

Happy and Healthy Evaluation Report

April 2022

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Healthwatch Wakefield is your local health and social care champion for the District. From Overton to Knottingley and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We have the power to make NHS leaders and other care providers listen to what you have to say. We also offer information and advice to help you to get the support you need. Our service is free, simple to use and can make a real difference to people in Wakefield District and beyond.

Healthwatch Wakefield were commissioned by St George's to evaluate the Project and produce this report. If you need the report in another format, please contact us using our contact details on the back page.

Healthwatch Wakefield is a registered charity and company limited by guarantee registered in England and Wales. Registered charity number 1166797 and Registered company number 09907848.

Partners

St George's Community Centre

St George's has been in existence since 1997 and is run by a team of staff and volunteers. Located in West Wakefield, a neighbourhood amongst the top 10% most deprived in England, their aim is to support families to improve their life chances and futures. To achieve their aims, they run a range of services including youth work, learning and employability, wellbeing activities, four nurseries and a community early years' service. Their Young Futures service attracts over 145 young people each week supporting them to raise their aspirations and positive choices. They are currently working with 333 children and their families. Their Community Early Years' Service provides parent support through a range of activities, including baby massage, yoga, Autism Stay and Play, and Family ESOL (English to Speakers of Other Languages).

stgeorgeslupset.org.uk

Home Start Wakefield and District

Home Start is a charity with a vision to see a society in which every parent has the support they need to give their children the best possible start in life. They support families with at least one child under the age of twelve years who may be dealing with issues such as isolation, illness, relationship problems, or disabilities amongst other things. Home Start Wakefield and District work by recruiting and training volunteers, who are usually parents themselves, to visit families and offer friendly and confidential support. They support parents to grow in confidence, strengthen their relationship with their children and widen their links with the local community. They also run four family groups across the district. www.home-start.org.uk/home-start-wakefield-district

Project Steering Group

A project steering group supported this work and included the following organisations:

- St George's Community Centre Lupset
- Home Start Wakefield and District
- Happy and Healthy Project Workers
- Public Health Service Manager Children and Young People
- Manager 0-19 Wakefield District
- Children's First Hub Manager
- Manager St George's Nurseries

Summary

St George's Community Centre were successful in securing funding from the VCSE (voluntary, community and social enterprise) Health and Wellbeing Fund 2021/22. They worked in close partnership with Home Start Wakefield and District to deliver the Happy and Healthy Project between October 2021 and March 2022.

Project activity centred around two key areas: information giving and training. Information was given to parents and carers, at a number of community settings, in the form of talks and discussions about Respiratory syncytial virus (RSV) and bronchiolitis. They were also given written resources such as leaflets. Interviews with 12 people, who had received this information several months earlier, showed a very high level of retention, confidence, and behaviour change. All were extremely positive about the information that they had received and the subsequent increase in their confidence.

Training for professionals was developed to give key information and the necessary tools to enable them to support and advise parents and carers who were concerned about their child. Evaluation forms from sixty-eight people showed a significant increase in knowledge and confidence around both RSV and bronchiolitis after the training. Further follow up with three people approximately three months after they had attended the training also showed extremely high levels of retention, confidence, and behaviour change. Information was also widely shared through social media.

Professionals, parents, and carers who had received information, as well as those who had received training, spoke about the messages being more widely shared, for example with friends and family. This suggests that the reach of the project is far wider than the people who received information or training.

A survey, which ran over the course of the project, gave basic information about RSV and bronchiolitis and where support may be found. The survey was completed by 340 people, many of whom gained new knowledge from it.

The Happy and Healthy Project Worker completed six case studies. These case studies further demonstrate the increase in knowledge and confidence that people gained around respiratory illnesses because of this project. Furthermore, there are examples of the information being shared more widely.

It is recommended that information continue to be shared at community groups, particularly at key times of the year when paediatric respiratory conditions are most prevalent. It is also recommended that the training continues and that it is made available more widely.

Introduction

The Happy and Healthy Project aimed to provide staff, volunteers, and families with current information on Respiratory syncytial virus (RSV) and bronchiolitis, in line with NHS guidance, to allow families to make confident and informed choices to help them manage their child's health.

The overall aim was to reduce unnecessary A&E attendances to help prevent overload on acute services. The aim was to be achieved by empowering parents to make informed decisions about meeting their child's health needs by using alternatives to A&E.

The VCSE (voluntary, community and social enterprise) Health and Wellbeing Fund aims to promote equality, reduce health inequalities, and help families to achieve and maintain wellbeing. In 2021/22 the focus of the funding was to enable VCSE organisations to provide extra support for children's respiratory services and to raise awareness of management of paediatric respiratory infections.

Respiratory syncytial virus is the most common viral infection in children, most will have had it by the age of three years. Very young children are at a higher risk of needing hospital care due to RSV because of their smaller airways. Due to lockdown restrictions over 2020/21, there was a predicted increase in paediatric respiratory infections over autumn/winter of 2021/22, particularly in areas that experience the greatest health inequalities. A rise in the prevalence of these infections comes with a need to manage additional pressures on children's services, therefore this is where the VCSE Health and Wellbeing funding was directed.

St George's were successful in securing funding, they worked in close partnership with Home Start Wakefield and District to develop and run the Happy and Healthy Project. This project began in October 2021 and ran until March 2022, with a view to leaving legacy information beyond this date. St George's managed the grant and took a lead on work related to Early Years settings and community-based knowledge. Home Start Wakefield took the lead on training.

The project aimed to meet the overall objectives of the Health and Wellbeing Fund by using a community focus and training approach to sharing information with families and professionals on keeping babies and young children happy and healthy. There was to be a specific focus on sharing information about childhood respiratory conditions and what to do if you are concerned that your child is unwell.

The intention was for interventions to take place as close to home as possible in places and communities that families choose to spend time in. As well as delivering these messages themselves, the project aimed to train others to spread the message. Therefore, the Happy and Healthy Project has two main elements, the first being information sharing and the second being training others so that they can pass on the information more widely. This two-pronged approach enabled the widest reach possible in the time available.

Information sharing

Information was delivered through a range of mediums including a survey, social media, in person and through printed materials for example leaflets, fridge magnets, Weigh and Play cards and an easy read information document.

Training

A training programme was developed to build knowledge and expertise of paid employees and volunteers to provide information and reassurance to families.



“There was one time when I would have gone straight to A&E, but I managed it at home and called 111 for support instead, I wouldn’t panic now.”



“This training was useful, it’s something every parent should know about.”



