Department for Education

Behavioural science: Increasing uptake of family hub services

Research report
November 2024

Madelynne Arden, Helen Humphreys, Holly Wilcockson, Danielle Paddock, Rachael Thorneloe, Laurynas Rutkauskas, Abigail Millings
(Sheffield Hallam University)

Government Social Research

Contents

List of Figures

List of Tables

Executive Summary

Background

Family hubs provide integrated family services and support for families with children and young people aged 0-19 years (0-25 years for SEND) but to be effective they need families to access and engage with the services on offer. There is evidence that disadvantaged and vulnerable families are less likely to access the services despite being in the most need. The Department for Education (DfE) commissioned this research to support the development and evaluation of behavioural science interventions designed to promote the uptake of services delivered by family hubs. This report details the evaluation of those interventions.

Methodology

This report synthesises the findings from four research projects that were delivered by the Centre for Behavioural Science and Applied Psychology (CeBSAP) at Sheffield Hallam University (see table 1).

Table 1. Summary of interventions and evaluations delivered

Location	Family hub service	Target population	Intervention	Evaluation methodology
London Borough of Redbridge (LBR)	2-2.5 year health visitor review	Families in the Loxford area (high levels of deprivation)	Invitation letter; Opt out appointment; QR linked resources: invitation letter translated into 4 local languages; video explaining the review and how to complete the ASQ3 questionnaire	Quantitative data on review uptake during intervention and 2 comparison periods. Qualitative interviews with parents who had seen/not seen the new invitation and resources
London Borough of Merton (LBM)	Early Learning Together Baby (ELT Baby) programme	Disadvantaged families in the borough	Leaflet about the programme	Quantitative data on referrals and uptake

Location	Family hub service	Target population	Intervention	Evaluation methodology
				during intervention and comparison period Qualitative interviews with parents who had seen/not seen the new leaflets
Fellowship of St Nicholas (FSN)	Temporary Accommodation (TA) Hub	Families living in temporary accommodation in the region	Training for referrers; Video resource about the TA hub	Quantitative data on referrals and uptake during intervention and a comparison period Mixed methods post-training survey for referrers Qualitative interviews with parents referred to the service.
Sheffield City Council	Antenatal support group for young mothers to be	Mothers to be aged < 25 years in the region	New service with associated communications	Evaluation did not run

The intervention development process (evidence reviews, insight gathering, and codesign) and protocols for the evaluations have been published here: Arden et al., 2024.

This report documents the findings from three behavioural science evaluation projects that were run as planned[1] as well as workshops with those delivering the intervention projects within the four local authorities/organisations to explore barriers and facilitators

[1] Note that Sheffield city council's intervention was not evaluated due to problems with implementation.

to implementation. We focus on recommendations that arise from this work to inform efforts to increase engagement in family hub services more widely.

Summary of key findings

London Borough of Redbridge

The intervention was successful, resulting in a statistically significant increase in uptake of the 2 – 2.5 year health visitor reviews in the Loxford area more than doubling engagement compared to an equivalent comparison period. It is not clear the extent to which this increase can be attributed to the content of the new invitation letter, the QR linked resources (translated versions and a video about the review) or the new opt out appointment system.

London Borough of Merton

The behavioural science-informed leaflet appeared to result in more referrals and attendees at the ELT Baby massage programme. Although there were not more referrals from people from areas of deprivation there were increases for minority ethnic families and parents for whom English was a second language.

Fellowship of St Nicholas

The brief online training for professionals was effective at improving capability, opportunity and motivation for referring to the TA Hub amongst those who work with families in temporary accommodation. The number of referrals following training was also increased. However, the number of attendees was not so impacted. This was likely for a range of reasons including issues of travel to the hub given that additional temporary accommodation in the town had been placed further away from the hub, as well as high mobility for these families.

Recommendations to increase referrals, uptake and engagement with family hub services

Based on the findings from the evaluation there are several recommendations which have been grouped by theme. The projects that the findings have come from are indicated in brackets.

Knowledge and understanding of family hub services

1. Parents need to know what a family hub is and the range of services it offers. There is currently confusion about what the services are, who exactly they are for, and what the benefits are for parents and children attending (LBR; LBM; FSN; SCC).
2. There should be consistent use of and branding of the family hub service (as opposed to other branding, such as Early Learning Together Baby) to increase parental familiarity with the term and greater awareness of the breadth of services on offer. The use of lots of different names is currently causing confusion (LBR; LBM; FSN).

Communications and promotional materials

3. Efforts need to focus on the format and content of promotional materials as well as how they will reach key populations, especially those who are not already connected with family hubs/children's centres where most of the promotional materials are currently distributed (LBR; LBM).
4. Materials and resources need to be accessible and understandable to all. They should be translated into key languages spoken in the area and made as simple and clear as possible (LBR; LBM; FSN).
5. QR codes or links to additional resources should be used to allow additional or translated materials to be easily accessed, and that link information should be provided in the main languages spoken in the area (LBR; LBM).
6. Videos, especially those that include the voices of diverse fellow service users are valuable to address concerns about services, to explain how to complete any pre-attendance questionnaires, and to show how they can be of value to 'parents like me' (LBR; FSN).
7. Uptake of services may be best promoted with a joint strategy of communications (leaflets, posters, video resources etc.) and recommendations and reassurance from trusted healthcare professionals and peers. Visual/written communications alone may not be enough to encourage some parents to engage (LBR; LBM; FSN)

Implementation and training

8. Training for staff needs to be brief and offer flexibility in how and when it is accessed, otherwise uptake is likely to be low and this will impact implementation (FSN).
9. Interventions to promote engagement require resources and staff time to be implemented effectively and this needs to be considered carefully during the design of services (LBM; FSN; SCC).

Ease and Accessibility

10. The accessibility of venues is of key importance for deprived populations. Careful consideration needs to be given to where services are delivered and the costs of travel to venues (LBM: FSN; SCC).
11. Signing up to services needs to be made as easy as possible. Any additional steps or requirements can put parents off (LBR; LBM; FSN)
12. Opt out appointments may be valuable for services where attendance is vital but should be paired with an easy way to request alternate appointments where needed for parents who need flexibility in appointments due to other work or caring commitments (LBR).

Utilising behavioural science to promote referrals uptake and engagement

13. The design of services to support families needs to draw on behavioural science to understand and address the barriers to a range of parental and service provider/referrer behaviours (LBR; LBM, FSN; SCC).
14. Interventions to promote engagement should be developed alongside the services and not as an after-thought (FSN; SCC).
15. Promotion of services should consider focusing on factors that motivate parents (e.g. the opportunity to socialise with other parents), rather than the factors that provide the rationale for the service being offered (e.g. increasing rates of breastfeeding) as these may be quite different (LBR; LBM; FSN; SCC).

Introduction

Background and Aims

Family hubs are centres which provide integrated family services and support for families with children and young people aged 0-19 years or 0-25 years for children and young people with special educational needs and disabilities (Family Hubs and Start for Life programme, 2022). In order for family hub services to be effective they need families to access and engage with the services on offer. This project addresses, the crucial issue of how to promote uptake of family hubs services by families, especially by those who are disadvantaged and may be in most need of this support, but the least likely to access it (Early Intervention Foundation, 2019). Engaging in family hub services is a behaviour and hence this research uses a behavioural science framework to address this challenge. This work adds to the growing body of knowledge on the role of behavioural science in promoting uptake of family hub services including the work that was completed in round 1 of this programme (Millings et al; 2022a; 2022b). The research identifies recommendations for interventions to increase engagement with family hub services based on the findings of the evaluations. These will be of interest and relevant to policy makers in central government, those designing and delivering family hub and related family and parenting support services within local authorities, and the voluntary and community sector and other delivery partners working with family hub services.

The project was split over 3 phases which used a combination of the Behaviour Change Wheel (Michie, Atkins and West., 2014; Michie, Van Stralen and West, 2011) alongside co-design.

Phase 1 was a discovery and research design phase which sought to gain a shared in-depth understanding of the needs and challenges of each service in terms of the engagement by disadvantaged and vulnerable families, according to a range of stakeholders. Evidence reviews were conducted of the factors associated with uptake and/or engagement with equivalent services by target populations. The barriers and facilitators were classified into those affecting capability (physical or psychological), opportunity (physical or social) and/or motivation (reflective or automatic), following the COM-B model of behaviour change expanded on in the next section.

Phase 2 involved qualitative insight work.Focus groups (FSN, SCC) or interviews (LBM) were conducted with members of the target population to explore barriers and facilitators to uptake and/or engagement with the specific family hub service. As in phase 1, the barriers and facilitators were categorised as related to capability (physical or psychological), opportunity (physical or social) and motivational (reflective or automatic) factors (Michie, et al., 2014) and provided a behavioural needs analysis for each service.

Co-design workshops were conducted with a range of stakeholders including relevant staff, managers, and members of the target population. The workshops explored potential intervention functions, behaviour change techniques and modes of delivery, based on the evidence reviews and insight findings, using the APEASE criteria (Acceptability, Practicability, Effectiveness, Affordability, Side effects, Equity). These workshops guided decisions about which interventions to progress

Protocols to evaluate each of the interventions were developed along with logic models for each of the intervention studies. In each case a mixed methods evaluation was designed to explore the impact of the intervention on engagement with a family service (primary outcome) and other secondary outcomes specified in the logic models[2]. Engagement was defined for each project as follows:

- London Borough of Redbridge: attendance at the 2.5 year health visitor review
- London Borough of Merton: referrals/self-referrals and attendance at the Early Learning Together Baby programme
- Fellowship of St Nicholas: referrals to Temporary Accommodation Hub and attendance at the service.
- Sheffield City Council: uptake of a new antenatal service[3]

In each case the evaluation methodology designed to explore both whether the intervention had an effect and why and how this effect was produced. This approach was employed to gain maximal learning from the projects.

The outcomes of these two phases have previously been published (Arden et al., 2024).

In Phase 3, which is the focus of this report, the mixed-methods evaluations of the interventions were conducted in accordance with the protocols developed in Phase 2. Research also explored how the interventions and evaluations were implemented in practice during two community of practice workshops with key stakeholders from the relevant organisations. Drawing from 'implementation science', which is the study of putting evidence-based health interventions into practice in the real world (Peters et al., 2013), the purpose of this was to gain an understanding of the implementation and procedural challenges encountered by the LAs. Such insights are important to gather because they represent key learning points for other local authorities who are considering similar work. Including an implementation evaluation was one of the recommendations in the final report for the previous round. Implementation evaluations are an important part of finding out about the way a given intervention was actually rolled out i.e., whether the intervention ran as intended, or whether it deviated from the specified plan.

[2] There were some minor deviations from the published protocols which are described in Appendix A
[3] Note that the Sheffield evaluation did not run. For further details see page 62 and appendix A

The research sought to make recommendations for the specific organisations involved in the programme and for all local authorities and organisations offering family hub and parenting support services.

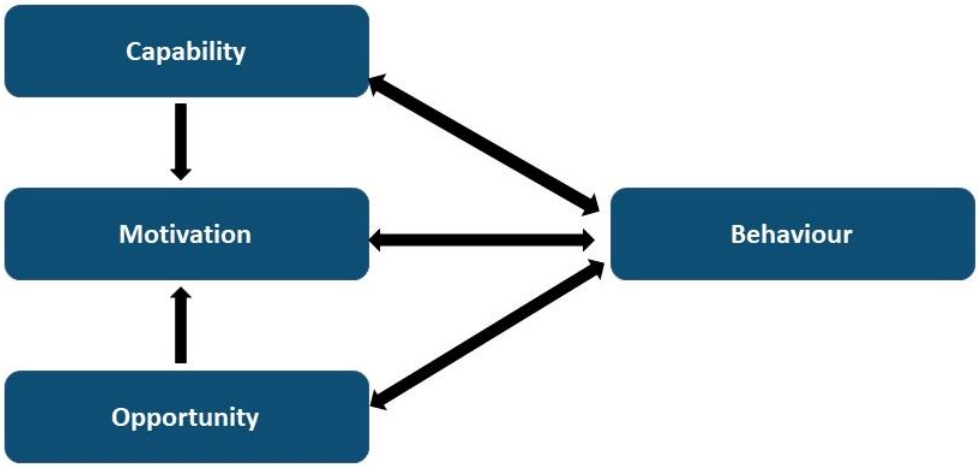
Methods of analysis and frameworks used

The evaluation protocols were informed by key models and frameworks as follows:

COM-B

The COM-B model (Figure 1; Michie et al., 2011) describes the range of factors that can influence behaviour. Capability refers to whether the individual has the psychological and physical ability to undertake the behaviour, which includes having the necessary knowledge and skills; Opportunity refers to the extent to which the physical and social environment influence the behaviour; Motivation refers to the beliefs, thought processes and automatic brain processes that influence the behaviour, including habits and intentions. In the present context, parent's engagement in family hub services (the behaviour) is expected to be influenced by all of these factors. This model provides a useful framework to explore the extent to which barriers were addressed by the interventions, and any other barriers that meant that the effect of the interventions were limited.

Figure 1. COM-B



Theoretical Framework of Acceptability (TFA)

Theoretical Framework of Acceptability (TFA; Sekhon et al., 2017) describes different facets of the acceptability of an intervention, represented by seven constructs:

1. Affective attitude: how an individual feels about an intervention
2. Burden: the perceived amount of effort that is required for people to engage with the intervention
3. Ethicality: the extent to which the intervention is a good fit with an individuals' value system
4. Coherence: the extent to which the individual understands what the intervention is
5. Opportunity costs: the extent to which benefits or values must be given up to engage with the intervention
6. Perceived effectiveness: the extent to which the intervention is perceived as likely to achieve its purpose
7. Self-efficacy: the participant's confidence that they can perform the behaviour(s) required to participate in the intervention

In the context of this work, the 'intervention' being considered in terms of acceptability was the local initiatives being applied to encourage engagement with family hubs services. The TFA was utilised to explore how people responded to the interventions that they received or were shown during the qualitative evaluation work.

