Wirral's First 1001 Days

Strengthening collective action to improve outcomes for Wirral Children, and empowering parents to nurture and support their children to achieve their potential

Year 1 Evaluation Report
April 2021 to March 2022

KOALA North West Supporting children & their families

FYT

1001 First 1001 Days Movement

My Child Can...

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Executive Summary

1 Introduction

1001 Days was funded through the Department of Health and Social Care (DHSC) & Public Health England's (PHE) "VCSE Health and Wellbeing Fund Starting Well 2020/21", which supported the expansion of existing delivery to improve health outcomes for children from preconception to two and a half years old.

The 1001 Days project is delivered over 27 months, with this report representing a 'year 1' timeframe from January 2021 to March 2022. A final report will be produced accounting for all project activity to March 2023.

While the grant specifically funds some services delivered by Koala NW and the Foundation Years Trust, it has facilitated a cross-agency service redesign that aims to strengthen collective action to empower parents to nurture and support their children to achieve their full potential. It is targeted at Wirral's five most deprived wards; Bidston & St James, Birkenhead & Tranmere, Rock Ferry, Seacombe, and Leasowe & Moreton East.

Delivery is centred around four goals, each of which included specific outcome indicators:

1. Increase breastfeeding initiation rates
2. Increased perinatal mental health support
3. Improved speech& language by age 2.5
4. Improved health outcomes

These were established in the original application form, written in October 2020, and was based on several assumptions about how the partners would be able to collaborate to deliver the project. As time has progressed it has become apparent that several of these ambitions have been slower to manifest than anticipated; such as how families would move between partners, the need to burden families with forms and surveys in order to collect the required evidence, and the ability of partners to share outcomes data. Furthermore, more recent evidence for newer models of delivery in the sector have defined alternative ways of working that reflect families' needs, such as the Family Toolbox Alliance model that helps to embed the original ambitions of the 1001 Days programme, not only in the 0 – 2 range but across the entire early help sector.

Despite challenges in reaching the original project aims, strong progress has been made during the first year of activity.

2 Overall Take Up Of The 1001 Days Programme

The target for families who have been referred in was 2,000, and so far a total of 1,930 families had been referred in – representing some 97% performance with a further year of delivery ahead. It should be noted that a significant number of families are yet to complete feedback surveys, and as such the overall response rates are expectedly low in this initial Year 1 report.

3 Goal: Increase Breastfeeding Initiation Rates

Feedback data shows that most wards have an increased level of breastfeeding due to 1001 Days (for example an increase from baseline of 20% in Bidston & St James), with only Leasowe & Moreton East experiencing a reduction that indicates a specific focus during Year 2 of activity.

4 Goal: Increased Perinatal Mental Health Support

Feedback evidences that the majority of families report an improvement in the four outcome indicators; 85% of families experienced a decrease in isolation, 83% a reduction in stress/ anxiety, 74% improved parent-infant relationship, and 76% improved perinatal mental health. Parents frequently tell us that they don't know if they are 'doing a good job' with their children, which can be a source of stress and an inability to cope. The high percentages indicate that 1001 Days is having the intended impact on parents understanding of their role and their confidence within that role.

5 Goal: Improved Speech And Language By Age 2.5

Feedback demonstrates most families have positive outcomes; 71% report improved children's communication and language, 80% increased parental understanding of early development, 67% increase in parents reading more with their child, 69% increase in parents providing opportunities to enhance development. The fact that a higher percentage of parents report 'increased understanding of their child's early development' than the percentage of those that have changed their behaviour with regards to reading more or introducing more opportunities to enhance learning, is a trend that we often see. Changing habits is a longer-term goal more easily achieved once there is clarity on *why* something is important, which will be a focus in Year 2.

6 Goal: Improved Health Outcomes

In Year 1 there was a lack of consistent data collection on the number of families reached with generic public health messages, and the difference this made. In the last six months, health messaging was focused on the predicted winter RSV surge, which was also an opportunity to share wider health messages. Information regarding RSV was shared with every new parent in the five wards, and with parents with older children 0-2.5 years through promotion at play groups, nurseries, through the wider 1001 Days network. In Year 2 activity will link with public health to ensure that teams are not only providing specific information on priorities such as smoking and obesity during the first 1001 days but that public health messaging is threaded more effectively across the whole 1001 Days service.

7 Recommendations For Systemic Changes To Systems And Delivery

- Learning from the first year of delivery, as well as specific consultation with partners and stakeholders, has identified several recommendations to help shape and inform Year 2:

- **Antenatal Activities; r**eiterate with midwifery services the importance of developing a joined-up strategy between all partners and of having representation on 1001 Days strategic board. This should be actively supported by the commissioning service, the Health and Wellbeing Board and the ICP.

- **Breastfeeding; m**idwifery agree to data sharing with 1001 Days so Wirral has an opt out service for all pregnant women to receive information about breastfeeding and wider 1001 Days programme.

- **Mental Health; i**ntroduce opportunities for workforce development on supporting mental health and understanding of the pathway available to families, across the 1001 Days partnership's staff. Also that 0-19 Specialist Perinatal Mental Health Visitor to work closely with 1001 Days partners.

- **Speech and Language;** revisit the Speech & Language pathway with staff across the partnership to generate better understanding of what the different programmes offer, including services offered by VCSE partners, and whether they provide a progression for families or are complementary programmes. Also that recognising that services change, a short annex could be added to the core S&L pathway document, and updated through the SLN group. This would also create an accessible document for parents that could be available through local resources such as the Family Toolbox website.

- **Health Messaging;** health messages to be reviewed across the partnership to see where existing provision on health can be better integrated into other service provision, perhaps inviting staff who deliver health messages into other partner's groups.

- **Use of Data As a Tool; r**eview the data that is collected through the 1001 Days programme and whether the data collected currently is useful to be able to respond to families' needs. The second step would then be to introduce regular data analysis into Ops manager's meetings to better inform service development. This also requires a deeper understanding, and acknowledgement of, the parameters of each partner's data collection. Also that refreshing the parent journey may also benefit a review of the data collected and ensure that all aspects of 1001 Days are linking suitably and that families get a genuinely joined-up service. This could be led through the Early Years Strategy Group.

- **Evidence For Family Access; c**ase study gathering across the programme is increased where families have accessed a high number of services across 1001 Days, to track their feedback and level of need.

- **Families See One Service; g**enerate more opportunities for staff teams to present the 1001 Days programme to families, as a collective. This could be promotion events in each Ward and jointly managed stalls/activities at other events that take place through the year. Also facilitate visits between staff teams to other organisation's groups, so that they can introduce their services in the area and provide contact details. Also ensure senior management are actively supporting and scheduling for these activities. Also that in Year 2 of the programme, a priority should be to bring community midwives and health visitors into shared sessions.

- **Adopting A One Team Approach**; hold an annual face to face review with Ops and Strategic Group to share the findings of the report and to develop the coming year's action plan together, to continue to embed the understanding of 'one team'. Also explore the possibility of developing volunteer opportunities for 1001 Days, across the partnership, which could help

to bring the partners together. This could introduce a layer of support that is aware of all aspects of the project and as such can equitably and fully promote the support available to families, or to partners or wider stakeholders. It was reported that a collaboration of Wirral-based voluntary organisations has recently developed a working group to look at a borough wide approach to shared volunteering, which could be beneficial.

- **Acknowledgement of Sectors and Roles; m**aximise the opportunity of Ops Managers meetings and an annual face to face review to acknowledge differences and to openly and collectively plan for ways in which staff teams can express their concerns and identify solutions. Previous recommendations will contribute to addressing these concerns, as will recommended ideas to undertake a piece of work to assess the details of the various Language & Communication programmes. This could help to increase the sense of equity between teams.

- **The Need for Greater Strategic Buy-In;** Year 2 presents the opportunity for Health partners to collaborate more regularly at a senior strategic level. Attention should also be paid to ensuring that senior management commitment is demonstrated through facilitating opportunities for operational staff to be actively involved in building partnership with partners. It is true for all partners within the First 1001 Days that to achieve the desired level of collaboration, staff need allocated time to integrate, from senior and management level, to operational level.

- **Specific Needs of BAME Families;** 1001 Days partners to plan and co-design with organisations working specifically with BAME communities, how they can be brought into the strategic development of the 1001 Days programme. This may result in further funding being sought which includes these partners.