Methodology

Survey

At the start of the project a survey was produced by St George's asking parents and carers across the district about their knowledge and experience of paediatric respiratory conditions. This survey was a way of gathering some baseline data and was also a method of information sharing to meet the aims of the project.

Community sessions

Information was given out at various community sessions across the Wakefield district, including a weekly Weigh and Play session. These sessions were an opportunity to give out information in a relaxed and informal environment. Other sessions included an ESOL course with a health focus, an informative session at Wakefield library at their Story Time session, pop up Weigh and Play sessions, ceramic sessions at The Art House Wakefield and a Conexus GP session in the community. Information given at these sessions took the form of talks to the group and informal one to one 'chats', alongside written information for example, booklets, leaflets, and fridge magnets.

Training sessions

A training programme was developed, and sessions were run for staff at various services. The training sessions consisted of information about RSV and bronchiolitis in order that this information could then be passed on to families who were engaging with the services.

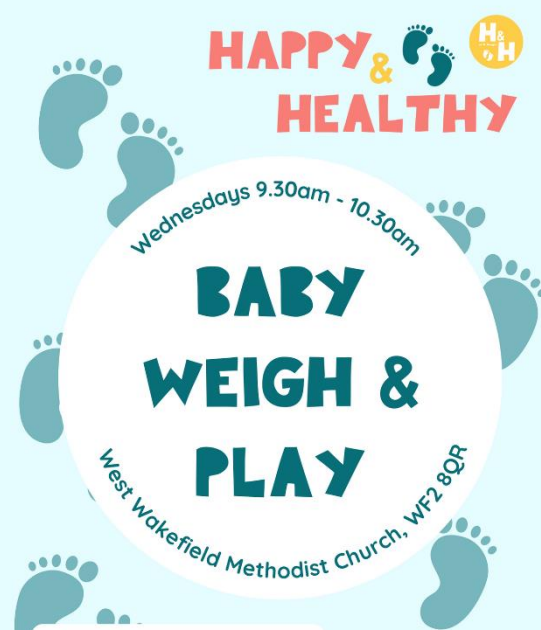
A webinar was also created to provide legacy information for the whole of the District.

Wider promotion

The Happy and Healthy Project has been promoted in many ways, including:

- Dedicated Happy and Healthy social media pages
- Healthwatch Wakefield website and social media
- A banner on the Wakefield Mumbler website and Facebook page
- FAB (Families and Babies) social media pages
- Maternity Voices Matters social media
- Wakefield '50 Things' website
- Wakefield District Maternity Voices Partnership social media

Example of a Baby Weigh and Play card:



HAPPY & HEALTHY

Wednesdays 9.30am - 10.30am

BABY WEIGH & PLAY

West Wakefield Methodist Church, WF2 8QR


Baby's Name & Date of Birth:

st george's Wakefield & District HOME START

Date	Weight



Date:






Share your footprint #HappyAndHealthy

Bronchiolitis Advice Sheet

(a cause of persistent cough, mild fever and feeding difficulties in infants)
Advice for parents and carers of children younger than 1 year old

How is your child?

 <p>RED</p> <p>If your child has any of the following:</p> <ul style="list-style-type: none"> Has blue lips Has pauses in their breathing (apnoeas) or has an irregular breathing pattern or starts grunting Severe difficulty in breathing - too breathless to feed Becomes pale, mottled and feels abnormally cold to touch Becomes extremely agitated, confused or very lethargic (difficult to wake) Is under 3 months of age with a temperature of 38°C / 100.4°F or above (unless fever in the 48 hours following vaccinations and no other red or amber features) 	<p>You need urgent help please phone 999 or go to the nearest Hospital Emergency (A&E) Department</p>
 <p>AMBER</p> <p>If your child has any of the following:</p> <ul style="list-style-type: none"> Has laboured/rapid breathing or they are working hard to breath - drawing in of the muscles below their lower ribs, at their neck or between their ribs (recession) Seems dehydrated (sunken eyes, drowsy or no urine passed for 12 hours) Is becoming drowsy (excessively sleepy) Seems to be getting worse or if you are worried 	<p>You need to contact a doctor or nurse today. Please ring your GP surgery or call NHS 111 - dial 111</p>
 <p>GREEN</p> <ul style="list-style-type: none"> If none of the features in the red or amber boxes above are present. 	<p>Self Care Using the advice below you can provide the care your child needs at home</p>

How can I look after my child?

- If your child is not feeding as normal offer smaller feeds but more frequently.
- Children with bronchiolitis may have some signs of distress and discomfort. You may wish to give either Paracetamol or liquid Ibuprofen to give some relief of symptoms (Paracetamol can be given from 2 months of age). Please read and follow the instructions on the medicine container.
- If your child is already taking medicines or inhalers, you should carry on using these. If you find it difficult to get your child to take them, ask your Pharmacist, Health Visitor or GP. Bronchiolitis is caused by a virus so antibiotics will not help.
- Make sure your child is not exposed to tobacco smoke. Passive smoking can seriously damage your child's health. It makes breathing problems like bronchiolitis worse.
- Remember smoke remains on your clothes even if you smoke outside.

If you would like help to give up smoking you can get information / advice from your local GP surgery or by calling the National Stop Smoking Helpline Tel: 0800 169 0 169 from 7am to 11pm every day.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