Evaluations of the Family Hub Engagement Interventions

The following sections provide a summary of the methods and findings of the evaluations of interventions to promote engagement with a range of family hub-linked services for parents and families, with a focus on families who are disadvantaged and vulnerable.

Evidence reviews and the process of intervention development through insight gathering and stakeholder codesign is described in detail in the published protocols report, which also describes the intervention content in detail.

London Borough of Redbridge

Intervention specification and implementation

A new, behavioural science informed, invitation letter was sent out to all parents with children eligible for the 2.5 year health visitor review check in the Loxford[4] area of the London Borough of Redbridge (LBR) from December 2023 onwards. The letter invited parents and their children to attend 2.5 year health visitor reviews due to take place from January 2024 onwards. The intervention addressed a range of needs identified in earlier work (see report and table 2).

Table 2: Capability, Opportunity and Motivation needs addressed by the LBR intervention

Capability needs	Opportunity needs	Motivation needs
Understand what the service is and why it is beneficial to attend. Understand how to complete the Ages and Stages questionnaire (ASQ-3) that underpins the review appointment.	Accessible materials (letter and questionnaire). Easy booking process.	Increased beliefs that the service is beneficial. Reduced fear of unknown.

The intervention targeted two parental behaviours:

1) completing the ASQ3 (Ages and Stages Questionnaire; Squires and Bricker, 2009) prior to attending their child's 2 – 2 ½ year review appointment
2) attending their child's 2 – 2 ½ year review

The intervention was a **postal letter** that invited parents to the 2 – 2 ½ year review and removed the need for a booking process by providing **opt-out** (group) review appointments.

The letter included links to:

- **translated versions** in the top 4 languages spoken in the target population that are not English
- **a short video** to explain:
    - what the review is and why it is important
    - how to complete the ASQ3

[4] LBR's rank of average deprivation score (Index of Multiple Deprivation; IMD) was 138th (out of 326 local authority districts) most deprived in England in 2015. Every neighbourhood in the Loxford ward of LBR is within the 30% most deprived (IMD) in England.

This was compared to the previous invitation letter, which was sent by **email** in **English only**, required parents to phone and book an appointment (**opt in**) and indicated that they must complete the ASQ3 in advance of their appointment.

Appendix B shows the original letter used for invitations for reviews in January -February 2023, the revised letter used for invitations for reviews in June-July 2023 and the intervention letter, informed by behavioural science, used for invitations to reviews in January-February 2024.

Evaluation methodology

The evaluation method and outcomes (primary and secondary) for LBR was informed by the intervention logic model (see protocol report) and comprised two components as follows:

1. Quantitative data collected by LBR to compare the number of 2.5 year health visitor review checks attended by parents in Redbridge during the 2-month evaluation period (January-February 2024) compared with previous uptake/attendance figures from two comparison periods from the previous year: a matched 2-month period (January-February 2023), and a 2-month period during the summer (June-July 2023). (primary outcome). There had been previous changes to the letter since January/February 2023 that had been made by the local authority team before they worked on this project but before June/July 2023 hence the inclusion of two comparison periods.

2. Interviews with a sample of parents in Redbridge who had received an invitation to attend their child's 2.5 year health visitor review and had subsequently attended/not attended to explore the following secondary outcomes:

- whether the new invitation letter resulted in increased capability, opportunity and motivation to access the 2.5 year health visitor review
- whether opt-out appointments had any negative effects on parents
- whether parents have a good understanding of what ASQ3 is for and how to complete it
- whether parents complete the ASQ3 prior to their review visit
- if parents accessed the additional video support and translated resources available
- whether the intervention resulted in increased intentions to access other family hub services

Participant recruitment

Several strategies were utilised to recruit parents as follows:

- Loxford Children Centre Practitioners promoted the study to parents at play and stay sessions
- Loxford Children Centre Practitioners also shared the promotional leaflet (appendix B) via WhatsApp groups and on their Facebook page
- The leaflet was printed and posted on the notice board in Loxford Children's Centre
- Early Years Services (EYS) in Loxford area were targeted and asked to share the leaflet with their families via socials/WhatsApp groups/notice boards
- Recruitment information was shared with EYS teams in the council

Results

Participants

Six parents took part in online interviews (Table 3). A range of experiences of the letters and review appointments were discussed: three of the parents had received the new behavioural science version of the letter, two of whom had attended the 2 – 2.5 year health visitor review. Three parents had received the previous version of the letter, one of whom had attended the review[5]. All parents were shown and asked about the new version of the letter during the interviews. Parents recruited included those from a number of different ethnic backgrounds with different languages spoken at home (see Table 3).

Findings

Engagement with intervention resources

Do parents access the additional resources available (video support and translated versions)?

From the start of the behavioural science informed letters being posted out (December 2023) until the intervention data analysis (March 2024), the translated versions of the

[5] Whilst ideally we would have concentrated interviews on parents who had all received the new versions of the letters this would have required access to NHS data. The timeframe of the project were not compatible with the process of gaining NHS ethical approval which would have been required for this access, However, a benefit of recruiting and interviewing some parents who had received the older letter and asking them about their thoughts about the new version enabled us to explore comparisons between the two from the perspective of the parents.

letters were accessed online 6 times[6]. The video support playlist was viewed 47 times, and individual video views totalled 140.

Table 3. Parent participant characteristics for LBR

Demographic character-istic	Parents in sample
Age	25-40
Marital status	Married (3) Single (1) Co-habiting (2)
Ethnicity	Black British (1) Black Other (2) Bangladeshi / British (1) African American / British (1) Caribbean / African American (1)
Gender	Female (4) Male (2)
Languages spoken at home	English (3) Bilingual (English/Other) (3)
No. of children	One (2) Two (3) Three (1)
Living situation	Private rental (6)
Version of invitation re-ceived	Original (3) Behavioural Science informed (3)
Did they attend child's 2.5 year health visitor review?	Yes (3) No (3)

This suggests that some parents were accessing these additional resources ahead of completing the ASQ3 and attending their review appointment. This was reflected in a some of the parent interviews by parents who had received the new version of the letter:

> "Yes, was really, really helpful, was really helpful… some of the questions, it was really helpful." (R2, on watching the video)

Although, other parents did not feel the need to use them, sometimes because they had previously attended a review with an older child:

[6] The version of the letter being sent out up until 15.02.24 was erroneously being sent out with the links to the translated letters being written in English rather than in the translated languages which may have affected uptake of this service.

> "Because of my previous experience and seeing something like this before, I didn't actually use most of the links that were there, I just had to read through the, what was written on the letter." (R6)

During the intervention period, 36 parents requested language support/presence of a translator at their review. Unfortunately, Redbridge did not previously capture numbers of parents requesting this support, so it is unclear whether this is a change compared with the comparison time periods. However, an anecdotal report via email from one of the health visitors doing the checks reported that the number of reviews and the number of translators required for those had increased during the evaluation period.

Impact of the intervention on uptake

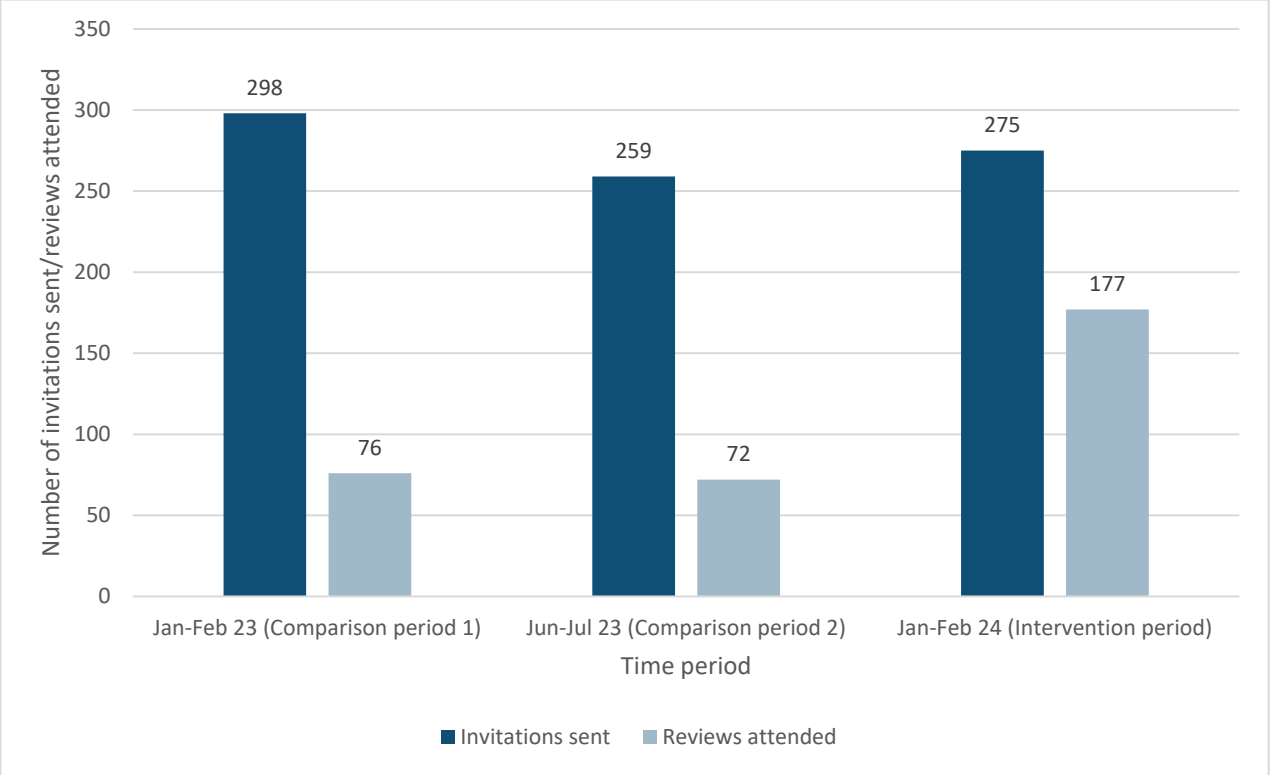
Does the new invitation letter and associated features result in higher levels of uptake of the 2 - 2.5-year review, compared to the standard invitation?

We analysed quantitative data from three time periods to address this research question: January-February 2024 (the two months following the sending out of the new letter – the intervention period); January-February 2023 (the same period a year previously for comparison during a similar time of year), June-July 2024 (a period before the new letter had been sent but after some changes had been made to the letter since January/February 2023).

Findings from the quantitative uptake data show that, while similar numbers of invitation letters were sent, the number of developmental reviews attended more than doubled during the intervention period compared to the comparison periods (Figure 2, Table 3). Statistical analysis found this increase to be significant[7].

[7] Chi-square test for the Jan-Feb comparison and intervention periods: df=1, $\chi^2 = 87.59$, $p < 0.001$.

Figure 2. Uptake of the 2.5 year review during the intervention and two comparison periods



Does the new invitation letter result in increased capability, opportunity and motivation to access the 2 – 2.5 year health visitor review?

The interview data were analysed using the COM-B framework to explore this research question and the findings here are presented accordingly.

Capability (Psychological)

Parents said that the behavioural science letter gave them more understanding of the purpose and format of the 2 – 2.5 year health visitor review:

> "Well the letter was clear.. a kind of survey, a programme to want to know how children aged two and two a half are coping and how to go about raising them, that's how I understood it." (R2)

Table 4. Uptake figures for LBR during the intervention and two comparison time periods

LOXFORD	*Comparison periods* Jan-Feb 23	Jun-Jul 23	*Intervention period* Jan-Feb 24
No. of invitation letters sent for appointments this month	298	258	275
No. of 2 - 2 ½ year developmental reviews attended	76	72	177
No. of 'did not attends'[8]	4	5	98
No. of ASQ3 questionnaires correctly completed	56	49	139
% of completed ASQ prior to attendance	73.7%	68.1%	78.5%
% uptake rate of review invitation	25.5%	27.9%	64.4%

The letter also seemed to reassure parents about the benefits of the review and to promote a positive belief about the value of it

> "I understand what the purpose of the review was… I found that you just have to, like, talk about how far your child, check on your child, if they're actually being able to communicate and socialise with people, their mental, psychological behaviour and stuff like that so I understood that part." (R5)

This was in contrast to one of the parents who had received the previous version of the letter who had not understood the value of the review and its importance:

> "the content of the [old] letter wasn't quite convincing as it did not, you know, give me in totality, the, not give me an entirety good reasons why the review is very important and has to be carried out mandatory, so I wasn't quite convinced as, still in the letter is, you know very, very necessary. So, I'm sorry I did not take it as, as important as it should be about that" (R3)

[8] During comparison periods, DNAs were only counted as parents who had made an appointment that they then failed to show for. Therefore, the comparison data for DNAs does not capture parents who did not engage with the process at all. This is different for the intervention period because all parents who did not attend their allocated 'opt out' appointment are counted.

Although for some their ability to remember the appointment even when they had put it in their diary and set reminders was a barrier to attendance and highlights the importance of there being an easy way to reschedule an appointment that is accidentally missed despite parents intentions to attend:

> I“I just put my phone on reminder and the date. On the day I was very busy with the kids and my phone rang and I hadn’t remembered I had an appointment.” (R2)

Opportunity (Social)

In conjunction with receiving the invitation, the views and reports of friends seemed to play an important role in influencing how parents perceived the 2 – 2.5 health visitor review. For some parents this reinforced their intentions to attend and their beliefs about the value of the review.

> “when I got the letter I was eager because I had been hearing about it from my friends.” (R2)

> “I had like a few mums who told me that you are actually going to get this letter and they are developmental review letters and they basically told me what it means, like it includes immunisation, health information, and some questionnaires, some kinds of questionnaires which you’re going to fill, and stuff like that” (R4)

However, some parents had received negative reports about the experience of the review from other parents which had the opposite effect and discouraged attendance. Providing parents with positive reports about the review from other parents similar to them is therefore likely to be important to offer a counter view to any more negative reports that they might come across.

