'See the Whole of Me' A community, life-course approach to maternal listening

Project report | August 2025

Holme Head House in Carlisle hosted our workshops.

Homemade food and workshop ice-breaker activity.

What is this project about?

Newcastle University researchers and Voluntary Community Social Enterprise (VCSE) organisations collaborated to explore opportunities and challenges for the service design of maternal mental health care provision in North Cumbria.

Why was this research needed?

As many as one in four women[1] in the United Kingdom (UK) will experience maternal mental health issues in the perinatal period and two-thirds of them will hide or underplay such issues [1]. A recent report also documented the wider societal and direct impact upon families of not being able to access the right support at the right time, highlighting a total economic cost of about £8.1 billion for each one-year birth cohort in the UK [2].

For some communities, accessing maternal mental healthcare can be difficult. There are additional barriers for mums and mums-to-be who can experience complex social factors, health inequalities and deprivation. Listening deeply to the seldom heard voices of women facing these challenges, understanding these barriers, learning about stories of hope, and exploring gaps and opportunities to meet their needs helps us champion the rights of all women and their families, to think differently about how services are designed and offered, and how community engagement of this nature promotes community-based approaches as a vehicle for change.

[1] We recognise the barriers faced by birthing people and transgender parents but this project did not include this population. We engaged cis women and therefore use 'women' and 'mums' or 'mums-to-be' to describe our participants.

Despite the need being as high as ever, funding cuts to support perinatal mental health services were recently announced in England [3]. Additionally, future trends highlighted by the NHS [4] prioritise a very individualistic model of care provision with digital technologies playing an increasing role in supporting listening mechanisms. The 10-Year Plan and recently launched maternity inquiry present an opportunity to prioritise prevention, promoting listening to parents and placing their experiences front and centre. This is in this context that we deliver our research project and co-created output: an animation entitled *'See the Whole of Me'*.

What did we do?

We conducted **participatory scoping research** that engaged a diverse group of women in storytelling through co-creation, with the aim of raising awareness and promoting listening within maternal health, with communities whose voices may be unheard or excluded from the system. Two co-creation workshops were organised in November 2023 with 14 participants, exploring stories of motherhood to inform the design of maternal mental health services in North Cumbria. Workshop insights informed a second stage of the project conducted in early 2025, in which we co-produced a short animation with workshop participants to communicate key messages from the workshop discussions.

> *"I have really enjoyed being part of this project, the animation really hits a nerve and you can tell a lot of care and thought has gone into creating it." — Daisy**

**Fictional names*

At this stage, we also involved a wider group of stakeholder representatives including healthcare professionals and new mums. They joined stage two to contribute to the animation whilst having an opportunity to share their own stories. We organised additional workshops, online sessions and roundtables to engage participants in the creative process whilst making sense of the key messages to be communicated in the animation. In conversations with participants and with our project steering group, we identified different opportunities for using the final animation *'See the Whole of Me'*: for instance, it could be used for **raising awareness about maternal mental health and peer support** and as a **training resource** with healthcare professionals to foster compassion and person-centred communication.

We worked closely with our community partners to engage a diverse group of participants. Participants included those who had experienced homelessness, the asylum system, criminal justice system, from LGBTQ+ communities, Black and Brown mums and neurodivergent women. Because of the **exploratory and longitudinal nature of the project**, we regularly checked in with participants about consent and new opportunities for contributing to the project. Overall, we found that the women valued taking part in the different stages of the project and they felt that other mums could gain strength from watching the animation.

> *It really touched my heart. It's amazing, a powerful animation to empower others.*
> *— Julie*

Screening of the final animation at Holme Head House.
The animation 'See the Whole of Me' can be watched here: https://vimeo.com/1112644339/2c5619f887

What did we find?
Stage one: Motherhood journeys -
Five thematic insights from the workshops

(1) Experiences of being lonely and isolated were common in participants' stories and had a significant impact on their mental health. These experiences manifested on multiple and overlapping levels. Firstly, participants recalled **social isolation** due to the unprecedented COVID-19 crisis, abusive relationships, and their socio-economic backgrounds including experiences of homelessness. All our participants described **emotional changes** during the perinatal stage involving depressive episodes in which the women felt misunderstood by others and trapped into darkness. In some cases, feelings of isolation were compounded due to not having a **support system** around them; this included one migrant mother and a teenage mum who recalled not having anyone around when going through challenging times in their pregnancy journey. Women also spoke of the **compassion** and **'lifesaving' support** they found in the **peer support community**, by reaching out or being signposted to local mothers' groups. The stories also highlighted the importance of authentic connection and compassion with healthcare professionals.

