

**Tower Hamlets, Waltham Forest, Newham
Maternity and Neonatal Voices Partnership
Quarter 1 Report (April – June 2026)**

Executive Summary

The Maternity and Neonatal Voices Partnership (MNVP) brings together the voices of women, birthing people, and families to shape and improve maternity and neonatal services across Tower Hamlets, Waltham Forest, and Newham. We listen to experiences across the full maternity journey, from the first midwife appointment through pregnancy and birth, to postnatal care, including neonatal support from health visitors, GPs, and infant feeding services.

Our work takes many forms, including surveys, community engagement sessions, Walk the Patch and 15 Steps for Maternity and Neonatal visits, which help us understand what is working well and where improvements are needed. We also engage with service users through online platforms such as Peanut and local Facebook groups to ensure a wide range of voices is heard. MNVP Leads attend regular meetings with Barts Health NHS Trust and the Local Maternity and Neonatal System (LMNS), ensuring that service user feedback helps inform discussions and service development.

Although MNVP operates independently from the NHS, we work closely with partners through co-production with Barts Health NHS Trust to ensure that the experiences of women and families help shape maternity and neonatal services.

This quarter, the work of the Waltham Forest Maternity Lead, Helena, and the Neonatal Lead, Edvige, has started to show through in the report. After joining the team, both have worked hard to build relationships with local services, meet families in community and hospital settings, and increase engagement across their areas. This has been supported by the ongoing work of the Newham Maternity Lead, Rina, whose experience has helped strengthen the team's engagement across the three boroughs. We are pleased to see the early impact of this work reflected in the activities and feedback included in this report and look forward to building on this over the coming months.

Our Collaborations and Impact this Quarter

Walk the Patch and 15 Steps

During this quarter, MNVP Maternity and Neonatal Leads continued to engage with women, birthing people and families through **Walk the Patch** visits across all three Barts Health maternity units. Visits took place regularly at **Newham University Hospital, Royal London Hospital and Whipps Cross Hospital** throughout April, May and June, alongside neonatal Walk the Patch visits across the neonatal units.

These visits provided an opportunity to speak directly with service users and families about their experiences of pregnancy, birth, postnatal and neonatal care. Feedback covered areas including communication, continuity of care, infant feeding, induction of labour, neonatal support and discharge experiences.

The feedback gathered has been shared with Patient Experience Midwives, Heads of Midwifery and Trust teams through Safety Champion Meetings, Maternity and Neonatal Committee Meetings and other quality improvement forums to help inform service improvements. Summaries of the findings are included in the appendix of this report.

Co-Production Initiatives

This quarter, our Leads continued to work closely with Barts Health NHS Trust on a range of co-production projects to improve maternity and neonatal services.

Examples of this work included reviewing maternity communication materials, contributing to patient information resources, supporting the development of the Newham neonatal parent support group, reviewing neonatal family feedback surveys, contributing neonatal case studies, supporting simulation training, participating in Family Integrated Care (FiCare) work, and planning future engagement activities with Trust colleagues.

The Neonatal Lead also began work with hospital teams and community organisations to develop a **NICU Dads support group**, increase engagement with East European families, and strengthen support for neonatal families across the three boroughs.

Community Outreach through Our Coffee Mornings and Digital Engagement

Community engagement remained a key priority throughout the quarter.

Our Leads visited local community settings including **St Stephen's Community Centre, Little Bambinos Family Hub**, local libraries and postnatal clinics, speaking with families about their experiences of maternity and neonatal services.

Alongside face-to-face engagement, the team continued to reach families through digital platforms including WhatsApp groups, Facebook, Nextdoor and Instagram, promoting Listening Events, gathering feedback and sharing information about local support services such as Little Miracles and other community resources.

The Waltham Forest Lead also continued developing links with Romanian-speaking, Urdu-speaking and other underrepresented communities to improve engagement with seldom-heard families.

Quarterly Listening Event with Service Users

On **30 April 2026**, we held our quarterly MNVP Listening Event – Maternal Mental Health, bringing together service users from Newham, Tower Hamlets and Waltham Forest alongside maternity and neonatal staff, community partners and MNVP Leads.

The event provided an opportunity for families to share their experiences directly with healthcare professionals, discuss priorities for improvement and celebrate examples of positive care. Feedback from the event has informed our ongoing work programme and has been shared with Trust teams to support service development.

Advocating the Voice of Service Users at Barts Health NHS Trust

Throughout the quarter, MNVP Leads continued to represent the voices of women, birthing people and families across a wide range of Trust and Local Maternity and Neonatal System (LMNS) meetings.

These included:

- Maternity and Neonatal Committee Meetings
- Perinatal Improvement Steering Group (PISG)
- Maternity Guidelines Meetings
- Safety Champion Meetings
- NEL Maternity and Neonatal Collaborative Board

- Benchmarking meetings
- Perinatal Workstream meetings
- Women's Quality and Safety meetings
- Infant Feeding Strategy Group
- Integrated Risk Meetings (IRM)

At each meeting, our Leads shared feedback gathered through engagement activities, highlighted examples of good practice, raised concerns identified by families and contributed to discussions on improving maternity and neonatal services.