> “after getting the letter, like three weeks or two weeks I just didn’t feel like stepping out because I’d heard stories from, like, the friend, people who go out to do reviews for their kids and mums find they’re not being treated nicely.” (R5)

Group review appointments were offered by LBR in order to manage the demands of an opt out system but there was an additional unexpected positive effect of these. Parents identified social benefits of the group appointment being offered:

> “Yes, I would have been happy because during those group reviews you get to meet people, get to see other people together so it would have been lovely and fun.” (R6 - Had to reschedule from group appointment due to work clash and ended up with a single appointment)

Opportunity (Physical)

The letters were sent out via post during the intervention period (in response to the needs analysis and co-design work in phase 2) rather than by email as had occurred

previously. However, participants had mixed views about whether they preferred the letter via post or email. For some the letter format highlighted the importance of the appointment

> “I was expecting an appointment, but I didn’t know it would be by letter or it could be email or text message, but I was happy that it was by letter, in the letter form... I was impressed by it because before it was, you would just get like a little text message or whatever and this time it was like, it felt like quite a serious thing.” (R1)

One participant who cited email as more convenient, discussed ease of access (e.g. being able to see letters on smartphone whilst travelling) as important.

> “I prefer to receive them via my email because that's very, very flexible for me and I can check it from anywhere. When I'm out at work or I travel, anywhere I am, I don't have to, you know, come home and you know, go through the mail..” (R3)

The participant did concede that if there were further actions required (e.g. a response/signature) he would need to take additional steps to respond to an email (i.e. printing off the ASQ document to complete) which for him would not be an issue due to easy access to a printer but might present barriers to some and suggested that a mix of email and postal letter would be preferable to cater for people’s different preferences and circumstances:

> “Then if I have to, you know, make a signature, sign up somewhere or stuff like that, I could easily go into copy at the office. Sign, scan and you know that's if signing is you know required… It should come in the mail and also come in the email, if that's possible.” (R3)

Participants had somewhat mixed views on the inclusion of the translated support text at the top of the letter. Whilst they could see the value of it for people who required information in those languages, they found it personally a bit distracting, and it caused some confusion:

> “Our first impression of the letter because when I first opened the letter I think there’s a, kind of, inscription there, like, where it’s not written in English and I think that’s Arabic or something. It actually I couldn’t really focus and concentrate because it’s eye catching and they’re first.” (R5)

> “I think the language at the top, the box, I don’t like that… when you get letters like these, this is the first thing that catches your attention. The box is the first thing that you see, so sometimes it can be quite confusing, so you just have to like forget about it and then you can’t then read the letter which you know you actually understand.” (R4)

Some participants noted that it would be helpful to keep the box to ensure inclusivity, but to move it further down the letter so that it was less distracting, and they could see what the letter was about before they came across this:

> "It shouldn't be removed. I found it confusing because it's something that I [didn't] understand and it's not my language but [since] to make everybody feel okay and to make everybody feel welcome – I feel it's definitely meant to be there… I feel like towards the end of the letter." (R5)

Thus, there is a careful balance to make between avoiding distraction for English-speaking parents, and highlighting the availability and access for translated versions.

Motivation (Reflective)

Parents discussed a range of positive beliefs about the review and its potential outcomes. Parents who attended the reviews were positive about the opportunities presented to find out more about their child's development:

> "how great it will be to finally take our son, so, for the health review and you know, get to find out what works best for him." (R3)

> "Because these people, they tried, they're putting everything they have, their efforts to make sure the kids are good, to make sure they are actually growing fine and sleeping fine, so the experience I had it's good." (R4)

One participant was impressed by improvements she had seen in the service since having her older children a few years earlier:

> "What actually motivated me is because I've been using the services for years. My first, my second, and my third child and I've seen consistent, I would say improvement… Yes, consistent improvement in the service provision and also my child, my children's health, you know you got to tell what you are going to do to your child to keep them safe, to keep them healthy and stuff like that. So those kind of things motivated me. (R6)

One parent had heard some mention of possible racial discrimination which contributed to her not wanting to attend the review:

> "I would say, I think some persons which I knew and which I am close to, they were like, okay, some of these Practitioners, they aren't really concentrating on your child [unclear] didn't really know how to explain it more. The information I got, so, she was like, they didn't treat the child nicely. The context of you being black." (R5)

Engagement with preparation for the review

Along with the letter inviting them to the review, parents are asked to complete a questionnaire called the Ages and Stages Questionnaire (ASQ3 – to assess development of children in this age group) and to bring the completed questionnaire to the review appointment. The intervention letter included some additional information and resources to support parents to complete this correctly.

Do parents have a good understanding of what the ASQ3 is for and how to complete it?

Most parents reported finding the ASQ3 questionnaire very easy to understand and to complete:

> "Yes it was good, it was just straightforward, just answer the questions to do with the development isn't it? It was a really easy questionnaire, you know sometimes they're quite difficult, this one was easy, it was good, straightforward. I remember like leaving it thinking, oh when I get time I'll do this, but then after I did it I was like, oh that was really quick." (R1)

> "The last I remember I completed everything, I completed everything that was sent. Yes, yes, it was very easy to understand, it was very easy." (R2)

One participant found the questionnaire confusing but did not spend much time worrying about it and did not click to watch the video links as she had already decided not to attend the review. It is not clear if the confusion about the questionnaire contributed to their decision not to attend:

> "Yes, yes so I found some questions there quite confusing. I do really, I didn't really … answered everything on the questionnaire so I just had to, like, read through the important things which I saw there and then I think I didn't bother to, like, answer the questionnaire because I didn't have any plans of attending or have any plans of coming for the review." (R5)

Some of the parents utilised the video links to support them with completing the questionnaires and found these helpful, particularly that they could go back to the videos at any time to access this information:

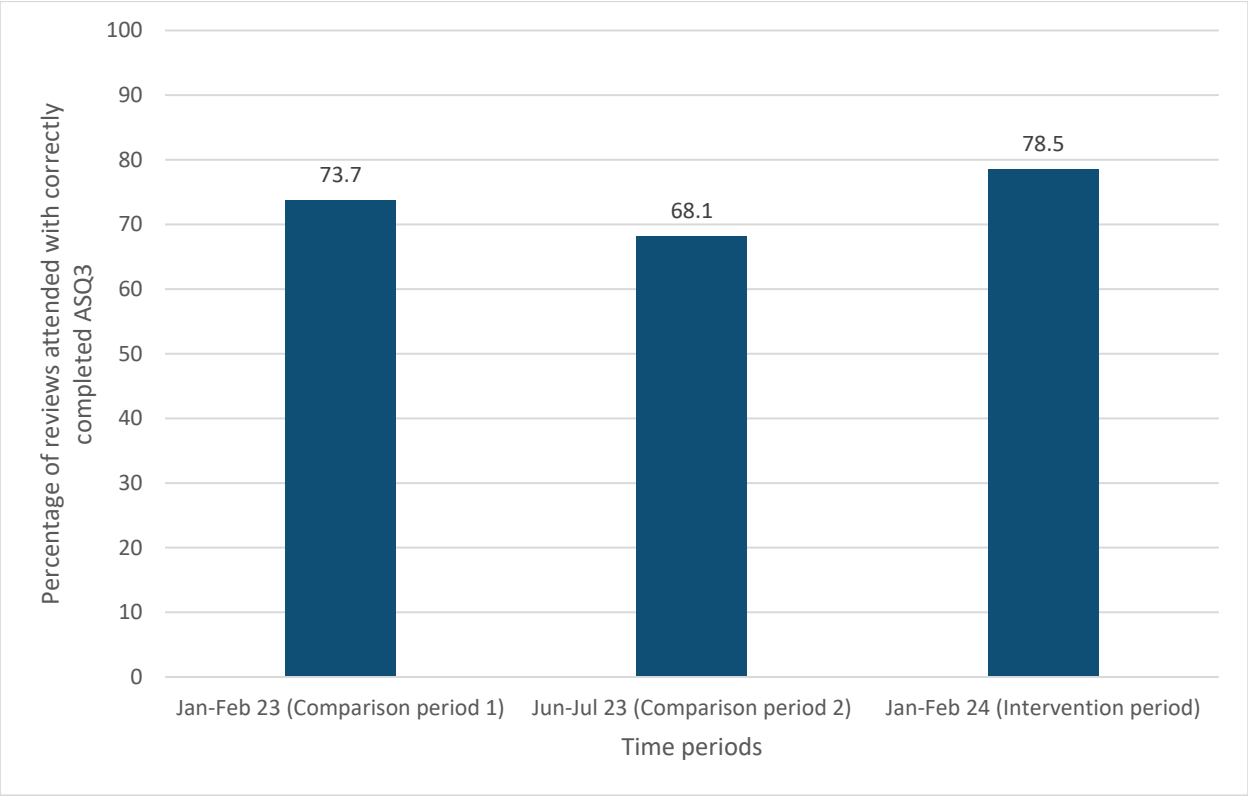
> "Yes, it's very helpful… it's good because even if you aren't free to like scan the code and see the videos, maybe some other time you can still go back and scan and see the videos and watch them all again and see the reviews. (R4)

While, for some parents, completion of the ASQ3 was easy, for others the ability to watch videos to help was potentially valuable, thus providing this for parents supports those who are most likely to find this difficult.

Do parents complete the ASQ3 prior to their review visit?

The proportion of reviews that took place with a correctly completed ASQ3 during the intervention period were somewhat higher than during the comparison periods (see Figure 3, Table 4) but this was not a statistically significant difference.

Figure 3. Percentage of reviews attended at which ASQ3 questionnaires had been completed correctly during the intervention and two comparison periods



Acceptability of an opt out appointment system

Part of the changes to the review appointment system that occurred during the intervention period was a shift from opt in individual appointments (parents were prompted by the invitation to make an appointment) to opt out group appointments where parents were sent an invitation to a set appointment.

Does an 'opt out' appointment system have any negative consequences: e.g., increased rate of families not attending booked appointments?

There was a large increase the number of parents who did not attend appointments ('DNA's) during the intervention period (Table 3). This predominantly reflects the change in appointment processes that took place during the intervention. During the intervention period, all parents were provided with an appointment time, therefore, any who did not engage with the process were automatically classed as a 'DNA'. During comparison periods, DNAs were only counted as parents who had pro-actively made themselves an

appointment that they then failed to show up to.. Therefore, the comparison data for DNAs does not capture parents who did not engage with the process at all during the comparison periods.

It is worth noting that the appointments sent to parents were for group settings, therefore, DNAs did not impact the staff as much as when they were individual appointments. One community nursery nurse noted:

> "The DNA is high. But I do not think I have ever had no one turn up at all for the appointment… at least with the group appointments there is always some seen and often more than the 8 which would see doing individual appointments."

Thus, the group appointments were more effective in terms of staff time despite the high DNA rate..

Is an 'opt out' appointment system acceptable to parents eligible for their 2 - 2.5-year review?

Some parents were very positive about an opt-out system over a booking system, and felt that it emphasised the importance of the review as well as making it easier for parents who did not have to remember to phone and make an appointment:

> "to say you have to call and make it is kind of like, oh it's a lot to do sort of thing, so a lot of parents might think, oh forget I'm going to leave it, I don't have to. But if the appointment's already there more people will attend because it's like, oh I've been given this appointment, let me just put it in my diary and I'll go…. I feel like people will be like, oh I have to go they've given me this appointment, I have to go. They might think, oh it's really serious, I need to do it sort of thing." (R1)

The perceived importance of the review meant that some parents prioritised the appointment in their schedule over other events/commitments:

> "I just had to like reschedule whatever I had at the time, because it's necessary." (R4)

Others wanted more flexibility and control over selecting a date or wanted to book their own appointment to fit in with their schedule

> "Well, you know, at some point, if you're given the appointment, you would have to shake your schedule to make sure you attend. Are you with me? You have to shake your schedule. Yes. In a case where you have to, you know give your availability and yes, get the corporation to work with you, I think that's a lot better. (R3)

> "Yes, but I would also prefer, in a case where you know if I can't get to choose an appointment date, I would also prefer a case where you know I'm given a list of available dates, just like, just as I did. Just as I did for this interview, I am given a list of available dates and from the, from the list of the options, I just maybe go

over it, a few options, maybe two or three, but now on the other hand you get to choose which of these three best works for you." (R3)

While the option to select an alternate appointment was included in the invitation letter, it seems that it was not noticed by some parents, Given that this might result in parents missing the review if they cannot attend the appointment offered, it is important to make the option to reschedule clearer in future iterations of the letter.

Parents who had received the old version of the letter confirmed that they found the previous booking process cumbersome. This corroborated findings from Phase 1 (see report) about the difficulties of the booking process, thus there were clear benefits of the new appointment system:

> "I think it was quite hard because a lot of the time you get the wrong department and it's quite silly, because why did you give this number if I have to go through, then they have to patch me to a different department, so why don't you already know which department sort of thing?" (R1)

Impact on wider family hub services

One of the aims of the programme was to explore the extent to which engagement with a specific service, in this case the 2 – 2.5 year review, might affect engagement in broader family hub services.

Does the intervention result in increased intentions to access wider family services?

