Evaluation of the Maternity Champions Programme

Hammersmith & Fulham
Kensington & Chelsea
Westminster

2020

THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA

MATERNITY Champions

ENVOY Partnership

City of Westminster

Contents

Executive Summary 4
1. Background to Maternity Champions 8
2. Evaluation approach 13
3. Activity categories 14
4. Findings summary: Stakeholder outcomes 17
5. Outcomes for Parents and Babies 19
6. Outcomes for Maternity Champions 28
7. Outcomes for Health and Social Care Partners and Professionals 32
8. Other charities, providers, and community assets 37
9. Programme participation 38
10. Resourcing and Funding 42
11. Enablers of success 44
12. Systemic and localised challenges 46
13. Additionality for commissioning 49
14. Conclusions and Recommendations 50
Appendix 55

About Envoy Partnership

Envoy Partnership is a social value and impact management consultancy. We empower our clients to measure, demonstrate and enhance their social, economic, and environmental impact. We guide organisations through all aspects of their social value journey, delivering high-quality independent evaluations, SROI and social value analysis, and impact management support.

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All photos in this report taken before Covid-19 and provided by Maternity Champions programme.

Maternity Champions 2018-2020 programme headlines

95%

Parent agreement that babies were supported with developing social interaction and communication skills

3,545

Families with babies reached

75%

Parent agreement they were better informed about nutrition and feeding

Above national average breastfeeding initiation

3-5% higher than average @six weeks

10-15% higher than average @six months

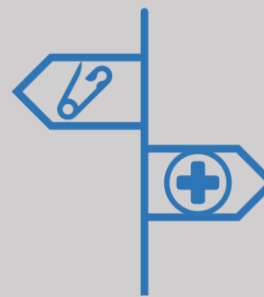
95%

Parent agreement that babies were supported with early learning skills and cognition

4 out of 5

Parents agreed they were better informed on contacts who help with peri- & postnatal mental health

Two-thirds



Parents agreed they were better informed on appropriate alternatives if not needing GPs & hospital/urgent care

9 out of 10

Maternity Champions who felt a sense of self-worth and empowerment all of the time or often (through the programme)

Over half

Maternity Champions who progressed into other community or civic roles

Executive Summary

Maternity Champions are local residents who volunteer through a Community Champions project, based in a community centre or hub. Volunteers are given accredited training on how to provide and share supporting information in a non-judgmental manner in order to encourage informed parental decision-making. Maternity Champions provide a range of antenatal and perinatal health and wellbeing information; breast feeding support, signposting to relevant services; and parent and baby activities. The project aims to provide local parents with peer support from people within their community who share similar experiences and lifestyles.

The Maternity Champions programme runs across three London boroughs - Hammersmith and Fulham, Kensington and Chelsea and Westminster – which all contain pockets of high deprivation and child poverty, as well as growing health and health literacy inequalities between the most affluent and the least affluent residents. The programme is supported by the local Clinical Commissioning Groups.

Evidence shows some gaps in knowledge and proactive encouragement across some key aspects of maternity support provision and access in England, including in these boroughs. Problems include inadequate continuity of care; poor health literacy and poor pre-existing health practices; and the large amount of information parents have to absorb, which can vary widely in relation to reliability and quality.

An increasingly recognised area is the role of social capital, and how unlocking this can lead to more effective practices and decisions around health and wellbeing, including maternal health. This focuses on using local people's relationships; networks; assets, (e.g. community centres); and their ability to transfer health knowledge directly to their peers. The Maternity Champions programme builds on these factors, as a social intervention using a community asset-based approach. This has come to the fore during the Covid pandemic.

This 2020 evaluation, conducted entirely since the Covid onset, aims to provide a sound understanding of the progress, effectiveness, and impact of the programme, since Collaborate Ventures' 2016 pilot evaluation.

Key findings

The Maternity Champions programme is a *social systems*[1] intervention, that is not typically within the remit, expectation, or capability of statutory services. Yet the programme is of great help to the local 0-5 years pathway, in embedding good parenting and maternal health practices that our health and care services aim for. For most parents, receiving support from Maternity Champions is a process of empowerment and confidence-building. The programme led to benefits for parents, babies, local services, and the Maternity Champions themselves, many of which have been amplified since the pilot evaluation. Overall, the current iteration is an **effective model and should be further enhanced.** Numbers reached are presented in Figure A.

Figure A. Overall total numbers of families reached and numbers of activity sessions

	Total activity sessions	Unique families reached at regular once a week activities	Unique families reached at other outreach activities, events and campaigns
2018-19	574	822	610
2019-20	751	1161	952
Totals	**1,325**	**1,983**	**1,562**

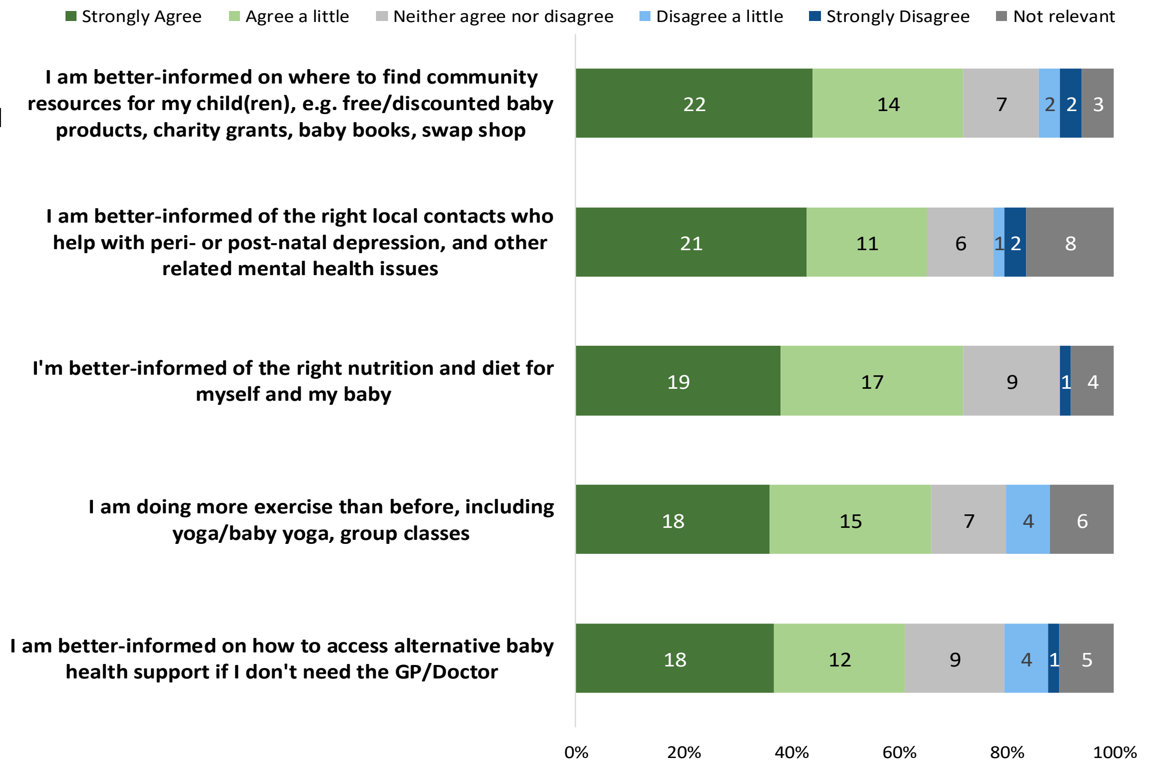
[1] 'Social system' defined here through the viewpoint of sociology theory, as the series of interrelationships between individuals, groups, and institutions, forming a coherent whole, and often manifesting as acts of communication or forms of exchange across interrelationships.

Benefits to parents and babies

The programme resulted in key outcomes for parents (see (Figure B), including:

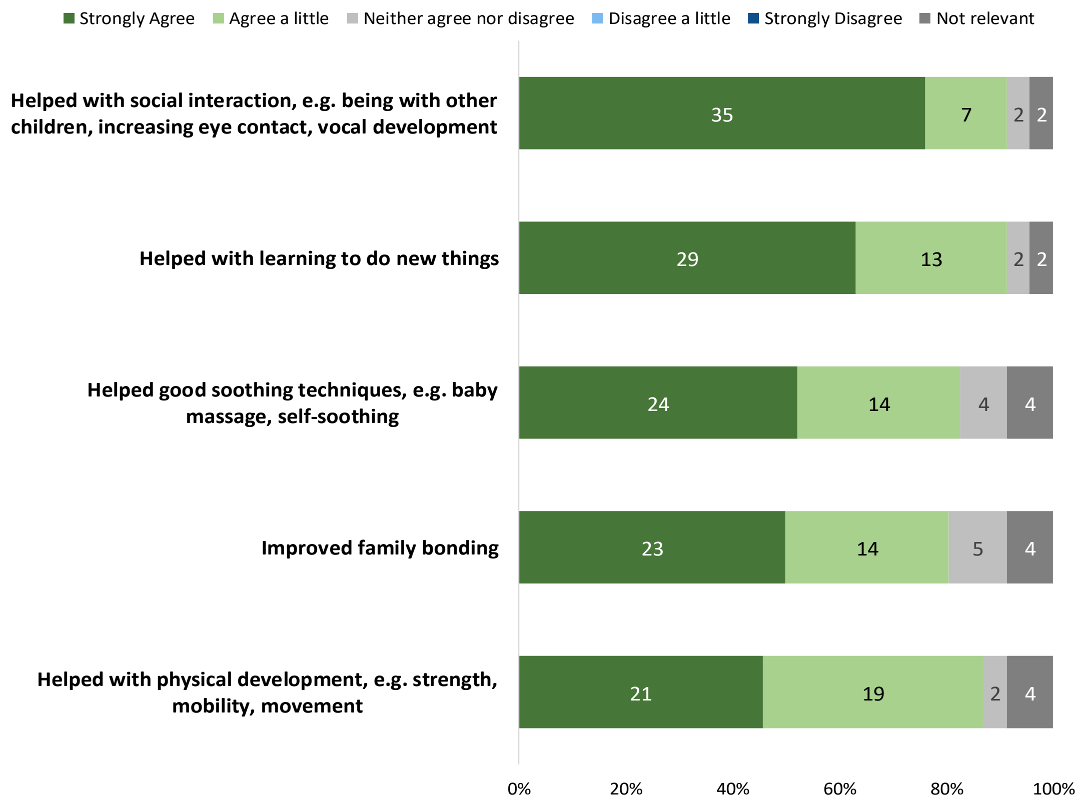
- improved maternal health literacy around feeding and birth preparation;
- improved understanding of the alternative/more appropriate support services in addition to GPs and hospital urgent care, (for example, pharmacist, health visitors);
- improved sense of empowerment and agency in their parenting decisions; and
- reduced risk of isolation and loneliness.

Figure B. Parents survey responses: Impact on maternal health knowledge and behaviours (n=50)



Parents felt babies also benefited in aspects of early physical, social and cognitive development, (Figure C).

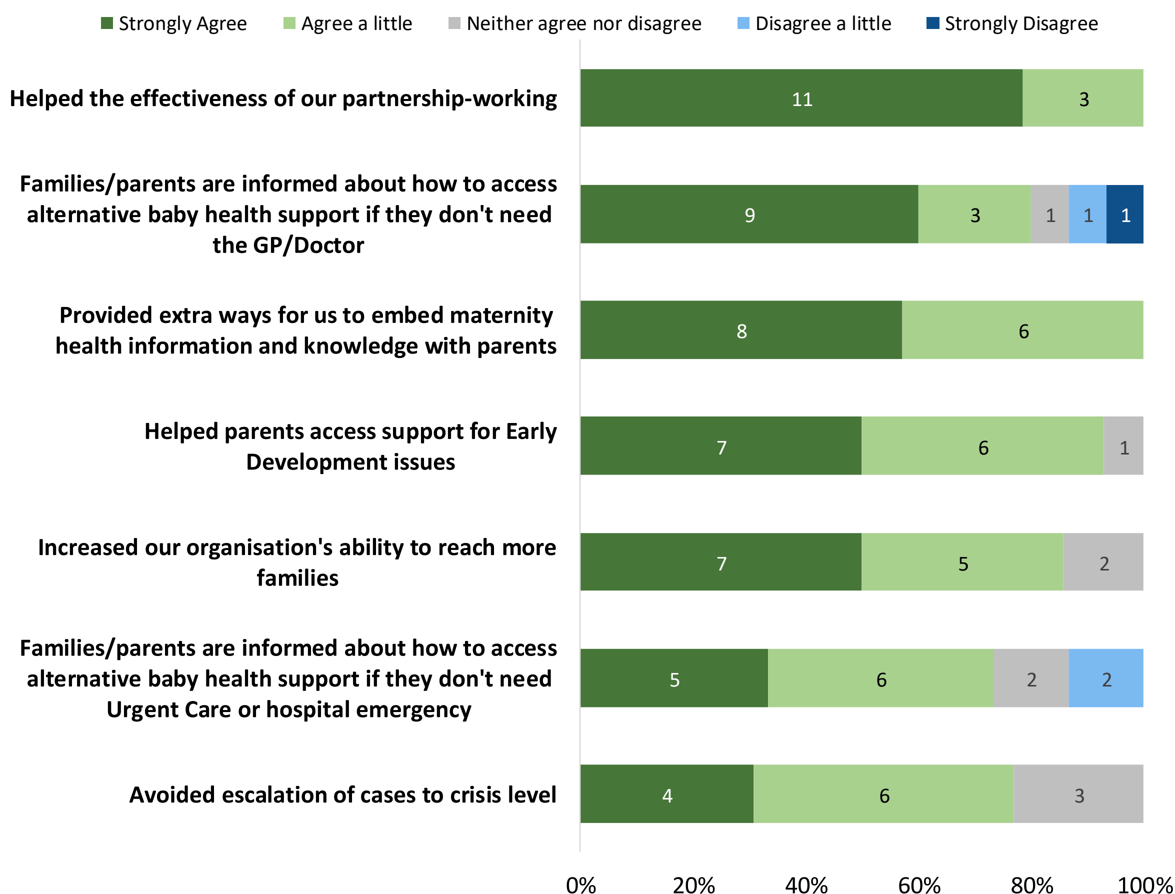
Figure C. Parents survey responses: Impacts on baby development (n=46)



Benefits to statutory services

Children's services, Early Help, GPs, midwife teams, and health visitors are significant stakeholders of the programme. These local services were benefited from improved reach, appropriate access, and enhanced partnership working**. This helped to unlock joined-up working, resource-sharing, and created extra capacity for the local 0-5 years pathway. This was valuable for embedding behaviours, practices, and health messages.** Partner agencies also suggested that volunteers provided an extra 'myth-busting' capability.

Figure D. Partner agencies' survey responses: Effect of Maternity Champions on access and reach (n=14)



These outcomes are also important in the context that poor infant health and co-morbidities result in real financial costs. Delivery of a baby with complications or co-morbidities can cost the NHS around £3,350 per incidence. Severe paediatric episodes rated +2 to +5 can cost between £1,000-£5,000 each.

Additional benefits to volunteers

Maternity Champions gained new specialist training and skills, an **increased sense of empowerment, and improved self-worth, belonging, and wellbeing** through their role. The majority felt included in shaping their experience of the programme, felt well-supported by their co-ordinators, and had opportunities to improve project activities. Many felt a sense of recognition by professionals and residents. Over half **went on into other community or civic roles, and 10-15% gained paid work**.

Summary of outcomes

Our analysis considered that other services were available to parents in the area, e.g. other children's centres and paid for services. After accounting for this, our research indicates that the model can be very effective, and that the additional effects of the Maternity Champions programme are as follows:

Key outcomes

- Breastfeeding levels were achieved above national average;
- Health literacy about maternal health and baby development improved to a larger extent;
- Many parents were less isolated, less alienated, and developed more social relationships/friendships;
- Many parents avoided worse mental health and lower levels of wellbeing;
- Improved confidence and empowerment amongst parents around how to structure their parenting techniques, strategies, and decision-making;
- Increased opportunities for parents and residents in maternity volunteering and training;
- Reduced prevalence of avoidable episodes/appointments in Urgent Care, hospitals, GPs;
- Reduced barriers to appropriate use of and access to services and health knowledge, particularly English language barriers.

Covid-19

The Covid-19 pandemic and lockdown has proven to be a challenge for the whole programme and the community more broadly. There have been increases in feeling isolated, in anxiety, and in struggling to cope as a result of the lockdown. The programme was forced to suspend activities which depended on groups meeting and mingling during the initial lockdown. Projects responded speedily, flexibly, and creatively by moving many activities online – within 3-4 weeks most projects had initiated online activities. Although beyond the scope of this evaluation, these responses have been successful in meeting needs and expanding reach and it is likely that a blended approach will continue in future.

Enhancing the model in future

"I would say that the Maternity Champions are terrific - using their local knowledge and initiative to give relevant and important support, and reaching the 'hard to reach' mothers."

Consultant Paediatrician, Imperial College Healthcare NHS Trust

The programme has achieved a great deal in becoming respected and embedded across the local 0-5 years services pathway. Its future challenges are to achieve even more consistency and ensure continuity of volunteers. However other systemic challenges which are being mitigated for in future include the effects of Covid, as well as re-structures or high churn/staff turnover within some partner statutory agencies.

