volunteer initiatives are compromised.

Strategies to mitigate these challenges must go beyond simplistic recruitment drives. They should include clearer role definitions, structured training to manage personal-professional boundaries, active support systems for volunteers, and inclusive practices to attract and retain a diverse range

of participants. Without such deliberate interventions, local volunteering risks reinforcing existing social divisions rather than bridging them.

The benefits of local volunteering are abundant and deep, particularly in fostering connections and cultural understanding within a community. However, it is essential to understand that this model of volunteering also brings with it a unique set of challenges. These complexities can complicate the effectiveness of volunteer efforts and may even lead to unintended negative consequences if not carefully managed. The close ties that local volunteers have with their communities, while beneficial in many ways, can blur the lines between personal and professional roles, introduce biases, and create pressures that undermine the sustainability of their contributions. For instance, Coppack (2024) explores the distinction between volunteering and employment, referred to in her paper as ‘work’. She believes that the distinctions between the two factors are becoming increasingly blurred; citing employment tribunal cases that have been required to resolve such problems.

Additionally, the National Council for Voluntary Organisations (NCVO, 2025) reported that volunteers from diverse backgrounds often have concerns about fitting in and a lack of awareness about opportunities, which can hinder effective engagement. These factors can introduce biases and have an effect on the inclusivity of volunteer programmes. Over half of charities in the UK have reported difficulties in recruiting volunteers, with time constraints and lack of interest being significant barriers. This challenge can place additional pressure on existing volunteers, potentially leading to burnout and affecting the sustainability of volunteer contributions (Civil Society, 2025). It is important that these challenges are addressed to ensure that local volunteering remains a positive and effective force within communities. Strategies may include providing clear role definitions, offering support to manage personal-professional boundaries, and implementing inclusive recruitment practices to attract a diverse volunteer base.

However, recent studies from the UK and around the world (Fernades, 2023; Gaber et al. 2022, Coren et al. 2021) have reinforced the importance of cultural values and local engagement in volunteering. Fernades explored volunteer retention in a Spanish community, offering better understanding of the self-determined motivations, self-expression needs and co-creation outcomes of volunteers. As seen previously, it is important that there is coherence between volunteer motivations and volunteer outcomes if a satisfying, ongoing process is to be achieved. Gaber et al. (2022) looked at this from the stance of a complex, Canadian, community-centred intervention and concluded that those who were retained were more likely to have explained their volunteering motivations as a desire to enhance their social competence. Coren et al. (2021) explored outcomes for those who volunteered to support a local, UK festival from the perspective of the ‘Five Ways to Wellbeing’ model (Gov.uk, 2008). They positioned the festival as a form of

community development, with its contribution to social, economic and cultural input potentially enhancing community well-being. They concluded that volunteering in a community festival can provide an opportunity to connect with others and connect with one's community, thereby increasing one's own - and others' - social capital. The authors also noted that, in their own research, geographical closeness to the volunteer venture improved participants' experience and as well as beneficial outcomes.

This range of literature demonstrates that local volunteers can possess a deep understanding of the cultural, social, and economic context of the community they serve. This cultural competence enables them to navigate local customs, traditions, and languages more effectively than external volunteers. Their intrinsic knowledge often allows them to identify the root causes of community issues and propose culturally appropriate, sustainable solutions. As Mesch et al. (2016) have highlighted, this local knowledge significantly enhances volunteer effectiveness, making such contributions more impactful and better aligned with community needs. This, in turn, supports the development of trust and understanding with recipients and with the other organisations that support them. However, there are also concerns that arise from local volunteering,

3.2.9 Confidentiality concerns in close-knit communities

One of the key issues is that individuals in close-knit communities may fear that sensitive personal information, once shared with a volunteer who is also a member of the community, will not be kept confidential. This concern is particularly relevant in contexts where gossip, informal networks, or social pressures are prevalent, and where the boundaries between personal and professional relationships are blurred. The anxiety that information might be inadvertently or intentionally shared within the community can lead to a reluctance to engage with local volunteers, even when they are otherwise well-positioned to provide culturally competent and empathetic support.

For example, a pregnant woman might refuse to be cared for by a midwife from her own community, or who speaks her language, because she fears that details of her health or personal life could become the subject of community discussion. This fear may be rooted in previous experiences or community norms, where privacy is not strictly maintained, or it may simply reflect a broader concern about the difficulty of maintaining confidentiality in environments where everyone knows each other.

These concerns about healthcare and voluntary support in close-knit communities highlight the complex interplay between personal relationships and professional boundaries in volunteer roles. These dynamics are particularly relevant in the case of local volunteers, such as those supporting birth in their own communities, where intrinsic motivations like a desire to help others or to contribute to the community can be both a driving force and a source of tension. The fear of

compromised privacy can deter both potential volunteers and recipients of care, underscoring the need for volunteer organisations to consider the cultural and social contexts within which they operate.

As societal values and expectations continue to evolve, particularly in response to global events such as the Covid-19 pandemic, the nature of intrinsic motivations for volunteering may shift. The pandemic has not only reshaped how communities function, but also significantly impacted the motivations and willingness of individuals to engage in volunteer activities. Recent research has emphasised the importance of understanding and nurturing these intrinsic motivations to maintain volunteer engagement, especially as the social landscape becomes increasingly complex and uncertain (Volunteering Australia, 2022).

3.2.10 Trust and relationship building

Trust is a critical component of successful volunteer initiatives and local volunteers are often in a better position to build and maintain this trust. Because they are part of the community, local volunteers are sometimes seen as more credible and trustworthy, which can lead to greater acceptance and cooperation from community members. This trust can enable local volunteers to engage more deeply with the community, fostering stronger relationships and more meaningful outcomes. Trust in volunteers is a crucial factor in enabling therapeutic, professional relationships that improve health and social outcomes. Several studies have shown that volunteer roles, especially those rooted in communities, can enhance continuity of care in settings where professional services are increasingly fragmented, as seen by South et al. (2013). The authors emphasise the importance of continuity, which contributes to both the stability of a volunteer project and the retention of knowledge and relationships over time. In large cities, where staff turnover in professional roles is often high, local volunteers offer a consistent presence. The embeddedness of local volunteers within communities allows for long-term commitments, which in turn facilitate sustained impact and community capacity-building (Lohmeyer et al.2020).

3.2.11 Boundary and role confusion

Neighbourhood volunteers can face challenges in maintaining clear boundaries between their volunteer roles and their personal lives. Since they live within the community they serve, it can be difficult to separate volunteer responsibilities from personal relationships, leading to role confusion. This can result in stress, burnout, and difficulty in managing professional boundaries, especially when personal connections or conflicts arise within the community. Merrel (2000) explored this effect in a British ‘Well Woman’ clinic, noting that the volunteers come to the role with knowledge and skills; tending to be older than the clinic staff and with extensive life experience to make use of when interviewing clients, as well as a wealth of local knowledge. Whilst valuable, these attributes

can also sometimes lead to volunteers overstepping their role, acting as advisors rather than volunteers.

Neighbourhood volunteers also possess potential for bias and favouritism, either consciously or unconsciously, when serving within their own communities. This can lead to unequal distribution of resources or support, with some individuals or groups receiving preferential treatment due to personal connections or social standing within the community. Such biases can undermine the fairness and effectiveness of volunteer initiatives and may exacerbate existing inequalities within the community.

Another problem that has been noted is a challenge in addressing sensitive issues and engendering trust within one's own community. This can be compounded by a volunteer's personal ties and the associated social repercussions. For example, tackling issues such as domestic violence, substance abuse, or poverty might be challenging for local volunteers who are connected to individuals involved in, or affected by, these issues.

3.2.12 Social pressure and obligation

Local volunteers may experience social pressure or a sense of obligation to volunteer, particularly in tight-knit communities where volunteerism is expected or valued. This pressure can lead to individuals volunteering, not out of personal desire or commitment, but out of a sense of duty or fear of social repercussions. Volunteering under such conditions may result in lower motivation, engagement, and satisfaction, potentially reducing the effectiveness of a volunteer's contributions (McLennan & Birch, 2018) in addition to raising ethical issues. This being said, many strengths of the volunteer process are also apparent.

3.2.13 Strengths of local volunteers

Woldie et al. (2024) also reviewed international research investigating community health volunteers (CHVs). Their umbrella review examined the role and effectiveness of CHVs in delivering essential health services in low and middle-income countries. Their key finding was that CHVs, despite their informal status and brief training, often provided health services that were comparable to, and sometimes better than, those offered by formally employed health workers. However, CHVs were generally less effective in the more complex tasks of diagnosis and counselling.

Success factors included regular supportive supervision, ongoing in-service training, adequate logistical and infrastructural support, financial incentives, and strong community ownership. Meanwhile, the greatest barriers to effectiveness were a lack of supervision, unclear role definitions, fragmented programmes, limited training, and resource shortages. Their study found

that the successful engagement of CHVs holds significant promise for expanding healthcare access in underserved areas, but achieving success requires careful programme design, strong policy integration, and continual organisational support. The authors concluded that support structures such as supervision, training, integration into formal healthcare systems and resource provision are essential to success. Conversely, a lack of support for volunteers often undermined such volunteer programmes. In addition to this, Van de Veer (2022) expressed concerns about the blurring between personal and professional boundaries; a situation that can lead to role confusion and potential exploitation. She discussed what she terms the '*elastic representation of volunteering*' (p.85) and how this flexibility can sometimes clash with rigid, pre-exisiting boundaries, potentially leading to the undervaluation of volunteer contributions. Particulalry when organisers themselves have a refugee background. The OECD (2024) highlighted that, while volunteering is widespread, there is a need for inclusive policies to ensure that all community members can participate effectively.

While local volunteers bring invaluable strengths to community initiatives, it's crucial to acknowledge and address the challenges they face. By providing structured support and recognising their contributions, organisations can ensure that local volunteers are empowered to make meaningful and lasting impacts in their communities. Without structured organisational support, volunteers not only risk burnout and disillusionment, but may also find their contributions undervalued or instrumentalised. While the emotional and personal rewards of volunteering are well-documented, they must be considered alongside the broader social and structural conditions in which volunteer work occurs. This raises important questions about the nature of 'empowerment' in volunteering. Although traditional narratives frame volunteering as an empowering practice that enables individuals to feel useful, engaged, and socially active (Rappaport, 1987), critical perspectives suggest that volunteering can also reinforce existing inequalities, create tokenism, or mask the outsourcing of essential services to unpaid labour (Hustinx & Lammertyn, 2003). This can be particularly apparent in women's volunteering.

3.2.14 Feminist perspectives

Feminist theories critically examine how volunteering intersects with gender and power dynamics. Volunteering, especially in caregiving roles, has been traditionally feminised and undervalued, often being seen as an extension of women's unpaid labour. While such roles can provide women with a sense of agency and community, they can also reinforce patriarchal norms by positioning women in supportive, non-leadership capacities (Einolf, 2011; Hustinx & Meijs, 2011). Moreover, the expectation for women to engage in unpaid volunteer work can perpetuate economic disparities and limit opportunities for empowerment (Wilson, 2000). However, Daoud et al. (2010) note particular benefits of volunteering for women from Middle Eastern backgrounds; as seen with

other groups, they gain confidence and knowledge, benefits of social support and belonging, as well as achieving goals. The authors also identified the possibilities of improving women's status in the community, finding them legitimate space in a traditionally male-dominated society. They conclude that, as observed in my research, volunteering can indeed represent a form of empowerment for women.

Additionally, feminist perspectives emphasise the importance of recognising and valuing the unpaid labour that women contribute through volunteering. This recognition can lead to greater acknowledgment of women's contributions and push for more equitable distribution of volunteer opportunities across genders (Musick & Wilson, 2008). By highlighting the transformative potential of volunteering for women, feminist scholars advocate for structural changes that can address the gendered dimensions of volunteer work and promote genuine empowerment for all participants (Wilson, 2000).

These broader feminist insights into the gendered dynamics of volunteering provide an important backdrop for understanding the specific context of birth supporter roles, where emotional labour, caregiving, and social recognition intersect in particularly complex ways.

3.3 Volunteering as a birth supporter

While the broader literature on volunteering highlights intrinsic motivations, community engagement, and personal fulfilment, volunteering as a birth supporter presents a set of unique challenges and demands. Perhaps more so than more traditional volunteer roles, such as charity work or hospital visiting, birth support involves the provision of significant emotional, informational, and advocacy support during one of the most vulnerable and critical periods in a person's life. The following section explores the specific complexities of volunteering as a birth supporter, critically examining how this role occupies a distinctive position at the intersection of relational care, healthcare systems, and advocacy for marginalised voices. While doulas may experience a sense of personal empowerment through their close work with birthing individuals, their position outside formal regulatory frameworks often leaves them with limited structural power within the healthcare system. This tension between personal empowerment and systemic marginalisation raises an important question about the empowerment of volunteer birth supporters within the hierarchical structures of maternity care.

Volunteering as a birth supporter differs significantly from traditional conceptualisations of volunteer work. While many volunteering roles offer important but peripheral assistance to formal services, birth supporters are embedded directly into the highly sensitive and high-risk environment of maternity care. The presence of birth supporters during labour and birth provides emotional

continuity, advocacy, and relational support at a time when women are often at their most vulnerable (Bohren et al., 2017).

Unlike casual or transactional forms of volunteering, birth support demands a high level of emotional investment, cultural competence, and ethical reflexivity. Birth supporters must negotiate the delicate balance between maintaining non-clinical boundaries and providing robust, meaningful advocacy within clinical spaces where hierarchical and biomedical norms dominate (Lants et al., 2005). This relational intensity, combined with potential exposure to trauma, places unique emotional and ethical demands on volunteer birth supporters, distinguishing their work from many other voluntary roles.

Furthermore, volunteering as a birth supporter requires not only initial motivation, but sustained commitment, adaptability, and critical resilience. As McLeish and Redshaw (2018a) have demonstrated, the ability to fit into maternity care teams while retaining a woman-centred advocacy role demands complex relational and emotional labour, particularly for volunteers supporting mothers from marginalised or disadvantaged communities.

The complexity of the birth supporter role also demands careful preparation and critical education. Training must go beyond practical techniques to include modules on safeguarding, cultural humility, trauma-informed care, and reflective practice. This preparation ensures that volunteers are not only competent, but are also able to navigate the complex emotional and structural dynamics of contemporary maternity care (Doula UK, 2024). Finally, volunteer birth supporters operate within the context of broader systemic inequalities that shape maternity experiences. As Curtis et al. (2019) have argued, cultural safety and genuine inclusion are critical if support is to be equitable and effective. Birth supporters must therefore be equipped not only to provide emotional support, but to critically engage with the structures that produce inequitable maternal health outcomes, particularly for women from minority ethnic, migrant, or socio-economically disadvantaged backgrounds.

In this context, volunteering as a birth supporter is not a simple act of service; it is a relational, ethical, and often political practice. Recognising the distinctive demands of this role is crucial for developing training programmes, support systems, and policy frameworks that empower both volunteers and the women they serve.

3.3.1 Who are volunteer birth supporters?

As previously noted, the volunteer role of birth supporter carries a significantly different profile to general volunteering and is a role that requires a well-structured, evidence-based training platform.

Its exponents are usually non-clinical women, often referred to as doulas, who provide emotional, informational, and practical support to women and birthing people before, during, and shortly after childbirth. Unlike midwives or obstetricians, birth supporters do not undertake medical tasks or make clinical decisions. Instead, their focus is on continuous presence, comfort measures, advocacy, and facilitating communication between the birthing individual and healthcare providers (Bohren et al., 2017). Many volunteer birth supporters are trained through charitable organisations or community initiatives and work on an unpaid basis. Their main role is to support vulnerable or marginalised women who might otherwise lack consistent companionship during labour. It is a role grounded in principles of respect, empowerment, and woman-centred care, with birth supporters offering reassurance, emotional stability, and non-judgemental support throughout the birthing process. While they are not formally regulated in the UK, training programmes and codes of practice provided by organisations such as Doula UK and The National Childbirth Trust offer guidance on ethical boundaries, confidentiality, and professional behaviour. By offering continuous, personalised support, volunteer birth supporters aim to improve birth experiences and outcomes, especially for women who face additional social, emotional, or systemic barriers within maternity care settings. Work from Hodnett (2013), Spiby et al. (2015) and McLeish 2018a) demonstrates the benefits and importance of birth support. The authors also note the tensions that can occur between birth supporters in an unregulated role and the tightly regulated healthcare professionals they work with.

Specific sociodemographic data on UK birth supporters, such as doulas and volunteer birth companions, is limited. Broader volunteering statistics can, however, be used to make some inferences. Data suggests that volunteers in the UK may predominantly be women, with varied ethnic backgrounds and a tendency towards higher socioeconomic status. However, these trends should be treated with caution, given that the birth supporter role is unique. Birth supporters in a qualitative study involving 19 volunteer doulas across England (McLeish & Redshaw, 2018a) were predominantly women aged from their early twenties to mid-sixties, with most in their thirties. The majority were White British, although some identified as British Asian. All but one had children of their own, and many were engaged in paid employment, with a few being full-time mothers, students, or retirees.

3.3.1 Birth supporters and regulation

While doulas in the UK operate without statutory regulation, they are guided by voluntary codes of conduct and professional standards. This structure allows for flexibility and personalised care, but also necessitates vigilance to ensure that doulas remain within their defined scope of practice. Ongoing discussions within the maternity care community continue to explore the balance between autonomy, safety, and the potential need for more formalised oversight.

In the United Kingdom, doulas, or non-clinical birth supporters, operate within a unique and evolving regulatory landscape. Unlike midwives and other healthcare professionals, doulas are not subject to statutory regulation. Instead, they adhere to voluntary codes of conduct and professional standards established by organisations. Doula UK, a prominent membership organisation, provides a comprehensive Code of Conduct that outlines ethical and professional expectations for its members. This code emphasises that doulas offer emotional and practical support without providing medical advice or performing clinical tasks. Members are expected to work within the law, maintain confidentiality, and respect the choices of birthing individuals. While adherence to this code is voluntary, it serves as a benchmark for professional behaviour within the doula community.

The absence of statutory regulation means that doulas are not legally required to hold specific qualifications or certifications. However, many choose to undergo in-house training programmes to enhance their knowledge and credibility. Organisations such as BirthBliss Academy offer such training, and while completion is not mandatory, it is often viewed favourably by clients seeking informed and competent support (BirthBliss Academy, 2025)

Despite the lack of formal regulation, doulas must navigate legal boundaries carefully. Under Article 45 of the Nursing and Midwifery Order 2001, it is a criminal offence for anyone other than a registered midwife or medical practitioner to attend to a woman in childbirth, except in emergencies. This provision aims to prevent unqualified individuals from assuming roles that require clinical expertise. Doulas must, therefore, ensure they do not perform tasks reserved for regulated professionals.

The current regulatory framework presents both opportunities and challenges. On one hand, the flexibility allows doulas to offer personalised, continuous support that complements clinical care. On the other hand, the lack of formal oversight can lead to inconsistencies in practice and potential risks, particularly when boundaries between support and clinical care become blurred. This issue has garnered attention in media reports highlighting cases where inadequate regulation contributed to adverse outcomes (The Times, 22.6.2024).

3.3.2 Volunteer birth supporters in professional practice

The integration of volunteer birth supporters into professional practice is not without challenges. Although their non-clinical role is carefully delineated within voluntary codes of conduct (Doula UK, 2024), tensions can arise when their contributions are misunderstood or undervalued by healthcare professionals. Lantz et al. (2005) highlighted that midwives and obstetricians may perceive doulas as overstepping boundaries or as potential sources of conflict, particularly if communication is poor, or if a volunteer is seen as challenging medical authority. Such tensions are often exacerbated by

the lack of a formal regulatory framework governing volunteer birth supporters, which can lead to ambiguity about their status and responsibilities within hospital settings.

The importance of clear role definition and robust boundary management is therefore paramount. Volunteers must be equipped, through training, to understand the limits of their role, maintaining a supportive presence without offering medical advice or engaging in clinical decision-making (Aranda et al., 2019). Programmes that focus on professional boundary training, reflective practice, and effective communication skills are crucial to ensuring that volunteer birth supporters complement, rather than conflict with, the work of clinical staff. Moreover, maternity care teams must also engage in cultural shifts that move beyond hierarchical defensiveness to embrace the unique value that birth supporters can bring in enhancing the emotional well-being and autonomy of birthing individuals.

The benefits of integrating volunteer birth supporters into maternity services are supported by substantial evidence. Continuous non-clinical support during labour has been linked to improved maternal satisfaction, reduced rates of medical interventions, and better psychosocial outcomes for both mother and baby (Bohren et al., 2017). For women from vulnerable, marginalised, or socially isolated backgrounds, the presence of a trained, empathetic birth supporter can be especially transformative, offering consistent, culturally-sensitive companionship that formal health services may struggle to provide consistently (McLeish & Redshaw, 2021). However, without formal mechanisms for recognising and supporting their contributions, volunteer birth supporters may remain peripheral to maternity care structures, risking both their own marginalisation and missed opportunities for improving patient-centred outcomes. Mosedale (2022) has argued that empowerment must be seen as dynamic and political, not static or individually focused. Collective empowerment is key.

Therefore, while volunteer birth supporters occupy a unique and valuable niche within maternity services, their successful integration depends upon mutual recognition, structured training, and organisational willingness to foster collaborative practice. Future developments must seek to formalise their position through partnerships and accreditation systems that respect the distinct, non-clinical ethos of the role, whilst safeguarding client welfare and maintaining the clarity of professional boundaries

3.3.3 Negotiating belonging and power: volunteer birth supporters in clinical spaces

Volunteer birth supporters must navigate complex dynamics of belonging, recognition, and power within maternity care environments. While traditional models of volunteer engagement often frame ‘fitting in’ as an individual responsibility, contemporary critical perspectives argue that true inclusion requires systemic change and the co-production of healthcare services (Batalden et al., 2021).

Within clinical spaces historically dominated by biomedical hierarchies, volunteers are often positioned ambiguously, valued for their emotional labour, yet marginalised in decision-making processes (Vindrola-Padros et al., 2020).

For birth supporters, negotiating belonging involves more than adapting to existing professional cultures; it entails asserting relational, woman-centred models of support within systems that may not fully recognise or prioritise these values (Weston, 2023). This relational tension requires careful emotional labour and boundary work, as volunteers must balance respect for professional structures with advocacy for the birthing individuals they support.

Moreover, as Curtis et al. (2019) have argued in the context of cultural safety, genuine inclusion cannot be achieved through individual efforts alone. Healthcare systems must critically examine their own structures, biases, and norms to create environments where volunteers from diverse backgrounds can participate meaningfully. Without such systemic reflection, calls for 'fitting in' risk reinforcing assimilation into dominant cultures rather than fostering genuine, transformative inclusion.

Recent studies further highlight that volunteers contribute significantly to healthcare system resilience, particularly during crises such as the Covid-19 pandemic, yet their contributions remain undervalued and precarious (Lester & Cartwright, 2022). This paradox underscores the need to move beyond simplistic notions of acceptance towards models of shared power, recognition, and agency for volunteer birth supporters within maternity services.

3.3.4 Volunteer birth supporters: life saving impact

Beyond issues of belonging and power within maternity services, the work of volunteer birth supporters has direct and significant impacts on maternal health outcomes. Their support contributes to enhancing mothers' self-esteem and parenting confidence, enabling women to feel more competent in their maternal roles. Birth supporters also provide essential practical assistance, including information on pregnancy, labour, and infant care, as well as facilitating access to community resources and services.

Crucially, volunteer birth supporters play a vital role in improving access to maternity care for mothers who are vulnerable or at risk of missing out on services, particularly recent immigrants, women facing language barriers, and those living in poverty. In these contexts, the presence of a birth supporter can encourage earlier and more consistent engagement with maternity services, leading to better health outcomes for both mothers and their babies.

Recent maternal and neonatal mortality figures in the United Kingdom further underscore the urgency of this work. The *MBRRACE-UK* report (Knight et al., 2024) revealed that more than half of the women who died from causes related to pregnancy and childbirth had received no or minimal antenatal care. In such circumstances, the advocacy, support, and relational trust offered by volunteer birth supporters are not merely beneficial, they are potentially a life-saving intervention. While the transformative impact of volunteer birth supporters is clear, it is also essential to acknowledge the challenges and structural considerations involved in implementing and sustaining effective doula programmes.

3.3.5 Challenges and considerations

Although the value of volunteer birth supporter programmes is increasingly acknowledged, their effective implementation and long-term sustainability present significant challenges. Addressing these complexities is essential to ensure that such initiatives deliver safe, equitable, and ethically grounded care to the women they aim to support.

Firstly, both the training of, and ongoing support for, volunteer doulas are crucial. Volunteers must receive structured preparation covering topics such as safeguarding, cultural competence, emotional resilience, and professional boundary management. Without adequate training, volunteers may inadvertently overstep their non-clinical roles, offer inappropriate advice, or become vulnerable to emotional burnout. Studies such as Aranda et al. (2019) highlight the critical link between role clarity, volunteer satisfaction, and sustainable engagement. Furthermore, as Hart (2024) has argued, fostering empowerment requires not merely providing access to opportunities, but nurturing capabilities to aspire, voice concerns, and realise aspirations. Within doula programmes, continuous supervision, reflective practice, and relational support are essential to enable volunteers not merely to function, but to thrive in their roles (Doula UK, 2024).

Secondly, the sustainability of volunteer doula programmes poses significant challenges. While volunteers contribute substantially to system resilience, particularly in post-pandemic healthcare contexts (Lester & Cartwright, 2022), their contributions often remain structurally precarious. Without reliable funding for training, supervision, and organisational infrastructure, doula programmes risk fragmentation and decline. Sacco (2024) has highlighted that a just approach must consider intergenerational continuity, ensuring that supportive initiatives are built with resilience and longevity in mind, rather than relying on short-term interventions.

Thirdly, cultural sensitivity and genuine inclusion must be prioritised. Volunteer birth supporters must be trained not only to recognise cultural differences, but to critically engage with the structural inequities that shape women's experiences of maternity care. Curtis et al. (2019) argue that cultural safety, not merely competence, is necessary to challenge systemic bias and institutional racism.

Similarly, Lamph et al. (2023) reviewed how relational practice is used across health, education, criminal justice, and social work, noting that relationships are central to well-being and justice outcomes. As well-being and justice are inherently relational and context-specific, inclusion must therefore be critical, reflective, and adaptive, rather than tokenistic.

Taken together, these challenges highlight the need for careful, critically-informed implementation of volunteer doula programmes. Training, supervision, sustainable resourcing, and a deep commitment to cultural safety are not optional enhancements' they are fundamental conditions for ethical, effective, and empowering birth support. Without addressing these interconnected factors, there is a real risk of reinforcing systemic inequities, undermining volunteer well-being, and failing the women and families who most need support.

Addressing these challenges requires a critical focus on the education and preparation of volunteer birth supporters. Training is not merely a technical exercise, but a central mechanism through which empowerment, ethical practice, and cultural safety are fostered. The following section examines the role of education in shaping the capabilities, resilience, and relational skills of volunteer birth supporters, highlighting how structured preparation underpins their ability to navigate complex clinical environments and provide effective, woman-centred support and education.

3.3.6 Birth supporter education: addressing challenges through capabilities development

Following a critical examination of the challenges and structural barriers faced by volunteer birth supporters, it is clear that education and training programmes must be central to any efforts to ensure ethical, effective, and sustainable practice. Training is not simply a technical preparation for voluntary service; it is a critical site where capabilities, confidence, and ethical reflexivity are developed, enabling volunteers to navigate complex clinical spaces while maintaining woman-centred, relational care.

Birth supporter education typically includes modules on communication skills, emotional support techniques, safeguarding procedures, understanding maternity systems, and maintaining appropriate professional boundaries (Doula UK, 2024). However, to fully address the challenges outlined previously, including cultural safety, sustainability, and professional respect, training must also integrate deeper critical elements. Volunteers must be supported to critically reflect on their roles, recognise systemic inequalities in maternity care, and develop relational competencies that go beyond task-based support.

The Capability Approach, developed by Sen (1999) and Nussbaum (2000), provides a powerful framework for understanding the goals of such education. Beyond teaching discrete skills, effective

training must nurture the real freedoms that volunteers need. As Clark (2005) emphasises, empowerment is only meaningful if opportunities can be converted into tangible achievements, therefore training must enable birth supporters to translate their motivations into sustainable, impactful practice.

Bourdieu's (1977) concept of habitus is also critical here. Many volunteers enter training with ingrained dispositions shaped by personal histories, community expectations, or previous caregiving experiences. Birth supporter education has the potential to transform these dispositions; moving volunteers from intuitive, informal helpers into reflective practitioners capable of critical engagement with systemic barriers and inequalities. The transformation of habitus, through structured learning, critical dialogue, and practical relational work, is essential to the development of empowered, ethically-grounded birth supporters.

Training programmes must also be inclusive and adaptable, recognising that volunteers come from diverse backgrounds with varying educational and life experiences. McLeish and Redshaw (2019) have highlighted that volunteers supporting marginalised women must themselves be prepared for cultural humility, self-reflection, and advocacy that centres the needs of the birthing individual over organisational or institutional convenience.

In this way, birth supporter education is not merely a precondition for safety or regulatory compliance; it is a site of empowerment, capability-building, and social transformation. Well-designed training prepares volunteers not only to provide compassionate, relational care, but to become critical agents within maternity services, challenging inequities, fostering trust, and helping to close the gaps in access and outcomes for vulnerable mothers and families.

3.4 Chapter summary

The literature reviewed in this chapter has shown that volunteering, in its broadest sense, is often driven by a complex interplay of motivations, including personal fulfilment, social contribution, and identity formation. It can serve as both a site of empowerment and a space where structural inequalities around gender, class, and race, are reproduced. These dynamics are especially pronounced in forms of unpaid or informal care work, where women disproportionately participate and where recognition and legitimacy are unevenly distributed.

Within this broader context, volunteer birth supporters represent a distinct and increasingly significant dimension of maternity care in the UK. They offer emotional, informational, and practical support to women, often those navigating disadvantage or marginalisation within mainstream services. Their work contributes to more compassionate, empowering, and responsive care. However, their potential can only be fully realised through programmes that address systemic

barriers to access, prioritise cultural sensitivity, and critically engage with the professional and social structures in which these roles are embedded.

The literature reviewed has also demonstrated that power and authority are central concerns in volunteering, both generally and within birth supporter practice. These issues arise not only within clinical spaces, but also through processes of professionalisation, role negotiation, and identity formation. As highlighted by Adams & Curtin-Bowen (2021), doulas often navigate contested terrains of influence, embodying forms of counterpower in relation to medical institutions. Additionally, researchers such as Young (2021) stress the importance of empowerment, not only for birthing individuals, but also for doulas themselves.

These themes have important implications for research design. Informed by these insights, the methodology adopted in this study was intentionally reflexive and attentive to the power relations embedded within the research process itself. Drawing on feminist and participatory research principles, this project sought not only to study empowerment, but to practice it, minimising researcher dominance and prioritising the ‘voices’ and experience accounts of participants as co-constructors of knowledge. This approach also sought to acknowledge the influence of the researcher’s positionality and aims to foster dialogue, agency, and critical reflection within research encounters.

My understanding of the complexities of negotiating belonging and power within professional and academic spaces has directly shaped the approach to this research. Rather than assuming a neutral, detached position, I have adopted a critically reflexive stance that acknowledges my positionality as a midwife, educator, and researcher operating within systems structured by inequality. This perspective informed both the focus of the research, on empowerment, education, and professional positioning of volunteer birth supporters, and the methodological choices made. The following chapter outlines the methodological approach underpinning this study, including its theoretical positioning, research design, and ethical considerations.

Chapter 4: Methodology and methods

4.1 Chapter introduction

This chapter is dedicated to describing and discussing the approach taken to deliver the study presented in the present thesis. In brief, the study employed a qualitative, interpretivist methodology, theoretically informed by both the Capabilities Approach and Bourdieu's theory of habitus, to investigate the experiences of individuals taking part in a birth supporter training programme. Data were generated through multiple, overlapping methods that allowed for a nuanced and participant-led exploration of change. Data were collected between August 2018 and March 2019, using three complementary qualitative methods:

(1) **Open-ended questionnaires** distributed during recruitment open days to explore participants' motivations for enrolling in the training, primarily addressing Research Question 1;
(2) **Focus groups** conducted *during* and *after* the training programme to examine how participants experienced and interpreted the personal and educational impacts of the course, primarily responding to Research Question 2; and
(3) **Unstructured narrative interviews** carried out with practising birth supporters who had taken the same training in the past. This enabled in-depth exploration of long-term reflections on training and practice, in line with Research Question 3.

In total, 27 participants took part in the study, meaning that they took part in at least one of the methods listed above. Of these, twenty-four participants completed the open-ended survey. Twelve participants took part in at least one focus group. Three participants took part in a narrative interview. Many participants were involved in more than one form of data generation. Full details about the participants and their engagement can be found in Table 2.

Braun and Clarke's (2006; 2022) thematic analysis framework was used to analyse data across all sources. The data analysis was guided by the Capabilities Approach and informed by Bourdieu's concepts of habitus, capital, and field.

In this chapter, I explore a broader picture of the overall methodology of the study. A methodology is a system of methods and principles that can be seen as a research protocol, applied to structure inquiry and analysis. It includes the strategies and procedures used to collect, analyse, and interpret data within a specific research discipline.

I begin with a reflection on my position in relation to the study and how it relates to the way the study was carried out. Next, I explain the overall research design, followed by a detailed explanation of the three major methods used in the study (survey, focus groups and narrative interviews). In Section 4.8, I discuss issues relating to the study's participants across all three methods. In Section 4.9, I reflect on the data collection process. In Section 4.10, I discuss ethical considerations relating to the study. At 4.11, I describe the process of data analysis in the study. Finally, I close the chapter with a short summary.

4.2 Positionality and reflexivity

Research can never be devoid of values (Rokeach, 1973; Pring, 2000). As such, in this study, I must acknowledge that my role as researcher is not neutral or separate from the context of the research. Rather, it is complex and multifaceted, shaped by professional, personal, and contextual influences. My identity, background, and experience are all interconnected with the research. This has implications for data generation, interpretation, and representation. This complexity will be critically examined and threaded through the chapter's discussion. Positionality and reflexivity will be considered in relation to each phase of the research process, beginning with the research design. I begin this process here, in a section specifically addressing positionality and reflexivity.

Since the present study was interpretivist in nature, it is particularly important for me, as its researcher, to be clear about my values, beliefs and professional stance from the outset. This transparency and awareness is essential to support informed decision making when choosing a methodology and appropriate research methods. As Sikes (2004) has posited, engagement in research will always involve epistemological and ontological questions and issues.

Perhaps most prominently, my positionality has been shaped by my own career journey, which aligns in many ways with the experiences of the individuals I am studying. I began my career as a nursery nurse and nanny before having the opportunity, in my 30s, to pursue midwifery. Whilst I was confident in my own ability to undertake the required three year education programme, I was also aware of the concerns expressed by those close to me. Rather than internalising these concerns, I chose to manage them, reassuring friends and family and drawing on my own sense of purpose and security in the developmental process. I then spent the next twenty years in midwifery practice, gaining invaluable practice experience, progressing to senior levels, and transitioning into education and training. My career trajectory has been significant in shaping my perspective as a researcher. On reflection, I feel my journey was one led by confidence and perseverance, although I know my research participants have each faced their own challenges, which may be different to my own. One of the ways that reflexivity has been particularly important in my personal research journey has been in enabling me to avoid over-identification with my participants in a way that

could endanger the integrity of the study. In many ways, I have faced challenges similar to those of my participants, and it has been vital not to fall into the trap of thinking ‘I did it, so can you’. Instead, I have adopted an ongoing process of noticing my own patterns of thinking around the topic and taking a ‘step back’ to make sure that the decisions I have made in the research, for instance, in designing the study, crafting my style of interviewing and style of analysis, were not influenced by over-identification. My aspiration has always been to make sure that the research is empathetic and inclusive and to prioritise, to the best of my ability, foregrounding the unique perspectives and experiences of my participants, beginning with a recognition that they may be very different to my own, even when they share surface similarities.

An anecdote from my own life that connects with this relates to the concerns of my husband and, specifically, his feelings about the challenges that my studying to enhance my qualifications would present to him. When I had been successful in my application to a school of nursing and midwifery, and we were preparing for my resignation from my job, he asked me ‘what if you fail?’ That scenario had not occurred to me at all, and, I must admit, his raising of it unnerved me a little. The exchange was an immediate reminder that others might experience the idea of big changes in their lives in ways that were very different to my own response. It also reminded me that when others are thinking about changing their lives to become birth supporters they might also be thinking about the impact that it could have on their friends and family. In my own thoughts, there is a connection between this anecdote and the writings of Bruen (2014), a researcher who made use of her own experiences as a mature student as an important part of her research on the challenges and struggles of others embarking on similar roles at a later stage of life. Like Bruen, I have extensive experience as a learner in the mature student world. However, the experience of this exchange with my husband made me *notice* that I do not personally have the feelings of inadequacy or ‘not belonging’ that enabled Bruen to relate more closely to her own students' struggles.

In the context of midwifery education and practice, these concepts are particularly pertinent. Midwives often engage in multifaceted roles that encompass clinical practice, education and research. Noticing and acknowledging my position in relation to these overlapping domains has been vital to addressing potential biases and power dynamics. For instance, Ugiagbe et al. (2025) explored how a senior nurse’s ethnic background shaped personal interactions with participants of the same heritage, highlighting the importance of reflexivity in maintaining validity and reliability within interpretative phenomenological analysis (IPA) studies. Ugiagbe et al’s work emphasises how shared identity can both facilitate trust and introduce unconscious bias, requiring careful navigation. The authors also took a broader ethnographic and interpretive stance, focusing on how researchers who share cultural backgrounds with their participants seek to understand the world as

their participants experience it. Their study has emphasised the need for ongoing self-awareness and transparency in 'insider' research. While Ugiagbe et al. have foregrounded the implications of insider identity for methodological rigour, they have also highlighted the interpretive responsibilities of researchers and the importance of explicitly acknowledging positionality throughout research processes, from initial thoughts and methodological decision-making to completion of the work.

One issue that has been particularly important to address in the context of my study has been my own personal experiences of, and feelings about, the doula role in contemporary midwifery practice. As a midwife, my professional experience has included both collaboration with, and concerns about, doulas, particularly those who are untrained or who I perceive to lack a clear understanding of clinical boundaries. I have personally encountered situations where a doula's actions, although well-intentioned, have created complications during care, including instances where medical decisions were challenged or undermined. These experiences meant that I, as an individual, a professional and as a researcher, am particularly aware of the potential risks that are possible when doulas are unaware of the limits of their role or lack sufficient preparation for it. Indeed, it must be acknowledged that a strong personal and professional belief in the vital importance of appropriate preparation for the role of birth supporter has been an important motivation in conducting the study.