When asked if they were aware of the Family Hub Centre, parents seemed to know it existed but were less clear on what exactly was on offer and therefore whether or not they would be interested in attending. Parents did not mention specific signposting to other family hub services:

> "Okay, I'm aware but I have not been to that…. Yes, I would be interested." (R5)

> "I think, I have heard about it but I don't really pay attention, don't really give it attention… I wasn't interested, I don't know, I just don't really buy it. I would say I've just been uncertain… Just about going there, not just about what they provide. I actually know what they provide but just about going there." (R6)

One of the parents had a child with special educational needs and was particularly keen to find out more about other support that would be available to their family. They were unaware of what was on offer and therefore opportunities for support were potentially being missed. Family hubs may want to target vulnerable families with information about the range of support available to them to address this lack of awareness:

> "I would love to be aware of, you know, certain opportunities open to, you know, such as the health review. I would love to be kept up to date on such opportunities

> and if you would, I would love you to add my email address to your mailing list, whenever you're sending such information… I look out for such support services if open and I look out for such, look out for such, because definitely I need the best for my son and I am open to every possible help that I can, I can get out there." (R3)

Additional contextual findings

Participants spoke about a range of experiences associated with the 2.5 year review. Parents who had attended reviews reported positive experiences with staff. These experiences are important because this is likely to influence the willingness of parents to engage with the review for any subsequent children as well as influencing other parents that they speak to about their review experience:

> "With the experience I've had recently I would say it's quite good and commendable." (R4)

> "I would say the providers the service providers are quite friendly with the children. I don't know for any other mother but for me I had quite a good experience with the service providers." (R6)

One participant made the following suggestion to improve the letter: that an explicit mention of inclusivity in the invitation letter could be helpful to encourage those who might be reluctant to attend due to fears about being judged or discriminated against:

> "Okay, I think I would say, like, in the letter, what is going to be as an assurance for me to come over for the review would be, like, stating – stating there oh we've got you in safe hands, you can come and you like, maybe like, people for colour or people of colour, you won't be judged or have racial discrimination of any kind. (R5)

Discussion and key recommendations

Overall, the intervention in Loxford ward of LBR was successful, resulting in a statistically significant increase in uptake of the 2 – 2.5 year health visitor reviews in the area. From the uptake figures during the intervention period compared with an equivalent time frame last year, as well as a comparison period from summer when better weather/seasonal changes might have encouraged more families to attend, it is clear that the intervention resulted in a significant increase in attended reviews, more than doubling engagement, although we cannot determine which aspects of the intervention changes resulted in this increase. Several aspects changed during the intervention period: the invitation letter content (including videos and linked translated versions), delivery of the invi-

tation by post instead of email, the booking system from opt in to opt out, and the appointments from single to group. Insights from parent evaluation interviews provide us with ideas of what has most likely contributed to this increased uptake.

Interviews with parents indicated that removing the need for a booking process was likely an important factor in the increased uptake, consistent with other research indicating that opt out approaches lead to increased attendance (e.g. Junghans et al., 2005). Parents describe how being provided with an appointment led them to take the invitation more seriously, increasing their motivation to attend. This was also seen as more convenient compared with having to ring and book. Whilst there were initial concerns from staff that an 'opt-out' system would result in disruptions to service due to parents not attending appointment, wasting staff time, the impact of this was reduced by the initiation of group review sessions. This meant that, non-attendees were less disruptive as groups could still go ahead even if fewer families showed up. Local authorities who are considering adopting an opt out system need to also consider how non-attendance will be practically managed as there is likely to be a substantially increased number of non-attendees compared to opt in. A further benefit of group reviews was that parents and children seemed to appreciate the social aspect of being with others for the reviews, and, contrary to concerns, the group setting has not been detrimental to discussing important and potentially sensitive topics when needed. Overall, the combination of 'opt-out' and group reviews seems to have worked successfully for LBR.

It remains unclear whether postal letters were also partly responsible for the increased uptake. Several parents mentioned that they prefer the convenience of emails (which was in contrast to the findings of the Phase 1 parent workshop), and it does not seem that having paper copies of the ASQ resulted in greater completion rates of these relative to attended appointments during the intervention period. Furthermore, in the current climate of cost-cutting and attempts to be more environmentally friendly, there are undoubtedly benefits to be seen from going paperless. Future research should explore the effects of each method of invitation given that research findings are equivocal (e.g. Harrap et al., 2023; Treweek et al., 2012), although it may be that using both paper letters and emails mean that more parents are reached providing different preferences.

Families were accessing the explanatory videos and translated versions of the invitation letter. While figures on this were not collected during the evaluation period, anecdotally LBR report increased numbers of translators being required with the rise in uptake, suggesting that at least some of the families now engaging with the reviews are families for whom English is not their first (or even a competent) language. LBR may want to further review this strategy, for instance, exploring whether there would be value in adding further languages to the available translated letters. Positioning of the information and links to the translated versions should be carefully considered in future iterations of the invitation letter. There is a careful balance to be made between not distracting English speakers from reading further if their first impression is that the letter is not relevant for them and making the availability of translated versions obvious for those who need

them. Positioning them further down on the fist page seems like a sensible compromise but further research on optimal positioning may be warranted to ensure the acceptability of this for multiple audiences.

The evaluation of this intervention was challenging due to the recruitment processes which had to be set up in such a way that NHS ethical approvals would not be required[9]. This rendered targeted recruitment impossible (i.e. those who had attended the 2.5 year review with a health visitor). Nevertheless, of those we spoke to, useful insights were gained, which have helped us to determine aspects of the intervention most likely to have resulted in the increased engagement with reviews seen in the area.

One parent was quite vocal about having heard negative stories in the community concerning possible discrimination based on race and skin colour. It is important to emphasise that this parent had not been through the system personally, and these comments were at odds to parents who had attended reviews and described positive experiences. It does highlight however, that at least for some in the community, there may be concerns around perceived discrimination, even if these are unfounded which could impact on willingness to engage. The parent in question discussed how an overt statement on the invitation letter concerning inclusivity would go some way to alleviating concerns. Another approach could be including the voices of parents from a range of ethnicities in the video explaining about the review and their experiences of it to reassure other parents.

The findings indicate that health visitor reviews could be used to make families aware of other family hubs services available, ,but at present this was not happening. Parents were open to the possibility of engaging in other services but were not particularly aware of what was currently on offer in the family hub. This suggests that there are currently missed opportunities for raising awareness or making referrals to other services, that should be considered in future planning.

[9] The NHS ethical approval process was too lengthy for us to be able to use this recruitment pathway (see https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/research-ethics-committee-review/applying-research-ethics-committee/).

Key recommendations to increase uptake of 2-2.5 year health visitor reviews.

1. Local authorities should adopt behavioural science informed invitation letters to invite parents to their 2 – 2.5 year health visitor reviews in order to address key barriers (identified through insight gathering with target populations – see report for details of this process) and to maximise uptake.
2. To remove the need for an off-putting booking process, offering 'opt out' rather than 'opt in' appointments to parents is recommended although the process for changing appointments where needed needs to be as easy and transparent as possible.
3. To reduce the impact of opt out appointments on attendance rates, and to maximise the social opportunities for parents attending the 2 – 2.5 year health visitor review, group reviews should be offered, with an option for parents to request a single appointment if preferred.
4. The availability of language support services should be placed prominently within invitation letters but this should not be the first thing parents see when they open the letter because they may think it is not meant for them.
5. It is useful to provide access to informational videos about the health visitor review and how to complete the ASQ3 and to provide links to these in the invitation letter to enable easy access.
6. The invitation letter should include a clear inclusivity statement.
7. Local authorities should utilise every contact to ensure that parents are aware of the family hubs offer and the range of services and support available to them, making referrals to other services where appropriate.

London Borough of Merton

Intervention specification and implementation

New communications, informed by behavioural science, were designed (see report) to inform new parents about the Early Learning Together Baby (ELT Baby) programme and to encourage parents, particularly those living in more deprived areas of the borough to sign up to the programme. The intervention addressed a range of needs (see table 5)

Table 5: Capability, Opportunity and Motivation needs addressed by the LBM intervention

Capability needs	Opportunity needs	Motivation needs
Understand what the ELT Baby programme is, who it is for and how to access it.	Clear, accessible communication materials. Easy booking and self-referral. Key information about the service distributed via healthcare professionals (referrals) and between parents.	Increased beliefs that the service is inclusive and welcoming. Belief in the benefits of attending. Reduced concerns about judgement.

The planned intervention had 2 components:

1. **Leaflets/posters** to highlight the key benefits of the ELT Baby programme and to provide key information about how to sign up.
2. **QR-linked resources** included images of people attending the ELT Baby service, testimonials and videos about the service that parents could access via a QR code on the leaflets and posters to find out more about the service.

A promotional leaflet providing parents with information about the ELT Baby programme was designed and used from January-March 2024. in place of an older leaflet about the programme used in the comparison period (January–March 2023). A digital version of this updated leaflet replaced the older version on LBM's online event directory. Copies of the updated leaflet were distributed to 10 Family Hubs venues (Children's Centres) in the borough. Updated versions of the leaflet were also shared with four health visiting leads/lead midwives who were asked to cascade to other staff (the numbers of staff who received the new leaflet was not recorded).

Appendix C shows the leaflet that was distributed during the intervention period.

The planned QR-linked resources were limited by the resources and capacity of staff within LBM to take this development activity on during a period when they were also launching their family hub brand and producing a Start for Life report. The compromise was that a QR code was included in the leaflets/posters which directly linked to the Eventbrite booking page to make this process as easy as possible.

Evaluation methodology

The evaluation method and outcomes (primary and secondary) for the London Borough of Merton (LBM) was informed by the intervention logic model (see protocol report) and comprised two components as follows:

1. Quantitative data collected by LBM to compare the number of referrals/self-referrals received by LBM and subsequent uptake/attendance during the 3-month evaluation period and the same 3-month period the previous year (primary outcome)

2. Interviews with a sample of parents including those who had been referred/self-referred and subsequently attended/not attended following the distribution of the updated ELT Baby leaflet to explore (secondary outcomes):

- acceptability of the intervention
- perceived effectiveness of the intervention to address key barriers
- impact of the intervention on intentions to access wider family hubs services in future

Participant recruitment

Interview participants were first-time parents living in LBM with infants aged 8 months or younger, who were referred or self-referred to the ELT Baby programme during the evaluation period (January-March 2024). LBM contacted parents via email or text message and invited them to contact the SHU research team directly if they would consider taking part in a short interview. On receiving expression of interest from parents, the SHU research team arranged a telephone call to discuss the purpose and process of the interview, provided a written information sheet and informed consent form and arranged a suitable interview date.

Results

Participants

8 parents took part in a telephone interview, the majority of whom were from areas with the highest levels of deprivation and represented a range of ethnicities (see table 6).

Table 6: Parent participants characteristics for LBM

Demographic characteristic	Parents in sample
Age (range)	28 – 35 years
Deprivation according to IDACI (determined by postcode provided during referral)	<30% (most deprived area of Merton) (5) 30-40% tier (2) 40-50% tier (1)
Marital status	Married (4) Single (1) Co-habiting (3)
Ethnicity (self-described)	White British (1) Chinese (2) Black Caribbean (1) Black British (1) British Bangladeshi (2) Mixed White and Black African (1)
Gender	Female (8)
Attendance/completion of 5-week ELT Baby programme	Attended all sessions (2) Attended some sessions (4) Did not attend (2)

Findings

Impact of the intervention on referrals

Does behavioural science-informed communications promoting the ELT Baby programme increase referrals (including self-referrals)?

Table 7 shows the number and source of referrals during the intervention and comparison periods. This shows an increase from 146 in the comparison period to 195 during the intervention period. This increase was largely driven by an increase in self-referrals (40% increase), referrals from children's centres (39% increase) and health visitors (24% increase).

Amongst the 8 parents interviewed, 5 reported hearing about the ELT Baby programme from a receptionist at their local Children's Centre, 4 from their health visitor and 1 from another parent.

Table 7: Referrals to the ELT Baby programme during the intervention and comparison periods

Source of referral	*Comparison Period* January 2023 –March 2023	*Intervention Period* January 2024 – March 2024
Total	**146**	**195**
Health Visiting	37	46
LBM Children's Centres	51	71
LBM Early Years	1	1
LBM Family Wellbeing Service	1	-
Midwifery	3	-
Self-Referral	53	74
LBM Children's Social Care	-	1
GP	-	1
Other LBM	-	1

Several parents who reported hearing about ELT Baby from the Children's Centre said they had seen or been given a copy of the updated leaflet. Feedback suggested that seeing the leaflet had an impact on referral/self-referral, because it prompted conversations with the receptionist and in some cases, immediate sign-up to the programme:

> "We went to the [name] Children's Centre for one of his check-ups by the midwife and then the receptionist told us they had the leaflets at front ...she pointed out the baby massage one... they had loads of copies of them... she actually signed up for me, like she got it up on her laptop and she actually booked me in and stuff." (M8)

Some parents indicated that copies of the leaflet to take away were not available at their local children's centre, which might have been more useful for them to go away and self-refer in their own time (e.g. in cases where the receptionist was not able to sign them up, or they wanted to consider the information before registering):

> "...she had a leaflet up on a kind of a display board, but they didn't really have leaflets to give out to me so I had to just take a picture of it and kind of then look it up, so if there was sort of like maybe a handout to kind of go with the information it would have been a bit easier..." (M5)

Recollections about health visitor referrals suggested that not all health visitors were distributing the updated leaflets as had been intended as part of the intervention and suggests some challenges with implementation:

"Yes, [the health visitor] wrote the website down just literally on a piece of scrap paper".(M3)

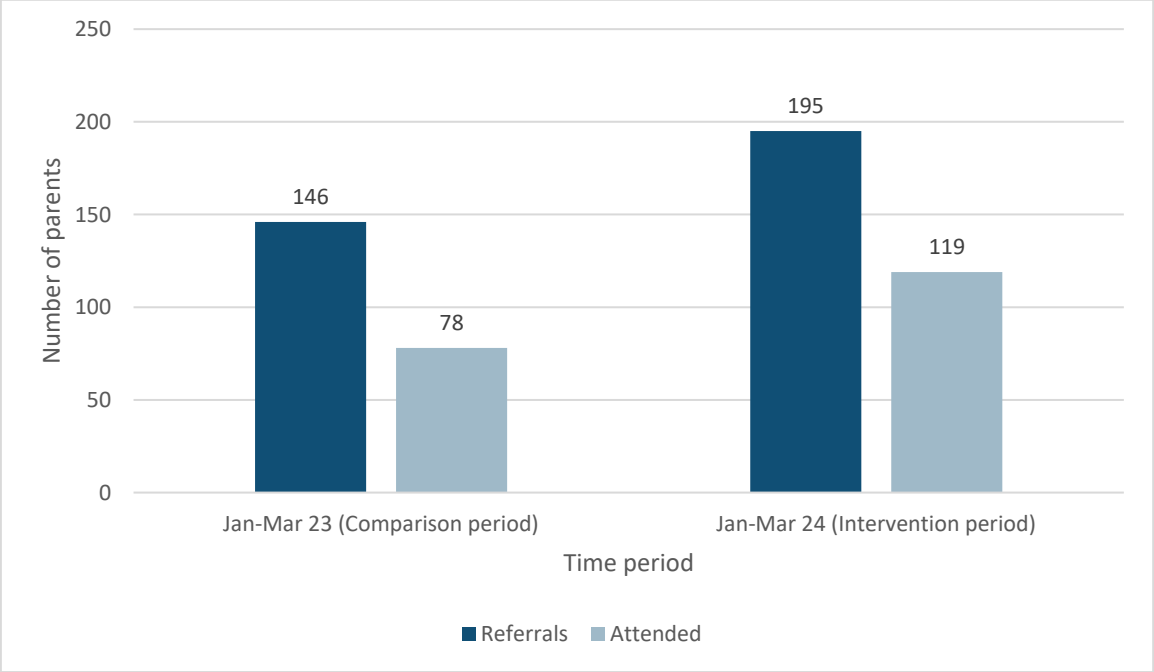
"[the health visitor] gave me a QR code and stuck it onto the red book. But it was the wrong one anyway. It led me to like something else, I can't remember what it was." (M7)

Impact of the intervention on uptake

Does behavioural science-informed communications promoting the ELT Baby programme increase uptake/attendance of the programme?