The analysis suggests that there are three areas that could be enhanced. These cover content, resourcing, and processes (see Conclusions & Recommendations). For example:

- Enhancing antenatal provision, such as additional classes or pregnancy yoga, and potentially targeted one-to-one support, (however, engaging at the antenatal stage has historically been difficult due to increasing demands on midwife services and the need to build culturally sensitive practices across statutory agencies).
- Volunteer training could be developed further in the areas of hospital maternity wards, Early Help, and parents with learning difficulties.
- Increasing open-source access to cross-project learning, anonymised stakeholder feedback, and learning on multi-agency collaboration practices, could add value to local networks and further embed the programme in the 0-5 pathway, e.g. uploading learning and feedback on the Maternity Champions website or free online group noticeboard, such as Trello.
- The programme delivery partners have had some success with external funding and other leveraged resources and this should be supported and encouraged further.

1. Background to Maternity Champions

Community-supported care and social capital
Local authorities and health and care services face challenges not just to reduce costs and save time under ever-increasing financial and resource pressure, but also to work in more joined-up ways with their collective resources. Such whole-systems approaches can help to unlock resources to tackle socially embedded health issues, and can enable the design of approaches that increase quality, choice, and wider access. This includes maternity services for recently pregnant or expectant parents, and their babies.

An increasingly recognised area is the role of social capital, and how unlocking this can lead to more effective practices and decisions around health and wellbeing amongst local populations. This can be partly achieved by using local people's relationships, networks, assets (e.g. community centres used) and their ability to transfer health knowledge directly to their peers.

We can view this as the ways in which communities are able to strengthen networks of care, and improve health literacy, *beyond the remit* of care services.

National context and local needs
Baby feeding practices, reducing the risks of infant mortality, and achieving sustainable reproduction rates, have long been significant aspects of national health strategies. But at a national level, according to the Office for National Statistics, live births in the UK have decreased over the past four years to 2019, and are at their lowest rate since 2004.

National breastfeeding initiation rates during a baby's first six weeks was estimated to be c.48% of new mothers (Public Health England breastfeeding data to March 2019), but higher in West London generally, around 85-90%. Nationally this falls away to c.30-40% by six months (corroborated by UNICEF's global breastfeeding 2018 report[2]). This is due to a range of social factors and perceptions, such as 'difficult to get right', or 'feeling ashamed', and economic factors such as working mothers. In 2019, 69% of women said they were 'always' given active support and encouragement about feeding their baby, an increase from 61% in 2013. This implies almost a third of women, around 190,000-200,000, felt this was *not* the case.

The ecosystem of maternity (and infant) care can also be difficult for families to navigate. There has been substantial investment in the last decade to ensure all mothers and pregnant women and their partners feel supported and are signposted to appropriate services – including for mental health, and fathers/paternal health.

Maintaining good mental health throughout the perinatal period (covering pregnancy and one year after the baby's birth) is essential to ensure good health outcomes and life chances for women and their children in the long term. Yet nationally, less than one-third (30%) of women said that they were offered and took up

[2] Unicef, '*Breastfeeding – A Mother's Gift to Every Child'*, 2018

antenatal classes (which would include mental health components) provided by the NHS. This means 384,000 women felt this was not the case or were not made sufficiently aware that this was open to them, although it is likely that a high proportion accessed classes outside of NHS provision, e.g. NCT training.

Nonetheless, there seem to be significant inconsistencies across some systemic aspects of maternity support provision and access. Some problems include continuity of care – or lack of it[3]; poor health literacy combined with poor pre-existing health practices or lifestyles; and the huge amount of information parents have to absorb from a variety of official, as well as unofficial, sources.

In the 2019 NHS Care Quality Commission (CQC) survey of *Women's experiences of maternity care* (published 2020), the document included a service objective to '*Increase the number of women receiving continuity of the person caring for them during pregnancy, birth and postnatally'*.

But midwife teams are under a lot of pressure and their time and resources are often stretched. Over half of women responding the CQC survey (54%) said that *none* of the midwives involved in their postnatal care had been involved in either their antenatal care or their labour. Only over one-third, 37% of women, said they saw the same midwife every time during their antenatal check-ups. And only around a quarter, c.28% of women, said they saw the same midwife every time during their postnatal care. When there is a significant lack of continuity, this can leave room for parents to feel less trust in the system overall, or to feel a sense of inconsistency around the support and information they receive to inform their decisions.

Encouragingly, the proportion of women saying that they 'definitely' had confidence and trust in the staff caring for them during their labour and birth increased from 78% in 2013 to 84% in 2019. However, this means over 15% did not. At a national level, this could equate to 90,000-100,000 mothers.

Local needs
In the local context, these challenges may manifest in different ways. At Chelsea & Westminster Hospital NHS trust, mothers' feedback data on the ward staff and the overall birthing experience show mostly positive CQC survey indicators across the board, except for lower than national average scores on being given information and explanations required after the birth, and less opportunities to ask staff questions during the birth. Imperial College Healthcare NHS trust (Queen Charlotte's and also St Mary's hospitals) performs around or higher than national average on all CQC indicators.

In the three boroughs' neighbourhoods covered by West London CCG, Central London CCG, and H&F CCG, data shows a far higher prevalence for parents to take their babies and toddlers to A&E and hospital emergencies (between 940 to 1040 incidences per 1,000 head population[4]), than the national average (672 per 1,000). However, the same data indicates the rate of hospital admissions for 0-14 year olds related to actual injury is much lower than the national average. And infant mortality remains around the national average at 3.5% in WLCCG, and lower than this at around 2% for Central London CCG, and H&F CCG.

Overall this may indicate lower knowledge levels amongst new parents about appropriate alternative services, common infant ailments, and sources of support for minor episodes, (e.g. NHS website, calling 111, speaking with pharmacists), than a reflection of accident/injury-prone families with infants.

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[3] NHS Care Quality Commission, '*2019 survey of women's experiences of maternity care'*, published 2020
[4] Public Health England Child and Maternity Health profile data by London NHS CCG

The three commissioning local authorities H&F, K&C, and Westminster - contain pockets of high deprivation, health inequality, and child poverty in certain wards, as well as growing inequalities between the most affluent, and the least affluent residents. Whilst in general breastfeeding initiation rates have been around 85-90% in the three boroughs (NHS England statistical releases 2014-2019), maternal health literacy may be lower amongst ethnic minority households where English is not the first language. Partner CCGs have also long-recognised this.

In this evolving context, the NHS in North West London has aimed to ensure that women have access to the highest possible quality of care throughout their pregnancy and birth. And over recent years, this has led to the NHS in North West London developing a network and directory of non-statutory provision to complement local health services related to the 0-5 pathway. Though more work needs to be done, there has been a collective drive towards whole system integration with VCS and peer-based support partners who can also support parents and babies' wellbeing to a good level of quality. Through the hard work of Maternity Champions and their managers, the programme was categorised within the peer support elements of the NHS North West London collaboration of CCGs' network and directory:

https://www.nwlondonccgs.nhs.uk/services/pregnancy-maternity-services/maternity-and-childrens-services-north-west-london

Rationale

The Maternity Champions programme's aims are not to compete with or replace statutory services, but to complement them with a social intervention – to support dissemination of health messages, and to support access to services across midwifery, gynaecology, obstetrics, and the wider care system. In addition, Maternity Champions aim to fill gaps in support that are beyond the statutory remit, such as:

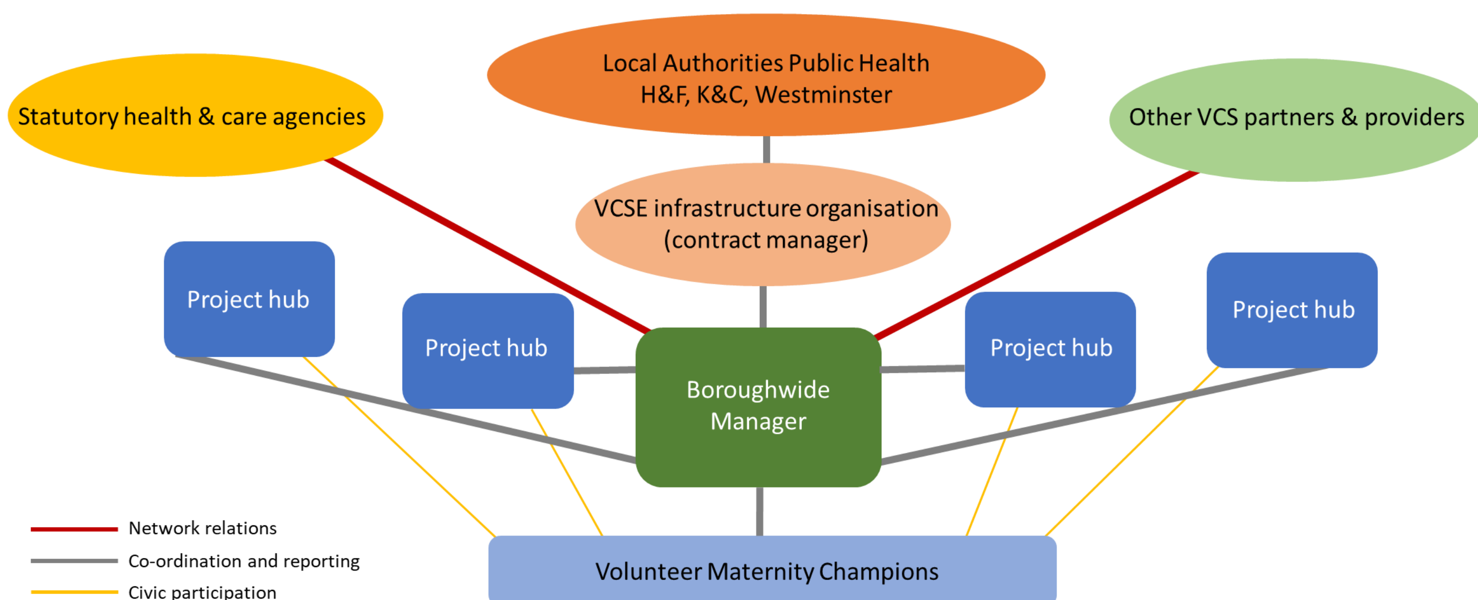
- Reducing a sense of social isolation through peer networks;
- Building self-confidence and empowerment during a life-changing and body-changing experience;
- Community-led signposting and access to available resources, support, and knowledge;
- Enhancing birthing and feeding preparation – some aspects of which may be perceived divergently amongst different communities;
- And facilitating space for respite and sharing of personal experiences.

Programme structure

Maternity Champions is a distinct and separately funded programme, which sits within the structure of the pre-existing Community Champions programme in the three boroughs (H&F, K&C, and Westminster). The rationale is for Maternity Champions projects to harness the advantages of the Community Champions[5] programme's hub-based model, which includes linkages to local people, wider health and wellbeing activities, and trusted peer support. The Maternity Champions programme is 'hosted' and contract-managed by an infrastructure VCS organisation in each respective borough: Venture Centre for K&C, Paddington Development Trust (PDT) in Westminster, and until recently, Peabody in H&F. Each host organisation employs a strategic lead: the 'Borough Manager' providing strategic direction, coordination and advocacy support across their respective projects. This is illustrated in Picture 1.

[5] See http://www.communitychampionsuk.org/. Community Champions is a grassroots resident-led volunteering programme focused on community health and wellbeing. A Social Return on Investment evaluation was conducted in 2014 and also in 2017 as a follow-up.

Picture 1. Network organogram with main lines of communication (Maternity Champions programme)



Whilst not a like-for-like comparison, part of the learning from the previous 2016 pilot evaluation also informed some aspects of the programmes evolution. The current boroughwide structure is different to the original 2014-2016 pilot, in which two projects (in Old Oak, H & F and Mozart, Westminster respectively) piloted part-time Maternity Champions projects with a 0.5 FTE post in each place, delivering activities, with significant additional funding resources. The existing model was developed to be sustainable with fewer resources when scaled up to borough-wide programmes. In the current model, there are more demands on individual Community Champions project managers who are expected to deliver activity within their own project resources, supported, crucially, by the strategic Borough Managers (BM).

BMs bring in-depth expertise, and perform an advocacy and 'connector' role for their hubs, (rather than managing them). This means they often carry out most of the partnership development, business development, alliances, resource-sharing opportunities, and overall promotion of the programme. The BMs also host the strategic '3 Boroughs' Maternity Champions Partnership Group' and sit on a range of local authority, CCG and NHS strategic groups. They, bring deep levels of local intelligence to these strategic groups about needs and barriers. They also source, co-ordinate and support the training and source additional funding for activities.

Activities are decided on primarily by Borough Managers and hub co-ordinators, depending on available assets, resources, partnerships, and local needs. This often results in an evolving roster of activities as local care providers aim to integrate, and become better aligned with changing local needs.

Borough Managers and Community Champions hub co-ordinators recruit, train and empower their Champions (both Maternity and Community Champions) to use their initiative in motivating and encouraging others and to be assets for the whole community.

Maternity Champions are local residents from the immediate neighbourhood within which their local Community Champions project is located. Often mothers, they volunteer through their local project, providing breastfeeding information and support; antenatal and perinatal health and wellbeing information;

signposting to relevant services; and parent and baby activities which provide an opportunity for parents to seek specialist information and peer knowledge, in a secure, discreet environment.

Volunteers are given accredited training on how to provide and share supporting information in a non-judgmental manner in order to encourage informed decision-making. They support access to, and awareness of, local maternity and infant health and development services, and motivate parents to informally share concerns around their family health, well-being issues or behaviours. The aim is to empower parents in decision-making and to build health literacy around pregnancy and the peri-natal period.

Contract requirements from the commissioners are for each project to provide at least one weekly activity for new and/or expectant parents. Beyond that, the remit is flexible as to what each local hub is able to achieve within their resources, and can autonomously choose how to combine 'in-house' support, or dovetail with outside provision in other settings, e.g. VCS stay and play groups, baby weigh-ins. Families can access the project up to their child's first birthday. A significant amount of delivery takes places in partnership with Early Years services including some co-located at Family Hubs.

The Maternity Champions projects are broadly based at the following hubs, but some of their work can occur outside of the physical space, e.g. through outreach, signposting, and other community settings.

Hammersmith & Fulham	**Kensington & Chelsea**	**Westminster**
Addison	Chelsea (new – out of scope for this evaluation)	Church Street
Bayonne & Field Road	Dalgarno (year 1 of evaluation period only)	Churchill Gardens & Tachbrook
Edward Woods	Golborne	Harrow Road
Old Oak	Notting Dale	Mozart (Queens Park)
Parkview	World's End & Cremorne	Westbourne
West Kensington & Gibbs Green		

2. Evaluation approach

This evaluation aimed to provide the programme managers with a sound understanding of the progress, effectiveness, and impact of the Maternity Champions programme. The evaluation objectives included:

a. Assessing the impacts on:

- New or expectant mothers/parents of peer support, advice, signposting.
- The mental health, emotional wellbeing, and confidence of expectant and new parents.
- Maternity Champions (e.g. impact of training, development, increased knowledge, capacity building).
- Local antenatal and postnatal services, specifically relevant NHS services including midwifery, health visiting, GPs, and children's services and centres.
- Multi-agency cooperation between statutory services, community organisations, and communities.

b. Assessing contributions to:

- Breast feeding during the perinatal period (up to 12 months after birth)
- Immunisations.

c. Assessing the model of delivering the Maternity Champions through the Community Champions projects, with a Borough Manager, including some aspects of value for money.

Research tasks

The evaluation was conducted between April and September 2020, during the challenging circumstances of the Covid-19 pandemic and national lockdown. This made it impossible to attend face-to-face interviews, in-person observations, or conduct in-person focus groups. However given the challenging context, the evaluation succeeded in securing a good level of engagement and responses for the research sample frame.

To meet the brief, we conducted the research outlined below using a series of tailored approaches to overcome some of the challenges posed by Covid-19. We used a mixed-method approach combining primary qualitative and quantitative research, as well as analysis of secondary research, such as NHS tariffs and data from the Personal and Social Services Research Unit (PSSRU, and project activity data.

Table 1. Evaluation primary data used

Qualitative research	Total 65 responses
Mums (and Dads) - Phone interviews x4 per borough	12
Health and social care/local authority professionals - Phone interviews	11
WhatsApp group discussion x3 with Parents	12
WhatsApp group discussion x3 with Maternity Champions	15
Video interviews x3 with Borough Managers	3
Video group conference x3 with all Project leads	12
Thematic analysis of project quarterly reports (2018-2020) and previous evaluations	n/a
Quantitative research	**Total 123 responses**
Online survey: Parents and babies	71
Online survey: Maternity Champions	33
Online survey: Partner agencies and professionals	19
Analysis of project output and budget data (2018-2019)	n/a

3. Activity categories

Each project is contracted to provide a minimum of one regular or weekly activity, and is given a degree of flexibility over the other support activity or events it might provide, or dovetail with other external settings. This is so that the roster, or activity menu, can adapt to the evolving needs and preferences of the often-diverse local communities in the area. In reality, provision can also be affected by demand and whether or not there are volunteers or outsourced providers available.

Some Maternity Champions with relevant experience or skills have also been invited to participate in multi-agency or cross-sector networks and fora, to support the joining up and spreading of knowledge about the needs of local parents and babies.