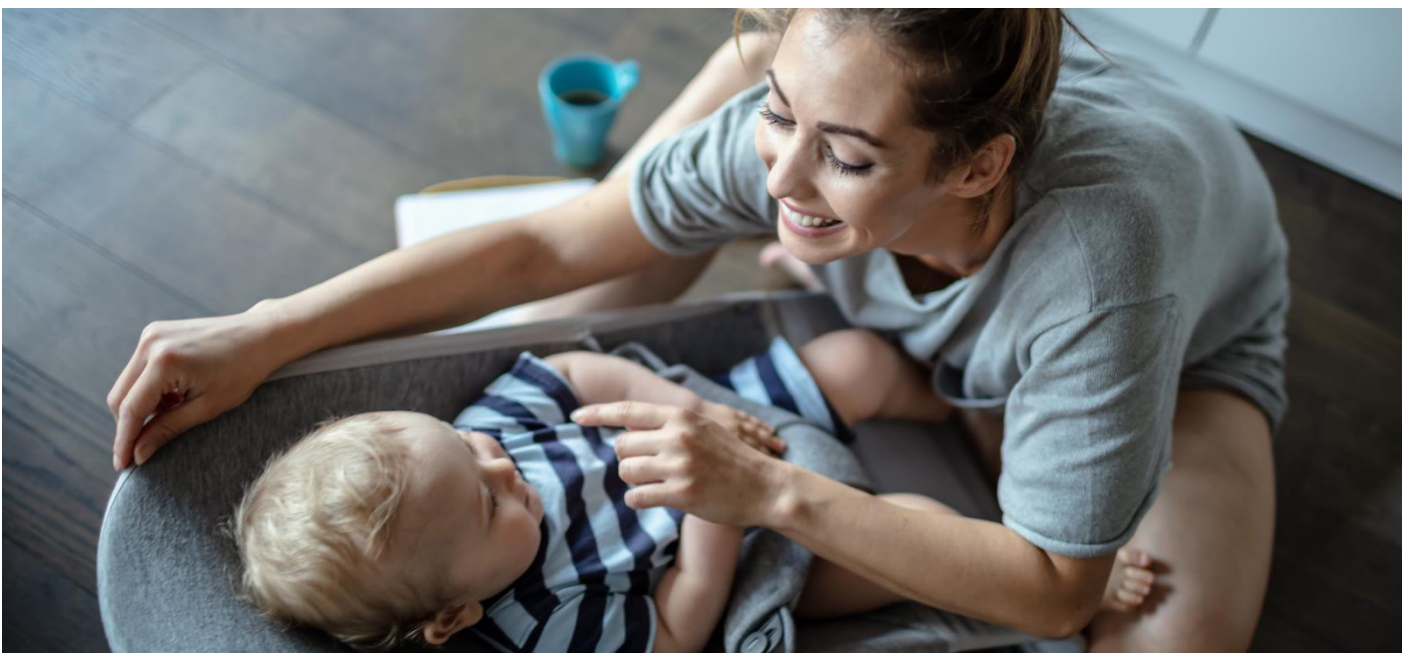
Case study one

Mum contacted us through our Instagram account asking if she could come along to our Weigh and Play session. We explained to her about the project and that our aim was to support families with information about bronchiolitis and how to look after your child.

Mum then told us that the reason she got in touch is that she is a young, first-time mum, and her baby had bronchiolitis when he was eight weeks old. She was looking for reassurance and support.

When her baby was struggling to breath, Mum rang her GP and was told someone would ring her back later in the day. As baby got worse mum contacted 111 who sent an ambulance responder to the baby, an ambulance was then sent to take them to Pinderfields where they stayed for six hours. During the six hours at hospital, no one explained what was happening. Mum had to ask the staff at Pinderfields what was wrong with her baby and was given a leaflet about bronchiolitis.

Mum explained that no one contacted her afterwards to see how they were doing. This is why Mum came to us and is now accessing Baby Massage at St George's Community Centre to connect her with other peers with babies too.



Demographics

A key element of the Health and Wellbeing Fund is to work with the VCSE sector to promote equality, reduce health inequalities help families and communities to achieve and maintain wellbeing.

At the district level Wakefield is the 54th most deprived district in England, out of 317 districts.

St George's and Home Start are based in Wakefield West and East wards respectively which are amongst the 10% most deprived neighbourhoods in the country.

The Happy and Healthy Project aimed to have as wide a reach as possible whilst also focusing on the most deprived areas. This was achieved by using district wide methods of communication through the survey and social media, whilst face to face information and training sessions were prioritised in the most deprived areas.

Training and community sessions were focused on areas of highest deprivation but were also available more widely across the Wakefield district. For example, anyone in the Wakefield district could attend the various Stay and Play sessions. Also, some training sessions were run online, to increase accessibility for those who wouldn't be able to attend the in-person sessions, for example, for child minders across the district.

Every effort was made to engage with underrepresented communities and as a result sessions were targeted for particularly vulnerable groups. For example, sessions were delivered to Marie House Women's Refuge, Riverside Young Parent's Service and Urban House, one of three initial accommodation centres for asylum seekers in the UK.

An English Spoken as Other Languages (ESOL) course with a health emphasis was advertised and attended by families. This course was made accessible, for example having a central location in the district and the participants could bring their children along. The course included families from Guinea-Bissau, Kurdish-inhabited areas, Persia, Sudan, and Syria.

Case study two

We had a parent find us online via social media and attend our Weigh and Play session as there was currently nothing in her area, Pontefract.

Mum came along when her son was four weeks old and again at eight weeks old. She explained her daughter was born in Lockdown and she only attended A&E with any complaints for this child as she couldn't get a face-to-face GP appointment in her area.

We reinforced the message with this baby that it is possible to get appointments now and we also explained how to care for both her children if they got RSV. Mum was delighted to be able to weigh baby too.