> *I didn't feel that instant love [with my baby] that everyone says that you have. I thought that was something wrong with me, when actually, it is quite common, just nobody talks about it. — Daisy*

(2) Trauma permeated a lot of the stories shared by our participants. Their experiences reflected diverse kinds of trauma and its **lifelong impact** on mental health for women and in some cases their partners. In one instance, one woman who was pregnant in prison described how she went from one traumatic birth to another without realising the impact it had on her mental health over time. Another woman who was homeless at the time of the workshop described her traumatic birth in which she highlighted the lack of care in supporting her needs as a **neurodivergent** mother. Other participants recalled **small instances of care** to show the difference made when things did not go to plan. Conversation around trauma further raised the need for more **support for partners** (i.e. dads) during the perinatal period.

> *Whilst I was in theatre, there was a lovely lady and she had hold of my hand and she was talking me through everything before I got put under... I remember her having the kindest loveliest eyes and just the loveliest voice, and she was there as soon as I woke up.* — *Emily*

> *I was so overwhelmed. So I had a lot of checks. I had a lot of people around me. And in my birth plan, there would be in capital letters, "Not six or seven people in the room. It's too overwhelming."* — *Lily*

(3) Societal stigma and expectations impacted participants with feelings of shame, fear and uncertainty in their motherhood journey. Participants also described instances of being judged and having to find strength to ignore or confront such judgment. This was because they did not fit the expectations or the **social norms of being mothers** due to their **intersectional experiences**; for instance, as a teenage mum, a lesbian, a mum in prison or a neurodivergent mum. In some cases, societal stigma caused women to keep experiences or feelings secret, which impacted further on their mental health. In telling their stories, participants also communicated a **strong sense of self-advocacy** with potential for empowerment and self-realisation: One participant recalled standing up to fight for her son's care as a teenage mum; another was hopeful to realise her dream of having children and challenge societal barriers for same-sex couples, and a women who was in prison whilst being pregnant was ready to use her own experience to improve the situation of other women in a similar situation.

> *I still believe that people behind bars need the help for their babies, because I've seen a lot of postnatal depression within prison as well. There was no help, because you were classed as 'scum'.* — *Ava*

> *I had so much to prove when I was a kid, man. So much to prove. And I think all parents do, all mothers have got such a lot to prove just because of society.* — *Charlotte*

(4) Making informed choices and giving genuinely informed consent were found to be limited in many of the stories. Participants described unequal **power relationships** with healthcare professionals and **one-way conversations** with little choice or information. As a teenage mum at the time, one participant described being bounced off between services and feeling like a child having to make very 'grown-up choices' on her own. Another woman recalled being labeled with gestational diabetes and how this diagnosis prevented her from having any agency during her pregnancy. In the stories recalled by participants, things were often felt to be **'done to' women** and in some cases left them feeling **powerless and confused** at times where they felt most vulnerable. It was also more challenging for first-time mums who did not feel confident or assertive enough to ask for information and challenge decisions made by the clinical team. Whilst some felt more confident with information and decision making during their second pregnancy, one woman reported how the assumptions made by healthcare professionals about what she knew about birth due to her first pregnancy prevented her from gaining the postnatal support she needed.

> *So this represents the beginning of my pregnancy journey where I thought I had lots of choices, and I'm so excited and woo! And then because I was fat, I was high risk, and I needed diet and exercise... "you have no choices anymore." I was under the label of gestational diabetes, I was diet-controlled throughout, but I was told regardless, I needed to be induced.* — *Emily*

(5) Being silenced and not feeling heard was a common theme across participants' experiences. This included a teenage mum standing up to **make her voice heard** for her son's neurodiverse needs to be addressed; another woman describing her pain being dismissed, with others raising the need for healthcare professionals to prompt more or **'dig deeper'** especially in the case of monitoring maternal mental health and emotional wellbeing. Women also wanted to **listen more to their body** but their experience of being silenced meant that their **bodily knowledge** or **intuition** were often questioned or unacknowledged by healthcare professionals.