The more regular weekly 'drop-in' type activities provided by Maternity Champions included:

- Parent and baby Yoga/Pregnancy Yoga, and other forms of baby and parent exercise (incorporating pelvic floor exercises)
- Mum and baby coffee mornings / drop-ins
- Birth prep and relaxation classes
- MEND Mums and other parenting classes
- 'Nappy Natters'
- Breastfeeding and baby nutrition information (including on one hospital maternity ward)
- Signposting, sharing leaflets, and supporting access for the right service channels or guidance channels
- Baby massage
- 'Baby and Me'/sing and rhyme/stay and play groups (sometimes at children's centres/family hubs, library or community champions project base, depending on local area)

Complementary temporary or short-term activities included:

- Support to access Doula and midwife service leads, health visitors and other breastfeeding support
- Support to access alternative antenatal classes (funded, organised and recruited by Borough Managers)
- Support to access Mental health/Peri and postnatal mental health awareness and CBT sessions
- Baby GP attendance and weigh-in attendance (with relevant children/health centre's permission)
- Baby oral health advice sessions
- Workshops on baby development, health, and typical illnesses
- Immunisations information/signposting
- Buggy group walks
- Support to access 'MyTime Active' and other parent exercise sessions
- Creche type facilities during activities
- Attending or organising seasonal family parties, e.g. Christmas, Easter, Eid
- Conducting informal 'engagement tables' for parents to provide their suggestions and ideas
- Swap shop, e.g. new or second-hand baby clothes

Other ad hoc activities and events included:

- Cervical screening awareness-raising
- Referral or signposting to Early Help and Family Services
- Breastfeeding 'lounge' stalls, (e.g. with cushions and pillows) and changing facilities at local community events and festivals
- 'Pamper Me' Parenthood Party (a mental health awareness event linked to World Mental Health Day)
- Environmentally-friendly product demonstrations with free samples, e.g. reusable nappies, formula, baby items
- Signposting and information to access support relating to Domestic Abuse/Violence
- Drop-in visits and engagement by SEND officers
- Drop-in visits and engagement by Health Visitors and Midwife teams
- Working with faith group leaders to run immunisation information and signposting sessions, e.g. mosques, imams

A tried and tested approach to activities would be to first trial certain activities to measure demand and / or sustainability. Depending on levels of take-up or viability these would continue, be replaced, or resume at different times of year, e.g. buggy walks, term time drop-ins at Family Hubs etc.

Embedding into the 0-5 pathway across boroughs

The Borough Managers and project managers also worked to support the embedding of Maternity Champions to be better integrated into local 0-5 pathways. In one example, this focused on the programme's provision becoming part of integrated local Family Hub (FH) systems, e.g. more involvement in prioritisation meetings, sitting alongside antenatal clinics, ensuring consistent and community-informed Family Hub workforce development training. Other example tasks conducted by the programme included developing excellent links with Maternity Services and Early Years providers at local and North West London CCG levels. The programme's partnership working and integration with 0-5 pathways include the following examples:

- NHS North West London Maternity Transformation Programme Early Adopters team: Working to ensure Maternity Champions sessions are integrated into wider service delivery and representing local parents' views.

- Imperial College Healthcare NHS Trust: Building strong relationships with Connecting Care for Children, perinatal mental health nurses, and Maternity Voices partnership, based around referral pathways; training for parents and Champions; and consulting parents on proposed service changes or improvements.

- Central London Community Healthcare NHS Trust: A strong relationship with their infant feeding lead: attendance at infant feeding operational meetings.

- Health visitors and midwives: regular meetings to promote and maintain referral pathways.

- Local GP networks: Maternity Champions staff attended Central London CCG's GP manager meetings and PCN Hub meetings to create and maintain referral pathways.

- Design Council workshops: Borough Managers were invited to inform how the Council could align health visiting with the broader pre-birth to 5 pathway, taking a 'whole systems' view to the pathway, whilst integrating peer support into each parent's journey. They attended the sessions along with service users, health visitors, midwives, children's centre staff, representatives from nurseries, speech and language therapy, SEN, public health, commissioners from the CCG and LA, and relevant VCS organisations.

It should be noted however that in general, there was not a one-size fits all approach to conducting all of the activities. In addition, either of the regular weekly or ad hoc activities were supported by an appropriate specialist provider if appropriate, e.g. baby yoga or music teacher, or otherwise conducted 'in-house' if the skills of the Maternity Champions team permit.

In terms of health settings, H&F projects also have a relationship with one of the UK's leading maternity hospitals, Queen Charlotte's & Chelsea hospital, through which some Maternity Champions also volunteer. This is a different component compared to Bi-Borough projects, which also work with the same Imperial College Healthcare NHS Trust but at St Mary's hospital (without volunteering opportunities to the same extent). Bi-borough have developed more partnership arrangements with Early Years or NHS services such as GP clinics and midwifery teams to enable volunteers to support expectant or new parents, (e.g. during clinic appointment waiting times).

Hammersmith & Fulham varied a little compared to the approach in the Bi-Borough (K&C and Westminster), in that the overall balance of volunteering at one or two projects was conducted to dovetail with other settings and other external local provision, e.g. Library story/rhyme and play group. Partly this was influenced by the appropriateness of the projects' physical rooms not being conducive to host many babies and parents.

4. Findings summary: Stakeholder outcomes

Through combining the qualitative and quantitative research, we mapped the range of material outcomes that were being experienced by the stakeholders of the Maternity Champions activities. Our observations are summarised in Table 2, and described in detail in Chapter 5.

Table 2. Summary list of stakeholder outcomes observed

Stakeholder	Outcomes experienced
1. Mothers	▪ Reduced isolation when dealing with becoming a parent ▪ Increased peer/social relationships ▪ Improved self-confidence/more self-assured ▪ Reduced anxiety/calmer ▪ Increased resilience and coping ▪ Improved sense of belonging ▪ Improved attachment and bonding with baby ▪ Feeling empowered/increased agency ▪ Reduced risk of perinatal or postnatal depression ▪ Maintain physical health – e.g. nutrition, exercise, sleep ▪ Enhanced parenting practice re: breastfeeding ▪ Enhanced parenting practice re: immunisations, baby health & illness ▪ Enhanced parenting strategies re: development, soothing, communication ▪ Improved appropriate health care access for self ▪ Improved access to resources e.g. swap shop, free or discounted baby items/maternity items, product samples ▪ On occasion, access to resource or support to leave an abusive partner
2. Fathers	▪ Improved peer/social relationships ▪ Improved self-confidence/more self-assured ▪ Reduced anxiety/calmer ▪ Increased resilience and coping ▪ Improved attachment and bonding with baby ▪ Enhanced Co-Parenting practice ▪ Enhanced parenting strategies re: development, soothing, communication
3. Babies	▪ Improved attachment and bonding with parents ▪ Increased peer/social interaction skills ▪ Improved self-confidence e.g. willing to play with others, not scared of other babies ▪ Enhanced behavioural development and self-regulation ▪ Improved communication ▪ Improved cognitive and learning development ▪ Develop or improve physical health – nutrition, gross motor skills ▪ Develop or improve immune system development ▪ Reduced risk of illness, possible mortality ▪ Reduced risk of missing early help needs/development needs
4. Maternity Champions	▪ Reduced isolation ▪ Improved peer/social relationships ▪ Self-confidence, self-assured ▪ Sense of belonging ▪ Sense of purpose/self-worth

<table>
<tr><td></td><td>▪ Feeling empowered (Sense of agency)
▪ Improve physical health re: nutrition, exercise, sleep
▪ Knowledge and skills from specialised training
▪ Improved employability
▪ Continued volunteering, including in other settings e.g. hospital, community
▪ Appropriate health care support access for self and family</td></tr>
<tr><td>5. NHS – GP clinics</td><td>▪ Reduced avoidable appointments re: baby
▪ Reduced mental health escalation/Per or Post Natal mental health appointments re: parent
▪ Increased appropriate appointments at the right point in time re: pregnancy or new infant
▪ Increased presenting from harder-to-reach or isolated groups
▪ Increased immunisation provision</td></tr>
<tr><td>6. NHS – Midwifery and Obstetrics</td><td>▪ Capacity to support embedding knowledge and information
▪ Extra maternity ward resources for providing information and guidance on breastfeeding and basic baby health
▪ Reduced complications during and post-birth</td></tr>
<tr><td>7. NHS – A&E, Urgent Care</td><td>▪ Reduced avoidable episodes e.g. minor baby illnesses, antibiotics
▪ Reduced minor injury incidence e.g. baby falling off bed</td></tr>
<tr><td>8. Early Help services</td><td>▪ Increased appropriate cases
▪ Avoided crisis cases</td></tr>
<tr><td>9. Voluntary & Community Sector organisations offering support with MCs, including Community Centres hosting activities and/or Community Champions</td><td>▪ Increased reach and uptake of provision
▪ Effective partnership working
▪ Leveraged-in funding or resources
▪ Capacity to support embedding knowledge and information/guidance</td></tr>
<tr><td>10. Public Health local authority</td><td>▪ Cohesive and diverse communities
▪ Healthier population
▪ Reduced isolation of hard-to-reach groups
▪ Reduced infant illness/mortality</td></tr>
<tr><td>11. Family or Children's health centres (e.g. for weigh in clinics)</td><td rowspan="2">▪ Increased reach and uptake of provision
▪ Effective partnership working
▪ Leveraged-in funding or resources for related activities
▪ Change in marginal costs through hosting presence of MCs</td></tr>
<tr><td>12. Other non-charity Providers or activity providers</td></tr>
</table>

5. Outcomes for Parents and Babies

Pregnancy, the process of childbirth and caring for an infant, can be healthy, empowering, and positive, for mothers and fathers. We understand the experience can also often be stressful, anxiety-provoking, confusing and painful (sometimes dangerous) for some. This is more so without good support networks; appropriate bonding and parenting techniques; planning and organisational skills; breastfeeding advice; practical guidance and expertise; health knowledge; community assets and close bonds with family and friends.

Motivations and target outcomes

The majority of parents across the three boroughs who engaged with Maternity Champions activities did so for the following motivations, regardless of socio-economic status:

- **To reduce social isolation**, and avoid being stuck to an indoor routine - sometimes because they had few local social networks, or few local relatives and friends to support them;
- **To build self-confidence and a sense of being empowered** during a life-changing and body-changing experience;
- **To enhance birthing and feeding preparation** – some aspects of which may be perceived differently amongst different communities;
- **To learn of and access available resources, support and knowledge**, e.g. via signposting and word of mouth or the experience of peers (other parents);
- **To access a safe, non-judgmental space** for respite and sharing of personal experiences;
- **To ensure their child(ren) got an opportunity to develop** their social interaction abilities, build confidence to explore and try new things and play happily;
- **To receive or clarify maternal health care information in their first language** (if English was a second or other language) where a Maternity Champion offered multi-lingual or bi-lingual support.

Theory of Change

When parents first attended a Maternity Champions event or activity with their baby, they felt welcomed and pleased they could access this resource for their baby. As it was often a new group activity, parents sometimes took time to feel comfortable enough to start engaging with other people and familiarising themselves with the 'roles' and dynamic within the venue or setting.

Parents were then quick to engage more fully as they became familiar with the role of Maternity Champions; how they are there for the parents (as much as for the babies), rather than performing a conventional 'marshalling' or 'session leader' role. This was further catalysed where the volunteers were able to provide bilingual or multilingual support to parents who shared a related ethnic or minority background.

Maternity Champions enabled parents to have time in a safe environment to mingle with other parents and seek tips and information where needed. Parents felt safe and secure because they came to know that their Maternity Champions were trained to specialise in maternal health information, and were also very adept at looking after, nurturing and playing with babies and children.

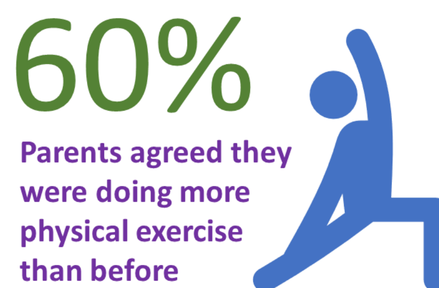
The main approach of interesting and fun activities with individual support, signposting and development of peer networks, trialled successfully during the pilots, has greatly helped parents to feel supported, less anxious, better informed and open to creating new social networks for themselves and their babies. **This enabled parents to feel less afraid to ask questions, whether intimate, or simple and easy ones, which they might not ask a health or care professional for fear of being judged.** As they attended more activity sessions, parents benefited from higher levels of peer support, new family-to-family friendships, and fully **trusted Maternity Champions to provide impartial information in a non-judgmental way**. Maternity Champions do not provide advice and guidance as health or care professionals might; their role being to share information and knowledge. Iit is up to the parent how they then use this in their own decision-making and in supporting their baby's development. Regular engagement and participation generated informal feedback loops between peers, parents and Maternity Champions.

"I felt like I never talked to anyone and I was lonely. I would look forward to Tuesday, and 'Baby and Me' group, so I would have other nice people to talk to. They would tell me lots of stuff and they told me that the children's centre was really nice so now I go there too" **(K&C Mum)**

"This is fantastic as it gives parents mental space, even if they don't have serious issues. Also great support for families with no extended family in the city or the country. Many thanks for the invaluable work!" **(Westminster Mum)**

However, Maternity Champions do not 'clock out'; they have more time available for parents compared to time-limited statutory personnel - especially when tailored information or tips are needed. Their role can be seen as the *social* extension of 'official' maternal health and care services, and at times they have the flexibility to combine aspects of being a Community Volunteer, Confidante, Life Coach, informal Doula, Childminder, and of drawing on their own personal parenting experience. Parents highly valued this format and process and the continued information, respect, respite and encouragement provided.

Parents also recognised how important this had been for their own mental and emotional wellbeing, as well as their physical health (around 60% of parents agreed they were doing more exercise than before through the programme, such as baby yoga and buggy fitness walks). They reported that this had a positive knock-on effect on their relationships and bonding with their child(ren), their co-parents, and the wider family; as much as influencing their child(ren)'s Early Years health and development.



For most parents, this culminated in a process of empowerment and confidence-building. As such, the Maternity Champions programme is a *social systems*[6] intervention, that is not necessarily within the remit, expectation or capability of statutory services. Yet the programme is of great help in embedding good parenting and maternal health practices that our health and care services aim for.

[6] 'Social system' defined here through the viewpoint of sociology theory, as the series of interrelationships between individuals, groups, and institutions, forming a coherent whole; and often manifesting as acts of communication or forms of exchange across interrelationships.

Parent and baby case study 1 *

Teresa lives with her husband and child who is 9.5 months. She is expecting her second child. She found out about Maternity Champions through a baby massage course – the Champions presented the support they offered.
She has been attending the baby yoga and explained how the affordability of the sessions and the flexibility of the teacher and the set up means that she can get the most out of the class. *"It's a small enough group that the teacher can take a baby if they are struggling. It makes you feel like you are the only person in the class."* She explained how the final three minutes of relaxation were a chance to concentrate on herself and her thoughts. As well as providing her with the opportunity for physical benefits, she explained how the classes and the coffee before were a "lifeline" and stopped her "going up the walls" as she doesn't have family close, and the friends that she has made in London work shifts. Having Maternity Champions activities gives her two clear opportunities a week to be out of the house and with people. It is also an opportunity for her and the other parents to share information, about free and cheap support that they have found. She explained how she found a free Pilates class that was not well publicised and had low take up; she encouraged other mothers to attend and now 10 people go. In this way, she explained how as a collective they are encouraged to support each other.

For her child, being with other adults and children has been an opportunity to learn and develop with others, and to socialise. *"She met her best friend at baby massage- they were born three weeks apart. We met in the park this week and they tried to crawl towards each other. There was the spark - she recognised her friend. They also copy each other's behaviour."*

*All parents' names are pseudonyms

Supporting impact data
Using data from the online surveys, we were able to quantify the extent of impact on parents through a range of indicators. Our survey analysis was based on a small sample of 71 responses. 17 of the participants had not heard of or used the Maternity Champions programme, and this allowed us to compare the experiences of those who participated in the programme and those who did not. However, this does not meet the requirement for a formal control group.

The surveys covered maternal health, personal wellbeing and some aspects of service efficacy benchmarked against national CQC equivalents.

Figure 1 shows parent survey responses for a series of indicators about maternal health and knowledge gained through Maternity Champions. Some parents will have felt that their base level of knowledge was already adequate. The highest levels of overall agreement were for the aspects that were most directly relevant to the programme – such as feeling better informed about the right nutrition for self and baby and feeling better informed on where to find community resources for children, e.g. baby products, grants. There were no major variations in average scores between parents' responses in any of the three boroughs.

Figure 1. Impacts on parents maternal health knowledge and behaviours because of the project (N=50)

Statement	Strongly Agree	Agree a little	Neither agree nor disagree	Disagree a little	Strongly Disagree	Not relevant
I am better-informed on where to find community resources for my child(ren), e.g. free/discounted baby products, charity grants, baby books, swap shop	22	14	7	2	2	3
I am better-informed of the right local contacts who help with peri- or post-natal depression, and other related mental health issues	21	11	6	1	2	8
I'm better-informed of the right nutrition and diet for myself and my baby	19	17	9		1	4
I am doing more exercise than before, including yoga/baby yoga, group classes	18	15	7	4		6
I am better-informed on how to access alternative baby health support if I don't need the GP/Doctor	18	12	9	4	1	5

We also measured parents' views on what would have been missed if the Maternity Champions had not been available to them, i.e. how they would have felt without access to the project (Figure 2). The results show some lower wellbeing frequencies compared to related national average indicators. This indicates there would have been risks of remaining or becoming more isolated; having fewer networks of people they would be close to; being more stressed and not feeling confident or resilient in overcoming challenges as a parent.