Findings

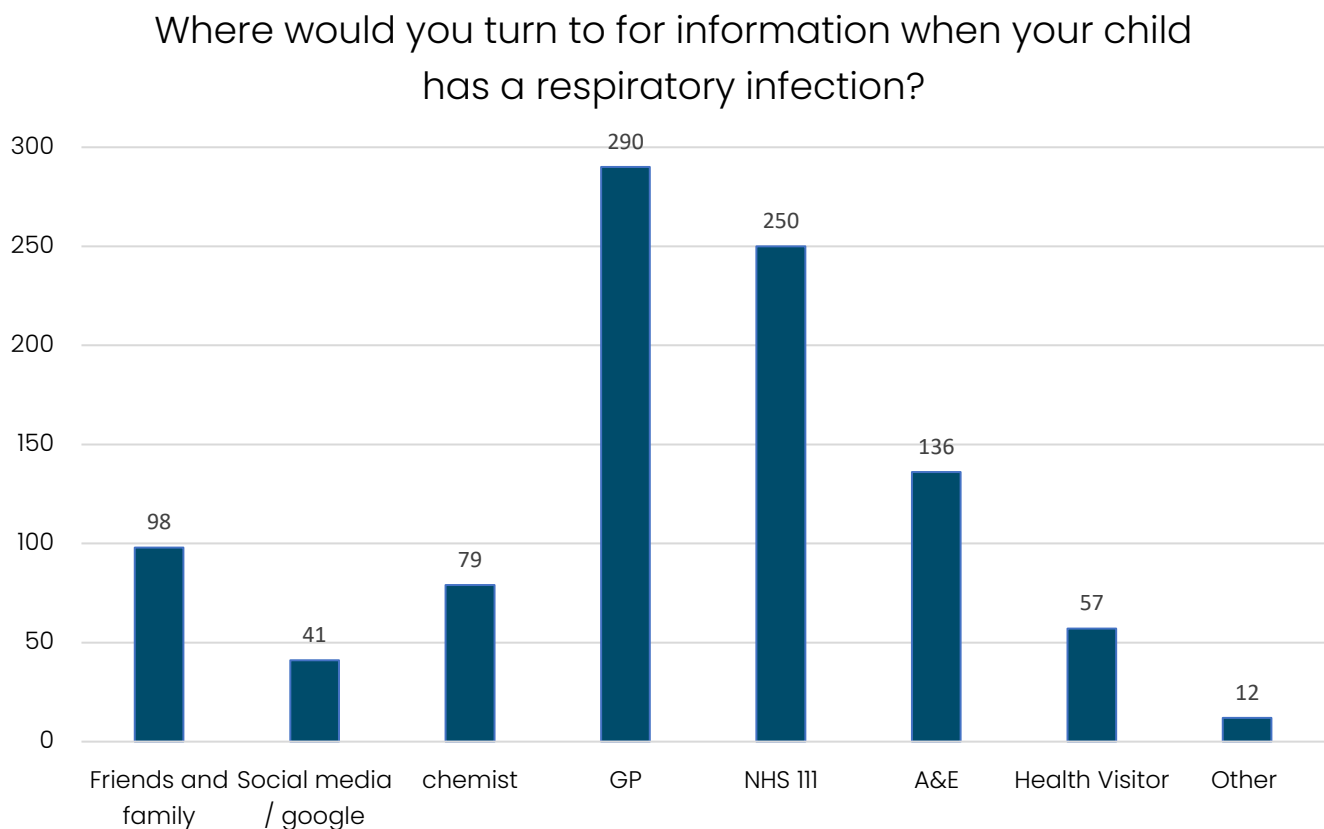
Survey

There were 340 responses to the online survey which ran between October 2021 and March 2022. Summary survey results can be found in Appendix One.

The majority of respondents were aged between 25–49 years and most described their ethnicity as White British.

Although most of the respondents had heard of bronchiolitis, around one third of people said that they were not aware of a potential increase in paediatric respiratory problems in 2021/22 due to the Covid-19 pandemic.

The survey asked how confident people were, on a scale of 1-10, about knowing where to go for help if their child had breathing problems. The average response was 7.17, with ten being the highest level of confidence. The chart below shows the wide range of responses as to where people would go for support.



[Chart with title 'Where would you turn to for information when your child has a respiratory infection?' Categories and figures listed are included in Appendix One].

Asking these questions was a way of giving information via the survey, as it presented the respondents with potential sources of support and information that they may not have previously considered.

The survey went on to ask if they had specifically contacted NHS 111, their Health Visitor, or their GP and what their experience had been. This was again highlighting the potential options available for support.

At the end of the survey people were asked if they now felt more confident about getting advice and support if their child had breathing problems. With ten being the highest score for 'more confident' the average response was 7.26.

Although the survey shows a slight change in confidence levels about where to go for advice and support, from 7.17 to 7.26, it would seem reasonable to suggest that it achieved its aim of raising awareness of RSV and bronchiolitis.

For example, 127 people who were not previously aware of a potential increase in paediatric respiratory problems due to the Covid-19 pandemic were made aware through this survey, and 29 people who had not heard of bronchiolitis prior to this survey were made aware of it.

Although we can't conclude from these figures that they then went on to find out more about it, or retained the information, the hope is that many of them will have done so.

Ninety-nine people who responded to the survey hadn't used NHS 111. For many, this will be because they have had no reason to use the service, but for some it may have been an option that they would not have previously considered. Ninety-seven people were not aware that they could contact the health visiting service for information and support regarding their child's health. Again, we cannot draw firm conclusions from these figures, but the hope is that after completing the survey, more people would consider these options as opposed to going directly to A&E if they had concerns.

Community Information Sessions

Information about RSV and bronchiolitis was given out at various community sessions across Wakefield district, including a weekly Weigh and Play session. These sessions were an opportunity to give out information in a relaxed and informal environment. Other sessions included one at Wakefield library at their Story Time session, pop up Weigh and Play sessions and ceramic sessions at The Art House Wakefield. Information given took the form of talks to the group and informal one to one 'chats', alongside written information for example, booklets, leaflets, and fridge magnets.

Table 1: Community information session locations and numbers

Session Type	Location	Number of sessions
Weigh and Play	Wakefield West Methodist Church	15
Stay and Play	Wakefield West Methodist Church/St Swithun's	3
The Art House	Central Wakefield	3
Urban House	Wakefield WF2	6
FAB	Central Wakefield	1
GP Surgeries	Eastmoor Surgery	1
Libraries	Central Wakefield	1
Home Start Wakefield and District family groups	Wakefield WF2, WF1 and WF9	3

[Table 1: Community information session locations and numbers in text can be found at Appendix Two].

As part of this project, a six-week course was run for people who speak English as a second language. This course offered the opportunity to learn English with a particular focus on using English for accessing health settings.

Several ways of encouraging families to engage with the sessions to convey the bronchiolitis messages were used, for example: giveaways on social media, craft workshops and weighing your baby.

As well as this, the project workers worked closely with Wakefield Council's Public Health team. With their support, they were able to get permission to go into Urban House, which is one of three initial accommodation centres for asylum seekers in the UK.

The Stay and Play sessions at Urban House had up to 20 parents and numerous children attending, with levels of English speaking from none to a little. Wakefield Council recognised how successful these sessions were, and as a result have decided to continue this work for a further year. The proposal is that there will be two sessions a week in Urban House and two sessions with the travelling communities in Wakefield District.

Post Information Session Feedback

The Healthwatch Wakefield Research Officer spoke to 12 mums with babies aged between 12 weeks and two years old. These mums had all attended either Weigh and Play, Stay and Play, or Baby Massage classes where they had been given information as part of the Happy and Healthy Project. Some had received the information up to five months ago, for others it was several weeks ago, depending on the age of their baby and when they started attending the group.

Every person spoken to remembered being given the Happy and Healthy information about respiratory illnesses, including what to look out for and who to contact if their child had any signs or symptoms. There appeared to be no difference in recollection based on when the information had been received, with those who had received the information several months ago still able to recall details about the content without any prompting.

"It was before Christmas, but I can still remember the information, I didn't know much before...I'm definitely, definitely more confident."

"I learnt about the differences between a cold and bronchiolitis... what to look out for. It's made me more confident; I wouldn't be as panicky."

People talked about the different ways in which the information had been received, through talks and presentations at the Stay and Play or other groups attended such as Baby Massage and FAB. Most people also mentioned the written information that they had received including leaflets, fridge magnets and goody bags with information in at Christmas. Everyone appreciated the written information to back up what they had learnt, they felt it was something useful to refer back to.

“I’ve put the fridge magnet up at home, it tells you who to contact depending on what’s wrong with your baby and what symptoms they have.”