This acknowledged dimension of my own life experience and associated position requires further reflection in the context of broader power relations and professional dynamics within maternity care. As seen in Chapter 2, the theoretical resources that underpinned this project included Bourdieu's concept of field. This concept provides a useful lens for examining professional dynamics within maternity care. Maternity care can be understood as a field that is an inherently social arena, in which actors and institutions compete for legitimacy, authority and control, drawing in doing so on different forms of capital (Bourdieu, 1984; Bourdieu, 1990; Bourdieu, 1991). Within the field of midwifery, professional regulation, medical knowledge, and institutional recognition provide midwives with considerable symbolic and cultural capital. This professional status allows midwives to define legitimate practice and to hold a recognised position within the healthcare system. By contrast, doulas or birth supporters, whose practice is centred on relational and emotional support rather than clinical expertise, can be understood as lacking in this institutional capital. Their knowledge and support, although valued by many birthing women, is frequently devalued within the professional hierarchy because it is not codified within biomedical frameworks or accredited by regulatory bodies.

As Adams and Curtin-Bowen (2021) have argued in relation to doula-doctor relationships in the United States, although some studies offer insights into doula-doctor interactions, the field lacks in-depth work on how power and status are managed and negotiated by both parties in their

everyday activities. Some research (for instance, Neel et al., 2019) suggests that practitioners' perceptions of doulas are largely negative. Certainly, it is acknowledged that doulas hold a low-status position relative to trained professionals and that doula understanding of and approach to care, can sometimes lead to conflict in the labour room (Adams & Curtin-Bowen, 2021). This imbalance of capital can be seen as contributing to the marginalisation of doulas and their partial exclusion from the maternity world. Midwives' ability to claim authority over the birthing space positions them as gatekeepers, while doulas are often seen as peripheral or even intrusive. As Bourdieu (1990) argues, struggles within a field often revolve around the right to define what counts as legitimate knowledge and practice. In this case, midwifery maintains dominance through its alignment with institutionalised medical discourse, while doulas' experiential and relational knowledge is frequently subordinated. This dynamic highlights how unequal distributions of capital reinforce professional boundaries, limiting the scope for alternative forms of support to gain legitimacy within maternity care. I remained mindful of these complex issues in my own study, particularly when it came to my own experience as a midwife and, as such, my own professional capital and its relation to the experiences of my participants.

Because a researcher's own experiences undoubtedly impact on how research is conducted, I employed a range of practical strategies to improve the rigor and trustworthiness of my work. Whilst I, like others, for instance Sikes (2006), believe it is not possible to ever entirely avoid bias or to be truly 'objective' in research, I nonetheless employed various approaches to try and ensure the research was ethical, rigorous and representative of the accounts shared by my participants.

Firstly, I reflected on my position and assumptions at the start of the research and continued to do so throughout, including in conversation with my academic supervisors. This helped me to notice and make sense of moments when my own experiences were impacting on how I designed the research or how I analysed my data. Secondly, during fieldwork I worked hard to build rapport and trust with a view to making sure that my participants felt they could articulate their perspectives honestly. For example, I often reminded them that there were no right or wrong answers, that their accounts would be treated confidentially and that it was OK to express both positive and negative opinions about their experiences of the birth supporter training, without fear of any implications for their treatment as a trainee. Thirdly, I have aspired to provide a clear and transparent account of the analytic process (below, Section 4.11) to help readers understand how I came to certain conclusions about the findings of my research. Finally, I have opted to present extensive quotations alongside my analyses in the findings and analysis chapter (Chapter 5), in order to give readers an insight into how participants themselves expressed and made sense of their own experiences.

One further topic that requires some reflection is my own use of the term ‘voice’ in the thesis. In my thesis, I frequently employ the term 'voice' to describe participants' expressions and to explain aspects of my methodological approach. I am cognisant of critiques, notably by St. Pierre (2008), who deconstructs 'voice' as a concept rooted in phonocentrism and traditional epistemologies. She argues that 'giving voice' often presupposes that individuals lack agency or authenticity, thereby reinforcing power hierarchies, rather than dismantling them. Furthermore, scholars like Orner (1992) and Behar (1993) question the presumption that researchers can 'give' voice, suggesting that such accounts may inadvertently position the researcher as the sole interpreter of marginalised experiences.

Despite these critiques, I have chosen to retain the term 'voice' in my thesis. This decision aligns with the work of scholars such as Lather (2000) and Jackson (2003), who advocate for a nuanced understanding of voice that acknowledges its performative and constructed nature. Lather (2000) contends that voice can be a site of resistance and transformation, even within the constraints of traditional methodologies. Similarly, Jackson (2003) introduces the concept of 'rhizovocality', emphasising the multiplicity and interconnectedness of *voices* in qualitative research. These perspectives suggest that 'voice' can be a dynamic and relational construct, serving as a tool for both representation and critique.

In my research, use of the term 'voice' is intended to function not as a static or singular entity, but as a dynamic interplay between participants' expressions and my own interpretative framework. By acknowledging the complexities and potential pitfalls of using 'voice', I aim to engage in a reflexive practice that honours participants' agency, while remaining critically aware of the power dynamics inherent in qualitative research.

4.3 Research approach

The current study adopted a qualitative research design situated within the interpretivist paradigm. Qualitative research is concerned with exploring meaning, experience, and context rather than seeking to measure variables or test hypotheses (Creswell & Poth, 2018). Within qualitative research, an interpretivist framework begins from an assumption that reality is not objective or fixed, but is rather socially constructed, multiple, and subjective, shaped by cultural norms, language, and interaction (Pervin & Mokhtar, 2022; Tanlaka & Aryal, 2025). Knowledge is therefore understood as a co-creation between a researcher and their participants, with emphasis placed on understanding how people interpret and make sense of their lived experiences (Lincoln & Guba, 1985; Schwandt, 2015).

This approach is appropriate because the focus of the present inquiry was not to produce

generalisable, numerical findings, but to gain a deep, contextual insight into participants' perspectives and the meanings they attribute to their own experiences. As Mruck and Breuer (2003) note, interpretivist inquiry privileges subjectivity, reflexivity, and the situatedness of knowledge, making it well-suited to studies that aim to capture complexity and nuance in social life. Accordingly, the methods used here were selected to align with this worldview, privileging depth over breadth and context over abstraction.

In many ways, the present thesis sits at the intersection of health care and education research. In the context of health care research, methodology refers to the specific research methods and strategies used to investigate health-related issues and improve care practices (Dingwall et al, 1998; Cohen et al, 2018). Such strategies are crucial to developing evidence-based practice, informing policy decisions, and enhancing patient outcomes. Contemporary research methodologies in this field include quantitative methods such as surveys and controlled experiments, as well as qualitative methods including the open-ended questionnaires, focus groups and interviews used in the present study. The understanding and application of appropriate methodologies enables practitioners and researchers to address complex health and social care challenges effectively. For example, qualitative research is often used to understand patterns of health behaviors, to describe lived experiences, and to develop behavioral theories, as reported on by Ranjet et al. (2021). Ranjet et al. suggest that qualitative research provides significant possibilities for improving outcomes in healthcare.

I have adopted a qualitative research design situated within the interpretivist paradigm partly because I believe, like Morse (2012), that such methods are needed to enable a realistic depiction of the lives of those represented in research, not least so that subjective dimensions of healthcare can be considered. In my own study, it was important to generate a deep understanding of how birth supporters experienced their training, as well as how broader contextual factors in their lives played a role in how they think, feel and make decisions. Like Morse, my own research focused more on 'meaning' (p. 64) from an individual perspective. While Morse discusses 'meaning' primarily in terms of the meaning of illness in health care research, my own study sought to understand how birth supporters made meaning in relation to their decisions about undertaking a birth supporter training. It also sought to understand how birth supporters made meaning in relation to their experiences of a birth supporter programme, as well as how they made sense of such experiences immediately after the training.

However, qualitative methodologies are not without criticism, especially in the context of healthcare research, where quantitative approaches and measurable outcomes have long been regarded as a more 'rigorous' (Morse, 2012, p. 81) approach to research. Randomised controlled trials (RCTs) have become established as the 'gold standard' of healthcare research, being widely regarded as

the most reliable and rigorous method for establishing causality and evaluating interventions. Arguments against qualitative research have often centered on concerns about researcher subjectivity, the inability to generalise from qualitative data (Morse, 2012, p. 25), the time-intensive nature of qualitative data collection, and challenges in replication and validation. Both Sacket (1996) and Greenhalge (2014) have published important texts and training on the so-called 'hierarchy' of medical research. The authors presented a pyramid chart with unpublished work and medical opinion on the lowest rung and with qualitative research completely unrecognised. In more recent years, however, interpretive inquiry has gained recognition and validity in the field (Schwandt, 2015) and is prominent in the design of my own inquiry. Indeed, my own study can best be described as an 'interpretivist' (Cohen et al., 2018) study. What I mean by this is that the study was founded on the idea that reality is shaped by social contexts and that researchers can usefully focus on considering the meanings that people attribute to their own experiences. Kivunja (2017), using work from Bogdan and Biklen (1998), has given an account of the interpretivist paradigm as being socially constructed. In Kivunja's account, reality is understood through the lens of a research participant's subjective experiences. Similarly, a project from the University of Nottingham's Helm programme (2010 - 2025, online) states that:

> *'Interpretivism is based on the assumption that reality is subjective, multiple and socially constructed… we can only understand someone's reality through their experience of that reality*' (University of Nottingham, 2010-2025).

Methodology, and the methods that support it, must be justifiable within the framework of the research questions and appropriate to the new knowledge that is sought. The research aims of the present study were to understand more about how women involved in a birth supporter training programme perceived their positions in society and their abilities to follow paths that could lead to their own valued freedoms, both before and after birth supporter training. The research sought to understand how individuals lived through, and made meaning in relation to, experiences from their own point of view. Influenced by the thinking of Van Manen (1990), I aimed to prioritise subjective, first-person accounts over external or objective measures.

I had originally envisaged a mixed methods design for the research. However, as the only quantitative data obtained from the final design were demographic data, used to describe the participants, I now view my study as a primarily qualitative piece of work. I believe that knowing information such as the age and background of the participants adds interest and depth to a project that explores perceptions, beliefs and understandings. Whilst it has been argued that quantitative and qualitative strategies represent two opposite views of the world, I tend to agree with King (2010) that these approaches do not necessarily sit in opposition to each other. Rather, I believe that the appropriate method, or mix of methods, should be chosen to address the questions

one wants to answer. In my own study, I included participants from different cohorts, which is to say they lived in different UK city Boroughs, each with a slightly different demographic mix, particularly in terms of ethnicity. In my analyses, I did not compare different groups of participants in terms of their age, ethnicity or background. Rather, I believe that including a diverse participant cohort has added value to the study, because different experiences and views have been represented.

4.4 Research design and methods

This section explores the design of the research, reflecting on a range of other possibilities that were considered before final decisions were made. It introduces the rationale for different aspects of the chosen methodological approach. This includes the data collection methods employed, the ethical considerations addressed, and the role of the researcher within the work. Each of these elements is examined with attention to researcher positionality and reflexivity, which are discussed consistently as a critical thread across the chapter and the rest of this thesis.

There is ongoing debate within the methodological literature about how research design should be determined. While it is often assumed that methodology should logically follow from the research questions, many scholars argue that it is equally shaped by the researcher's philosophical stance and worldview (Atieno, 2009; Crotty, 1998; Denzin & Lincoln, 1994; Guba & Lincoln, 1985). This position aligns with the interpretivist tradition, which recognises that research design is not a purely objective process, but is influenced by deeper ontological and epistemological considerations. Creswell (2014) has noted that worldviews such as constructivism, postpositivism, and pragmatism shape methodological decisions, highlighting that research design itself is often an act of interpretation. Similarly, Crotty (1998) and Guba and Lincoln (1985) stress the importance of aligning methodology with philosophical assumptions to ensure internal coherence. While the interpretivist approach values subjectivity and reflexivity, critics such as Sayer (1992) and Phillips and Burbules (2000) caution that strong adherence to a particular paradigm can risk bias and limit openness to alternative perspectives.

Recognition of both the strengths and limitations of an interpretivist stance informed a research design that maintained coherence between the study's worldview, research questions, and methods, while remaining attentive to issues of bias and reflexivity. The following section outlines the specific research methods employed to generate and interpret data within the study's qualitative, interpretivist framework. I selected three qualitative research methods, because I felt that they were appropriate tools to support data generation to answer my research questions. They were also convenient and appropriate to the setting for each group of research participants.

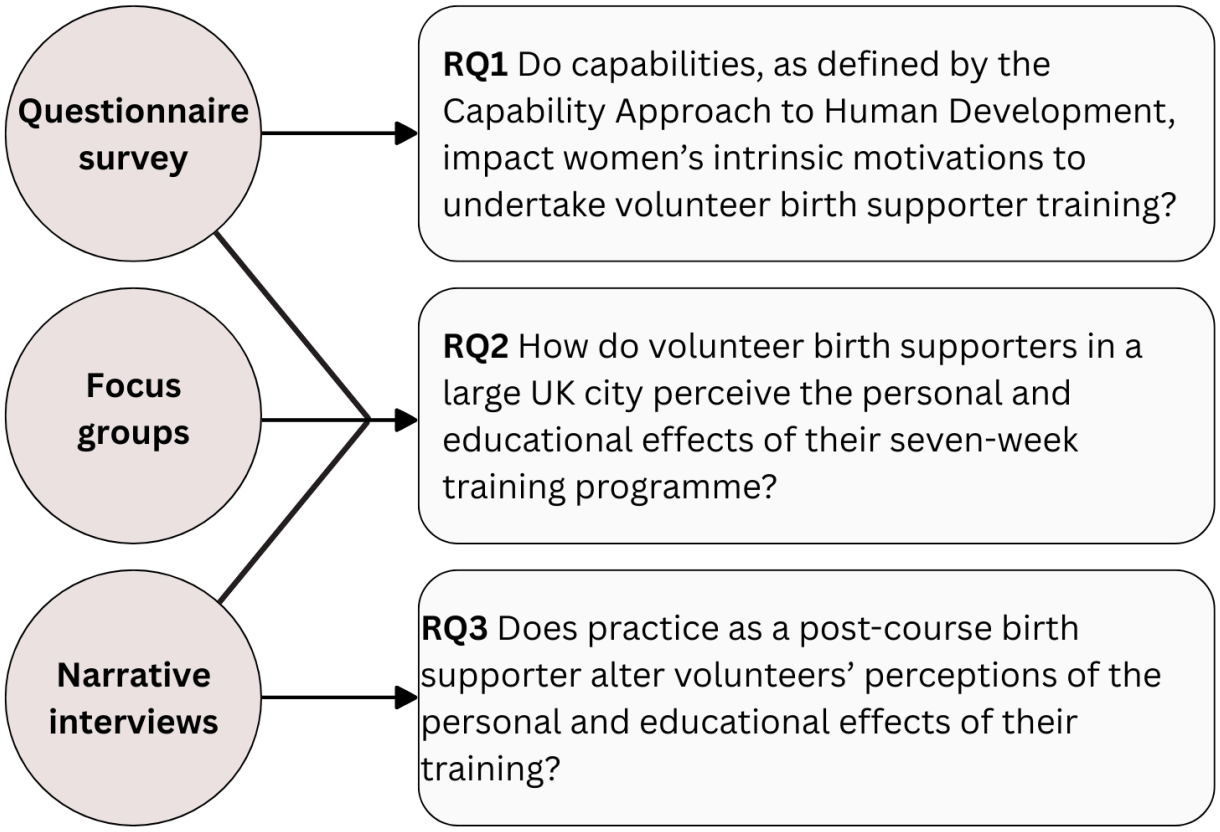
This section outlines the specific research methods employed to gather and interpret data in alignment with the study's qualitative, interpretivist framework. I will explain how each method was designed to address the research questions effectively within the practical and ethical context of the study. Of course, the selection of these methods was also informed by my own positionality and the nature of the participant group, with particular attention paid to accessibility, trust, and participant voice.

The design was structured to align each method with the character of the research questions, ensuring the generation of data that were both meaningful and relevant. Each research question is revisited below, alongside a rationale for the specific method used, considering both the strengths of the approach and its suitability for generating the required data. The research was designed to explore how capabilities, as framed by the Capabilities Approach to Human Development (Sen,1999), influence women's decision-making and experiences within volunteer birth supporter training. Given the exploratory and interpretivist nature of these questions, and after consideration as discussed, a qualitative methodology was adopted, supporting rich, in-depth participant responses.

Each research question was addressed using a specific data collection method, selected to generate the most relevant and meaningful data. However, there was also some methodological overlap, with all methods to some extent contributing to the way I answered each research question. For instance, although the questionnaire was primarily designed to answer research question 1, some of the comments made by participants in response to the open-ended questionnaire connected with deeper discussions in the focus groups and narrative interviews, meaning all three methodological strands contributed to the way I answered research questions 2 and 3.

The diagram below (Chart 1) provides a visualisation designed to help the reader understand how each data collection method was intended to support data generation towards answering each of the research questions.

Chart 1: Data Collection methods aligned to the research questions



My first, and main, priority in the study was to generate data that would help me to answer RQ1:

> *Do capabilities, as described by the Capabilities Approach to Human Development, impact on women's decision to undertake volunteer birth supporter training?*

As the project evolved, it became apparent that a short, open-ended questionnaire survey would be the most suitable method for recording participants' motivations for enrolling in the training from their own perspectives. The survey was designed for use during pre-existing recruitment open days and included both general questions, accessible even to those unfamiliar with the programme, and three simple demographic questions. This simple format was designed to be as straightforward as possible in terms of administration and collection on the day, for the ease of both participants and myself as the researcher.

While I had initially considered incorporating more substantial quantitative elements into the study, such as recording the number of attendees, attrition rates, post-training employment outcomes, and practice uptake, this proved impractical. Due to inconsistent record-keeping over the years of the programme, it was unlikely that I would be able to draw any meaningful conclusions from this data in the present study. These limitations confirmed the decision to adopt a predominantly

qualitative research design, in line with an interpretivist paradigm (Atieno, 2009), and reflective of my own worldview as a researcher.

Secondly, I wanted to understand what potential birth supporters thought about their compulsory training for the role, which led to RQ2:

> *How do volunteer birth supporters in a large UK city perceive the personal, educational and career effects of their seven-week, mandatory training programme?*

Here, I felt that focus groups were an appropriate option, to help me to generate deeper knowledge about how my participants perceived their experiences of the training programme. Focus groups gave me more time to gather data, both during and immediately after the delivery of the course. It was also possible to follow up on particular points with participants if required. Three focus groups were delivered to cover the early-course, late-course and post-course phases, with the intention of understanding how birth supporters felt at different stages in their learning experience. Data were collected during and after the delivery of the course, allowing for follow-up with participants where necessary. Rather than conducting three focus groups in each Borough, as initially hoped, a total of three early-course focus groups and three post-course focus groups were conducted across three Boroughs. Specifically, early-course focus groups, conducted at the end of day two of training, were held with groups from Boroughs 1 and 2 *only*, as logistical challenges prevented me from conducting one in Borough 3. Post-course focus groups, held approximately four weeks after course completion, were successfully conducted in all three of the inner-city Boroughs.

Finally, it was important to understand what happened once the birth supporters embarked on their new role. This is captured in RQ3:

> *Does practice as a birth supporter following training make a difference to volunteers' perceptions of the personal and educational effects of their training?*

To generate data supportive of answering this question, I felt that narrative interviews were the best option. This is because the participants, at this point in the study, were beginning to follow different career trajectories, and were operating in different practice and geographical areas, making it more difficult to bring them together for the purposes of the research. I also wanted to use a method which enabled me to help participants tell their individual stories at this stage, rather than participating in more general reflections as part of a group discussion. I was aware that group discussions might encourage comparison between participants, such as comparisons about the paths they had each taken after experiencing the training, which might have been ethically irresponsible, as well as unhelpful to the research goals. I chose to use an unstructured narrative interview approach in order to encourage participants to reflect very openly on their experiences

and offer them an opportunity to take the discussion in whatever direction they felt to be most important.

In summary, these choices, like the other choices I made in the research design, were shaped not only by pragmatic concerns, but also by my own position as a researcher working within a known environment, and in collaboration with a community whose values I had been part of for many years. For example, as noted, one of the reasons that I decided to use individual narrative interviews in the last stage of the research was because I have previously observed trainees engaging in unhelpful self-comparison at this point in their journeys.

As discussed in the earlier chapters, there is a significant body of literature addressing the roles and motivations of volunteers more broadly, as well as research focusing specifically on volunteer birth supporters in the context of 21st-century UK healthcare. The need for structured training is widely recognised, both to ensure that support provided to birthing women is safe and well-informed, and to promote the positive integration of volunteer birth supporters with healthcare professionals. The Royal College of Midwives (2024) has emphasised the importance of ensuring that doulas and birth supporters, whether voluntary or self-employed, receive training that equips them to act as knowledgeable companions, offering comfort and presence without overstepping their intended roles into clinical territory.

When carried out effectively, the birth supporter role has been shown to be associated with significant benefits for mothers and babies (Spiby et al. 2015). Volunteering itself is also widely acknowledged to bring value, not only to recipients at individual, local, and national levels, but also to the volunteers themselves. My study contributes to this discourse by exploring the educational, personal, and professional impact of birth supporter training specifically on the women who undertake it.

To explore the capabilities of these women, as understood through the Capability Approach to Human Development (Sen, 1999), a qualitative methodology was adopted. This methodology supported the elicitation of participants' views, feelings, and experiences, along with their perceived motivations and their perceptions of the barriers to taking on the birth supporter role. Given the time commitment involved for both researcher and participants, it was essential that the research contribute meaningfully to the field. I aimed to offer new insights or, at the very least, to extend existing knowledge in a way that could inform both academic and practice discussions.

Traditionally, identifying and addressing knowledge gaps has been a key focus in research. This process of 'gap-spotting' is often driven by the imperative to build on what is already known. However, Alvesson and Sandberg (2013, p.47) critique this approach, suggesting that it can reinforce existing theoretical frameworks rather than challenging, or innovating within, them, thus

limiting the potential for high-impact contributions. Nonetheless, the authors acknowledge that gap-spotting remains a central convention in academic publishing and funding processes. Alvesson and Sandberg have proposed *problematisation* as an alternative strategy to 'gap-spotting'; one that involves questioning assumptions embedded in existing literature. Drawing on Freire (1970) and Mills (1959), they have highlighted approaches to research that are more politically and socially engaged. Freire's work has advocated for conscientização, or critical consciousness to challenge oppression. Mills, meanwhile, has advocated for imaginative, boundary-pushing inquiry.

My own project integrated aspects of both 'gap-spotting' and problematisation. I aspired to critique existing ideas while also seeking to test the hypothesis that carefully designed, Level 3 (Open College Network, 2025) training programmes could enhance the confidence, capabilities, and perhaps career trajectories of women who support others through pregnancy and birth, particularly those working within their own communities. As discussed, a mixed-methods study was initially considered, with the intention of contributing to ongoing debates around widening participation in education and employment for women who had not pursued formal learning beyond compulsory schooling. This would have positioned the research within broader agendas concerning women's return to work, the reduction of poverty, and the recruitment of midwives and nurses to the UK's National Health Service (NHS). As discussed in Chapter 1, however, it became evident during the early stages of the study that women engaging in the training programme, a relatively long and intensive course compared to similar offerings by organisations such as Doula UK or the NCT, were gaining personal, social and educational benefits on a par with the support they were offering to others.

My research focus thus emerged from this increasingly important observation, rather than being clearly defined in advance. My observation that the women in the programme were developing personally and professionally through their volunteer roles helped me to notice a phenomenon that I felt was not clearly discussed in the literature relating to the capability development of volunteering birth supporter women from diverse backgrounds in the UK. This unexpected insight provided the impetus for a new research direction, offering an opportunity to explore how educational and volunteer opportunities intersect to shape women's identities and ambitions.

In the next three sections, I provide a more detailed description and discussion of the three methods used in my study, beginning with the open-ended survey.

4.5 The open-ended survey

Many questionnaires feature predominantly closed questions, however I elected to use mainly open-ended questions in my own survey. Open-ended questions are a key methodological tool in qualitative research, allowing participants to express their thoughts freely and in their own words. This approach contrasts with closed questions, which limit responses to predefined options, often restricting the depth and nuance of participant input. Open-ended formats are particularly useful in exploratory research, where participants' narratives can offer deep insights into lived experiences. Additionally, open-ended responses may expose unanticipated themes, offering new directions for research that were not initially considered. This type of question is considered to be particularly useful for exploring complex behaviours, motivations, and perceptions. However, despite their advantages, they also present challenges, particularly in terms of analysis, response variability, and participant engagement.

As noted above, the open-ended survey was primarily designed to address RQ1: *Do Capabilities, as described by the capabilities approach to human development, impact on women's decision to undertake volunteer birth supporter training?* The survey can be found in Appendix 1. I included three short demographic questions to better understand and describe the features of the participants in my study. However, it is important to note that the inclusion of demographic questions was designed purely to enable accurate description of my sample. The participant sample was too small to enable conclusions to be drawn about differences between women in different age groups, living in different residential areas or with different cultural backgrounds.

4.5.1 Participant recruitment and distribution of the open-ended survey

The open-ended questionnaire was distributed to prospective participants during scheduled recruitment events. These recruitment sessions were hosted by a partner charity, which delivered a formal presentation to introduce the birth supporter training programme. At the end of this presentation, I was given time to introduce my research, explain its purpose and invite women to participate by completing the questionnaire (see Appendix 1.) As the researcher, I remained available throughout the session to answer questions, provide clarification, and support those who wished to take part in the research by guiding them through the process of informed consent. The participant information sheet I used in this process can be found in Appendix 2 and the consent form in Appendix 3. I distributed hard copies of my questionnaire in person at the end of these sessions. Participants from the local area were invited to the programme's open day using posters, leaflets, word-of-mouth, and general community familiarity with the charity's activities. All questionnaire responses were collected on-site, in hard copy format, during the 2018–2019 recruitment period of the programme.

In total, 12 women completed open-ended surveys in the study: none in Borough 1; 7 in Borough 2; and 5 in Borough 3. More information about the participants and the nature of the sample can be found below, in Section 4.8 (‘About the study’s participants’). Information about how these data were analysed can be found in Section 4.10 (‘Data analysis’).

4.5.2 Design of the open-ended survey

The open-ended survey was designed not only to elicit qualitative data to help answer research question 1, but also to collect some key demographic information to help me to understand more about the nature of my sample.

Section 1: Demographic variables

The survey collected information about the age, ethnicity and location of participants. When it came to age, rather than asking participants to provide an exact age, I chose to use broad age categories to encourage participation and reduce potential discomfort among respondents. Literature suggests that demographic questions, particularly those relating to age, can sometimes deter individuals from engaging in research, especially if they feel their responses may lead to stereotyping or unnecessary scrutiny (Tourangeau & Yan, 2007). By using age ranges rather than specific figures, I aimed to ensure that participants felt comfortable responding, while still obtaining useful contextual data about the nature of the sample.

The second demographic variable was ethnic background, which was collected using the UK Government’s standard data collection format (Gov.uk, 2025). The UK government ethnicity categorisation chart can be found in the survey in Appendix 1. Despite critiques of standard ethnicity recording formats, this approach nonetheless ensured consistency with national demographic reporting practices, allowing for potential comparisons with broader population-level data. This could enable future research to expand on these findings. Ethnic background can be an important factor in understanding health disparities, cultural perspectives on birth support, and engagement with volunteer training programmes (Bhopal, 2018). However, given the small scale of my own research, it is important to acknowledge that the sample size is not large enough to make statistically significant comparisons across different ethnic or cultural groups. Indeed, this was not the purpose of collecting this data. Rather, the purpose was to describe the nature and diversity of the sample. However, it is important to note that, in recent years, health disparities associated with race and ethnicity have gained a high level of significance in the study of pregnant and birthing women, and therefore their carers and supporters. As Knight et al. (2022) revealed in the triennial ‘Saving Mothers’ lives’ report, race and ethnicity are important factors in research of this nature. Both maternal and perinatal mortality and morbidity are consistently higher in all non-White groups in the UK.

The third demographic variable was the residential area each participant lived in. Providing this information was required if an individual wanted to continue as a research participant. Recruitment for the birth supporter programme was dependent on their living in certain areas of London, which would give easy access to the mothers to be supported. If they were not eligible to be recruited to the programme, they could not take part in the research. This questionnaire content can be seen in Appendix 1, but the names of the Boroughs have been redacted. This was originally a tick box answer.

Although the study's size did not allow for meaningful conclusions regarding differences in experiences based on age, ethnicity, residential area, or cultural background, collecting this information was still valuable. Firstly, it provided contextual richness, offering a more complete understanding of the participant group. Secondly, these variables may become relevant in future, larger-scale studies, where patterns in engagement, accessibility, or training outcomes could be explored in greater depth. Lastly, collecting demographic data ensured that the research was inclusive and reflective of the diverse population it sought to study, aligning with ethical best practices in social research (Bryman, 2016).

Section 2: Open ended questions

The second half of the survey included both closed (tick box) and open-ended questions to explore participants' knowledge of the birth supporter programme and their intentions to apply. Participants were first asked to identify what they knew about the programme, followed by opportunities to expand on their responses. Similarly, questions about their application intentions were paired with prompts inviting further comment, allowing for deeper, qualitative insight. The full questionnaire survey form can be found in Appendix.

4.5.3 A reflection on the open-ended survey: successes and areas for improvement

Having reflected on the open-ended survey method, I have noted some successes and areas for improvement, both of which are useful to the reader in understanding the value and limitations of the method in the present study, as well as of potential interest to future researchers.

In terms of successes; firstly, stakeholder involvement in the research design was a success. In the context of the present study, my own close involvement in the setting meant that stakeholders were involved in shaping the design from an early stage. I feel that early collaboration with programme facilitators and community engagement staff has led to a more inclusive research design in the present study. Engaging stakeholders in planning has been shown to support research that is more culturally sensitive and contextually appropriate (Tribal Evaluation Workgroup, 2013). Such participatory approaches can help identify accessible methods for collecting feedback from all

attendees, including non-applicants. Secondly, the study emphasises the usefulness of using a pre-existing open day for recruitment. The open day served as a pivotal opportunity for data collection. Whilst clearly communicating the dual purpose of the event - as both an outreach and research activity - was essential, the approach overall appeared to encourage participation in the study. Providing both information sheets and verbal briefings about the research aims helped me to clarify the distinction between the training application process and the study, reducing potential confusion. Thirdly, the approach to building trust worked well. Transparent communication about the research's purpose, data usage, and confidentiality proved crucial for building trust with participants. Ensuring that attendees understood that their participation was voluntary and that their responses would be anonymised appeared to alleviate concerns about privacy. Fourth, my own visibility and approachability as the project's researcher appears to have been an important success factor and is something I believe influenced participant engagement. Clearly distinguishing the researcher from the training facilitator and adopting an approachable demeanor was important on the day; ensuring that attendees felt comfortable in sharing their perspectives with me.

Moving to areas for improvement; firstly, I believe that the use of some quantitative methods could have broadened the scope of the research. It would have been possible to include further tick boxes in the survey, for example, to understand how many individuals attended the open day versus how many applied for the role. At the beginning of the project, I had very little knowledge about conducting a research study and found it difficult to look into the future of the research. I decided on the use of mainly open ended questions during the recruitment phase to address RQ1. This was ultimately positive and turned out to be easier than I thought, with most volunteers being keen to take part and to write about their own feelings and experiences. Secondly, I had originally planned to have a second part of the research in the recruitment phase. I had planned to include as participants, *all* of the women who attended the recruitment open day, including those who had decided against applying for the programme. These were 'lost' in terms of participation in the research, as I had not thought to seek informed consent from these participants, and many were not interested in being questioned further about it. As a result, everyone who returned the form answered positively to the question about whether they were planning to take part in the programme. I believe that the study would have been enhanced by the inclusion of individuals who attended the birth supporter open day but chose *not* to apply for the training. Their insights could have illuminated barriers to participation, aligning with the Capability Approach's focus on understanding constraints to capability development (Sen, 1999). The absence of their perspectives represents a limitation of my study. However, several strategies, supported by current literature, could address this gap in future research. If I were to undertake the study again, I would design this part of the work differently. One way might be to consider user participation in the research design, as well as offering a clearer presentation of the research and its purpose.

Implementing follow-up strategies could also have helped me to capture the perspectives of non-applicants after the event. Sending thank-you emails with invitations to provide feedback or participate in interviews may have provided a pathway for them to share their reasons for not applying. Meanwhile, offering multiple modes of response, such as online surveys or telephone interviews, might have accommodated diverse preferences and increased the response rate overall.

In summary, reflection on the design and delivery of the open-ended survey has highlighted opportunities to enhance inclusivity in future research by engaging stakeholders in the planning process and using event opportunities for data collection. The implementation of follow-up strategies and proactive planning are supported by current literature as effective methods. Samsha (2004) offered practical steps for developing and following up on volunteer programmes in research. In their guide to volunteer engagement, Mobilize (2023), has also highlighted the significance of proactive planning in these ventures. Incorporation of these strategies in future studies will provide a more holistic understanding of the factors influencing participation in volunteer training programmes, thereby enriching research findings and their applicability.

4.6 The focus groups

Focus groups are a qualitative research method used in social science to explore how people think, feel, and discuss particular topics in a group setting. They involve guided discussions among participants, allowing researchers to observe the ways in which ideas are expressed, challenged, and developed collectively.

As noted above, the focus groups were primarily designed to help me answer RQ2: *How do volunteer birth supporters in a large UK city perceive the personal, educational and career effects of their seven week, mandatory training programme?* Following considerable reading and reflection, I decided to adopt focus groups to gain a deeper insight into the ideas, feelings, and experiences of my research participants, both during and after their participation in the training programme. In line with RQ2, my ultimate objective was to examine the effect that engagement in the training programme might have on their aspirations, motivations and capability to undertake further training or seek either first or new employment.

Scholarly literature on focus groups often emphasises the importance of a strong moderator. The skill of a moderator can be a key component of the success of focus groups, as they must develop an environment where participants can feel free to give their opinions in a comfortable, respectful and non-judgemental environment. The ‘gelling’ of the group is also a vital component. An interesting feature of my own study was that a great deal of group cohesion work had already been accomplished, due to the nature of the training. When consulted, all of the participants said that it

would be convenient to hold the group discussion at the end of their day's training. According to my conversations with participants, many felt that this would help with family management, particularly by helping them to avoid having to make alternate arrangements for the collection of their children from school or childcare on a second day. From my own perspective as the researcher, it also meant that the group had already spent the day together, undertaking pre-planned, well-tested group development tasks. Barbour (2007) has previously expressed concerns about intercepting a meeting or event to undertake research with whoever is present, but made an exception when the group is already concentrating on the subject to be studied. This was very much the case in my own study. There is no doubt that every aspect of human behaviour, human relationships and planning will alter the structure and, therefore, outcomes of a research focus group. In this case, the pre-existing social dynamics appeared to support comfortable discussion within the group. Notwithstanding this, it is also possible that the experience felt alienating to some individuals, for example, for those who had not felt fully integrated into the group during the training day itself.

Another way I could have gained information to support my efforts in answering RQ2 would have been through the use of the one-to-one narrative interviews at this stage of the research. I chose not to use this method for this part of the research. Firstly, this was to enable me to include a greater number of different perspectives from a set of diverse participants. Secondly, I hoped that somewhat naturalistic discussion between the participants would stimulate the sharing of more nuanced ideas which, in turn, might help me to make sense of their decision-making and purpose in taking on the role, as well as their developmental progress.

4.6.1 Focus group piloting and impact on design

The focus groups were the only part of the study in which a pilot was conducted. I decided to do this because I realised that I needed to undertake learning in this area, particularly in terms of being comfortable using the relevant equipment, understanding how participants can be supported to 'gel' in focus groups and understanding how best to motivate a group of birth supporter volunteers in a research focus group context.

Given this, I felt that the first one or two groups were likely to be 'practice sessions' and that the data generated might not be very useful. I was concerned about striking the right balance between keeping the research questions in mind and being responsive to participants. At first, this balance seemed like a juggling act. Decisions needed to be made about where the groups would be held, how long they would last, how they would be recorded and so on. Another vitally important consideration was about the nature of questions to be included, as well as the style of prompts and probes. One of my priorities in delivering the first pilot focus group was to encourage the participants to think about *themselves* and what the birth supporter education might be able to do

for them. To that end, I planned the following questions as prompts to keep the discussion on track, with an intention that they would encourage the women to talk about themselves:

> Q1. *'Please can you talk to each other about what you think you will get out of the training?' (probe) 'How will that work for you?'*
>
> *Q2 'What steps will you take to achieve what you want to get out of this training?'*
>
> *Q3 'How do you feel about getting what you want?'*

Q1 was used to start each of the groups. Q2 was used when discussion strayed away from the intended focus on the women themselves. Q3 was not used in any of the groups, as I found that my participants moved naturally into discussions that helped me to understand how they felt.

This pilot went well. I felt that the approach supported the generation of interesting responses that were relevant to the research questions. However, I also felt that I had made some minor mistakes. Firstly, I can now see that there was insufficient clarity about how long the focus group would run for, meaning that some people needed to leave before the end of the session. Secondly, the recording technique was insufficiently practiced. Although it did ultimately work, I found the set up challenging, which caused a delayed start. Additionally, I did not make a duplicate recording of the session, which I later considered to have been a high risk strategy. As a result, I made sure to make duplicate recordings in all future focus groups.

As noted by Krueger (2015), the process around signing consent forms would have benefitted from greater planning on my part, again to save time within the group itself. Each group will have its own unique qualities and, in this case, the group was conducted at the end of a teaching session, so the participants were not arriving to be checked in at a table as suggested by Krueger. Indeed, I felt very aware that the participants had given up time that they would normally use to collect children from their daytime activities, something that made me feel quite pressured in terms of time.

Another thing that I trialled during the focus group pilot was using some written questions as provocations for discussion, in conjunction with a Likert scale. This idea was inspired by some of my reading, which suggested that focus group data could be supplemented with this type of data (Fern, 2001). I had planned to use a series of written questions relating to participants' feelings about their self-efficacy, position in the family and position in the world of work. I intended to use this tool at both the 'during' and 'post-course' focus groups. I also experimented with using physical buttons to help participants articulate their 'position' in relation to such questions. In the pilot focus

group, I felt that this activity did not support the generation of useful data about the women's perceptions of their 'place' in the world and within their families. On reflection, I felt that this task might be disruptive to the focus group process and could also encourage misinterpretation at the data analysis stage.

As a result of these reflections, I implemented some changes to the way I conducted the study's remaining focus groups. Firstly, I made sure that the consent process was undertaken ahead of time, when the participants arrived for the training in the morning. Secondly, I ensured that I used a second (back-up) recording device and that I practiced the recording process ahead of time. Finally, I decided not to use the 'button' task.