There were no major variations in average scores between the three boroughs, although H&F parents on average reported they would have been feeling lower self-worth (less good about themselves) if they had not accessed the Maternity Champions support.

Figure 2. Parents' indicating low frequency of having good wellbeing if they had been *without access* to Maternity Champions (n=50)

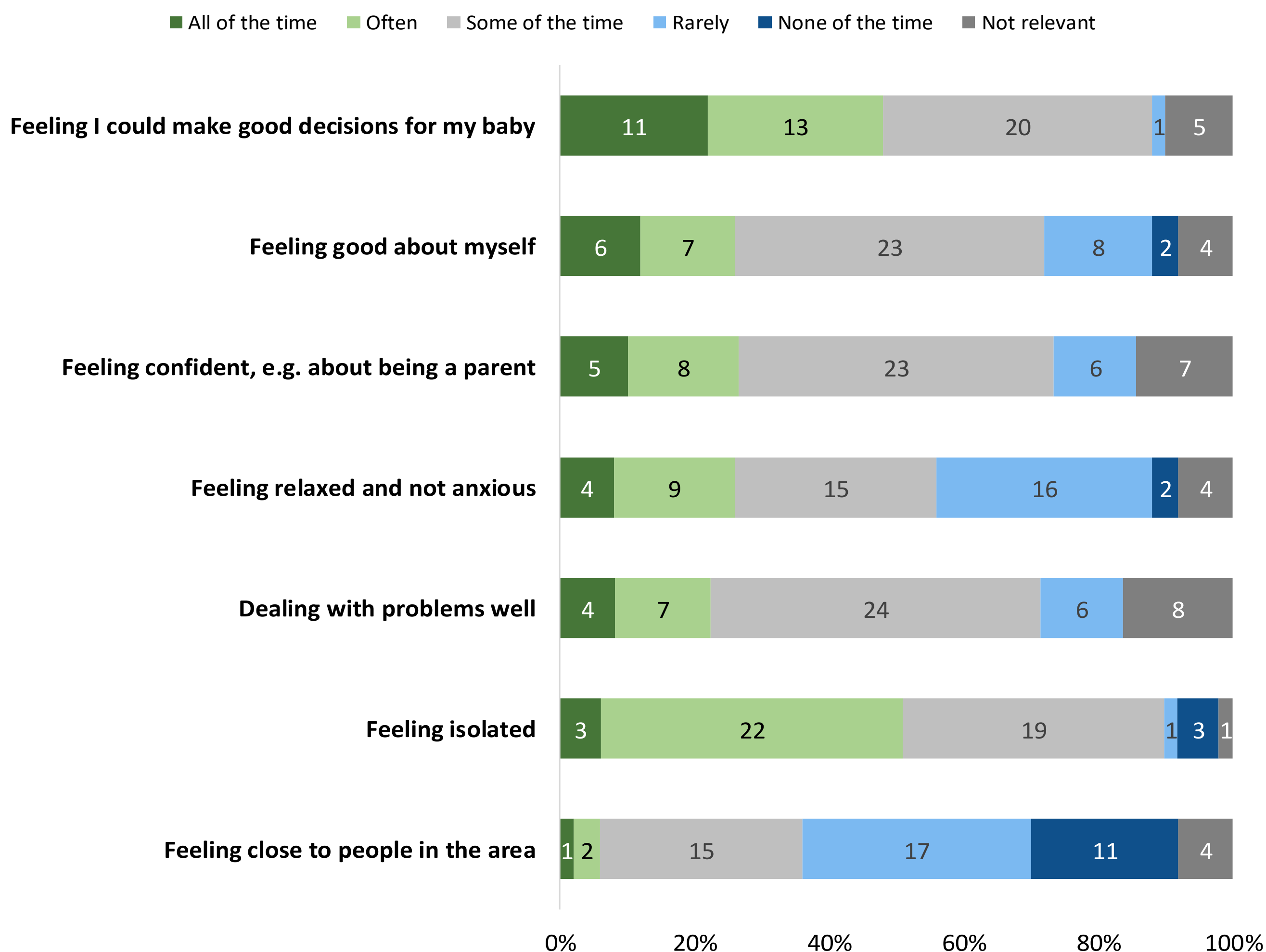


Figure 3 illustrates service efficacy, using three adapted NHS/CQC indicators relating to maternity support in general. Maternity Champions appear to perform well around the national average scores for three indicators that are highly relevant for the programme. Whilst it can be expected that the strength of parent agreement is slightly stronger for qualified NHS professional settings, this still suggests an excellent outcome that a service provided mainly by volunteers can help support the quality and efficacy of local systems of statutory provision to this extent.

Figure 3. Selected service efficacy ratings compared to national averages, where relevant to parent respondent (n=51)

	Maternity Champions Evaluation survey (2019-20)	National average (NHS/CQC 2019)
Helpful information provided in a way you could understand	c. 95%	c.97%
Active support and encouragement about feeding baby	c.90%	c.92%
Decisions respected by worker(s)	c.90%	c.97%

Baby outcomes

Using parents' survey responses, we also quantified some of the potential impact from Maternity Champions on baby health and wellbeing. Figure 4 below indicates feeding decisions for the baby's first six weeks, and again at six months. Breast milk only (c.65%) is a little higher than national average (58-63% depending on the dataset) for the first six weeks - or c. 70% if including "both breast and formula milk" responses; and remains above (at c.56%) the national average (c.40%) at six months. (NB smaller sample of responses at six months).

Figure 4. Baby feeding decisions at six weeks and six months

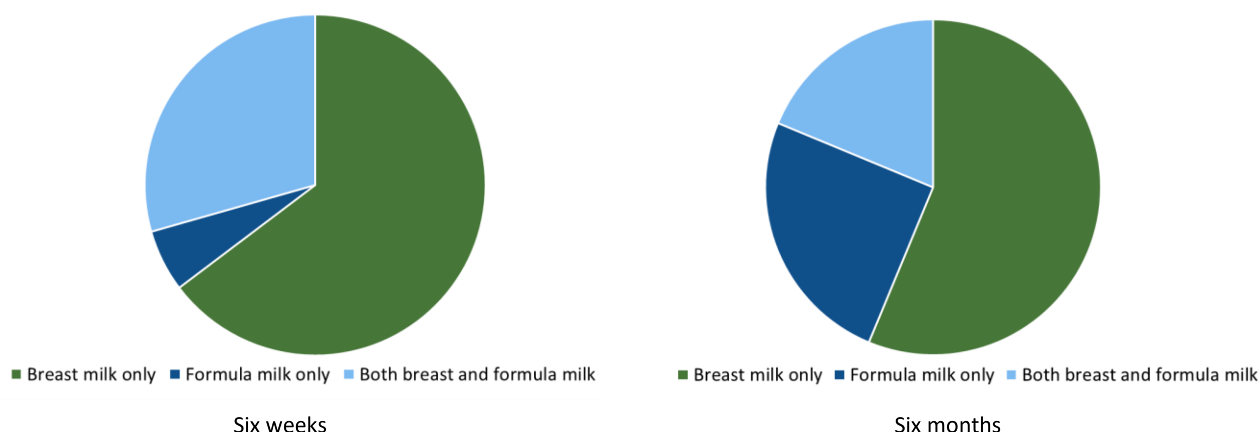
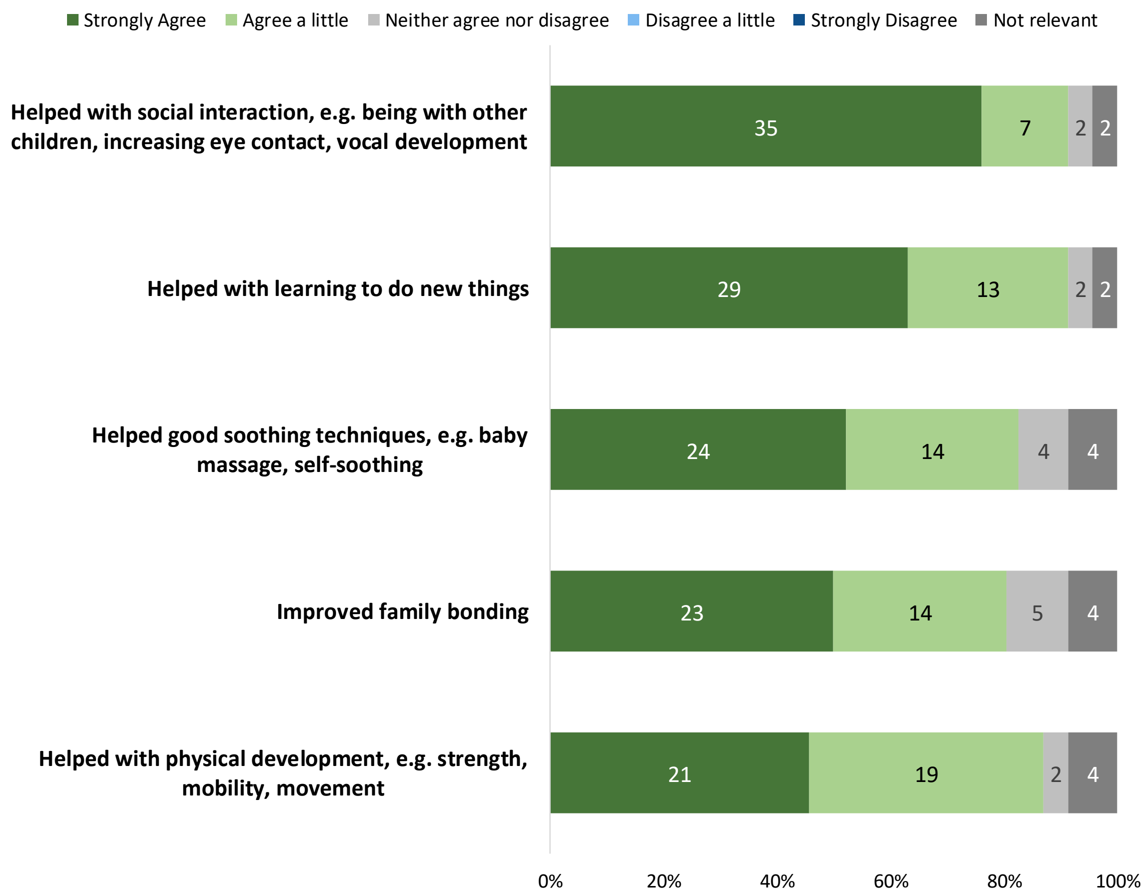


Figure 5 below shows that the majority (c.80-90%) of parents agree the Maternity Champions have had a very positive impact on their babies' development, including cognition/learning to do new things (+90%), social interaction and communication (+90%); as well as physical mobility, baby bonding and emotional soothing/regulation (all c.85%).

Figure 5. Parent survey feedback about baby development benefits from Maternity Champions (N=46)



Our parents' survey also asked a series of questions on decision-making about immunisations. Around 80-85% of respondents chose for their child to have immunisations at the relevant times. This reflects the average level of local H&F, K&C, and Westminster immunisations (based on Public Health England and NHS England data between 2015 to 2018), which have been consistently lower than national average in recent years. For example, national coverage for DTaP/IPV/Hib was 92.1% at 12 months and 94.2% at 24 months, according to Public Health England,[7] and estimates of the three boroughs' immunisations have ranged from c.85%-88% down to 77%-83% in the past five to ten years.[8]

It appears parents may not have sought as much information on immunisations as other issues (such as feeding), and so Maternity Champions would have been asked to provide signposting on this less frequently. Nevertheless, officially approved immunisations information and signposting remains an area of importance for Maternity Champions and their training content.

Further outcomes for parents and babies

As described in the preceding section, the benefits families received were numerous. For example, babies developed early communication; parents created new and sustained friendships; and babies were supported in some of their sleeping, weight gain, and early cognitive functioning, such as learning from other babies, playing with a variety of sensory toys for fine motor skills, hearing song patterns or rhymes.

In a number of cases, support from Maternity Champions led to an additional outcome that parents may not have at first realised was needed. For example, some parents benefited from improved physical activity and

[7] https://files.digital.nhs.uk/4C/09214C/child-vacc-stat-eng-2018-19-report.pdf

[8] NHS London quarterly monitoring reports for Joint Strategic Needs Assessments (K&C and Westminster councils), local health service data collection, and NHS England's H&F immunisations report for Health, Adult Social Care and Social Inclusion Policy and Accountability (2015)

reduced physical pain related to breastfeeding; in some cases parents were given information about accessing Early Help services; and in other cases parents learned of the preventive health aspects of breastfeeding and immunisations for their babies.

The process of ‘upskilling’ in terms of information and knowledge also meant that parents were better able to judge how they could best make use of their time with health professionals, GP or midwife, and understand alternative support options and measures to take when it was less necessary to make such appointments, e.g. speaking with pharmacists instead. This was generally corroborated by our interviews with statutory partners.

Whilst parents also benefitted from better informed decision-making, they felt that this was less important than the support they received on mental health services, increasing their social networks and peer support, bonding with their baby and ways to enhance and structure parenting techniques.

Material outcomes for Parents and Babies are summarised in detail below in **Figure 6**.

Figure 6. Outcomes summary resulting from Maternity Champions for Parents and Babies

Stakeholder	Outcomes themes
Mothers	▪ Reduced isolation when dealing with becoming a parent ▪ Increased peer/social relationships ▪ Improved self-confidence/more self-assured ▪ Reduced anxiety/calmer ▪ Increased resilience and coping ▪ Improved sense of belonging ▪ Improved attachment and bonding with baby ▪ Feeling empowered/increased agency ▪ Reduced risk of perinatal or postnatal depression ▪ Maintain physical health – e.g. nutrition, exercise, sleep ▪ Enhanced parenting practice re: breastfeeding ▪ Enhanced parenting practice re: immunisations, baby health & illness ▪ Enhanced parenting strategies re: development, soothing, communication ▪ Improved appropriate health care access for self ▪ Improved access to resources e.g. swap shop, free or discounted baby/maternity items ▪ In rare cases, access to resource or support to leave an abusive partner
Fathers	▪ Improved peer/social relationships ▪ Improved self-confidence/more self-assured ▪ Reduced anxiety/calmer ▪ Increased resilience and coping ▪ Improved attachment and bonding with baby ▪ Enhanced Co-Parenting practice ▪ Enhanced parenting strategies re: development, soothing, communication
Babies	▪ Improved attachment and bonding with parents ▪ Increased peer/social interaction skills ▪ Improved self-confidence e.g. willing to play with others, not scared of other babies ▪ Calmer and more relaxed ▪ Enhanced behavioural development and self-regulation ▪ Improved communication ▪ Improved cognitive and learning development ▪ Develop or improve physical health – nutrition, gross motor skills ▪ Develop or improve immune system development ▪ Reduced risk of illness, possible mortality ▪ Reduced risk of missing early help needs/development needs

Parent and baby case study 2*

Salma lives with her partner and 10 month old baby. She heard about Maternity Champions when she was working for a community organisation in Hammersmith last year. She has been using the baby yoga, the mum and baby exercise, and occasionally the coffee mornings before the classes. She explained how the set-up of the classes was crucial for them to be able to attend: *"As a new mum, you're on your own looking for other people to connect to, people to share experiences. It's nice to be in an environment that it's expected you'll be with a baby who may cry."* As a parent, the pregnancy yoga had the biggest effect: she was not sleeping well and was stressed with work and it helped her to relax. This has been continued through the mum and baby classes which she explained were a good way of managing stress. The additional coffee mornings were an informal way of doing something that also helped her to relax as a mum: *"sometimes with a young baby, the most relaxing thing is to be around other people with babies and not do very much. It's like having a community family."* Salma explained how having support this helped to overcome the isolation of being a new parent, of having people to share experiences with and find out about other things that are happening. An important part of this for Salma was the way in which these groups were run: *"[Barbara and Nieves the project staff] are really lovely people. It's not just about the activities, but the people that run them. They make things relaxing and connected."*

For her child, the most important part of maternity champions support was having other babies and children to relate to and interact with. Just the presence of other children helped her child to progress with development, as they had a new audience and could learn from others. *"At home, the baby would protest at having to do tummy time. But when we were out with other people, he would perform!"*

*All parents' names are pseudonyms/not real names

6. Outcomes for Maternity Champions

Training for Maternity Champions

Volunteers are required to commit to undertaking specialist OCN London-accredited training[9] before becoming a Maternity Champion (some may have completed one or two areas as part of transitioning from Community Champions). Maternity Champions' training is more intensive compared to Community Champions, and can take several months to complete, with key components built on six fortnightly sessions and six reflective practice sessions. The training incorporates multi-faceted knowledge and information, including aspects accredited by the National Childbirth Trust (NCT):

- Breast Feeding Peer Supporter (BFPS) (NCT accredited)
- Birth and Beyond Community Supporter (BBCS) (NCT accredited)
- Understanding Health Improvement (RSPH accredited)
- Supporting Behaviour Change (RSPH accredited)
- Mental Health First Aid (MHFA England accredited)
- First aid for babies and children
- Perinatal mental health
- Safeguarding level 3
- Domestic abuse awareness training
- FGM awareness training

[9] An Access to Higher Education accreditation provider, https://www.ocnlondon.org.uk

The training was additionally supported by Borough Managers running 'homework clubs' for volunteers to support reflective practise sessions inherent in the BBCS training. The content is essential for the role and builds on a multi-faceted approach combining mental health knowledge, maternal health information, local services and practical guidance on how to interact with families on these aspects.