The number of parents who attended the programme increased during the intervention period (n = 119) compared to the comparison period (n = 78) and this reflected an increased proportion of referrals translating into attendees (from 53% to 61% of those referred; see Figure 4).

Figure 4. Referrals and Attendees during the intervention and comparison periods



The intervention was focused on attracting those from disadvantaged backgrounds attending the ELT Baby programme. Looking at these populations i.e.:

- Parents living in the highest 30% areas of deprivation according to IDACI
- Parents from black and minority ethnic background
- Parents for whom English is not their first language

The figures for referrals and attendees for parents from the most deprived areas seems broadly unchanged during the intervention period (Figures 5 and 6). However, the figures suggest that both referrals and attendances were more than doubled during the intervention period by parents from black and minority ethnic groups (referrals from 23 to 50 and attendees from 15 to 39) and for parents with English as an Additional Language (EAL referrals from 7 to 35 and attendees from 5 to 25), although the numbers are too small to be able to detect any statistically significant differences (see Figures 5 and 6).

Figure 5. Referrals during the intervention and comparison periods for parents: i) living in high levels of deprivation; ii) Black and minority ethnicities (BME) and: iii) English as an Additional Language (EAL)

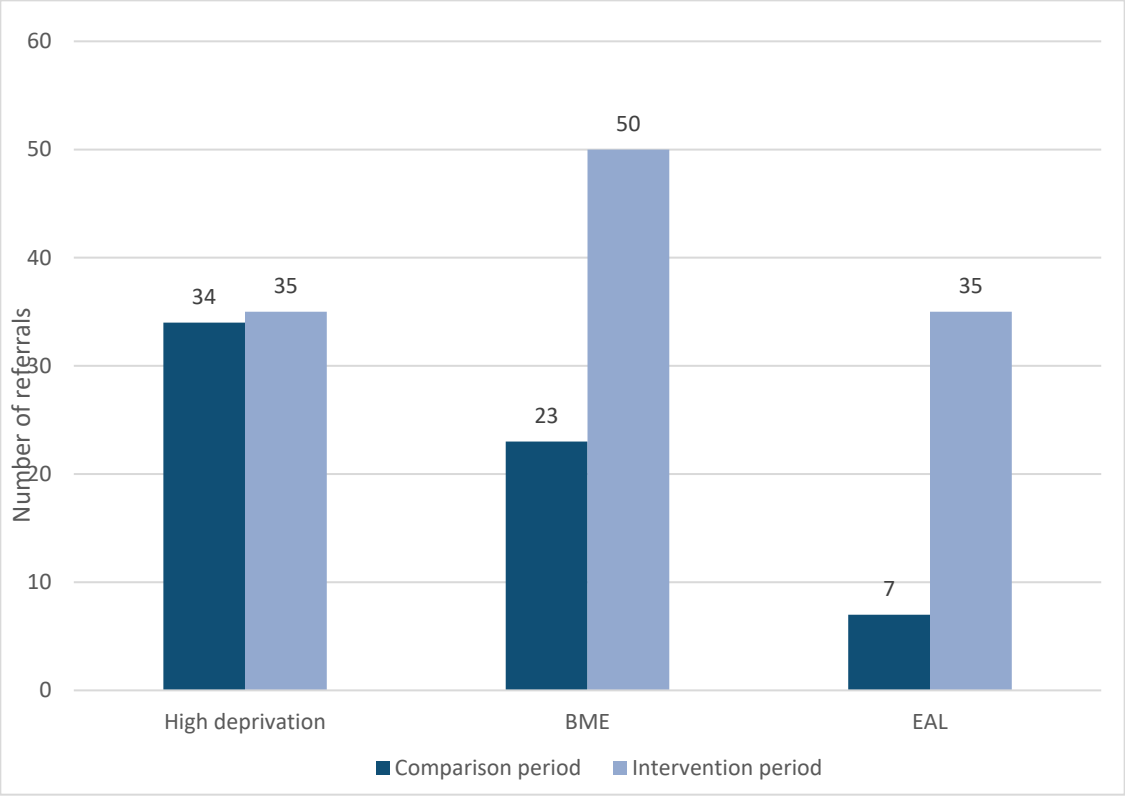
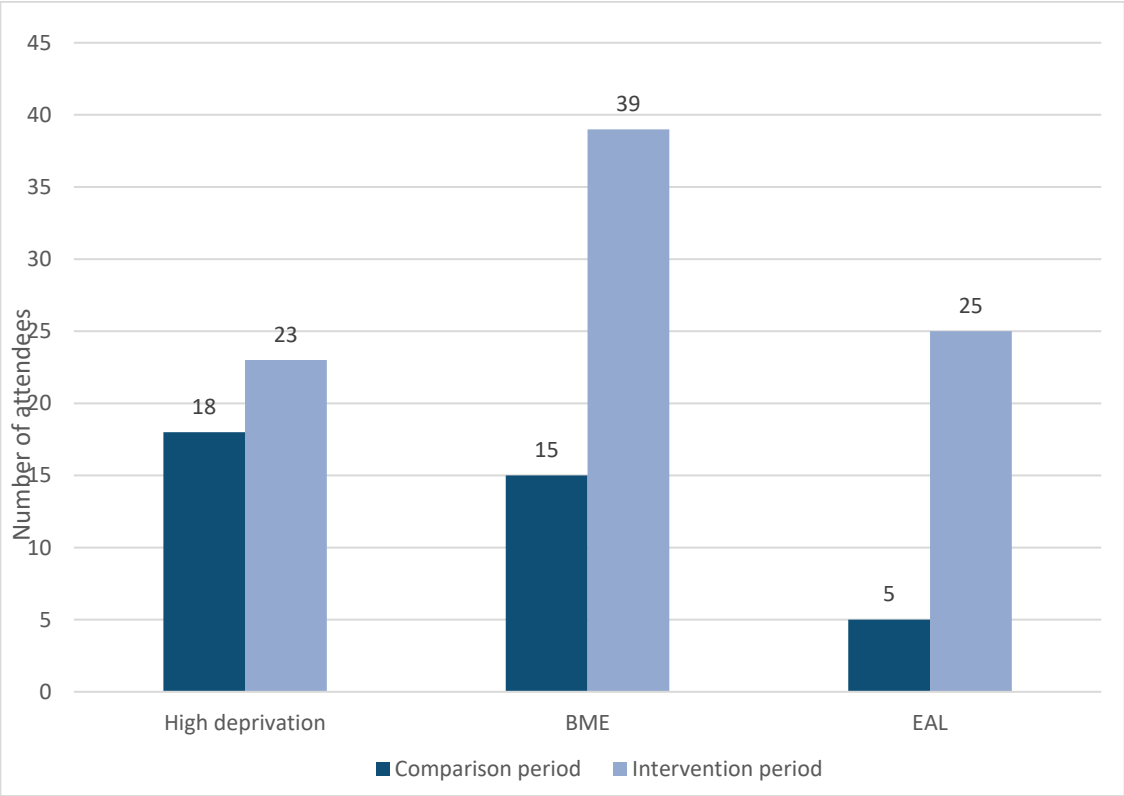


Figure 6: Attendees during the intervention and comparison periods for parents: i) living in high levels of deprivation; ii) Black and minority ethnicities (BME) and: iii) English as an Additional Language (EAL)



Does the intervention increase parents' capability, opportunity and/or motivation to attend ELT Baby?

The barriers and facilitators for the uptake of ELT Baby that were present following the intervention were explored as part of the interviews and were categorised as being capability, opportunity or motivational issues.

Capability (Psychological)

Parents said that the updated leaflet provided knowledge about the ELT Baby programme including what the course involved, where it took place and the fact that it was free and they were positive about the programme as described:

> "...there's like baby massage, wow, cool, I can do it, it's free".(M6)

> "...you've got the numbers for the centres as well on the last page, and I think that's really helpful."(M3)

A key piece of information that the leaflet provided was an access code, required during the online sign-up process and which made it easier to sign up. Making things as easy as possible encourages sign-up (Behavioural Insights Team, 2014). The availability of

this had previously been a barrier for some parents wishing to attend and was welcomed by several parents:

> "So when I went to go book the course, it wouldn't allow me to book because it said you needed a password and I was... so confused…so I phoned [childrens centre]... and I said 'I'm trying to sort out some space for myself but it's asking me for some sort of a code and I have no idea what I'm doing'... But one thing I noticed on the leaflet that you guys have like it [has the code]... yes, it's brilliant."(M3)

> "it's actually very useful to have the access codes because I think that was one thing that I actually don't [sic] have when we are signing it up" (M1)

Parents who had not seen the updated leaflet prior to the interview suggested that the revised version provided key information that would have encouraged them to sign up:

> "No, I hadn't [seen it before] but what I did think when I saw it was if I'd had that from the health visitor that would have made me realise exactly what it was, what it involved, and probably made me more inclined to want to sign up". (M2)

Opportunity (Social)

Parents differed in their views about whether the updated leaflet provided sufficient information about what others thought about the programme to encourage attendance. One parent commented on the value of other parents' testimonials in the leaflet:

> "…and I think with parents you always have all of these questions, you just want to have a bit more information about what other parents have said about it so, once you have read all of that it kind of encourages you to join in and get involved." (M4)

One parent suggested that the updated leaflet would be more effective if it was delivered by a healthcare professional and was used in conjunction with other communications from them, thus local authorities should consider how communications are delivered from a range of sources:

> "But I think if I am being honest just me receiving a leaflet would [not] be kind of like making me immediately want to join this programme. I probably need a bit of a push from the staff… I think help will be needed to sign mom up…so a leaflet can be given in one appointment and maybe the health visitors can ... like in the next appointment shall we just talk about whether you will actually sign up... if you like to sign up then we can just do it together." (M1)

Centre staff also played a potentially important role in advertising the programme and encouraging parents to sign up, thus there are opportunities to increase uptake through a variety of staff who are in contact with parents in the target population:

> "…it was only chance that we were just at the Children's Centre, we just happened to have that receptionist that was like keeping an ear out and then told us more

about it… she was really positive about it and she was like encouraging also, because I think she could see I was a bit hesitant, and then my husband was encouraging me and so was she…and that kind of just like, yes, pushed me to do it." (M8)

Opportunity (Physical)

Key to physical opportunity was that the leaflet needed to reach parents at the right time in the right places. Parents suggested that the updated leaflet needed to be more widely distributed to have maximum impact, and that those distributing the leaflets needed to consider that parents might not access it via the children's centre

> "… I just haven't been on the Merton Early Years Eventbrite because it isn't something that comes to mind... maybe they could send leaflets to our houses…because if you don't end up at the [Childrens] Centre, you might not hear about a lot of things, not because you are lazy, it is just, being at home with the baby can sort of take up your mind a bit and it is hard to get online and check for these things, even though it sounds like the easiest thing to do". (M4)

> "but obviously it's different for [parents] who just want to stay at home. And then I guess it's very useful for... [the] health visitor to actually carry some with them." (M8).

The intervention (leaflet) was planned to be distributed by a range of different people in contact with parents including health visitors, but this relies on changing the behaviour of those people, and local authorities needs to ensure that referrers have sufficient capability, opportunity and motivation to distribute the leaflet to parents and to make referrals.

Motivation (Reflective)

Factors that influenced whether people wanted to attend were varied. Some parents said that the updated leaflet provided them with a good impression about a range of potential benefits of attending:

> "...because they do say in the leaflet… 'your baby can be awake or asleep, feeding or playing during a session...and it is very relaxed and there is a lot of time for parents to ask questions and talk to our experienced staff'. So I thought... that was very key when I read that."(M3)

Some parents had been told about the health benefits of the programme for their baby and opportunities for bonding during the referral process. However, the most common motivating factor discussed was the opportunity to socialise with other new parents (a benefit identified in the insight work (see report) that was promoted directly and prominently in the updated leaflet):

> “To be honest, I just wanted to sign up for as much as I possibly could so I had some kind of routine and was getting out of the house. So I thought baby massage sounded quite nice, it wasn’t particularly the actual massage, it was the getting out with a group of other mums and having a routine for a few weeks”. (M2)

Acceptability of the intervention

During interviews we assessed the extent to which different aspects of the intervention had been acceptable to parents and carers, drawing on the facets of acceptability outlined in the TFA.

Does inclusion of a QR code improve access to online information about the ELT Baby programme?