- **Locality Meetings; g**iven this difference in understanding, it may be prudent to review the Terms Of Reference for the Locality Meetings and consider their role in relation to the wider Operational, Manager, and Network meetings that occur. It would be advisable to establish a reporting and communications pathway, so that the objective of the meetings is clear to all.

- **Negative Impact of Covid;** as restrictions have now eased and partners are returning to pre-Covid mode of operation, the opportunity to both bring in Health partners as a priority and to engage more normally with families has returned and planning ahead should acknowledge that change. Equally, there are opportunities to continue a blended offer to families which is both face to face and virtual and to recognise the value in both approaches.

- **Ensuring Commonality of Terminology; t**he Operations Team should review how we collectively brand our programmes and see where we can use the same terminology so that families and professionals are clear about the content and objectives of the various service offers.

1 Project Overview

1.1 Strategic Context

Wirral's First 1001 Days is funded through the Department of Health and Social Care (DHSC) & Public Health England's (PHE) "VCSE Health and Wellbeing Fund Starting Well 2020/21" programme, which has two elements; the national VCSE Health and Wellbeing Alliance, and the VCSE Health and Wellbeing Fund.

The overall programme enables system partners to work together with the VCSE sector to promote equalities and reduce health inequalities by building the evidence base about good practice, sharing lessons and widening the adoption of interventions with a proven track record. The programme's three objectives are to:

1. Encourage co-production in the creation of person-centred, community-based health and care which promotes equality for all
2. Enable the voice of people with lived experience and experiencing health inequalities to inform national policy making and shape service delivery
3. Build evidence of sustainable, scalable solutions to mitigate and prevent inequalities impacting on health and wellbeing of communities.

The VCSE Health and Wellbeing Fund only supports the expansion or development of an existing scheme, to enable it to achieve additional outcomes or reach different audiences. The Fund focuses on one specific theme each year, and the 2020-21 theme is 'Starting Well'. Within this theme the target is to improve health outcomes for children from preconception to two and a half years old in one of more of the following communities; children in areas of high deprivation (including urban, rural and coastal areas), and/ or Black, Asian and Minority Ethnic (BAME) groups.

1.2 Service Delivery

The 1001 Days project is delivered over 27 months across three calendar years; with reporting timeframes taken as being the first year accounting for January 2021 to March 2022, and the final year being April 2022 to March 2023.

While the grant specifically funds some services delivered by Koala NW and the Foundation Years Trust, it has facilitated a cross-agency service redesign that aims to strengthen collective action to improve outcomes for Wirral's children, and central to this ambition is empowering parents to nurture and support their children to achieve their full potential.

It has a focus on support for BAME families, and also targeting Wirral's five most deprived wards:

- Bidston & St James
- Birkenhead & Tranmere
- Rock Ferry
- Seacombe
- Leasowe & Moreton East

1.3 Targets and Outcomes

1.3.1 Targets

The project has a mix of targets split between; standard DHSC monitoring KPIs, four goals established in the original application form, and a wider ambition the project partners have for systemic change. While DHSC KPIs are reported directly to DHSC every six months, the project goals and partner ambitions are the focus of this report. The impact that the project seeks to deliver within these is summarised below:

Increase Breastfeeding Initiation Rates • Increased breastfeeding Initiation Rates • Increased 6-8 week breastfeeding rate
Increased Perinatal Mental Health Support • Decrease in parents experiencing isolation • Reduction in parents' stress/ anxiety • Improved parent-infant relationship • Improved parent perinatal mental health
Improved Speech& Language By Age 2.5 • Improved children's communication and language • Increased parental understanding of importance of child's early development • Increased access to books and resources
Improved Health Outcomes • Health promotion messages are shared with families • Improved parental understanding of relevant public health messages
Systemic Changes To Early Years System • Collective services are co-designed with families • Increased data sharing identifies a child's journey by age two • Data collection is achievable and efficient • Improved partnership working across all sectors at all levels

Many of these aspirations and targets were established in the original application, which was written in October 2020 and was based on several assumptions about how the partners would be able to collaborate to deliver the project. As time has progressed it has become apparent that several of these ambitions have been slower to manifest than anticipated; such as how families would move between partners, the need to burden families with forms and surveys in order to collect the required evidence, and the ability of partners to share outcomes data. Furthermore, more recent evidence and newer models of delivery in the sector have defined alternative ways of working that reflect families' needs, such as the Family Toolbox Alliance that offers a support model that is; free from criteria and thresholds, free from burdensome assessments, and free from referrals. As a result the Family Toolbox Alliance model helps to embed the original ambitions of the 1001 Days programme, not only in the 0 – 2 range but across the entire early help sector.

Despite challenges in reaching the original project aims, strong progress has been made during the first year of activity. Each of the target areas is addressed in the remainder of this report (for consistency considering the target aimed for, any baseline position, as well as the associated levels of performance against the target), alongside a wider evidence base including stakeholder perceptions and key learning.

1.3.2 Outcomes

Between Koala NW, the Foundation Years Trust, and Children Centres common parent feedback questions have been included in our standard questionnaires. However we have not yet identified the best way to collate the outcomes data from all three organisations and in this report, outcomes data from Koala NW and the Foundation Years Trust only, is used to demonstrate the journey of change for families accessing 1001 Days services. It should be noted that although well over 1800 families have engaged with 1001 Days services across the partnership, a lower number had completed feedback surveys by the time this Year 1 report was written. This was for three reasons:

- Outcomes data from children's centre is not yet integrated into overall results but we aim to have identified the way to do this over the next year.
- Not all parents that are currently accessing services have reached the stage where they are ready to give feedback.
- Particularly in group-based services, some parents were not available during the assessment period and consequently their feedback was not captured in this reporting period.

2 Take Up Of The 1001 Days Programme

2.1 DHSC KPIs

Several formal DHSC KPIs were established as part of the funding agreement and are measured quarterly:

	Q1	Q2	Q3	Q4	Total
Wirral Families who have been referred in	271	401	487	771	1,930
Families who have engaged	247	319	460	846	1,872
Families from high deprived areas referred into service	136	223	259	138	756
Families from BAME groups referred into service	6	40	94	33	173
% of families high deprived areas completing programme	11%	23%	20%	31%	31%
% of families BAME groups completing the programme	2%	12%	20%	42%	42%

The original target for "Wirral Families who have been referred in" was 4,000 during the project, however this was reduced to 2,000 Wirral families as the original target was based on assumed annual birth rate in Wirral and there were delays from DHSC in terms of project award in Jan 2021 whereas KPIs were only agreed in August 2021.

As such, with a target of 2,000 families, at the end of Quarter 4 a total of 1,930 families had been referred in – representing some 97% performance with a further year of delivery ahead.

At the end of Year 1, a total of 235 children had completed project activities - representing a mix of those who have reached 2.5 years or those who have concluded shorter programmes of support – whilst many others will remain within 1001 Days moving between different types of support.

2.2 Families Receiving Support

The number of families receiving support from more than one partner has been calculated:

	Koala NW & FYT	Koala NW & CC	Koala NW, CC and FYT	FYT & CC
Total	**8**	**104**	**5**	**8**

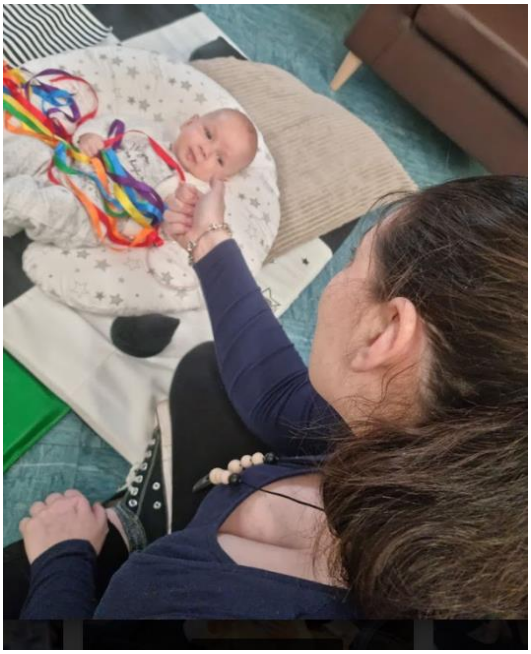
While not every family will need the support of more than one service, an increase in the numbers of families that do move between services may indicate that the 'One Team' approach is becoming increasingly embedded across the partnership.