Everyone said that after receiving the information they felt that they would be more confident about respiratory illnesses, what to look out for and who to contact if they were worried.



“I’m 100% more confident about what to look out for and who to contact now.”



Several people also told me that the information had changed how they would react if their child had a respiratory illness now.

“I would talk to the staff here now or ring 111, I wouldn’t just straight away go to the Doctor like I might have done before.”

“It (the talk at FAB) was really good, I would go to the Pharmacist to ask for advice now, I wouldn’t have thought to do that before and it’s easier than getting a doctor’s appointment.”

“There was one time when I would have gone straight to A&E, but I managed it at home and called 111 for support instead, I wouldn’t panic now.”

Case study three

A mum and her six-month-old daughter had recently attended a Weigh and Play session; we had discussed bronchiolitis and what symptoms to look out for in young babies.

Her daughter did develop symptoms and as a first-time mum she admitted she lacked confidence.

She rang her GP who did a telephone consultation and explained baby was doing ok. Mum was reassured by the GP and with the Happy and Healthy leaflet with the guidelines of what to look out for and how to help at home these did help her as new parent.

The following week she shared her experience with the other mums at the group, that her baby had been poorly, but they coped using the advice suggested by NHS, to offer feeds more frequently and paracetamol as needed.



Training people to deliver information

A comprehensive training session was developed by the project workers with the training being delivered to various groups across Wakefield District, see table below.

Table 2: Staff trained as part of the Happy and Healthy Project

Group of staff trained	Location	People trained	Potential families reached
Nursery Staff	St George's	17	89
Nursery Staff	Child Care at Sandal	8	55
Nursery Staff	St Swithun's Community Centre/Sunbeam Children's Centre	12	80
Nursery Staff	The Castle Nursery School	5	177
District wide Children First Hub family support staff	Sunbeam Children's Centre	10	Project promotion and training offer
Family support staff	Riverside Young Parent's Service/Marie House Refuge	4	40
Breast Feeding Peer Support Team	Families and Babies (FAB)	7	2000
Staff Team	Home Start Wakefield and District	9	250
Wakefield Wide Nurseries	Online	Project promotion and training offer	
Childminders	Online	55	Project promotion and training offer
Home Start Volunteers	Online	47	147

[Table 2: Staff trained as part of the Happy and Healthy Project in text can be found at Appendix Two].

This comprehensive training gave information about paediatric respiratory illnesses and signs and symptoms that parents should look out for. The training also covered talking to parents and carers about who it would be best to contact for further support, depending on the symptoms presenting. After each training session, participants were asked to complete an evaluation form.

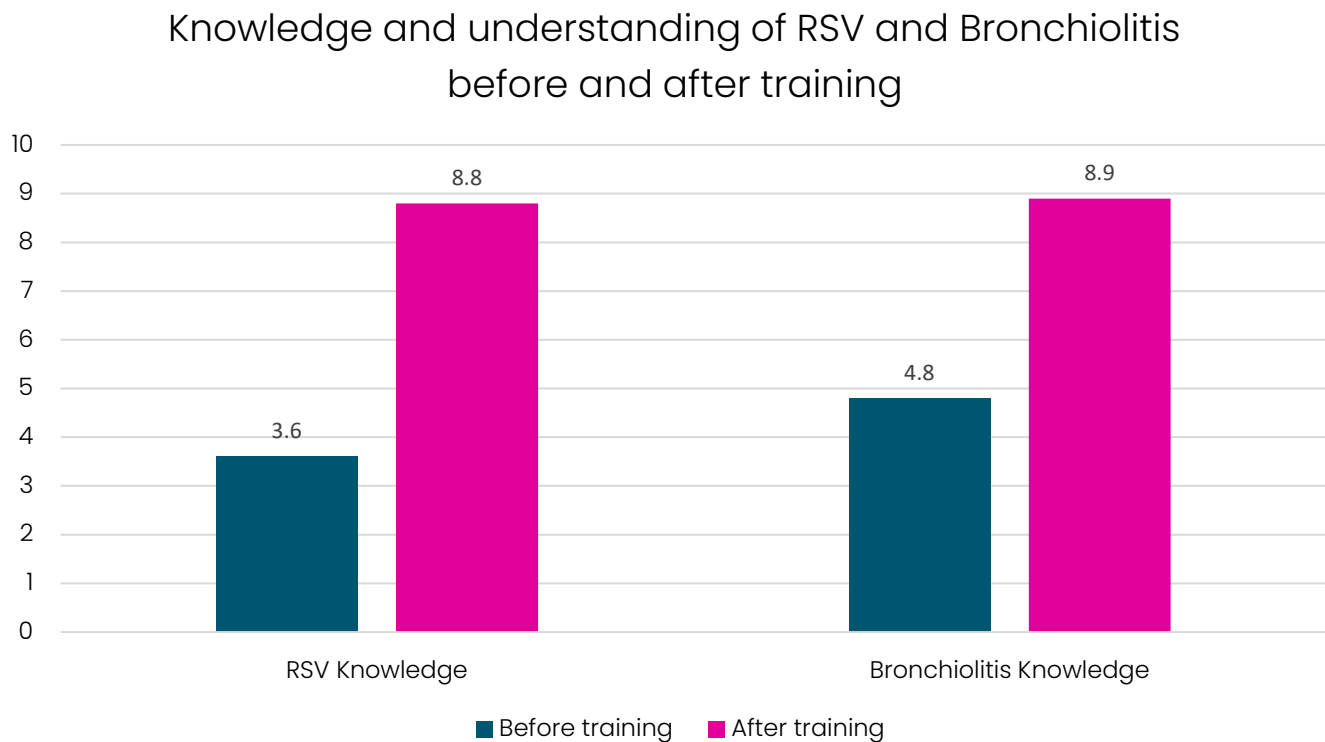
Post Training Evaluation Forms

Sixty-eight post training evaluation forms were collected, all were extremely positive about the training they had received. When asked if there was anything they didn't enjoy about the training, all sixty-eight people said 'no'.

"It was well delivered with short tasks that were interesting."

"Enjoyable and informative from lovely friendly trainers."

The evaluation form asked people to rate their knowledge and understanding of RSV and bronchiolitis both before and after the training session. Results can be seen in the chart below, one is poor, ten is excellent.



[Chart with title 'Knowledge and understanding of RSV and Bronchiolitis before and after training' Categories and figures listed are included in Appendix One].

Performing a statistical calculation on the above figures shows that the increase in knowledge for both RSV and bronchiolitis was down to the intervention, rather than chance ($P < 0.0001$ which means there is less than a 1 in 10,000 chance that this change occurred by chance).