> *It's really interesting how they find it hard to listen to our voices when we're trying to tell them something, but when we say, "Oh yeah, we're fine," that's the time that people will listen and be like, "Oh yeah, that's all right then."... when you're saying something that really clearly needs to be questioned, nobody wants to question it.* — *Eleanor*

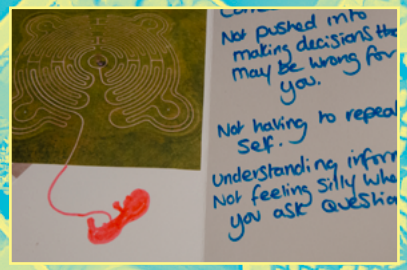
> *I found that and I'd listen to your gut or no one. I was always told, when he was a baby, "Oh, put him down, you're holding him too much," whereas now, I'm like, I wish I had spent that more time with him to hold him or whatever, and not leave him.* — *Amelia*

Making zines to communicate key messages about feelings and experiences related to perinatal care.

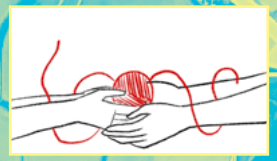
One participant telling her story of not have any choice during her pregnancy journey.

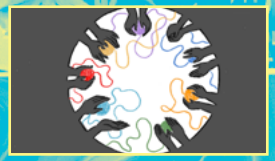
Exploring motherhood journey through making collage using images from magazines or other found materials.

One participant showing her collage about motherhood, highlighting her journey from fear and shame to self-realisation.



Using the ball of wool for the ice-breaker activity, photographs of zines created by participants.





Animation sketches by artist Olga Mashanskaya (Roots & Wings) inspired by the workshops. Sketches include the start of one's motherhood journey with the maze and finding a safe space for sharing and connecting, which leads to a colorful taspestry of experiences.

What did we find?

Stage two: Refining key messages with metaphors

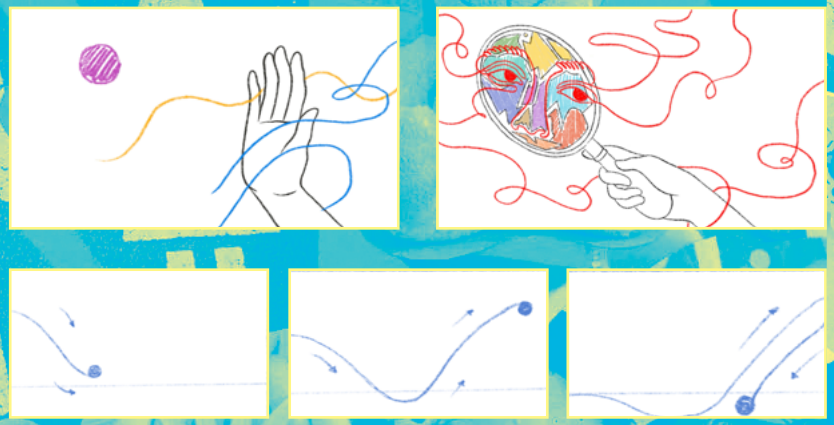
We describe how we used metaphors in the animation. By 'metaphors' we mean symbols and things that represent ideas and feelings as pictures, moving images and sounds. These are derived from participants' words and interactions with the workshop materials across the project. Each reflection is followed by one of our key messages.

(1) From a messy ball of wool to a vibrant tapestry

A ball of wool and **woollen threads** is used throughout the animation as the main metaphor to communicate **a sense of connection**, **vulnerability** and **care** in one's motherhood journey. It starts with a ball of wool bouncing around a **maze** to communicate that **sense of confusion** and **loneliness** expressed by our participants when starting their motherhood journey. The ball of wool then gets picked up and cared for with one woman joining a **safe space** represented by a round table with other mums sitting around it, ready to listen and share their stories. Indeed, the animation was developed to reflect the qualities and dynamics of sharing stories in peer support contexts: stories are being voiced with the wool visually drawing evocative shapes sometimes overlapping with others to show **shared experiences.** The animation slowly progresses towards visualising a **colourful tapestry** made from the different threads of individuals, which we used to highlight the importance and uniqueness of each story. The animation concludes with communicating the value of **peer support,** stating that women are not alone and that there is value in sharing their stories with peers.