4.6.2 Focus group design

Following the piloting stage, I finalised my approach to the focus groups. Each group lasted approximately 60 minutes and was led by me as the project researcher. I made sure to audio record the whole session, including a back-up recording. The questions I asked were as described above (questions 1 and 2).

Focus groups were all held in the study spaces used for teaching on the associated day. In Borough 1, the focus group took place in a private room at a local library. In Borough 2, the session was held in a room rented within an East London university. In Borough 3, the focus group was hosted in a room at a centre affiliated with the supporting charity. All venues were located in East London and were easily accessible via local bus or train services. Each venue offered a private, dedicated space, and all sessions proceeded without interruption.

Each focus group followed the same structure and included the same prompts as those outlined earlier, specifically, questions 1 and 2. This consistency allowed for comparability across the groups, but the small number of questions also meant discussions unfolded naturalistically. The discussions were audio recorded, in line with participant consent, and later these audio recordings were transcribed to prepare the data for analysis. Thematic analysis was then used to identify themes, including commonalities and differences across the sessions (see section 4.10 - 'Data analysis' for more detail).

Throughout, I used other prompts and probes to extend discussion and to encourage the participation of all group members, which varied slightly from group to group. When participants said something I felt I would like to hear more about, I used 'probes' such as: *'tell me more about that'.* When I felt that we had strayed too far from the focus of the research, or if I felt that important questions were unanswered, I used 'prompts' such as: *'remember that this is about how you felt, and what you are getting out of the training.'* The only focus group in which I felt the approach was

not completely successful was the early course focus group in Borough 3. The group seemed keen to talk about their new learning and new understandings about their bodies and their own births. Whilst useful, I felt that the group were moving away too frequently and substantially from the focus of the research. Consequently, it was more often necessary to gently direct participants back to the subject of the group.

In total, the study involved five focus groups: two in Borough 1; two in Borough 2; and one in Borough 3. Of these, two were conducted *during* the training, and three were conducted *after* the training. In total, 24 women took part in at least one focus group and 13 women took part in *both* an 'early-course' and 'post-course' focus group. On average, around 8 women took part in each group. More information on the participants and group make up can be found below, in Section 4.8 ('About the study's participants'). Information about how these data were analysed can be found in Section 4.10 ('Data analysis').

4.6.3 A reflection on my position in the focus groups

There is much discussion in academic literature about the role a researcher takes in their research, including in focus groups. One example is being an 'insider' or an 'outsider'. The role of the focus group moderator, and the way in which the group is executed, plays a significant role in the success of a group, as well as in participant perceptions of the group. The moderator role is therefore very important when it comes to the data that is collected (Barbour, 2007). The personality, social and professional position, temperament and disciplinary style of a moderator can all play an important role. Barbour (2007) gives the example of a medical general practitioner (GP) interviewing a group of nurses. In this example, although the activity took place in a familiar setting, the setting did not encourage relaxation and revelation, due to the power dynamics implicit in the interaction. As Barbour (2007) has previously argued, the moderator's presence is never neutral; their professional status, personal identity, and interpersonal style all influence the discussion and the type of knowledge that is shared. In this study, I undertook the role of moderator, bringing with me something of a 'dual' identity. I am a registered midwife and an experienced educator, in addition to being the researcher conducting the present study. This intersection of roles placed me in an 'insider' position, professionally, socially, and to some extent personally, within the participant group.

The women involved in the focus groups had already encountered me as a facilitator of their training programme, and many had engaged in classroom-based discussions on intimate and sensitive topics such as childbirth, sexuality, bodily autonomy, and family dynamics. This existing rapport appeared to help participants feel at ease quickly, enabling a level of openness and depth in our discussions that may not have been possible with an external or unfamiliar moderator. In this

sense, my insider status may have helped me to establish trust and to enhance group cohesion and communication. Trust and group cohesion are both crucial to the success of focus groups as a means of generating research data.

However, this ‘closeness’ also necessitated careful reflexivity. My professional authority and visibility as a midwife and teacher may have introduced a power dynamic, as in the example Barbour (2007) highlighted. This could have been particularly complicated and meaningful for participants who aspired to enter midwifery or healthcare professions. I was aware that participants might feel the need to offer responses that they believed I wanted to hear or that would align with their perceptions of my own expectations. To mitigate this, I paid close attention to my own verbal and non-verbal cues, adopted a facilitative style instead of a more directive one, and structured the flow of the discussion to encourage a more ‘peer-to-peer’, conversational style, rather than foregrounding question-and-answer exchanges with me as the moderator. In line with best practice recommendations (Berger, 2015), I kept detailed, reflexive notes after each session, noting moments where I perceived my own influence to have played a role, where I noticed participants’ discomfort, or the emergence of unexpected dynamics. Overall, my approach appeared to work well. For example, I did not become involved in any sustained conversations myself or offer my own opinions. Although I used questions, prompts and probes, as described above, conversations generally developed naturistically between participants and in line with the broad focus of my research, which I felt was useful to the generation of data.

Whilst I brought a strong insider perspective, it is important to acknowledge that outsider researchers face a different set of challenges when entering focus group settings. Without prior relationship or contextual understanding, they may find it more difficult to build trust or to grasp the subtle meanings that emerge in group dialogue. As Dwyer and Buckle (2009) have argued, ‘outsider’ researchers often rely on gatekeepers to gain access, and they can struggle with misinterpretation or shallow engagement, due to unfamiliarity with the social context. In contrast, I feel that my position as both educator and midwife allowed me to have some understanding of the realities of my participants’ lives, their verbal cues, and their underlying emotions. Overally, I felt that this meant I could offer a level of interpretive sensitivity that may not be easily available to external moderators who are unfamiliar - or less familiar - with the context.

Despite this, I also remained alert to the risks of *over-identification* or the temptation to ‘fill in’ meanings, based on my own assumptions or prior knowledge. As Barbour (2007) and Bukamal (2021) have highlighted, researchers who are *too* close to the community being studied may inadvertently overlook details, suppress dissenting voices, or fail to challenge group norms. By incorporating reflexivity into every stage of data collection and analysis, I worked to strike a

balance between empathetic engagement and critical distance, recognising that insider–outsider roles are fluid and situational, rather than fixed.

With an extensive career spanning childcare and midwifery, I feel I have cultivated an intuitive ability to serve as a 'professional friend' - offering empathetic support while maintaining appropriate professional boundaries. I feel that this balance allows me to experience and manage internal emotions without imposing them inappropriately on others. Such emotional regulation is crucial in midwifery practice, where establishing trust and providing compassionate care must be carefully balanced with professional objectivity. As McIntosh (2022) has highlighted, maintaining professional boundaries is essential for self-care and safe practice, enabling healthcare professionals to engage effectively without compromising their well-being or the therapeutic relationship. Additionally, the concept of emotional intelligence (EI) is pertinent here; it encompasses self-awareness, self-regulation, and empathy, all of which are vital for midwives to navigate the emotional demands of their role effectively. Developing EI allows midwives to provide compassionate care while preserving their emotional health. In the context of my research, I feel that these experiences have helped me to develop important skills that were ultimately helpful to taking on the role of a focus group moderator.

4.7 The narrative interviews

Finally, my study was designed to generate data to help me answer RQ3: *Does practice as a birth supporter following training make a difference to volunteers' perceptions of the personal and educational effects of their training?* I was particularly interested in understanding what participants in the programme had done *since* completing the course and I was aware that they might all be following varied pathways. With this in mind, I chose to use individual, unstructured narrative interviews for this third and final part of the research. Since I considered it likely that the women might have very different stories to tell, I wanted to try to capture their unique perspectives in detail, and without the interruption of pre-determined questions from me.

Narrative interviews used in qualitative research are an alternative route to generating data. I believe that they are effective in enabling participants to speak freely, supporting a greater insight into their true feelings, beliefs and ideas. Of course, it is impossible to ever truly know someone else's 'truth'. However, unstructured interviews do offer participants more control in terms of the focus of discussion. One benefit of narrative interviews that has been widely discussed, particularly in comparison with focus groups, is that they can be a more positive context for participants who do not feel comfortable speaking in a group setting. They can also be used by a researcher to generate different, more in-depth or more intimate types of data.

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This is not a simple process and there are different views on how narrative interviews should be conducted. Many writers consider that there are three types of interview that can be used for research: (1) the structured interview, wherein each question is carefully planned, written down and asked in an identical manner to each participant; (2) the semi-structured interview, where a few pre-designed questions are used as prompts; and (3) the unstructured interview, in which the researcher states the purpose of the interview and the information that they require from it and lets the research participant talk. Some scholars suggest that the latter ('unstructured') type of interview is usually conducted in a conversational style (Ellis, 2016) and Morgan (2016) mentions the fact that the researcher would be expected to mirror back the speaker's word, also implying conversation.

Meanwhile, when it comes to narrative interviews, Edwards (2014) distinguishes between the life story, which she defines as being constructed and told by the author in the present tense, and the life history, told as it has happened in the past. She considers that the rules for a narrative interview should be applied using one 'topic question' and then letting the interviewee speak without interruption. In this style of interviewing, the researcher makes notes of questions that they might want to ask to complete the interview. This approach is not without its complications. As Edwards notes, in order to generate a comprehensive and accurate body of data, the narrative interviewer should generate a transcript of the narrative interview, undertake some analysis and then offer a second interview to the participant, which will offer an opportunity to discuss the ideas in more depth and 'sense-check' the record of the interaction.

Gubrium (2012) has noted that the skill of research interviewing is complex. Ellis (2016) suggests that an interviewer's lack of experience can be a significant barrier to successful data collection. Meanwhile, Edwards (2014) attempts to provide practical assistance to novice interviewers through her honest, reflective accounts. Edwards' research required her to interview female participants on their experiences of being in care home settings as children. She wanted to know how this had affected them historically and continued to do so in the present day. She visited the participants' homes, tried to create a pleasant environment, explained the project and asked them to tell their life stories. According to her account, Edwards had expected to be presented with long accounts and much salient information. Instead, she found that most of her participants talked for only two or three minutes, indicating that they had said all they had to say. Some actively requested that she should ask them questions, for example; *'I'd rather you asked me because I don't know, you know'* (Edwards, 2014, 'The Difficulty of Performing the Auto in (Auto)Biographical Telling' Section, para. 2). In one instance, Edwards recalled that the interview was conducted as a conversation as the only way to move forward. Other considerations for the success of the narrative interview are similar to those of the focus group. Notably, it is important to consider the research environment,

the convenience of the timing for the participant and the researcher and the nature of refreshments and relaxation techniques.

In my own study, I adopted an open approach to narrative interviews. I provided participants with information about the research both in written and spoken formats, and asked them to talk about the effects that they felt the birth supporter training and practice had on them. Immediately before beginning the interview, I reiterated that I wanted to know about them individually and the impact they felt that the training had on them as a person, rather than the reasons that they volunteered. The interviews typically lasted about 30 minutes. They took place in a space that was familiar to the participant. All selected spaces were quiet, protected from interruptions and mutually agreed upon by both researcher and participant. The three women involved in narrative interviews had all been part of the only birth supporter education programme running at the time of their training. All participated in the programme in Borough 2. It is important to note that these women did not train in the same iteration of the course as the other participants. They did not know each other in their personal or professional lives; meaning that there was little likelihood of any discussion between them before the interviews. In each case, I audio recorded the interview. I carried out one interview with each participant. They were each offered a second interview, but all confirmed that they felt they had said everything they wanted to say. They were also offered the opportunity to contact me if they thought of anything else that they would like to tell me, or needed any further information about the research. In total, the study involved 3 narrative interviews, which all took place in Borough 2. More information on the participants and sample composition can be found below in Section 4.8 (‘About the study’s participants’). Information about how these data were analysed can be found in Section 4.10 (‘Data analysis’).

4.7.1 Reflection on successes and areas for improvement

Although the interviews were valuable, I can also see with hindsight that there were some specific areas of interest where it would have been useful to know more. This might have been achieved by some gentle prompting and probing in particular areas. For example, it would have been valuable to learn a little more about the challenges volunteers felt they encountered in maintaining emotional boundaries or navigating difficult interactions with service users. Whilst the use of narrative interviews was effective overall, supporting the generation of rich and authentic accounts of participants’ personal journeys, I also feel that a semi-structured approach might have been more effective in helping me to notice and understand common patterns amongst participants’ experiences. I did not experience the issue that Edwards and Holland (2013) describe, that is, participants did not appear to condense their experiences or struggle to articulate them. On the contrary, they shared their experiences with me in some depth. However, I do believe that the work

might have benefitted from a little more guided direction. A semi-structured interview approach could have helped to elicit more directly comparable data across participants, particularly concerning the specific challenges that participants encountered in their roles. This, in turn, may have enhanced the analytical depth of the findings, by facilitating clearer thematic links between accounts.

4.8 About the study's participants

The research population consisted of women residing in three Boroughs of high deprivation (according to the Indices of Multiple Deprivation) within a large UK city, who had expressed an interest in volunteer birth supporter training. As noted above, the study was divided into three data collection 'phases', each employing a distinct method, aligned with a specific research question. Some overlap occurred, however, partly because some participants engaged in multiple aspects of the inquiry, contributing incrementally to increasingly sustained accounts of their experiences. Furthermore, I began to notice overlaps in the answers given to questions associated with each method of data collection. For instance, when asked to speak about themselves, almost all women across all phases of the research tended to articulate what brought them to the course.

In total, across the study's three methods, 27 participants took part. Many participants took part in two or more aspects of the data collection. Twenty-four participants completed the open-ended survey. Twelve participants took part in at least one focus group. Three participants took part in a narrative interview. The recruitment process was complicated and the nature of the sample therefore requires detailed explanation, which is given below in Section 4.8.1. However, for the sake of clarity, a full overview of the study's participants and their participation across the three methods is given in Table 2

In Table 2, each participant has been assigned an identifying number and pseudonym. Boroughs are listed as 1, 2 and 3 to offer a sense of differentiation whilst maintaining confidentiality about the actual Boroughs involved. Participants were never asked to disclose exact age, rather they selected an age bracket. The age brackets they each selected are included in the fourth column. The ONS (Gov.co.uk, 2021) ethnic group classification was used to invite participants to describe their ethnicity (see Appendix 1, 'Open ended survey'). The ONS table was updated in 2023, subsequent to the delivery of the fieldwork. The options provided to participants to choose from were as described in Table 1, below. While participants were asked to self-identify their ethnicity using the ONS standard classification, I acknowledge that such predefined categories can oversimplify the fluid, socially constituted and contextual nature of racial and ethnic identity (Gunaratnam, 2003; Aspinall, 2009). Nonetheless, this approach was used as a pragmatic proxy to gain a broad sense of diversity within the sample, while recognising its limitations.

As noted in the ‘Introduction’ chapter, participants were not directly asked about their educational or socioeconomic status, because this was felt to be an overly sensitive topic of discussion. However, it is important to highlight that all three Boroughs where the volunteer birth supporter training programme took place - and from which participants were recruited - are classified as areas of high socioeconomic deprivation, according to the UK Indices of Multiple Deprivation. To protect confidentiality, the specific Boroughs are not identified in the thesis. Insights from focus groups and interviews offered a deeper understanding of participants’ lives and experiences. As outlined in Chapter 5, many participants were managing caregiving responsibilities alongside insecure employment, often while living on a limited income. Some had been out of the workforce for extended periods due to caregiving duties, and several described past negative experiences with formal education.

The participant group was diverse in both age and ethnicity. While exact ages were not requested, approximately 26% reported being between 18 and 29 years old; 30% between 30 and 39; another 30% between 40 and 49; 7% between 50 and 59; and 7% between 60 and 69. Participants self-identified their ethnic background using the Office for National Statistics classification: around 37% identified as ‘Black, Black British, Black Welsh, Caribbean or African’; 41% as ‘White’; 19% as ‘Asian, Asian British or Asian Welsh’; and 4% as ‘Other ethnic group’.

Table 1: Ethnic group classification

Code	Descriptor
1	Asian, Asian British or Asian Welsh
2	Black, Black British, Black Welsh, Caribbean or African
3	Mixed or Multiple ethnic groups
4	White
5	Other ethnic group

Table 2: An overview of all participants and associated information

Participant code	Pseudonym	Borough	Age	Ethnicity	Included in the open-ended survey?	Took part in at least one focus group (mid-course, post-course or both)?	Took part in a narrative interview?
1	Carla	2	20-29	White	✓	✓	x
2	Betty	2	20-29	Black, Black British, Black Welsh, Caribbean or African	✓	✓	x
3	Jan	2	30-39	White	✓	✓	x
4	Lara	2	30-39	Black, Black British, Black Welsh, Caribbean or African	✓	✓	x
5	Amina	2	30-39	Asian, Asian British or Asian Welsh	✓	✓	x
6	Babs	3	40–49	Black, Black British, Black Welsh, Caribbean or African	✓	✓	x
7	Sally	3	30-39	White	✓	✓	x
8	Pam	3	40-40	Asian, Asian British or Asian Welsh	x	✓	x
9	Joanne	3	40-49	White	✓	✓	x
10	Cora	3	30-39	White	✓	✓	x
11	Meme	3	18-19	Black, Black British, Black Welsh, Caribbean or African	✓	✓	x
12	Sarah	2	30-39	White	✓	✓	x
13	Abigail	2	20-29	White	✓	✓	x

14	Gabriella	2	20-29	Black, Black British, Black Welsh, Caribbean or African	✓	✓	x
15	Aisling	3	20-29	White	x	✓	x
16	Kathryn	3	40–49	Black, Black British, Black Welsh, Caribbean or African	x	✓	x
17	Elianna	1	40-49	White	x	✓	x
18	Margarite	1	50-59	Other ethnic group	x	✓	x
19	Marlene	1	60-69	Black, Black British, Black Welsh, Caribbean or African	x	✓	x
20	Carmina	1	40-49	Black, Black British, Black Welsh, Caribbean or African	x	✓	x
21	Sunara	1	30-39	Asian, Asian British or Asian Welsh	x	✓	x
22	Emeline	1	40-49	Black, Black British, Black Welsh, Caribbean or African	x	✓	x
23	Claudine	1	40-49	White	x	✓	x
24	Prima	1	20-29	Asian, Asian British or Asian Welsh	x	✓	x
25	Anna*	2	50-59	White	x	x	✓
26	Margery*	2	30-39	Black, Black British, Black Welsh, Caribbean or African	x	x	✓
27	Marha*	2	60-69	Asian, Asian British or Asian Welsh	x	x	✓
27	-	-	-	-	**12**	**24**	**3**

**Anna, Margery and Marha all trained in Borough 2 more than a year before this research began. At the time it was a single, small course serving a small geographical area. They did not train with the other participants in the research. However, the content of their training and the teacher involved were the same. Therefore all narrative interview participants were form Borough 2*

4.8.1 Participant recruitment and further detail

As noted above, the research participant recruitment took place in three East London (UK) areas known as Boroughs. These Boroughs were geographically close to one another and all were made up of mixed populations with high levels of deprivation, according to the UK Indices of Multiple Deprivation. For the purposes of my own research, the Boroughs are named in an anonymous format and referred to as '**Borough 1**', '**Borough 2**' and '**Borough 3**'. The charity involved with the project was offering birth supporter training in Boroughs 2 and 3 only at the time of questionnaire data collection, meaning that questionnaires were not collected in Borough 1. Training was being offered in all three Boroughs at the time of the in-course and post-course focus groups. However, in order to generate broadly consistent data across groups, I felt that 'in-course' focus groups should run at approximately the same time within each run of the course. In Borough 3, it was not logistically possible to run an in-course focus group at a similar time to those carried out within Boroughs 1 and 2. This was due to conflicts with the participants' other commitments. Although disappointing, the decision not to run an in-course focus group in Borough 3 was ultimately in keeping with an ethical approach to research design and thus felt like the right thing to do.

Questionnaire participants were recruited in Boroughs 2 and 3 during the periods of training. In-course focus group participants were recruited in Boroughs 1 and 2 and post-course focus group participants were recruited from all three Boroughs. In Boroughs 2 and 3, the research recruitment questionnaire was offered to women who attended birth supporter course open days. These open days were designed to offer women an initial insight into the course and what it had to offer. In-course focus group discussions were facilitated at the end of day two of the course, and included women who had applied, and been selected, to undertake the course. Post-course focus groups took place approximately four weeks after the completion of the course, but before the start of practice as a trained birth supporter. This was the same across all three Boroughs.

The birth supporter training programme began in just one Borough and continued to run in only one Borough for several years. It then expanded into two further, adjacent Boroughs.

Therefore, participants who had trained some time ago (i.e. those taking part in the narrative interviews) had all trained in a single Borough. This was the Borough within which the course originated and which came to be known as 'Borough 2' for the purposes of the present research.

Table 3: Summary of research methods undertaken by Borough

Borough	Open-ended survey	Focus groups		Narrative interviews
		In-course	Post-course	
1	x	✓	✓	x
2	✓	✓	✓	✓
3	✓	x	✓	x

A narrative interview phase was added to the study, to include women who had taken part in the birth supporter programme in the past and who had already practiced as birth supporters. The three women who took part in the narrative interviews had all taken the training course one to three years prior to the commencement of the research project. As such, they did not take part in any other phases of the data collection, as it would have been impossible to do so.

Convenience was the main reason for engaging three, already existing, groups of possible participants within the study. Inviting these particular groups of women to take part also served to limit the possible size of each participant cohort, which helped to ensure that the women taking part had time and space to express their ideas. Meanwhile, inviting women who were already part of established training groups helped with group cohesion, which, in turn, made for more focused discussions in the focus groups. One of the strengths of the sample overall is that each of the participant cohorts (e.g. for the survey, focus groups and narrative interviews) were quite diverse in terms of both age and ethnicity.

Table 4: Open-ended survey dissemination and completion in Boroughs 2 and 3

Survey distribution			Included in the final sample?	Excluded from the sample	Reason for exclusion
Borough	Given out (N)	Returned (N)	Number(N)	(N)	
1	0	0	0	0	N/A
2	11	9	7	2	Both Out of Area: Not eligible for course or research
3	13	5	5	0	N/A
Totals	**24**	**14**	**12**	**2**	

Applicants for the birth supporter training, and birth supporter role, were required to be a resident of, or have easy access to, one of the three Boroughs in which the service operates. Other interested parties do explore the opportunity from time to time, but are ineligible under the charity's rules. It is for this reason that two potential participants who completed questionnaires were excluded from the research.

‘Early-course’ participants, who took part in focus group discussions at the end of their second day of training, were self-selecting, based on their availability and willingness to participate at the end of the second day of training. A total seventeen participants from Boroughs 1 and 2 took part in focus groups. A total of sixteen participants took part in ‘post-course’ focus groups, which took place approximately four weeks after the training was complete. These participants had taken part in training in one of the three Boroughs. Narrative interviews were conducted with three participants, who each had between six months and two years’ of post-qualification birth supporter practice experience. The research timescales meant that most of the participants were able to take part in more than one phase of the research; enabling some insight into the personal development of individuals over time.

In summary, this qualitative project engaged participants across three East London Boroughs, all of which rank highly on the UK indices of multiple deprivation (Consumer Data Research Centre, 2024). All research participants were women residing in these Boroughs. To protect confidentiality, the Boroughs are anonymised using numbers. Each Borough has a distinct, but diverse, ethnic profile. These are not described in the thesis in the interests of preserving confidentiality. Providing detailed demographic breakdowns would risk revealing the precise Boroughs included in the study (particularly for readers familiar with London's population data or public datasets) and, therefore, potentially the identities of individual participants.

Instead, it is noted that all participant sub-samples in the study, and the overall participant sample, reflected a diverse ethnicity profile, including White and Black British, African, Afro-Caribbean, and Indian Subcontinental Asian UK residents. Participants ranged in age from somewhere in the 18-19 years bracket to somewhere in the 60-69 years bracket. The educational experiences and levels of participants varied. According to conversations taking place within the research process, some participants had no experience of higher education, while others held degrees gained between 3 to 30 years prior to the study, in subjects unrelated to pregnancy or birth. Groups also included women both with and without their own children and represented a range of family arrangements. While the sample size does not support generalisations by age or ethnicity, the participant mix is broadly reflective of the population served by the charity-led birth supporter training project that formed the basis of this study.

Data Collection Structure and Setting

The research design included three key methods of data collection. The second method - the focus groups - was further divided into two phases (early- and post-course focus groups). The methods were:

(1) A questionnaire administered at open days;
(2a) An early-course focus group (typically conducted on the second day of training);
(2b) A post-course focus group (conducted approximately four weeks after course completion); and
(3) In-depth narrative interviews with experienced birth supporters.

However, the application of this structure varied by Borough, due to practical challenges and levels of participant engagement.

In **Borough 1,** the researcher was unexpectedly unavailable to deliver the presentation at the open day, so no questionnaire data was collected at this site. The early-course focus group was held in a private room at a local library. A post-course focus group was attempted but only two participants (Elianna and Emeline) were available to participate. They participated instead in a two-way conversational interview, which yielded useful insights.

In **Borough 2**, four participants contributed to both an early-course focus group and a follow-up post-course focus group four weeks after training. These were held in a rented room at a local East London university.

In **Borough 3**, the early-course focus group could not be conducted, as participants chose not to attend on the day. However, a post-course focus group did go ahead, conducted in a room at the charity's central location.

In all three sites, focus groups were held in the same teaching spaces that had been used for that day's training session. These included a private room at a local library (Borough 1), a rented university room (Borough 2), and a meeting room at the charity's community centre (Borough 3). Each venue offered a private, quiet space and was easily accessible via local bus and train routes. All sessions proceeded without interruption, ensuring a conducive environment for open discussion.

Despite inconsistencies in applying the full research framework across sites, the chosen tools proved largely effective in producing rich and varied data. Focus groups allowed for dynamic exchanges, particularly where the researcher had also delivered the training, enabling trust and rapport. In contrast, a group facilitated by a researcher who had not taught the course produced

more hesitant and performative responses, underscoring the importance of relational dynamics in qualitative research settings (May & Perry, 2011).

The narrative interviews with experienced birth supporters were especially effective in supporting the generation of relevant insights. Participants reflected deeply on the training's influence, not only on their immediate practice, but also on long-term changes in their identities, confidence, and aspirations, offering data corresponding closely with the third research question.

Overall, the use of multiple tools across Boroughs, time points, and formats allowed for triangulation, comparison, and the emergence of grounded themes. While not all elements were feasible in every setting, the combination of approaches enabled a layered understanding of women's experiences and the social conversion factors that shaped their engagement with the training programme.

4.9 Reflection on the data collection process

This section offers a reflexive account of how data collection unfolded in practice, exploring not only the tools and methods used, but the emotional, relational, and contextual dynamics that shaped the research. As a midwife and educator conducting research in community-based settings, I was positioned both inside and alongside the learning journeys of the participants. This created rich opportunities for connection, but also raised important considerations around power, positionality, and participant response.

Whilst the early part of the chapter outlined the proposed use of questionnaires, focus groups, and narrative interviews to answer the research questions, this section reflects on how those tools were received, adapted, and used in the research. It considers what each phase of data collection produced, not just in terms of the data itself, but also in terms of the nature of engagement, the unpredictability of voluntary participation, and the subtle ways in which trust, identity, and voice were experienced. These reflections help to contextualise the findings that follow, from the perspective that qualitative data is never neutral, but rather shaped by the contexts of the relationships and life experiences within which it is generated.

This discussion is organised around each method in turn, beginning with the questionnaire, then the focus groups, finally followed by the narrative interviews. This is followed by a broader reflection on the relational nature of fieldwork, and a conclusion that draws together the implications of these experiences for the integrity and interpretation of the study's findings

4.9.1 Reflection on the open-ended survey

The open-day questionnaire was designed to offer a simple and accessible route into the research, particularly for participants who may have been new to formal learning. While it captured useful insights into early motivations and awareness of the programme, its effectiveness was dependent on context. In Borough 1, my absence as the researcher on the day meant that no questionnaires were collected, demonstrating the importance of presence and personal explanation when asking participants to contribute to research. In other Boroughs, most participants completed the form, but the depth of responses varied significantly: some participants just ticked the boxes, whereas others wrote full paragraphs. This unevenness highlights both the accessibility and the limitations of paper-based tools in voluntary, community settings. Holden et al. (2014) discuss similar terrain, exploring the use of two or more qualitative data collection methods and urging thought about the broader lives and availability of participants, as well as the logistics of generating the data. While not always rich in terms of the narratives it generated, my questionnaire nonetheless helped me to map the starting point of my participant's journeys and added important context to later reflections.

4.9.2 Reflection on the focus groups

The two early-course focus groups provided unexpectedly different insights, not only in terms of content, but also in tone and nature of participation. The group who had been taught by me, in my dual role as trainer and researcher, appeared relaxed, open, and confident in their discussions. The session transitioned smoothly from training into reflective conversation, suggesting that familiarity with the facilitator can encourage trust and honesty. In contrast, the second group, who had been taught by another facilitator, but whose focus group discussions were led by me as a researcher, displayed what felt like a more cautious tone. Participants frequently praised their trainer, often reiterating how enjoyable the sessions had been, and avoided more critical or exploratory reflections. This dynamic reflects what May and Perry (2011) refer to as 'professional group power', where participants may perceive a need to perform approval, especially when they sense a connection between the researcher and the trainer. While this group still yielded useful data, it highlighted the impact of researcher positioning and the subtle social dynamics at play in group settings.

Four focus groups of various sizes formed the end of course discussions. In total, fifteen women took part in these. They had all completed the course between one and four weeks previously. These sessions were facilitated on pre-scheduled, post-group support days and the groups were made up of women who attended voluntarily, with high motivation to complete their academic work or, in some cases, to take part in the research. All of these groups were led by myself, as the researcher.

4.9.3 Reflection on the narrative interviews

The narrative interviews provided some of the richest and most personally reflective data in the study. Conducted with three women who had completed training and had at least one year of birth support experience, the interviews allowed for a deeper exploration of identity, transformation, and the longer-term impacts of engagement with the birth supporter training. Each participant selected a setting that they felt comfortable in - for example, a library or charity office - and these choices appeared to support openness and ease. All participants were form what eventually became Borough2 as it was the only group running when they trained. Two interviews took place in a private spaceof a public library and the other in the headquarters of the charity supporting the research. The conversational format gave participants greater control over the pace and direction of the discussion, aligning with the relational and respectful ethos of the research.

Two of the narrative interview participants were taught on their original volunteer training course by me, in my dual role as trainer and researcher. This pre-existing rapport allowed for a sense of mutual familiarity and trust, which contributed to the reflective depth of the interviews. However, it also introduced a reflexive tension. I am cognisant of the ways in which participants may have felt an implicit pressure to please me, or to frame their experiences more positively than might otherwise have been the case. Despite this, their narratives included moments of vulnerability, critique, and complexity, suggesting that the interviews succeeded in creating a space for authentic expression. One participant had been trained by another experienced trainer. Overall, these accounts extended the timeline of the study, enabling a richer understanding of the programme's longer-term effects on identity and aspiration.

4.9.4 Reflexivity and realities in the field

As a midwife and educator, my dual role in this research was both an asset and a source of additional complexity. I feel that my experience offered me insight, empathy, and shared language with participants, many of whom were mothers or carers themselves. My experience also meant I was sometimes seen as part of the teaching team, especially when I had delivered training to a participant, which may have shaped how participants engaged with me, particularly in group settings. I was, and continue to be, mindful of this dynamic. During the fieldwork, I worked to mitigate it by using informal conversation, humour, and reassurance. Nevertheless, my presence was not neutral, and this shaped both the data generated in the study and, sometimes, the silences that surrounded it.

The fieldwork required emotional agility. The spaces I entered, for instance, community halls, libraries and charity offices, were rich in meaning and often carried the energy of women's everyday lives; lives embedded in childcare, financial pressures, hope, and hesitation. I was

continually reminded that this was not just research; it was about relationships, trust, and care. These realities made the research feel more human, but also more unpredictable. Timetables shifted, groups fell through, and participants opted in or out at the last moment. This required a flexible and compassionate approach, grounded in the understanding that participation itself was often a significant step for the women involved.

4.10 Data analysis

4.10.1 Overview of data generated and analysed in the study

The study generated a wide range of rich data, although I also feel that it was small enough in scale to maintain a sense of intimacy. This scale allowed me to think deeply with participants, generating fascinating and often moving ideas and helping both myself and participants maintain interest in the study. Table 5, below, summarises the types and quantities of data collected in the study.

Table 5: Types and quantities of data generated

Type of data	Number	Scale	Participants associated/ featured	Associated with other data?	Approach to processing/ analysis
(A) Completed (and eligible) open-ended survey response - demographics	12	3 demographic questions (age, ethnicity, participation in Maternity Mates)	12	B	Descriptive - including in tables in Chapter 4.
(B) Completed (and eligible) open-ended survey response - qualitative responses	12	1 open-ended question, participants typically write 2 or 3 sentences/ paragraphs	12	A	Included in the inductive-deductive thematic analysis.
(C) Focus group audio recordings	6 recordings	Each focus group lasted approximately 30 minutes	24	D	Transcribed to generate (D).
(D) Focus group audio recording transcripts	6 transcripts	Transcripts of approximately 2,900 words	24	C	Included in the inductive-deductive thematic analysis.
(E) Narrative interview audio recordings	3 recordings	Each interview lasted approximately 35 minutes	3	F	Transcribed to generate (F).
(F) Narrative interview transcripts	3 transcripts	Transcripts of approximately 4,000 words	3	E	Included in the inductive-deductive thematic analysis.
(G) Researcher reflexive notes	9 entries	Notes usually 2 pages, hand written	N/A	ALL	Used to guide the inductive-deductive thematic analysis and included in reflection in Section 4.2.

4.10.2 Approach to data analysis

The data analysis for this study was guided by a thematic analysis structure that followed Braun and Clarke's (2021; 2006) six-phase framework. Thematic analysis was selected because of its usefulness for working across multiple qualitative data sources and its flexibility in supporting inductive and deductive approaches. In this sense, thematic analysis can be used to analyse qualitative data in a way that pays close attention to what participants have said and, when used as an interpretative tool, to how they make sense of their own experiences. This method was therefore coherent with the interpretivist framework underpinning the study, as it allowed for the exploration of meanings and patterns across the open-ended questionnaires, focus groups and

narrative interviews. The process was carried out in line with Braun and Clarke's proposed structure, as described below. For each phase of the thematic analysis, I explain the nature and intention of the phase and offer an example of how the phase was carried out in practice in my own study.

Phase 1 of Braun and Clarke's (2006) thematic analysis involves familiarising oneself with one's data. To achieve this in my own study, I transcribed the audio recordings of the focus groups and narrative interviews verbatim and uploaded the transcriptions into NVivo for organisation and management. The open-ended questionnaire responses were reviewed by hand before being added to NVivo. I then read the transcripts in NVivo several times, making margin notes and initial memos about what participants said and wrote. As I was doing this, I started to notice ideas and quotations in the data that stood out. For example, I was interested in how participants expressed a range of aspirations associated with their experiences, such as wanting to 'help others in my community' or 'see if it's for me'. I started to think about the different reasons participants gave for taking part in birth supporter training and how these expressed reasons connected with other experiences in their lives. This familiarisation process ensured that I was deeply engaged with the breadth and depth of the dataset before I moved on to more detailed, systematic coding.

Phase 2 involves generating initial codes. In my own analysis process, I achieved this in the first instance by asking NVivo to generate initial codes. I did not use these codes in the final version of my analysis, but found it a useful starting point for thinking about my data and its interesting features. Instead, NVivo was used to record and organise emergent codes which I decided on, which helped ensure a rigorous approach. At this stage, I was looking primarily for 'interesting features of the data' (Braun & Clark, 2006, p. 87) in a largely open-ended and inductive way. However, my existing reading about my topic and awareness of the theoretical resources I mention in Chapter 2 also played a role in shaping what and how I coded. Although I coded in a predominantly open-ended and inductive way, my research questions and theoretical resources informed how I reviewed, and thought about, the data. As I will discuss in more detail in Chapter 5, I coded and reflected across the data sets to consider whether decisions made by the women to undertake birth supporter training and, ultimately, the birth supporter volunteer role, were driven by factors associated with the capability approach to human development. I also considered each participant's understanding of the personal and educational effects that the training to become a birth supporter might have on them and participants' perceptions of their experiences in practice as birth supporters, as well as the extent to which these experiences aligned with, or challenged, their expectations.

For example, I started to notice and code parts of the data where participants were talking about their experiences *before* engaging with the training and to reflect on how what participants said

might connect with the Capability Approach. I gave temporary names to codes, for example ‘Nervous’ and ‘Bad education experience’. Initial codes reflected both practical motivations expressed by participants, e.g. ‘I want to take the knowledge back home [to another country]’) and affective concerns expressed by participants, e.g. ‘Nervous’, ‘Not studied for a long time’ and ‘Bad education experience’. These codes reflected a mixture of participants’ personal goals and the challenges they perceived in engaging with study, and were linked across all three research questions.

Although the process was inductive in many ways, I now think about the analytic process in terms of six overarching ‘analytic categories’, which began to become clearer in my mind at this stage (phase 2 of thematic analysis). The processes of conducting the research and analysing the data were ultimately shaped by the structure of the research questions to be answered, as well as by my ongoing reflections on the data collected. The six overarching analytic categories are presented in Table 7 of Chapter 5. To give an example, the first overarching analytic category, which is associated with RQ1, is ‘Participant perceptions and experiences of the training programme: how did participants perceive and experience the training programme?’ It is important to note that thematic analysis is often an iterative process, and inductive and deductive aspects can be present throughout.

Phase 3 of thematic analysis involves searching for themes. Here, I reviewed my highlighting, memoing and coding across all of the data sets and began to collate my embryonic codes into potential themes. At this stage, I moved from NVivo to using physical Post-it notes to visualise and cluster related codes as a means towards generating potential themes. This tactile process enabled me to group ideas into larger conceptual categories and to consider how these clusters related to my research questions and theoretical framework (Sen and Nussbaum’s capability approach, Bourdieu’s concepts of capital, and Wenger’s ideas of communities of practice). For example, I began to gather codes connected with motivation and self-development into the theme ‘Something for Me’. I also grouped together codes reflecting affective ambivalence, which led to the eventual generation of the theme ‘Excited but scared’. As I started to generate potential themes, I kept reading across all of the data to ascertain whether there were more parts of the data that were relevant to each of the evolving themes. Again, the approach was somewhat inductive, but my research questions and theoretical framework played an important role in what I was looking for, as discussed in more depth in Chapter 5 and reflected in the idea of overarching analytic categories.