All sixty-eight people said that after the training they felt prepared to pass on the information about RSV and bronchiolitis to others.

“I feel much more confident that the advice I give is correct and up to date!”

“This training was useful, it’s something every parent should know about.”

“I feel I can feedback to parents with confidence the help and support they might need.”

HAVE YOU HEARD OF RSV (RESPIRATORY SYNCYTIAL VIRUS)?

It's a very common virus at this time of year so it's good to know a bit about what to look out for and what to do if you're worried...

HAPPY & HEALTHY

RSV is one of the viruses that causes coughs and colds in winter. It's very common (most children will have been infected with RSV by the time they're 2 years old). It's spread through tiny droplets of liquid from the coughs or sneezes of someone who's infected.

RSV is the most common cause of bronchiolitis in children under 2 years old.

The early symptoms of bronchiolitis can be similar to the common cold. Most cases of bronchiolitis are mild and can be managed at home but it's important to look out for signs of more serious problems like breathing or feeding difficulties.

It's also a good idea to know the best place to get help if you become worried...

HAPPY & HEALTHY

HAPPY & HEALTHY

Source: www.nhs.uk/conditions/bronchiolitis/

Source: www.nhs.uk/conditions/bronchiolitis/

RED

If your child has any of the following:

- Blue lips
- Pauses in their breathing (apnoeas), an irregular breathing pattern or starts grunting.
- Severe difficulty in breathing - too breathless to feed.
- Becomes pale, mottled and feels abnormally cold to touch.
- Becomes extremely agitated, confused or very lethargic (difficult to wake).
- Is under 3 months of age with a temperature of 38°C / 100.4°F or above (unless fever in the 48 hours following vaccinations and no other red or amber features)

YOU NEED URGENT HELP
Please phone 999 or go to the nearest A&E

AMBER

If your child has any of the following:

- Laboured/rapid breathing or they are working hard to breathe - drawing in of the muscles below their lower ribs, at their neck or between their ribs (recession).
- Seems dehydrated (sunken eyes, drowsy or no urine passed for 12 hours).
- Is becoming drowsy (excessively sleepy)
- Seems to be getting worse or if you are worried

YOU NEED TO CONTACT A DOCTOR OR NURSE TODAY.
Please ring your GP surgery or call NHS 111 - dial 11

GREEN

If none of the features in red or amber are present.

SELF CARE

You can provide the care your child needs at home:

- If your child is not feeding as normal offer smaller feeds but more frequently.
- Children with bronchiolitis may have some signs of distress and discomfort. You may wish to give either Paracetamol or liquid Ibuprofen to give some relief of symptoms (Paracetamol can be given from 2 months of age). Please read and follow the instructions on the medicine container.
- If your child is already taking medicines or inhalers, you should carry on using these. If you find it difficult to get your child to take them, ask your Pharmacist, Health Visitor or GP. Bronchiolitis is caused by a virus so antibiotics will not help.
- Make sure your child is not exposed to tobacco smoke. Passive smoking can seriously damage your child's health. It makes breathing problems like bronchiolitis worse.

Case study four

A staff member at St George's community Centre, with over 20 years' experience, attended the one hour briefing session for staff on RSV and how to support families this winter.

Two days later her daughter rang her with concerns about her grandson who was 13 months old and presenting with signs of RSV Virus. She reassured her daughter and gave advice as per the NHS toolkit that had been provided in the briefing session she attended with the Happy and Healthy Project.

Her daughter went to the chemist and got some advice there too. No trips to A&E were needed as baby's symptoms were mild.

Another day a parent at St George's Nursery was discussing bronchiolitis as a younger sibling, not at nursery, was showing symptoms. The staff member gave a copy of the Happy and Healthy leaflet with guidelines for the family to assist them in their decision. This gave the parent confidence and reassurance to deal with this at home, knowing they could contact GP if necessary.



Interviews with people who received training

To find out if the training sessions had made an impact over the longer term, at the end of the project, the Healthwatch Wakefield Research Officer interviewed three staff members from St George's Nursery. These staff members had all attended a Happy and Healthy training session around three months earlier.

All interviewees were still extremely positive about the training they had received and spoke very enthusiastically about it. They all said that their confidence had improved after the training, and it was still at the same high level three months later.

When asked whether they had used the information that they had received in the training they all said that they had used it a lot to give advice and support to parents.

"I've used it loads! I'm a lot more confident now. Parents will talk to me about things if they're worried, like if their child has a cough and I can help them think about who they can go to for support."

"I also have a grandchild who had a cough, so I talked to my daughter about what I had learnt in the training. She passed this on to some of her friends too."

"A lot of parents ask advice, like should I go to the doctor. Sometimes I've talked to them about asking the Pharmacist or ringing NHS 111 instead and afterwards they've thanked me and said they're glad they didn't rush to the doctor or hospital."



"... afterwards they've thanked me and said they're glad they didn't rush to the doctor or hospital."



Wider promotion

As detailed in the Methodology section, the project was promoted in several ways across the district. Social media was the main driver for contacting new parents and was the tool of engagement that was most successful in engaging parents in the community. The use of social media ensured that the messages were able to be shared across the whole district.

Social media was used to promote activities and community sessions which were being held, as well as being a tool for delivering information in itself.

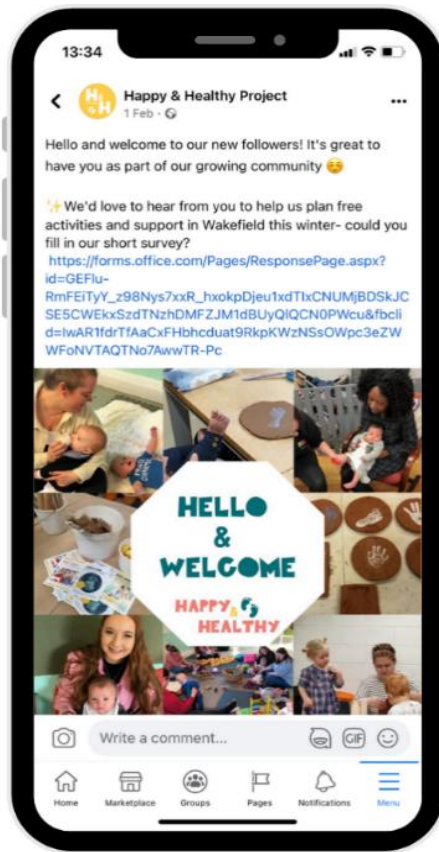
Another example is the ceramics sessions which were run at The Art House. These were promoted on Mumbler which is a local parenting forum. This really helped with the overall social media engagement for the project. See examples of promotion below:



The project team also worked in partnership with other organisations, for example in their work alongside the Wakefield Council Public Health Team on the 'When your Child is Poorly' campaign.