Upskilling Our MNVP Leads

Our Leads continued to strengthen their knowledge and skills through a range of training and development opportunities during the quarter.

This included social media training, simulation training, PEADP sessions, London Maternity Incentive Scheme (MIS) training, Cross-site learning events, Family Integrated Care (FiCare) meetings, and inequality training. These opportunities continue to support the team in strengthening engagement, co-production and service improvement.

Expanding Our Relationships with Local Partners and the Community

During the quarter, we continued to strengthen relationships with community organisations and voluntary sector partners to ensure we hear from a diverse range of families.

This included developing partnerships with local Family Hubs, NCT Parents in Mind, Little Miracles, community groups supporting East European families, organisations supporting Deaf and disabled parents, Osmani Trust, and local infant feeding and baby groups.

These partnerships will help us continue reaching families whose voices are often underrepresented and ensure that future engagement activities are inclusive and accessible.

Our Priorities for the Next Quarter (July to September)

In the next quarter, we will continue to strengthen engagement with families and work closely with our partners to improve maternity and neonatal services across Tower Hamlets, Newham and Waltham Forest.

1. Strengthening Neonatal Support

We will continue to develop neonatal support by promoting the Little Miracles parent support groups, strengthening infant feeding support, co-producing a NICU Dads support group, supporting NIHR neonatal research, and continuing to gather feedback through Walk the Patch, 15 Steps and other neonatal engagement activities.

2. Reaching More Communities

We will continue to engage with faith groups, refugee communities and other seldom-heard groups to better understand their experiences. We will also strengthen links with community midwives and continue promoting resources that support families' cultural and religious needs.

3. Strengthening Local Leadership

We will complete the recruitment of a new Tower Hamlets Maternity Lead to ensure continued representation of local families and strengthen engagement across the borough.

4. Improving Services Through Feedback

We will continue working with Trust teams to develop service improvements, including responding to the Picker Survey findings, while continuing to listen to families through Walk the Patch, 15 Steps and community outreach activities.

Appendix

Summary of Feedback – Newham

No.	Area to Discuss	Comments from Service Users
1	Waiting times	Most service users described appointments, labour care and planned procedures positively, with many reporting timely care. However, some women experienced long waiting times for consultant appointments, triage, discharge and planned Caesarean sections. Several women said clearer updates while waiting would have helped reduce anxiety and improve their experience.

2	Information Access and Antenatal Experience	Antenatal care was generally described as positive, with women appreciating supportive midwives and good management of high-risk pregnancies, including gestational diabetes. However, some women reported receiving limited information about growth scans, folic acid, appointment purposes and follow-up care. Several women also expressed a preference for greater continuity of care by seeing the same midwife throughout pregnancy.
3	Staff Behaviour and Attitude	Feedback about staff was largely positive. Women frequently described midwives as kind, professional, reassuring and supportive throughout pregnancy and birth. Individual staff members were praised for their compassionate care. However, a small number of women felt that some consultants and midwives did not always listen to their concerns, while isolated reports described unprofessional attitudes from individual staff members.
4	Labour and Post Natal Experience	Labour experiences were generally positive, with women praising supportive midwives, smooth Caesarean section procedures and timely pain relief. Postnatal care was also viewed positively overall, particularly the care provided within the neonatal unit. However, some women reported slow responses to call bells, delays in discharge, limited staffing levels, noisy postnatal wards and feeling discharged too early following Caesarean birth.
5	Breastfeeding Support	Most women confirmed they received breastfeeding support during their maternity journey. Some women highlighted that breastfeeding support within the neonatal unit was particularly helpful, although others felt postnatal breastfeeding support could be more proactive.
6	Recommendation	Most service users said they would recommend the hospital, citing caring staff, good clinical care and feeling well supported throughout their maternity journey. Women who were less satisfied generally referred to waiting times, communication and postnatal staffing pressures rather than concerns about the quality of clinical care.
7	Suggestions for Improvement	• Reduce waiting times for consultant appointments, planned Caesarean sections and discharge. • Improve communication and provide regular updates during delays. • Increase continuity of care by enabling women to see the same midwife where possible. • Improve postnatal staffing levels, particularly overnight. • Provide more proactive breastfeeding support and healthier food choices on postnatal wards.