We are seeing higher numbers of families accessing both Kola NW and Children's Centre services and we know the majority of these are families receiving breastfeeding support. It will be useful to note in the second year of the project whether these numbers change, and if so, what the trigger was.

Case Study Of Family Moving Through A Range Of Services

"Mum contacted Koala NW in September 2021 having seen a post on social media, shared by Wirral maternity Voices. We phoned to introduce ourselves and our services. She was unable to attend the 'Connecting in Utero' Womb to World session, as it clashed with a prior appointment, so the Koala NW team invited her to a breastfeeding group in her locality at Seacombe children's centre, in which Koala NW presented a 'New Mums frequently asked questions' session, which Mum found very interesting and during which, she was able to meet other local mums and the community staff at the Children's Centre. Mum attended the 'Golden Hour' and the 'Fourth Trimester' Womb to World sessions at Leasowe.

She attended with her partner and they were both welcomed warmly into the intimate group. Reporting that after the sessions they felt less 'terrified' and much more 'excited' about the imminent arrival of their first baby. In the baseline assessment Mum reported that she did not know where to access services for herself and her baby, she did not feel confident to help with her child's learning and development and she was not sure if her baby was enjoying their relationship.



Following the support from Koala NW and Children's Centres, her answers to all of the above had positively changed. Mum now feels very confident to support her child's developmental journey, and she agrees that she sees the world through her unborn baby's eyes."

2.3 Accessing Services

Feedback from families has also been gained regarding their knowledge of where to access support:

Ward	I know how and where to access services for me and my child
Bidston & St James	35
Birkenhead & Tranmere	42
Leasowe & Moreton East	27
Rock Ferry	25
Seacombe	31
Total (all 5 Wards)	**160 (90% of families completing questionnaires)**

Related to the overall take up of services, of those parents completing feedback questionnaires, a good percentage have told us that they know where to seek support, which is an important aim of the collaborative partnership: providing families with an introduction to the range of services available to them. Ideally, 100% of surveyed parents would report that they are fully aware of the services available, and we hope that this will increase over the next year.

2.4 Increasing Take Up

Partners undertook a variety of activities to promote the project and increase take up, specific examples include:

- **Professional Network Meetings**; these took place monthly in first six months, and have now reduced to quarterly. These meetings are attended by a multiagency multidisciplinary team of local services. The local council services, voluntary, community and faith organisations, and local businesses from the wards. A wide range of organisations who provide support to families within the first 1001 days. At these meetings we are able to update about the progress of the programme but also look at mapping services to avoid duplication, planning collaborative working, sharing good practice, giving feedback and developing the programme as a collective.

- **Quarterly Network Bulletin**; the bulletin is populated with the content of the meeting but also updates from local services around activities that support the 1001 Days outcomes for families. This bulletin is disseminated to over 70 professionals and is still growing.

3 Goal: Increase Breastfeeding Initiation Rates

3.1 Target

This goal focuses on two key outcomes:

1. Increased breastfeeding initiation rates
2. Increased 6 week breastfeeding rate

3.2 Baseline

The low levels of breastfeeding at both birth and at 6 weeks highlight the need for a much more targeted approach to encouraging and supporting initiation of breastfeeding. Furthermore, breastfeeding rates at 6 weeks compared to birth rates is also low with high differentiation between the wards.

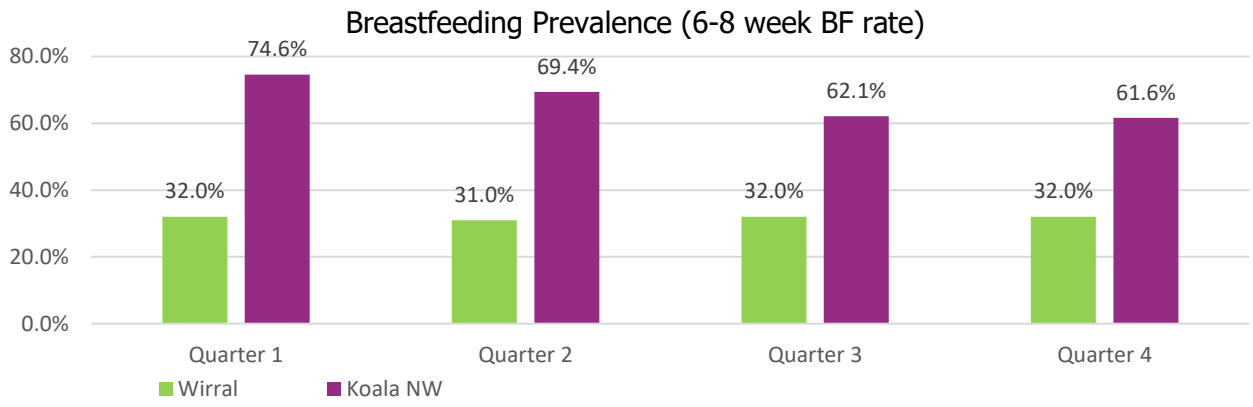
3.3 Performance

In terms of postnatal service performance in relation to the baseline, data identifies:

Ward	Postnatal Initiated	Breastfeeding At 6 Weeks No.	%	Baseline Breastfeeding At 6 Weeks	1001 Days Improvement vs Baseline
Bidston & St James	48	35	73%	53%	+ 20%
Birkenhead & Tranmere	57	45	79%	76%	+3%
Leasowe & Moreton East	41	29	71%	87%	- 17%
Rock Ferry	42	33	79%	62%	+ 17%
Seacombe	27	17	63%	48%	+ 15%
Total (all 5 Wards)	**215**	**159**	**74%**	**65%**	**+ 9%**

This shows that most wards have an increased level of breastfeeding due to 1001 Days (from a 3% increase on the baseline in Birkenhead & Tranmere, to a 20% increase in Bidston & St James), while only Leasowe & Moreton East experienced a decrease from the baseline level and as such may need to have a specific focus during Year 2 of activity.

The below chart shows the number of families that had been referred to Koala NW (in plum), against those that had not (in green).



It evidences consistently higher rates of breastfeeding in those that has been referred to Koala NW across the entire timeframe April 2021 to March 2022.

Data illustrates referral and attendance levels at ward level and for BAME families across Wirral:

Ward	Antenatal (Workshops) Attendances	Postnatal (Groups) Attendances
Bidston & St James	4	19
Birkenhead & Tranmere	6	26
Leasowe & Moreton East	9	11
Rock Ferry	0	18
Seacombe	6	12
Total (all 5 Wards)	**25**	**86**
BAME Families (all Wirral, incl. in above)	5	23

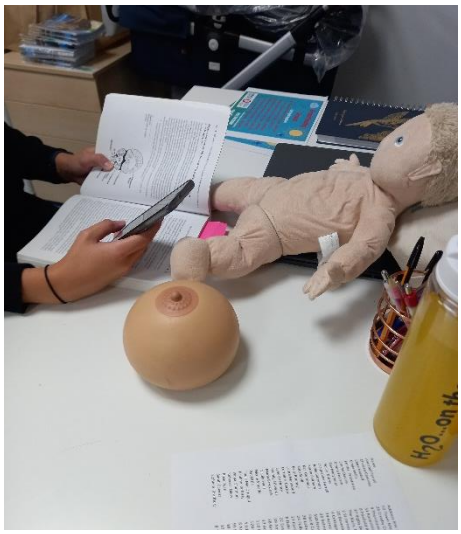
It should be noted that the Womb to World workshops started in Summer 2021 and have taken time to build up interest. In addition, it has taken longer than anticipated to establish an antenatal data sharing agreement. The figures clearly show that further emphasis on antenatal is needed in Rock Ferry in particular during Year 2.

3.4 Examples of Activity

Support offered that contributed to performance within this target included:

- **Telephone Support;** parents to be are matched to a Volunteer who offers either text and/ or telephone support. Proactive calls have supported families through the first 6-8 weeks or until they were confident to contact 1001 Days if they needed to. Alternatively the Volunteer texts them weekly with key messages about the development of their baby and how to engage with their baby before birth.