Seven out of the eight parents interviewed said that they either had used the QR code or would have done so if they had received a copy of the updated leaflet. It provided a direct link to the Eventbrite booking website for the programme, which parents had previously found difficult to locate online:

> “... I went onto Eventbrite and I am trying to search and I couldn’t find things and I didn’t know what I was really looking for. So that [QR code] will be really helpful taking you straight to the page.” (M2)

> “Parent: and it is easy to book because it just has the, a code that you can just download onto your phone. Interviewer: Is that something you would have used do you think if you were booking yourself on? Parent: Yes, I would have, I would have, yes. If I had the physical copy of this, yes”. (M4)

> “And then it had the QR code so I was able to kind of see the website straightaway”.(M5)

> “The QR code is great…Yes, I definitely would have just done that and then copied that [access code], yes I can copy the text.” (M6)

This was not universal although one parent acknowledged that it would probably be liked by younger parents:

> “Interviewer: You mentioned the QR code and there wasn’t one on the previous leaflet that you received, do you think you would have used the QR code had you had this leaflet? Parent: If I’m completely honest I probably won’t, but I think it will be quite handy to be there because nowadays we’ve got a younger generation coming through so which they are more used to kind of like the QR code system.” (M1)

What do parents living in the most deprived areas of Merton think about the updated advertising/communications?

All the parents interviewed gave positive feedback on the information provided in the updated leaflet and its overall look and appeal although two parents joked that the children's drawings used to decorate the leaflet looked a little "scary".

Feedback from parents suggested that the updated leaflet was easier to read than previous leaflets; several commented that it had the "right" amount of information:

> "I think initially when I received [an older version of the leaflet] I don't recall seeing a duration about how long it lasts and those sorts of thing… I think [the new leaflet] is much easier to read to me, yes." (M1)

> "…so what you don't want to do is put too much information in, I think it's just the right amount of information." (M3)

One parent suggested that the leaflet could be improved by providing different language options to reduce the burden for parents for whom English was a second language:

> "So like maybe if the leaflet came in different languages or had, even if it's like an electronic leaflet with just a QR code that they could scan to see it in like different language options". (M5)

Most parents felt that the leaflet provided all the necessary information for parents to make an informed choice about signing up Although some parents made suggestions for additional information that could be included such as: making more explicit what the age range for babies eligible for the programme was, emphasising that partners were welcome to attend, and explaining how the timings of the course varied at each location.

Feedback from most parents was that the updated leaflet was effective at raising awareness about the programme and answering any initial questions new parents might have (perceived effectiveness). Several parents who had not received a copy of the updated leaflet commented that it would have encouraged them to sign up:

> "It literally answers a lot of your questions straight away." (M3)

> "All I can think is it's just really clear. It catches your attention, there's not too much information on there because sometimes you get leaflets and it's almost too much to read and you lose interest. Cos you are given quite a lot [as a new parent] but no, I thought it was really good". (M2)

The intervention was therefore deemed acceptable to parents which is important for them to be willing to engage with it

Impact on wider family hub services

Given that a key aim of the programme is to explore how the interventions could impact on the uptake of broader family hub services we explored this in interviews with parents.

Does the intervention result in increased intentions to access wider family services?

Parents who attended ELT Baby received information from staff delivering the course about a range of other services. Activities and support they had been told about included parenting interventions for older babies and children, drop-in play sessions, library story-time sessions and open garden sessions, maternal mental health support and breastfeeding support. Most reported that they would be willing to attend these other services if they were convenient in terms of timing or location.

Most parents interviewed were unfamiliar with the term 'Family Hub' and asked the interviewer to provide a description. Some were vaguely familiar but expressed uncertainty about how the Family Hub differed from a Children's Centre suggesting that there is a need to increase awareness:

> "Probably heard of it but I wouldn't be able to tell you what it means. [interviewer provides description]. I mean is it based in the children's centres? I find a lot of this terminology, if it's not entirely clear what it means I am kind of like I've heard of it but what does it mean?" (M2)

Another parent, whilst familiar with the concept of the Family Hub, remained uncertain about how to access services in the future:

> "I've heard of the Family Hub but I haven't heard much about it in regards to any sort of, actually the programmes that go on there, if there is any... It was kind of mentioned in a session, but it wasn't really explained, or maybe...I might have missed that bit of information....How would I access it because I'm not going to lie to you, I've heard of it but I have no idea how to access it...?"(M3)

One parent, whilst unfamiliar with the specific title Family Hub, described an intention to engage with them in future:

> "...I didn't know this was a thing until I had a child, it honestly feels like you are going to be all alone with your child after you give birth but you get invited to these Children's Hubs and you realise that there's so much more, you know opportunities to bond with other parents and also bond with your child whilst he plays, things you might not be used to but the Children's Hub or the Children's Centre is there to kind of help you learn these skills". (M4)

Another described the important role that written communications can play in advertising support:

> "..., so when we found out about the baby massage, there was another leaflet and it was for post-partum CBT, if you were experiencing depression or anxiety.... I didn't know about any of this, because we're new to the area, we moved recently, so I wasn't aware of like the Family Hub, and I only found about these services by going to the Childrens Centre and seeing the leaflets.". (M8

Overall, the findings indicate that awareness of family hubs is low and parents are uncertain about what services are available and how to access them. Most parents, once informed about the family hubs offer indicated a willingness and intention to use services in the future. Thus there is a need to translate this willingness into engagement.

Additional contextual findings about the ELT Baby programme

While the intervention evaluated focused on referrals and initial uptake of the ELT Baby programme, consistent attendance relies on the programme meeting parents expectations and providing a positive experience.

Consistent with the phase one findings, some parents commented that they found the overall branding of the programme confusing and the online booking system confusing in terms of what the programme is. It is important that parents' expectations about the programme are consistent with what is delivered:

> "...sometimes what I find difficult is... cos it's called Early Learning Together…It doesn't, that doesn't really tell me what it is... and it hadn't twigged to me as to what that really means or what it is... also when you book via Eventbrite it's not very clear what it is that you're signing up for." (M2)

Once the initial "sign-up" process was complete, parents found the support to attend from course leaders very good:

> "the instructor was really good, she always texted us before the session and asked us for the confirmation of the attendance, so I think that's actually helped us to remind us to attend for the programme, however, the signup thing could be improved I believe, yes". (M1)

The reasons given for only partial attendance were non-avoidable for most parents and included their baby being unwell or having other routine appointments to attend (e.g. childhood vaccinations). However, for a few parents, awareness that the programme was popular and had limited spaces made them feel some pressure about missing sessions:

> "...it is very highly subscribed so it feels like when you miss one session, you are kind of like taking the place of somebody else but not actually going, so it is very hard to, I don't know. I find that it is hard to continue coming, I would rather just give up the sessions and have someone else come altogether."(M4)

Once engaged with the programme, many parents expressed a wish to continue onto LBM's next baby development programme for babies aged 6-12 months. However, depending on the age of their baby, some had to wait for several weeks to be eligible. This presented a potential "gap" in engagement with the Children's Centre and a potential loss of important social contact:

> "I mean it would be nice if they had like a programme to continue on with, because...by the time I get onto the next one... everyone else is not going to be

there... it's just now that on a Tuesday [daughter's name] and I have nothing to attend until she reaches the six months now, if that makes sense, there is nothing else left."(M3)

Discussion and key recommendations

The behavioural science-informed leaflet appeared to result in more referrals and attendees at the ELT Baby massage programme. Although there were not more referrals from people from areas of deprivation there were increases in referrals from minority ethnic families and parents for whom English was a second language. While this is encouraging it is not entirely clear why this increase occurred, and it is therefore potentially more difficult to generalise this finding to other geographical areas.

The leaflets, while showing some positive effects, did not reach everyone. It seems that they were predominantly distributed by the children's centres and therefore only those parents already engaged with the centre likely signed up (or self-referred). The intention during intervention design was that health visitors would also distribute the leaflets. The extent to which this occurred was unclear but qualitative comments indicated that it was not universal, and this is an important missed opportunity to engage parents with the ELT Baby programme as well as wider family hub services and support.

The comments indicated that the most effective use of the leaflets was alongside verbal referrals and encouragement, with support to sign up from trusted healthcare professionals. The leaflets provided important key information which parents wanted to take away to consider. This dual approach should be considered especially for disadvantaged and vulnerable parents given that previous research has indicated the value of this approach for this group (Underdown and Barlow, 2011). Thus, both health visitors and children's centre staff need to be made aware of the value of additional persuasion and be supported to deliver this to parents when they give them the leaflets to ensure that parents have the capability, opportunity and motivation to sign up.

The qualitative comments indicated the importance of communications about the service being clear with information about the timings and expectations for the course. Some parents found it challenging to attend all of the sessions and local authorities should consider whether more flexibility could be built into the programme. This would both better meet the needs of parents and potentially allow more parents to attend (some of the sessions each) during the same time period.

Consistent with the findings from the evidence review (e.g. Cox and Doherty, 2008) one of the key drivers for attending the baby ELT Baby course was meeting other parents and the opportunity to socialise. While this benefit of attending was highlighted in the leaflet, they are less of a focus for referral conversations, although it would be valuable to include.

Once friends had been made at the ELT- Baby course, parents were keen to continue to meet and be supported by their peers. However, there was a lack of continuity with a gap in the provision of courses for which they were eligible to attend (based on their baby's age). This gap is a point at which engagement in the family hub is lost and local authorities should consider how parents might access a continuous pathway of support.

Parents were not necessarily familiar with the term 'family hubs' and there was some confusion about what this meant and how it was different from other terms like children's centre. This is likely to be compounded by the names of specific services e.g. the ELT Baby programme. Local authorities should consider using consistent branding across all of their family services to encourage a better understanding of the full offer to parents.

Key recommendations to increase uptake of parenting programmes

1. Ensure that leaflets to promote parenting classes and support are distributed to all families with babies of the appropriate age using a range of means to do so including via health visitors, online and via children's centres.
2. Combine the leaflet with verbal communication from trusted healthcare professionals as the combination of these seemed most likely to result in people signing up and attending.
3. Continue to include content in the leaflet that appeals to underserved communities, building on the increased number of sign-ups and attendance by those from black and minority ethnic groups and by parents for whom English is a second language.
4. In face-to-face communications, focus on the social benefits of attending the ELTB group – i.e. that it is an opportunity to get out of the house and meet other parents with babies of a similar age. This was a key motivator for parents to attend, and although is highlighted in the leaflet, it needs to be a consistent message in all communications.
5. Consider building in more flexibility about the times/dates that parents should attend to acknowledge that parents can often not attend every session. This could provide opportunities for more parents to attend.
6. Consistently use the term 'family hubs' in branding to ensure that parents know what it is and what is on offer.
7. Utilise any contacts with family hubs to raise awareness/sign ups for other services
8. Consider the development of continuous service 'pathways' to ensure that parents are consistently supported and do not have to wait for classes or programmes to commence after finishing one.

Fellowship of St Nicholas

Intervention specification and implementation

A range of professionals in contact with families in temporary accommodation were offered brief behavioural science informed online training to encourage them to make referrals into the Temporary Accommodation Hub (TA hub) run by the Fellowship of St Nicholas (FSN). In addition, a video was made for distribution to eligible families showing them what the TA hub had to offer and the value of accessing the service. The intervention addressed a range of needs identified in earlier work (see report and table 8).

Table 8:Capability, Opportunity and Motivation needs addressed by the FSN intervention

Capability needs	Opportunity needs	Motivation needs
Knowledge about the service on offer including what it is like to attend the Temporary Accommodation (TA) hub.	Well-timed, accessible information for parents about the TA hub (including early referral upon entering TA and online information). Benefits of the hub conveyed by others with similar lived experience.	Reassurance about safety and non-judgement; reduce shame associated with accessing services for families in TA. Positive expectations about attending the TA hub.

The intervention targeted two behaviours in two target groups :

1. **Brief online training** to promote effective referrals to the Fellowship of St Nicholas (FSN) TA hub by relevant professionals (housing officers/other professionals).
2. **A video about the Temporary Accommodation (TA) hub** to show parents living in temporary accommodation the value of accessing the hub, and what they could expect from the hub.

Appendix D shows the slide deck used in the training for professionals.

The video for parents is available here: video

Brief training on how to refer to FSN for professionals working with people living in TA

A set of slides with audio narration (brief intervention) were embedded into Qualtrics online survey software. Survey questions designed to elicit feedback on the training material and its perceived impact on future referrals followed the slides[10].

FSN distributed the link via email to 18 local organisations, potentially reaching a maximum of 61 professionals. The professional training slides were accessed 18 times between 7th November and 20th December 2023.

Parent-led video promoting the TA Hub

FSN contracted a local media production company to work with TA Hub service users to design the format, record and edit the material. The SHU research team provided a design brief which used insights gathered from earlier focus groups and workshops with parents and behaviour change techniques identified using the behaviour change wheel (see figure 1) to inform the content of the video. Three service users from FSN with lived experience of temporary accommodation were involved in the design of the video. A fourth service user worked alongside the media company to film and edit the material ready for final production, gaining an AQA qualification in film making in the process.

The original intention was that the video would be sent out at the same time as the training materials, but due to the time needed for production this was not possible. Instead, the video was distributed to local housing officers and other referring agencies (a total of 45 emails sent by FSN staff) later.

As of the end of March 2024, the video had been watched 44 times via Facebook as well as being available on FSN's website[11].

Evaluation methodology

The evaluation comprised two components:

1. Quantitative data collected by FSN to compare:
    - referrals to the TA Hub in a 3-month period following distribution of professional referral training with the same 3-month period from the previous year (primary outcome)
    - conversion of referrals to attendance or use of TA Hub telephone support
    - number of views of parent testimonials video

[10] Trainees were invited to provide their email address so that a follow-up survey could be sent to them 3 months later. Only three professionals completed this follow-up survey and so we have not included results here.

[11] Website page has been accessed13,578 times but it was not possible within the scope of this project to measure video views or access since the intervention has rolled out.