Summary of Feedback – Tower Hamlets

No.	Area to Discuss	Comments from Service Users
1	Waiting Times	Women generally described antenatal appointments positively. However, one service user reported that the waiting

		time during the induction process was not clearly explained, resulting in uncertainty while waiting for a bed.
2	Information Access and Antenatal Experience	Antenatal care was described positively, with women appreciating clear communication, welcoming staff and opportunities to ask questions during appointments. Women felt involved in their care and valued the information provided throughout pregnancy.
3	Staff Behaviour and Attitude	Feedback about staff was consistently positive. Women described staff as friendly, caring and approachable, and felt well supported throughout their maternity journey.
4	Labour and Post Natal Experience	There was limited feedback regarding labour and postnatal care during this reporting period. Overall experiences remained positive, with no significant concerns raised by respondents.
5	Breastfeeding Support	No concerns regarding breastfeeding support were identified during this reporting period.
6	Recommendation	All respondents said they would recommend the hospital based on their positive experiences with staff, communication and antenatal care.
7	Suggestions for Improvement	• Provide clearer information about the induction process and expected waiting times. • Consider discussing whether women can return home during the early stages of induction where clinically appropriate. • Increase awareness of available perinatal mental health support.

Summary of Feedback – Waltham Forest

No.	Area to Discuss	Comments from Service Users
1	Waiting Times	Most service users described appointments and triage as timely, with many reporting being seen quickly when concerns arose. Women appreciated responsive services, particularly when attending with pregnancy complications. However, some women experienced delays contacting specialist teams by telephone and occasional delays during busy periods.
2	Information Access and Antenatal Experience	Antenatal care was highly praised. Women valued excellent continuity of care, proactive follow-up, clear explanations and staff who were familiar with their pregnancy history. However, some women reported confusion regarding appointment locations, communication between community and hospital services, and limited information about available mental health support.
3	Staff Behaviour and Attitude	Feedback about staff was overwhelmingly positive. Women consistently described midwives and doctors as friendly, professional, knowledgeable and reassuring. However, one woman raised concerns about inconsistent clinical decision-making and documentation relating to high blood pressure

		monitoring, while others highlighted occasional inconsistency between community and hospital care.
4	Labour and Post Natal Experience	Women who had given birth described supportive care during labour, with staff accommodating birth preferences and providing clear explanations throughout the birth. Postnatal care was also viewed positively, with women appreciating regular checks and friendly staff. Some women suggested that communication during labour and between different clinical teams could be improved.
5	Breastfeeding Support	Women who had received breastfeeding support described positive experiences and appreciated the guidance provided by staff. No recurring concerns regarding breastfeeding support were identified during this reporting period.
6	Recommendation	Most service users said they would recommend the hospital, highlighting caring staff, continuity of care and feeling well supported throughout pregnancy and birth. One woman expressed mixed views due to a previous negative experience but still recognised examples of excellent compassionate care.
7	Suggestions for Improvement	• Improve telephone access and response times for specialist services and triage. • Improve communication about appointment locations, waiting times and hospital processes. • Ensure consistent documentation and escalation of clinical observations. • Increase awareness and availability of perinatal mental health support. • Improve parking and hospital navigation for women attending appointments..

Neonatal Service User Feedback Summary: Tower Hamlets, Waltham Forest and Newham

Summary of feedback - Newham University Hospital Neonatal unit

Positive feedback

Parents consistently described most staff as very friendly, supportive and approachable. They said they trusted staff and were happy with the care their babies received. Parents also appreciated the cleanliness of the ward and valued the regular updates they received about their baby's progress, as well as most staff being available to answer questions and provide reassurance.

Areas for improvement:

No.	Theme	Feedback from service users
1	Night Staff	Parents noticed a much lower quality of the baby's care, communication skills and attitude of the night staff increasing their anxiety in leaving their children at night. Some parents felt the need to be there in the night leading to lack of sleep and exhaustion.
2	Communication	Parents reported that some members of the staff could be more proactive in providing regular, clear updates about their baby. Some parents also felt that greater availability of consultants would be helpful, particularly for discussing their baby's progress and care.
3	Discharge planning	Parents suggested that families with babies who still on oxygen when about to be discharged need more reassurance and emotional support. Discharge plans need to be communicated more clearly and consistently.
4	Keeping families together (siblings and Zero Separation)	Parents suggested allowing siblings to visit the neonatal unit or introducing dedicated sibling visiting times or a play area to enable families to spend time together. Many parents also reported that mothers recovering from a Caesarean birth were unable to visit their babies until they were able to walk, sometimes for up to two days. Parents felt this prolonged separation should be avoided.
5	Parking and practical information	Parents felt information, particularly about parking, could be clearer. Although the daily parking concession was appreciated, leaving the car park during the day resulted in losing the concession, making repeated visits costly.
6	Parent's comfort	Parent reported that there are few comfy chairs and no food provided for dads.