  The volunteer is then available to answer any questions that relate to that week's text message. Ensuring the project offers support in a needs-led model means that families are able to engage as much or as little as suits them.



"Koala NW have helped me in so many ways mentally, emotionally and physically. I really would not like to think where I would be without their help, guidance and support."

Mum, supported by Breastfeeding Team

- **Antenatal Breastfeeding Information**; encouraging families to engage with their baby even before it arrives, the importance of oxytocin, wellness in pregnancy, explore feeding options, the benefits of breastfeeding, meeting baby for the first time and the golden hour of skin to skin, becoming a parent and the parent infant relationship and where to access support.

> *"You have given me so much knowledge about breastfeeding I'm now even able to help and support my friends and give them the confidence that Koala NW gave to me."*
>
> **Mum, supported by the Team**

- **Antenatal Clinics**; these started in April 2022, and involved creation of a system to work collaboratively with midwifery in the five wards. Prompt cards were produced to use in brief one to one contacts with pregnant families attending antenatal clinics.

Case Study of Antenatal Engagement

Mum was referred by the staff at Leasowe nursery where her son is enrolled. She had struggled at the start of her previous breastfeeding journey and had not accessed support. She attended all three of the Womb to World sessions with her son (18 months) who is still currently breastfeeding.

During the sessions Mum fed her son at the breast and answered questions that the rest of the group were keen to ask. In the third session she divulged that breastfeeding had been quite painful recently, and the Koala NW volunteers were able to offer first hand breastfeeding support within the antenatal setting. Mum reports that she had not spent much time thinking about the new baby, focussing instead on her busy schedule with a toddler. Since attending the Womb to World sessions she reports feeling more connected to her unborn child, with a positive improvement on all baseline assessment questions.

Mum left the final session reporting that she was 'so glad she had come, it was so nice to talk to other pregnant mums and the sessions made her feel really excited about the new baby.

- **Postnatal Breastfeeding Peer Support**; this included one-to-one and group support, focusing on topics such as responsive feeding, sleep, returning to work, expressing and storing. Seven groups were held a week – five in the most deprived wards, supporting up to eight parents a week in each group (numbers have been limited throughout the year due to covid restrictions).

- **Womb To World**; this was a new initiative developed by the Breastfeeding Team launched in Summer 2021. It involved a three-week course for parents-to-be, providing information to support health and wellbeing covering topics such as infant feeding, meeting baby's needs, and looking after themselves. Parents who do not feel comfortable in group settings are offered one to ones.

> *"Today I've felt the absolute best I have since [baby] was born and the reassurance from the team has been a big part of that."*
>
> **Mum, supported by Womb to World**

- **Social Media**; as part of the postnatal offer a closed messenger chat group was created which all families who engaged with the service were invited to join. This very quickly became a hive of activity and support with volunteers, staff and peer breastfeeding mothers on hand almost 24/7 to support local families. This platform has enabled women to be each other's support when face to face isn't available or even needed. This group is now at capacity with 250 members, and mothers with older babies have had to encouraged to make way for new breastfeeding families. This resource enables the team to not only support a large number of families at once whilst connecting them to a community, but also to disseminate key messages quickly and inform them of further support available locally.

4 Goal: Increased Perinatal Mental Health Support

4.1 Target

This goal focuses on supporting parents to achieve any of four key outcomes:

1. Decrease in parents experiencing isolation
2. Reduction in parents' stress/ anxiety
3. Improved parent-infant relationship
4. Improved parent perinatal mental health

4.2 Baseline

Although Koala NW, Children Centres, Health Visitors, FNP, and several other organisations have been offering some form of perinatal mental health support for many years there has never been any collective data on this, and therefore no baseline data exists.

4.3 Performance

Initial performance data in relation to the target outcomes has been gained from surveying undertaken by Koala NW and the Foundation Years Trust and the figures below represent self-reported data from 178 parents on a ward basis:

Ward	Decrease In Isolation	Reduction In Stress/ Anxiety	Improved Parent-Infant Relationship	Improved Perinatal Mental Health
Bidston & St James	34	33	27	27
Birkenhead & Tranmere	39	38	36	38
Leasowe & Moreton East	26	25	22	22
Rock Ferry	24	24	22	23
Seacombe	29	29	25	26
Total (all 5 Wards)	**152 (85%)**	**149 (83%)**	**132 (74%)**	**136 (76%)**

Of the parents who have fed back on the impact of services on their mental health, a significant majority report an improvement in the four outcome indicators. There are additional parents accessing services who have not yet (at the time of writing this report) given feedback on their experiences but will be captured in future reports.

In addition, the Koala NW and the Foundation Years Trust Parent Questionnaires include specific questions associated with the “Improved Parent-Infant Relationship” outcome, and it should be noted that outcomes data is only available from Koala NW and the Foundation Years Trust where families have completed a survey:

Ward	I Believe My Child Is Enjoying Their Relationship With Me	I Try To See The World Through My Child's Eyes
Bidston & St James	38	38
Birkenhead & Tranmere	45	47
Leasowe & Moreton East	29	29
Rock Ferry	27	27
Seacombe	34	35
Total (all 5 Wards)	**173 (97%)**	**176(98%)**

Parents frequently tell us that they don't know if they are 'doing a good job' with their children and struggle to identify the skills that they often have in parenting, which can be a source of stress, anxiety and an inability to cope.

The high percentage of families that responded positively to the questions presented above suggest that 1001 Days is having the intended impact on parents understanding of their role and their confidence within that role.

4.4 Examples of Activity

Support offered that contributed to performance within this target included:

- **PIMHS**; supports families expecting a baby or that have a child under two years of age, focusing on supporting those early relationships between parent and baby with an understanding that this can be difficult, particularly if parents are experiencing emotional or mental health problems. The offer includes weekly peer support from a PIMHS Volunteer matched to the family, specialist support to help parents focus on their relationship with their baby, support around mental and physical well-being and positive coping skills, as well as reducing isolation by helping parents access community support services where they can meet other parents and their children. Koala NW PIMHS supported 59 families.

> *"Koala NW have offered me a lot of support. It really is amazing. I have felt listened to by my coordinator. I have been able to attend the baby stay and play which has been so enjoyable and fun for me and my daughter. The staff are easy to talk too and so friendly. Steph has been so supportive and VIG has helped me improve my confidence as a parent. My partner also completed some VIG work and he really appreciated having the one on one time with our daughter. I would tell other parents struggling it does get better and there is support."*
>
> **Parent, PIMHS Support**

- **Video Interaction Guidance (VIG)**; an intervention to enhance relationships between parent and child that offers specialist support to help parents experiencing problems with bonding and attachment with their baby. It improves parent and infant mental health, using video clips to engage parents to develop better relationships with those important to them. Recommended in the NICE guidance (2012) to improve maternal sensitivity and mother-infant attachment. Koala NW VIG Practitioners supported 22 families.

> *"I now feel closer to George. I have more of a connection with him, enjoy his company more."*
>
> **Parent, VIG**

- **Baby Incredible Years**; launched in September 2021, this offers a nine-week accredited Parent & Babies Programme where parents learn skills such as how to help their babies feel loved, safe and secure, and also how to encourage their babies' physical and language development.

  So far one full course has been delivered, supporting ten families.

- **Dads' Reflective Parenting Courses** (Anna Freud Mind the Dads); launched in September 2021, this offers a five-week programme for Dads to meet and talk about what to expect during the first two years of their baby's life, their emotional development, and how best to manage difficult moments with them. The group helps Dads to understand the thoughts, feelings and needs of both themselves and their baby, and in turn this helps to improve relationships across the family. The course also ends with a stay & play opportunity for Dads to bring their babies along to meet each other and use some of the tools they have explored on the course. So far two courses have been delivered, supporting 10 Dads.