2. Interviews with a sample of parents including those who had been referred and subsequently either attended or not attended the TA Hub to explore (secondary outcomes):
    - acceptability of the intervention
    - effectiveness of the intervention to address key barriers
    - impact of the intervention on intentions to access wider family hubs services in future

Participant recruitment

FSN contacted parents via email who had been referred to the TA Hub during the evaluation period, including those who had subsequently engaged with the service and those who had not engaged. Parents were invited to contact the SHU research team directly if they would consider taking part in a brief interview online or via telephone. Parents expressing an interest were followed up by the research team, provided with a written information sheet and consent form and a mutually convenient interview time was scheduled.

Results

Participants

14 professionals completed the training (with 4 of those participants opting to complete it a second time), see table 9 for participant characteristics. Eight responses were recorded to the post-training feedback questionnaire.

Eight parents participated in interviews about the TA hubs, the characteristics of which are presented in table 10.

Table 9: Professional participant characteristics for FSN

Characteris-tic	Training feedback survey (start of intervention)
Organisation	East Sussex County Council (1) East Sussex Healthcare Trust (1) Eastbourne Foodbank (1) Hastings Borough Council (5) Education Futures Trust (1) Eastbourne Borough / Lewes District Council (1) Sussex Community Development Association (1) FSN (1) Not provided (2)
Job role	Housing professional (8) Food bank worker (1) Advice caseworker (1) Early years professional (1) Health visitor or midwife (1) Not provided (2)

Table 10: Parent participant characteristics for FSN

Demographic character-istic	Parents in sample (n=8)
Age (range)	21-43
Marital status	Married (1) Single (4) Co-habiting (3)
Ethnicity	White British (7) White Other (1)
Gender	Female (8)
Attendance/use of TA Hub services	Attended TA Hub (4) Attended TA Hub and accessed telephone support (1) Did not attend TA Hub or access telephone support (3)

Impact of the intervention on professional referrals

The professionals completed a survey after they had watched the training which assessed their capability, opportunity and motivation to refer families living in temporary accommodation to the TA hub.

Does behavioural science-informed training for professionals working with parents in TA increase referrals to the TA Hub at FSN?

There was a small increase in the number of referrals made by professionals to the TA hub at FSN during the intervention period compared to the comparison period and referrals were made by people with a wider range of job roles than had occurred previously (see Table 11).

Table 11: Referrals to the TA hub during the comparison and intervention periods

Referrals by characteristic	***Comparison Period*** **Dec 2022 – Feb 2023**	***Intervention Period*** **Dec 2023 – Feb 2024**
Total	**7**	**17**
Referred by: Health Visitor	-	7
Referred by: Housing Officer/Team	1	3
Referred by: Supported Housing Officer	-	2
Referred by: Early Years Practitioner	-	1
Referred by: School/Community College	-	1
Referred by: TA Hub @ Eastbourne	-	1
Referred by: Internally within FSN services	4	2
Referred by: Self-referral	2	1
Housing type: Temporary Accommodation	2	10
Housing type: Inappropriate Accommodation	5	7
Ethnicity: White British	4	9
Ethnicity: White Other	1	6
Ethnicity: Mixed/multiple ethnicity	2	2
Children or parent with a disability: Disability	3	2
Children or parent with a disability: No disability / Not known	4	25

Does the intervention increase professionals' capability, opportunity and/or motivation to refer parents living in TA to the TA hub?

Capability

The online training resulted in self-reported improvements in capability for the vast majority of participants (7 out of 8) across a range of factors: knowledge for referring; confidence for referring; ability to remember and make plans to make referrals; and skills for referring parents living in TA (see Figure 6).

This was supported by qualitative comments that were provided in the survey:

> "In my role as TA Officer I hadn't thought to refer clients. [I thought] that would be from the Housing Officer… so to know we can refer too is welcomed"

> "[This training will] raise awareness and [my] ability to answer questions from households"

Opportunity

The training resulted self-reported improvements in physical opportunity (time available to make referrals) and social opportunity (support from others to make referrals)for the majority of participants (6 out of 8 participants).

Motivation

The online training resulted in improvements self-reported motivation with 6 out of 8 participants reporting improvements in their beliefs about the positive benefits of the TA hub for parents, and 7 out of 8 participants reporting improvements in their beliefs about the benefits of the TA hub other organisations, beliefs that referring is an important part of their jobs; and desire to make referrals.

These were supported by qualitative comments made by participants in the survey:

> "I will gladly refer to the [TA] Hub"

> "Sounds like an ideal space for residents of temporary accommodation to access services and support at a very difficult time in life."

> "It will be at the forefront of my mind when working with families in insecure housing"

Thus, the training was effective in changing the behavioural influences that it was targeting and which were expected to result in increases in referrals..

Acceptability of the professional intervention

What are professionals' perspectives on completing the referral training?

Professionals who completed the training slides and subsequent feedback questions reported an appreciation about how clear and succinct it was. This made the training possible for them to complete amidst extremely challenging workloads:

> "Brief and informative highlighting the services offered without overload"

> "Short and to the point. Contained the information needed to answer clients' questions."

Professionals also reported finding the information contained in the training easy to understand:

> "Easy to understand and makes it clear who can be referred and how they can be supported"

Professionals reported that the training intervention was an effective and useful resource for making new referrers aware of the TA Hub, who they could refer there and how, or as a reminder for professionals who already made referrals:

> "Really useful to understand community resources in our local area"

> "Yes, it will make me think of this provision when placing a family in TA"

Impact of the intervention on uptake

The effect of the intervention on uptake was measured and compared to the same period the previous year (to account for any effects due to the time of year). See Table 12 for details.

Table 12: Attendance at the TA Hub during the intervention and comparison periods

	Comparison Period **(Dec 2022 - Feb 2023)**	***Intervention Period (*****Dec 2023 – Feb 2024)**
Total number referred	**7**	**17**
Attended TA Hub in person	5	8
Accessed telephone support	n/a	1
Did not attend/use services	2	8

Do increased referrals to the TA Hub by professionals working with families living in TA result in more parents attending the TA Hub?

A larger number of parents from families living in TA attended the hub either in person or accessed telephone support during the intervention period compared to the comparison period although this was a smaller proportion of those referred (52.9% compared to 71.4%) see Figure 7.

During this period there were no waiting lists for the TA hub but there were some additional contextual issues that may have affected attendance which were reported by the hub staff

- The majority of referrals not translating to attendance were from the Health Visiting team and there are some challenges around the capacity of these teams to be able to support families into The Hub to aid the transition.
- There was an increase in TA accommodation in the town, but these were at locations further away from The Hub so travel is likely an issue.
- Families were being moved across District and Borough areas at short notice with anecdotal evidence from TA Hub staff and interviews with non-attenders suggesting that families needing temporary accommodation were being moved outside of the Hastings area before they had an opportunity to access the TA Hub.

Does a parent testimonial video increase parents' intentions to take up the TA hub?

Interview participants commented positively on the video and said that it provided a warm and positive impression of the TA Hub:

> "...it showed us the facilities that they've got for the children, lovely… it's very inviting. I mean it seemed very friendly when I was watching it." (P2)

Feedback suggested that the video increased knowledge (psychological capability) about the TA Hub and what services it provided:

> "I think the video it explains everything... before I knew about it or when I first found out about it, if I knew about the video it would, it would help give you an idea of what because when the health visitor referred me she wasn't really a hundred percent on what it was, I wasn't really to know what it was like until I had been..." (P6)

> "...instead of someone going 'oh you can do this and you can do that' and whatever, it explains it a little bit more… Yes, you can see what there is to offer and what you can get instead of just being thrown in the deep end...."(P8)

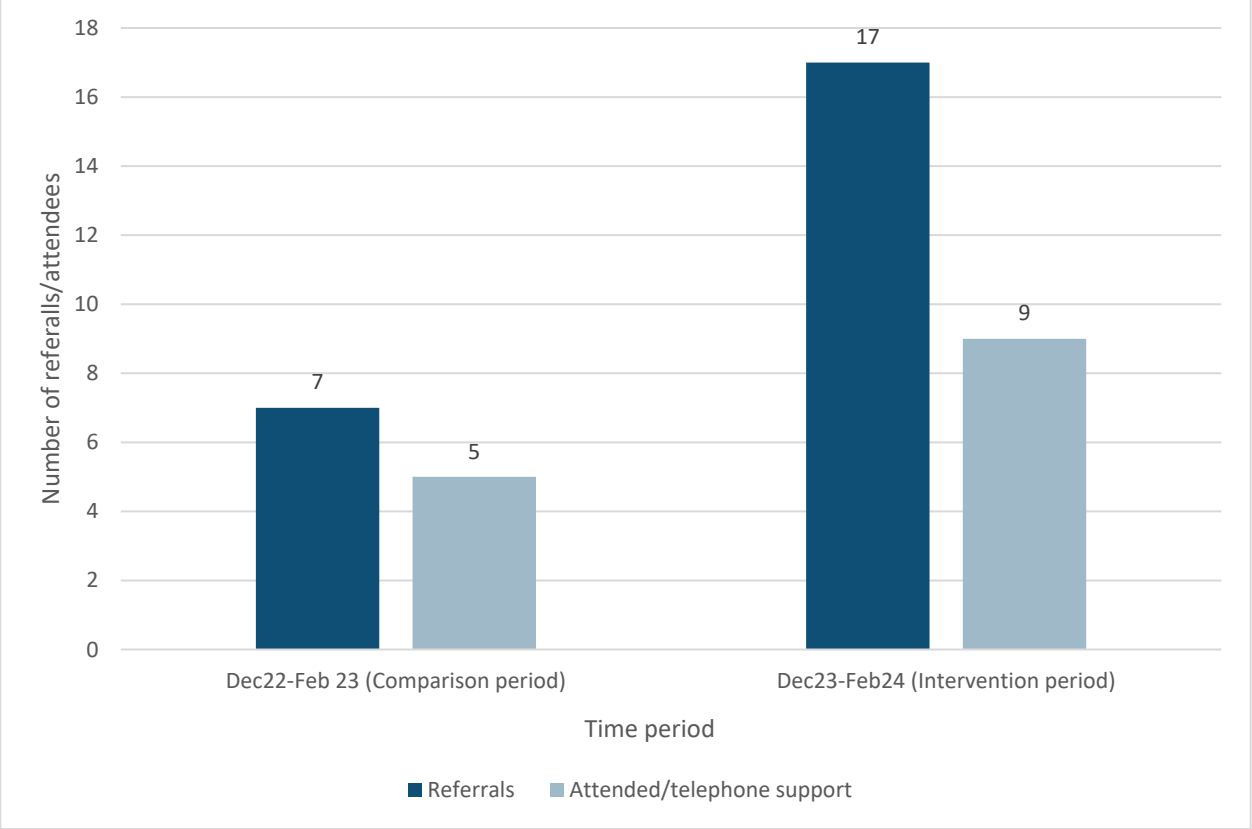
Participants particularly welcomed the inclusion of service users in the video, which they said gave it relatability and credibility:

> “It’s nice that you haven’t just got staff talking, you’ve got actual people that go to the hub and that have had the issues and stuff like that”. (P5)
>
> “Instead of doing it from the workers’ perspective where it’s all workplace jargon and stuff like that, it’s actually coming from the mouths of the service users”. (P1)

The involvement of service users was cited as a key factor in the video’s potential effectiveness for encouraging parents to attend the TA Hub in the future (social opportunity):

> “I am hoping it will [inspire people to attend the TA Hub]… Because it will be the same people that will be going through it, or that have been through it”. (P1)

Figure 7: Referrals and Attendees during the intervention and comparison periods



The perception of safety conveyed in the video by other parents was echoed by another participant:

> “It definitely does look like a safe place like they were saying, it’s nice to hear that their little ones have blossomed by, you know, interacting with other kids, and also it gives them activities to do, which I think is what would benefit both of us.” (P7)

Some interview participants cited distance and/or difficulty of travel to/from the TA Hub as an ongoing barrier to attendance. One participant suggested that the video potentially made her reconsider this (physical opportunity):

> "I: the thing [you said] that stops you from going is the travel and is there anything on that video... does it help in any way to address that barrier that you've got about attending the hub? P: Well with seeing the entrance towards it as well, I am not going to lie, there are buses that go straight past it and have a bus stop right outside of it. So there are ways of actually being able to get there…"(P5)

However, for other users, anxieties or challenges associated with travelling to the Hub remained a barrier:

> "I think at first I mean if the video was around it would have helped me a little bit, but for me it was my own anxieties of getting there and back, it wasn't the Hub in the first place".(P6)

For a range of complex reasons including refugee status and/or moving away from domestic violence, some parents interviewed had moved to temporary accommodation outside of the Hastings area since their referral. For those parents, it was this physical movement that prevented them from attending the TA Hub rather than a lack of intention:

> "Yes, we moved from Hastings… after [being moved to numerous temporary accommodations] we were taken to [place name] for another temporary accommodation because she says...we can't stay in one room for long period" (P4)

However, for those parents remaining in Hastings, feedback suggested that the video could improve (reflective) motivation to attend the TA Hub:

> "If [I had watched the video before being referred] definitely I would have been there a hundred percent" (P3)

The video about the TA hub was thus able to demonstrate to parents in a way that they could relate to that the service was friendly, and valuable.

Impact on wider family hub services

Does the intervention result in increased intentions to access wider family services?

Interview participants described being signposted or referred by FSN staff to a range of local services and family support organisations. These included the Hastings Family Hub, local citizens advice bureau, mental and physical health support such as a gym membership or cookery classes for parents, food banks, and local play and craft groups for children and young people. Some described how FSN staff provided information about how and where to access services:

> "Because I asked about some activities for my son...and in [FSN TA Hub] the person printed for me two papers of different activities which were at that moment in Hastings... to come to play, like table games or other activities... teach him like

play Lego [sic], or drawing, or make crafts.... and they printed a map for me, so it was easier to find it."

One participant expressed hesitancy about accessing the local family hub due to an ongoing lack of understanding about its purpose:

> "...they gave me the number for the Hastings Family Hub that's up by my house.... I googled the number, but I still didn't know what it was, so I didn't want to call them."