Phase 4 of thematic analysis involves reviewing themes. In my own study, I reviewed my potential themes to consider their coherence both internally (within each theme) and externally (across the dataset). This involved re-reading the extracts associated with each theme and checking them

against the dataset as a whole. Some initial clusters were collapsed or refined to avoid overlap. For example, expressions of nervousness were merged with wider feelings of uncertainty, while statements about ‘added confidence to visit hospital’ were moved under themes of emerging capability.

Phase 5 involves defining and naming themes. In my own study, this involved generating clear names and definitions for each theme, based on their overarching meaning and contribution to answering the research questions. I ultimately identified six key themes, which broadly connected with participants’ motivations, challenges, and evolving sense of capability. I spent time reflecting on how the six themes aligned with my study’s core theoretical resources: Sen and Nussbaum’s Capabilities Approach (Sen, 1999; Nussbaum, 2011); Bourdieu’s concepts of social and cultural capital (Bourdieu, 1986, 1990); and Wenger’s notion of ‘fitting in’ within communities of practice (Wenger, 1998). For instance, the theme *‘Something for Me’* reflected participants’ sense of personal fulfilment, while *‘Excited but scared’* captured their ambivalence about entering academic or healthcare environments. These themes also map onto key theoretical ideas: *‘Something for Me’* resonates with Nussbaum’s central capability of practical reason, as participants began to imagine new possibilities for their futures and make choices aligned with their own values (Nussbaum, 2011). *‘Excited but scared’* reflects Bourdieu’s notion of habitus disruption, where participants encountered unfamiliar institutional fields and experienced both aspiration and uncertainty (Bourdieu, 1990). Several themes also aligned with Wenger’s concept of peripheral participation, as participants gradually developed a sense of belonging within the field of maternity care (Wenger, 1998).

Phase 6 of thematic analysis involves producing the report. In my own study, the final phase involved writing up the themes as an analytic narrative. I chose extracts from participants to illustrate the statements associated with each theme in the analysis process and to foreground the lived experiences of participants. For example, one participant noted, ‘I’ve been at home with children for so long’, illustrating both personal motivation and social context. The final six themes are presented in detail in Chapter 5, where they are discussed in relation to the research questions and theoretical framing.

In sum, Braun and Clarke’s thematic analysis provided a systematic and reflexive process through which the data could be interpreted, while writing the data up in this way offered an opportunity to directly present ideas that participants had drawn out in discussions.

As I have begun to explore in this phase-by-phase description, the data analysis approach used in my study was both inductive and deductive. Each of the three research questions was initially associated with a particular data collection method, although in practice all three data sets helped

me to answer all three research questions. In order to answer the research questions, I used thematic analysis to work with the data generated across all three methods and all three research questions. In this sense, my approach to analysis was partially deductive - guided by the research questions, which were in turn informed by the study's theoretical framework. On the other hand, I also maintained an open mind and coded the data in relation to things that seemed important beyond the RQs. Some aspects of the themes reported in the study were, therefore, generated inductively. More detail on this process is presented in Chapter 5.

Analytic themes were generated using this process; each mapping, to some extent, against the research questions and capturing key patterns in the data with flexibility to reflect individual variation. These themes were as described in Table 6.

Table 6: Research themes

Analytic themes and their corresponding research questions		
Number	**Theme**	**Corresponding Research Question(/s)**
1	'Before I even stepped in'	RQ1
2	'Finally something for me'	RQ1 and RQ2
3	'I felt like I could do it'	RQ2 and RQ3
4	'Excited but scared'	RQ2 and RQ3
5	'It changed how I see everything'	RQ2 and RQ3
6	'It changed me'	RQ2 and RQ3

These themes cover all three data sources and helped to build a layered understanding of the research participants' journeys; spanning from their initial interest in the training, through to their experiences during and after the course. They also reflected the evolving nature of participant perspectives, with early motivations often revisited and reinterpreted in light of subsequent training and practice experiences. In the next chapter (Chapter 5, 'Findings and analysis'), I will describe and examine each theme in detail, mapping their relevance to the three research questions and exploring how they contribute to understanding the development of volunteers' capabilities and confidence in pursuing further education or employment.

4.11 Ethical considerations

The field of ethics relates to morality and the moral structure of human conduct. In social research, it applies to researcher accountability for the morality of all decisions and choices made in the research process from planning, through to execution and dissemination (Miller, 2012). The ethical principles of beneficence, non-maleficence, autonomy and justice are key here and are vital components of both research and health care in relation to the principles of human rights and the 1964 Declaration of Helsinki. As a lifelong carer and health care provider, basic ethical principles in relation to both human and animal life are a part of my personal and professional being and I have a deeply ingrained values system.

This research was submitted for, and received, ethical approval from The University of Sheffield Ethics Committee (Application 016731, see Appendix 6). However, as Chesworth (2018) has argued, albeit in the context of research with children, institutional ethics processes are only a starting point, and ethical research must be an ongoing process, responsive to the ethical uncertainties inherent in research with human participants. To this end, I discuss aspects of the formal ethics process alongside more detailed ethical reflections in my discussion, below. The formal research ethics process at the University of Sheffield means researchers must plan for the ethical issues associated with participant informed consent, participant anonymity and mitigating any risks of distress. They must also formally plan for any ethical issues associated with the nature of the data collection methods and planned approaches to data storage, including disposal and dissemination. As part of this formal process, I produced a participant information leaflet explaining the rationale for, and the format of, the research, along with information about a participant's right to opt in or out and remain anonymous in all of the research dissemination formats (see Appendix 5). Participants were all given the opportunity to check a summary of all transcriptions and the content of any quotations that have been used in the thesis or dissemination materials. From 2018, UK data protection laws have been tightened in accordance with the General Data Protection Regulation (GDPR) (gov.uk, 2018), meaning that many rules are now more stringent than when my research was designed, ethically reviewed and carried out. For example, there are new rules about who can be contacted and when, which data can be stored and for how long, as well as rights I considered the potential for harm to participants, but this was formally deemed to be minimal overall. As past work has emphasised (Hanna, 2003), historical harms associated with research means that stringent ethical scrutiny must be applied in contemporary research. I consider that the most urgent ethical risks associated with the present study were threefold. Firstly, I felt there was some risk of emotional distress associated with the project's inclusion of potentially sensitive topics, particularly when participants were discussing past experiences of education, current aspirations in life or experiences as a birth supporter in the practical phase of the training. Secondly, I considered that there was a risk associated with my own position of authority in the

training programme, since participants could potentially feel under duress to participate. Finally, I felt there was risk associated with the group discussion format, since some participants might feel uncomfortable with sharing personal experiences and beliefs in a group context. To this end, I adopted a range of relevant ethical approaches in the work.

Firstly, to mitigate the risk of emotional distress associated with sensitive topics, I ensured that participants were fully informed in advance about the nature of the topics to be discussed, including the possibility of revisiting personal and potentially emotional experiences. Participation was entirely voluntary, and participants were reminded that they could pause or withdraw from the study at any point without penalty. I provided clear information about support resources available both during and after the research sessions, and took care to adopt a sensitive, non-intrusive approach to questioning, ensuring participants retained control over how much they wished to share. I attempted to employ what has been described as an 'ethical radar' (Skånfors, 2009) in methodological literature, meaning I aimed to reflect on any evolving ethical issues 'in the moment' and discontinue any line of questioning that appeared to be causing discomfort.

Secondly, I took action to mitigate any possible issues of duress associated with my position of authority. Given my role in the training programme, I was especially cautious to prevent any perception of coercion. Consent was obtained through a carefully worded information sheet and consent form, which clearly stated that declining or withdrawing would not affect participants' training. Beyond initial consent processes, I continued to remind participants that participation in the study would have no impact on participants' progression or assessment within the programme.

Finally, I took action to address possible discomfort in group discussions. Recognising that group discussions could lead to discomfort when sharing personal beliefs or experiences, I designed the format to prioritise psychological safety. Participants were briefed on the importance of confidentiality and mutual respect, and were invited to contribute only when they felt comfortable. I provided alternative means of participation, such as the one-to-one interviews, to ensure that individuals could engage in ways that suited them best. The facilitation approach was intentionally supportive and non-judgmental, which I felt helped to foster an environment of trust and openness.

Whilst I feel confident that these approaches helped me to maintain a broadly ethical approach in the study, it must always be acknowledged that it is impossible to *guarantee* efforts to maintain ethics are successful. As Machin and Shardlow (2018) have argued, while researchers can and must implement ethical guidelines and safeguards, it's impossible to predict *all* ethical issues that may arise during the research process. The authors have advocated for a reflexive approach, encouraging researchers to remain adaptable and responsive to ethical dilemmas as they emerge in the field - something I have tried to adopt throughout the process.

I am personally of the belief that research participants are as important to a piece of research as the researchers and should thus receive accolades to that effect. To this end, I have acknowledged their contributions in the acknowledgement section of my thesis. To name them individually would, however, prevent their anonymity in the work and contravene ethics committee permissions. In this work, all participants were provided with detailed research information (Appendix 5), with their rights within the research explained. I drafted a clear consent form, which reiterated their rights and autonomy in the process and this was approved through the formal ethics process. Please see Appendix 4 for a copy of this form.

However, this being said, there is always a concern that research participants may not fully understand the process that they are becoming part of. This issue is reflected in the work of Flory (2004). Flory cites a variety of cases in which participants who had given formal informed consent were not able to accurately describe their role in the project or the aims and objectives of the research. With this in mind, extra introductory steps were put in place for my own research. I attended all but one of the open days to hand out questionnaires and give a ten minute presentation with clear, uncluttered slides, explaining the nature and purpose of the research. My research information and questionnaire dissemination was ommitted on the day that I was unavailable. I then talked through the information leaflet and negotiated formal consent before working with each participant to help them complete their questionnaire. Those who agreed to take part in focus groups or narrative interviews were presented with the information again, and I undertook the informed consent process a second time if participants planned to take part in a further part of the inquiry. This meant that they received accurate information again, in case they had forgotten any details from the first time around. All participants were also provided with as many project information sheets as they needed, in both electronic and paper formats. Although it is impossible to be certain, I did not experience any instances of obvious lack of understanding, such as those described by Flory (2004).

Ethical Access to Data

While the practical arrangements for data collection in this study were relatively straightforward, the ethical responsibilities remained significant. As a partial outsider with a well-established professional relationship with the charity delivering the birth supporter training, I was granted formal permission by the charity to carry out the research, following a written request. However, ethical research practice extends beyond institutional approval, particularly in studies involving participants from diverse backgrounds who may be engaging in sensitive or personally meaningful discussions. In accordance with the UK's Data Protection Act (2018) and General Data Protection Regulation (GDPR) requirements, all participant data was managed confidentially and stored securely. Participants were informed of their rights to anonymity, voluntary participation, and

withdrawal without consequence, and these rights were reiterated during the consent process. The project's information sheets and consent forms can be found in Appendices 4 and 5.

In addition to legal compliance, ethical qualitative research also involves a commitment to care, empathy, and respect. Given the nature of the conversations, which covered personal motivations, life circumstances, and reflections on identity and ambition, the participants' emotional safety was prioritised. This involved using clear, accessible language in participant information materials, ensuring that participation was clearly optional, and offering the opportunity to opt out and receive support where needed. As Guillemin and Gillam (2004) highlight, ethical practice is not confined to formal procedures, but is embedded in the day-to-day conduct of the research, including how the researcher listens, responds, and positions themselves. Maintaining a respectful and participant-centred approach throughout data collection helped ensure that ethical principles were upheld throughout.

4.12 Chapter summary

This chapter has outlined the methodological framework adopted for a qualitative study exploring the impact of birth supporter training on volunteers' capabilities to undertake further study or employment. Guided by an interpretivist paradigm and influenced by the Capabilities Approach (Sen, 1999), the research design centred on understanding participants' lived experiences, motivations, and perceived personal and professional development.

Three qualitative methods were employed to address the study's research questions: open-ended questionnaires, focus groups, and unstructured, narrative interviews. Each method was selected for its suitability in supporting the generation of rich, contextualised data. Each method was used at a different stage of the birth supporter training and participation journey, to reflect participants' changing perspectives. The data analysis was informed by thematic analysis, allowing for an inductive-deductive approach to coding data, establishing and refining themes. As such, the research questions and theoretical framework played an important role in deciding on themes and findings, but a more open-ended reflection of participant narratives was also vital.

Ethical considerations were integral to the research design, with careful attention paid to informed consent, data protection, and participant well-being. As a researcher who held an insider–outsider position, I was both familiar with, and professionally embedded in, the context. I remained reflexive throughout the study, acknowledging the potential influence of my multiple roles as a midwife, educator, and researcher.

The methodological decisions were also informed by practical realities, including my own access to the participant group through an established partnership with the charity delivering the training.

While a mixed-methods approach was initially considered, the final design remained overwhelmingly qualitative, due to limitations in the availability of consistent quantitative data. Nonetheless, the qualitative approach supported an effective exploration of the training programme's effects, supporting the development of new insights into how such initiatives can build capability and support social mobility among women in underserved communities.

Chapter 5: Findings and analysis

5.1. Chapter introduction

This chapter presents the study's findings and analyses. The findings in this chapter were generated through qualitative data collection and data analysis, as described in the previous chapter. The study focused on the lived experiences, values, and challenges foregrounded by participants. Rather than presenting qualitative findings separately from interpretation, I have integrated the outputs of my thematic analysis with a broader discussion of existing literature and theory, to situate my findings throughout the chapter. I present excerpts from participants throughout the chapter to offer both transparency and exemplification. This approach is designed to provide a richer, more contextual understanding of how individuals make sense of their roles, relationships, and experiences within the broader structures of birth and care. Each of the three research questions for the study was designed to be answered through an individual data collection method. As stated elsewhere in the thesis, the research questions were as follows:

> **RQ1:** Do capabilities, as defined by the Capability Approach to Human Development, impact on women's intrinsic motivations to undertake volunteer birth supporter training?
>
> **RQ2:** How do volunteer birth supporters in a large UK city perceive the personal and educational effects of their seven-week training programme?
>
> **RQ3:** Does practice as a post-course birth supporter alter volunteers' perceptions of the personal and educational effects of their training?

The open day questionnaire, which explored motivations amongst other things, was designed to generate the primary source of data for answering RQ1. The early course and post course focus groups, which focused on the experiences of volunteer birth supporters, were envisaged as the primary source of data for answering RQ2. Meanwhile, the narrative interviews, much of which involved discussing volunteers' perceptions and plans, were intended to generate data to support answering RQ3. However, in practice, there was significant overlap in the focus of the three methods. In practice, then, data generated in relation to all three methods contributed to how I answered all three research questions. Overlap was particularly noticeable when participants discussed their reasons for choosing to be part of the programme. Participants engaging with all three data collection methods tended to include at least some discussion about how they came to be part of the birth supporter training programme and their reflections on the decisions they had made. Following a combined inductive-deductive approach, the analysis of the data was guided by both the research questions and the theoretical framework. Connections between the data and findings and the research questions and theoretical framework are threaded through this chapter.

Firstly, I will briefly pick up where the methodology chapter left off to reiterate and more comprehensively explain how I arrived at the findings discussed in this chapter. I will also explain how the six top level themes presented in this chapter connect with the study's research questions and theoretical framework. Secondly, I discuss each of my six overall analytic themes in detail, drawing on examples from the data. Finally, I end the chapter by providing a short summary of the study's overall findings. In the following chapter (Chapter 6 - Discussion and interpretation of findings), I will expand on the findings and analysis to engage more deeply with how the study's findings connect with existing literature and the study's theoretical framework. I will also consider how the study's findings help me to answer my research questions and discuss the broader implications of the study's findings.

5.2 From data to findings

5.2.1 Six overarching 'analytic categories'

The process of thematic data analysis within the present study is described in some detail in Chapter 3 ('Methodology'). This account makes clear on a more general level how I moved from data to findings in the present study. However, I begin this chapter by briefly returning to these ideas to emphasise how I have arrived at the specific findings presented in this chapter and to give some reflexive insights into my thought process during the coding and analysis period. As noted above, each of the three research questions was initially associated with a particular data collection method, although in practice, all three data collection methods and three data sets helped me to answer all three research questions. Each of the 'themes' presented in this chapter is, to some extent, related to a particular research question. Through the methods described in Chapter 4, my study supported generation of a wealth of rich, qualitative data, whilst remaining small enough to maintain a sense of intimacy. This data has supported me in thinking deeply about the topic, thoughts which have moved me and stimulated many ideas, profoundly maintaining my interest in the topic.

In order to answer the research questions, I used thematic analysis to work with the data generated across all three methods. As noted above, although the process was inductive in many ways, I now think about the analytic process in terms of six overarching 'analytic categories', which began to become clearer in my mind during phase 2 of thematic analysis. The processes of conducting the research and analysing the data were ultimately shaped by the structure of the research questions to be answered. As I coded and reflected, I worked iteratively, reflecting on more inductive, initial responses to the data, whilst also returning to the theoretical framework and my research questions. Over time, I arrived at the six overarching 'analytic categories' that are

presented in Table 7, below. Identifying these as part of the coding and analysis process helped me to work with my dataset in a slightly more systematic way.

Firstly, I coded and reflected across the data sets to consider whether decisions made by the women to undertake birth supporter training and, ultimately, the birth supporter volunteer role, were driven by factors associated with the *capability approach to human development*. Here, Sen's ideas and Nussbaum's list of 10 central capabilities were particularly important in guiding my thinking and the analysis. Research Question 1 focused predominantly on capabilities and participants' decisions to engage. As I was initially coding and reflecting on this RQ, I was particularly drawn to the topics of, motivation, agency and life context.

Secondly, I coded and reflected across the data sets to consider each participant's understanding of the personal and educational effects that the training to become a birth supporter might have on them. Research Question 2 focused predominantly on participants' perceptions of the training they took part in. As I was initially coding and reflecting on this RQ, I was particularly drawn to the topics of perceptions and time (perceptions before training/ perceptions during training), emotional shifts and identity shifts.

Thirdly, I coded and reflected across the data sets to consider participants' perceptions of their experience in practice as birth supporters, and the extent to which this experience aligned with or challenged their expectations. This stage of analysis related most closely to RQ3, which focused predominantly on participants' reflections after working for at least one year as a birth supporter. It explored how participants experienced their volunteer roles and the impacts that they described. As I was initially coding and reflecting on this RQ, I was particularly drawn to themes of confidence, relational dynamics, role boundaries, and emotional labour. I was also attentive to shifts in participants' narratives around self-efficacy and the social recognition they received, or did not receive, in their work. These elements were critical to understanding how participation in the birth supporter role influenced their broader sense of identity and value in the community.

The themes for qualitative analysis of this research were, then, driven by the structure of the research questions to be answered, as well as by my ongoing reflections on the data collected. These questions and reflections led me to think about my data in terms of *six overarching analytic categories*. These are presented in Table 7, below.

Table 7: Overarching analytic categories

Number	Overarching analytic category	Corresponding RQ
1	Participant perceptions and experiences of the training programme: how did participants perceive and experience the training programme?	1
2	Motivations for engagement: what motivated them to engage in the programme?	1
3	Impacts of the programme: how did the programme affect their confidence, identity, or future plans?	2
4	Experiences of beginning practice: what were participants' emotional and practical experiences of beginning practice?	2
5	Reflections on the experience: how did participants reflect on their journey after the practical experience?	3
6	The changes that the participants see in themselves.	3

5.2.2 Six main themes

Creating the six overarching analytic questions was an important step in my analytical process. These questions helped me to approach the ongoing coding of the data across all three methods and four data sets: the open day questionnaire, the in-course focus group, the post-course focus groups, and the narrative interviews.

Following this process, I decided on *six main themes* that were particularly noticeable across the datasets. Table 8 summarises the six main themes for the present study. In this table, I also explain how each theme connects with the study's three RQs and the six overarching analytic categories.

Table 8: Qualitative themes drawn from the data and matched with the six summarising questions.

Theme No.	Theme name and description	Aims to answer research question no.	Answers overarching analytic questions
1	**'Before I even stepped in'** This theme is about the uncertainty, doubt, and cautious curiosity participants felt before beginning the training, shaped by personal, cultural, and social contexts.	RQ 1	1
2	**'Finally, something for me'** This theme explores the participants' sense of rediscovering themselves through the training, often after years of prioritising others, marking a shift toward self worth and personal investment.	RQ1 and RQ2	1 and 2
3	**'I felt like I could do it'** This theme captures the development of confidence and competence during the training, as participants began to internalise new identities as capable, informed, and purposeful contributors.	RQ2 and RQ3	2, 3, 4 and 5
4	**'Excited, but scared'** This theme reflects the emotional tension participants experienced as they transitioned to using their newly found knowledge and skills with vulnerable women in the community; balancing anticipation with anxiety, and theory with real world complexity.	RQ2 and RQ3	1, 3, 4 and 5
5	**'It changed how I see everything'** This theme explores the way participants'	RQ3	2 and 3

	perceptions of their communities, health systems, and social inequalities shifted through training and early practice as a birth supporter.		
6	**‘It changed me’** This theme focuses on deeper personal transformation, including shifts in identity, aspiration, and self,understanding that extend beyond the boundaries of volunteering.	RQ3	3

4.2.3 How the six themes relate to the theoretical framework and to the data sources

In Table 9, below, I explain how each of my six main themes connected with the theoretical resources in my theoretical framework and with the data sources. For example, the first theme; ‘Before I even stepped in’, reflects women’s narratives about their motivations and expectations prior to entering the birth supporter training. This theme resonates strongly with key aspects of the Capability Approach, particularly the dimensions of aspiration, practical reason, and affiliation. From this perspective, women's decisions to engage can be seen as more than a functional or instrumental choice; it reveals the presence of valued capabilities that shaped their reasoning and sense of possibility. Some participants articulated forward-looking motivations, hopes for personal growth, meaningful engagement, or access to new pathways, indicating the role of aspiration as a driving force in their participation. These aspirational elements were not abstract ideals, but were rather grounded in a form of practical reasoning that allowed participants to reflect on what they valued and to make intentional choices aligned with those values. In addition, their accounts referenced a desire for meaningful connection with others and a sense of contributing to something larger than themselves. Such expressions are consistent with the capability of affiliation, which emphasises the importance of being in relationships of mutual recognition and support.

Table 9: Overview of themes, key insights, theoretical frameworks, and data sources

Theme	Key insights	Important theoretical resources	Data sources
Before I even stepped in	Some experienced doubt about their place or readiness but described a shift towards belonging and recognition early in the course.	The capabilities Approach, Aspiration, Practical Reason, Affiliation	Open day questionnaires and Early course focus groups
Something for me	Motivation driven by reclaiming identity, agency, and purpose. Capabilities of practical reason and affiliation activated; social position and habitus challenged.	Capabilities Approach (Sen, Nussbaum); Bourdieu (habitus, social capital)	Open,day questionnaires; early course focus groups
I felt like I could do it	Training builds confidence, emotional growth, and aspiration. Voice and symbolic capital developed through situated learning and peer validation	Capabilities (voice, emotion);Bourdieu (Symbolic Capital); Lave and Venger (Situated Learning)	Post,course focus groups
Excited but scared	Practice provokes fear and growth; reveals emotional labour and real world challenge. Affiliation, embodied learning, and capabilities deepening occur through doing.	Situated Learning; Capabilities (affiliation, practical reason); Bourdieu (field, symbolic power)	Post,course focus groups, practice reflections from narrative interviews
It changed how I see everything	Practice reframes training and deepens capabilities; identity evolves in lived	Capabilities (affiliation, practical reason), Bourdieu	Narrative interviews, post-course reflections

	action; aspirations expand while systemic barriers remain.	(field, capital), Situated Learning (reflection and identity)	
It changed me	Longer term reflection shows enduring shifts in self,perception and identity; participants reimagine their role in care, learning, and community.	Aspirational capabilities (Hart, 2012), Identity theory, capabilities expansion in personal and social contexts	Narrative interviews, follow,up participant insights, post course focus group

5.3 Becoming, belonging, becoming more: participants' journeys through training and practice

The six main themes presented below were developed through a reflexive thematic analysis of the full data set, encompassing open-day questionnaires, early and post-course focus groups, and narrative interviews with experienced volunteers. They relate to the research questions, as shown in the preceding table, and reflect both the longitudinal structure of the data and the emotional, social, and educational journeys of participants as they moved through the training programme and into practice. As explored above, the themes were not predetermined, although they were derived in relation to the RQs. The words, reflections, and shared experiences of the women themselves also shaped my own understanding of the focus of the analysis and what was 'important' within the data. In this sense, the analytic approach can be understood as inductive-deductive. While the themes are distinct, it is also important to acknowledge that they are interconnected. Taken in full across the piece, the data paints a rich picture of a cumulative process of personal development, confidence-building and deepening engagement with community care.

An important reflection I have had in reviewing my themes is that, due to the approach I took in the analysis, the six themes have something of a 'chronological' feel. Theme 1 largely explores participants' feelings before starting the birth supporter training and is based predominantly on analysis of data collected early in the process. Theme 2 concerns participants' broader impressions of the training, but is based again on quite early stage data. Themes 3 and beyond all

draw from data collected at later stages of the process. Theme 3 is concerned predominantly with participants' responses to the training itself. Theme 4 connects with experiences later in the programme, when participants began birth supporter practice. Themes 5 and 6 are again slightly broader reflections across the process.

In the next six sections below, I present each of the six main themes. In each case, I describe the theme, present illustrative participant quotations to show my working, and explain how the theme connects with a range of relevant theoretical resources.

5.4 Theme 1: 'Before I even stepped in' - trainees shared complex emotions, beliefs and experiences before starting the birth supporter training

Participants in the study articulated complex feelings of initial uncertainty, doubt, and curiosity experienced before starting the course. For example, despite saying she was '*excited*' about the training, Lara (Borough 2) immediately followed this statement with the caveat; *'hope I don't mess it up*'. Participant accounts suggest that these feelings were often influenced by social positioning, unfamiliarity, or interrupted learning journeys. For example, in Lara's case, as I explore in more depth below, feelings about the birth supporter training appeared to be shaped by her earlier experiences of failure, exclusion, or feeling 'talked down to'. This theme captures accounts that participants shared relating to the complex motivations, emotions, and expectations that women held before beginning the volunteer birth supporter training programme. For many participants, the decision to explore training was a deeply personal act, often grounded in a desire to reclaim or rediscover part of themselves. As Carla (Borough 2) said; '*something that was just for me*'. This initial phase reveals a complex interplay of capabilities, habitus, and the social conditions that shape agency even before formal learning begins. The following subsections dig into different aspects of this theme in more depth.

5.4.1 Attending the open day: participant reflections on their motivations and aspirations

Many women's accounts appeared to suggest that attending the open day represented more than just curiosity. Rather, attending the open day was described as a first step towards personal transformation. Carla (Borough 2), in her questionnaire, wrote:

> *'I need something that was just for me, not the kids, not work, not anyone else. Just me.'*

Carla's words are emblematic of a broader pattern in the data: many participants described entering the space of the training not as blank slates, but as women seeking reconnection with learning, with community or with an identity they felt had faded. Nussbaum (2011) described

‘practical reason’ (p. 34) as being able to form a conception of the good and to engage in critical reflection about the planning of one’s life. Indeed, Nussbaum saw practical reason as playing a particularly central role, alongside affiliation, in organising and pervading all other capabilities. Even before starting the birth supporter training, it appears that the process of attending the open day had begun to support participants in thinking in a meaningful way about their lives and what they wanted to achieve. Carla’s comment also speaks to what Sen (1999) calls the freedom to achieve well-being, even when that freedom is constrained by one’s social or economic positioning. Although her material circumstances may have limited her formal choices, her ability to articulate a valued goal and to take steps toward it demonstrates the exercise of agency within constrained conditions. This underscores Sen’s distinction between the mere presence of options and the genuine freedom to pursue a life one has reason to value. Carla’s narrative illustrates that even in contexts of structural limitation, individuals can express capability through their aspirations and actions, embodying the core of what Sen defines as development as freedom.

Others approached the programme cautiously, testing the waters before committing. Joanne (Borough 3) described her thinking.

> *‘I wasn’t sure I could do it. I came to the open day just to see. But something felt right, maybe this was the thing I’d been waiting for.’*

Joanne’s comments, like Carla’s, connect with an idea of personal transformation that can be understood through the lens of Nussbaum’s practical reason. This moment of possibility also holds other resonances. Joanne’s comments resonate with what Hart (2012) has described as aspirational capabilities. Joanne is not simply demonstrating a capacity to *dream* of a different future, rather she is beginning to tentatively reach towards it through her actions, despite uncertainty (*‘I wasn’t sure [...] I came to the open day just to see*’). Like Joanne, for several participants, simply attending the open day was a challenge in the face of the constraints of daily life (e.g. unpaid care), as well as to past experiences, such as a lack of employment and experiences of educational exclusion. Despite these constraints and past experiences, participants like Joanne and Carla were both *imagining* possibilities and *acting on* them.

5.4.2 Pre-training identities and dispositions

Participants’ prior experiences, especially related to education and employment, shaped how they felt about entering a learning environment. Some were enthusiastic; others were apprehensive, impacted by earlier experiences of failure, exclusion, or being ‘*talked down to*'. Lara (Borough 2) noted in the early focus group:

'I've never finished a course before but this one really excites me, hope I don't mess it up.'

Her comment is suggestive of the ways in which habitus, as theorised by Bourdieu (1984), can influence educational self-concept. Habitus encompasses the internalised expectations and dispositions that are formed through life experiences, often unconsciously, and can either facilitate or inhibit engagement with formal learning environments. Lara's comment is suggestive of the ways in which deeply held scripts about not being 'good enough' had to be challenged before new learning could take place and new learning identities could be taken on.

Others, such as Amina, arrived with prior professional identities that had been disrupted or paused due to family responsibilities or migration. Amina (Borough 2) said:

'In my country I was a teacher. But here, I've been just at home with the kids. I miss being someone.'

Amina's statement connects with Sally's comment that she felt '*out of practice*'. Indeed, this sense of a lack, or loss, of identity was a recurring sub-theme within Theme 1. The training offered not only the potential to gain new skills, but also to *recover* a sense of self-worth that had been muted. Amina's statement connects with Robeyns' (2005) notion of conversion factors. Robeyns described how existing resources in terms of skills, motivations and past experiences are enabled or blocked by social and institutional environments. In Amina's case, the social and institutional environment of the open day appeared to serve as an enabler of existing resources that had not been used for some time.

5.4.3 Constraints, relational agency and making space

For all participants, the decision to engage with the training involved some level of negotiation in terms of time, care responsibilities and finances. For most, it also involved challenging a past lack of confidence. For women with young children or limited support networks, taking part meant arranging childcare or adjusting routines. As Meme (Borough 3), described:

'I had to ask my mum to take my son every Tuesday. I felt guilty at first. But she was OK with it.'

This quote illustrates the relational nature of capability. Agency was not experienced or exercised in isolation, but often through networks of encouragement and support. For some participants, support came from family; for others, from community groups or peers. This finding aligns with existing critiques of the Capabilities Approach, which argue that agency must be understood as being socially embedded (Dean, 2009), particularly for women navigating complex domestic roles.

While the majority of participants expressed a sense of strong personal motivation, a few conversely reported feeling encouraged or even '*pushed*' into it by others. This was sometimes encouragement from well-meaning friends and sometimes pressure from caseworkers. For example, Betty (Borough 2) noted:

> *'My support worker said I should go. I didn't think I'd stick with it, but I'm glad I did.'*

Betty's words are an important reminder that external influences can impact decision making. Notwithstanding this, Betty's comments suggest she did act with agency when it came to the choice to continue.

5.4.4 Emotional ambivalence and tentative hope

Analysis across the qualitative data sets suggests that this pre-course phase was often characterised by emotional ambivalence, with seemingly conflicting emotions often occurring at the same time. For example, hope was mixed with fear or excitement with self-doubt. Participants showed an awareness of the opportunity being offered, but also of what they felt they might risk emotionally if they failed or didn't '*fit in*'. Sally (Borough 3) recalled:

> *'I was excited to start. But also scared I'd be the oldest. Or that I wouldn't understand the material. I was out of practice.'*

This emotional ambivalence was not unique to Sally. Several women expressed similar fears: about their age, education level, accent, or ability to complete written work. For example, Lara shared her fears about making progress: *'What if I can't keep up?'. Meanwhile,* Prima shared nerves about the written course content" *'I was really nervous about the reading. I've not done any studying in years.'* Others expressed anxieties about belonging, such as Sally, who noted:

> *'I didn't think someone with my background would fit in.'*

These reflections highlight a tension between enthusiasm and self-doubt that seemed to mark the start of many learning journeys for women on the programme. Such accounts not only foreground the affective dimension of adult learning, but also speak to broader questions of inclusion and accessibility in community-based training initiatives. The interplay between excitement and apprehension became a recurring thread in early narratives, setting the stage for how participants would later describe shifts in identity and confidence.

Bourdieu's (1986) notion of symbolic capital is a useful theoretical resource for understanding the concerns expressed by participants. For Bourdieu, symbolic capital relates to the subtle resources, such as confidence, fluency and legitimacy, that tend to be valued and rewarded in learning

spaces. Before stepping into the classroom, it appears that some women already felt they might be lacking the necessary resources or symbolic capital that they perceived would be needed to 'belong'. However, reading comments such as Sally's through Bourdieu's theoretical lens also highlights the transformational potential of inclusive, community-based training. By offering low-barrier entry points and relational modes of learning, the programme appeared to gently challenge these internalised narratives and invite participants to reimagine their possible selves. Despite her worries, Sally was still '*excited to start*'.

5.4.5 Theme 1 summary

My first theme, which I have labelled *'Before I even stepped in'*, captures a common phenomenon across the qualitative data sets. Trainees shared complex emotions, beliefs and experiences before starting the birth supporter training. This theme was present across almost all participants, although its expression varied, based on personal historical factors. For Meme, who was relatively young, taking part was a first step into structured learning or volunteering. For Amina or Sally, taking part was about reclaiming *past* confidence or status. For others, such as Elianna and Kathryn, taking part appeared to be a hesitant act of self-care - a re-entry into a world of opportunity after years of feeling 'invisible'.

In every case, the *act* of *beginning* appeared to be significant. 'Beginning' seemed to mark a shift - not yet a full transformation - but certainly an 'opening'. As Amina from Borough 2 put it: *'I came to see, it was right for me and I did it!'* As explored in 5.4.1, above, Nussbaum's notion of practical reason is a particularly useful theoretical resource for conceptualising this 'opening'. Even before starting the birth supporter training, it appears that the process of attending the open day had begun to support participants in thinking in a meaningful way about their lives and what they wanted to achieve. In line with Nussbaum's theorisation, this can be understood as demonstrating a possible capability (practical reason). The decision to engage with the birth supporter training programme, even before stepping into the classroom, was a significant agentic act for many participants. Their motivations were diverse, ranging from the desire to reconnect with a lost identity, to aspirations for personal development, to simple curiosity, but all were shaped by structural and relational factors, even including external pressure to take part in some cases. Analysis of this phase of the journey reveals how capabilities development begins *before* formal education, and how past experiences, social positioning, and emotional readiness inform women's decisions to participate.

Some participants, for instance Sally, from the Borough 2 post-course focus group, expressed deep anxieties about their literacy, fearing they might not be 'clever enough' to complete the training. These fears highlight the role of education in reproducing social hierarchies through what

Bourdieu (1984) calls *symbolic capital*; the valued forms of knowledge and expression that often reflect middle-class norms. Sally's hesitation can be understood as a clash between her *habitus* and the dominant expectations of the educational field (Bourdieu, 1990). Written work, formal language, and medical terminology hold the potential to become more than 'just' learning tasks; instead they can act as symbolic boundaries, reinforcing feelings of exclusion or inadequacy. At the same time, the supportive, peer-based pedagogy of the birth supporter training programme appeared to have challenged these dynamics, by validating diverse forms of knowledge and communication. This suggests that, while community-based education has the potential to be transformative, it must actively resist reproducing the same hierarchies it seeks to disrupt.

Although not all participants entered with the same level of confidence or clarity, most shared a sense of potential - that this might be the beginning of 'something more'. The data underscore the importance of recognising the pre-course stage as a site of possible transformation in its own right, where agency, aspiration, and vulnerability intersected. In the next section, where I describe Theme 2, I will explore how this sense of possibility unfolded as participants entered the classroom and began to form new relationships with themselves and with others.

In Table 10, below, I have summarised some of the most important pieces of data that informed my thinking about Theme 1. This is *not* intended as an exhaustive overview; many parts of the data collected across the accounts of the 24 participants connected with Theme 1. Rather, it is an attempt to show my working in terms of how some particular pieces of data shaped my thinking in relation to Theme 1, as well as how this thinking was informed by my theoretical framework.

Table 10: Summary of participant reflections – theme 1: 'Before I even stepped in'

Pseudonym	Borough	Data Source	Insight Summary	Theoretical Link
Carla	2	Questionnaire	Wanted something for herself—an act of reclaiming identity beyond work and caregiving.	Nussbaum (2000): Practical reason; Sen (1999): Freedom to achieve well-being despite constraints.
Joanne	3	Questionnaire	Attended open day unsure of herself but	Hart (2012): Aspirational capabilities; Sen (1999): Tentative agency in

			drawn to possibility and opportunity.	constrained circumstances.
Lara	2	Early Focus Group	Had never finished a course before; hopeful but self-doubting.	Bourdieu (1984): Habitus and internalised educational self-concept.
Amina	2	Questionnaire	Former teacher abroad; missed sense of identity after migration and domestic focus.	Robeyns (2005): Conversion factors; loss of identity through socio-cultural displacement.
Meme	3	Questionnaire	Relied on family support to attend; expressed early guilt, balanced by determination.	Dean (2009): Socially embedded agency; Nussbaum (2000): Relational interdependence and practical reason.
Betty	2	Questionnaire	Initially prompted by a support worker; did not expect to continue, but did.	Sen (1999): Partial agency; Robeyns (2005): External enablers and institutional encouragement.
Sally	3	Questionnaire	Excited but anxious about age and literacy. Concerned about fitting in.	Bourdieu (1986): Symbolic capital and belonging; Robeyns (2005): Uneven capability realisation.

5.5 Theme 2: ‘Something for me’ - rediscovering ‘selfhood’ through birth supporter training

Participants in the study tended to recognise the course as a rare opportunity for personal growth, reinvigorated self-worth and the reclamation of space in their own lives, often after long periods of caregiving or exclusion from the world of work. This theme, which I have named ‘Something for me’, captures how participants described their experiences of the training programme as a rare and valuable space that they perceived as being centred around their own growth and needs; emotionally, intellectually and socially. The phrase *‘Finally, something for me’* was used directly by more than one participant (including Ellianna and Sarah) and the sentiment was echoed by many others. These comments indicate a shared perception of the training programme as a moment, or space, in which they were the priority as individuals, after years of feeling overlooked, overburdened or ‘stuck’ in supporting roles. This theme foregrounds how the training served not only as a *learning* environment, but also as a vital space of *personal* development, where women began to reframe their sense of self and possibility.