Suggestions for improvements:

- **Night Staff.** Consider training, supervision and coaching on the job for night staff. Liaise with the agency providing external locum nurses to establish a feedback loop regarding concerns raised about agency nurses.
- **Communication.** Nurses to proactively greet parents and provide regular updates about their baby's progress and care. Consultants to ensure they have opportunities to meet with parents outside of ward rounds, allowing time for questions and discussion. Ensure parents know how they can request to speak to the consultant when needed and how to do it.
- **Discharge planning.** Create a discharge document to share with parents, acting as a roadmap of the baby's journey towards discharge. Make it visually engaging to facilitate communication, support regular discussions with parents, and provide opportunities for questions and involvement in discharge planning.

- **Keeping families together.** Explore, together with Infection Prevention and Control, ways of allowing siblings onto the neonatal unit. Clearly communicate to parents when siblings are unable to visit (for example, if they are unwell) and consider having a member of staff, such as the receptionist, checking this on arrival. Explore the possibility of creating a play area where parents can alternate spending time with siblings and investigate whether charities could support supervised childcare sessions.
- Ensure it is part of routine care to support mothers in postnatal ward to visit their baby in the neonatal unit as soon as possible by anticipating their needs. For example liaise with the postnatal ward to arrange wheelchairs in advance where needed, provide regular updates about their baby and explain to parents that they can go to the neonatal unit anytime.
- **Parking and practical information.** Ensure all staff are updated on available parking concessions and solutions, and develop clear leaflets and posters explaining the parking arrangements. Liaise with the parking provider to explore more flexible solutions, such as number plate recognition or a parking pass issued on admission and returned at discharge, allowing parents to leave and return without paying multiple times.
- **Parent's comfort.** Liaise with charities to source more comfortable chairs for parents and explore opportunities to provide food and refreshments for fathers and partners spending long periods on the neonatal unit

Summary of Feedback-Royal London Hospital Neonatal unit

Positive feedback

Parents reported being very satisfied with the care provided, and they feel supported and cared for by the nurses and other members of staff. They appreciate that staff always say hello and introduce themselves, are ready to support, open to communication, and explain the reasons behind their actions.

Areas for improvement:

No.	Theme	Feedback from service users
1	Siblings	Parents highlighted the emotional and practical difficulties of not being able to bring siblings into the neonatal unit.
2	Handovers	Some parents expressed a preference to stay during handovers, as they may not want to leave their baby's cot side and would also value the opportunity to contribute to discussions about their baby's care.

3	Skin to skin	Parents of critically ill babies recognise that their baby's condition may make skin-to-skin contact more challenging and that there may be several barriers. However, they would still value every opportunity to have skin-to-skin contact with their baby whenever it is clinically safe to do so.
4	Milk production pressure.	Some mums, including through outreach feedback, mentioned feeling significant pressure around producing breast milk. One mum described feeling particularly hurt and under even more pressure when some nurses commented on the amount of milk she had expressed, with comments such as, <i>"Is that all?"</i> or <i>"We can use this just for oral care."</i> She felt that these comments did not recognise the effort involved in expressing milk or the additional pressure and guilt mothers may already experience around milk production. She felt there could be greater awareness of the mother's perspective and the emotional impact that comments about milk volume can have.

Suggestions for improvements:

- **Siblings.** Review the policy with Infection Prevention and Control to explore whether siblings could have access to the 7th-floor play area. Liaise with charities to explore the possibility of providing childcare on the 7th floor, or consider allowing siblings to use the play area with a supervising adult. Considering the idea of parents being able to nominate a trusted adult, such as a grandparent, who could have the same access and involvement as the parents, including 24/7 access to the unit, speaking with staff about their baby's care, and providing hands-on care. Parents felt this could help relieve some of the pressure when they have competing needs, particularly when they also need to care for siblings.
- **Handovers.** Some parents suggested to be involved in the handover or to make handovers shorter.
- **Skin to skin.** A suggestion could be for the team to explore how skin-to-skin might be facilitated for critically unwell babies, including whether positioning or other practical adaptations could make this possible. It may also be worth considering how staff can feel confident in promoting and supporting skin-to-skin for this group of babies and their families. This could include reviewing the evidence and practical techniques that can support the implementation of this practice. There is growing evidence that skin-to-skin can be facilitated for some very premature and critically ill babies, including babies receiving ventilation or recovering from surgery (Karlsson et al., 2025). NIDCAP is also doing some work in this area.
- **Pressure to produce milk.** An idea could be to offer a group coaching session with relevant staff to explore approaches, including dos and don'ts when talking to parents about milk production. This could provide an opportunity for reflection around language

but also parent's prospective and help promote a more consistent approach to communication with parents.

Summary of Feedback-Whipps Cross Hospital Neonatal unit

Positive feedback

- Many parents praised staff for keeping them well informed and said they felt comfortable asking questions.
- Many parents feel very well supported by staff in participating in their baby's care.
- Parents expressed their gratitude for the family lounge and the food provided.