Happy and Healthy Project social media followers on 25 March 2022

Instagram 183, Facebook 416, Twitter 19



Case study five

A grandmother came along to a Weigh and Play session. I explained about the Happy and Healthy Project and how she could support her family with accurate information about bronchiolitis if they turned to her for advice in the future. She appreciated the information and has shared it with her children who are all parents.

The following week the new mum felt comfortable coming along to the Weigh and Play with Helen to meet us in person and learn too about bronchiolitis as well as getting her new-born baby weighed. A good result.



Case study six

Mum is a single parent, accessing Baby Massage at St George's Community Centre.

We have explained about bronchiolitis what it is and where she can access support as well as delivering baby massage and discussing simple health concerns for young children. She is attending Baby Massage to help her mental health as she is finding things difficult currently.

Today mum attended Weigh and Play for the first time and chatted to other mums. Mum has a social worker and asks if I can reach out and say she is attending Baby Massage, Weigh and Play, and engaging more with her baby in the process and other parents too.

Lastly mum is looking at accessing help at St George's to prepare a CV and get back into employment.



Added value and social value

The Happy and Healthy Project also benefitted areas not directly funded in the bid. These activities provided extra value for the communities that were targeted and the wider District.

- Inclusion in the Wakefield Council Public Health Department's 'What to do if your Child is Poorly' campaign. Leaflets sent to businesses, nurseries, childminders, and families with a child under one year, across Wakefield District.
- Reached staff out of area through training in our targeted area, for example delivered to staff from a sister nursery to one in the catchment area.
- Provided information on other childhood illness within the training session.
- Provided opportunities for families to develop peer support at the Weigh and Play sessions and through social media.
- Attended Urban House to deliver a regular play session with a health focus that was not RSV. Identified a need to fund this work as a separate project along with similar work with the District's travelling communities.
- Improved community links with other services and promoted community courses including Back to Work, ESOL and Helping in Schools.
- Improved links with statutory services. Our survey determined that the majority of parents/carers could access their GP when unwell and a high percentage, 79%, could access a face-to-face appointment on the day. This information was well received by health professionals including Conexus Health Care, Health Visiting, Public Health, Clinical Commissioning Group, Mid Yorkshire Hospitals NHS Trust.
- Presenting case studies at the Unplanned Paediatric Care Committee Meetings resulted in all families in the district receiving a follow up call after discharge from hospital regarding RSV. The aim of the call was to reassure parents/carers to minimise recurrent visits to A&E.
- Produced a webinar that will be uploaded to the Wakefield Safeguarding Partnership Board.

Conclusions and recommendations

Conclusions

1. The findings section provides evidence that the Happy and Healthy Project achieved its key aims of:
 - Raising awareness of the management of paediatric respiratory infections in community settings.
 - Reducing impact on acute services by directing people to other sources of information and support.
2. The evidence suggests that these aims were met not only in the short term but also in the medium term as people were still sharing messages and retained information several months after receiving it.
3. The Demographics section provides evidence that the project achieved its aim of engaging with underrepresented groups, including in areas of high deprivation and those who spoke English as a second language.

Recommendations

1. That funding is allocated to ensure information on RSV continues to be distributed.
2. Continue to share the information given out at training sessions with appropriate staff and volunteers. The project team have already considered this and have developed an online training package which will be accessible to all in the future.
 - a. Ensure the training package is promoted across the District.
 - b. Consider promoting the online training package as something that would be useful to include in induction and/or training packs for those working with parents and carers of young children
3. Provide timely reminders to people who previously attended training, for example a refresher email/summary of information sent out to all towards the end of 2022.
4. Continue to give the information in the welcome packs people receive when attending Stay and Play/Weigh and Play sessions.

5. Continue to give out the information leaflet in community settings and use as a starting point to give information about management of respiratory conditions.
6. Continue to promote and share the information via social media, particularly at key times in the year when respiratory conditions are more prevalent.

Appendices

Appendix One – Survey Results Summary Points

- 340 people completed the survey.
- 213 had already heard that it was likely there would be an increase in respiratory problems because of the pandemic.
- 311 had heard of bronchiolitis.
- Early in the survey people were asked on a scale of one to ten of how confident they were in knowing where to get advice or support if their child had breathing issues, where one was not confident and ten extremely confident, the average score response was 7.17.
- When people were asked where they would turn to for information if their child had a respiratory infection 290 said GP, 250 said NHS 111, 136 said A&E, 98 said friends and family, 79 said the chemist, 57 said health visitor, 41 said social media, and 12 said other.
- 241 said they had used NHS 111 to ask advice when their child was ill.
- 243 were aware that their health visiting service provides help and support in keeping their child healthy.
- 297 said they were able to access their GP when their child is unwell.
- Of those 230 had received a face-to-face appointment when they asked for one.
- Of those who didn't have a face-to-face appointment most had a telephone appointment.
- When asked if anyone had discussed respiratory illness with them or given them information most, 107 people, said 'other', 91 said GP, 63 said friends, 61 said A&E, 45 said NHS 111, 38 said family, 38 said health visitor, 34 said social media, 21 said nursery, 13 said children's centre, 8 said midwife.
- Near the end of the survey people were asked again on a scale of one to ten of how confident they were about getting advice or support, the average score response was 7.26.

Appendix Two – Tables as text

Table 1: Community information session locations and numbers

Session type and location with number of sessions

Weigh and Play at Wakefield West Methodist Church, 15 sessions

Stay and Play at Wakefield West Methodist Church and St Swithun's, three sessions

The Art House in Central Wakefield, three sessions

Urban House in Wakefield WF2, six sessions

FAB in Central Wakefield, one session

Eastmoor Surgery, one session

Library in Central Wakefield, one session

Table 2: Staff trained as part of the Happy and Healthy Project

Group of staff trained with location and number of people trained

Nursery Staff at St George's 17

Nursery Staff at Child Care at Sandal eight

Nursery Staff at St Swithun's Community Centre and Sunbeam Children's Centre 12

Nursery Staff at The Castle Nursery School five

District wide Children First Hub family support staff at Sunbeam Children's Centre 10

Family support staff at Riverside Young Parent's Service and Marie House Refuge four

Breast Feeding Peer Support Team at Families and Babies (FAB) seven

Staff Team at Home Start Wakefield and District nine

Home Start volunteers 147

Appendix Three – Bronchiolitis Leaflet

HAPPY & HEALTHY

st george's

HOME START
Wakefield & District

Breathe easy this winter...