‘Something for me’ was a particularly noticeable theme in one of the early stage focus groups (Group 2), where Elianna found an empathic space for discussing her struggles with guilt and concern that her family would suffer from her absence, which was concurrent with a contradictory sense that she needed something ‘extra’ in her life. The following subsections delve into different aspects of this theme in more depth.

5.5.1 Reclaiming space in lives defined by care and constraint

Across early- and post-course focus groups, many participants described the training as something they were ‘*allowed’* to do for themselves. This sense of personal ownership was deeply meaningful, especially for women who had spent years primarily serving the needs of children, partners, or others.

Claudine (Borough 1) articulated this sense particularly clearly in the early-course focus group:

> *‘It’s always been about the kids or my mum, or work. This is the first time in ages something’s been just mine.’*

Nussbaum’s (2000) notion of the capability of affiliation provides a particularly helpful theoretical lens for analysing Claudine’s statement. Nussbaum's (2000) notion of affiliation suggests that individuals should have the freedom to form meaningful relationships, interact with others, and participate in social networks, all of which are essential for human dignity and well-being. Something I found noticeable about Claudine’s statement is that, despite clearly already being

socially connected in meaningful ways, Claudine viewed the birth supporter training as a social connection that was about participation in a new type of community. Claudine seemed to view this community as one in which one's own needs might be met, and where one might be seen, and treated, as someone with intrinsic value, rather than being socially defined in relation to a range of important, but demanding, societal roles (mother, employee, daughter and so on). Many participants echoed this sentiment, saying they felt respected and listened to in the training environment, which often sharply contrasted with other formal or institutional contexts they had experienced, where they felt dismissed, spoken over or irrelevant.

This was especially significant for women who had not engaged in formal education for many years. Sally (Borough 3), reflected:

> *'I didn't know if I'd even fit in. But here, it's like they expected me to have something to say. And I did. That surprised me.'*

Sally's surprise highlights how habitus, as described by Bourdieu (1984), can shape an individual's internal narratives about the spaces they 'belong' in. For participants like Sally, the programme appeared to disrupt long-held assumptions about who is 'meant' to be in a learning environment.

5.5.2 The emotional and relational qualities of the learning space

In 5.5.1, I describe the ways in which participants perceived the birth supporter training as a transformative space for them. Next, I consider the particular features of the 'space' that they perceived to be supportive of this experience. Participants frequently commented not only on the *content* of the training, but on the *relational* environment it created. By 'relational', I mean a social and emotional context in which individuals engage with one another and where identities and experiences are shaped through interaction, collaboration, and shared meaning-making (see Hustinx et al., 2010). Participants described the training as warm, supportive, and emotionally open. As Emeline (Borough 1) shared:

> *'It wasn't like school. We talked. We laughed. Sometimes we cried. We learned about birth, but also about ourselves.'*

This comment underscores how learning was not only cognitive, but affective and embodied, an idea that is a common discussion point in feminist-oriented adult education literature (Thompson, 2007; hooks, 1994). For many women, the emotional safety of the learning space appeared to allow them to begin taking up space, both literally and symbolically, in ways they had not done for some time.

Learning spaces within the birth supporter programme also appeared to function as sites of emergent peer affiliation. Several participants described how bonding with other women in similar circumstances had helped them to feel less alone or different. This aligns with Lave and Wenger's (1991) concept of legitimate peripheral participation, whereby learners build identity and confidence through group interaction in a shared context. While few participants explicitly used the language of identity or capability, their reflections suggest they were experiencing shifts in both.

5.5.3 The power of being taken seriously

Another aspect of the learning space that participants identified as enabling transformation was that it was a context in which they felt taken seriously and 'believed in'. For several participants, what made the programme feel like it was 'for them' was the simple fact that someone had believed in their potential. This belief was expressed not only in the course content, but in the less tangible ways that facilitators addressed, encouraged and challenged them intellectually. As Lara (Borough 2), said in one of the post-course focus groups:

> *'She [the facilitator] looked me in the eye and said, 'You're good at this.' I almost cried.'*

Lara went on to explain that she couldn't remember the last time that anyone had told her she was good at something. She further noted that the birth supporter training wasn't about being a mum, rather it was about being a capable learner:

> *'I feel like a lot of us started the course – as mums. But I think we've all been able to park our experiences, our personal experiences and learn more.'*

In moments such as this, it appears that participants, like Lara, were experiencing a sense of symbolic capital (Bourdieu, 1986) affirmation. Such moments appeared to hold particular weight for women whose symbolic capital had been diminished, whether through social isolation, systemic racism, or underemployment. To be seen as capable and intelligent, and to be told so, was, for some participants, a transformative experience in and of itself.

This theme reflects what Walker and Unterhalter (2007) have described as education for human development. These authors discuss education that not only builds skills, but also restores dignity and nurtures aspiration. For women whose lives have been shaped by economic scarcity or cultural marginalisation, the act of being taken seriously within a programme built around care and learning appeared to hold the potential to be an act of 'restoration'. As Walker and Unterhalter (2007) have previously discussed in their work, education can sometimes be understood as *restorative* in the sense that it has the potential to repair social inequalities and promote social justice.

5.5.4 Not a universal experience: tensions and barriers

While the majority of participants expressed deep appreciation for the personal space and growth the programme offered, it is important to note that this experience was not universal. A small number of participants, particularly those with advanced qualifications or prior professional roles, found the content of the early sessions too basic or struggled to connect with peers whose life experiences differed significantly from their own. Pam (Borough 3), who had a background in social care, said:

> *'I liked the group. But some of it felt slow, or a bit surface-level. I was hoping for more depth, especially on the medical side.'*

Her perspective highlights an important nuance; whilst the programme was transformative for many, it did not serve every participant in the same way. CA ideas about *conversion factors* (Robeyns, 2005) are a useful theoretical resource for reflecting on experiences like Pam's. Variation in conversion factors can help to explain why some learners may convert resources into functionings, whereas others may not. As Robeyns (2005) notes, conversion factors can include a learner's starting point, prior knowledge, or expectations (Robeyns, 2005). The programme was not intended to include medical content. Indeed, this would be inappropriate; as seen from the RCM statement earlier in the thesis, this might indicate a conflict of interest. However, Pam wanted to know more, having already reached the standard that others were aiming for.

A few other participants shared that they initially struggled to justify spending time on themselves, especially when faced with competing responsibilities. For example, Betty (Borough 2) explained:

> *'There was guilt. Should I really be doing this when there's so much else going on? But I kept reminding myself, it's just once a week, and it's important too.'*

This tension between self-investment and caregiving responsibilities reflects the complex gendered dynamics surrounding women's education and development. The fact that women felt the need to justify their presence in the classroom speaks to the persistent social expectation that their time and energies should be directed outward. Betty finished the course, although I have no record of her practising as a birth supporter with the group concerned. Others within this group shared similar concerns about fitting this new role into their lives.

On the other hand, others felt more assured, with a strong feel for the role that they were embarking on. For example, Margarite said:

> *'I don't know, I feel… I describe it as a bit of a fire in my belly of wanting to just help women because they are such… an important part of life' (*Margarite, Borough 2, early-course focus group*).*

Others reflected on their own birthing struggles and anxiety, with Abigail (Borough 2, early-course focus group) recalling a constant anxiety often associated with her own pregnancy and new baby, often thinking: '*Is this the right way to do it?'*.

5.5.5 Theme 2 summary

My second analytic theme, which I have labelled *'Something for me',* reflects a recurring idea within the study's qualitative data. Participants foregrounded a sense of discovering, or reconnecting with, a version of 'selfhood' through engagement with the birth supporter training programme. Despite differences in background, nearly all of the study's participants spoke of the training as something meaningful and personally significant. Whether framed as 'a chance', 'a space', 'a spark' or 'something for me', participants repeatedly emphasised how the programme offered them permission to evolve. The strength of this theme across focus groups, ages, and Boroughs suggests that the need for personal investment and self-worth was a consistently powerful motivator, particularly amongst women who have been positioned primarily as carers or recipients of support in other domains or periods of their lives. Theme 2 illustrates how the volunteer birth supporter training programme functioned not only as a pathway to learning, but as a *transformational space* for evolving identities, confidence, and a sense of ownership. For many participants, this was the first time in many years that they had been offered an opportunity to be involved in something that centred on their own development and needs. The programme appears to have invited the women to reflect, contribute, and be seen. In turn, this invitation to reflect, contribute and be seen appears to have offered participants an opportunity to experience shifts in capabilities, aspirations, and emotional presence. Of course, not every participant experienced the programme in the same way. However, the overwhelming sense across the data was that the birth supporter training programme offered a rare and much valued opportunity for self-investment. In the next section, where I discuss Theme 3, I will explore how this emerging sense of confidence and ownership evolved as participants moved from the classroom to the realities of practice.

In Table 11, below, I have summarised some of the most important pieces of data that informed my thinking about Theme 2. As with the table above, this is not intended as an exhaustive overview. Rather, it is an attempt to 'show my working' in terms of how some particular pieces of data shaped my thinking in relation to Theme 2, as well as how this thinking was informed by my theoretical framework.

Table 11: Summary of Participant Reflections – theme 2: 'Something for me'

Pseudonym	Borough	Data Source	Insight Summary	Theoretical Link
Elianna	2	Early and Post-course Focus Groups	Described guilt over leaving family but recognised need for something more. Found the course fulfilling.	Nussbaum (2000): Emotional capabilities, agency; Robeyns (2005): Conversion factors and internal constraints.
Claudine	1	Early Focus Group	Felt this was the first time in years something was just for her—not for children, work, or others.	Nussbaum (2000): Intrinsic value and affiliation; Sen (1999): Freedom to live a life one values.
Sally	3	Post-course Focus Group	Worried about fitting in due to age. Surprised to find her voice valued in group discussions.	Bourdieu (1984): Habitus and exclusion; Capabilities Approach: Practical reason and dignity.
Emeline	1	Focus Group	Praised emotional and relational learning space. Described learning as self and group discovery.	Hooks (1994): Engaged pedagogy; Thompson (2007): Feminist adult learning; Nussbaum: Emotional flourishing.
Lara	2	Post-course Focus Group	Moved by being told she was good at something outside of	Bourdieu (1986): Symbolic capital; Walker & Unterhalter (2007): Restorative education for dignity.

			motherhood. Felt seen as a learner.	
Pam	3	Post-course Focus Group	Found content too basic due to prior knowledge. Wanted more academic challenge.	Robeyns (2005): Variation in conversion factors; Walker & Unterhalter (2007): Pedagogical inclusivity challenges.
Betty	2	Post-course Focus Group	Struggled with guilt about prioritising self. Ultimately saw value in self-investment.	Nussbaum (2000): Capability for practical reason; Gender roles: Tension between self and care.

5.6 Theme 3: 'I felt like I could do it' - evolving trainee confidence, competence and identities

Participants in the study described feelings of increasing confidence and competence. They also discussed ideas about their evolving identities. My third analytic theme, which I have labelled 'I felt like I could do it', reflects the emergence of participants' confidence and capabilities as they progressed through the training. The phrase *'I felt like I could do it'* was used by several participants, including in the post-course focus groups and in the narrative interviews. Statements such as this one appear to reflect the experience of a 'turning point' in self-perception for multiple participants in the study. For many, the training was not only about acquiring knowledge, it was about realising that they were capable, competent, and worthy of taking up space in a learning and caregiving environment. This theme captures the development of confidence, which appears to have been both an outcome of the training and a vital conversion factor, enabling participants to convert resources into capabilities (and real freedom to achieve valuable functionings). Participant confidence was deeply shaped by relational dynamics, facilitation style, and the broader learning environment. The following sub-sections will explore various aspects of theme 3 in greater detail.

5.6.1 From uncertainty to self-belief

According to their accounts, many participants began the birth supporter training course with deep self-doubt. This was particularly evident amongst women who had been out of formal education for years, who had never worked in professional roles, or who had experienced previous educational failure. In one of the post-course focus groups, Jan (Borough 2) explained:

‘When we started, I thought, ‘This is going to be too much for me.’ But each week, I understood more. And then I realised - I can actually do this.’

Jan’s narrative illustrates the incremental nature of confidence-building, and how this process was rooted in the ongoing experience of small, cumulative successes. As noted in my reflexive fieldnotes, as confidence grew, I noticed that participants began to take risks, speak more freely, and participate more actively in the class activities and discussions. These are classic signs of what Sen (1999) describes as functionings, the actual realisation of capabilities in lived experience.

This shift is also evident in Betty’s (Borough 2) reflection:

‘At first I just listened. Then by week three, I was putting my hand up, asking questions. I started feeling like I belonged there, like my thoughts mattered.’

Betty’s comments on the progression she noticed in her own actions can be usefully understood through the theoretical lens of Lave and Wenger’s (1991) notion of legitimate peripheral participation. In their work, learners move from the margins of a learning community to more active involvement as they gain confidence and feel increasingly socially supported. As is beautifully encapsulated in Betty’s words, belonging and confidence appeared to be developing in tandem, each reinforcing the other.

This sense of growing confidence was also reflected in statements made in the narrative interviews, where longer-term reflections revealed how initial doubts, especially related to age and prior experience, were gradually transformed through ongoing participation. Anna, a participant in the experienced birth supporter narrative interviews, explained that she had initially believed she was ‘too old’ to take the course:

‘I was nervous to go because of my age - I noticed everyone was very young when I arrived at the open day’.

As can be seen from the research data, she was not the oldest at all, and very few participants in the course were *‘very young’*

Anna had also begun the process with some doubt about whether she could truly benefit from the birth supporter training, because she had worked as a qualified nursery nurse for more than 20 years. As Anna stated:

‘I’d done so much study already, nursery nursing, baby care, first aid, breastfeeding. I didn’t think there would be anything new for me.’

However, she also expanded on her initial statement:

> *'Well, a mother figure is always useful.'*

Finally, she followed up:

> *I'm so glad I did. I was never bored. I was sad when the course ended. I enjoyed it, and being in the group, so much.'*

Hart's (2012) notion of *aspirational capabilities* is a useful theoretical lens for thinking about Anna's experiences. Hart conceptualises aspirational capabilities as the freedom and internal confidence to imagine and pursue new possibilities. This kind of growth speaks directly to the broader aims of the Capability Approach, which values not just achievement, but the freedom to aspire and act in ways that are meaningful to the individual.

Anna's reflection relates to several important ideas about learner self-perceptions and their transformation. Firstly, it demonstrates how internalised age-based assumptions about learning can initially inhibit engagement, echoing what Bourdieu (1984) might describe as habitus shaped by social norms around education and ageing. Secondly, it highlights the importance of group belonging in transforming these assumptions. Despite her initial hesitations, Anna found the learning space energising and emotionally fulfilling, a place not just to learn, but to be valued and included. Anna's account is an effective micro-example of Bourdieu's suggestion that habitus, although powerful, is not fixed, rather it is always in the process of being transformed, including in relation to new conditions of existence, such as new social conditions and experiences. Anna's account also reinforces the idea that confidence is not only about mastering content, rather it is also about feeling seen and affirmed in one's identity. Anna's decision to participate, framed around the value of being a 'mother figure', shows how personal narratives and social roles can be reframed positively within experiences of training. Anna's case is another powerful example of how the programme supported the development of practical reason, emotional capabilities, and self-recognition, particularly for women who were balancing complex identities and responsibilities.

5.6.2 The learning environment as a 'confidence catalyst'

In 5.6.1, I described some of the ways in which participants felt that their engagement with the birth supporter training had brought about personal change. Next, I explore how they described their experiences of the course, and how those experiences related to the changes they observed in themselves. My analyses of the qualitative data suggest that participants' growing confidence was

strongly influenced by the emotional and relational qualities of the learning environment. Several participants noted a perception that trainers treated them as equals, listened attentively, and offered praise in ways they had not experienced before. As Cora (Borough 3) said of this dynamic:

> *'Our trainer was kind, but didn't baby us. She made you feel like you had something important to say. That made a big difference.'*

This type of affirming environment reflects hooks' (1994) description of *engaged pedagogy*, a teaching approach rooted in mutual respect, empowerment, and dialogue. It also resonates with Walker and Unterhalter's (2007) vision of education as a means of expanding not just skills, but dignity and emotional capabilities. Anna (Borough 2) also had a view on this:

> *'The course was good, really good - that's important because you are going to be working with vulnerable women.'*

A small number of participants contrasted their experiences on the birth supporter training with other educational settings where they had felt invisible or patronised. For them, the birth supporter training offered a rare opportunity to build confidence through relationships, not just through content. As Emeline (Borough 1) said:

> *'I've done courses where they just talked at you. Here, they talked with us as well. That made all the difference, I didn't feel stupid anymore.'*

Such comments reveal how emotional safety and a sense of recognition play a nuanced role in influencing conversion factors and functionings. The training environment appears to have supported a sense of emotional safety and recognition for many learners - social and environmental conditions that affect how an individual experiences, and engages with, a learning environment. In this context, emotional safety and recognition can be seen to function similarly to conversion factors in the sense that they mediate the impact of resources on capabilities. However, emotional safety and recognition don't perfectly match the typical conversion factor definition in the strictest sense, because conversion factors are often understood as more personal traits (e.g., individual skills, personality traits) or structural conditions (e.g., social norms, policies). Emotional safety and recognition can therefore be understood as more closely aligned with 'enabling social conditions'; conditions that shape the environment in which learners operate. In sum, for many of the participants, it wasn't only *what* they were being taught, but also *how* they were being treated that made them feel capable.

5.6.3 Confidence as capabilities and aspiration

For many participants, the effects of this reinvigorated sense of confidence were not limited to the birth supporter classroom. For many, it sparked a broader reimagining of individual potential, in both personal and professional contexts. As Babs (Borough 2) reflected:

> *'After the course, I started looking into doing my GCSEs again. I haven't thought like that in years. But now I feel I could do it.'*

For some, confidence also translated into a renewed sense of broader social contribution. As Carla (Borough 2) explained:

> *'I used to feel like I was wasting a space. Now I feel like I can give something back. That's big for me.'*

This shift reflects Sen's (1999) idea of agency freedom; not just the ability to live a good life, but to help shape the lives of others. Feeling competent in birth support appeared to engender a personal sense of power for some participants. This power was not hierarchical or formal, however, but rather relational and rooted in care.

5.6.4 Limits and moments of hesitation

While most participants reported increased confidence, this was not a linear or universal process. A few women described moments where their self-doubt resurfaced, particularly around written work, academic language, or discussions of medical topics. As Prima (Borough 1) shared:

> *'I could talk, support people, all of that. But when it came to writing, I panicked. I kept thinking, I'm not clever enough.'*

Such moments of doubt are a reminder that capabilities building is both situational and uneven, shaped by a trainee's prior experiences, internalised beliefs and experiences of particular institutional cultures. Bourdieu's (1986) concept of symbolic violence is useful here, referring to the subtle ways that dominant expectations, such as confidence with literacy or medical terminology, can make people feel 'out of place', even in supportive environments. Prima's case illustrates how unspoken expectations around literacy can undermine confidence. Such cases highlight the need for training that actively resists such exclusion.

Another factor that appeared to be experienced differently for different women was time in the birth supporter training. Some women felt their confidence developed more slowly or didn't fully solidify until they had entered practice. As Margery noted in her narrative interview:

'I was still unsure when we finished the course. But once I went to my first birth, something clicked. I thought, yes, I can actually do this.'

This shift will be explored more deeply in later themes, but it illustrates the point that confidence is often context-dependent. For some, training was enough. For others, true confidence came from action and doing in the practical stages after the birth supporter training programme.

5.6.5 Group influence and peer dynamics

Participants often credited some of their growing confidence to the group dynamic experienced within the birth supporter course. Several mentioned that hearing others' stories, worries, and questions helped them to feel 'normal', giving them the courage to speak up. As Gabriella (Borough 2) explained:

'Seeing other women, all different ages, feeling nervous too, it helped. We were in it together. That gave me strength.'

This peer dynamic reflects social capital (Bourdieu, 1986) in action; the informal networks of support, trust, and shared identity that enable personal development. The data suggest that the group became not just a setting for learning, but a community of becoming, where confidence was shared and mirrored back between trainees.

However, Pam (Borough 3), who, as noted above, had a higher level of prior education, described feeling somewhat 'out of place' in the group. She noted:

'I felt a bit held back, to be honest. I didn't want to dominate, but sometimes I wished we could have gone a bit deeper.'

Her experience is another reminder that group learning is a complex phenomenon and can create uneven levels of challenge and growth. While peer interactions appear to have supported most participants, these interactions may not have stretched, or resonated with, those who entered with higher baseline confidence.

However, one of the most striking outcomes described by participants in the post-course phase was the emergence of a new kind of confidence, not just in knowledge or skills, but in occupying spaces that once felt intimidating or exclusive. This appeared particularly meaningful in relation to healthcare environments, where some women had previously felt uncertain about their place or authority.

Sarah (post-course focus group, Borough 2) spoke about how the training had helped her to feel confident enough to enter hospital settings and approach professionals as a birth supporter:

> *'Before, I wouldn't have dared. But now I feel like I belong there'.*

Sarah found the confidence to introduce herself and ask for a look around the birth unit, to better understand where she would be supporting women during and after their birth. She also noted that she didn't achieve that confidence from the doula course she had taken in the past.

Sarah's experience illustrates a powerful shift in self-perception and social positioning. She no longer saw herself as an outsider or passive observer, but as someone who had the right to be present, to ask questions, and to engage actively in the clinical space. This development of symbolic capital (Bourdieu, 1986) - the authority to be recognised as legitimate - was not simply about birth knowledge, but also about feeling worthy of participating in this formal space.

5.6.6 Theme 3 summary

The third analytic theme, 'I felt like I could do it,' captures the emergence of confidence, self-belief, and growing agency as core outcomes of the birth supporter training programme experience. A sense of personal capability was widely reported, although expressed in different ways, depending on participants' backgrounds and experiences. For many, confidence was not simply about mastering course content, but about being recognised, affirmed, and encouraged, as seen in Anna's reclaiming of her identity as a 'mother figure,' or in Sally's shift from self-doubt to participation, despite literacy fears. However, this development was not always smooth. In Prima's case, moments of hesitancy around language and literacy emphasise how dominant norms can quietly undermine confidence. Prima's experience illustrates that even supportive learning environments may reproduce subtle exclusions. Overall, while most participants reported increased confidence, the data shows that such growth was shaped by complex factors, including past educational histories, social positioning, and the degree to which the learning space actively challenged or reinforced unspoken hierarchies.

Table 12, below, summarises key data that influenced my thinking about Theme 3. As with the previous tables for Themes 1 and 2, it is not intended as a comprehensive overview, but is rather an effort to show how specific data shaped my understanding of Theme 3, guided by my theoretical framework.

Table 12: Summary of Participant Reflections – theme 3: 'I felt like I could do it'

Pseudonym	Borough	Data Source	Insight Summary	Theoretical Link
Jan	2	Post-course Focus Group	Initially doubted ability but gained confidence week by week. Felt she could do it by the end.	Sen (1999): Functionings realised through cumulative success.
Betty	2	Post-course Focus Group	Moved from silence to active participation. Felt included and heard.	Lave & Wenger (1991): Legitimate peripheral participation.
Anna	1	Narrative Interview	Initially believed she was too old and already knowledgeable. Surprised by enjoyment and sense of belonging.	Hart (2012): Aspirational capabilities; Bourdieu (1984): Habitus and age norms challenged.
Cora	3	Focus Group	Felt valued and respected by the trainer. Recognition boosted confidence.	Hooks (1994): Engaged pedagogy; Nussbaum (2000): Emotional capabilities and self-worth.
Emeline	1	Focus Group	Positive contrast with prior educational experiences. Felt affirmed and seen.	Robeyns (2005): Conversion factors—relational learning boosts capability realisation.

Babs	2	Post-course Focus Group	Inspired to resume formal education (GCSEs).	Sen (1999): Agency freedom and capability expansion.
Carla	2	Post-course Focus Group	Shifted identity from passive to capable. Felt empowered to contribute.	Sen (1999): Agency and contribution; Bourdieu (1986): Social capital.
Prima	1	Focus Group	Felt confident interpersonally but struggled academically.	Bourdieu (1986): Symbolic violence; Robeyns (2005): Uneven conversion factors.
Margery	2	Narrative Interview	Confidence solidified in practice, not training.	Sen (1999): Capabilities are context-dependent; Lave & Wenger (1991): Situated learning.
Gabriella	2	Post-course Focus Group	Group solidarity helped overcome self-doubt. Felt stronger through peer support.	Bourdieu (1986): Social capital; Nussbaum (2000): Affiliation and emotional safety.
Pam	3	Post-course Focus Group	Felt under-challenged; wanted deeper content.	Walker & Unterhalter (2007): Diversity in educational needs; challenge of inclusive pedagogy.

Sarah	2	Post-course Focus Group	Developed confidence to navigate hospitals. Previously lacked legitimacy.	Bourdieu (1986): Symbolic capital; Sen (1999): Realised capability through supportive environment.

5.7 Theme 4: ‘Excited, but scared’ - excitement and fear in the transition between training and practice

Echoing my earlier discussion (Section 5.4.4) of the ambivalent feelings participants experienced in the pre-course phase, participants in the study tended to experience the transition between training and practice in terms of both excitement and fear. This theme, which I have named 'Excited but scared’ captures how participants described their own emotional states leading up to their first experiences of birth support in practice. Participants who had completed their training and developed a level of confidence often expressed pride in their achievements. However, the move from classroom learning to the realities of supporting women in labour brought a new type of challenge. This theme captures the ways in which emotion, embodiment, and relational confidence intersected as participants took on the role of birth supporter for the first time.

5.7.1 Excitement as a sign of growth and aspiration

Participants frequently described the end of their training as a moment filled with pride and eager anticipation. For many, completing the course already felt like an important achievement. Margery (Narrative interview) described this feeling:

> *‘When I completed my training, I felt amazing. Like I’d really done something for myself. And I couldn’t wait to start.’*

This sense of pride reflects a growing aspirational capability (Hart, 2012), as participants began to imagine new identities and future possibilities. In Margery’s case, the training marked a rare moment of self-investment, an act of agency that contrasted with years of prioritising others. Her excitement about 'starting' the birth supporter role shows how completing the course wasn’t an endpoint, but rather a launchpad. This launchpad appeared to be a step towards helping others, but also towards a more confident, purposeful version of herself.

Similarly, Arianna (Borough 2) explained:

'I was so ready. I wanted to see if I could actually help someone, not just talk about it. It felt like the moment to prove it to myself.'

This readiness to get started in the birth supporter role aligns with Sen's (1999) notion of agency freedom, the ability to act in pursuit of goals one has reason to value. In this context, the primary goal can be understood as providing support to others during birth. For several participants, the movement from theory to practice appears to have been seen as an opportunity to consolidate identity, deepen purpose, and activate newly acquired capabilities.

5.7.2 Fear and vulnerability in the face of the unknown

However, almost all participants also described anxieties and self-doubt as they approached their first practical experience. This emotional response was not a contradiction to their excitement, but rather a parallel truth - a sign that they understood the seriousness and emotional demands of the birth supporter role.

In a narrative interview, Joanne (Borough 3) said:

'I was excited, but scared as well. What if I make a mistake? What if she didn't want me there? I'm not sure how I would feel.'

Her words reflect the emotional labour inherent in birth work, especially for those new to the space. While the training had offered scenarios, discussions, and role-play, nothing can prepare anyone for the unpredictability of birth. This transition period appears to have highlighted the limits of training and the need for emotional resilience, a capability that is often undervalued in formal frameworks.

This finding echoes Nussbaum's (2000) emphasis on emotions as part of 'reasoned agency'. Fear, in such cases, is not a sign of failure; it is part of becoming someone who understands the gravity of care. For many women, fear coexisted with growth, and learning to live with, and overcome, this fear became a key part of their capability development.

5.7.3 Fear of 'getting it wrong' and internalised insecurity

For some participants, fear arose less from external conditions and more from internalised doubts about their own competence, particularly in highly medicalised or professionalised environments like hospitals. Claudine (Borough 1) reflected:

'Hospitals make me nervous. Everyone looks like they know what they're doing. I didn't want to be in the way. I thought, what if I'm just a nuisance?'

Claudine's reflection evokes Bourdieu's (1986) concept of symbolic capital and field, the idea that different social spaces reward different types of knowledge and confidence. Hospitals, with their uniforms, protocols, and hierarchies, can feel alienating to those without formal, professional status. For volunteer birth supporters, most of whom do not have hospital or clinical healthcare backgrounds, the move into clinical spaces appears sometimes to have triggered feelings of 'not belonging' or memories of past unpleasant experiences in hospital care.

These feelings were not universally experienced, but they were significant for several participants, especially those with lower literacy confidence or limited exposure to formal care settings in the past. Prima (Borough 1) expressed:

> *'I was terrified I'd say the wrong thing. Like, I knew what to do, but I wasn't sure what I'd be allowed to do.'*

Here, we see a clear tension between capability and perceived permission. Participants like Prima knew they had the knowledge and emotional readiness for the role, but they weren't sure if they were entitled to act on it. This highlights how conversion factors, such as confidence, setting, and perceived legitimacy, can affect whether a person is able to realise their capability in practice (Robeyns, 2005). It's also important to note the birth supporter training programme's emphasis on what birth supporters *must not do*. Birth supporters are taught that they must not interfere with professional care and essential hospital etiquette. This aspect of teaching is essential to keeping birth supporters, mothers, babies and medical staff safe, but it does tend to contribute to first day anxieties.

5.7.4 Managing emotional overload

Several women described the emotional intensity of their first experience in the birth room, with some describing the experience as being overwhelming. Reflecting after supporting her first birth, Marha (Narrative interview) shared:

> *'I cried afterwards. Not in the room, but when I got home. It was beautiful, but it was a lot. I didn't know it would hit me like that.'*

Marha's account speaks to the embodied and affective nature of birth support, where emotions are not separate from the task, but integral to it. The programme had prepared participants with knowledge and structure, but the reality of being present during someone's labour demanded emotional depth and groundedness. This links to theories of situated learning (Lave & Wenger, 1991), which emphasise that learning is not just the acquisition of knowledge, but participation in meaningful activity, including emotional participation.

Some participants felt unprepared for this emotional aspect, while others saw it as a natural extension of their relational strength.

Gabriella (Borough 2) shared:

> *'It felt intense, but I reminded myself, this is what I'm good at, being there, communicating.'*

This sentiment reflects affiliative capabilities; the ability to form and sustain meaningful relationships. This idea is drawn from the work of Nussbaum, including her capabilities list and her work on education for women, something she considers as key to human development. Affiliative capabilities appear to have been central to the way many of the women in my own study made sense of their own roles within birth supporter work.

5.7.5 Theme 4 summary

My fourth analytic theme, which I have labelled *'Excited, but scared',* encapsulates an important recurring idea in the study's qualitative data. The transition from training to practice appears to have marked a pivotal point in the learning journey of many participants. The theme captures the emotional richness of this phase of the birth supporter journey, where pride and preparedness met hesitation and vulnerability. The theme relates to the challenging mix of excitement and fear that appeared frequently in the dataset in some guise or other. Almost all participants expressed a mixture of anticipation and fear before 'stepping into' practice. However, the balance between these emotions varied. Those with prior experience in healthcare, social care, or birth work tended to report more excitement than fear, while others described the transition as 'daunting'. There were also subtle differences that appeared to be associated with how participants viewed their identities. Those who saw themselves as helpers, mothers, or listeners often appeared to cope better with emotional unpredictability than those who felt pressure to perform a more formal or technical role. This suggests that self-perceptions of both identity and competence significantly shape how women experience this transition. Though daunting, this process is essential for beginners to birth support work, and, with support, is successfully accomplished by most.

While training had laid the groundwork for capabilities, practice demanded a deeper form of confidence, one that involved emotion, embodiment, and relational skill. This stage challenged participants to test their self belief, negotiate their belonging in unfamiliar systems, and begin to live out roles they had been preparing for. In the next theme, I explore how these early practice experiences shaped participants' reflections on learning, identity, and personal change.

In Table 13 below, I've highlighted some key pieces of data that helped shape my understanding of Theme 4. Again, this is not an exhaustive summary, but an illustration of how certain pieces of data informed my thinking about Theme 4, in the context of my theoretical framework.

Table 13: Theme 4 – 'Excited, but Scared'

Participant Reflections, Capabilities Developed, and Theoretical Links

Participant / Data Point	Key Insight / Quote	Capabilities Developed	Functionings Described	Theoretical Links
Margery (Narrative Interview, Borough 2)	'When I completed my training I felt amazing. Like I'd really done something for myself.'	Aspirational capability, confidence, agency freedom	Pride in achievement, readiness to act	Hart (2012), Sen (1999) – agency and aspiration
Anna (Narrative Interview, Borough 2)	'I was so ready. I wanted to see if I could actually help someone, not just talk about it.'	Agency, practical reason, affiliation	Desire to put learning into practice, readiness to support	Sen (1999), Capabilities Approach – freedom to act
Joanne Focus group Borough 3)	'I was excited but scared as well. What if I make a mistake?'	Emotional resilience, reflective agency	Navigating vulnerability in real-world care	Nussbaum (2000) – emotions as part of reasoned agency
Claudine (Focus Group, Borough 1)	'Hospitals make me nervous. I thought, what if I'm just a nuisance?'	Confidence, symbolic capital, affiliation	Navigating field-related insecurity in medical spaces	Bourdieu (1986) – field and symbolic capital
Prima (Focus Group, Borough 1)	'I was terrified I'd say the wrong thing. I wasn't sure	Confidence, voice,	Internal conflict about legitimacy	Robeyns (2005) – conversion

	what I'd be allowed to do.'	permission to act	and role boundaries	factors in capabilities
Marha (Narrative Interview, Borough 2)	'I cried afterwards... it was beautiful, but it was a lot.'	Emotional maturity, embodied knowledge	Processing emotional intensity of practice	Lave & Wenger (1991), Nussbaum (emotion as capability)
Gabriella (Focus Group, Borough 2)	'It felt intense, but I reminded myself, this is what I'm good at.'	Affiliation, self-assurance, emotional resilience	Recognition of own relational strengths in context	Nussbaum (affiliation), Capabilities Approach

5.8 Theme 5: 'It changed how I see everything' - evolving trainee perceptions of communities, health systems and social inequalities

Theme five explores the reflective processes participants engaged in after their initial experience of birth support work, and the resulting impact on their understanding of themselves, others, and the world around them. The phrase: *'It changed how I see everything'* was used by one participant, but echoed in sentiment across multiple interviews and post-course discussions. The data suggest that early practice experiences often functioned as a profound point of transformation, catalysing shifts in values, confidence, and long-term aspirations. These reflections reveal the lasting impact of the programme, not only as a source of skills or opportunities, but as a space for identity re-formation.

5.8.1 From role to realisation: re-seeing the self

Many participants reported a profound change in how they saw themselves after attending their first birth. This was not just about pride or achievement, but also about realising that they were capable of acting with strength, calm, and care in a setting that had once felt intimidating. In a post-course focus group, Carla (Borough 2) said:

> *'Being there in the room felt like someone else, but also like more of myself. It's hard to explain. 'I can do this, and I want to keep doing it.'*

Carla's language suggests an internal reorganisation, which appears to have been fostered through meaningful experience of practice. Lave and Wenger's (1991) concept of

identity-in-practice - learning as a social and embodied process in which individuals become different people through participation in real-world contexts - can go some way towards explaining her feelings. Carla appears to have begun a process within which she will gradually grow in the role and in her understanding of what she is doing. Participants described this sort of identity shift not just in terms of confidence, but also in terms of values and purpose. As Joanne (Borough 3) said:

> *'It made me think differently, not just about birth, but about women, about care, about myself. I never used to think of myself as strong. Now I know I am.'*

Such reflection connects with Walker and Unterhalter's (2007) framing of education as a route to human development, where transformation is not only about employability or skill, but about becoming more fully and consciously oneself. Nussbaum has also expressed strong opinions on this, framing education as a path to freedom, particularly for women who, globally, face more restrictions in accessing education than men. I will return to this idea in Chapter 5 ('Discussion').

5.8.2 A broader worldview: seeing others differently

Beyond internal shifts, participants also described seeing other women and communities differently. Several mentioned that being present at births, and hearing the stories of the women they supported, gave them a new understanding of inequality, resilience, and cultural diversity in maternity care. As Margery (Borough 2, Narrative interview) shared:

> *'One woman I supported didn't speak English. Everything was harder for her. Watching how the system works, or doesn't, or people like her, it really opened my eyes.'*

This experience moved Margery from a place of learning about care to critiquing the structures around care. The transformation described here involves critical consciousness, a concept rooted in Freirean pedagogy, where learners begin to question the social realities that shape their lives and the lives of others.

All three narrative interview participants reported that practice helped them connect the personal and the political. Seeing what women go through in hospitals, whether supportive or disempowering, prompted a new sense of empathy and urgency. For some, it sparked advocacy and interest in healthcare work, and for others, it created a desire to continue supporting women in ways that recognised their full humanity.

5.8.3 Learning through emotion and embodiment

Many participants noted that the most powerful moments of learning did not come through facts or instruction, but through feeling. This embodied and emotional way of learning deepened their understanding of care, presence, and personal strength. As Anna (Borough 2) reflected:

> *'I learned a lot on the course. But in that moment, in the birth room, it all clicked. That's when I really knew I'd changed.'*

She described that this was not just in her head, but in her whole body. She knew what to do, and felt calm. This is a sentiment that I recognise from my own midwifery practice, and something that is definitely not easy to articulate. To be given permission to be present in a labour room and provide support (and in my case, care) can be experienced as a high privilege and a potentially life-affirming situation. This sense of power and the passion associated with this sort of experience have been beautifully described by Kitzinger (2012) in her account of the process of uninterrupted, natural birth. Others, including Balaskas (1992), and more recently Pezaro and Maher (2025), have also discussed the sort of 'embodied knowledge' developed by those who provide support and guidance to those navigating the birth role in challenging times. While Pezaro and Maher have written primarily about the experiences of midwives, their insights resonate with birth supporters. Birth supporters, who are discovering these capacities for themselves during their experiences of birth support work, are simultaneously advancing their own sense of capability and professional identity.

This experiential learning aligns with Nussbaum's (2000) assertion that emotion is not separate from reason, but an essential component of human capability. It also echoes the work of feminist scholars, such as Tronto (1993), who contend that care work is a legitimate site of knowledge, often undervalued in dominant discourses. In such scholarship, the body is understood not as a passive vessel, but as an active site of knowing, grounding both care and competence. Several women described being surprised at their own emotional strength or ability to stay 'grounded' during intense moments. As Gabriella (Borough 2) shared:

> *'I thought I'd be too emotional. But actually, I was present. I didn't panic. That's when I realised, I have more in me than I thought.'*

This sort of shift, from self-doubt to inner strength, represents a deep form of capabilities development, a growth that transcends academic learning and speaks to emotional maturity, resilience, and compassion.