Key message #1:
A message of hope for mums and mums to be

We hope that other mums and mums-to-be can relate to the experiences and/or emotions described in the animation and feel encouraged to share their feelings and wellbeing/mental health challenges. Our main message is for women to know that they don't have to go through this journey alone; other women might also be struggling and there is value in reaching out for peer support. We know that mums tend to undermine their own story and experience, and the animation was developed to acknowledge that mums can share a range of different experiences, and that every story is unique and has value. It also communicates and evidences the value of peer support and the need for a community-based model to be better acknowledged in the current system.



Animation sketches by Roots & Wings inspired by the workshops. Sketches include the hand of authority, a fragmented self, and one's voice being bounced back like 'ping pong'.

(2) Being silenced and controlled by the hand of authority

Women's experience of **being silenced** and **not feeling heard** was made tangible in the animation with the metaphors of ***'the hand of authority'***, which prevented women to speak up and with the example of having one's voice being bounced back as if playing *'ping pong'*. Those two examples were illustrated in the animation to convey the **power relationships** at play with healthcare professionals and the wider system. These relationships were often described as a **one-way interaction** and limited in terms of supporting women to **make informed choices** and **feel in control** of their situation. This **lack of agency** was described as influencing women's **sense of identity**, which was represented in the animation by the metaphor of a **shattered mirror** reflecting a fragmented self. Other metaphors used by participants included feelings of *'shrinking down'* due to **societal stigma** and **expectations** placed on new mums. For instance, women described how their feelings and sometimes their whole beings were dismissed, which further prevented them from sharing about their mental health. The different kinds of expectations were voiced by women and overlapped in the final animation to communicate a **sense of overwhelm.**

> *"Just the control, the lack of control, having all of your control taken over you at the most vulnerable time... That's really hard to build back from. Because you're then transferring into being a mum and your control's all taken away because you're at the demands of a child. It just feels like it continues into that lack of identity and to that, "How do I be a person again?"*
>
> *— Freya*

Key message #2:
See the Whole of Me: Understanding the consequences of mums not feeling/being heard

We want healthcare professionals and the wider system to understand the consequences not listening to mums can have on their sense of self and their ongoing journey (and that of their children). We hope that some of the quotes and examples in the animation can be used to improve communication and interactions with service users to make sure that women are heard and given greater support in making informed decisions for their perinatal care. Women should not feel judged but respected throughout their pregnancy journey, and critical to this is to foster trusted relationships and more open conversations to ensure that women have a chance to voice their needs and preferences for birth, and for their concerns to be taken seriously.

Animation sketches inspired by the workshops. Sketches include instances of care when women felt listened to and acknowledged by one midwife and a health visitor.

(3) Listening as a safety net

The **metaphor of the net** was used to talk about the support in place for perinatal care but participants observed how sometimes women can ***'fall through the net'***; reflecting how the system is not always inclusive of everyone's experiences or needs. Instances of falling through the net were described in relation to careless interactions and women feeling unheard by healthcare professionals, which led to poor experiences and disengagement with care. Building on women's most positive experiences, we discuss ways of providing **safety nets** through **active listening** to validate women's experiences and help them voice difficult feelings. In this case, listening with **kindness** and **compassion** was considered a powerful act and *'just listening'* was found enough in itself. In the animation, we included positive examples and instances of care described by participants with their midwives and health visitors to illustrate what **good listening** looks like in practice. We aimed for the animation to communicate **the power of being heard** and **acknowledged** even by one person and the impact of this on one's journey. Listening was described as a safety net because it could help women **healing** and create **hope**.

> *I think the difference in my recovery this time, that massively helped just having that one person to listen to it all, to acknowledge it all. And then giving me the opportunity to give a bit of feedback.* — *Emily*

Key message #3:
Placing greater emphasis on the impact of listening on maternal mental health

There has been greater importance placed on mental health in maternity care services but more work is needed to make sure that no-one is *'falling through the net'*. We hope that the animation can help us all continue conversations about what good listening looks like and how such a practice could be better acknowledged and supported in perinatal care. We believe that by placing greater emphasis on listening, we will be able to create more compassionate and personalised care, to better engage with mums and mums-to-be, to understand their individual needs and make sure they engage and receive the support they need throughout their pregnancy journeys.