Motivations and outcomes

Volunteers who go on to become good Maternity Champions (including a very small number of men) often require a special type of commitment; they need to be adept with infants, and also be empathetic, caring, discreet and non-judgemental. Their motivations to volunteer in the role vary, depending on many personal factors, experiences and motivations. The main motivations for volunteering are listed below. The first three (in bold) were most prevalent:

- **To give something back/help people in the community**
- **To improve their own wellbeing and self-confidence**
- **To learn new skills or make use of existing skills**
- A desire to contribute to a cause that was really important to them personally
- To meet people/make friends
- As part of their faith (to help people in less fortunate circumstances)

In a small number of cases, volunteers were motivated to become a Maternity Champions as a potential upskilling route for maternity-related employment. However, it was mostly the case that volunteers were inspired as a result of the experience, rather than it being a reason at the outset.

For many Maternity Champions, the personal wellbeing benefits were often manifested in how the role helped them **feel a sense of self-worth, empowered and useful to others**. In some cases, volunteers had themselves previously been through a stressful or negative pregnancy and felt unsupported or overwhelmed. Therefore, they had a strong desire to help other parents avoid this happening to them. Strengthening a **sense of belonging** to the local community and **reducing loneliness, as well as gaining new friendships**, were also material benefits from being a Maternity Champion.

In terms of longer-term outcomes, Maternity Champions gained knowledge that enhanced their understanding of and access to family health services in their area. For some, this was a strong outcome in terms of increasing health literacy and reducing health inequalities. There was good clarity within the training of the boundaries around giving information and not guidance. Many Maternity Champions mentioned that additional training later in their volunteering progression is valuable.

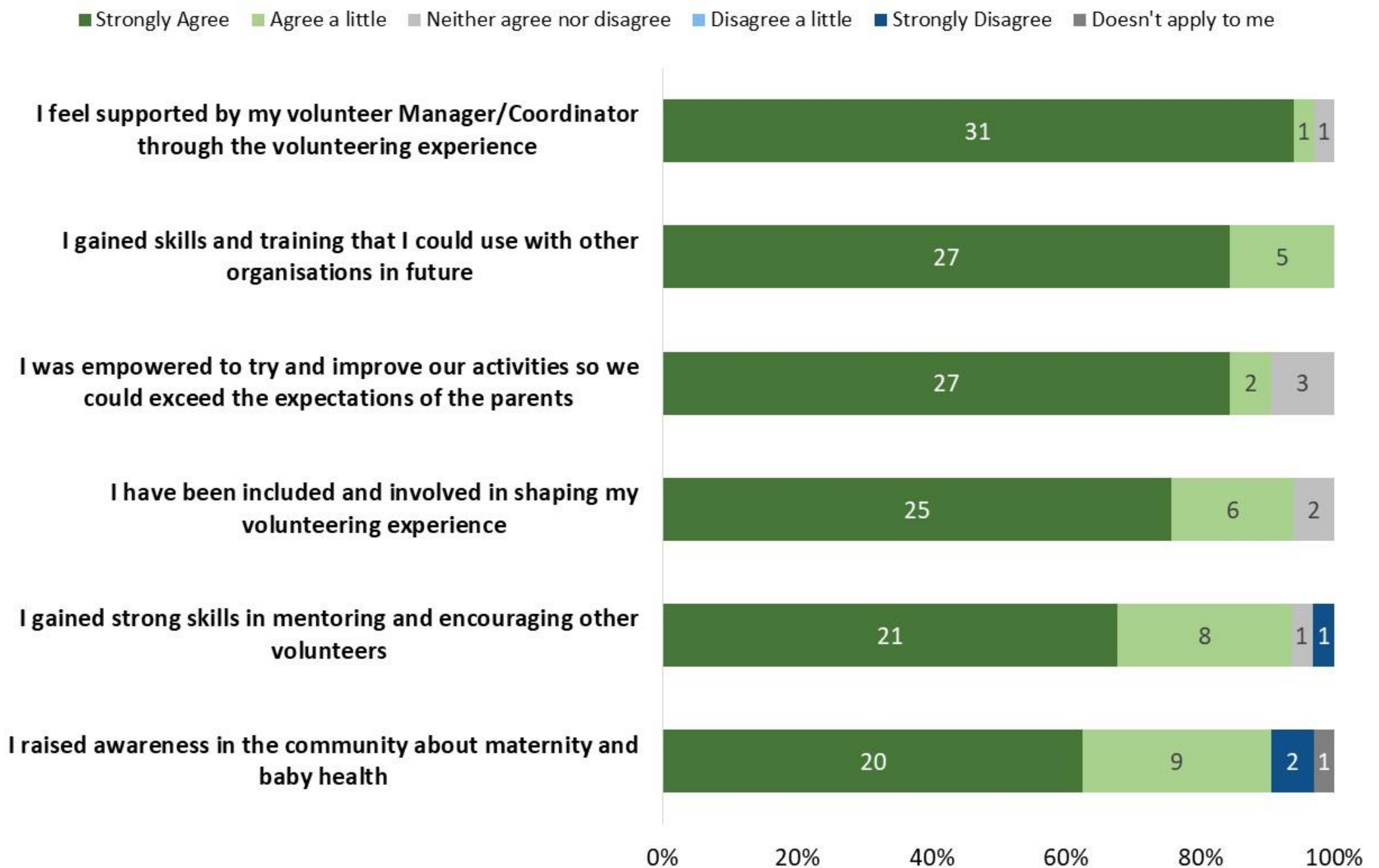
"It's helped me think about how I communicate with people and how to be sensitive to people's needs and differences. It's given me confidence to support the community I work with and to find and seek out information for local residents" **(M, Maternity Champion, K&C)**

"Really listening to parents without judgement…so they feel understood" **(A, Maternity Champion, Westminster)**

Supporting impact data

Figure 7 illustrates survey responses from volunteers about the impact of being a Maternity Champion on them. The majority of Champions agreed with all of the statements. The strongest indicators were around feeling supported by the Borough Manager and hub co-ordinator, feeling empowered to improve their activities to exceed the expectations of parents, and gaining skills and training that they could use with other organisations.

Figure 7. Volunteer survey responses about the impact of the Maternity Champions experience (n=33)

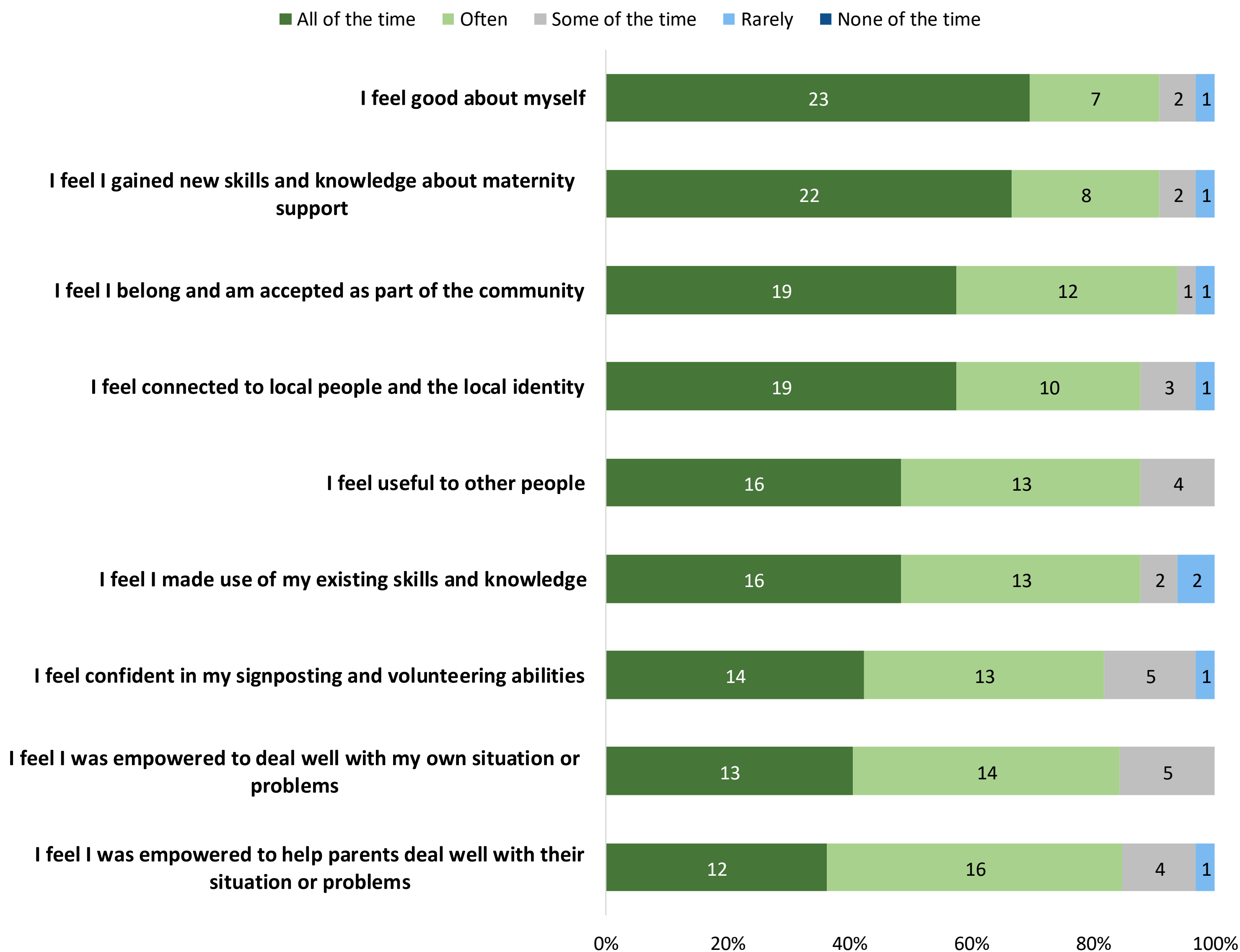


Maternity Champions also benefit from certain wellbeing outcomes that result from their volunteering, skills training and contributing to their community. Figure 8 illustrates Maternity Champions' survey responses to wellbeing outcomes gained through volunteering on the project. A large majority of Maternity Champions responded positively across all indicators.

The impact on Champions was particularly strong for sense of belonging and connectedness, developing new friendships, building their sense of self-worth and confidence and empowerment through learning and action.

Around two-thirds of Champions continued to volunteer, and around 50% have continued to participate in other community and civic roles. **Around 10-15% of volunteers gained paid part-time work or started their own project, when most were previously not in employment nor considered themselves capable of entering the labour market**. A small proportion also went on to gain further accredited qualifications related to this area of work.

Figure 8. Volunteer survey responses about wellbeing impacts from being a Maternity Champion (n=33)



Further outcomes for Maternity Champions

For Maternity Champions in Hammersmith & Fulham who had the experience of volunteering through the project at Hammersmith Hospital/Queen Charlotte's hospital maternity ward, this was felt to have broadened their knowledge and experience, enabling them to help more families at different trajectories of pregnancy, e.g. antenatal, perinatal, postnatal.

Maternity Ward volunteering was focused on providing perinatal information about breastfeeding and baby attachment/bonding. This required some additional motivation and resourcing from the Hospital Trust,[10] with regards to providing the hospital's induction training and safeguarding. The Maternity Champions provided capacity in terms of additional hours that the maternity team could deploy on sharing and embedding key maternity and baby health information, feeding and bonding techniques and health messages. This may also have helped to validate and embed the volunteering role within local NHS-VCS partnership structures, and in the eyes of health care professionals and parents alike.

[10] Similar volunteer programmes operate at other hospital maternity wards, such as at the Royal Free Hospital in Camden.

Many Maternity Champions fed back that they would like more project-based opportunities to also be 'seconded' to other health settings in addition to their existing activities, such as hospital maternity wards, or other family health/children's centres.

Some Maternity Champions benefited through entering paid work as a result of such opportunities, combined with the programme training and experience. This has motivated them to obtain more formal professional/vocational qualifications in the field to progress or re-train in maternity and children's health work.

> *"It has allowed me to encourage and help lots of new Mothers as to the bonding benefits of breastfeeding both for the baby and the Mother, not to mention the benefits of the baby's mental and physical development"*
>
> **(T, Maternity Champion, H&F)**

For others, being a Maternity Champion has motivated them to do other community and civic roles, join resident panels, or input to other cross-sector multi-agency fora around the wellbeing of local families. Their time as a Maternity Champion is recognised and well-respected for the role provided within their communities.

Figure 9. Outcomes summary resulting for Maternity Champions

Stakeholder	Outcomes themes
Maternity Champions	▪ Reduced isolation ▪ Improved peer/social relationships ▪ Self-confidence, self-assured ▪ Sense of belonging ▪ Sense of purpose/self-worth ▪ Feeling empowered (Sense of agency) ▪ Improve physical health re: nutrition, exercise, sleep ▪ Knowledge and skills from specialised training ▪ Improved employability ▪ Continued volunteering, including in other settings e.g. hospital, community ▪ Appropriate health care support access for self and family

7. Outcomes for Health and Social Care Partners and Professionals

Motivations and outcomes

A number of partners from different health care functions, and the three local authorities, have been involved at different points in time in collaborating with the programme. Our qualitative research included interview feedback from the following organisational functions:

- Imperial College Healthcare NHS Trust - Midwife team, Connecting Care for Children, Community Engagement and Volunteering teams
- NHS West London Clinical Commissioning Group (CCG)
- Health visitors and Infant Feeding Lead for LBHF, RBKC and Westminster
- Central London Community Healthcare
- Maternity Transformation and implementation at NHS North West London Health & Care Partnership (as part of North West London Collaboration of CCGs)
- Transformation & Innovation Team at Bi-Borough Children's Services (Family Information Service)
- Early Help, Social Work and Youth Offending teams at RBKC Family services
- Family Services at LBHF

Interviewees identified a set of target outcomes for the 0-5 pathway, from collaborating with the project:

- **To prevent potential mental health episodes and escalation amongst parents** (including peri- and postnatal depression);
- **To embed good parenting practices around infant health and nutrition, breastfeeding (for as long as possible), and wellbeing** (and ultimately reduce infant mortality risks);
- **To increase appropriate self-presenting from harder-to-reach or isolated families, including use of alternative support where attending GPs or hospital is not necessary**, e.g. pharmacists, health visitor;
- **To prevent avoidable episodes/appointments regarding poor infant wellbeing, including at hospital or Urgent Care,** e.g. minor injury, typical illness, unnecessarily seeking antibiotics; and
- **To enhance knowledge and appropriately timed uptake amongst parents of infant immunisations**.

For **local authority functions**, additional outcomes were to identify and increase appropriate cases - for families specifically needing **Early Help** and **Family Services** - while also avoiding escalation to crisis point.

Partner organisations' perceptions around the needs of parents and the challenges they faced were varied, and included the following:

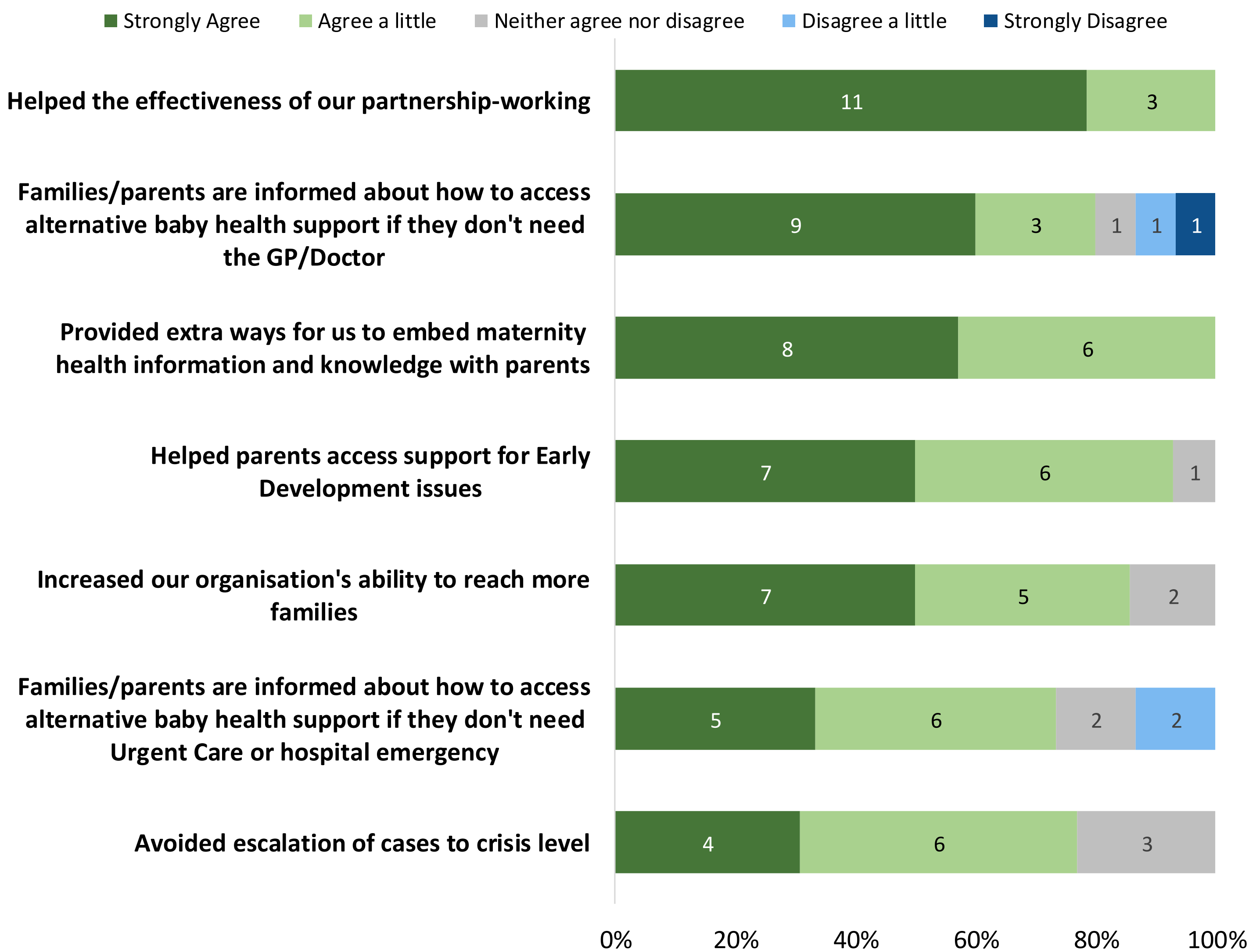
- Physiological problems during breastfeeding, e.g. latching issues, baby being tongue-tied
- Low mood and risk of depression
- Anxiety
- Isolation
- Domestic violence risk
- Language barriers
- Lack of social contact; no networks of support
- Low confidence
- Fear of being judged as a new parent
- Socio-economic or housing struggles
- Health inequalities & health illiteracy

Supporting impact data

In addition to interviews, we received a small sample of survey responses from the partner agencies and health professionals, including NHS trusts and CCGs, hospitals, GPs, breastfeeding teams, Children's services, Early Help services, and Home Start charity. Whilst results are not statistically significant and do not allow for borough comparisons, they do help to corroborate the qualitative research conducted, especially around effects on local services and outcomes for parents and babies.