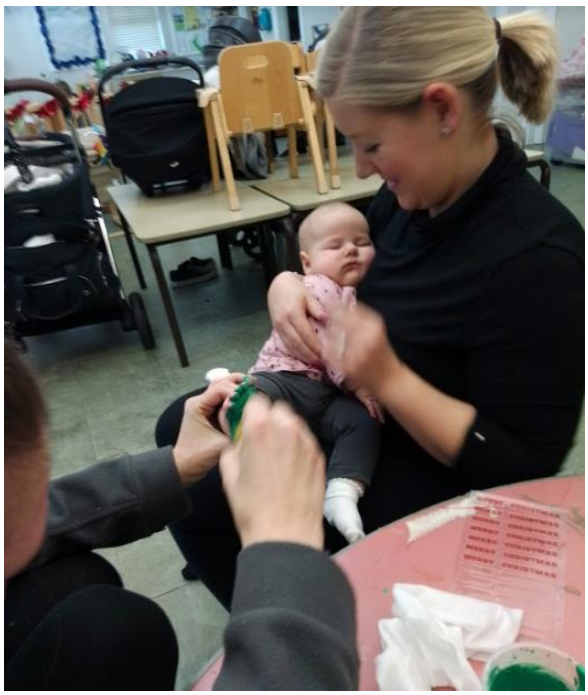
> *"I have been able to realise the skills I have and apply them to family life. I could recognise my child's emotions and feelings, but through verbally recognising them helps make my child understand that I understand their feelings and emotions. I now genuinely have a better relationship with my child from the help in this course.."*
>
> **Dad, Dads' Reflective Parenting Courses**

- **Womb To World**; this was a new initiative developed by the Breastfeeding Team launched in Summer 2021.

  It involved a three-week course for parents-to-be, providing information to support health and wellbeing covering topics such as infant feeding, meeting baby's needs, and looking after themselves. 58 parents attended these sessions.

> *"Broke out of my anxiety bubble thank you."*
>
> **Parent**

- **Baby Stay & Play**; provided for babies under 12 months, consisting of a weekly group at the Koala NW Hub for parents with a baby aged 0-12months. Providing support in a relaxed and fun environment to support baby's early development by exploring varied play activities. While giving parents the opportunity to meet other parents and enjoying singing and story time.



> *"We love coming to this group. I like that there is an age limit so babies can play safely and crawl around. There are lots of different things for them to feel and explore, our favourite is the sensory room."*
>
> **Parent, Baby Stay & Play**

- **Stay & Play For Children Under 3 Years;** a weekly group at the Koala NW Hub for parents with children under 3 years of age. Providing a wide range of activities in a fun environment. Opportunity for parents to be creative with arts and crafts, stimulate their children's senses in the sensory room, explore the sheltered outdoor area and let the children run around in our garden.

> *"Thanks so much for helping us, I think you are the main reason why we carried on coming for so long, it is so hard especially after covid and lockdown going to groups especially if you are not use to them."*
>
> **Mum, Stay & Play**

- **Baby Yoga Family Support**; offering Yoga for babies, encourages movement and relaxation for both parents and babies. The class helps encourage early bonding and physical development. Suitable for babies aged from 12 weeks to pre-mobile.

> *"Loved it thank you. We really enjoyed it and loved meeting other mums and babies."*
>
> **Mum, Baby Yoga**

- **Baby Massage;** this help babies with bonding and attachment, sleeping patterns, eating habits and all round wellbeing. Suitable for babies 0-12 months.

> *"I really enjoyed this class more than you'll ever know, thank you so much."*
>
> **Mum, Baby Massage**

Case Study – Improved Perinatal Mental Health

"I've benefited so much from having support. I couldn't even step out the house before I got in touch with anyone as my little one gave me really bad anxiety. I had help from you in different ways/ methods to try what could make going out less daunting and anxious. Now I get out as much as I can although my little one can still have moments I just think back to the support and ways of learning I have took onboard from help I have received.

We did video call play sessions and each session was either L leading play then myself so I took on loads of new ways and passed information on to others, the Sleep therapist worked wonders too I went from up every hour of the night and the baby co- sleeping to him in his own room and him sleeping mostly through all night! I couldn't of done this all without the help provided by such a lovely and amazing team. I've just not long lost a family member and although I stepped away from getting support I knew you were still there supporting me and ready for when I could come to you to chat.

L has been so troubled at the moment but I got the confidence back to take him to the stay and play groups not only has this gave me social skills and nice to see I'm not alone it gives L the opportunity to mix and see children his own age and play. We got invited along to other activities which were amazing little days, lots to do and it was nice to see other families. Thank-you for everything so far I will always recommend and speak highly of you and your team."

Mum

5 Goal: Improved Speech And Language By Age 2.5

5.1 Target

This goal focuses on supporting parents to achieve any of three key outcomes:

1. Improved children's communication and language
2. Increased parental understanding of importance of child's early development
3. Increased access to books and resources (via DPIL)

5.2 Baseline

While there is data available relating to the rates of children in the five wards achieving a Good Level of Development by age five; this data is not directly relatable to the beneficiaries of the 1001 Days project, or represents a dataset that can be meaningfully compared to the impact of 1001 Days delivery given the longitudinal nature of the children's ages. It should also be noted that the partners are expecting some babies born during lockdown to have more extensive language and communication delays, which would further skew data in the short-term and make longer-term comparisons to previous years' cohorts difficult.

5.3 Performance

Initial performance data in relation to the target outcomes has been gained from surveying undertaken by Koala NW and the Foundation Years Trust and the figures below represent self-reported data from parents on a ward basis:

Ward	Improved children's communication and language	Increased parental understanding of early development	Increase in parents reading more with their child	Increase in parents providing opportunities to enhance development
Bidston & St James	21	31	22	24
Birkenhead & Tranmere	36	38	33	35
Leasowe & Moreton East	25	24	23	22
Rock Ferry	20	22	19	20
Seacombe	24	28	23	22
Total (all 5 Wards)	**126 (71)%)**	**143 (80%)**	**120 (67%)**	**123 (69%)**

The fact that a higher percentage of parents report 'increased understanding of their child's early development' than the percentage of those that have changed their behaviour with regards to reading more or introducing more opportunities to enhance learning, is a trend that we often see. Changing habits is a longer term goal that is more easily achieved once there is clarity on *why* something is important. Having said that, a significant majority of parents are reporting that they are doing more to support their child's development.

Ward	I feel confident to help with my child's learning & development
Bidston & St James	39
Birkenhead & Tranmere	47
Leasowe & Moreton East	29
Rock Ferry	28
Seacombe	35
Total (all 5 Wards)	**178(100%)**

5.4 Examples of Activity

Support offered that contributed to performance within this target included:

- **Dolly Parton Imagination Library**; there were 294 family registrations for DPIL across the five wards, with Children Centres successfully registering 89% of families, given their direct delivery of the DPIL scheme and ability to contact families once they receive data on a new birth.

  Registrations picked up in the last quarter and partners are planning to revive the sign-up drive in the coming quarter.

- **Story Explorers**; this programme (piloted in Year 1) is offered to families registered to the DPIL scheme delivered to increase parents confidence in sharing books and stories with their child from a young age, even antenatally. Some parents struggle to find time or motivation to read with their babies as they may feel like they aren't getting anything from it. Volunteers highlight the importance of sharing stories by modelling and passing on key messages through connecting with parents in those early stages of their parenting journey. To date feedback from families has been that they now find ways of incorporating stories/rhymes into routines.

> *"Both my children have thoroughly enjoyed having Lucy come in to our homes and run the Story Explorer sessions. I found I struggled leaving the house sometimes as I suffer with anxiety and have experienced PND this time around so having Lucy come in to our home to run the sessions was honestly amazing. Lucy was so lovely and the girls just took to her instantly. And for me, I really looked forward to some adult conversation."*
>
> **Parent, Story Explorers**

- **One to one Early Learning Support;** offering home visiting support for parents who want to build their confidence in supporting their child's speech, communication and language skills. It is especially useful for children who may need additional support during these formative years, towards achieving early milestones. Focusing on different aspects of learning and development to give children the best chance to start nursery with confidence.

> *"My child and I have bonded so well and had lots of fun with the support and activities provided to us by my Early Years Co-ordinator. I have learnt new ways in which to help and encourage my child's learning."*
>
> **Mum, Early Learning Support**

- **Baby Stay & Play;** provided for babies under 12 months, consisting of a weekly group for parents with a baby aged 0-12months. Providing support in a relaxed and fun environment to support baby's early development by exploring varied play activities. While giving parents the opportunity to meet other parents, and enjoying singing and story time.