Areas for improvement:

No.	Theme	Feedback from service users
1	Parent's involvement	Parents feel that although staff are very supportive with practical care, they did not always feel listened to regarding care planning.
2	High temperature on the unit	Several parents commented that the unit feels too hot as air-conditioning is not working.
3	Practical information	Parents shared that they were not always aware of the parking options available or the food provision for families. For some service users it took weeks to have a clear understanding.
4	Communication	Parents felt that some staff could improve the way they communicate with families by showing greater compassion, ensuring greater consistency in the information provided by different members of staff, but also being more precise and proactive with the updates.

Suggestions for improvements

Parent's involvement Consider introducing a structured opportunity for parents to contribute to care planning, for example during ward rounds or through a regular parent-staff discussion. Encourage staff to routinely ask: "What is important to you about your baby's care?" or "Is there anything you would like us to consider?" . Consider documenting parents' preferences and questions so that these can be followed up by the wider team. Explore whether parents could be given a clearer explanation of who is involved in decisions about their baby's care and how they can raise concerns or ask for a review.

High temperature on unit. Escalate the issue now and plan for next summer to ensure a longer-term solution is identified and implemented before temperature rise again.

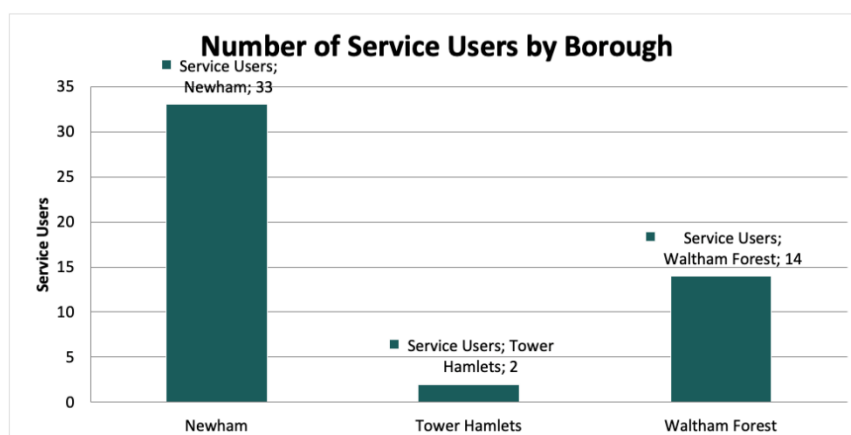
Practical Information. Consider providing parents with an onboarding conversation when their baby is admitted, where staff can provide clear information about practical arrangements, such as parking and food provision supported also by written information. Ensure that all the nurses and reception staff are also familiar with this information so they can proactively share it with parents on arrival or if parents ask for clarification. As some parents may feel overwhelmed by the amount of written information they receive, providing this information verbally, alongside written information, may make it more accessible to them.

Communication. Consider exploring opportunities to strengthen consistency, compassion and proactivity in communication with families. This could include a consistent approach to sharing updates across shifts, ensuring parents know when they can expect further information, and providing opportunities for staff to reflect on compassionate communication.