Figure 10 shows survey responses from partners agencies about the extent to which Maternity Champions have helped with access and reach amongst their organisations. There appears to be a strong positive effect on the embedding of maternal health knowledge and information with parents, improved partnership working, and supporting access for Early Help services. This reflects the level of integration and embedding within local 0-5 pathways required for the programme to succeed and be recognised as such. **There were also potential positive impacts on the effective and appropriate use of GP and Urgent Care services at hospitals.**

Figure 10. Partner agencies' responses on effect of Maternity Champions on access and reach (n=14)

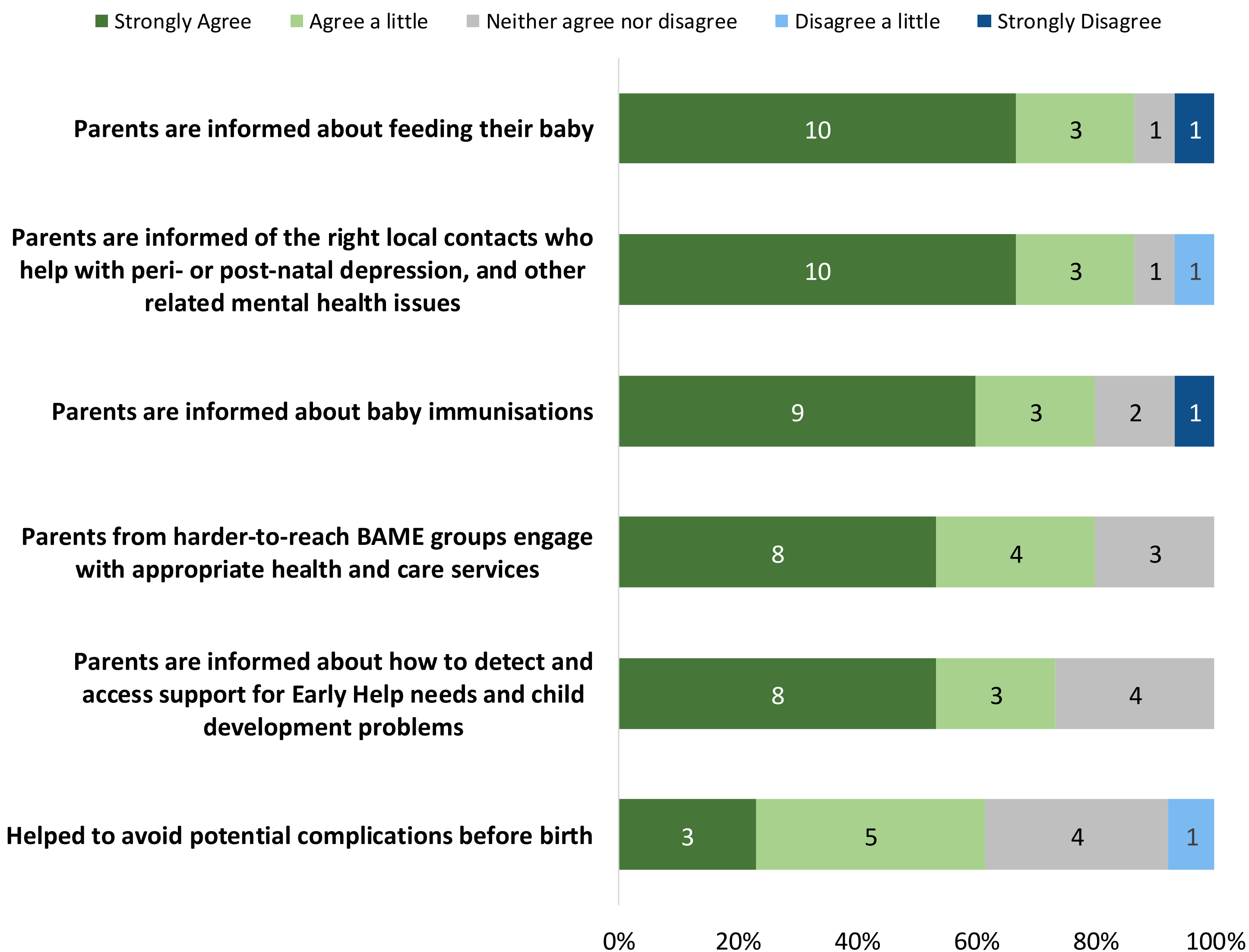


The outcomes that Maternity Champions contribute to, whilst very important for the local 0-5 pathway, are also significant in the context that poor infant health and co-morbidities result in real financial costs. Delivery of a baby with complications or co-morbidities can cost the NHS around £3,350 per incidence (NHS Tariff, 2019). Postnatal intermediate or intensive care cost range is from £313 to £842 per incidence on average[11]. Severe paediatric health conditions can cost between £1,000-£5,000[12] per episode, (NHS Tariff, 2018-19), and Urgent Care and Paediatric outpatient costs per incidence can range from c. £150-£200 (PSSRU, 2019). Avoiding poor or critical infant health through better informed parental decision-making and healthier lifestyle choices - particularly in the antenatal and perinatal phases - can have preventive effects on NHS costs.

[11] This tends to be for episodes with a critical care rating at or below +1 (and not as serious as +2 up to +6), e.g. feeding difficulties, rashes and skin eruptions, paediatric fever, other unexplained symptoms.
[12] And higher than this cost range for critical care needs rated above +5.

Figure 11 presents survey responses from Partner agencies about impacts on parents from Maternity Champions activities. This shows general alignment with other findings in this Chapter and in the qualitative research, and with a balance towards perinatal support (as there were fewer opportunities for antenatal support). From some of the qualitative research with partner agencies, volunteers had also been able to provide a 'myth-busting' capability on several issues, e.g. feeding, immunisations, antibiotics.

Figure 11. Partner agencies' responses on effect of Maternity Champions on parents (n=14)



Further outcomes for partner agencies

Several interviewees pointed to the value of Maternity Champions in having a 'myth-busting' capability. This helped some parents who had heard 'received wisdom', rumours, misinformation, or had experienced potential cultural taboos about a number of key issues. For example, immunisations, baby feeding, reproductive recovery, or the Covid-19 pandemic.

" I work in the Connecting Care for Children team and often speak with Maternity Champions to connect us to local community groups to help improve children's health in North West London" **(Imperial College Healthcare NHS Trust)**

I have been in partnership with the Maternity Champions for many years. They successfully promote their services monthly during our Under 5 sessions" **(Shepherds Bush Library)**

"They've helped to reduce strain on and attendance in paediatrics A&E by giving health and feeding advice" **(Imperial College Hospital)**

"We have increased mothers accessing antenatal support....and Early Help services" **(GP, Westminster)**

Maternity Champions were also seen as a rich resource for statutory agencies in the 0-5 pathway to tap into local knowledge and intelligence about key relationships, perceptions, and gaps in provision, whilst helping to bring together agencies to share this intelligence.

Maternity Champions were viewed as being complementary to the role of the NHS and local 0-5 services pathway. Maternity-related agencies and breastfeeding services **emphasised that this was important because the social and peer groups of new parents can have a key influence on determining baby feeding decisions, as well as long-term baby health and life chances**.

The material outcomes for health and care agencies are summarised in more detail below in Figure 12.

Figure 12. Outcomes summary resulting from Maternity Champions for statutory agencies

Stakeholder	Outcomes themes
NHS – GP clinics	▪ Reduced avoidable appointments for babies ▪ Reduced mental health escalation/Peri or Post Natal mental health appointments for parents ▪ Increased appropriate appointments at the right point in time ref pregnancy or new infant ▪ Increased presenting from harder-to-reach or isolated groups ▪ Increased immunisation provision
NHS – Midwifery and Obstetrics	▪ Capacity to support embedding knowledge and information, especially for 0-5s ▪ Extra maternity ward resources for providing information and guidance on baby nutrition/breastfeeding, baby-bonding, and basic baby care ▪ Reduced complications post-birth
NHS – A&E, Urgent Care	▪ Reduced avoidable episodes e.g. minor baby illnesses, antibiotics ▪ Reduced minor injury incidence e.g. baby falling off bed
Early Help services	▪ Increased appropriate cases ▪ Avoided crisis cases

8. Other charities, providers, and community assets

Outside of the projects, we also engaged formally, and informally, with a number of other partner community groups and community infrastructure organisations, to discuss the efficacy of the Maternity Champions programme on such organisations, including:

- Community Development team at Lancaster West Community Association
- Bay 20 Community Centre
- Queens Park Children's Centre
- Kensington & Chelsea Social Council
- Westbourne Family Centre
- Dorothy Gardner pre-school centre

All projects across the three boroughs have developed various partnership and joint working with other VCS organisations, sometimes utilising physical space made available by partners; underpinned by the mutual benefit of these relationships and networks. Occasionally, where the project's own rooms or physical space were not appropriate for a large number of families and babies, volunteering has dovetailed more with external VCS settings and community assets.

Furthermore, the ability of the VCSE infrastructure organisations to leverage-in other sources of funding are important in supporting the projects activities. For example, PDT were able to leverage in funding for three children's centres in Westminster to run additional baby and music sessions (the Lottery-funded 'Community Families' programme), and this would not have happened without the Maternity Champions project in place to support delivery (also see Chapters 9 and 10).

Motivations and target outcomes

The overarching target outcome for working with Maternity Champions was to increase support and access available towards healthier and safer families and infants, especially if they were from vulnerable or ethnic minority backgrounds (see Figure 13 below).

From an organisational perspective, the benefits of working with Maternity Champions was around helping to increase reach and uptake of their facilities and activities, expanding their available partner networks and supporting their capacity to embed related knowledge and information.

Figure 13. Outcomes summary resulting from Maternity Champions for other VCS providers

<table>
<tr><th>Stakeholder</th><th>Outcomes themes</th></tr>
<tr><td>Charities offering support with MCs, including Community Centres hosting activities</td><td>▪ Increased reach and uptake of provision
▪ Effective partnership working
▪ Capacity to support embedding knowledge and information/guidance</td></tr>
<tr><td>Family or Children's health centres (e.g. for weigh in clinics)</td><td rowspan="2">▪ Increased reach and uptake of provision
▪ Effective partnership working
▪ Leveraged funding/resources
▪ Change to marginal costs through hosting presence of MCs</td></tr>
<tr><td>Other non-charity Providers or activity providers</td></tr>
</table>

9. Programme participation

Borough contexts

At an aggregate level, the Maternity Champions programme followed a largely replicable approach, through combining an offer of a regular activity, and working with other providers and other recognised partner settings, i.e. delivering through other ad hoc activities, outreach work, and event attendance or campaigns.

Understandably there were some minor variations in context of each borough. In Westminster, the structures and presence of PDT, and the Maternity Champions pilot at Queen's Park were well established. The level of coverage was achieved from this strong start and with existing buy-in from partners - such as children's early years centres and Imperial College Healthcare NHS Trust (St. Mary's hospital) - into five existing Community Champions projects. PDT's historical presence and scope of pre-existing work also enabled the leveraging-in of funding and resource, e.g. the 'Community Families' Lottery funding application which was underpinned by the Maternity Champions being in place (see Chapter 10).

In Hammersmith & Fulham there was also good coverage and previous know-how. This resulted in part from the Old Oak pilot, and through developing partnership-working for Maternity Champions to volunteers with Queen Charlotte's & Chelsea Hospital. This is also the oldest maternity hospital in the UK, and holds an 'Outstanding' CQC rating. Whilst there were six Community Champions projects already established in H&F to support the coverage achieved, the overall balance of volunteering at one of the projects was conducted 'off-site' at other recognised settings, because the project premises or venue was not judged to be conducive/large enough for hosting a lot of families with infants. However, this illustrates the flexible and agile nature of the programme model.

In Kensington & Chelsea, coverage achieved was also good, but given a different set of factors and challenges. The programme had not had a K&C pilot and had more of a 'standing start' with a new Borough Manager having to set up new relationships from scratch, e.g. to embed the programme with West London CCG, and RBKC Children's services and Early Help teams. There were also fewer projects - four in one year and three in another, with one of those also having to recruit for a replacement project manager. Furthermore the Grenfell Tower tragedy in Notting Dale had significant effects on system-wide capacity in the aftermath, over 2017-2018, (particularly on the nearest projects, Notting Dale, Dalgarno, and Golborne in K&C, and Edward Woods in H&F). Additionally, the decant from the Chelsea Theatre building for a capital build there, reduced capacity in the Worlds End & Cremorne project. Arguably, with a more challenging set of circumstances, K&C projects and the Borough Manager can be seen to have had a high level of resilience to have achieved a good level of reach.

Participation and reach

In addition to our qualitative research, a series of quantitative data were analysed, and findings are explored in this Chapter. Data sources included:

- Routine project data from quarterly reports for the two years, April 2018 – March 2019, and April 2019 – March 2020, covering projects in the three boroughs
- Online survey with Parents conducted July to August 2020
- Online survey with Maternity Champions July to August 2020
- Online survey with related health agencies and local authority services July to August 2020

During a year, there are **approximately 80 Maternity Champions active on a rolling basis across the three boroughs**. At least half of them will have been volunteering for more than a year in the role, a significant number of these for more than two years. Almost all Maternity Champions were women. This was perceived by some stakeholders as partly due to the name, positioning and branding of the project. This might also be explained by a perceived need for same sex spaces for women, especially in terms of diverse religious or cultural norms – or simply that mothers are still generally the main carers in most families, especially of babies and young children.

There was a broad mix of ethnic backgrounds amongst Maternity Champions which, varies a great deal depending on the local area's ethnic make-up. Local borough data suggests that the largest minority ethnic representations were from Black African and Caribbean, South Asian, and Arabic speaking backgrounds; in addition to Hispanic, East European, and French-speaking (mainly African) countries.

Average volunteer hours are in a range of between 2 to 5 hours per week per volunteer which varies depending on activities, outreach and the needs of specific parents and families.

Family participation data

Figure 14 shows that the aggregate number of c.1,325 regular weekly activity sessions reached c.1,980 unique families over the 2018-2020 period. Many parents and babies were also reached through additional outreach work, other classes, ad hoc events, activities, social functions etc. and we estimate 610 unique families were reached in 2018-19, plus an additional 952 unique families in 2019-20, in this regard.

Figure 14. Overall total numbers of families reached and numbers of activity sessions

	Total number of regular activity sessions	Unique families reached at regular activity sessions	Unique families reached at other outreach activities, events
2018-19	574	822	610
2019-20	751	1161	952

On average, parents would attend a 'regular once a week' activity approximately 2-3 times per month, up to a range of around 6-8 months (Maternity Champions activities are available to families up to the baby's first birthday). Parent 'cohorts' would have overlapped on a monthly basis.

The detail of further interactions, information frequency, outreach and off-site interactions is not systematically reported, due to the informal and ad hoc aspects of the project. These ranged from informal chats, to being signposted to other sources of support, to supporting a stand at a local festival, or even providing a listening ear for several hours.

Figure 15 shows data estimates for the two years covered in this evaluation, detailing for projects (hubs) and boroughs:

- total number of regular (weekly/monthly) activity sessions
- average number of Maternity Champions attending sessions

- unique number of families reached for regular activities
- unique number of families reached for occasional events, campaigns, outreach and other activities

In total, we estimate that **Maternity Champions' regular weekly or monthly activities were accessed by around c.820 unique families over 2018-19, with c.1,160 families in 2019-20, across the three boroughs.** We estimate c.**1,560 additional unique families** were reached through further outreach work, other classes, ad hoc events, activities, social functions etc (610 unique families were reached in 2018-19, with 952 unique families in 2019-20). The **aggregate total indicates that 3,545 unique families were reached** by the Maternity Champions over the two years period.