> *"You've not just helped me they have also helped my partner. My partner is a very closed off man, not social in any way. However the Baby Stay and Play groups have gave him that ability to feel like he can take the baby to classes with other parents and he can feel welcome too. He has now even said he would feel comfortable even going there alone with the baby, that's a huge step for him."*
>
> **Mum, Stay and Play**

- **Baby Babble**; encourages baby to learn and love language through songs, stories, rhymes and sign. Suitable for babies aged 6 months to 12 months.

> *"I am made up I came, I can just tell today is going to be a good day, he is so happy and in a good mood, nothing will ruin his day now."*
>
> **Parent**

- **Rhyme Time**; activities to encourage speech, language and independence skills through fun and interactive rhymes and stories. Suitable for children aged one year and over.

> *"He smiles and jumps about excitedly when he attends the group and cries when he leaves."*
>
> **Parent**

- **Chatter Tots**; a 6 week program developing language and communication skills for children 18 months.

> *"I can see the benefits of coming to these groups, I didn't think he needed them but when I see haw happy and content he is I can see he really needs to come here and his speech has really improved."*
>
> **Dad, Chatter Tots**

- **Early Explorers;** the Peep Learning Together Programme (PLTP) covers all areas of early development, however there is strong focus on language and communication, as the foundation of all learning. This group support covers a different topic each week, with time to chat through the area of learning with the parents, followed by an activity with their child which is easy to replicate at home. Books and songs / rhymes are shared at every session again promoting communication, language and early literacy. This strengths-based programme builds on what parents already do and increases their understanding of the impact that it has. There are currently nine groups running in community settings, with a target of 10 by the end of the project.

> *"It's really interesting to understand more about babies' brains and how they develop."*
>
> **Parent, Early Explorers**

6 Goal: Improved Health Outcomes

6.1 Target

This goal focuses on two key outcomes:

1. Health promotion messages are shared with families
2. Improved parental understanding of relevant public health messages

6.2 Baseline

Given the variety of indicators and metrics that are involved in public health, and the diversity of approaches as a response, there is no fixed baseline for this goal.

6.3 Performance

In Year 1 there was a lack of consistent data collection on the number of families reached with generic public health messages, and the difference this made. In the last six months, health messaging was focused on the predicted winter RSV surge, which was also an opportunity to share some wider health messages. Information regarding RSV was shared with every new parent in the five wards, and with parents with older children 0-2.5 years through promotion at play groups, nurseries, through the wider 1001 Days network.

However, in Year 2, we will be linking in with public health to ensure that teams are not only providing specific information on public health priorities such as smoking and obesity during the first 1001 days but that public health messaging is threaded more effectively across the whole 1001 Days service.

6.4 Examples of Activity

Key activity includes:

- **Information On Solids/Weaning**; a session on timely and safe introduction of solids to compliment milk feeding. We discuss when to start, what foods to start with and what to avoid and choking vs gagging. These sessions provide information about how to avoid allergic sensitisation from early introduction of solids and reduce childhood obesity and poor dental hygiene due to exposure to inappropriate baby foods.

> *"Thank you so much for all the information.*
>
> *The session was really helpful and informative. Made me feel a lot more confident and ready for weaning.*
>
> *It was nice and comfortable.*
>
> *Felt relaxed and everyone got to ask questions and share experiences."*
>
> **Mum, at Weaning Session**

- **Health Messages**; key messages around Vitamin D, smoking cessation, food for pregnancy and perinatal mental health were given throughout pregnancy. This helped to support the reduction in low birth weight babies along with more positive mental health.

- **Vitamin D Drops**; these were disseminated from our breastfeeding groups as Wirral's uptake is low especially in the target wards.

- **RSV Awareness**; through the 1001 Days network we raised awareness of what RSV is, what parents should do if they thought their child had RSV, and the support available to them.

> *"I'd never heard of RSV before, thank you for all the educating you're providing for parents."*
>
> **Parent**

> *"It's so important to raise awareness of it and how it can be passed so easily from adults with just a little cold! He suffers with asthma so is bad with his chest anyway, I'm a nervous wreck taking him out anywhere in case he picks something up."*
>
> **Parent**

7 Recommendations For Systemic Changes To Systems And Delivery

7.1 Approach

To provide a greater degree of qualitative feedback on the project's progress to achieve systemic change, the views of a variety of stakeholders were sought through a series of 1:1 and 1: group sessions. In total 23 participants engaged from across the 1001 Days project, broadly with one-third representation from the main partners and two-thirds from local organisations and the statutory sector, with three standardised questions asked to all those engaged:

- *"Do you feel that the antenatal, postnatal, mental health and speech and language activities within 1001 Days are successful?"*
- *"Do you feel that 1001 Days has enabled change so that families can pass between organisations seamlessly?"*
- *"Do you feel that the voluntary sector, statutory services and health are working more collaboratively to meet local families' needs as a result of 1001 Days?"*

In light of the feedback on the three questions, a series of strategic recommendations can be made, which will help us to continue to build on systemic changes over the next year of the 1001 Days project and into the future.

7.2 Success of Project Activities

"*Do you feel that the antenatal, postnatal, mental health and speech and language activities within 1001 Days are successful?*"

Feedback was mixed across the various elements of the project, including conflicting views on the same area of delivery, with key themes including:

7.2.1 Antenatal Activities

The majority of respondents felt this was the least successful area of delivery, experiencing the most disjointed and inconsistent approaches between the partners engaged with 1001 Days and midwifery services. The greatest concern expressed related to the opt-out provision for having family data passed into 1001 Days; while this was an agreed ambition at the outset of the project, no-one consulted could explain the reason for this or suggest an approach to resolve it. "*I still don't understand why the data just isn't passed to 1001 Days, and by that I mean Koala as the lead, as the data is passed to Health Visitors and wider authority teams such as the 0-19 Team?*"

It should be noted that Midwifery services have now invited Koala NW into antenatal clinics, opening the door for more formalised collaboration. One of the major obstacles to an opt-out system, could be concerning the transfer of personal identifiable information. However, this is not an insurmountable challenge if consent is sought. Identifying a way forward will require senior strategic engagement.

Recommendation: Reiterate with midwifery services the importance of developing a joined-up strategy between all partners and of having representation on 1001 Days strategic board. This should be actively supported by the commissioning service, the Health and Wellbeing Board and the ICP.

7.2.2 Breastfeeding

It was felt that this was broadly working well, although given the scale of services available and the number of families involved there would always be opportunities to improve and respond to local changes in need. One particular area was knowledge of breastfeeding; while it was felt that although some aspects were working well, there would be added benefit in signposting mothers antenatally for infant feeding information, as there is a significant risk that many mums will have stopped breastfeeding in the first two weeks before services engage with them and yet *"It is proven that when education on breastfeeding is provided, then breastfeeding rates do increase."*

Recommendation: Midwifery agree to data sharing with 1001 Days so Wirral has an opt out service for all pregnant women to receive information about breastfeeding and wider 1001 Days programme.

7.2.3 Mental Health

Less feedback was gained on this area of delivery as there was less engagement from Health Visiting services in the consultation exercise. There was a general awareness that post-Covid it is expected that mental health needs will increase and that this may well become an increasing demand on the 1001 Days project in 2022/23. A positive trend is being seen through the joint VIG interventions between the health visiting team and Koala NW's mental health support programme. One reflection on the limited feedback received on mental health generally, is that supporting mental health in the post-natal period should be integral to all aspects of the 1001 Days programme, with increased staff awareness and ability to respond.

Recommendations:

1. Introduce opportunities for workforce development on supporting mental health and understanding of the pathway available to families, across the 1001 Days partnership's staff.

2. 0-19 Specialist Perinatal Mental Health Visitor to work closely with 1001 Days partners

7.2.4 Speech and Language

Respondents all felt that this was an important area of the project and more can be achieved. It was reported that the Speech and Language Therapy Service referrals have a long waiting list but a very low complaints rate – suggesting that the support does work for families. However early support on Language and Communication is key to ensuring that waiting lists for Speech

and Language Therapy are reduced and that children with clinical needs are able to access Therapy in a timely way. Several partners suggested that the inherent 1001 Days offer was less streamlined that it should be, as the support was, "*really strong up until Baby Babble or Chatter Tots, but where do families go after this?*" and "*We know there is Rhyme Time, but we're not sure on the next part of the family journey*". Also feedback suggested that there were low levels of signposting and sharing between partners, "*We've not had any invites to our support from any of the other partners, why*?"

