


<p>Project completed: September 2022 Project Lead: Sarah Gullan-Whur</p>	<p>Reintroduction of the 3-4 month contact</p>	<p>Project shared with: Healthy Together, WEIMPROVEQ ,Leicester City Commissioners</p>
<p>The aim of the project</p>		<p>The rationale for the project</p>
<p>The project aim was to test the reintroduction of a 3-4 month development contact in one area of Leicester City by September 2022. A survey was sent to families to find out what they would like this contact to look like, with the majority of parents/carers choosing a clinic contact. A clinic was implemented for a three month period in Area 6 of Leicester City.</p>		<p>Pre covid, group sessions were offered at 3-4 months, these would be led by Healthy Child Programme Practitioners. At this contact, information was given regarding a large number of topics such as introducing solids, sleep and child safety. These sessions were not well attended in many areas with variable uptake. Currently there is a long gap between the universal contacts offered at 6 weeks and the 10–12-month contact. At the 6 weeks check there is limited opportunity to discuss baby’s next steps and this may not be the optimal time for parents to receive this information e.g. introducing solids .</p>
<p>What we did</p>	<p>How we measured change</p>	
<p>A survey was sent to a cohort of 2242 families with a baby born between 1st July 2022 and 1st January 2022, living in Leicester city. A total of 113 responses were received. The overall results showed that the feedback from parent/carers shares –</p> <ul style="list-style-type: none"> • A clinic one to one contact was the preferred method • Over 90% of families felt that they would benefit from a contact at 3-4months • The preferred topics to discuss with a health professional are introducing solids, child development and childhood illnesses • A baby weight review was voted the most important part of the contact • If face to face could not happen due to Covid restrictions, then families would prefer a telephone contact. <p>This feedback was collated and used to shape the pilot clinic contact. The clinic was offered to first time parents/carers and was held weekly at Thurnby Lodge Young People, Children and Family Centre. The contacts were delivered by the HCPP team . The contact was 30 minutes and followed the 4 months contact SOG. As an additional resource, a monthly health promotion group via Teams sharing information on introducing solids was developed and implemented .</p>	<p>At each contact, families attending were asked to complete a short survey following the clinic to rate their experience out of 10. 7 parents completed this, all rating the contact 10 out of 10.</p> <p>Additional comments included –</p> <ul style="list-style-type: none"> • Explain how we can start weaning and introduce food to the little one, clarifying doubts • Sarah the health visitor was very patient & information was given clearly. • Sarah was helpful with my twins. Made me understand everything properly and was very patient with me as one of my twins was not settling. • Very helpful and kind. Vikki explained everything so well to me and reassured me in a few areas too. • Positive feedback was received from the online introducing solids groups demonstrating increased awareness and confidence around the topic by families who attended . <p>Attendance at the clinic was also measured, with 9 out of 12 clinics have attendance at 80% or more.</p>	
<p>The impact of the project</p>	<p>Next steps</p>	
<p>On review of the project, the main points detailed below were identified –</p> <ul style="list-style-type: none"> • Good attendance over the 3-month period • Positive feedback received from parents • Contact may reduce contacts with health visiting team; clinic appointments for weight reviews / Chat Health queries / cloud messages • Responds to parental request highlighted in survey • Filling gap between 6 week and 1-year universal contact • Supports revival of service post covid • In line with JSNA 2021 (Joint Strategic Needs Assessment) Leicester City Council update on current pertinent issues in the City highlight tackling childhood obesity , breastfeeding and oral health which this contact supports these targets . 	<ul style="list-style-type: none"> • A report has been written detailing the project pilot and feedback and will be presented to Leicester City Commissioners to decide ongoing service plans as part of Section 75 developments. • Increasing accessibility of the offer – introducing a blended approach, face to face in first instance, but also can be offered via telephone or Microsoft Teams and with interpreters if required responding to families’ needs . • To look at marketing of the health promotion group, to ensure that this is well attended. To also introduce the group in different languages to improve accessibility. • Consider length of content (HCPP suggested 30mins was inadequate time to fulfil SOG) or reconsider SOG and simplify to cover key areas • Training/ support for new HCPPs to be confident in delivering the content (especially introducing solids) • Work to begin with the Digital Team to produce Tik Tok style videos sharing recipe ideas, signs of weaning, how to prepare finger foods or other relevant topics. 	