5.8.4 Reflection as a site of capability expansion

The post-course practice period offered participants a chance to reflect on their journeys, and it was in the course of such reflections that many recognised how much they had changed. The narrative interviews, conducted some months after the training finished, were particularly effective in offering insights into these reflections. For some, the interviews were the first time participants had paused to look back and connect the dots between how they felt at the beginning of their training and who they felt they had now become.

In her post-course focus group, Sally (Borough 3) described a significant change she had observed in her own demeanor. The focus group appeared to be an important opportunity to reflect on her own nature and recent growth:

> *'I didn't even realise how much I'd changed until we started talking. It's like the course planted a seed, and now I can see what's grown.'*

Here, I draw on Sen's (1999) concept of development as freedom; not only freedom to act, but to reflect, choose, and imagine. These moments of reflection were often emotional, but also full of renewed purpose and clarity. They show how time, practice, and conversation can support the internalisation of growth, helping participants to articulate their own transformations.

5.8.5 Not all journeys were linear

Whilst most participants described a deepening or expansion of self-understanding, a few said that they still struggled to imagine themselves in professional or long-term roles. For example, Pam (Borough 3) said:

> *'It was a good experience. But I'm not sure what's next. I don't know if I can do more training, or how to make this into a job.'*

Her comment reflects the reality that capability expansion doesn't always lead to clear next steps, particularly when external structures like childcare, finances, or job pathways remain limited. It also reinforces the idea that conversion factors (Robeyns, 2005) continue to shape outcomes long after initial growth has taken place.

In this sense, the training programme did not always result in forward motion, but it did create awareness, choice, and reflection, which are valuable in their own right.

5.8.6 Theme 5 summary

Many participants described deep shifts in how they perceived themselves, others and the maternity system. However, the nature and depth of this transformation varied. For some, like Anna, the training appeared to prompt a reimagining of self-worth and capacity. For others, it was only through post-course practice that deeper reflection emerged. A few participants expressed more subtle shifts, describing increased awareness rather than profound change. These differences were shaped by personal histories, prior education, and the extent of participants' engagement in birth support work following the training. This theme therefore illustrates that transformation was neither uniform nor guaranteed, but rather contingent on the interplay between reflection, identity, and lived experience.

For many women, birth support was not just something they did, but also something that reshaped how they understood themselves, others, and the systems around them. The experience prompted internal change, fostered emotional insight, and planted seeds for future aspirations. The data therefore demonstrate how a short, community-based training programme can expand human capabilities, not only in terms of action, but in terms of identities, purpose, and social awareness. In the next and final theme, I explore how participants (re)imagined their personal and professional futures after completing the programme and entering the world as changed people.

In Table 14, below, I have summarised some of the most important pieces of data that informed my thinking about Theme 5.

Table 14: Theme 5 – 'It changed how I see everything' (participant reflections, capabilities developed, and theoretical links)

Participant / Data Point	Key Insight / Quote	Capabilities Developed	Functionings Described	Theoretical Links
Carla (Narrative Interview, Borough 2)	'Being there in the room, felt like someone else, but also like more of myself.'	Practical reason, confidence, identity	Realising emotional strength, desire to continue supporting births	Situated learning, identity-in-practice (Lave & Wenger), Capabilities Approach
Joanne (Post-Course Reflection, Borough 3)	'It made me think differently, not just about birth, but about women,	Practical reason, self-worth, affiliation	Reframed self-understanding, recognition of personal strength	Walker & Unterhalter (2007), Nussbaum (2000)

	about care, about myself.'			
Margery (Narrative Interview, Borough 2)	'Watching how the system works, or doesn't, for people like her, it really opened my eyes.'	Critical consciousness, empathy, social awareness	Challenging inequality, reflecting on systemic barriers	Freire (critical pedagogy), Capabilities Approach
Arianna (Narrative Interview, Borough 2)	'In the birth room, it all clicked. That's when I really knew I'd changed.'	Embodied knowing, confidence, presence	Emotional maturity, calm presence during birth support	Nussbaum (emotion as capability), Tronto (care as knowledge)
Gabriella (Post-Course Reflection, Borough 2)	'I thought I'd be too emotional. But actually, I was present.'	Emotional resilience, affiliation, confidence	Surpassing self-doubt, staying grounded in practice	

5.9 Theme 6: 'It changed me' - perceptions of personal transformations through birth supporter training and practice

This final analytic theme, *'It changed me'*, draws together a pattern of reflections shared predominantly during the narrative interviews, in which participants described how their involvement in the training, and subsequent volunteering experiences, had brought about significant changes in their self-perceptions. These transformations were not limited to what participants could do, but rather extended to how they understood themselves. Participants did not simply acquire new knowledge or skills. Rather, many described deeper shifts in self-recognition; changes in internal narratives that had been shaped by past experiences of exclusion, caregiving, or marginalisation.

This theme reflects what Nussbaum (2000) identifies as the development of capabilities; not just enacted functionings, but the opening up of new possibilities for who we are. For many, the birth supporter training appears to have created the conditions for emotional and intellectual growth and a renewed sense of agency that extended into participants' everyday lives. It was through this

process that participants began to see themselves differently - to view themselves as competent, valued, and able to take up space in the world in ways they may not have imagined before.

What follows are five key strands within this theme, illustrating how these transformations were experienced, internalised, and expressed.

5.9.1 Learning applied beyond the role

Participants often described how the training's impact extended into personal or family life, suggesting a form of empowerment rooted in practical reason and relational ethics.

For Margery, the most meaningful application of her training occurred not in the structured space of formal volunteering, but during a crisis in her own family. Having temporarily paused her birth supporter role due to personal challenges, she found herself supporting her daughter through a difficult birth:

> *'I didn't think it would help me in that way, but it really did.'*

This moment demonstrates how Margery drew on her knowledge and emotional grounding to navigate a high-stakes situation with care and judgement. Her reflections show an expansion in practical and emotional capabilities, affirming that the learning was not just retained, but also embodied in a deeply personal context.

5.9.2 Critical reflection and emerging professional identity

For some participants, transformation involved not just affirmation but also critique. Marha, for instance, valued much of the training, but raised concerns about how topics such as breastfeeding were framed. She felt the programme, while well-intentioned, risked overlooking the complexity of women's real-life choices. Her reflections signal more than dissatisfaction; they illustrate the development of ethical reasoning and practical judgement. Marha was not simply absorbing knowledge but interrogating it, re-evaluating normative assumptions through the lens of her lived experience:

> *'It made me think more about what we're told and what's actually happening in people's lives.'*

This critical engagement points to a shift in identity, from learner to reflective practitioner. Her decision to pursue midwifery suggests that this transformation was not fleeting, but part of a broader reimagining of her role in the world. Her story exemplifies the capabilities of autonomy, critical reflection, and ethical judgment.

5.9.3 Self-perceptions and emotional recognition

Other participants described quieter, but equally significant changes; shifts in how they saw themselves. These transformations were often expressed in terms of emotional growth, increased confidence, or a tentative sense of self-worth. Emelene captured this with some clarity (Group 1 post-course focus group discussion):

> *'It made me see myself differently. Like I had something to offer.'*

Such statements reflect what Nussbaum calls emotional capabilities; the capacity to feel valued and to relate to oneself and others with dignity. For many participants, the training offered a rare space of recognition. These internal shifts, while less visible, were central to the reconstitution of self that many women described.

5.9.4 Responsibility, structure, and the weight of recognition

For participants like Elianna and Anna, the seriousness of the training played an important role in how they came to understand their own value and the importance of their contribution. Anna's comment illustrates this sense of responsibility:

> *'It was done really well, really. I think that's important, because it's a serious thing. You'll be working with vulnerable families.'*

This reflection signals not only a respect for the structure of the training, but also an internalisation of its ethical and social significance. The training offered more than content; it conferred *symbolic capital* (Bourdieu, 1986), validating participants' capacities to act in meaningful, socially recognised ways. Here, affiliation and ethical responsibility emerge as key capabilities, reflecting a deepened sense of commitment to others.

5.9.5 Emotional capabilities and ongoing transformation

Across many interviews, participants described how the transformation sparked by the training continued to unfold in subtle but profound ways. Some felt they had become more patient, more attuned to others' emotions, or more confident in expressing their own needs. These changes were often relational and affective; not easily measured, but deeply felt. As Sarah (borough2) articulated:

> *'I'm just more aware now... I stop and think more, even when I'm not volunteering.'*

Walker and Boni (2020) emphasise that education should foster *emotional capabilities;* the freedom to feel, care, and respond without being diminished. Participants' reflections echoed this ethos, highlighting new ways of being that extended into relationships, community engagement,

and personal decision-making. These shifts align with Reay's (2004) insights into learner identities. Many women entered the training with a seemingly fragile or fractured sense of self, often shaped by histories of exclusion or invisibility. In this context, the training became not just an educational space, but a site for re-writing personal narratives in the context of recognition, support, and care.

5.9.6 Theme summary

'It changed me' captures the profound and multi-layered forms of transformation participants experienced through their engagements with the birth supporter training, as well as their subsequent, related, experiences of volunteering. Unlike earlier themes, which focused on growth *within* the programme or more specific outcomes, this final theme explores changes in how participants understood themselves and their relation to a community. Often, these were not simply changes in confidence or competence, but in how participants imagined their futures, navigated relationships, and sat in the role of birth supporter emotionally, intellectually, and ethically.

This theme brings together a range of capability features, most notably practical reason, affiliation, and senses and imagination and thought. The study's participants demonstrated increased capacity for critical reflection, self-determination, and ethical judgement. Many described new or renewed aspirations, a stronger sense of self-worth, and a heightened ability to advocate for others as well as for themselves. These shifts were not always dramatic, but they were meaningful, sometimes described as a 'return' to an earlier version of oneself, or as the emergence of a new version of self. Importantly, this theme also brings into focus the emotional and relational dimensions of transformation; deeply aligned with both care ethics and the capability approach. These emotional capabilities, while not explicitly part of Nussbaum's list, were central to how participants described the changes they observed in themselves. Participants' accounts suggest that the programme enabled new functionings, and a new place, perhaps in their current world, or in a new version of their world.

At the same time, this theme reflects important variations in how transformation was experienced. Bourdieu's concept of habitus helps illuminate why some participants might be better able to recognise or convert the opportunities presented by the training programme into meaningful change. While the programme offered opportunities for the development of symbolic capital, it appears that not all participants could leverage it equally. Differences were usually shaped by participants' social backgrounds, prior educational experiences, or internalised versions of self. This reveals a key limitation within the capability approach: while it accounts for structural constraints through conversion factors, it does not fully attend to the deeply embodied and socialised nature of these differences. Bourdieu's work offers a useful theoretical resource towards filling this gap, offering a more nuanced account of how inequality operates within ostensibly

inclusive spaces. The data illuminates how the birth supporter programme functioned as a space for reclaiming agency, reshaping self-perception, and reimagining futures. My experiences of analysing my data have also highlighted the value of a multi-dimensional analytical lens. Bringing the capability approach into dialogue with Bourdieu's theories has supported a deeper and more holistic examination of how transformation unfolds unevenly, but meaningfully, within complex social and educational landscapes.

In Table 15, below, as with the other themes, I have summarised some of the most important pieces of data that informed my thinking about Theme 6.

Table 15: Theme 6 – 'It changed me' (participant reflections, capabilities developed, and theoretical links)

Participant / Data Point	Key Insight / Quote	Capabilities Developed	Functionings Described	Theoretical Links
Margery (Narrative Interview)	'I didn't think it would help me in that way, but it really did.'	Practical reason, care ethics	Supporting daughter in birth, renewed sense of purpose	Capability Approach, emotional capability
Marha (Narrative Interview)	Critical of breastfeeding training; valued complexity of choice.	Practical reason, ethical judgement	Reflective engagement with course content, questioning assumptions	Capability Approach, ethical reasoning, habitus shift
Anna (Narrative Interview)	'It was done really, really well... because it's a serious thing.'	Affiliation, responsibility, emotion	Valuing structure, internalising professional ethics	Capability Approach, symbolic capital

5.10 Reflection: the data, findings and realities in the field

My professional background as a midwife and educator offered insights that shaped the research design and enabled rich, empathic engagement with participants. However, it also presented challenges, particularly in managing power dynamics and maintaining analytic distance in my

tripartite role as researcher, midwife and, in some cases, the facilitator of the training sessions. In this sense, I was personally intimately woven into the fabric of my study.

For instance, In Borough 2, where I facilitated both the birth supporter training and the study's focus groups, participants were noticeably more relaxed and forthcoming. This familiarity helped to foster openness, but also raised questions about how my presence may have influenced responses, especially expressions of praise or critique of the course. Conversely, in Borough 1, where I did not teach the group, the post-training discussion felt more guarded and performative, especially at the start. This may connect with differences in my role; in the Borough 1 groups, it is likely that participants perceived me as more of an 'outsider' and may also have perceived me to be a figure of 'authority'.

I believe that these sense differences reinforced what May and Perry (2011) have described as *'professional group power'*; where perceived status and relationships within a group can shape the nature and tone of contributions. My visibility within the programme may have positioned me as something of a 'gatekeeper', impacting how honestly participants felt they could speak,especially about moments of doubt, difficulty, or dissatisfaction.

Additionally, the unevenness of data collection, due to scheduling, participant availability, and variations in local support, speaks to the real-world messiness of qualitative fieldwork. While every effort was made to ensure inclusivity and consistency, certain voices and moments may have been lost. The emotional, social, and logistical barriers participants faced in attending interviews or completing forms were not just incidental; they were reflective of the wider structural constraints that framed their daily lives and shaped their capability to participate in research.

Ultimately, my position within the research fluctuated. At times, I was an insider to the community I researched. At other times, I was closer to an outsider. Nonetheless, my fluctuating position offered a complex, but productive range of vantage points. My analyses and interpretations have been shaped by professional proximity, ethical care, and a deep commitment to making space for the voices of those women who are often unheard in formal academic and policy discussions. All in all, I believe this reflexive lens has served to strengthen, rather than weaken, the trustworthiness of the findings, through a continued acknowledgment of the partial and situated nature of all qualitative inquiry.

5.11 Chapter summary

This chapter has explored the experiences and perspectives of women who engaged with a volunteer birth supporter training programme in a large UK city. Drawing on qualitative data from questionnaires, focus groups, and narrative interviews, six interlinked themes were identified and

presented, illuminating the journeys of my participants through the birth supporter training and, for some, into practice.

The analyses were informed by the theoretical framework outlined in Chapter 2, particularly the capabilities approach (Sen, 1999; Nussbaum, 2000), Bourdieu's theory of practice, and Lave and Wenger's situated learning theory. These lenses have helped me to make sense of the ways in which personal agency, social positioning, and learning interacted in the study, shaping both professional practice and the experiences of service users.

Each theme is discussed in relation to illustrative quotes and excerpts from the narratives of my participants, alongside analytical commentary. This approach has allowed me to present both individual accounts of meaning and wider patterns of experience.

Participants entered the programme from diverse personal, cultural, and educational backgrounds, often carrying complex emotional histories and having experienced constrained opportunities. The first theme, *'Before I Even Stepped In'*, highlights how curiosity, hesitation, and the need for change shaped the early motivations of many participants. This was followed by *'Something for Me'*, a powerful exploration of the desire for self-investment, self-worth, and space to grow outside caregiving or other marginalised roles.

The third theme, *'I Felt Like I Could Do It'*, reflects how confidence developed through relational learning, encouragement, and mutual support as participants progressed through the course. The move into practice, while empowering, also exposed emotional intensity and uncertainty, explored in the theme; *'Excited but Scared'*. This transition not only tested participants' confidence, but also deepened their understanding of birth work and of themselves.

The later themes, *'It Changed How I See Everything'* and *'It Changed Me'*, reflect profound shifts in identity awareness and aspiration. These themes demonstrate that the birth supporter training was not simply a skills-based intervention, but also a socially and emotionally transformative process. Taking part in the training appears to have frequently impacted participants' confidence, aspirations, and sense of place within family, community, and future educational or professional pathways.

In sum, the study has been successful in enabling me to answer my initial research questions. The study supported the generation of data about progression through a particular learning experience, and about participants' perceptions of that experience. Beyond the research questions, my analysis also foregrounded some unanticipated findings. For example, a readiness to share feelings and life struggles and a depth of honesty about their pre-course position of ambivalence and doubt. A recognition of the effects of the teaching and the programme structure on their

achievements also stood out. Given my closeness to the topic and context of the study, I was surprised by these unanticipated findings. However, I regard it as a positive sign that the study challenged my expectations in some ways, suggesting that the design was open-ended enough to allow participants to shape the data.

Overall, the findings invite an interpretation of the training programme as a critical conversion point, where potential capabilities were recognised, nurtured, and, for many, realised. In the next chapter ('Discussion and interpretation of findings'), I explore these findings in greater detail in terms of the study's research questions, relevant literature, and theoretical framework. I will also explore the potential implications of the findings for future interventions, in particular volunteer training.

Chapter 6: Discussion and interpretation of findings

6.1 Chapter introduction

The present study set out to explore how women experience, and reflect on, a volunteer birth supporter training programme in a large UK city, with a focus on: their motivations for enrolling; their perceptions of their own personal and educational development during the course; and the perceived impacts of their experiences once they have worked as a birth supporter. The three research questions that guided the inquiry asked: (1) whether capabilities, as defined by the Capability Approach to Human Development, influenced women's decisions to take part; (2) how the training was perceived in terms of its personal and educational effects; and (3) whether birth supporter practice following the training affected these perceptions.

The study offers several important findings and I begin by foregrounding what I feel to be the study's three 'key' findings. I consider these 'key' due to their prominence in the data set and their importance in terms of their implications. Firstly, participants often came to the programme seeking something for themselves. Many were motivated by the hope of finding some 'space' for themselves and by an unspoken, and sometimes unrealised, need to rediscover personal identity and agency. This desire was often associated with long periods spent in roles defined by caregiving or social exclusion. Participants' decisions to attend the birth supporter programme open day, and subsequently to enrol in the course, appeared to be driven by a desire to help vulnerable women. However, their motivations were often also powerfully articulated in terms of self-renewal. Indeed, participants were much more likely to describe their motivations in terms of self-renewal than as a 'career move'. This finding, discussed as Theme 1 in the 'Findings and analysis' chapter, strongly reflects the capability factors of practical reason and affiliation.

Secondly, the training itself, once underway, was perceived - and experienced - as more than just a learning opportunity, and was repeatedly described by participants as a transformative process. Women who had taken part in the training frequently described feeling seen, heard, and valued within the programme. For some, this was described as the first time they had felt such recognition in an educational setting. Many participants articulated profound growth in their own confidence, sense of voice, and self-worth.

Finally, practising as a birth supporter with vulnerable women in the community appears to have deepened these positive effects. While this stage brought fear and uncertainty for most participants, it also validated participants' learning and solidified new identities for participants as capable, compassionate birth supporters. However, the data also demonstrated that structural and

personal constraints affected the extent to which these transformations could be realised. The availability of time, support, confidence, and cultural capital played a role in shaping outcomes.

The discussion that follows will consider the study's findings in relation to the original research questions, situate the findings in relation to existing literature and reflect on the connection between the study's findings and the theoretical framework. Finally, I explore the implications of the study's findings.

6.2 Interpretation of findings

In this section, I draw on the analysis presented in Chapter 5 ('Findings and analysis') to critically interpret the findings of the study. The discussion is structured into three subsections. Firstly, I explore how the data has helped me to answer my three research questions. Secondly, I examine my findings in relation to existing literature, considering how my own findings connect with past research on similar and related topics. Finally, I explore the ways in which my findings connect with the theoretical framework of the study. In particular, I consider how my findings align with, or indeed challenge, both the Capability Approach (CA) and Bourdieu's theory of practice. Together, these discussions provide a deeper understanding of what the findings reveal, not only about the women in the study, but about the structural, educational, and emotional conditions that shape experiences of learning and transformation.

To start, I discuss and interpret the findings presented in Chapter 5 in relation to the study's research questions. The discussion is structured into three main subsections.

6.2.1 Answering the research questions

This section critically interprets the findings of my study, which was driven by the three research questions. It draws on the six core themes described and discussed in the previous chapter and deepens the theoretical analysis by engaging with key thinkers, including Sen, Nussbaum, Bourdieu, Brookfield, Boud & Solomon and Lave and Venger, as well as institutional policy frameworks such as the WHO Sustainable Development Goals (SDGs) (World Health Organisation, 2026). This section offers a more detailed critique of how educational experience, motivation, and transformation intersect, not only at the individual level, but also within broader social, cultural, and structural contexts. It explores how the birth supporter training programme both revealed and challenged participants' internalised assumptions, how learning was shaped by emotion and peer interaction, and how acts of engagement with education reflected complex negotiations between agency, aspiration, and constraint. In doing so, it situates the study's findings within wider debates about inclusive adult education, social justice, and the enabling potential of community-based learning for marginalised women.

6.2.2 Does capability, as defined by the Capability Approach to Human Development, have an impact on women's intrinsic motivations to undertake volunteer birth supporter training?

RQ1 asked whether capabilities, as defined by the Capabilities Approach to Human Development (CA), influenced women's intrinsic motivations to undertake volunteer birth supporter training. In the work of Sen and Nussbaum, the term 'motivation' has not been used as explicitly as it has been by those working within psychological disciplines. However, Sen and Nussbaum have both discussed ideas associated with 'motivation' in their accounts of the Capability Approach. Indeed, many of the concepts Sen and Nussbaum have discussed in their work on the CA, such as agency, well-being, and the ability to pursue what one values, are deeply related to the concept of motivation. As explored in the literature review, existing literature suggests that capability does indeed have an impact on motivations to undertake training in general. The relationship between capabilities and motivation is a critical element in understanding how people engage with opportunities for development, including training programmes.

As explored in the literature review and theoretical framework, existing research suggests that capability, as defined in the capability approach to human development, plays a central role in shaping individuals' motivation to participate in training. Walker (2006) has previously highlighted that capability is closely linked to a learner's sense of agency and engagement. Similarly, Hart (2012) has shown that aspirations - and the motivation to pursue them - are socially embedded and often constrained or enabled by the extent to which individuals perceive themselves as 'capable'. Together, these studies reinforce the idea that capability expansion is not only a result of participation in education, but also a key factor in enabling it.

The findings of the present study suggest that participants were motivated by a range of deeply personal factors; often connected to identity, agency, and a desire for self-renewal. While many cited 'helping others' as their outward motivation for joining the programme, deeper reflection often revealed that the opportunity to focus on their own development was also a significant driver. These motivations align with the core capability of *practical reason*; the ability to reflect and make purposeful life choices. They also align with affiliation; the opportunity to be recognised and respected in social settings. The study's data suggest that the birth supporter training programme served as a rare and valuable space within which women could explore *who they were* and *what they might become*, even before taking their first steps into formal volunteering.

While the findings demonstrate strong alignment with aspects of the Capability Approach, they also invite critical reflection on the nature of intrinsic motivation. The participants articulated powerful personal reasons for joining the programme, many of which reflected internal capabilities. It is, however, important to consider how such motivations are shaped by broader social structures and

constraints. For instance, several participants described feelings of ‘guilt’ for pursuing something for themselves - suggesting that their agency was still mediated by (deeply gendered) expectations around care and responsibility. This data highlights an important tension. Whilst participants chose to engage with the training, their choices were not made in a vacuum. As those influenced by Bourdieu (1984) might argue, participants’ dispositions were shaped by a lifetime of social conditioning, reflecting habitus, rather than wholly autonomous decision-making.

Moreover, although the CA centres on freedom and choice, it has been critiqued for under-emphasising the complex social and cultural factors that mediate how capabilities are converted into action (Dean, 2009). In the present study, women’s motivations were not only expressions of personal aspiration, but also reactions to structural marginalisation, economic struggles, interrupted education, migration, or the invisibility of unpaid care work. This complicates the idea of freedom to choose, suggesting that the decision to enter training might be thought of in terms of a form of flourishing, but was sometimes also entered into as a response to a *lack* of flourishing, or to experiences of prior exclusion.

RQ2 was an important question of relevance to those participants who chose to take up the training. RQ2 explored how the barriers and challenges identified earlier were navigated, negotiated, or, in some cases, transformed through the training process itself. This question moves the discussion from a consideration of the structural and contextual constraints explored in RQ1 to a closer analysis of how participants perceived and experienced the programme's personal and educational impacts.

6.2.3 How do volunteer birth supporters in a large UK city perceive the personal and educational effects of their seven-week training programme?

The second research question examined how participants experienced the seven-week training programme, both personally and educationally. Across all of the data sets, the training was perceived not simply as an instructional course in birth support, but as a rare and valuable opportunity for personal transformation. Many participants felt that it had offered a sense of legitimacy, a reconnection with learning, and a space to be recognised as an individual, often after long periods defined by caregiving, exclusion, or diminished self-worth.

One of the clearest patterns to emerge was around the theme *‘Something for Me’*. The idea came up often in the research, and was particularly emotionally charged, suggesting that the personal significance of the training was an important and meaningful outcome. While the programme was framed publicly around helping vulnerable women, something all participants valued, many also articulated a deeper, more inward-facing motivation. Many appeared to be seeking to redefine themselves, perceiving the programme as a possible chance to reclaim voice, value, and purpose

in a context where they felt their lived experiences were respected and valued. What the data suggests is that, for many participants, the programme delivered on these hopes, prompting tangible shifts in self-perception. Participants spoke of feeling more confident, more emotionally grounded, and more capable of contributing meaningfully to the lives of others. Several described increased self-worth, a renewed sense of purpose, and a belief that they had something valuable to offer. Others reported practical outcomes, such as new aspirations, improved communication skills, or greater comfort in healthcare environments. These effects were not uniform, but they consistently reflected a movement from marginalisation to meaningful participation; suggesting that the programme functioned not only as a form of training, but as a site of personal transformation and affirmation.

A further observation adds weight to this interpretation. In the focus groups that I facilitated, where I had also taught the participants, the discussions flowed more readily, and women became vocal more quickly. These groups showed greater readiness to reflect on their personal motivations and to acknowledge that their participation was not solely altruistic. Many spoke openly about the need to do something 'just for me', often revealing that this was the first such opportunity they had experienced in many years. This may reflect the trust and rapport built during the training, but it likely also highlights an important social dynamic, wherein women feel the need to *justify* self-investment in terms of *care for others*. My interpretation of the stronger emergence of this idea in the groups I had taught myself is that in spaces of emotional safety, these deeper motivations can finally surface. However, at a broader level, the data also suggests that the study's participants increasingly gave themselves 'permission' to focus on, and articulate, their own growth. They described feeling *seen* as individuals, not just as caregivers, and spoke of the rare experience of being taken seriously - intellectually and emotionally.

This nuance is particularly significant when considered through the lens of the Capability Approach (CA). The training programme appeared to foster new skills and knowledge, as well as a range of capabilities, especially those of affiliation and practical reason (Nussbaum, 2000; Sen, 1999), suggesting that supporting vulnerable women and supporting one's own growth are compatible, rather than contradictory, aims. The study also suggests that empathetic approaches to training encourage both aims. The internal shifts articulated by women in the study were often profound and participants frequently made connections between shifts in how they felt inside and their experiences in life. Women linked internal shifts to being taken seriously, supported emotionally, and being invited to grow intellectually. The training space appears to have allowed many participants to explore their own potential without needing to apologise for it. In this way, the programme - and the study - challenge the assumption that personal benefit and community

contribution are mutually exclusive. For many participants, it was precisely *through* investing in their own development that they became better equipped to support others.

Many participants had previously disengaged from education or professional settings, but found energy and enthusiasm within the birth supporter training programme. I believe this speaks to the importance of relational, inclusive learning environments. As Brookfield (2005) and Boud and Solomon (2001) have argued, adult learning is most powerful when it is not simply about *content delivery* but also about fostering *identity, belonging, and transformation*. In my study, the emotional tone of the learning environment, which was frequently described as warm, respectful, and encouraging, appears to have enabled women to reframe who they believed themselves to be. For some, this seemed to act as a catalyst to re-entering education, or to consider a future in midwifery. For others, this reframing of self appears to have invited a reawakening of pride in one's capacity to contribute, to learn, and to lead.

My analyses of the data suggest that the birth supporter training opportunity fostered key capabilities. In particular, practical reason, affiliation, voice, and aspiration (Nussbaum, 2000) appear to have been supported. In line with the comments of my participants, I connect the growth of such capabilities, at least in part, with the nature of the 'space' fostered within the programme - a space where participants could reflect, feel recognised, and imagine new possibilities. Many women described increased confidence, renewed purpose, and the ability to make more deliberate life choices. Many participants directly attributed these perceived changes in themselves to their experiences of being taken seriously and supported emotionally during the programme. Whilst I acknowledge that the experience was not universal for all participants, and that individual and contextual factors played a role, these broad shifts reflect a pattern of expansion in what participants felt they could *be* and *do*.

These outcomes were not experienced equally. Viewed through the Bourdieusian lens of habitus, the data demonstrate how prior educational experiences and internalised dispositions shaped how easily participants could recognise and act on new opportunities. While the CA highlights what the programme made possible, the Bourdieusian lens of habitus supports a recognition of the enduring influence of classed and socialised inequalities in shaping how possibilities were taken up by women in the study. While 'voice' is not named explicitly within Nussbaum's (2000) ten central capabilities, it can be understood as a critical cross-cutting dimension in the realisation of several of them. In particular, 'voice' appears to have been important to realising the capabilities of practical reason, affiliation, and the senses of imagination and thought. In this study, participants' growing abilities to speak, advocate, and express themselves with confidence reflects an enhanced capacity for self-articulation and ethical reasoning, which are both core elements of

practical reason. Participants' willingness to share views, challenge assumptions, or speak up in healthcare settings also signals stronger affiliation, grounded in recognition and mutual respect.

In this sense, voice can be seen as both a *means to* and an *outcome of* capability expansion: it enables agency, participation, and self-respect, while also signalling that these have been achieved. As others have argued (Walker, 2006; Hart, 2012), cultivating 'voice' in educational contexts is vital to realising the democratic and justice-oriented goals of the Capabilities Approach, particularly for learners whose histories of exclusion have limited their opportunities for expression and recognition.

The research findings suggest that narrow definitions of educational success in volunteer training programmes are no longer useful. The present study emphasises that personal growth, emotional resilience, and rediscovered agency can be considered amongst the most important outcomes of such training. When women feel valued, their capacity to support others is enhanced. Further, training that supports the person, not just the role, creates volunteers who are more engaged, more confident, and better equipped to offer the kind of compassionate, relational care that birth supporter programmes are designed to deliver.

6.2.4 Does practice as a birth supporter following training impact volunteers' perceptions of the personal and educational effects of their training?

The third research question explored whether, and how, participants' experiences in real-world practice shaped or altered their understanding of the personal and educational value of the training they had received. The findings suggest that, for those who went on to practise as birth supporters, their perception of the training was significantly enriched, challenged, and recontextualised through direct engagement with birthing women and with the maternity system. However, it is important to acknowledge the limitations of the methodological approach. Originally conceived as a mixed methods study, the absence of quantitative outcome data associated with previous volunteers meant that a decision was taken to abandon attempts to compare outcomes quantitatively. Further, the participant group were ultimately self-selected and recruited in an ad hoc manner. Those who chose not to engage with the birth supporter programme, or who disengaged, were, by definition, not included. As such, the perspectives of individuals who may have had negative experiences or critiques of the initiative remain unexplored. The minimal critical feedback among participants suggests a potential bias in the sample, as those with less positive experiences may have opted not to participate.

For the three women involved in this section of the research, practising their newly found craft appears to have served as a further activation of the capabilities developed during the course. Confidence that had been nurtured in the safety of the training room was tested, and often

strengthened, by the emotional, relational, and practical demands of supporting women in real time. As Anna (Narrative Interview, Borough 2) reflected;

'I was so ready. I wanted to see if I could actually help someone, not just talk about it.'

This statement illustrates a key transition; the move from theoretical understanding to embodied, situated knowledge. It also resonates with Sen's (1999) thoughts about the transition from capability to functionings, that is, from having the *freedom and capacity* to do something, to being able to *execute it,* and doing it in specific contexts.

Margery (Borough 2) described how applying her learning to support a family member during their experience of birth helped to solidify the relevance and value of the training. Margery's account connects with other women's comments about the programme, in that their learning experiences provided a flexible set of tools that must be personalised and integrated in practice. The participants who participated in this phase of the research described observing new levels of emotional resilience within themselves. This increased emotional resilience was often coupled with a deeper appreciation for the complexities of care work, and with a growing belief in their right to participate in healthcare settings, contributing to what those drawing on Bourdieu's (1986) ideas might describe as an increase in symbolic capital.

However, practice also brought challenges and tensions. While committed to her role, Marha (Borough 2), expressed concerns about certain topics. For instance, breastfeeding, to her mind, was not addressed in sufficient depth. Her comments raise an important critique; whilst her experience of the training was emotionally and socially empowering, it sometimes lacked the detailed content required to feel fully prepared for complex real-world scenarios. Marha's comments echo Backhurst's (2012) warning that community education risks becoming 'lightweight' if it is *overly* focused on confidence-building at the *expense* of rigorous, critical content. Marha's comments thus emphasise the need for birth supporter training programmes to strike a careful balance. For women like Marha, practice did not diminish the value of the training, but it did reveal some limitations. Ultimately, the style, content and depth of breastfeeding support within birth supporter training programmes is a complex and important topic, which is ripe for further research.

Another vital finding associated with the transition to practice is that participants' reflections suggest that the emotional labour of the role cannot be fully anticipated during training. Marha described being moved to tears after her first birth support experience. Her expression was that it was:

'Beautiful, but a lot.'

Marha's experience underlines the affective dimension of care work, resonating with Nussbaum's (2000) argument that emotions are central to ethical agency. Training that prepares volunteers to engage emotionally, without romanticising or minimising the intensity of the work, is essential to bridging the gap between classroom and practice.

The findings also point to a significant feedback loop in which practice not only affirmed the relevance of the training, but also re-framed it. What was once seen as 'just' a course became a turning point, an intervention that made practice possible. Carla (Borough 2) shared:

'I used to feel like I was wasting space. Now I feel like I can give something back.'

This shift in Carla's self-perception exemplifies the development of what Hart (2012) terms aspirational capabilities; the capacity to imagine oneself as having social value, and to act on that belief.

However, this further stage of reflective transformation was only available to those participants who had the opportunity to practise. Some participants (from boroughs that had more recently been included in the programme) had not yet been able to access practice referral, meaning that their perception of the training remained more abstract or limited. This discrepancy points again to the importance of conversion factors; not all who completed the training could equally access its transformative potential. Time, geography, childcare, confidence, and trust in healthcare environments all shaped whether practice could take place and how it was experienced.

In summary, real-world practice appears to have been vital in crystallising learning, expanding growing confidence further, and validating the training experience. Real-world practice allowed participants to see themselves as active, capable, and relationally skilled in high-stakes environments. However, the transition into practice also surfaced tensions. These tensions emphasise the need for birth supporter training programmes to focus on some topics in greater depth, better prepare trainees for the emotional intensity of practice, and provide - or foster links to - stronger structural support. Bolstering these areas is likely to support greater equity of access to meaningful experiences in practice. In the present study, practice was both a 'proving-ground' and a magnifying glass, confirming the strengths of the training, whilst also revealing both its limitations and the necessary conditions for its full realisation.

Having explored my findings and analyses in relation to my three research questions, I now move to a review of the study's findings in the context of past literature.

6.3 Situating the study in relation to past literature

This section reflects on how the findings of my study both affirm and extend past research on adult education, volunteer training, and birth support. In reflecting on the data, I draw specifically on the body of literature reviewed in Chapter 3. The original research questions focused on motivations for engagement, the effects of training, and the experience of practising as a birth supporter. However, it became evident during my analyses that participants' narratives touched on broader issues, including emotional labour, identity transformation, and structural inequalities; issues that go beyond the scope of the RQs. Rather than ignoring these insights, this section embraces them as significant contributions to the field, while also returning to the central themes of the study: how participants understood their motivations, how the training affected them, and what capabilities were developed or challenged through their engagement. In particular, I explore how the findings connect with past literature on capabilities and motivation in learning, the transformative potential of community-based education, and the implications of training and practice in emotionally intensive volunteer roles.

6.3.1 Literature on adult education and volunteer training

The findings of this study confirm and extend existing research on adult learning, women's community-based education, and volunteer training within health and social care. In particular, the study aligns with past literature that positions education as a space for identity transformation (McLeish & Redshaw, 2019), capability development (Walker & Unterhalter, 2007), and the management of social inclusion. At the same time, it contributes new insights by showing how personal growth, aspiration, and confidence intersect with the structural and emotional labour involved in supporting others through birth. These findings connect with RQ1, illustrating how intrinsic motivation was not only present, but actively shaped by the development of central capabilities such as affiliation, practical reason, and control over one's environment. The latter capability appears particularly relevant to participants' emerging sense of political and social 'voice' (Nussbaum, 2000, Nussbaum 2011). In *The Logic of Practice* (1990), Bourdieu argued that individuals internalise social structures (habitus), but these can be transformed through education and engagement in new social contexts, especially when individuals encounter unfamiliar fields. In the present study, unfamiliar fields might include both formal training and health settings.

In my own study, participants' narratives echoed the descriptions of motivations and transformative outcomes described in work by McLeish and Redshaw (2019), who found that community doula programmes offered women a sense of purpose, increased confidence, and improved self-efficacy. In the present study, women described the birth supporter training as 'something for me,' suggesting that volunteering, while outwardly (and simultaneously) altruistic, was often also a catalyst for personal healing and growth. My findings thus mirror work from Hardeman et al.

(2020), who discussed birth work as a pathway for volunteers to reclaim cultural identity and a sense of social contribution, particularly for women of colour and those navigating post-migration life.

However, while such motivations have been widely documented in the voluntary sector, the lens of the CA adds a deeper analytical dimension. Where previous studies have often focused on outcomes such as employability or service delivery, this study foregrounds intrinsic capabilities, including practical reason, affiliation, and emotional expression (Nussbaum, 2000), as core educational outcomes. The data shows that confidence, voice, and agency were not merely by-products of learning, but central effects that participants often valued even more than technical knowledge. This emphasis on personal and emotional development draws on the work of Walker and Unterhalter (2007), to argue that education for human development must centre on relational and affective dimensions as much as cognitive gains.

6.3.2 Literature on the importance of education

Brookfield (2005) highlights the importance of education that invites adults to challenge dominant assumptions and reflect on internalised beliefs. Participants in this study appear to have done just that; moving from feelings of 'not being clever enough' to a belief in their capacity to support, speak, and contribute. The role of relational pedagogy and peer affirmation was particularly significant, connecting with Boud and Solomon's (2001) suggestion that adult learning is most powerful when it is socially constructed, emotionally responsive, and grounded in real-world relevance. Women reported that being 'taken seriously' and listened to allowed them to revise past narratives of failure, invisibility, or stagnation. For participants, the course became a space for re-imagining not just what they could do, but who they could become.