Maternity Summary

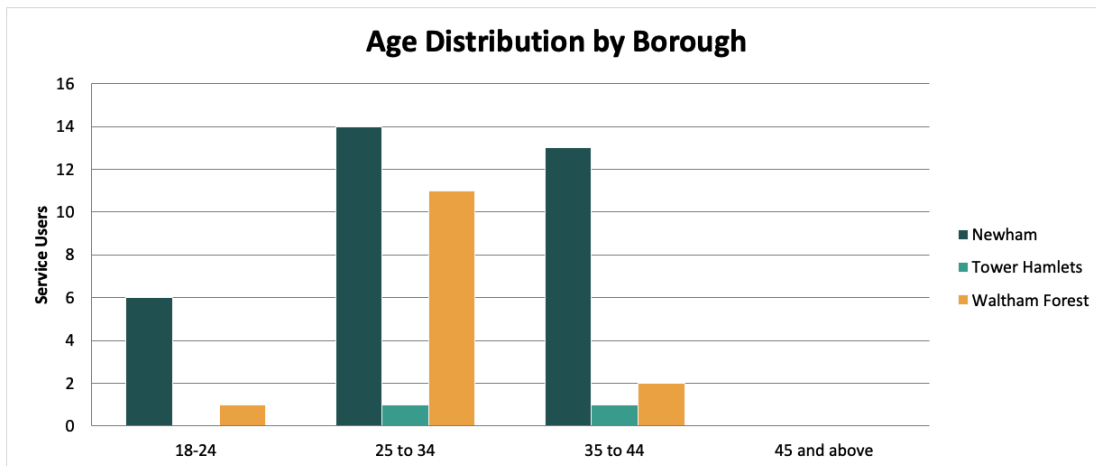
Number of Service Users by Borough

Borough	Service Users
Newham	33
Tower Hamlets	2
Waltham Forest	14



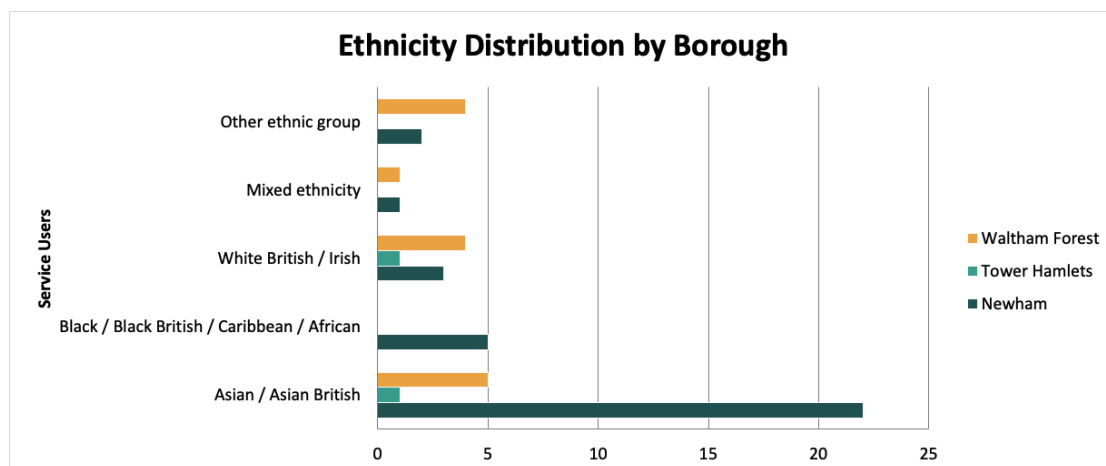
Age Distribution by Borough

Borough	Newham	Tower Hamlets	Waltham Forest
18 to 24	6	0	1
25 to 34	14	1	11
35 to 44	13	1	2
45 and above	0	0	0



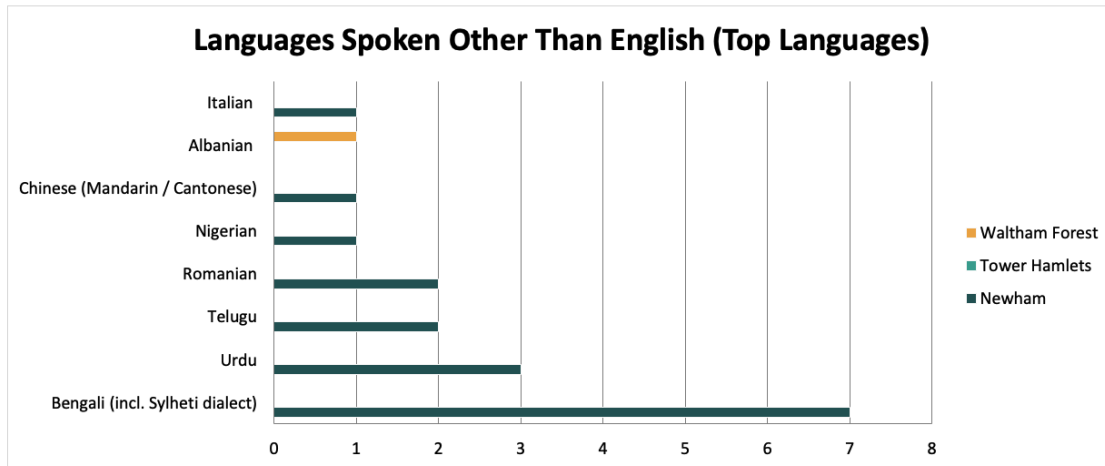
Ethnicity Distribution by Borough

Ethnicity	Newham	Tower Hamlets	Waltham Forest
Asian / Asian British	22	1	5
Black / Black British / Caribbean / African	5	0	0
White British / Irish	3	1	4
Mixed ethnicity	1	0	1
Other ethnic group	2	0	4



Languages Spoken Other Than English by Borough

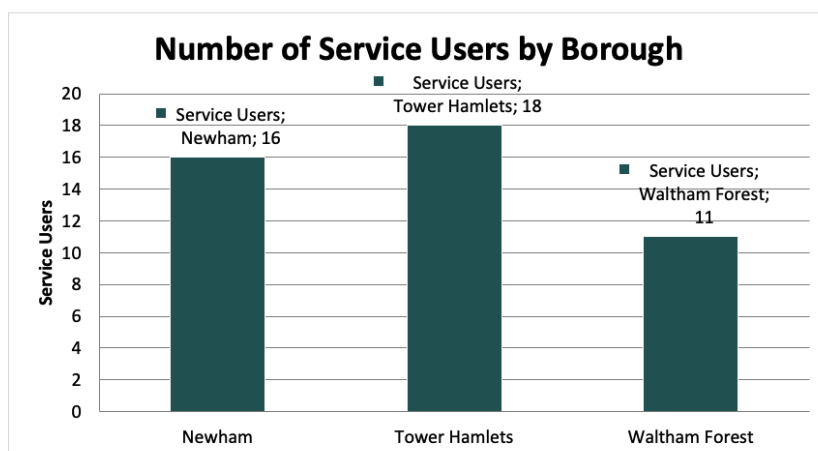
Language	Newham	Tower Hamlets	Waltham Forest
Bengali (incl. Sylheti dialect)	7	0	0
Urdu	3	0	0
Telugu	2	0	0
Romanian	2	0	0