A further breakdown by project and borough is shown at figure 15 below.

Figure 15. Estimated unique families attending per year

Project**	Year (N.B. reporting year April to March)	Number 'regular' weekly / monthly activity sessions	Average Maternity Champions active at regular activity sessions	Estimated total of unique families at 'regular' activities	Estimated total of unique families at additional events, campaigns, outreach etc
Addison	**2018 - 19**	21	6.0	25	15
	2019 - 20	60	5.0	82	114
Bayonne & Field Road	**2018 - 19**	12	3.0	16	*
	2019 - 20	24	2.0	25	*
Edward Woods	**2018 - 19**	25	1.6	94	*
	2019 - 20	52	1.4	101	*
Old Oak	**2018 - 19**	60	5.3	54	156
	2019 - 20	52	3.3	68	70
Parkview	**2018 - 19**	26	4.0	58	*
	2019 - 20	28	4.0	62	*
West Kensington & Gibbs Green	**2018 - 19**	10	1.0	5	18
	2019 - 20	32	1.0	59	*
Sub-Total (H&F)		**402**		**649**	**373**
Dalgarno	**2018 - 19**	74	4.0	135	48
	2019 - 20	0	0.0	0	0
Golborne	**2018 - 19**	46	1.5	37	*
	2019 - 20	48	3.0	43	232
Notting Dale	**2018 - 19**	17	3.5	27	*
	2019 - 20	124	3.5	200	150
World's End & Cremorne	**2018 - 19**	12	2.0	8	*
	2019 - 20	39	1.0	70	105
Sub-Total (K&C)		**360**		**520**	**535**
Church Street	**2018 - 19**	24	2.8	50	49
	2019 - 20	36	2.2	143	40
Churchill Gardens & Tachbrook	**2018 - 19**	16	2.0	33	74
	2019 - 20	19	3.0	28	140
Harrow Road	**2018 - 19**	44	2.0	50	50
	2019 - 20	43	2.0	50	50
Mozart (Queens Park)	**2018 - 19**	97	3.2	150	50
	2019 - 20	98	2.8	150	51
Westbourne	**2018 - 19**	90	2.6	80	150
	2019 - 20	96	2.1	80	*
Sub-Total (WCC)		**563**		**814**	**654**
Totals		**1325**		**1983**	**1562**
				3545 Unique families reached all activities all boroughs	

* Data unavailable

** New Chelsea project excluded as only commenced part way through 2019-2020

According to survey results, around two-thirds of participating parents were participating with their first child, and around 10% were participating with their second or subsequent child – having previously participated in the Maternity Champions programme with their other child(ren). The remainder were comprised of families with several children, not all of whom had accessed the programme.

The most important aspects of the support from Maternity Champions (selected by 55-60% of parents) were:

- Activities to support their baby's play, learning and development
- An opportunity for them to socialise and meet with other parents
- A safe place to feel more relaxed and let their child be looked after with other people/children

The other important aspects of support (selected by 40-50% of parents) were:

- Sharing useful baby health and feeding information
- Listening to concerns or issues as a parent
- Helping to access other health services or resources

A smaller proportion also felt they had benefitted from help accessing Early Help services and other online resources or information. Other important aspects included being signposted to online resources and maternity apps with supporting guidance and being able to do physical exercise (as a parent, e.g. yoga).

" I started going to parent and baby yoga with Jaya. We loved it so much. Jaya made me feel like I could be a great parent and how to tune into my baby's emotions. I took what we learnt and practiced the movement and powerful positive mantras. Yoga just stopped [maybe Covid]. I would have told other people to go too. Martin gave me books and goodie bags, and I would keep the leaflets so I can look at them when I need information. It would have been good if they did more activities, once a week wasn't enough"

(K&C Mum)

10. Resourcing and Funding

Public Health Departments and West London CCG co-invest in the projects in K&C and Westminster, whilst Public Health is the sole funder in H&F, without financial input from the local CCG.

The programme annual budget provides £60,000 per borough for the host organisations (Paddington Development Trust - PDT - in Westminster, Venture Centre in K&C, and Peabody in H&F) which covers the salary of three Borough Managers, management fees, some materials, consumables, occasional borough-based events and NCT training (sufficient for about 1.5 courses per year in each borough).

The £60,000 per borough per year core funding structure divides as shown below in figure 6.

Figure 16. Summary annual budget per borough for the two years covered by the evaluation:

Borough	Public Health	CCG / NHS	No. of projects
H & F	£60k	0	6 operational
K & C	£30k	£30k	4* (except for Dalgarno 19/20)
Westminster	£45k	£15k	5 operational

*now five projects in K & C

PDT also fundraised a further £10,000 from the Mayor's Fund for community-based antenatal courses in 2019, and a further £350,000 of funding from the Big Lottery over four years, to run six music-based parent and toddler drop-in sessions for local families, called Community Families. The ability of the VCSE infrastructure organisations to leverage-in other sources of funding are important in supporting the projects activities. This also helps to resource the projects to align the provision with other complementary family activities. However, it is the view of the VCSE providers that leveraging in of funding, such as Community Families, would not have happened without the Maternity Champions project in place.

A small number of projects would have struggled to grow without additional leveraged funding. Activities in each project are funded from their own Community Champions budgets and occasionally from additional fundraising. An additional £10,000 was added in 2019 to allow for two further training cohorts for the 2019-20 year. The Borough Managers manage this allocation equitably. Maternity Champions also benefited from short ad hoc one-off courses, such as paediatric first aid.

Overall, the ability of Borough Managers to drive the strategic aspects and scaling up of the model across three boroughs, indicates strong value-added (annually costing c.£100 per parent with baby/unique family, excluding leveraged funding). This is reflected by the significant reach achieved with parents and babies, and also with statutory agencies and professionals working across the 0-5 pathway.

11. Enablers of success

As part of the evaluation, we sought to understand the wider enablers of, and barriers to Maternity Champions activities. Some of these are inherent in the programme's model, whilst other issues are more systemic and beyond the general control or responsibility of the programme. This Chapter describes our observations in further detail below.

Skills development and personality profile

Careful recruitment and in-depth specialist training of volunteers were important enabling factors to the achievements of the programme. Specialist training provided to Maternity Champions was viewed by partner agencies as very good, if not excellent, and essential for the programme's effectiveness. Some suggestions from interviews with professionals were for the training to increase content focused on Early Help services, and content for supporting parents with learning difficulties or speech and hearing impairments

Maternity Champions also require good personal and relational skills to fulfil the role effectively (see Chapter 5). The experience of statutory agencies working with Maternity Champions tended to be positive overall. There was general agreement from partner organisations about the benefits of Maternity Champions being from the immediate neighbourhood and integrated in the community, as well as being able to give information and support in a non-judgmental way that local people trusted.

Diversity

The diverse backgrounds of many volunteers also meant that bilingual or multilingual support was available for a significant number of parents. This is important to help tackle occasions where pregnant women with poorer English language skills might struggle to communicate with over-stretched hospital staff, or risk misunderstanding what they are being directed to do and thus become anxious or ill-informed. Local agencies, professionals and partners acknowledged one of the key strengths was that many Maternity Champions were able to provide bilingual or multilingual support to parents from related minority groups. In the three boroughs this often covered parents whose first language was Hispanic, Arabic, South Asian, French-African, East European. **This has enhanced the reach of statutory agencies to marginalised or isolated communities.**

Interviewees also observed that there was a broad range of socio-economic backgrounds in the group, and that parents from more affluent backgrounds were just as likely to mingle and participate in the activities as those from lower-income backgrounds. This was further supported where projects were able to set up informal secure/private social media messaging groups, to encourage peer communication and social exchange, amongst parents and volunteers.

Parents found out about Maternity Champions mainly through friends, word-of-mouth, social media and the hubs/community centres where the Community Champions projects are based. In some cases the programme

was mentioned via a specific individual midwife or health visitor aware of the project, rather than consistently across the wider ‘teams’ of midwives and health visitors.

Borough Manager role

Cross-sector working was often instigated through the extensive hard work of the Borough Manager. Rather than managing the volunteers or a project’s hub, the respective Borough Manager provided the strategic ‘connector’ and advocacy role between a project’s hub, and the very diverse local ecosystem of partner organisations and statutory agencies (see Chapter 1, Picture 1). Often, individual staff in partner services would hear of Maternity Champions through a Borough Manager promoting the work and initiating contact to find potential areas of collaboration, cross-referral and signposting.

The Borough Manager’s role is designed to be fairly autonomous and strategic, with responsibility for building good rapport with particular local agencies and health professionals and identifying the ability of a partner to adapt to the practical preferences of parents. This could range from whether or not it was very important to offer a space for warm drinks and home-cooked food or fruit treats for the parents, to whether safeguarding measures were fit-for-purpose, whilst enabling sufficient access and inclusivity.

In one instance, Borough Managers managed to get the programme listed in the baby ‘Red Book’, so parents could find out which hubs had Maternity Champions available. A recent development, inclusion in the Red Book is an important milestone in terms of embedding and systemising Maternity Champions within formal health and care processes, parent support and the 0-5 pathway.

Community assets

Part of the value contributed to the Maternity Champions programme is from the local voluntary and community sector providers, community assets and infrastructure organisations themselves. Physical spaces that can foster deeper local intelligence about residents’ needs, knowledge of local power structures and networks, whilst understanding the dynamic of relationships within the local ecosystem of provision, are a contributing factor to whether the Maternity Champions programme can operate in the current model.

Familiar ways of working with the projects’ physical hub (e.g. community family centre), meant that a range of statutory agencies were already working with community asset, infrastructure and related activities on other programmes. For example, antenatal drop-in appointments and baby weigh-ins at local children’s centres, family centres or hubs, including those hosted at schools, or local libraries hosting stay and play. This will have helped with facilitating cross-sector collaboration that the Borough Managers aim to catalyse and nurture.

Having a local community asset and wider volunteering programme also helped with the recruitment pool. It was more challenging where the project did not ‘operate’ from a dedicated community centre or physical hub,

e.g. such as for some H&F projects having to dovetail or 'tag on' to a local library stay and play group, or a children centre's baby weigh-in activities.

The volunteering experience

As part of their development, visiting other hubs and seeing other Maternity Champions in action and facilitating groups and activities was inspiring and confidence-boosting. It showed many volunteers that in time, they could also be assured and experienced enough to provide a high quality and meaningful experience to a diverse range of parents and families.

In this regard, Maternity Champions really valued the opportunity to input and contribute ideas to their volunteering experience, as well as what or how the project activities were delivered or could be better tailored to the specific needs and preferences of local parents. This was seen as a powerful way to enhance the volunteers' own personal development and sense of agency in helping create a better offer and also enable them to practice their skills in working sensitively with diverse groups.

12. Systemic and localised challenges

There were a number of significant systemic barriers outside the control and responsibility of the programme. For instance, partner professionals acknowledged that parents where often having to deal with an overwhelming amount of information from various health teams, GPs, midwives etc, and that Maternity Champions were an important way to tailor the messaging so that it was easier to understand and therefore also helped to improve health literacy.

In addition, the Grenfell Tower tragedy in 2017 had resulted in tensions between some local families, residents, local community assets and community groups and the Royal Borough of Kensington & Chelsea. Two local authority interviewees suggested this may have at first negatively impacted the willingness amongst some residents and parents to trust working with local authority services (in 2018).

Staff turnover at partner agencies was also an issue. Statutory functions and staff frequently being re-structured, moving on or being made redundant meant that partnership-working stopped or had to be re-started, after a lot of initial hard work and effort by Borough Managers and projects. It was difficult to avoid a feeling amongst project managers of frustration, demotivation and of avenues becoming exhausted, due to the cumulative impacts of these factors.

Other systemic challenges to the model working were as follows:

- An improving but still variable understanding amongst partners on the specialist non-statutory role that Maternity Champions perform, i.e. they are not a conventional 'Provider' project, nor a baby health provider, nor a health counselling intervention.
- For a significant number of health and care service interviewees, knowledge about Maternity Champions' purpose was clear, however knowledge about specific activities and ongoing evolution was basic, rather than detailed. Whilst this may not be realistic given the pressures on the time of all workers and

professionals, it does relate to suggestions for exploring an open access activity calendar and potentially anonymised feedback quotes, e.g. via the Maternity Champions website, or an online noticeboard.

- A collaborative approach from Public Health to the model and service design and objectives was taken from the outset, with key stakeholders being consulted and the establishment at the start of the scaling-up of the strategic 3 Boroughs Maternity Champions Partnership Group. Nevertheless, two interviewees suggested they were unaware of this approach and felt that other ideas and alignment of objectives were missed. The interviewees also acknowledged, however, that attempts to do so were likely to have been disrupted by a major re-structure of Children's Services within the authority and led to a loss of 'organisational memory' about the programme. The lack of value placed on a volunteering programme early on, and resistance by some professionals who are now duplicating these approaches in their services, meant that the project teams had to 'prove themselves' before the programme was taken more seriously.
- Some partner agencies had less detailed knowledge of the programme's contract structure, requirements, and organisational structure, therefore finding it difficult to judge the programme's way of working and whether they were referring/signposting to a good, safe and fit for purpose service.

A small number of interviewees, both from NHS and local authorities, also misperceived Maternity Champions as more of a baby health intervention or mental health counselling intervention, when this is not fully the case**. As outlined earlier in this report the Maternity Champions programme is a *social system*[13] intervention**, and it is focused on creating safe spaces for parents to share intimate or personal experiences within a peer support network, and on informing and empowering parents (and their babies) without judgment. This is not necessarily within the remit, expectation or capability of statutory services, but is important for embedding the good parenting and maternal health practices that statutory health and care services aim for**.**

Localised challenges

For some parents, difficulties in accessing Maternity Champions activities were mainly related to not enough promotion in the right format or media and English language barriers. A lesser but important barrier for at least one of the projects was a lack of resource at the venue to ensure that safeguarding requirements were met - especially those of their delivery partners. This meant that this project could not run as many activities as they would have liked, or that these were delayed.

Additionally, it was hard for a small number of projects to continually recruit volunteers and ensure recruitment matched with training schedules. If there was disruption to the tenure of a VCSE infrastructure organisation, a project co-ordinator, the majority of project volunteers or the physical space was unable to formally host project activities; the relationships with parents risked being diminished without the support and 'infilling' by Borough Managers. Any lack of continuity would have led to some breakdown in provision, which would likely have an impact on networks and social relationships, and some loss of trust, connectedness, fairness, and inclusivity. In H&F, for example, this was effectively tackled by developing relationships with other venues and settings to 'tag on' or dovetail to existing external provision.

[13] 'Social system' is defined here through the viewpoint of sociology theory, as the series of interrelationships between individuals, groups, and institutions, forming a coherent whole; and often manifesting as acts of communication and diverse forms of exchange across those interrelationships.

In terms of data systems and compliance, most projects found it hard to consistently track activity and volunteer data on the existing online database. Improved compliance would help with ongoing performance reporting to ensure the scale and reach of the programme is best reflected.

Covid-19 lockdown

More recently, the effect of Covid-19 and lockdown on families has impacted significantly on provision and access. With the isolating effects on households due to lockdown, some health partners mentioned a gap in their own knowledge around how Maternity Champions would be able to elicit engagement from families where **domestic abuse** between co-parents was occurring. However, feedback from at least two parents shows the Maternity Champions were able to provide appropriate information and signposting and contributed to successful resolutions. Such feedback could be better shared and promoted.

All the parents we consulted mentioned that Covid-19 had made it absolutely clear how crucial a project like Maternity Champions is to families. Being unable to visit friends, relatives and a project's hub during lockdown has left parents and babies especially isolated, unsupported and with negative impacts on wellbeing and early years development. In response, the programme has been able to offer some online activities through Zoom/online video groups, and this works well for parents who were previously unable to attend each week in person (prior to the Covid pandemic). Parents have greatly appreciated the ability of many projects to do this. This meant that parents could get maternal health information in the context of government lockdown rules from sources they trust and avoid potential misinformation or 'fake news' from online or local sources.

Other feedback identified that aspects of online video provision (resulting from the Covid lockdown) should potentially continue post-lockdown. This has been especially helpful for isolated or overwhelmed parents who were not always able to travel to the Maternity Champions activities on a regular basis.

13. Additionality for commissioning

This chapter briefly describes our research observations on additionality and health commissioning context.

Counter-factual and additionality
As previously mentioned, Maternity Champions provide a social systems intervention, supporting collaborative working outside of statutory health and care capabilities and remit, but complementary to them. This was especially the case for the local 0-5 pathway, where the programme has gained good recognition and respect amongst health professionals. We accounted for other types of parent and baby activities and support generally available from both children's centres and VCS providers. But there were no other projects or interventions like Maternity Champions working with the same *scale and scope of coverage* across three boroughs, e.g. out of hours availability, one-to-one befriending, broader peer networks, providing personalised and tailored information, outreach work etc.

There are some similarities with the limited number of other VCS maternity support interventions in London, such as **Maternity Mates** volunteers (Newham and Tower Hamlets), although this is more solely focused on one-to-one *antenatal* support, with less of a combined offer for peer support and groups. One-to-one provision can be an effective model for antenatal support, given the intimate nature of pregnancy and birth.