Screenshot from the final animation representing the different threads woven together as a safety net.

Who supported this research?

The *'See the Whole of Me' animation* was made possible by funding and support from ***INCLUDE+***, a UKRI network dedicated to exploring and fostering social and digital environments where everyone can thrive. The wider research project was supported by funding from EPSRC ***Centre for Digital Citizens*** (CDC) - *Next Stage Digital Economy Centre* (EP/T022582/1), promoting collaborative partnership in the work from conception to completion.

Who was involved?

The main project team included the following contributors and roles: **Caro Claisse**, a design researcher at Open Lab, Newcastle University. Caro was the leading researcher for the project and sought additional funding for co-producing the animation in stage two; **Abigail Durrant**, design researcher and Co-Director of CDC and Open Lab co-led the project by supporting the participatory approach to development and delivery; **Sarah Penn** is currently a volunteer board member of The Happy Mums Foundation and works at Cumbria CVS as the Health Partnerships Support Officer. Sarah co-led the project whilst directly contributing to the analysis and animated film by drawing from her personal experience and previous work at Happy Mums; **Ang Broadbridge**, Head of Implementation at Ways to Wellness and lead for regional VCSE Maternal Mental Health prototypes; **Sandra Guise**, Carlisle & Eden Maternity & Neonatal Voices Lead, a project partner from the idea's stage; supported recruitment of service users and engagement facilitation; **Lucinda Bray** is the Managing Director of The Happy Mums Foundation, drawing on lived experience as a Mum with life long mental health challenges;

Jule Wilson is Head of Communications and Marketing at Ways to Wellness and took an advisory role on the project, leading on communications on behalf of the partners involved. We also thank **Mina Banisaeid** (independent facilitator) for her contribution and support with co-facilitating the workshops.

We came from different backgrounds and expertise, sharing a **common passion for community-based work** and improving access to health and social care for women from diverse backgrounds.

This project was co-produced from the start between Open Lab, Ways to Wellness and The Happy Mums Foundation. In this process, we involved a larger group of organisations including: Maternity Voices Partnership, Maternal Mental Health Service NCIC, Perinatal Mental Health Team CNTW, First Step CNTW, Anti-Racist Cumbria, Together We CiC, Women's Panah Cumbria, Carlisle College Refugee Support Officer, Healthwatch Cumberland, UK Woman Up and digital Midwife NCIC.

In stage two of the project, for the co-production of the animation, we collaborated with **Roots & Wings**, a local non-profit design company that specialises in working with researchers and VCSE organisations to co-produce impactful resources that support research dissemination for a wide range of stakeholders.

> *To all the mums who took part in this project. We recognise the bravery it takes to share your story. Thank you for your time, vulnerability and care in helping us create this animation.*

Conclusion and what's next?

Through our project and resulting animation we were able to communicate key messages about the **value of peer support** and the critical work done on the ground by the VCSE sector; the importance to see women as **whole beings** and to adapt support according to their **individual needs**, and the necessity of creating bespoke processes and mechanisms for **active listening** in maternal healthcare. Our key messages align with recent work conducted in the region focusing on supporting women and developing **more personalised maternity care** [5] through greater support in making **informed decisions** about their pregnancy, birth, and postnatal care. Insights from our work are also timely for reflecting on the future directions highlighted in the recently published NHS 10-Year Health Plan for England [4], which we discuss next.

Reflecting on the increasing role of digital technologies

There are many issues highlighted in the 10-Year Plan that resonate with what women shared in our project. Some of these issues speak directly to maternity care such as how mothers' needs and preferences are often being ignored. To address this, the NHS plan puts **maternity care as a priority** with listening being placed at the centre of delivering personalised and equitable care. This is very encouraging and aligns with our project's insights that demonstrate the need for more active listening to take place in maternal healthcare. This need for listening is also reflected as the Government launch a national maternity investigation to address **systemic challenges** and drive urgent improvements to care and safety [6]. But the 10-Year Plan also places focus on significantly increasing the