These reflections indicate that there is, as yet, not always clarity across the partnership on how the different language and communication programmes relate to one another; whether there is natural progression within the services offered by different organisations or whether the services provide a similar but alternative source of advice and support. While the speech and language pathway exists, there may be value in all staff across the partnership assessing together what the different programmes do, and how they relate to each other. This would help teams to signpost between services and support parents to make the choice as to what would suit them.

Recommendations:

1. Revisit the Speech & Language pathway with staff across the partnership to generate better understanding of what the different programmes offer, including services offered by VCSE partners, and whether they provide a progression for families or are complementary programmes.

2. Recognising that services change, a short annex could be added to the core S&L pathway document, and updated through the SLN group. This would also create an accessible document for parents that could be available through local resources such as the Family Toolbox website.

7.2.5 Health Messaging

Concerning health promotion messages, it was felt that health in general (not specifically mental health) was not being promoted as much as it could be, such as linking with food, physical health, safe sleep, and wellbeing.

Recommendation: health messages to be reviewed across the partnership to see where existing provision on health can be better integrated into other service provision, perhaps inviting staff who deliver health messages into other partner's groups.

7.2.6 Use of Data As a Tool

Aside from specific instances mentioned above, many respondents felt that data needed to be used more pro-actively to identify families that could benefit from support, but that may not be already connected to appropriate support. "*Why can we not just get an update saying there is X families with Y kids between 12 months and two years that have not engaged with any, say, speech and language service in the last year, and so we could contact them to introduce an*

offer?" While recognising the not all families will actually require support, this comment reflects that the partnership may currently be missing opportunities to use existing data to approach families that are missing out on support where it might be needed. Additionally it was suggested that the level of intelligence passed amongst partners was not equitable at different parts of the parent journey, "*I'd like more information on antenatal, as I get a lot more for postnatal such as a list of mums and phone numbers, so antenatal mums are left for a lot longer without support*". The greatest problem referenced by most respondents focused on continued difficulties in having information shared between partners in different sectors, with midwifery and Children's Centres being repeatedly cited. "*I do not pretend to understand the complexities of the systems involved, but I do not understand why this is not happening, GDPR is not a legitimate or acceptable response.*"

Recommendations:

1. Review the data that is collected through the 1001 Days programme and whether the data collected currently is useful to be able to respond to families' needs. The second step would then be to introduce regular data analysis into Ops manager's meetings to better inform service development. This also requires a deeper understanding, and acknowledgement of, the parameters of each partner's data collection.

2. Refreshing the parent journey may also benefit a review of the data collected and ensure that all aspects of 1001 Days are linking suitably and that families get a genuinely joined-up service. This could be led through the Early Years Strategy Group.

7.2.7 Evidence For Family Access

A shared outcome framework was agreed at the start of the project between Koala NW, The Foundation Years Trust, Children Centres, Libraries, Health Visiting and FNP. Unfortunately, due to organisations using different information management systems and minimal time available to engage with meaningful joint data collection, it has not been possible to evidence individual families parenting journey/access to activities, and improved outcomes.

Recommendation: Case study gathering across the programme is increased where families have accessed a high number of services across 1001 Days, to track their feedback and level of need.

7.3 Family Movement and Sector Collaboration

These two sections are amalgamated, as staff responses touched on similar themes under both sections, when responding to:

- "*Do you feel that 1001 Days has enabled change so that families can pass between organisations seamlessly?*".
- "*Do you feel that the voluntary sector, statutory services and health are working more collaboratively to meet local families' needs as a result of 1001 Days?*".

All respondents agreed that the project had established a new way of working that was positively changing the way families viewed, and interacted with, service provision. A broad feeling was that there was still progress to be made between the sectors at an operational level compared to a strategic level and that 15 months was not a long timeframe in which to embed behavioural and cultural change.

7.3.1 Families See One Service

Several respondents commented that families frequently view 1001 Days as a single service offered by a single organisation, which was considered to be a testament to the emerging success of the project. "*Many of our families do not know there is more than one organisation involved - so it is working - they just take up different support from different locations from different people*". This sentiment was echoed with examples of where families would chat with one project partner about activities their family had engaged with, without the parent realising that the support had actually been provided by a totally different partner organisation, and without that partner needing to correct them. This illustrates that a seamless transition is starting to occur for families, and that the partners are starting to support this approach. Many respondents felt that additional time was needed for different partner teams to "*spend time all together at the same time, to build understanding so that we get what each other actually does for families across the different strands of the project*".

Many suggested that being provided with greater opportunity to shadow each other's delivery would increase awareness of what the project partners offer to support early engagement for families. Some respondents felt that they did not yet know enough about the other services available to be able to accurately advise families: "*I know there is really good breastfeeding support in place, but I don't necessarily know what support a mum would have got before that, or where the family should go next.*"

Recommendations:

1. Generate more opportunities for staff teams to present the 1001 Days programme to families, as a collective. This could be promotion events in each Ward and jointly managed stalls/activities at other events that take place through the year.
2. Facilitate visits between staff teams to other organisation's groups, so that they can introduce their services in the area and provide contact details.
3. Ensure senior management are actively supporting and scheduling for these activities.
4. In Year 2 of the programme, a priority should be to bring community midwives and health visitors into shared sessions.

7.3.2 Adopting A One Team Approach

Everyone recognised the potential benefits for families of better joint working. "*The framework of 1001 Days will be around for the long term, as integrated teams are the future, and everyone*

is talking about them at the moment and the benefits of integrated working rather than a silo mentality."

There was a clear consensus was that each of the partners was established and successful in their own right, and that during the project these capabilities were being more closely aligned and shared between the partners under the 1001 Days banner. Many of the operational staff considered there had been a clear move toward a "*one team feeling*" where staff within each of the partners had developed much better working relations with the other partners' teams; "*Before we were all separate, but now we're not strangers and feel like more of a single team, we've got more understanding and trust with the others and we know we can turn to them if we need to know something or have a specific question about a family.*"

Recommendations:

1. Hold an annual face to face review with Ops and Strategic Group to share the findings of the report and to develop the coming year's action plan together, to continue to embed the understanding of 'one team'.

2. Explore the possibility of developing volunteer opportunities for 1001 Days, across the partnership, which could help to bring the partners together. This could introduce a layer of support that is aware of all aspects of the project and as such can equitably and fully promote the support available to families, or to partners or wider stakeholders. It was reported that a collaboration of Wirral-based voluntary organisations has recently developed a working group to look at a borough wide approach to shared volunteering, which could be beneficial.

7.3.3 Acknowledgement of Sectors and Roles

In spite of the above, the differences between the sectors, especially in terms of the charities and the local authority, was commented upon by many of the respondents and from several differing perspectives. While all felt positive overall, it was reported that some partners had stronger connections and as such were better able to offer a seamless service from the point of view of families. "*Koala and FYT work very well together, and Early Years and the local authority are more united, but there is still a gap between those two groups of partners*". Equity between partners was mentioned, "*at times it appears as if this is Koala and FYT as a partnership, and with Children's Centres as an add-on*".

The difference in **perceptions** of the sectors was also expressed, "*Families are often more likely to open up to a voluntary sector partner and talk about their troubles far more than they would to, say, a health visitor*". These included the remit of the voluntary sector, "It is *easy to think of them as providers, not per se as charities, and it's easy for colleagues to forget this when we need to be mindful when viewing them as it is not their place to be providing a clinical role, and we need to remember where to draw the line in our expectation and what they can offer to families in this regard*".

These are extremely important reflections to respond to, whether they be factual or embedded *preconceptions*. It is recognised that several factors impacted on this feedback, such as the

associated cultures of the different partners, different leadership styles, length of time providing services, and previous experience of collaborative delivery. Addressing these concerns will be key to sustaining and building on the partnership in the long term.

> **Recommendation**: Maximise the opportunity of Ops Managers meetings and an annual face to face review to acknowledge differences and to openly and collectively plan for ways in which staff teams can express their concerns and identify solutions. Previous recommendations will contribute to addressing these concerns, as will recommended ideas to undertake a piece of work to assess the details of the various Language & Communication programmes. This could help to increase the sense of equity between teams.