The findings highlight some of the limitations in the literature on adult volunteer training. Much of the existing research frames success in terms of skills acquisition or programme completion (Clary et al., 1998; NCVO, 2018), often overlooking the deeply personal, socio-cultural, and emotional work that underpins such participation. By contrast, my study highlights the affective labour involved in training and volunteering, particularly in the emotionally charged context of childbirth support. This labour was described as rewarding, but also taxing, unpredictable, and sometimes unacknowledged. The insights echo feminist scholarship on care work (e.g. Tronto, 2013; Hooks, 1994), which frequently warns against romanticising support roles while neglecting the structural and emotional toll they can carry.

While confidence and aspiration were widely reported outcomes, some participants experienced moments of dislocation, especially around written work, formal language, or medical discourse. This strengthens the arguments put forward by Bourdieu (1984) and Reay (2006), who point out

that education often reproduces social inequality through hidden curricula and symbolic capital. Participants with more experience of formal education occasionally felt under-challenged, while those with less experience of formal education sometimes struggled with confidence or literacy-related tasks. These findings suggest that community-based training must carefully balance accessibility and meaningful educational depth, ensuring that personal growth is authentic, inclusive, and not reduced to a one-size-fits-all model.

6.3.3 Intersectionality, empowerment, and structural tensions in volunteering

This study reaffirms existing research highlighting the empowering aspects of birth support volunteering (McLeish & Redshaw, 2019; Spiby et al., 2015). It also illuminates how individual empowerment is influenced by participants' diverse social positions and varied backgrounds. Participants in the study were diverse in terms of ethnicity, age, prior education, and migration status and such differences shaped women's experiences of the training programme in complex ways. This finding aligns with Crenshaw's (1991) concept of intersectionality; emphasising that empowerment is not a uniform experience, but is rather mediated by intersecting social identities.

Some of the feminist-informed scholarship discussed earlier is again relevant here, in its emphasis on the need to critically interrogate caregiving roles within volunteer contexts. While existing literature has noted that community volunteer roles, such as birth supporter roles, are often 'feminised' and structurally undervalued (Einolf, 2011), this discussion is a complex one and necessitates nuanced reflection. On the one hand, volunteering may provide women, particularly those from culturally or socioeconomically marginalised backgrounds, with access to new forms of visibility, relational agency, and informal influence (Daoud et al., 2010). This can be especially true in birth support roles, where culturally sensitive and embodied knowledge is brought into dialogue with formal healthcare systems.

However, feminist scholars have long cautioned against uncritically celebrating such empowerment. Orner (1992) and Behar (1993), for instance, problematise the assumption that practitioners (or indeed, researchers) can simply 'give' voice to the marginalised, arguing that such gestures risk reproducing hierarchies of interpretation and authority. In the context of unpaid care work, this critique is salient; framing birth support as inherently 'empowering' without attending to the broader socio-economic structures underpinning women's experiences risks re-inscribing traditional expectations around women's labour, rather than transforming them.

Moreover, as St. Pierre (2008) and others have argued, empowerment discourses must be disentangled from liberal humanist notions of individual agency. The idea that volunteering automatically leads to empowerment can obscure the complex negotiations that women make within - and despite of - institutional constraints. Uncritical use of terms like 'empowerment' may,

then, risk an underplaying of the emotional, temporal, and often invisible labour involved. Given this, the practice of birth support volunteering must be understood not simply as an individual act of altruism or empowerment, but as a practice embedded within a site where larger questions of gender, power, and structural recognition continue to be contested.

Despite these longstanding critiques, empirical literature on birth supporter training and practice rarely addresses this ambivalence directly. The prevailing focus on outcomes, satisfaction, and maternal well-being, while important, often sidelines critical reflection on how such roles are situated within gendered economies of care. Future research must attend more closely to these tensions, recognising that, while volunteering can open up spaces for voice and agency, it can also perpetuate undervaluation of often gendered labour, unless accompanied by material and institutional change.

Studies have also critiqued the framing of volunteering within neoliberal contexts, where unpaid labour is often positioned as a solution to gaps in public services. For instance, research by Georgeou and Engel (2011) has previously discussed how development volunteering can be co-opted by neoliberal agendas, potentially reinforcing systemic inequalities. Similarly, the work of Reimer-Kirkham and Browne (2006) has highlighted the neocolonial aspects of international health volunteerism, where volunteers may inadvertently perpetuate power imbalances. In the context of the present study, while participants reported personal growth and increased confidence, it's crucial to consider the broader structural implications. The reliance on volunteer birth supporters can be seen at least in part as a response to under-resourced maternity services, raising questions about the sustainability and equity of such models. This perspective is supported by recent literature emphasising the need to critically assess the role of volunteering within healthcare systems more broadly (Harrowing et al., 2012).

6.3.4 Feminist structural critique

While the broader literature recognises that volunteering can create space for empowerment, particularly for women navigating cultural or social constraints (Daoud et al., 2010), this framing often risks overlooking the structural positioning of such roles. As discussed earlier, caregiving volunteer roles are frequently feminised and undervalued (Einolf, 2011) and, without critical interrogation, may serve to reinforce, rather than challenge, normative expectations around women’s unpaid emotional labour.

Volunteering in birth support, in particular, presents a complex tension between social value and structural neglect. While frequently associated with relational empowerment and community contribution, especially for women in culturally restricted contexts, such roles are often situated within a broader economy of care that remains largely invisible and devalued. Feminist theorists

have drawn attention to this contradiction, highlighting how affective labour is essential to the functioning of society, yet persistently excluded from dominant models of economic and political worth. Lynch and Baker (2009) contend that such labour, while emotionally sustaining, is structurally marginalised due to its private, feminised framing. Within this framework, birth support volunteering risks reproducing what Tronto (1993) terms the 'privatisation' of care, where essential social labour is reframed as a personal virtue rather than a shared civic responsibility. While the work may be meaningful, its institutional positioning, as unpaid, informal, and predominantly female, reinforces existing gender hierarchies. The emotional rewards, often cited by volunteers, can thus obscure the systemic failure to recognise care work as skilled and indispensable.

Despite these critical insights, much of the empirical literature on birth support remains focused on individual outcomes and programme-level success, rarely addressing the structural dynamics that underpin these roles. Greater attention is needed to how care is socially organised and politically legitimised, recognising that genuine empowerment depends not only on the performance of care, but on its public valuation and redistribution.

This layered understanding is crucial when evaluating the impact of birth supporter training programmes. While these initiatives may offer valuable tools and affirm participants' lived experiences, they must also be examined in terms of how they position volunteers within health systems and wider gendered care economies. Empowerment in this context should not be assumed, but understood as contingent on broader structural transformation, rather than on individual participation alone.

In the next section, I return to my data in more direct relation to the study's theoretical framework. I consider how my findings relate to the Capability Approach and to Bourdieusian theory, and consider how structural inequalities and embodied dispositions shape women's participation in birth support training and their subsequent pathways through the field.

6.3.5 The Capability Approach and Bourdesian theory

By applying the CA in combination with Bourdieusian ideas, my study underscores the importance of not only individual agency, but also the structural conditions that enable or constrain it. Applications of combined philosophies in health contexts have emphasised the need to consider personal capabilities and systemic factors. Anand et al. (2009) have asserted that such a dual focus ensures a more comprehensive understanding of empowerment, moving beyond individual experiences to address broader societal structures. The birth supporter training programme provided an accessible and supportive environment for women, many of whom had historically been excluded from education. The programme appeared to serve as a catalyst for such women to re-engage, reflect, and thrive. However, the findings also echo concerns raised by Backhurst

(2012), who has previously warned that policy frameworks can oversimplify notions of ‘empowerment’, by focusing on participation numbers without addressing depth, diversity, or progression routes. In the present study, there is strong evidence that participants were not just attending, but, in their own words, transforming. As noted previously, it is hard to gauge the impact of the programme more comprehensively, since women who did not continue were not included as participants. Similarly, a risk remains that, without clear progression, recognition, or structural investment, this transformation may not translate into long-term opportunity.

Spiby et al.’ (2015) have previously considered the financial aspects of birth supporter provision as a standard NHS tool; concluding that it is an affordable and effective addition to care, when funded by charity provision. However, the authors were unable to offer a projection of the cost of a NHS-funded service. A longer term view, including a cost benefit analysis, is required. However, as recognition of long term cost-benefit strategies is not common practice in contemporary health service provision, is unlikely to happen. However, on a more optimistic note, Hart (2024) has previously employed the CA, drawing particularly on Nussbaum’s central capabilities list, to examine contemporary UK healthcare policy. Hart has argued that a capability-based lens supports a critical analysis of policy efforts aimed at shifting care into the community through separately funded initiatives, with the broader goal of fostering more person-centred healthcare. Whilst Hart sees this as rhetoric, the approach holds particular promise for maternity services. Maternity services are spaces in which relational care and community-based support have been historically well accepted and increasingly prioritised. Yet, as Khoo (2024) observes, recent global events and systemic challenges have disrupted many development aspirations, raising concerns about the feasibility and sustainability of any transformative goals.

This tension between aspirational policy discourse and lived, structural realities reinforces the relevance of applying a robust theoretical framework, particularly the CA in combination with Bourdieu’s theory of practice, to interpret the deeper implications of training, identity, and transformation in community-based maternity care. Feminist critiques within the literature highlight that caregiving volunteer roles are often feminised and undervalued (Einolf, 2011). Some studies argue that volunteering offers empowerment and visibility for women, especially those from culturally restricted backgrounds (Daoud et al., 2010), but others caution that it may reinforce traditional, unpaid gendered labour unless framed with care. Again, this tension remains underexplored in empirical work on birth support training. To better understand how these tensions play out in practice, it is necessary to reconnect the findings of this study with the theoretical framework developed in Chapter 2, particularly the combined use of Sen’s Capability Approach and Bourdieu’s theory of practice.

6.4 Connecting theory and findings: theoretical implications of the study

A critical reflection on the study's findings in light of the conceptual tools developed in Chapter 2 helps to illuminate the complex dynamics of agency, structure, and transformation in the context of birth supporter training, particularly the application of Amartya Sen's Capabilities Approach and Pierre Bourdieu's theories of habitus, capital, and field. In the present study, the combination of these frameworks enabled a multi-dimensional analysis of how women experienced, interpreted, and transformed through their engagement with birth supporter training. However, the study also emphasises the risk that, without clear progression, recognition, or structural investment, this transformation may not translate into longer-term opportunity. To better understand how and why such transformations might occur, and where they might stall, it is important to revisit the theoretical framework outlined earlier in the thesis.

6.4.1 The Capability Approach and educational experience

At the heart of Sen's (1999) CA is the principle that development should be understood as the expansion of real freedoms; people's ability to do and to be what they value. In this study, participants consistently framed the training programme not only as a means of helping others, but also as a vital opportunity to expand their own sense of purpose, capability, and agency. The capabilities of practical reason, affiliation, and voice, as elaborated by Nussbaum (2000), were evident in participant narratives, which often demonstrated critical self-reflection, emotional connection, and the reclaiming of self-worth.

For many participants, the programme reignited dormant aspirations and enabled them to reimagine their futures; an outcome that aligns with Nussbaum's emphasis on education as a vehicle for human development. However, rather than reiterating the broader moral argument for education, it is more useful here to consider which factors of the CA were most evidently supported by the programme, and which were less so.

Notably, the capabilities of senses, imagination, thought and affiliation emerged strongly. The programme's dialogic and emotionally open pedagogical approach appears to have supported reflective thinking and mutual recognition, helping participants develop both critical self-awareness and a sense of belonging. This was particularly significant for women whose prior experiences of education were marked by exclusion or marginalisation.

The capability of practical reason also appears to have been fostered, and can be witnessed in participants' narratives of personal growth and changed aspirations. Conversely, capabilities such as control over one's environment (political) and bodily integrity appear to have been less directly

supported by the programme, reflecting the limits of what such educational interventions can do in contexts still shaped by structural inequality and constrained agency.

Returning to ideas discussed in section 6.2.2, using the CA as a theoretical lens helped me to notice the relational and emotional dimensions of capability expansion. At the same time, the data also highlighted a limitation in the CA's framing; it does not fully account for the temporality of change and the ways in which capability expansion is often gradual, fragile, and uneven. Similarly, the CA does not fully capture the role of collective, rather than individual, agency. The importance of relational agency was clear in the study's data, with many participants emphasising capabilities that had been supported through engagement with group dynamics.

6.4.2 Bourdieu: habitus, capital, and social positioning

Bourdieu's concepts allow a deeper consideration of the constraints and enablers that shaped participants' engagement with the training. Many entered the programme with long-standing self-narratives of failure, exclusion, or unworthiness. Such narratives, and their influence, can be helpfully understood in relation to habitus; the internalised dispositions shaped by past experiences. Some participants, particularly those with minimal formal education or who had experienced long periods outside the workforce, expressed initial doubts about their right to learn or to contribute in a structured learning environment. However, the training appears to have facilitated a process of disruption and gradual adjustment of habitus. Through peer learning, affirmation by facilitators, and small successes, participants began to inhabit new social roles and internalise different expectations. For example, participant accounts of gaining the confidence to speak in class or to introduce themselves in hospital settings can be interpreted as examples of acquisition of symbolic capital; a form of recognition and legitimacy that alters one's standing in social and professional fields.

Bourdieu's concept of *field* is particularly relevant here. Although birth support is not a formally professionalised domain, it sits at the intersection of healthcare, community work, and maternal health policy. These are each *fields* with their own norms, hierarchies, and forms of capital. The training programme aimed to prepare participants to navigate such complex fields with greater confidence. However, the findings reveal that participants engaged with the field unevenly. Those with prior educational qualifications or experience in care-related roles often moved through the training with more ease, positioning themselves more confidently in relation to institutional actors such as midwives or NHS staff. In contrast, participants unfamiliar with structured learning environments, or lacking symbolic or cultural capital, expressed more uncertainty about how to 'belong' in these spaces.

Here, Bourdieu's theories of capital, habitus, and field make visible the subtle but powerful ways in which social positioning affected participants' trajectories. The training programme offered a shared opportunity, but the ability to convert that opportunity into meaningful and sustained change was shaped by existing forms of capital - including educational, social, or linguistic forms. This finding aligns with Robeyns' (2005) notion of conversion factors within the Capability Approach, but Bourdieu's lens offers a more concrete and relational understanding. Bourdieusian ideas draw attention not only to what individuals can do, but to how their dispositions (habitus) and positions within the field either enable or constrain their participation and progression.

Applying Bourdieu in the present study helped me to notice limitation of the Capability Approach itself. While the CA highlights what people are able to do and be, it is often less attentive to the implicit rules of the field; the unwritten norms and hierarchies that shape how capabilities are perceived, enacted, and valued. The CA risks presenting individuals as isolated agents of change, whereas Bourdieu's work insists that action is always situated within socially stratified contexts. For example, analysis informed by the CA alone might conclude that a woman's increased confidence is a capability gain. However, a combined lens, incorporating Bourdieusian ideas, would likely encourage a deeper consideration of the forms of capital necessary for such confidence to translate into social recognition or structural mobility. Thus, the interplay of both frameworks was crucial to the present study's approach, analysis and findings. While the CA supported a consideration of participants' agency and aspirations, Bourdieu's theories invited deeper reflection on the structural constraints and symbolic boundaries that framed, and sometimes limited, the realisation of those aspirations.

6.4.3 Tensions in educational practice

While the Capabilities Approach celebrates education as a means of liberation, my own study also emphasises subtle tensions associated with this idea. Drawing on work by Peters (1991), Cockerill (2014) postulates that education can also be a site of regulation and norm-setting. Backhurst (2015) has further critiqued the lack of philosophical creativity in much of professional education, warning against models that treat knowledge as static and learners as passive. These critiques are especially relevant in healthcare-related roles, where training often leans toward compliance and control, rather than critical engagement.

The participants in my study often felt they were being offered a stepping-stone, much like Nussbaum's story of Vassanti, an Indian woman escaping a constrained life through a small but significant educational opening. However, the stepping-stone metaphor itself raises questions; stepping towards *what*, and who defines the path? As a UK midwife, I understand the tension between individualised care and systematised training. While birth supporters do not provide

clinical care, their training must still prepare them to engage with formal systems, raising the risk of their training and subsequent participation reproducing rigid hierarchies if not carefully constructed. Some participants questioned the limits of the course's content or expressed desires for deeper work, while others feared overstepping professional boundaries. These accounts reflect the fragile balancing act between empowerment and restriction within non-clinical roles. It is here that the critical lens of both Sen and Bourdieu prove invaluable. The CA foregrounds what individuals can become, while Bourdieu reminds researchers that these possibilities are always filtered through social structures, cultural norms, and institutional boundaries. This tension between individual potential and structural constraint also shaped my consideration of alternative theoretical perspectives. While the Capabilities Approach and Bourdieu's various theories provided a strong foundation, I explored additional frameworks to address aspects of the data that remained under-explored.

6.4.4 Alternative theoretical perspectives

I considered several theoretical approaches that could support deeper understanding of the experiences of women encountering, and being part of, the birth supporter programme. Ultimately I felt that the CA provided the most relevant theoretical foundation for understanding the pertinent issues of personal transformation and professional integration. The decision was both theoretically and personally informed. My engagement with Hart's work on the CA in education (e.g. Hart, 2012), including an informative postgraduate seminar, inspired my early interest and helped me understand how the model aligned with the values and aims of my project. Her encouragement of my theoretical direction affirmed its relevance to real-world educational settings and under-researched community contexts.

In devising my core theoretical framework, I also considered the merits of a range of other theoretical models. Firstly, I explored feminist research traditions, particularly given the gendered nature of the training context and volunteer role. However, I ultimately decided not to anchor the study solely within a feminist framework, in part to maintain an inclusive focus on broader human development and social structure. While many of my study's findings resonate closely with feminist scholarship around care, empowerment, and voice, I did not want to frame the research solely in gender-based critique. Nonetheless, the influence of feminist thought is evident in my reflexive approach, attention to voice, and consideration of power dynamics in learning. In my thinking beyond feminist theory, I also explored educational frameworks that could account for the depth of personal and perspective shifts described by participants. Transformative Learning Theory (Mezirow, 1991) was one educational theory that I found potentially relevant. Its emphasis on adult learners undergoing deep perspective changes through critical reflection certainly holds resonance in relation to many of my participants' descriptions of new-found confidence, self-worth, and altered

aspirations. However, Mezirow's model focuses primarily on internal, cognitive change, and pays less attention to structural and relational dynamics. My aspiration was to explore learning as both a personal and a social process; a process shaped by social positioning, economic constraints, and community belonging.

I identified Situated Learning Theory (Lave & Wenger, 1991) as a further, although secondary, theoretical resource to use in the study. Situated Learning Theory is referenced at several points throughout the thesis. Lave and Wenger's notion that learning takes place through participation in authentic social practices resonates with the experiential and relational learning evident in the birth supporter training. Similarly, SLT resonates with participants' experiences of fitting into a practice environment to be able to provide effective care - a topic explored in particular in relation to RQ3. While this theory captures how learning occurs, it is less helpful in addressing questions of why learning matters, or how it contributes to justice, inclusion, and dignity; questions which are central to the CA.

Freire's Critical Pedagogy (1970) was another influence on the thesis, though perhaps less explicitly so. Freire's call for dialogue, consciousness-raising, and learner empowerment resonates with many of my participants' accounts of feeling 'seen,' 'respected,' and emotionally transformed. However, the explicitly revolutionary tone of Freire's work, and its application in politicised or classroom-based contexts, felt misaligned with my desire to explore more subtle, everyday forms of transformation in community-based learning. Freire's ideas have nonetheless influenced my appreciation for education as a tool of liberation and identity-making.

Knowles' Adult Learning Theory or Andragogy (Knowles, 1980) is a theoretical approach that I have drawn on frequently in my professional role as a higher education (HE) teacher. This theory also informed my early thinking about the research. I still find the theory useful for thinking about how adult learners bring life experiences and internal motivations into learning spaces. Some of the participants in my study had previously disengaged from education, and the training appeared to reignite their self-belief as capable, thoughtful learners. Whilst Knowles' framework is pedagogically useful, it lacks a critical or justice-oriented dimension. It does not, for instance, engage with the ways in which power, habitus, or social exclusion might limit the realisation of an adult learner's potential.

Finally, in reflecting on the methodological design of the study, I recognise that, in some ways, a mixed-methods approach might have strengthened the project. While I considered this early on, the available quantitative data of progression tracking and demographic patterns was inconsistent and limited. Had the data been more constantly available, a mixed methods approach might have added important layers to the findings, illuminating the practical impact of training on future

volunteering or employment, and offering measurable insights into long-term engagement. Such an approach might also have helped me to bridge the relational and structural outcomes with systematised patterns. Once I identified the issues with the availability of consistent quantitative data, I decided that a primarily qualitative approach was best suited to generating data about the lived experiences of my participants. A future study with better quantitative support and more advanced data collection tools, might usefully explore how such transformations unfold over time and at scale.

6.4.6 Summary

In summary, the findings of this study strongly align with the combined theoretical framework. Application of this framework to the data illuminates how education, when structured around human development and social justice, can transform individual lives, particularly for women navigating exclusion and caregiving responsibilities. At the same time, the findings also highlight how these transformations are situated, shaped by habitus, symbolic power, and institutional limits. The use of both Sen and Bourdieu offered the critical and conceptual tools to capture this complexity and, in doing so, enriched my understanding of birth supporter training, not only as a social programme, but as a theoretical and political site of possibility.

6.5 Implications for policy and practice

The study's findings hold significant implications. Most importantly, they hold implications for how volunteer birth supporter training is designed, delivered, and understood. This is particularly salient in relation to policy and practice within community-based education and UK maternity care. The women who participated in the programme did not simply gain skills, they experienced shifts in identity, confidence, and belonging. Their narratives highlight that such training cannot be viewed through a solely utilitarian lens, as a means to deliver more hands at the bedside, but should be recognised as a powerful, transformative site of human development.

6.5.1 Reimagining the purpose of community education

In such contexts, education becomes more than the acquisition of knowledge or skills, it is a means of reclaiming voice, agency, and visibility. My study highlights how the birth supporter training programme functioned as such a space, where women began to reimagine their roles in society and exercise capabilities that had previously been underdeveloped or constrained. In recognising and supporting women as thinkers, contributors, and learners, the programme aligns with Nussbaum's (2000) vision of education as central to building a just and inclusive society.

I consider this framing an essential read for policy-makers and commissioners. Too often, informal or community-based education is undervalued, especially when it is feminised or focused on

caregiving labour. This study suggests that birth supporter training can provide more than a gateway into volunteering. In the present study, it enabled women to reposition themselves in a place of knowledge, confidence, and community; fostering what Nussbaum calls the capabilities of practical reason, affiliation, and emotions. Such capabilities are critical, not just for personal growth, but for the formation of flourishing societies.

6.5.2 Supporting reflexive and relational pedagogy

The structure of the course explored in the study fostered knowledge acquisition, emotional openness and relational learning. As both a researcher and a midwife familiar with formal training environments, I was struck by how powerfully the emotional and interpersonal dynamics of the programme shaped learning outcomes. Participants repeatedly spoke about how dialogue, storytelling, and shared vulnerability were central to their experiences. This finding aligns closely with Brookfield's (2005) concept of critical reflection, which suggests that learners can reframe their understandings and interrogate deeply held assumptions through social interaction and personal reflection.

The emotional tone of the course, described as supportive, non-hierarchical, and affirming, created a kind of pedagogical space that is rarely found in mainstream health education. In this space, women tentatively tested out new ideas, expressed uncertainty, and began to reimagine themselves as capable contributors to care. From a pedagogical perspective, these are not peripheral elements of learning, but rather core conditions for transformation. In the present study, the building of trust, confidence, and connection appeared to enable the growth of new capabilities, as described by both Sen and Nussbaum, especially those tied to voice, affiliation, and emotional strength.

6.5.3 Challenging what counts as success

My findings suggest that the evaluation of similar training programmes requires a broader understanding of what constitutes 'success'. Standard measures such as attendance or knowledge assessments are insufficient for capturing the layered and often transformative outcomes described by the participants in the present study. Capabilities such as confidence, voice, aspiration, and emotional strength are less measurable, but deeply significant. For women navigating complex family roles, historical exclusion from education, and lack of professional opportunity, these are not incidental benefits; they are foundational outcomes.

It is recommended that commissioners and service providers consider how such outcomes can be understood, evaluated and celebrated in reporting structures. This could, for example, involve the use of narrative evaluation, reflective journaling, or learner-led portfolio development. These are all

tools that can be used to support reflection on, and help evaluators capture, the qualitative, situated, and lived impacts of training.

6.5.4 Creating progression pathways and lifelong learning

Boud and Solomon (2001) have highlighted the transformative potential of workplace and community-based learning, especially for women. The authors have argued that informal education should be recognised as a site of learning of equal validity with formal education, particularly when it fosters confidence and re-engagement with future possibilities. This was clearly evident in my own study, as several women described a process of reimagining their educational trajectories, including aspirations to pursue further training or higher education. These aspirations can be understood as 'capabilities of aspiration' (Hart, 2012), emerging not from externally imposed targets, but from internalised hope, self-worth, and forward thinking.

In policy and practice, this demands the creation of clear progression pathways, which could take the form of support for accessing further training, funding information, mentoring opportunities, and formal links to vocational education or employment. Such pathways must be inclusive for women who may have non-linear or disrupted educational journeys, in recognition of the fact that adult learners often need flexible, affirming, and relational forms of guidance. This being said, Khoo (2024) raises the pragmatic, if pessimistic, question:

> '*How can we speak about fostering transformative learning spaces, or envisioning reparative futures, in the world that we have now?' (*p.157).

Khoo emphasises that the removal of oppression is now rarely discussed in the CA community. Conversely, the work of Sriprakash (e.g. 2020) theorises what she sees as a 'just' future for education. Sriprakash imagines a just future as education that is non-oppressive and provides transformative learning spaces. Indeed, while the CA began with an emphasis on addressing structural inequality and oppression, these priorities are now often overlooked in work drawing on CA. Educational structures supportive of transformation are also required by birth supporters. Sriprakash's vision of non-oppressive learning environments aligns closely with the aspirations described by participants in my study, who sought spaces where they could grow and reclaim agency without judgment. These principles of dignity, inclusion, and transformation also hold important implications beyond education, particularly in the integration of community-based support roles into mainstream healthcare. The following section considers how birth supporter roles might be more formally recognised within care structures, ensuring that their contributions are valued, supported, and sustained.

6.5.5 Health system integration and role recognition

Given the alignment of this programme with NHS Trusts across East London, the findings also support greater recognition and structural integration of trained birth supporters within formal maternity systems. NHS midwives and clinicians consistently report time pressures and system strain (RCM, 2023). This situation could be relieved by appropriately trained birth supporters. Well trained birth supporters can relieve some of the emotional burden shouldered by birthing people and maternity service workers by offering continuity, calmness, and non-clinical presence. Participants in this study frequently reported that their presence was welcomed, especially when midwives knew what their training had entailed and had prior experience of working with birth supporter programmes. This point might be important in relation to the delivery of midwifery education. For example, a short birth supporter placement for student midwives might be a valuable experience in multiple ways, including in its ability to foster greater understanding and empathy between midwives and birth supporters.

To support this integration, service designers could introduce Trust-level briefings or staff induction packs about the birth supporter role. They could also encourage collaborative meetings or reflective sessions between volunteers and staff and design referral or assignment protocols that meet learner needs and communicate expectations. This would ensure that birth supporters are not marginalised or misunderstood, but rather embedded as part of a broader care ecology that values both professional and relational expertise.

6.5.6 A transformative space worth investing in

My study's findings emphasise that well-designed volunteer training is more than a pathway into unpaid work. Rather, it can serve as a transformative educational space. The birth supporter training programme experienced by women in the present study fostered confidence, reaffirmed identities, nurtured critical thinking, and facilitated volunteers' re-engagement with society and opportunities. These findings highlight the importance of reframing what constitutes 'success' in training programmes to include both the outcomes for the birthing people supported and the outcomes for those providing the support.

Policy and practice must move beyond constructing birth supporter training programmes myopically as service provision tools. Instead, such programmes should be viewed as platforms for empowerment, learning, and long-term social change. With thoughtful design, inclusive pedagogy, and appropriate system integration, birth supporter training can exemplify a model of woman-centered, community-rooted education that aligns with the broader aspirations of public health, lifelong learning, and maternity service transformation.

Critiques have emerged regarding the evaluation of such programmes. Traditional metrics, such as attendance, content retention, or progression into employment, may not fully capture the depth of transformation participants experience. Recent studies, including my own, emphasise the importance of assessing the development of capabilities, such as agency, empowerment, and social inclusion, as more comprehensive indicators of success. The application of the Capabilities Approach in evaluating volunteer training programmes has been discussed in recent literature. This approach emphasises the real freedoms individuals have to achieve lives they value, offering the possibility of a mode of evaluation focused on whether training programmes genuinely expand participants' capabilities. Murray (2023) has advocated for the use of the CA in understanding pedagogic rights within course design, envisaging student-based learning with student-led course planning. Such an approach could be an interesting exercise for trainee birth supporters. Those who have completed birth supporter training programmes could usefully be asked to be part of education planning teams. I advocate for this approach in particular in light of my reflections on my methodological approach and what it achieved (and did not achieve). Inclusion of members of the existing volunteer birth supporter team in planning my approach to data collection could have added depth and understanding to the study. Especially in the data collection process where those deciding not to take the volunteer birth supporter course were lost to my research.

It is true that critique exists around student planned courses. For instance, education philosopher, Biesta (2014) has questioned how learners might know what they need to learn. In 2016, I wrote an unpublished essay expressing my own doubts that student-led learning and course planning could ever be an effective part of nursing and midwifery education. I now recognise that student planning would be entirely feasible, and exciting to facilitate.

6.5.7 Evaluation of a programme as the beginning of student-led course design

In light of my study’s findings, I believe that effective evaluation of birth supporter training programmes necessitates a shift from traditional metrics, such as attendance and content retention, to more participant-centered approaches. Recognising the transformative potential of these programmes, it's essential to assess emotional safety, confidence-building, and relationship-based learning. Such an approach aligns with the Capability Approach, emphasising the real freedoms individuals have to achieve the lives they value.

The birth supporter education programme at the centre of my own study is at present evaluated by its learners on a superficial level. I hope that my study’s findings will facilitate the development of more robust evaluations for this programme in particular, such as through easy-to-access, pre-designed tools.

Incorporating evaluation as a foundational element of course design should empower participants to contribute to the development and refinement of training programmes. By actively involving volunteers in the evaluation process, programmes can become more responsive to learner needs, foster a sense of ownership and enhance the overall learning experience.

6.6 Implications for research

To date, research on doulas and volunteer birth supporters has primarily focused on their impact on birth outcomes, client satisfaction, and system-level benefits. While some studies briefly note volunteers' sense of fulfilment or community engagement, these accounts are often descriptive and lack theoretical framing. My own study offers a distinct contribution by exploring, in depth, the motivations, lived experiences, and perceived educational and personal development of women engaged in a structured birth supporter training programme. To my knowledge, this is the first research to apply Sen's Capability Approach (CA), alongside Bourdieu's concepts of habitus, capital, and field to examine how such training reshapes women's confidence, aspirations, and perceived agency. In doing so, the study reframes volunteer training as a space not only of preparation for service, but also as a site of transformation and human development.

While the findings affirm that the training enabled many participants to activate capabilities, it is equally clear that the course functioned as a conversion factor, as discussed by Robeyns (2005), transforming existing desires or latent abilities into more concrete, visible forms of agency. As such, the findings suggest that the CA is a valuable framework for interpreting motivation, but only when read alongside sociological insights that account for embedded constraints. In the present study, women's motivations were simultaneously individual and collective, aspirational and responsive, emotional and structural; reflecting a complex interplay of freedom and context that cannot be understood fully with CA alone. Bourdieu's theories have added a vital extra dimension to the work. Meanwhile, Lave and Venger's work (e.g. 1991) has also been useful in helping me understand how trainees move gradually into the field of practice, by developing knowledge and respecting others. I propose that the birth supporter training programme examined in the present study facilitated this by supporting incremental increases in knowledge over seven weeks of learning. The inclusion of implicit and explicit examples from midwives in the classroom and a gradual move towards skilled practice were also important. This seven-week birth supporter training was a compulsory component of becoming a birth supporter for this inner city charity. Although all those involved in my research decided to take the necessary step, it is important to note that there were mixed feelings about this. As expressed in my earlier discussion of both themes one and two, participants did not always know what they were getting into. Some felt they might be in the wrong place or were scared by the school-like feeling of being in training. Some participants felt 'too old', 'not clever enough', or said they had 'never been good at learning'. Some felt they had 'done all

this before', questioning 'is it a good use of my time?'. Ultimately, as a practitioner and a researcher, I found that this dual-theoretical framing supported a deeper understanding of how women navigate personal growth within systems that are not always designed with their development in mind.

6.7 Chapter summary

In this chapter, I have interpreted the study's findings through the lenses of the three research questions. I have also returned to my findings to discuss their connection with prior literature and with my theoretical framework. Women in the study often approached the birth supporter training with complex and deeply personal motivations. For many, the decision to join the programme stemmed not only from a desire to help others, but also from a need to reclaim space for themselves; emotionally, socially, and intellectually. This finding speaks directly to the Capability Approach's emphasis on practical reason, agency, and affiliation, demonstrating how volunteer training can become a gateway for self-recognition and renewal.

Reflecting participants' own perceptions of the personal and educational effects of the programme, the findings illuminate a process of growth that was relational, emotionally rich, and strongly dependent on a supportive learning environment. While some studies have focused on satisfaction and improved self-esteem in volunteers, my own study contributes a more complex and critical understanding of how confidence, dignity, and aspiration evolve within pedagogical spaces shaped by trust and inclusion. These experiences also speak to the role of critical reflection, shared vulnerability, and community in adult learning, qualities supported by Brookfield (2005) and echoed in feminist education literature.

In examining the relationship between training and subsequent practice, my study further contributes to an underexplored area of research. Participants' real-world engagement as birth supporters confirmed, extended, and sometimes challenged what they had learned in training. This highlights the importance of sustained support beyond the classroom. It also shows that capabilities such as confidence, voice, and emotional resilience are not fixed outcomes, but evolving processes that unfold over time and through embodied practice.

In the chapter, I have revisited my theoretical framework, positioning my findings in relation to the dual lens of Sen's CA and Bourdieu's theory of practice. Overall, this theoretical combination proved powerful in highlighting both the internal transformations and the external constraints that women navigated in the present study. By engaging with key concepts such as habitus, symbolic capital, and conversion factors, the study was able to shed light on how learning was shaped by classed, gendered, and institutional dynamics. Crucially, the inclusion of a reflexive practitioner

perspective enriched the theoretical analysis, offering insight into how formal structures intersect with lived realities in complex, situated ways.

In relation to previous research, this study makes a distinctive contribution. While much of the existing literature focuses on the benefits of doula or birth supporter care for birthing women, very little considers the experiences of, and benefits to, volunteers themselves. The current research fills this gap by foregrounding participants' experiences and tracing their educational journeys in relation to a theoretical and reflective framework. It expands the field by offering empirical insights with implications for practice. In particular, the study illustrates that community-based training should not only be evaluated in terms of immediate service delivery, but also in terms of how it fosters (or fails to foster) dignity, agency, and aspirations for the future.

Ultimately, this chapter has argued for a broader and more holistic understanding of success in volunteer training. Rather than limiting evaluation to metrics such as attendance or knowledge acquisition, this research suggests that outcomes such as confidence, voice, emotional growth, and self-worth are equally vital. These insights have clear implications for the design and delivery of community-based health education; learning environments that centre care, inclusion, and critical reflection offer not just training, but transformation.

Chapter 7: Conclusions and recommendations

7.1 Chapter introduction

This thesis has presented the findings of a research study that explored the effects of a seven-week, community-based training programme on volunteer birth supporters in a large UK city. My overarching aim for the research was to understand the impact of birth supporter training on women in three deprived Boroughs of East London (UK). To achieve this aim, I devised three research questions. Firstly, did 'capability', as described in Sen and Nussbaum's Capability Approach, impact on women's intrinsic motivations to undertake volunteer birth supporter training? Secondly, how did volunteer birth supporters in one large UK city perceive the personal and educational effects of a seven week training programme? Thirdly, did practice as a birth supporter following training have an impact on volunteers' perceptions of the personal and educational effects of their training?

I was inspired to undertake this study because, having worked for several years as a trainer for the group, I was surprised, and slightly puzzled, by their growing enthusiasm, confidence and joy for the subject and the role that they were about to undertake. As I have explored in Chapter 3 ('Literature review'), a range of literature to date has considered volunteering and volunteer education in general, as well as volunteering as a birth supporter. However, relatively little has been published about the effects that training for, and working in, this specialised voluntary role has on its volunteers. As noted in Chapter 2 ('Theoretical framework'), there is also very little research on birth supporter training that draws theoretically on the capabilities approach. This was, however, a theory that I believed to hold potential in this field. The identified need for research on this topic is not merely academic or abstract. Studies like my own are needed to ensure that future training programmes offer conditions that enable individuals to thrive in context-specific and personally meaningful ways.

I addressed gaps in previous research by carrying out a predominantly qualitative study, consisting of: (1) open-day questionnaires completed by 12 women; (2) early-course focus groups with 18 women; (3) post-course focus groups with 13 women; and (4) narrative interviews with 3 practising birth supporters. I presented my analyses and findings in Chapter 5. Chapter 6 brought together some of the strands of scholarly argument running through the rest of the thesis, to highlight the most significant findings and discuss them in more depth, focusing on interpretation of the data and on beginning to tease out some of the implications of the findings.

In this final chapter, I will foreground what I consider to be the study's *most important findings* and explain their *significance*, as well as their *limitations*. Next, I summarise the study's implications and practice applications. Finally, I discuss my recommendations for future research.

7.2 Summary of key contributions to knowledge and limitations

This research makes several original contributions to knowledge. Some empirical and some theoretical. I will discuss each key contribution to knowledge below, exploring how the thesis has evidenced this contribution and any limitations associated.

7.2.1 The potential of the capabilities approach for exploring women's intrinsic motivations to undertake volunteer birth supporter training

I consider that the most significant theoretical contribution of this thesis lies in its demonstration of the Capabilities Approach (CA) as a valuable framework for exploring women's intrinsic motivations to undertake volunteer birth supporter training. While the CA has previously been applied in maternal health research, particularly in relation to women's resilience during labour, access to health services, and structural inequalities in reproductive rights, this study is the first to apply it directly to the volunteers themselves. Specifically, I have used the CA to understand how women interpret, experience, and are transformed by the opportunity to become trained birth supporters.