role digital technologies will play in this listening; promising everyone to get *"a virtual assistant, 'a doctor in their pocket' to provide 24/7 advice and guidance"* [4, p.46]. The vision describes the mobile application (app) as *'the front door'* to the NHS with patients being able to have more control over their care and communicate easily with their medical team. In this case, the NHS app is described as one of the main mechanisms for listening, giving patients the ability to leave feedback; for example, by means of rating their experience. The plan then describes how feedback will be analysed with **AI-driven technologies** to identify action plans for the medical team. Whilst we believe that digital technologies have a role to play in delivering more **coordinated** and **personalised care** (e.g. see LMNS Digital Strategy [7]), we question the extent to which an app could provide women with a sense of being heard and listened to. Based on our insights, we ask: *"Would a click deliver the safe space, empower the brave voices in the same way, would it erode self-doubt and the isolation of that 'just me' feeling?"*

How we listen matters

Following the COVID-19 pandemic, a recent UK report on *learning to listen again* highlights the need to build more channels based on **reciprocal trust** and **meaningful connection**; *"Who is listening and how we listen both matter"* [8, p.8]. Findings from the report show that the methods typically used for capturing feedback are often experienced as impersonal, de-humanising and too clinical. Therefore, more effort should be placed on *"how engagement is communicated, how it is experienced, and how the impact is communicated back to participants"* [p.8]. Whilst the report does acknowledge the role that digital technologies can play for some, it also highlights a range of social and technological barriers with digital platforms, arguing that **digital cannot be the default mode for listening.** Here we link to MBRRACE-UK [9] that reports huge inequalities in maternal health and mental health due to socio-cultural barriers. We should not assume that all women will trust and feel motivated or comfortable to self-report about their care especially via an app. This is because women may feel vulnerable due to living with social complexities such as domestic abuse. In this case, they will likely hesitate to engage with services because of being fearful of social care involvement, as evidenced in Ways to Wellness' North East and North Cumbria Maternal Mental Health Prototypes Evaluation [10]. Having a **trusted link worker** based in the VCSE, acting as an independent support for women from a non-statutory position proved successful in supporting women to speak up about issues with their care.

Case Study: Insights from Ways to Wellness Maternal Mental Health Services Evaluation

"It was the referral to Social Services, it made me feel like a criminal."

"...I told [Link Worker] about it, whereas I probably wouldn't have told the midwife [...]. I felt confident I could tell [Link Worker] and she could tell the right people to get the right help."

Encouraging a more holistic approach

Mental health stigma is another barrier that may prevent women in some communities from sharing about their mental or emotional wellbeing [11]. The digital proposition featured in the plan seems grounded in an individualistic model of care, which risks dismissing the socio-cultural needs of communities, preventing minorities from being truly empowered to find their voice and speak up. In addition, it risks encouraging a disjointed approach by focusing on compartmentalised feedback and episodic care, failing to see a more holistic and nuanced picture that reflects lived reality.

Sharing and listening as a communal process

In our project, it took time and resources to build a **trusted environment** for participants to feel comfortable and safe to share their experiences with us in. We offered different opportunities and ways of capturing stories over time and regularly checked in about **consent** with participants. In this process, communication was important for participants to feel that their voices were heard and to understand how their experiences were being used to inform the project's output (i.e. our animation). Participants were provided with opportunities to contribute at different stages of the project and part of this included managing expectations and recognising the limitations of our work in terms of capturing everyone's full stories. Reflecting back on our work, we see sharing and listening as a **communal process.** With the animation, we wanted to demonstrate the power of having a **collective voice** fostered through peer-to-peer sharing. We also found that sharing one's story or experience is not a **neutral process of transferring information**. Indeed, telling stories and reflecting on one's care journey is a very **relational and emotional process** with potential for healing when this process is carefully supported. In our experience, we have witnessed how a lack of resources and the pressure to act quickly can lead to bad practices for collecting and sharing information with unintended consequences for service users. At this time, it is difficult to imagine how feedback might be compiled and communicated in *"easy-to-action formats"* [4] and we question whether the methods described in the 10-Year Plan are appropriate for addressing the **failures of compassion and listening described** in a recent investigation [12]. On the other hand, making sense of one's experience is challenging to do when isolated at home or when behind a screen. We need to advocate for a less individualistic model and in turn encourage more **community-based and communal approaches** to providing feedback.