7.3.4 The Need for Greater Strategic Buy-In

Several respondents felt that a greater level of commitment was needed "*from the higher levels that manage staff time*" so that staff were enabled to allocate the time that integration needs. "*It needs to be acknowledged that this level of collaboration and partnership working takes time to develop and that time is not always spent on actual delivery of your services; but which staff are approved to spend time not doing their services? If partners are genuinely committed to this, their staff need to be given the time*". Many respondents provided examples of how levels of collaboration differed, "*from the bottom-up it usually comes down to the staff having time to make relations and share families, but from the top down there still seems to be a silo mentality that does not provide strong leadership for an integrated way of working.*"

Several of those engaged noted the lower levels of representation and commitment were often from Health, acknowledging the wider pressures faced by the statutory sector given covid, including redeployment of staff in line with the Community Health Services Prioritisation National Guidance. It is only in recent months that many staff are returning to pre-Covid routines.

It was also suggested that there would be value in increasing hospital staff knowledge on the service offer within 1001 Days to enable them to discuss this accurately with new parents.

> **Recommendation**: Year 2 presents the opportunity for Health partners to collaborate more regularly at a senior strategic level. Attention should also be paid to ensuring that senior management commitment is demonstrated through facilitating opportunities for operational staff to be actively involved in building partnership with partners. It is true for all partners within the First 1001 Days that to achieve the desired level of collaboration, staff need allocated time to integrate, from senior and management level, to operational level.

7.3.5 Specific Needs of BAME Families

Specific attention was made to the needs of BAME families, acknowledging that while 1001 Days is available to all families there are often inherent requirements that can reduce the efficacy of provision for BAME families. Factors such as language, culture, expectation, and engagement

were repeatedly cited. The Minority Ethnic Achievement Service (MEAS; www.wirral.gov.uk/MEAS) was suggested as being helpful, but that 1001 Days itself required more dedicated resources in the future if it was to successfully meet the needs of BAME families.

> **Recommendation**: 1001 Days partners to plan and co-design with organisations working specifically with BAME communities, how they can be brought into the strategic development of the 1001 Days programme. This may result in further funding being sought which includes these partners.

7.3.6 Locality Meetings

There was mixed opinion on both the purpose and result of these meetings, and some members of the various partners were unclear on which areas had the meetings and if it would be appropriate for them to attend. Although feedback varied widely, several respondents indicated that when they had attended the meetings focused on, "*families with issues, and didn't offer a general summary of what was happening locally, and as such unless there was concern about a family, there was no opportunity to check if families in the main were accessing the full offer*.". Other respondents stated that this was the inherent purpose of the Locality Meetings, as they are intended only for partners within the formal Information Sharing Agreement.

> **Recommendation**: Given this difference in understanding, it may be prudent to review the Terms Of Reference for the Locality Meetings and consider their role in relation to the wider Operational, Manager, and Network meetings that occur. It would be advisable to establish a reporting and communications pathway, so that the objective of the meetings is clear to all.

7.3.7 Negative Impact of Covid

Many respondents recognised that a global pandemic severely reduced the capacity and presence of some of the partners, especially the statutory sectors that had to adopt the national 'command control' model of working. This reduced the time to fully embed a new model of working under 1001 Days based on integration and co-operation. It was also acknowledged that some organisations were able to maintain a level of face-to-face contact with families, whereas not all statutory provision had the permission to do this. Most of those engaged recognised the pandemic had significantly reduced Health's ability to engage meaningfully in 1001 Days as originally anticipated. *"Health just hasn't had enough dedicated time to think strategically, to look at the system, or to allocate sufficient time to clinicians to allow them to collaborate at either the strategic level or the operational level."*

There was a consistent optimism for the future though, and that the remainder of the project would start to see a greater presence from partners as their capacity increased. *"It wasn't that we weren't willing to allocate resources to 1001 Days, it is a case that we just didn't have those resources available. We are now starting to move back into a more organic way of working, and 1001 Days will benefit from this."*

Covid also impacted on families willingness and/or ability to engage: lack of drop in or promotional events or school runs meant that incidental contacts did not happen.

Recommendation: As restrictions have now eased and partners are returning to pre-Covid mode of operation, the opportunity to both bring in Health partners as a priority and to engage more normally with families has returned and planning ahead should acknowledge that change. Equally, there are opportunities to continue a blended offer to families which is both face to face and virtual and to recognise the value in both approaches.

7.3.8 Ensuring Commonality of Terminology

One issue raised was the fact that 1001 Days was helping partners to standardise their service description when engaging families, and wider professionals. Examples of "Chat and Play" versus "Talk and Play" were used to illustrate that historically messages could be confusing for families; "*When we use the same language it helps to provide a single message to families, irrespective of which partner is providing that activity or referring to that activity.*"

Recommendation: The Operations Team should review how we collectively brand our programmes and see where we can use the same terminology so that families and professionals are clear about the content and objectives of the various service offers.

7.4 Future Development

A variety of ideas and recommendations were shared, with sentiments not already outlined previously including:

- Greater degree of co-production from the partners, at the strategic level, to confirm the vision for the next 12 months of the project.
- Acknowledge that as wider practice moves toward a self-contact model, there is the risk of families can't achieve this, if they don't know what, or where, to make enquiries, may fall between the cracks. Additional efforts need to be made to understand from families how information is best shared with them.
- Increase 1001 Days social media presence including reciprocal links to other partners' information and offer, as families respond strongly to the online presence.
- Consideration of whether increased education and behaviour change is possible to normalise breastfeeding, hence supporting initiation rates.
- Explore opportunities to link with the new 'Integrated Therapies Team' that has a monthly meeting, to showcase 1001 Days and increase awareness.
- Alignment with the Family Hub model of working, given that every Local Authority has to have moved to the Family Hub model by 2024, and Wirral Council has recently succeeded in obtaining additional funding for the development of its Hubs.
- Make more of team-wide resources, such as that the 'Lunch and Learn' sessions are available at https://www.youtube.com/watch?v=RePc9Iah4hc
- Developing a 1001 days text buddy service to engage families at key stages and offer support from partners and the local community. Key health messages can also be shared by the volunteer linked to the family.

Examples of Partners Working Together

Multiple Providers To Support Mental Health

"Mum has a 1-year-old son, she had a psychotic breakdown after being tortured by her ex-partner. She was not offered any support and her baby was taken into care. She has spent the past 12 months getting mentally healthy and fighting to get full custody of her son. Back in July Mum was attending a group with another organisation, and the Lead was concerned how mum would cope over the summer holidays while the groups were not on, so she contacted me. Mum's son was having a phased return with the goal of having full custody at the end of August, so it was vital that appropriate support remained in place. I offered mum emotional and practical support … and offered mum the opportunity to attend events over the summer holidays but she did not feel ready to attend any other groups. Mum started attending her original group again in September and she has requested that I maintain the support as well."

1001 Days Practitioner

Voluntary and Statutory Sector Collaboration

Throughout the development of the PIMHS service Koala NW have had the privilege of building strong working relationships with their clinical partners. Intervision between Koala NW Video Interaction Guidance (VIG) guiders and a VIG practitioner within the health visiting service allowed practitioners to think about encompassing the VIG core skills within their practice and the challenges presented during the pandemic. Staff felt more supported when presented with more complex cases. The Specialist Perinatal Mental Health Health Visitor was a vital source of support providing advice and guidance when staff were supporting women and their families during the perinatal period.

More recently Koala NW's PIMHS Lead and the Specialist Perinatal Mental Health Visitor collaborated to deliver a multi-agency perinatal and infant mental health training session for Koala NW staff and Wirral health visitors. Feedback from participants highlighted the need for more multi agency training and practitioners found this useful particularly when thinking about local perinatal pathways and sources of support in the community.

Community-Based Provision

"Koala NW welcomed Silver Birches to their Hub. Silver Birches is a maternal mental health service which offers support for individuals seeking support following psychological distress arising directly from experiences within maternity and birch. We hope that offering clinical support in the heart of the community, in venues such as Koala NW will not only be accessible to individuals but help support pathways between services."

Silver Birches Clinical Practitioner