This is important because existing literature tends to focus either on birth outcomes associated with support roles of doulas or of volunteer birth supporters, instead of exploring the motivations and aspirations of volunteers. By using the CA, particularly drawing on Nussbaum's central capabilities of affiliation, practical reason, and emotions, my study reveals how participants framed their engagement in the training as a form of self-reclamation. Many sought 'something for me,' a chance to reclaim agency and identity, often after long periods of caregiving, marginalisation, or disrupted education. Their motivations were not simply instrumental, but reflected deep emotional and social needs, including the desire to be seen, valued, and reconnected to the wider world. The CA enabled a nuanced understanding of how participants navigated structural constraints. It brought visibility to the conversion factors, both social and personal, that influenced their ability to translate opportunity into growth. This reframing positions training not just as skill acquisition, but as an entry point to broader human development.

However, there are limitations to this contribution. As a qualitative study with a relatively small and localised participant group, generalisability is limited. While the findings strongly indicate the utility of the CA in this context, further research, particularly in other geographic locations, with different demographics, or using longitudinal mixed-method approaches, would help substantiate and refine these claims. Additionally, integrating a more intersectional lens within the CA might offer richer

insights into how factors such as race, class, and migration status intersect with capabilities and motivations. Nonetheless, this study makes a clear theoretical contribution by showing that the CA offers a critical and compassionate lens through which to examine the subtle, often invisible, processes of motivation, growth, and transformation within volunteer training programmes.

7.2.2 Birth supporter training as a site of personal transformation and emotional development

A key empirical contribution of this thesis is the demonstration that volunteer birth supporter training, even when relatively short and delivered in community settings, can function as a powerful site of personal transformation and emotional development. The data gathered through focus groups, questionnaires, and narrative interviews consistently revealed that participants experienced the training not simply as an educational course, but as a deeply meaningful opportunity for growth. Many women described gaining confidence, finding their 'voice', and experiencing emotionally affirming outcomes that extended well beyond the formal content of the curriculum.

This finding contributes to existing literature by expanding understandings of what community-based training can offer to adult learners, particularly those who may have been excluded from traditional education or employment pathways. It also supports and adds new empirical depth to the concept of training as a relational and affective process, rather than solely one of skill transmission. The importance of group dynamics, facilitator respect, and peer support were repeatedly emphasised in participants' accounts. These factors enabled women to not only absorb knowledge but to feel validated, capable, and socially connected. This aligns with feminist pedagogical theories (e.g. hooks, 1994; Thompson, 2007) and supports the view that emotionally safe and inclusive learning spaces are essential for transformation.

This contribution also comes with limitations. The study's scope did not include follow-up beyond the immediate post-training period, except for the cases of three practising birth supporters. In this sense, it is not yet clear how sustained these transformations are over time. Similarly, it was not possible to fully explore the experience of participants who dropped out of the programme or those who were less positively affected. Future research might use longitudinal methods to track participants' confidence, aspirations, and social engagement over time, or investigate how different facilitation styles impact outcomes. The study nonetheless provides compelling evidence that training in this context is more than functional preparation. It is an intervention that can reshape identities, challenge internalised limitations, and open up new possibilities for engagement in community and public life.

7.2.3 Practice following training strengthens and redefines learning outcomes

Another important empirical contribution of this study lies in demonstrating how practice as a birth supporter, following the completion of training, deepens, tests, and often redefines the learning and transformation initially experienced during the course. While the training itself was consistently described as empowering and affirming, it was through real-world application that many participants fully internalised their identities as capable, compassionate, and legitimate contributors to maternity care.

Interviews with practicing birth supporters revealed that engaging directly with women during birth and in the antenatal/postnatal period brought about further changes in confidence, perspective, and self-understanding. Several participants described an emotional shift in how they viewed themselves, not only as supporters, but as agents of comfort, knowledge, and calm. Some participants expressed surprise at how their theoretical learning came alive in the practice setting, allowing them to draw from personal strength and emotional intelligence in ways they had not anticipated.

This finding strengthens the argument that community-based training must be understood not as a standalone intervention but as part of a continuum, in which practice consolidates and sometimes radically alters earlier learning. For some, it was only in the hospital or at a birth that they came to truly 'feel like a birth supporter.' This echoes theories of situated learning (Lave & Wenger, 1991), in which learning is embedded in action and developed through participation in a community of practice. It also reinforces the capabilities approach, which holds that opportunity and agency must be realised in practice, not just theorised in educational contexts.

There are, however, limitations. This finding is based on a small number of participants (n=3) who had completed training and gone on to practice. While their narratives were rich and revealing, further research with a larger sample and longer post-training follow-up would provide a more comprehensive understanding of how practice shapes learning and identity over time. Future studies could also explore how external factors, such as NHS staff acceptance, hospital culture, or community support, enhance or inhibit the transition from trained to practicing birth supporter.

This thesis offers new insight into how practical experience not only applies knowledge but also catalyses further growth, confidence, and self-efficacy. It makes the case that evaluation of volunteer programmes should extend into practice and follow the journey of the learner into lived community contribution.

7.2.4 Training as a site of emotional and social restoration

A further empirical contribution of this study is the identification of volunteer training as a restorative educational space, particularly for women who have experienced prolonged disconnection from formal learning, employment, or self-directed growth. The findings revealed that the seven-week birth supporter training course became, for many participants, a rare site of emotional validation, social belonging, and identity reawakening.

Rather than merely providing content about birth and support, the training was experienced as an environment where women could reconnect with dormant aspirations, explore emotional resilience, and reflect critically on their roles within families and society. Participants consistently described the space as 'supportive,' 'non-judgemental,' and 'for me.' This aligns with Brookfield's (2005) work on critical reflection in adult education and with Boud and Solomon's (2001) findings on informal learning's power to reshape identity and confidence. Furthermore, these experiences activated several of Nussbaum's central capabilities, including voice, affiliation, and emotions, elements not typically assessed in standard evaluations of volunteer training.

The study shows that, in the context of a safe, inclusive group setting, emotional growth is not a by-product but a core outcome. For some, it was the first time they had been listened to, affirmed, or encouraged to imagine a different future. As such, the findings call for emotional development to be recognised as a legitimate and essential outcome of community education, particularly for women positioned outside of traditional academic and employment pathways. These limitations lie in the scope of data collection. Emotional and relational outcomes are difficult to measure and rely heavily on self-reporting and facilitator insight. Future research could benefit from developing tools that capture affective growth more robustly perhaps combining qualitative data with peer feedback or reflective journaling. My research positions community-based training not simply as a skills-building intervention, but as a space in which dignity, confidence, and emotional presence are nurtured. In doing so, it challenges deficit-based models of volunteer education and contributes to wider discussions on what meaningful, empowering learning looks like, particularly for women at the margins of traditional education or employment. However, they do not capture long-term trajectories or outcomes beyond the study period. A more systematic exploration of intersectionality, longitudinal follow-up, and broader comparisons across training models and regions would be valuable next steps to further support and validate the claims made here.

7.2.5 Other contributions to knowledge

In addition to the core empirical and theoretical contributions outlined above, this study offers several further insights that enhance the wider understanding of volunteer training in healthcare-adjacent roles. Firstly, it demonstrates the value of reflexive, practitioner-led inquiry. As a UK midwife, I brought a dual perspective to the research, both as an insider and critical observer, which enriched the analysis and grounded the study in a real-world understanding of maternity care. This reflexive approach adds to a growing tradition of practitioner research that values lived experience as a resource for analytical depth. Secondly, the findings contribute to ongoing debates around the professionalisation and regulation of birth support roles. The study provides qualitative evidence that training helps women feel confident, credible, and safe in their practice, contrasting with concerns about untrained doulas who may, albeit unintentionally, place themselves or others at risk. This perspective is especially relevant in the context of recent calls for the regulation of doula work in the UK. Thirdly, the findings indicate how volunteer training can serve as a vehicle for broader public health goals. By fostering social inclusion, peer support, and enhanced confidence in navigating health systems, programmes like this one may function as low-cost, community-rooted interventions that align with current NHS policy priorities, including personalised care and community engagement. Fourthly, although intersectionality was not the central analytic frame, the study touched on how multiple identity factors such as ethnicity, age, class, and migration history, shaped participants' experiences. These overlapping influences warrant deeper exploration in future research and offer important context for designing inclusive training environments. Finally, the study highlights the role of volunteer training as a bridge to further opportunity. For many participants, the course prompted aspirations toward education, employment, and social contribution. These shifts, while less tangible than formal qualifications, represent powerful indicators of human development and capability expansion.

Limitations of these contributions must be acknowledged. The study's small qualitative sample, while purposefully diverse, cannot claim to represent all volunteer birth supporters. Long-term outcomes were beyond the scope of this study, as were systematic comparisons with alternative training programmes or models. Nonetheless, the findings provide a strong foundation for further work exploring the relationship between community-based training, identity development, and social transformation.

7.3 Recommendations for research and future application of the findings

This research, reported on by this thesis, offers important insights into the experiences and motivations of women undertaking volunteer birth supporter training. However, it also raises further questions that warrant deeper investigation. The findings suggest several areas where future research could strengthen, challenge, or build on the current work, particularly concerning long-term outcomes, training models, and broader applicability in different social and policy

contexts. Added to that, there are significant areas of practice and social policy where the answers in my research can support further development.

7.3.1 Recommendations for research

One of the most significant findings was the role of training as a transformative space, an environment that enabled participants to reclaim confidence, identity, and aspiration. While this study revealed these impacts qualitatively, future research should explore how such outcomes evolve. Longitudinal studies could examine whether these personal and professional transformations are sustained, how they influence future pathways, and what support is needed to embed them into long-term development. The research has also shown that motivation to train was deeply personal and often tied to prior educational exclusion or caregiving roles. Future research could use mixed-methods approaches to capture the intersections of motivation, identity, and socio-economic background. Including a larger and more diverse sample across different regions of the UK could also illuminate how local context influences participation and outcomes. Thirdly it has revealed differences in participants' confidence and engagement depending on prior experience and facilitation style. It is clear that trainer background, course pacing and group dynamics all affect outcomes and engagement, particularly for participants with differing educational histories or language needs. A fourth aspect is that while this research lightly touched on intersectional factors such as age, ethnicity, migration status, and class, future studies could explicitly frame their research through an intersectional lens. Doing so would allow for a more systematic analysis of how structural inequalities shape access to and experience of training and volunteering.

Finally, the findings call for research that better evaluates what counts as 'success' in volunteer and community-based training. Many existing evaluations rely on surface-level metrics such as attendance, knowledge tests, or role uptake. This research suggests a broader evaluative framework is needed. With a research structure that incorporates emotional, relational, and aspirational dimensions. Future work should consider how alternative, more human-centred metrics of success could be developed and tested.

Although my findings do not address the differences between trained and untrained birth supporters or doulas, or any specific associated with these differences, this is clearly an important area of investigation and a future research direction that could offer value to maternity provision. It would be useful for future research to offer an examination of whether structured training for all those acting as birth supporters, often referred to as doulas and defined in literature as individuals not related or closely connected to the birthing person or their family, enhances outcomes for mothers, babies and maternity services. Evidence of this kind could strengthen the case for

embedding such education within NHS practice and university curricula by demonstrating its potential to improve care, foster effective teamwork and reduce the risk of litigation. In the first instance, small-scale qualitative work exploring the experiences of trained and untrained doulas and the experiences of birthing women and midwives in relation to trained and untrained doulas, could provide a useful starting point and context for a larger clinical trial focused on medical outcomes.

While these directions are promising, it is important to acknowledge the limitations of qualitative research in providing generalisable data. Larger-scale and comparative studies would be necessary to substantiate the findings of this thesis and explore how they hold across varied contexts, including rural areas, hospital-based programmes, and other forms of volunteer healthcare training.

7.3.2 Recommendations for education and training providers

The findings arising from this study offer several important considerations for education and training providers working in the context of community health, adult learning, and volunteer preparation. The evidence suggests that volunteer birth supporter training is more than a skills-based course; it is a deeply relational and transformative educational experience. Therefore, training providers are encouraged to recognise and harness their potential as both a site of learning and personal development.

Firstly, course content needs to strike a balance between accessibility and challenge. Participants came with a wide range of educational backgrounds, from women with little formal education to those with degrees gained decades earlier. Programmes that embed reflective and experiential learning, while also offering differentiated support for written or academic tasks, will better meet diverse learner needs. Basic literacy support or optional academic mentoring may help to close confidence gaps, particularly for participants returning to learning after long absences. Secondly, the emotional and social atmosphere of the training was repeatedly cited as key to participants' sense of belonging and growth. Facilitators who were warm, inclusive, and non-hierarchical enabled participants to feel valued and respected. Providers should therefore invest in training and supporting facilitators to lead with care, emotional intelligence, and responsiveness. As Brookfield (2005) and Boud and Solomon (2001) argue, these qualities are not secondary, they are central to adult learning. Thirdly, training should acknowledge and work with the broader lives of participants. Many were balancing caregiving, precarious work, or limited income. With the use of flexible scheduling, opportunities for peer connection, and embedded pastoral support. Perhaps in the form of informal check-ins, signposting to childcare or social security benefits advice, which can all contribute to improved retention and engagement.

As a fourth recommendation, course evaluations would benefit from a move beyond traditional outcome metrics such as attendance or knowledge retention. This research indicates that growth in confidence, voice, and aspiration are equally important markers of success. Providers are encouraged to explore new ways of capturing learner transformation, through participant-led reflection, creative outputs, or narrative evaluation techniques. Finally, training providers should consider the longer-term journey of their learners. Many participants saw the course as a springboard to future aspirations, returning to education, seeking employment, or expanding their community work. Courses should include signposting to progression routes, whether into further training, formal qualifications, or volunteering pathways. Where possible, ongoing alumni support or follow-up workshops may help to sustain motivation and capability.

While these recommendations are grounded in rich qualitative evidence, it is acknowledged that not all providers will have the resources or infrastructure to implement them fully. However, even modest adjustments to course design, facilitation style, or evaluation methods could make a significant difference in how learners experience and benefit from training.

7.3.3 Recommendations for healthcare services and maternity care providers

The findings from this study offer valuable insights for healthcare services, particularly maternity teams and NHS Trusts that engage with volunteer birth supporters in their care settings. While the research focused primarily on training, participants' reflections on their transition into practice highlight key areas where healthcare systems can play a vital role in supporting, integrating, and sustaining this model of care.

In the first place, birth supporter training offers a practical pathway to widening participation in maternity care. Many of the women in this study had previously felt excluded from formal healthcare roles due to educational or social disadvantage. Their successful training and participation indicate that community-rooted, capability-informed learning can enable meaningful contribution from diverse groups. Healthcare providers should therefore recognise the value of such training and advocate for its continued support, seeing it not as peripheral but as complementary to maternity care. Secondly, midwives and clinical teams can benefit from improved induction and integration processes for volunteer supporters. Some participants felt uncertain about their role boundaries and how they would be perceived in professional settings. Simple actions, such as introductions during handovers, access to orientation sessions, or briefings on volunteer scope, can significantly boost confidence and safety for both the supporter and the birthing person.

A third aspect lies with healthcare teams who can be encouraged to value the unique contribution birth supporters can bring. This includes cultural insight, community connection, continuity, and

emotional presence. These forms of care, often overlooked in clinical training, are increasingly recognised as essential components of high-quality, equitable maternity care (Spiby et al., 2021; WHO, 2016). Supporters who are trained to listen, comfort, and advocate, while knowing when to step back, can enhance patient experience and potentially reduce stress or intervention rates, especially for vulnerable women.

Fourthly, healthcare providers and commissioners should resist the temptation to view volunteer support solely through a cost-saving lens. The women who take up this role do so with immense commitment, often balancing significant personal pressures. Their work should be acknowledged not just as an economic asset, but as a moral and relational one. Appropriate supervision, respect, and integration into multidisciplinary teams are crucial for ensuring the sustainability and legitimacy of this role. Finally, the question of regulation should be approached with care. While midwives and some maternity professionals express concern about unregulated doulas or volunteers (McLeish & Redshaw, 2019; Maxwell, 2020), this study suggests that rigorous, relational, and community-rooted training significantly mitigate those risks. Rather than seeking to control the role through rigid policy, healthcare services could instead collaborate with training providers to co-design shared standards, expectations, and referral pathways.

The findings suggest that healthcare systems should view volunteer birth supporters not as informal extras, but as integral partners in delivering compassionate, community-responsive maternity care. However, for these benefits to be realised, trust, training, and structural support must go hand-in-hand.

7.3.4 Recommendations for policy and political contexts

This study's findings have broader relevance for those involved in shaping public policy around healthcare, education, and social inclusion. The birth supporter training programme, while community-led, sits within a wider policy landscape shaped by austerity, workforce shortages, and a growing reliance on volunteerism to fill service gaps. As such, the findings have implications for how politicians, policymakers, and system leaders conceptualise and support volunteer-led initiatives, especially in health and care sectors.

Firstly, policymakers should recognise that volunteer roles, when appropriately designed and supported, can act as catalysts for personal development and civic engagement. The women in this study did not view their participation as simply 'helping out'; they described experiences of growth, dignity, and re-engagement with society. Therefore, policies that promote volunteering should be embedded within strategies for adult education, community development, and health equity, not siloed as cost-saving measures or workforce patches. Secondly, this study reinforces Hart's (2024) assertion that applying a capabilities lens to policy discourse offers a richer

understanding of what public initiatives should aim to achieve. Volunteer training programmes, such as the one in this research, support capabilities such as practical reason, affiliation, voice, and aspiration,outcomes that are not easily measured by traditional impact assessments but are vital for long-term well-being and community resilience. Policymakers should expand their definitions of success and invest in programmes that prioritise human development over narrow performance targets.

Thirdly, there is an urgent need to critically examine the increasing reliance on unpaid labour within healthcare systems. While the volunteer birth supporter role is deeply valued by participants and professionals alike, it must not become a substitute for adequately funded services or a back door to workforce de-professionalisation. Political discourse should address the ethical boundaries of volunteer deployment, ensuring that such roles complement, rather than replace, professional care.

Regulation debates, provide the fourth aspect, particularly in the doula and birth supporter space, require political sensitivity. As noted earlier, midwives and healthcare managers have expressed concerns about unregulated support workers (McLeish & Redshaw, 2018a). Yet, overly rigid regulation may undermine the accessibility and relational strengths that make volunteer roles effective. Politicians should support collaborative approaches to quality assurance, such as agreed training frameworks or voluntary registers, rather than imposing top-down mandates that risk excluding marginalised groups from participation. Finally, policy should consider how these programmes align with wider goals in public health, gender equality, and lifelong learning. The study shows that community-rooted training has transformative potential for women with limited educational attainment or disrupted career paths. This resonates with broader policy ambitions around health equity, social mobility, and the Sustainable Development Goals (SDGs). Support for birth supporter programmes should be framed not merely as a maternity strategy, but as a cross-cutting initiative with potential benefits across health, education, and social inclusion agendas.

In summary, political actors should not underestimate the significance of local, relational, and capability-enhancing training programmes. Rather than framing them as peripheral, they should be championed as part of a vision for a more inclusive, participatory, and human-centred public service landscape.

7.4 Final researcher reflection

This research project was shaped by my dual role as both a practitioner and a researcher. As someone who had been delivering volunteer birth supporter training programmes for five years prior to beginning this doctoral study, I brought with me a rich, experiential understanding of the

work. I had witnessed repeatedly the transformative effects the programme appeared to have on participants, how women entered the course with hesitation or uncertainty and emerged seven weeks later, with renewed confidence, clarity, and often an emergent sense of purpose.

My primary aim with this research was to understand how those changes were occurring. I was already seeing something meaningful unfold in the training space; the research offered a way to investigate it more rigorously, to uncover the mechanisms and conditions that supported transformation, and to evaluate whether these observations were more than anecdotal. Occupation of this insider position carried implications for reflexivity and potential bias. I was not a neutral observer, I was emotionally invested in the training and in the well-being of the participants. I was also aware of the power dynamics that may have shaped participants' responses, particularly in the groups I had taught. However, I worked to mitigate these issues by designing opportunities for anonymous feedback, involving groups I had not facilitated, and interrogating my interpretations through theoretical frameworks that emphasised structure, power, and capability. Instead of striving for detachment, I embraced a critically reflexive stance, acknowledging that my presence was part of the research context and that my knowledge was shaped by my proximity to the practice.

I also brought to this work a longstanding awareness of the tensions between midwives and doulas, stressful situations that I have encountered first-hand in maternity practice. I hoped that this research could contribute to a more constructive dialogue, by evidencing how thoughtful training might build bridges between professionalised and voluntary roles, rather than deepen divides, What I now recognise more clearly is that effective training is not simply about content, it is about context, pedagogy, and the emotional space in which learning takes place. This research has shown me that the women who come to volunteer are not just acquiring knowledge; they are reimagining their identities and testing new ways of being. To capture that kind of change, research must be open to stories, emotions, and complexity. I am proud that this thesis allowed those dimensions to surface, and that it has helped to centre the experience of women who are often marginalised in research and policy.

This journey has deepened my own understanding of learning, empowerment, and structural constraint. It has made me more critically aware of how systems shape possibility and how education can open up new futures. This is the heart of what both practice and research should strive for.

7.5 Chapter summary

This final chapter has synthesised the main contributions, implications, and reflections merging from the research. The study set out to explore whether the Capabilities Approach could illuminate women's motivations for undertaking volunteer birth supporter training, how they experienced the educational and personal effects of that training, and how subsequent practice shaped their perceptions of learning and growth. Through a multi-method approach, including questionnaires, focus groups, and narrative interviews. The study has addressed these aims and answered the research questions with depth, nuance, and coherence.

Each research question has been explored and substantiated through the six thematic findings presented in Chapter 5 and interpreted in Chapter 6. The first research question, concerning intrinsic motivation, was answered through rich data showing how women were seeking personal development, a return to learning, and a sense of agency,concepts powerfully illuminated by the Capabilities Approach. The second research question, on how women perceived the effects of the training, revealed that the programme was experienced as both emotionally affirming and intellectually stimulating, often described as 'something for me.' The third research question demonstrated that practice following training further enhanced participants' confidence, self-efficacy, and sense of contribution, although not uniformly or without challenge.

Together, these findings suggest that the aims of the research have been met. The study has also demonstrated that capabilities explained by the CA have a profound effect on women's motivations to approach and take part in the volunteer birth supporter programme and its compulsory seven-week training. Women's perceptions of the training were that it was effective, enjoyable, and transformational. They noticed their capabilities, such as confidence, affiliation, practical reason, and aspiration, developing during the educational intervention, and often deepening through subsequent experience. These were not incidental by-products, but essential outcomes of a thoughtfully designed, inclusive, and relational training programme.

In addition to addressing the research questions, this chapter has outlined four key contributions to knowledge, along with their limitations. It has also explored implications for practice, policy, and future research, encouraging a more holistic and person-centred approach to volunteer training and evaluation. Ultimately, this thesis argues that volunteer training, when approached through a capabilities-informed lens, is not simply a mechanism for filling service gaps; it is a space of transformation. Recognising and investing in this potential is essential for building more inclusive, empowering, and effective systems of care and community support.

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Appendices

List of appendices

Appendix 1: Open-ended survey

Questionnaire wording

Aspiration, motivation and confidence as outcomes of volunteer birth supporter training

You are being invited to take part in a research project that is designed to discover whether undertaking a volunteer training course may make a difference to the way that people feel about themselves and their future lives. The project would like to hear ideas both from women who take the course and from those who decide not to at this time to better understand which aspects of the training that may make it more or less accessible.

Before you decide it is important for you to understand why the research is being done and what it will involve.

Please take time to read the following information and the attached information leaflet carefully and discuss it with others if you wish. Take time to decide whether or not you want to take part and please do contact the researcher if there is anything that is not clear or if you would like more information.

What is the project's purpose?

It has been observed that there are women who would like to be involved in learning opportunities that will enhance their ability to access higher level education or more fulfilling employment. We are interested to know whether you think that a volunteer training course might help them to do this.

Why have I been chosen?

We would like to talk to people who have shown interest in the Women's Health and Family Service birth supporter training course.

For the purpose of this research we would like to talk to people who do not decide to take part as well as those who do.

Do I have to take part?

Taking part in this research is entirely voluntary and you can take part in as much or as little of it as you please. No information you give will ever be reported to the Women's Health and Family Service group, the Open College Network or anyone else. It will therefore not have any impact on your Maternity Mates training or your future plans.

You can complete and return this form without adding any contact details, the anonymous information that you provide will be very useful for the research, or you can add you contact details if you would like the researcher to invite you to talk further about your thoughts and experiences related to Maternity Mates training or attending the Maternity Mates open day.

By completing the questionnaire you are consenting to the information that you give being used in an anonymised form for the research project.

You will be asked to complete a separate consent form if you agree to take part in the interviews or discussion groups

Please contact the researcher at the address below if you would like to receive the questionnaire in a different format.

Question 1. Please would you tell us the age range into which you fall?

18-19 □

20-29 □

30-39 □

40-49 □

50-59 □

60-69 □

70+ □

Question 2. Please would you tell us to which ethnic group you identify with?

Asian, Asian British or Asian Welsh □

Black, Black British, Black Welsh, Caribbean or African □

Mixed or Multiple ethnic groups □

White □

Other ethnic group □

Prefer not to say □

Question 5. Which Borough do you live in?

[Options redacted to preserve anonymity]

Question 4. Please tick the box that most closely matches your decision to attend the Maternity Mates open day.

I knew about Maternity Mates and wanted to apply for the training □

I had heard about Maternity Mates and was interested to know a bit more about it □

I had not heard about Maternity Mates but thought it sounded interesting □

I enjoy a social occasion and meeting other women □

I would prefer not to say □

Question 5. Would you like to say a little more about your reasons for attending the open day?

[Free text box]

Question 6. What was your decision after attending the open day? Please tick the box that most closely matches your decision:

I am going to apply for Maternity Mates training now □

I am going to apply for Maternity Mates training in the near future □

I may apply for Maternity Mates training in the future □

I have decided not to apply for Maternity Mates training □

Question 7. Would you like to say a little more about your answer to question 5?

[Free text box]

Thank you very much for completing the questionnaire. Please return it to the postal or email address below.

If you would like to take part in an interview or group discussion about this research please add you name and contact details here. The researcher will contact you to arrange a mutually convenient time. Reasonable expenses will be refunded, along with a £5 gift voucher in recognition of your time on attendance at the interview.

The interviews and discussions will take place at the Brady Centre or one of the other training venues used by Maternity Mates in East London UK

Appendix 2: Focus Group semi-structured discussion guide

Introduction:

- Welcome
- Review/reminder of information sheet
- Reiteration that it's voluntary and no pressure
- Signing of consent form

Q1. 'Please can you talk to each other about what you will get out of the training?'
'How will that work for you?'

Q2 'What steps will you take to achieve what you want out of this training?'

Q3 'How do you feel about getting what you want?'

Optional prompts and probes (used throughout)*:*

For example:
'Tell me more about what you will get from this training and being a birth supporter,'

'Remember that this is about how you felt , and what you have got/are getting out of the training.'

Close and thank you for taking part.

Appendix 3: Narrative interview prompts

Introduction:

- Welcome
- Review/ reminder of information sheet
- Reiteration that it's voluntary and no pressure
- Signing of consent form

Q1. 'Please could you talk to me about your experiences of the birth supporter training and your role as a birth supporter following training?'

Q2. 'What did you hope to get out of the training?'

Q2 'What steps did you take to achieve what you want out of this training?'

Q3 'How do you feel about getting what you want?'

Optional prompts and probes (used throughout)*:*

For example:

'Remember that this is about how you felt , and what you have got/are getting out of the training.'

Close and thank you for taking part.

Appendix 4 : Research consent forms

AP4a. Consent Form Open Day Questionnaire Survey

Aspiration, motivation and confidence as outcomes of volunteer birth supporter training

Name of Researcher: Amanda Hutcherson

Participant Identification Number for this project:

Please initial the boxes

1. I confirm that I have read and understand the information leaflet for the above project and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

Contact ajhutcherson1@sheffield.ac.uk

3. I understand that my responses will be anonymised before analysis. I give permission for members of the research team to have access to my anonymised responses.

4. I understand that that my discussion with the researcher will be voice recorded and that the recording will be destroyed after being transferred to a written format

5. I agree to the discussion being recorded and transferred to a written format

6. I agree to take part in the above research project.

_____ _____ _____

Name of Participant Date Signature

(or legal representative)

Date

Signature

_____ _____ _____

Name of person taking consent Date Signature.

(if different from lead researcher)

To be signed and dated in presence of the participant.

_____ _____ _____

Lead Researcher. To be signed and dated in presence of the participant.

Date

Signature

Ap 4b Consent form for focus groups

Aspiration, motivation and confidence as outcomes of volunteer birth supporter training

You are being invited to take part in a research project that is designed to discover whether undertaking a volunteer training course may make a difference to the way that people feel about themselves and their future lives. The project would like to hear ideas both from women who take the course and from those who decide not to at this time to better understand which aspects of the training that may make it more or less accessible.

Before you decide it is important for you to understand why the research is being done and what it will involve.

Please take time to read the information leaflet carefully and discuss it with others if you wish. Take time to decide whether or not you want to take part in this research and please do discuss with the researcher that is not clear to you or if you would like more information.

Name of Researcher: Amanda Hutcherson

Participant Identification Number for this project:

Please initial next to the statement

1. I confirm that I have read and understand the information booklet for the above project and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

Contact ajhutcherson1@sheffield.ac.uk

3. I understand that my responses will be anonymised before analysis. I give permission for members of the research team to have access to my anonymised responses.

4. I understand that my discussion with the research group will be video recorded and that the recording will be destroyed after being transferred to a written format.

5. I agree to the discussion being recorded and transferred to a written format.

6. I agree to take part in the above research project.

_____ _____ _____

Name of Participant Date Signature

(or legal representative)

Date

Signature

_____ _____ _____

_____ _____ _____

Lead Researcher. To be signed and dated in presence of the participant.

Date

Signature

AP 4c NIHR Consent Form Wording

Consent Form

Evaluation of the NIHR CLAHRC NWL Systematic Approach to translating evidence-based research into practice in healthcare

Please read and confirm your consent to participate in this study by initialing the appropriate box(es) and signing and dating this form. Please inform the researcher if you would like your own signed copy of this form for your records.

1. I confirm that the purpose of the study has been explained to me, that I have been given information about it in writing and read it, and that I have had the opportunity to ask questions about the research and have had these answered satisfactorily. ✓
2. I understand that my participation is voluntary, and that I am free to withdraw at any time without giving any reason and without any implications for my legal rights. ✓
3. I give permission for the interview to be audio-recorded by the researcher, on the understanding that the recordings will be kept in a secure locked cabinet and/or secure password protected computer server and destroyed one year following the end of the study. ✓
4. I understand that anonymised quotes may be used in publications stemming from the research but not in any way that might allow for identification of individual participants. ✓
5. I understand that all personal and interview data will be kept confidential at all times and accessed only by approved researchers ✓
6. I agree that my details, including personally identifiable details, may be kept on Imperial College London computer systems/premises ✓
7. I agree that my research notes/data may be accessed by responsible persons from the Sponsor, NHS Trust, or regulatory authorities, in order to check that the research has been conducted correctly ✓
8. I agree to take part in this study. ✓

_____ _____ _____

Name of researcher taking consent Date Signature

_____ _____

Name of respondent

Date 5.9.16 AHutcherson

Amanda Hutcherson

Appendix 5: Information Sheet

Aspiration, motivation and confidence as outcomes of volunteer birth supporter training

Information Sheet.

You are being invited to take part in a research project that is designed to discover whether undertaking a volunteer training course may make a difference to the way that people feel about themselves and their future lives. The project would like to hear ideas both from women who take the course and from those who decide not to at this time to better understand which aspects of the training that may make it more or less accessible.

Before you decide it is important for you to understand why the research is being done and what it will involve.

Please take time to read the following information carefully and discuss it with others if you wish. Take time to decide whether or not you wish to take part and please do contact the researcher if there is anything that is not clear or if you would like more information. Thank you for reading this.

What is the project's purpose?

It has been observed that there are women who would like to be involved in learning opportunities that will enhance their ability to access higher level education or more fulfilling employment. We are interested to know whether you think that a volunteer training course might help them to do this.

Why have I been chosen?

We would like to talk to people who have taken or have shown interest in the Women's Health and Family Service birth supporter training course.

For the purpose of this research we would like to talk to people who do not decide to take the Maternity Mates training course as well as those who do.

Do I have to take part?

Taking part in this research is entirely voluntary, it is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. You can still withdraw at any time without it affecting any benefits that you are entitled to in any way. You do not have to give a reason for withdrawing. If you have decided to take a maternity mates training course your training or your result will not be affected in any way by your decision to take part, decline or withdraw from this research.

What will happen to me if I take part?

Below is a description of how the research will work.

a) If you make a decision not to take a maternity mates course.

If you have decided not to take the Maternity Mates training course you will be invited to speak to a researcher about your initial interest in the course and your decision not to take part in it at this time. You will be free to say as much or as little as you like in an open relaxed discussion with the

researcher. This discussion will take place at the Brady Centre, where your open day was held, at a time that is convenient to you between May and August 2018.

What you say will be voice- recorded and transcribed into written format. The recording will then be destroyed. The only people who will have access to it will be the researcher, the research supervisor and a professional transcriber who lives in another part of the UK with no contact with, or interest in Women's Health and Family Service or the Maternity Mates project. They understand the importance of confidentiality in research. What you say will be summarised for you to check before being used in a completely anonymised format to report on the project. It will not be possible for anyone to identify you from the research report.

No information about what you say will ever be reported to the Women's Health and Family Service group, the Open College Network or anyone else. It will therefore not have any impact on your future plans.

b) If you make a decision to take a Maternity Mates birth supporter course.

If you have decided to take the Maternity Mates training course you will be invited to be part of two group discussions with the researcher, one at the beginning of your course and one about six months after it finishes. Here you will have either a group discussion or one to one interview with the researcher about your decision to take the course. You will be free to say as much or as little as you like in an open relaxed discussion with the researcher and other members of your group. The two discussions will take place at the Brady Centre, where your open day was held or at one of the East London training venues that are used by the Maternity Mates training group. A suitable time and venue will be decided upon by the group between May and March 2019 .

What you say in a one to one interview will be audio recorded and in the group discussion video-recorded. Both will be transcribed into The recordings will then be destroyed. The only people who will have access to them before destruction will be the researcher, the research supervisor and a professional transcriber who lives in another part of the UK and has no contact with, or interest in Tower Hamlets Women's Health and Family Service or the Maternity Mates project and understands the importance of confidentiality in research. The video format will be used during discussion groups to help with transcription recognition and anonymisation of the speaker.

What you say will be summarised for you to check before being used in a completely anonymised form to report on the project. It will never be possible for anyone to identify you from the research report.

No information about what you say will ever be reported to the Tower Hamlets Women's Health and Family Service group, the Open College Network or anyone else. It will therefore not have any impact on your future plans.

What are the possible disadvantages and risks of taking part?

There are no predicted disadvantages in taking part. If by some unforeseen event you suffer upset or distress as a result of taking part in the research, the researcher who is an experienced health care professional and/or Women's Health and Family Service will be able to offer you support and referral to an appropriate service if necessary.

What are the possible benefits of taking part?

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this work will demonstrate women's motivation for taking part or not taking part in this type of volunteer training and go some way to deciding whether voluntary training can help to motivate and develop women who have few school qualifications to work towards undertaking a degree level training course at university. Participants will be offered reasonable expenses and a £5 food voucher as a thank you for taking part.

What if something goes wrong?

If you are unhappy about any aspect of the research or the way that you have been treated during the research you should complain in the first instance to the principle investigator:

Amanda Hutcherson

ajhucherson1@sheffield.ac.uk.

Or in writing to: Amanda Hutcherson, C/O Women's Health and Family Service, The Brady Centre,192-196 Hanbury Street, London, E1 5HU. Should you feel that your complaint has not been handled to your satisfaction by the Principal Investigator you are invited to contact the University of Sheffield Registrar and Secretary https://www.sheffield.ac.uk/.

Will my taking part in this project be kept confidential?

All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any reports or publications'.

What will happen to the results of the research project?

The results of the research will be put forward for the award of Dr of Education (EdD) in October 2019. It is planned that there will be two publications in professional midwifery or higher education journals and two national or international conference presentations of interim findings between 1st January 2018 and 31st October 2019. Final results will be published during 2020 and publication details will be sent to all participants who leave a current postal or email address with the researcher.

It will not be possible to identify any of the participants in the publications or presentations either during the research process or after its completion.

It is important for you to be aware that anonymised data collected during the course of the project might be used for additional research in the future.

Who is organising and funding the research?

This research is being conducted as part fulfilment of the requirement for a doctorate in education and is supported by the University of Sheffield. Any funding required will be provided by the researcher.

Who has ethically reviewed the project?

The project has been ethically approved via the education department's ethics review procedure. The University Research Ethics Committee monitors the application and delivery of the University's Ethics Review Procedure across the university.

Contact for further information

For further information your first point of contact is the Principal Investigator (researcher), Amanda Hutcherson.

ajhutcherson1@sheffield.ac.uk tel. +44 207 040 5871 (answerphone)

Postal address: FAO Amanda Hutcherson, WHFS (Women's Health & Family Services), The Brady Centre, 192-196 Hanbury Street, London E1 5HU.

This research is supervised by Dr. Caroline Hart at the University of Sheffield.
c.hart@sheffield.ac.uk tel.+44 114 222 8178

Appendix 6: Ethics permissions approval letter

Downloaded: 06/05/2025 Approved: 16/04/2018 Amanda Hutcherson Registration number: 150240666 School of Education Programme: Doctor of Education

Dear Amanda PROJECT TITLE: Aspiration, motivation and confidence as outcomes of volunteer birth supporter training APPLICATION: Reference Number 016731

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 16/04/2018 the above-named project was approved on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review: University research ethics application form 016731 (form submission date: 12/04/2018); (expected project end date: 19/10/2019). Participant information sheet 1038535 version 4 (12/04/2018). Participant consent form 1038536 version 7 (12/04/2018). If during the course of the project you need to deviate significantly from the above-approved documentation please inform me since written approval will be required. Your responsibilities in delivering this research project are set out at the end of this letter. Yours sincerely ED6ETH EDU Ethics Admin School of Education Please note the following responsibilities of the researcher in delivering the research project: The project must abide by the University's Research Ethics Policy: https://www.sheffield.ac.uk/research-services/ethics-integrity/policy The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.671066!/file/GRIPPolicy.pdf The researcher must inform their supervisor (in the case of a student) or Ethics Admin (in the case of a member of staff) of any significant changes to the project or the approved documentation. The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data. The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.