Neonatal Summary

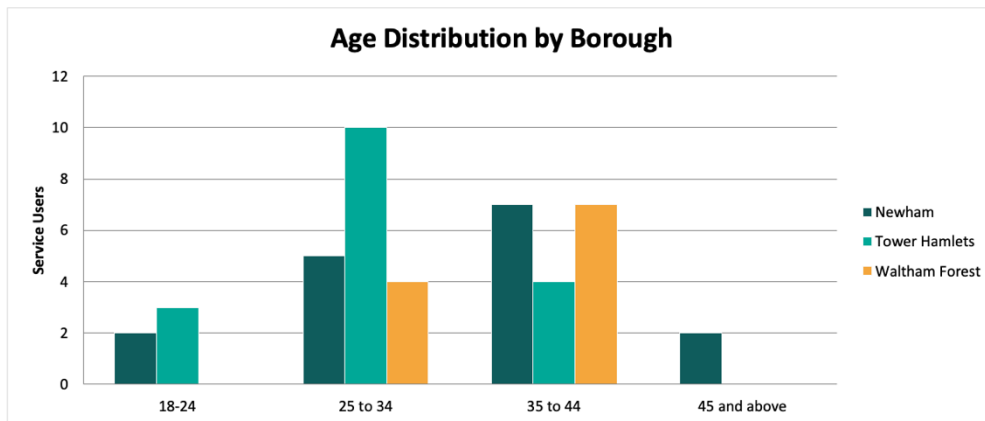
Number of Service Users by Borough

Borough	Service Users
Newham	16
Tower Hamlets	18
Waltham Forest	11



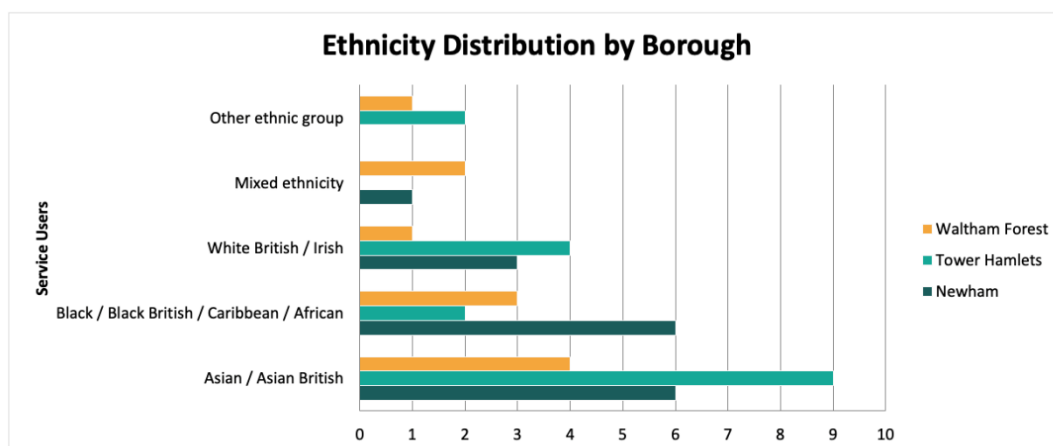
Age Distribution by Borough

Borough	Newham	Tower Hamlets	Waltham Forest
18 to 24	2	3	0
25 to 34	5	10	4
35 to 44	7	4	7
45 and above	2	0	0



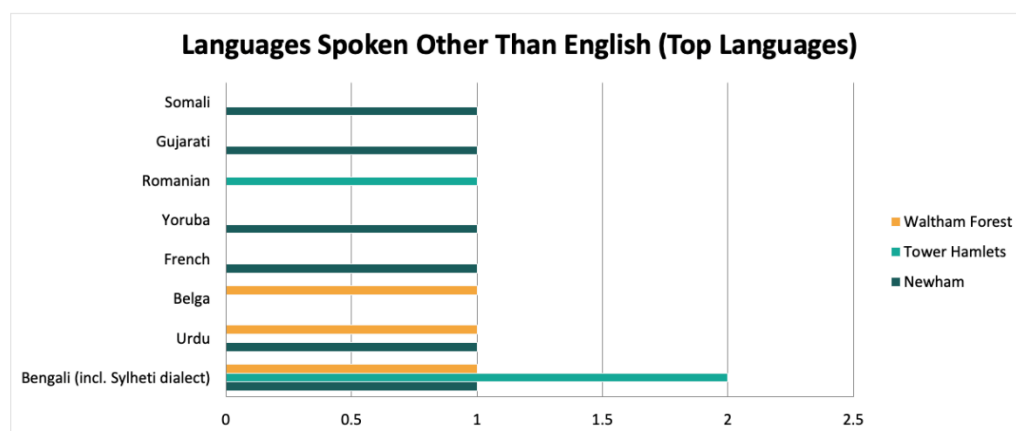
Ethnicity Distribution by Borough

Ethnicity	Newham	Tower Hamlets	Waltham Forest
Asian / Asian British	6	9	4
Black / Black British / Caribbean / African	6	2	3
White British / Irish	3	4	1
Mixed ethnicity	1	0	2
Other ethnic group	0	2	1