Additional value-added is inherent in the diversity of Maternity Champions from the three boroughs, as they often bring bilingual and multilingual skills with which to convey health information and reach diverse communities, i.e. through shared language and cultural norms.

A small number of men attended some of the Maternity Champions activities and generated their own peer support network, i.e. for Dads. However, whilst they would have gained valuable knowledge to support their co-parenting abilities, about maternal health, breastfeeding and immunisations etc, their needs may not have been as well covered in the training provided to volunteers, (focused more on Mothers).

Clinical commissioning context
In terms of maternity service payment pathways, the NHS is supposed to cover all community primary care relating to maternity and all maternity community-based antenatal and postnatal care. Commissioning groups will "*make one payment(s) for all postnatal pathway care included in the scope, regardless of the care setting. When a woman chooses to use a different provider for an element of postnatal care (an investigation, spell or appointment, etc) or is referred to a different provider … it is the responsibility of the lead pathway provider to pay the other organisation".*[14]

To support capacity between health providers, it is worth considering how current Partnership Groups with the NHS, hospitals, and local primary care commissioners can be further deepened to work with community assets such as the Maternity Champions projects. This may be complimented by online noticeboards or the Maternity Champions website, to aid health professionals in guiding their service users with updates of activity calendars and selected anonymised feedback, i.e. in conjunction with learning quarterly partnership group meetings. Such an additional resource could build deeper reach and recognition faster across the system and amongst parents, and especially for continued embedding within the local 0-5 pathway.

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[14] Guidance on the maternity payment pathway - A joint publication by NHS England and NHS Improvement (2019)

14. Conclusions and Recommendations

Overall, the current iteration and structure of Maternity Champions, with Borough Managers working with project managers, is an **effective model providing good value for money, and should be further enhanced, and where possible replicated.**

Around **1,980 unique families with babies accessed c.1,325 regular activity sessions** across 2018-19 and 2019-20. Whilst families' attendance fluctuated and overlapped from one month to the next, we estimate **an additional c.1,560 unique families with babies were also reached through outreach** campaigns, ad hoc events and activities, and other functions over the same period. **This provides an aggregate total of 3,545 unique families reached** (suggesting an annual cost of c.£100 per unique family).

Where the Maternity Champions programme has worked well there have been positive additional benefits for parents and babies. These have aligned with the aims and objectives of Public and Clinical Health, and statutory children's services, to improve reach and appropriate access, whilst embedding stronger health knowledge, behaviours and health literacy – including those families where English is not the first language.

The Maternity Champions model works well as a **social systems intervention*,*** and is most successful when unlocking social capital to lead to more effective parent practices and decisions around maternal health and wellbeing. This has been achieved by using local people's relationships, networks, assets (e.g. community centres) and their ability to transfer health knowledge directly and consistently to their peers. We can view this as the ways in which communities are able to strengthen networks of care that often need to occur beyond the remit and capability of care services. It could work very well with local social prescribing networks.

Benefits to parents and babies
The nature of the programme resulted in parents improving their maternal health literacy – particularly around feeding and birth preparation; improved understanding of the alternative and more appropriate support services and community resources beyond GPs and hospital urgent care; an improved sense of empowerment and agency around their parenting decisions and reducing their risk of isolation and loneliness.

Parents reported they and their babies were supported in aspects of early development of social, communication and cognitive capabilities; as well as physical health, (to a lesser extent with immunisations signposting – although this was not a key contract focus for the programme).

Benefits to services
Local health and statutory services were impacted through improved reach, appropriate access, and enhanced partnership working. This helped to unlock joined-up working, resource-sharing and tapping into extra capacity for embedding behaviours, practices and health messages. Children's services, Early Help, and the NHS were particularly significant stakeholders of the programme.

Benefits to volunteers
Maternity Champions gained new skills, an increased sense of empowerment and self-worth through their role and the respect they received. Many felt included in shaping their experience, felt well-supported by their co-ordinators and had opportunities to improve the project activities. Many continued onto additional

community and civic roles or part time paid work. The opportunity for some Maternity Champions to also volunteer at one hospital maternity ward was seen as very valuable.

Covid-19
The onset of the Covid-19 pandemic and lockdown has been an ongoing challenge for all of the projects. Understandably, there has been an increase in a sense of isolation, anxiety, and struggling to cope, amongst parents as a result. Lockdown required that all face to face live group activities be suspended. Speedy and creative transitions, within two to four weeks of lockdown, to online groups and activities has been very successful; even resulting in some cases, in an extended reach. Building on this success, it is likely that blended approaches to delivery will continue in the future.

Consistency
The programme has some minor limitations, which are namely of a systemic nature, in particular high staff turnover and recent re-structures within statutory agencies which can have negative impacts on the programme's work. This also means that some longer-established, more stable hubs with key relationships and collaborations in place can be more proactive and develop their profile faster than other projects.

The evolving menu of activities and consistent feedback, could be made easier for partner agencies to follow with the right open access tool, (e.g. Maternity Champions website, or an online noticeboard), and appropriate selection of feedback information. Increasing the 'real-time' accessibility of cross-project learning and collaboration practices could be explored on a simple shared platform, e.g. appropriate feedback and learning could be updated on the Maternity Champions pages of the Community Champions website or an open-source online 'Trello' board.

Further research
Areas to consider for further research that may be beneficial include paternity/co-parent health literacy and motivation (and barriers to engagement), potentially with one of the Fathers' networks. This could include Future Men, or Dads Matter, through West London Action for Children, and more broadly learning from the Fatherhood Institute's North London group, and the Being Dad course project ran by Bromley Lewisham & Greenwich Mind. There may also be potential for piloting a collaboration with such networks.

In addition, further research could be conducted on immunisations *during* mothers' pregnancy, as well as with Early Help and Children's services in future, to assess the needs and long-term outcomes for any families referred via the programme.

Our general recommendations for a future iteration of the programme are for it be enhanced and supported further, and these details are presented in three sections below (content, processes, and resources).

A. Recommendations for enhancing existing content

1. **Covid planning and blended methods:** Borough Managers and project co-ordinators will need to carefully plan the offer around how to safely emerge from the Covid-19 lockdown and support parents to feel safe and comfortable, e.g. with appropriate limits to group numbers, temporary outdoor activities that have reduced physical interaction, e.g. buggy walks, park-based sessions. H&F projects may be more affected

where volunteering is oriented towards being 'off-site' within other settings. Parents feel that some online provision/baby play classes arising from lockdown should be continued, in addition to those conducted 'on-site' or in physical places. This is valuable for those parents who cannot regularly attend.

2. **Antenatal provision and format**: This could be re-considered and reach could be improved, e.g. promoting more pregnancy yoga/online yoga, additional antenatal group courses, and more follow-up support on a one-to-one basis (similar to **Maternity Mates** project in Tower Hamlets). One-to-one support may be effective via online video during Covid. It may be useful for volunteers to be introduced formally by partner agencies during their parent groups and other antenatal/birth preparation or NCT courses.

3. **Diversify volunteering settings:** In K&C and Westminster, good co-location and joint working arrangements exist with Early Help settings. The programme could consider diversifying this reach by exploring and co-developing additional volunteering with other health settings such as hospitals (in addition to Queen Charlotte's in H&F). A number of Maternity Champions would like Borough Managers and project co-ordinators to develop more collaborative opportunities for volunteering at hospital maternity wards. Volunteers with bilingual and multilingual skills could be considered an additional value-add for this.

4. **Whole family with baby provision**: Whilst there is some existing provision in some of the projects, a growing number of parents with older children would like their project to expand on the additional activities that their whole family can do with the baby; or simultaneous activities that older children can be supported in doing during a parent and baby activity (as older children do not technically qualify to participate on Maternity Champions activities). This could be considered for future growth.

5. **Parents with additional needs:** Some partner agencies suggested that the programme could consider and explore how the project could meet the needs of parents with learning disabilities, including speech and language issues. This might be through adapting the training for volunteers to include these aspects.

B. Recommendations for enhancing processes

1. **Use of open access activities noticeboard**: To further streamline collaborative working, project knowledge-sharing, and positive feedback loops with statutory partners, the Programme and Borough Managers could consider how to share projects' weekly or regular activity plans, and share anonymised feedback quotes from parents and partners, via an open-access online noticeboard, e.g. update the capability of the Maternity Champions website, or using free sites like Trello, or Workplace (Facebook). These can be easy to set up and could simply lift selected content from existing feedback reports.

2. **Consider any new ways to co-design with partners**: The programme has over time become well integrated in to the 0-5 pathway - managers and commissioners could consider if there are any new ways to develop further collaborative programme design with Children's and Family services and Health providers. This should not necessarily give license to other functions to have a *decision* on how the contract or model is designed in future. However, some partners suggested it may help with pushing for additional resources and funding; reduced duplication; and enabling all local assets and services to be optimally used, reached,

and performing in an agile way. Efforts to incorporate statutory perspectives and objectives from the outset have increasingly helped to gain support for the programme by some services. This should continue to assist it to become even more integrated, connected, and better promoted.

3. **Volunteer-led cross-learning**: Many Maternity Champions would like for there to be more cross-project learning with other hubs, so they can share ideas, knowledge, and practices. This could be led by Maternity Champions, with the support of Borough Managers. Project managers or co-ordinators can be encouraged to participate too as such, as this could also provide valuable learning for them.

4. **Data logging improvements**: Timely and consistent entry of monitoring data into the online monitoring database (WISH) could be improved in some projects. Refresher sessions on the logging system could be considered for making this more streamlined. Ideally this could be adapted to better account for unique participants and multiple participation. Better data entry in the existing online database would assist quarterly reporting processes.

5. **Volunteer hours logging tools:** Volunteers could be enabled to log their own hours online using a simple online polling application that can be used on Android phone or email, or via a volunteer job hours allocation app, such as **Good Egg** (https://goodeggapp.co.uk/), or SurveyGizmo/Alchemer. This could complement and enhance the existing volunteer hours data collection used by project managers via the programme's established monitoring processes.

6. **Rotational volunteer personal development to support BMs:** To enhance capacity and personal development opportunities, Borough Managers could draw on experienced Maternity Champions more frequently, perhaps on a rotation basis, to support administrative, promotional and operational aspects.

7. **Peer mentoring during training**: As the NCT accredited training commitment can take over 2-3 months, Public Health Programme Manager and Borough Managers could consider how those who are capable of completing the content faster might support other 'trainees' as part of a peer 'mentoring approach. This may help accelerate some volunteers' personal development in the medium term.

C. Recommendations for enhancing resources

1. **Deeper working with NHS and Social prescribing:** The Programme Manager and BMs could consider where partnerships with local NHS and CCGs could be deepened or broadened, particularly to other paediatric functions or social prescribing frameworks, (e.g. explore applying to be an approved provider for North Kensington/WLCCG Social Prescribing model). Social prescribing for anxious, depressed or socially isolated new parents (and residents who may wish to consider volunteering for their own wellbeing) could meet a gap. There may also be some additional preventative funding in a post-Covid recovery context within local NHS or through external charitable foundations with a family health focus. To continue engaging NHS and CCG maternal health partners to participate more fully in the Three Boroughs' Maternity Champions Partnership Group and further integrate the programme into partners' own groups is a continuing challenge. One route may be to emphasise that Maternity Champions are adding powerful extra capacity, offering multilingual skills, and freeing up resource for NHS functions. This enables those

functions specifically to improve their ability to embed maternal health practices; improve maternal health literacy; and create increased reach and appropriate access.

2. **Diversify the resource base:** Feedback we received from two H&F projects indicated that resources per proactive or 'fully operational' hub could be explored, to cover the time cost of some additional project learning and meetings; evolution of Covid-related health and safety requirements; and planning within the Community Champions programme. At least one H&F project struggled to grow in this context, and with the challenge of volunteer and staff recruitment for their project. Furthermore, they did not have the same 'funding leveraging' capabilities as in other borough projects.

3. **Evolving safeguarding requirements**: Whilst funding increases in real terms are unlikely, resourcing for any future changes to safeguarding requirements could be considered. This would enable one or two projects (in an example in H&F) to introduce required equipment or other measures that meet evolving statutory requirements and the diverse needs of their partner agencies.

4. **Input to training from Early Help and Family & Children's services:** The programme might consider exploring if extra resourcing, funding, or materials for Maternity Champions training/refresher sessions around Early Help and Children's services, could be developed in conjunction with those departments.

5. **Engagement with Fathers and Male volunteers**: The Maternity Champions as a 'brand name' is clearly less appealing and less oriented to male volunteers and new Fathers. Public Health could consider the benefits of a small rapid research project to engage with Fathers networks and local parent groups, to inform whether there is appetite for either i) Maternity Champions being further developed to promote fathers as volunteers *and* service users (while recognising the desire for same-sex spaces among some groups), or ii) a Paternity-equivalent concurrent programme, but with fathers trained in maternal (and paternal) health literacy.

6. **Parents wishing to contribute:** Projects could consider methods for parents who may wish to provide discretionary financial or item contributions at the end of activities, or separately through setting up a Maternity Champions *crowdfunding* page with appropriate class/activity rewards (rather than a donations page).

Appendix

1.1 Full stakeholder outcomes list

Stakeholder	Outcomes themes
1. Mothers	▪ Reduced isolation when dealing with becoming a parent ▪ Increased peer/social relationships ▪ Improved self-confidence/more self-assured ▪ Reduced anxiety/calmer ▪ Increased resilience and coping ▪ Improved sense of belonging ▪ Improved attachment and bonding with baby ▪ Feeling empowered/increased agency ▪ Reduced risk of perinatal or postnatal depression ▪ Maintain physical health – e.g. nutrition, exercise, sleep ▪ Enhanced parenting practice re: breastfeeding ▪ Enhanced parenting practice re: immunisations, baby health & illness ▪ Enhanced parenting strategies re: development, soothing, communication ▪ Improved appropriate health care access for self ▪ Improved access to resources e.g. swap shop, free or discounted baby items/maternity items, product samples ▪ On occasion, access to resource or support to leave an abusive partner
2. Fathers	▪ Improved peer/social relationships ▪ Improved self-confidence/more self-assured ▪ Reduced anxiety/calmer ▪ Increased resilience and coping ▪ Improved attachment and bonding with baby ▪ Enhanced Co-Parenting practice ▪ Enhanced parenting strategies re: development, soothing, communication
3. Babies	▪ Improved attachment and bonding with parents ▪ Increased peer/social interaction skills ▪ Improved self-confidence e.g. willing to play with others, not scared of other babies ▪ Calmer and more relaxed ▪ Enhanced behavioural development and self-regulation ▪ Improved communication ▪ Improved cognitive and learning development ▪ Develop or improve physical health – nutrition, gross motor skills ▪ Develop or improve immune system development ▪ Reduced risk of illness, possible mortality ▪ Reduced risk of missing early help needs/development needs
4. Maternity Champions	▪ Reduced isolation ▪ Improved peer/social relationships ▪ Self-confidence, self-assured ▪ Sense of belonging ▪ Sense of purpose/self-worth ▪ Feeling empowered (Sense of agency) ▪ Improve physical health re: nutrition, exercise, sleep ▪ Knowledge and skills from specialised training ▪ Improved employability ▪ Continued volunteering, including in other settings e.g. hospital, community ▪ Appropriate health care support access for self and family

<table>
<tr><td>5. NHS – GP clinics</td><td>▪ Reduced avoidable appointments re: baby
▪ Reduced mental health escalation/Per or Post Natal mental health appointments re: parent
▪ Increased appropriate appointments at the right point in time re: pregnancy or new infant
▪ Increased presenting from harder-to-reach or isolated groups
▪ Increased immunisation provision</td></tr>
<tr><td>6. NHS – Midwifery and Obstetrics</td><td>▪ Capacity to support embedding knowledge and information
▪ Extra maternity ward resources for providing information and guidance on breastfeeding and basic baby health
▪ Reduced complications during and post-birth</td></tr>
<tr><td>7. NHS – A&E, Urgent Care</td><td>▪ Reduced avoidable episodes e.g. minor baby illnesses, antibiotics
▪ Reduced minor injury incidence e.g. baby falling off bed</td></tr>
<tr><td>8. Early Help services</td><td>▪ Increased appropriate cases
▪ Avoided crisis cases</td></tr>
<tr><td>9. Voluntary & Community Sector organisations offering support with MCs, including Community Centres hosting activities and/or Community Champions projects</td><td>▪ Increased reach and uptake of provision
▪ Effective partnership working
▪ Leveraged-in funding or resources
▪ Capacity to support embedding knowledge and information/guidance</td></tr>
<tr><td>10. Public Health local authority</td><td>▪ Cohesive and diverse communities
▪ Healthier population
▪ Reduced isolation of hard-to-reach groups
▪ Reduced infant illness/mortality</td></tr>
<tr><td>11. Family or Children's health centres (e.g. for weigh in clinics)</td><td rowspan="2">▪ Increased reach and uptake of provision
▪ Effective partnership working
▪ Leveraged-in funding or resources for related activities
▪ Change in marginal costs through hosting presence of MCs</td></tr>
<tr><td>12. Other non-charity Providers or activity providers</td></tr>
</table>

1.2 Survey templates

Survey templates for Parents, Maternity Champions, and Partner agencies can be requested from Envoy Partnership directly, please contact info@envoypartnership.com