Help supporting your little one's lungs

Bronchiolitis Advice Sheet

(a cause of persistent cough, mild fever and feeding difficulties in infants)
Advice for parents and carers of children younger than 1 year old

What is Bronchiolitis?

Bronchiolitis is an infection that causes the tiniest airways in your child's lungs to become swollen. This can make it more difficult for your child to breathe:

- Bronchiolitis is caused by virus infections.
- It is common in winter months and usually only causes mild cold like symptoms.
- Most children get better on their own.
- Some children, especially very young ones, can have difficulty with breathing or feeding and may need to go to hospital.

What are the symptoms?

- Your child may have a runny nose and sometimes a temperature and a cough.
- After a few days your child's cough may become worse.
- Your child's breathing may be faster than normal and it may become noisy.
- He or she may need to make more effort to breathe.
- Sometimes, in the very young babies, bronchiolitis may cause them to have brief pauses in their breathing.
- If you are concerned see the traffic light advice overleaf.
- As breathing becomes more difficult, your baby may not be able to take their usual amount of milk by breast or bottle.
- You may notice fewer wet nappies than usual.
- Your child may vomit after feeding and become miserable.

How long does Bronchiolitis last?

- Most children with bronchiolitis will seem to worsen during the first 1-3 days of the illness before beginning to improve over the next two weeks. The cough may go on for a few more weeks. Antibiotics are not required.
- Your child can go back to nursery or day care as soon as he or she is well enough (that is feeding normally and with no difficulty in breathing).
- There is usually no need to see your doctor if your child is recovering well. But if you are worried about your child's progress discuss this with your Health Visitor, Practice Nurse or GP or contact NHS 111.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Bronchiolitis Advice Sheet

(a cause of persistent cough, mild fever and feeding difficulties in infants)
Advice for parents and carers of children younger than 1 year old

How is your child?

RED	<p>If your child has any of the following:</p> <ul style="list-style-type: none"> ■ Has blue lips ■ Has pauses in their breathing (apnoea) or has an irregular breathing pattern or starts grunting ■ Severe difficulty in breathing - too breathless to feed ■ Becomes pale, mottled and feels abnormally cold to touch ■ Becomes extremely agitated, confused or very lethargic (difficult to wake) ■ Is under 3 months of age with a temperature of 38°C / 100.4°F or above (unless fever in the 48 hours following vaccinations and no other red or amber features) 	<p>You need urgent help please phone 999 or go to the nearest Hospital Emergency (A&E) Department</p>
AMBER	<p>If your child has any of the following:</p> <ul style="list-style-type: none"> ■ Has laboured/rapid breathing or they are working hard to breath - drawing in of the muscles below their lower ribs, at their neck or between their ribs (recession). ■ Seems dehydrated (sunken eyes, drowsy or no urine passed for 12 hours) ■ Is becoming drowsy (excessively sleepy) ■ Seems to be getting worse or if you are worried 	<p>You need to contact a doctor or nurse today. Please ring your GP surgery or call NHS 111 - dial 111</p>
GREEN	<ul style="list-style-type: none"> ■ If none of the features in the red or amber boxes above are present. 	<p>Self Care Using the advice below you can provide the care your child needs at home</p>

How can I look after my child?

- If your child is not feeding as normal offer smaller feeds but more frequently.
- Children with bronchiolitis may have some signs of distress and discomfort. You may wish to give either Paracetamol or liquid Ibuprofen to give some relief of symptoms. (Paracetamol can be given from 2 months of age). Please read and follow the instructions on the medicine container.
- If your child is already taking medicines or inhalers, you should carry on using these. If you find it difficult to get your child to take them, ask your Pharmacist, Health Visitor or GP. Bronchiolitis is caused by a virus so antibiotics will not help.
- Make sure your child is not exposed to tobacco smoke. Passive smoking can seriously damage your child's health. It makes breathing problems like bronchiolitis worse.
- Remember smoke remains on your clothes even if you smoke outside.

If you would like help to give up smoking you can get information/advice from your local GP surgery or by calling the National Stop Smoking Helpline Tel: 0800 169 0 169 from 7am to 11pm every day.

www.what0-18.nhs.uk

This guidance is written by healthcare professionals from across Hampshire, Dorset and the Isle of Wight

Your local pharmacist can give you expert advice on common illnesses and the best medicine to help your child. Many pharmacies are open until late and at weekends. You don't need an appointment – you can just walk in.

Choosing the right place to go for help

Pharmacy

NHS 111
NHS 111 can help if your child has an urgent medical problem and you're not sure what to do. It is available 24 hours-a-day and calls are free from a landline or mobile phone. It can provide you with an out-of-hours GP appointment or call an ambulance if necessary.

GP Practice
If you feel that your child's illness cannot be treated at home or their symptoms do not improve, your GP practice will give you an appointment with a doctor or nurse. You will find your GP practice's opening times and phone numbers on their website.

A&E
Accident and Emergency (A&E) and 999 are for life-threatening emergencies.

HAPPY & HEALTHY **st george's** **HOME START**
Wakefield & District

The latest information can be found on the NHS website at www.nhs.uk

Appendix Four – Breakdown of spend

St Georges Lupset Ltd
Budget vs. Actuals: Master 21-22 Budget – FY22 P&L Classes
1 April 2021 – 29 March 2022

	Happy & Healthy		
	Budget	Actual	over Budget
Income			
Grants			
General grants		75,872.00	75,872.00
Total Grants	£ 0.00	£ 75,872.00	£ 75,872.00
Total Income	£ 0.00	£ 75,872.00	£ 75,872.00
Total	£ 0.00	£ 75,872.00	£ 75,872.00
Expenditures			
A – Staffing			
Total A – Staffing	£ 10,825.98	£ 10,707.93	-£ 118.05
B – Volunteers			
Total B – Volunteers	£ 2,500.00	£ 2,559.52	£ 59.52
C – Direct Premises			
Total C – Direct Premises	£ 1,000.00	£ 1,000.00	£ 0.00
D – Direct Running Costs			
Total D – Direct Running Costs	£ 4,000.00	£ 4,039.18	£ 39.18
E – Service provision			
Total E – Service provision	£ 46,650.00	£ 46,863.59	£ 213.59
H – Full Cost Recovery Allocation			
Governance Recharge	9,746.03	9,746.66	0.63
Total H – Full Cost Recovery Allocation	£ 9,746.03	£ 9,746.66	£ 0.63
Total Expenditures	£ 74,722.01	£ 74,916.88	£ 194.87
Net Operating Income	-£ 74,722.01	£ 955.12	£ 75,677.13



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