Languages Spoken Other Than English by Borough

Language	Newham	Tower Hamlets	Waltham Forest
Bengali (incl. Sylheti dialect)	1	2	1
Urdu	1	0	1
Belga	0	0	1
French	1	0	0



MNVP Social Media Metrics

Source: Meta Business Suite for Facebook and Instagram

Reporting period: 1 April – 30 June 2026

Comparison period: 1 January – 31 March 2026

1. Post Content

Content during this period focused on:

- Building anticipation for the MNVP Maternal Mental Health Listening Event on 30 April, followed by a recap sharing key themes and reflections
- Calls for parents and carers to share experiences on specific topics, including neonatal loss, contraception after pregnancy, and pregnancy and birth journeys
- Staff and team spotlights, including Waltham Forest Maternity and Neonatal Leads, and the North East London Patient Experience Week team
- Awareness day and campaign content, including Black Maternal Health Week, Patient Experience Week, and early promotion of Disability Pride Month
- Recruitment content for a Maternity Engagement role
- Continued signposting to neonatal support groups and services

Top performing posts:

- Disability Pride Month Listening Event invite (17 June) – 1.6K views, 1.3K reach, 14 interactions, 1 follow (Instagram)
- Maternal Mental Health Listening Event promo (4 April) – 57 views, 13 viewers, highest performing Facebook post in terms of views

2. Metrics

Instagram Metrics

Metric	Result	Change vs previous period
Views	6,100	↓ 0.4%
Reach	2,200	↑ 34.3%
Content interactions	194	↓ 6.3%
Profile Visits	132	↓ 21%
Follows	31	↓ 11.4%

Facebook Metrics

Metric	Result	Change vs previous period
Views	1,600	↑ 52.9%
Visits	106	↑ 8.2%
Content interactions	53	↑ 60.6%
Follows	4	↑ 33.3%

3. Audience Insights

Instagram

Instagram metrics softened slightly this quarter, down 0.4% on views, 6.3% on interactions, 21% on profile visits and 11.4% on follows, while reach grew 34.3%. Given that posting volume was lower than in previous quarters, these are strong underlying numbers, they show that audience interest in MNVP content held largely steady even with less frequent posting.

The standout moment of the quarter was the Disability Pride Month post, which reached 1.3K accounts and drove 1.6K views, by far the best-performing post since tracking began. This is a strong signal that event and cause-led storytelling is exactly what resonates most with this audience, and it's the clearest evidence yet of what a well-timed, values-driven post can do for visibility.

The main opportunity for next quarter is converting that reach into deeper engagement, profile visits and follows didn't rise in step with the reach spike, so there's room to add a stronger call-to-action or follow-up content around high-performing posts like this one, to turn interest into a lasting connection with the account.

Facebook

Facebook performance improved substantially across every metric this quarter. Views rose by 52.9% and viewers by 142.9%, while content interactions increased by 60.6% and follows by 33.3%.

This continues the growth trend seen in the previous quarter and reflects sustained audience response to event-led and awareness day content, particularly around the April Listening Event.

4. Analysis and Takeaways

What Worked

- The Disability Pride Month post was the best-performing post of the quarter, reaching 1.3K accounts and proving the strength of event and cause-led storytelling
- Facebook growth accelerated across all metrics for a second consecutive quarter
- Listening Event promotion drove the highest performing Facebook post of the quarter
- Audience interest held steady on Instagram even with a lighter posting schedule this quarter, a good sign of underlying engagement strength

Challenges

- Reach growth this quarter came from one standout post rather than a broader lift, so the wider content mix has room to build on that momentum
- Profile visits and follows didn't rise in step with the reach spike, showing an opportunity to convert visibility into longer-term audience growth

- Facebook interaction and follow numbers remain low in absolute terms, even with strong percentage growth

Improvements

- Use the Disability Pride post as a model for future campaigns, since it confirms event and cause-led content is the strongest lever for reach
- Add a clear call-to-action or short follow-up post after high-reach content to help turn new viewers into profile visits and follows
- Where capacity allows, build on this quarter's momentum with more frequent posting, recognising this quarter's results were achieved with a lighter schedule than usual
- Use recap content after the 8 July Listening Event to carry this quarter's momentum into Q2