Toward a more community-centred approach

The 10-Year Plan describes a global shift from treating sickness to prevention [4]. In the context of maternity care, we believe that a **preventative model** will support more initiatives for acting early and for preventing health conditions with life-long impact such as postnatal depression. Critical work in this space has shown the need to better link services into the community whilst highlighting the pivotal role played by the VCSE sector in helping the NHS achieve more prevention through personalised and coordinated care [13]. For example, projects like the Maternal Mental Health Services

supported mums and mums-to-be with mental health needs through creating links between NHS services and the local community, helping families access **local assets** and resources in a timely manner [13]. Other projects include opening Family Hubs to support parents in every local authority area in England [14]. These are particularly helpful for increasing access to services in **rural areas** like North Cumbria where service providers face unique challenges due to factors like sparse population and limited public transportation. Reflecting on such a project, Ways to Wellness responded to the Government's 10-Year Plan consultation with suggestions for co-producing new ways of working between the different sectors [15]. Long-term suggestions include investing in **social prescribing** and **community-based resources** to support care better outside of the hospital, and towards a more **holistic and place-based ways** to support people in their local communities.

A key enabler to spreading and scaling community-based innovations is the VCSE sector. Indeed, sustaining and making the most of **local infrastructures** is critical but cannot be achieved without financial investment and increasing co-production between the NHS, VCSE organisations and local authorities. But the recent vision described in the NHS 10-Year Plan [4] is limited in terms of its focus on the clinical workforce with VCSE organisations and social prescribing being (almost) absent from it. Furthermore, according to recent findings from the Royal College of Psychiatry, almost two-thirds of Integrated Care Boards (ICBs) plan real-term funding cuts for perinatal mental health services 2024/25, despite sustained demand for these critical services [16].

There are recent positive developments which demonstrate the value of listening to parents, for example the new Employment Rights Bill to increase bereavement leave for families who face pregnancy loss. A pan-regional initiative that supports evidence-gathering and policy informing about maternal mental health that may be used to advocate for future investment is Woman of the North [17]. This report offers a community perspective and illuminates the **health inequity** that women navigate in the broader context of working family life in the North of England.

Case Study: The Northern Health Futures (NorthHFutures) Hub [18] is a pilot programme funded by UKRI to establish a cross-sector network in the region that promotes and resources VCSE partnership and involvement in digital health research and innovation. The hub actively challenges and critiques a rhetorical idea that digital solutions will lead to better health and care outcomes for people, because, as evidenced herein, we know that digital technologies can present barriers as well as enablers to accessing forms of support, with implications for how it is provided in places. The Hub aims to deliver demonstrators of **community-centred innovation** in practice, working in core partnership with VCSE organisations. One focused area of Hub activity is **maternal mental health support,** providing mechanisms to respond to insights and calls to action set out in this report.

Final thoughts

In our project, we adopted a collaborative approach at place level: we worked closely with VCSE organisations who were embedded in their local communities and helped us connect with people in meaningful ways. The project was successful because of the strong relationships that have developed from community third sector partners, the connections through the Maternity Neonatal Voices Partnership (MNVP) as a local co-production forum, and new partners coming into this place to work together. Some of these relationships were newly formed, but, as with the women themselves the knitting together had begun in one space but the tapestry enabled more to join and strengthen the whole project. **So in the end it is not only *"seeing the whole of me"* but *"seeing the whole of us"* truly co-producing and learning together in a dynamic and organic way**.

Through our collaborative and creative experience we understand the value of working together across sectors and expertise, and with this animation, we want to celebrate such collaboration and remind people that **trauma and adversity do not have to mean lifelong consequences**; our project shows the value of listening as a **safety net** and also how **transformative** and **healing** such process can be. Next, we will use the animation as a vehicle for discussing and reflecting on the importance of listening. We will continue working in dialogue with mums and key partners across the VCSE sector and the NHS to envision what a **community life-course approach** to maternal listening might look like.

References

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[5] North East and North Cumbria Local Maternity and Neonatal System. *Personalised Care What We Do*.

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The Inclusive Digital Economy Network+

Centre for Digital Citizens

UKRI Engineering and Physical Sciences Research Council

The Happy Mums Foundation

Ways to Wellness

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