A few parents had previously engaged with early help keyworkers at the Family Hub, although this was typically through a health visitor rather than as a result of FSN referral:

> "I don't know, I think there's Hastings [family hub], I don't know….due to [developmental] delays with my youngest the health visitor referred us to the Early Years groups there and that's how I... knew about the one on [street name] from being pregnant with my children because that, that used to be my nearest place to go for appointments and things". (P6)

FSN collected data on signposting/referrals to other services during the comparison and intervention periods. There was a substantial increase in both the range and number of referrals during the intervention period (see table 13). This might reflect increased efforts on the part of staff to refer and/or the greater number of parents accessing the service providing more parents to refer.

Additional contextual findings

Our findings suggest that further distribution or completion of the training for referrers amongst a broader range of local professionals could be useful. For example, one parent interviewed had been referred to the TA Hub by the receptionist at her local GP practice. This was a very welcome referral, but the information provided about the TA Hub was not entirely accurate, suggesting there are some remaining gaps in professional knowledge about the service:

> "She [GP receptionist] didn't know very much, she said that you could just go, turn up and like go for it sort of thing. However, when I called obviously you had to be put on a wait list. She... said it was like accessible for us to use the [washing] machine and you can go in anytime and again it wasn't, it was only after school." (P2)

Some professionals (in response to open-ended questions in the trainers' survey) suggested that the training slides be regularly re-distributed to ensure that new starters were aware of the service and others were reminded of it:

> "The training would be good to use at regular team meetings for all professionals working with families in the community in the local area to keep regular staff updated and reminded and ensure new staff are aware of the Hub too"

One of the benefits of online training is that it can be used repeatedly in this way.

Table 13: Referrals/signposting to other services by the FSN TA hub during the intervention and comparison periods

TA Hub users signposted or referred by FSN to:	Comparison period *Dec 2022-Feb 2023*	Interven-tion period *Dec 2023-Feb 2024*
Internal services (other FSN groups)		
Family learning group	4	8
Parents and Children Together (PACT) peer support	1	2
training	0	2
The Pantry (food voucher scheme)	0	2
My Time (peer support service)	1	0
Volunteering with FSN		
External services and support (outside FSN)		
East Sussex Wellbeing Team	0	2
Citizens Advice Bureau	3	10
Family Grant	0	1
Dentaid	2	1
Household Support Fund	2	18
Open for Parents (East Sussex County Council)	1	2
Childrens Centres (Family Hub)	1	1
Eastbourne Food Bank	0	6
Health in Mind (NHS Talking Therapies)	0	2
Housing Officer	0	6
GP	0	1
ESOL	0	1
Hastings and Rother Mediation	0	2
Warming Up the Homeless Hastings (clothing bank)	0	3
East Sussex Fire and Rescue	0	2
Refugee Employment Programme	1	0
East Sussex Libraries Learning Services	1	0
Total number of referrals	17	72

Discussion and key recommendations

The findings suggests that very brief information (training) for professionals is effective at improving capability, opportunity and motivation for referring to the TA Hub amongst those who work with families in TA. The number of referrals following training was also increased although not extensively.

Professionals appreciated that the training could be completed flexibly (i.e. no attendance at a session) and was sufficiently succinct yet had all the key information. This was key to its success given the time available and the pressures that professionals are under. Feedback suggests the training should be more widely distributed to more local professionals (e.g. GPs) and regularly re-distributed as a refresher and for new starters in their organisations. One of the key advantages to online training is that its simplicity makes it easy for FSN to update with any changes to TA Hub information in the future.

Although referrals were increased the number of attendees was not so impacted. This was likely for a range of reasons including issues of travel to the hub which were highlighted in the evidence review (Swick, 2009) and focus groups. This was a particular problem because FSN reported that additional temporary accommodation in the town during the study had been placed further away from the hub. In addition, some of the families referred were moved during the course of the study according to FSN, reflecting the findings from the evidence review that high mobility impacts on parents' ability to access services (Gewitz et al., 2013).

Although this was not assessed formally as part of the evaluation, participant feedback from interviews suggests that the video resource was valued and could encourage more parents to attend the TA hub. Participants particularly liked the involvement of service users, and their descriptions of the service in their own words was arguably the most influential part of the video. However, although the video addresses some key capability and motivational barriers it does not address all physical opportunity barriers e.g. where parents have challenges physically getting to the Hub. The COM-B model would suggest that people need capability, motivation AND opportunity and that any one of these could mean that services are not taken up. Future work should therefore continue to explore how physical opportunity barriers might be addressed.

Careful thought needs to be put into how the video is distributed so that it reaches key audiences. Ideally it should accompany professional referrals so that any concerns about the service and what it offers are addressed immediately.

Key recommendations to increase referrals and uptake of support services for families living in temporary accommodation

1. Training about services, what they offer and how to access them is recommended for all people eligible to refer parents into support services, including GPs.
2. Ensuring that the training is brief and can be completed flexibly is key to its success.
3. The training should be regularly re-distributed as a refresher and for new starters in their organisations.
4. A video showing authentic service users talking about the service and how beneficial is has been for them and their families is a useful resource to encourage others to attend and which addresses key capability, motivation and social opportunity barriers.
5. The venue being somewhere that is accessible without additional costs (e.g. public transport) is particularly important for those living in temporary accommodations for whom poverty is more likely to be a challenge, and consideration should be given to the full range of capability, opportunity and motivational barriers in order to promote optimal engagement.

Sheffield City Council

Intervention specification and implementation

The planned intervention was a new in-person antenatal and postnatal service for young mothers (aged ≤ 25 years) delivered in a central city central location in Sheffield. The intervention addressed a range of needs identified in earlier work (see report and table 14).

Table 14: Capability, Opportunity and Motivation needs addressed by the SCC intervention

Capability needs	Opportunity needs	Motivation needs
Understand what the service is, how to access it, and the value and benefit of accessing the service.	Access to a young-mum specific service providing in-person antenatal support delivered in an easily accessible venue.	Avoid fear of judgement (i.e., from older mothers) and feelings of pressure to breastfeed. Want to meet other young mothers like them.

The intervention was changed to an antenatal support service for new mothers-to-be due to it, replicating a new postnatal service ('Baby and Us') that had been planned to be launched by SCC in January 2024 outside of this project (and unbeknown to the stakeholders involved in the codesign process). The revised plan was to integrate the two services so that all young expectant mothers who attended the new antenatal service would then be encouraged to attend the 'Baby and Us' programme after they had their baby, in order to continue receiving support from the family hubs team.

Unfortunately, due to the costs and availability of venue hire for the antenatal group this was not able to be delivered as planned. Instead, SCC organised delivery of the new antenatal group in venues that were within budget but did not meet the required ease of accessibility that stakeholders in the co-design work said that they needed. Considerable efforts were made by the SCC team and their colleagues to contact the target population in line with the protocol. The roll out of the service occurred in December 2023 during a period of poor weather (snow and ice). Despite SCC's efforts it was not possible to recruit a group of young mothers to attend.

Reasons for not proceeding to evaluation

The difficulties in recruiting young mothers to attend an antenatal support group meant that the planned evaluation could not go ahead. There was not a sufficiently large pool

of young mothers who had attended the group from which to recruit participants to a focus group. For this reason, the project did not proceed to evaluation.

Discussion and key recommendations

Physical opportunity was a key barrier to uptake of the antenatal support service by young mothers. They needed a venue that was easy to access on public transport from the whole region (i.e. city centre). Unfortunately, failure to address this barrier in the service that was delivered, meant that it was not taken up. This highlights the importance of identifying the barriers and facilitators to service uptake during the design of services and ensuring that what is offered properly meets those needs. Other physical opportunity factors outside of SCC's control, such as the poor weather conditions during the roll out, are also likely to have impacted.

In Sheffield, the stakeholders involved in the co-design of the project were not fully abreast of the availability and costs of city centre venues, nor of the budget available to spend on this new service. It is essential that the stakeholders making the decisions are fully informed about the wider context and investigate the practical and financial implications of different options prior to final selections being made. Future projects should consider carefully whether the stakeholders making decisions about services and interventions include key gatekeepers and those abreast of (or ideally in control of) the budget and resources available.

The local authorities involved in this programme of work applied to take part and were selected to take part by Department for Education who had commissioned Sheffield Hallam University as suppliers to deliver behavioural insight research and evaluation of the interventions. However, the scheme did not cover the costs of delivery of the intervention(s) by local authorities, nor did it pay for the time of those working to deliver the projects within local authorities. This programme of work has taken place during a period in which local authority budgets have been reduced (2024/25 spending has been reduced by 23.3% in real terms compared to 2010/11; Local Government Association, 2024) which has meant public services and spending have been scaled back. This has made it difficult for local authorities to prioritise non-essential projects and resources and has impacted on their ability to contribute to the project although the staff directly involved at SCC put considerable time, resources and energy into all aspects of the programme of research.

Key recommendations to increase uptake of antenatal groups

1. Intervention design needs to happen with an awareness of the broader context and other initiatives taking place in the region to avoid excessive cross overs.

2. Co-design needs to be undertaken by stakeholders with up-to-date information about the resources (e.g. funding, locations available) and practical restraints (e.g. staffing) necessary to deliver the intervention or the solutions run the risk of not being deliverable.

Implementation evaluation

Evaluation methodology

The local authorities and charity involved in these projects applied to do so via a competitive process run by DfE. Offered behavioural science input to support the uptake of family hubs services, successful applicants then worked with the SHU team to design and plan the evaluations of interventions to promote uptake of family hubs services. In order to capture key learnings from the local authority/charity staff involved in implementing the projects, those involved were invited to take part in workshops to discuss their experiences and share learnings. These were scheduled for when the interventions had already started, so that participants could reflect on the process of reaching that point in the projects. Staff connected with the project at each local authority were offered two workshops and could select which to attend. Three participants attended each workshop. Workshops lasted an hour and were audio-recorded. To maximise local authority staff's comfort with speaking freely about their experience of working with the researchers, the workshops were facilitated by researchers who were not involved in the operational delivery of the projects, hence the researchers were unfamiliar to the local authority staff. The workshops explored:

- Motivations for applying to the programme
- Challenges of implementing the projects (intervention + evaluation)
- Benefits of participating in the programme
- Advice for other local authorities/organisations considering embarking on similar projects

Participants

Participants that took part in the workshops represented all four local authorities/organisations involved in the programme (see table 15). Participants included the following teams: Children and Young People, Infant Feeding and Peer Support, Public Health, Universal Health Visiting and School Nursing Service, Charities, and Early Years and Family Well-being and Early Help Service. They also represented a range of different job roles including head of service, team members and executive members.

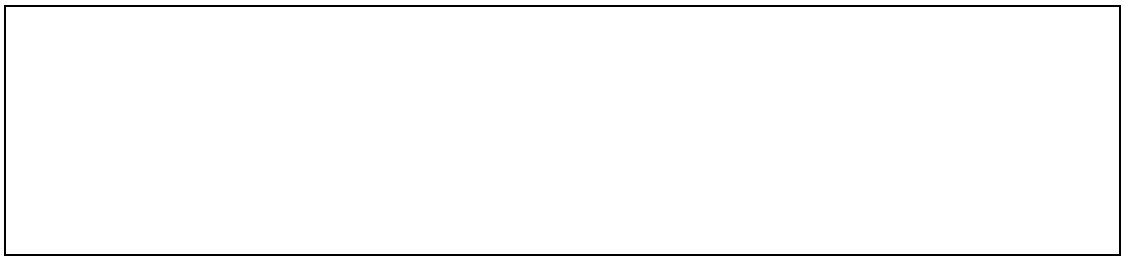
Table 15: Participant characteristics for Community of Practice Workshops

Participants per project	Number
Redbridge	3
Merton	1
FSN	1
Sheffield	1

Research Findings

Motivations for applying to participate in the programme

Local authority involvement in the programme was via a selective process managed by DfE. The programme offered local authorities the chance to work with behavioural science experts (the SHU team) to develop and evaluate interventions to promote uptake of services delivered through family hubs. Two main motivations to apply to the programme were discussed: the challenge of improving uptake of services, and a desire to use the learning offered more broadly.



Participants described the challenge of improving service uptake and looking for new ways to tackle old issues:

> "so that was our drive, we're ready to see if there was any sort of quick nudges, I guess more than anything to help us improve on those two particular issues. One is around sort of sign up and registering for the programme and the second is completing." (P 3)

> "For us it was about finding out how we can do things better" (P1)

Some mentioned the COVID context as exacerbating the problem:

> "quite similarly to other boroughs is since COVID and even predating COVID, the service has struggled to reach the targets and to get a really good uptake" (P 2)

An additional motivation was to learn from the process and apply the learning to other areas:

> "we thought this would be a really good way to kind of, you know, get mobilising with it and learn from it as well." (P 5)

> "…not just for this project but actually for others too." (P 1)

> "I wrote the initial application, basically it was of real interest to us … that was always our intention, not just using it for this particular piece of work but how we can use that learning [more widely]." (P 1)

Challenges of implementing the projects

Participants discussed multiple challenges to successful implementation of the projects, which related to resourcing, shifting timescales, and staff turnover.

Participation in the programme did not come with any additional resources from the funder to support the local authorities in delivering the tasks associated with their involvement in the programme. For some, this was challenging:

> "I think it's been challenging not having any budget for this as well because we are a very small borough … So, we don't get the resources that the [other] boroughs get, so our budgets are non-existent. So, we've been doing all of this based on kind of goodwill and you know, so I think that's been a real struggle." (P 5)

> "But actually, getting that message out there, there was a really huge gap between the resources I had to get the message out there and what I'd actually got to share." (P4)

> "Local authorities are going through quite significant challenges with budgets etc, and you know that that is going to have an impact on delivery of these pilots because we don't have a slush fund to dip into anymore because we're really you know working with very, very tight margins…" (P 5)

More resources in terms of staff time would have made the projects easier to deliver. This could come from SHU, or more staff resource within the local authority:

> "So maybe if it was, the fact that there was a team at that at Sheffield Hallam, that would have been able to offer us some, you know with support bit more support" (P 4)

> "really the challenge is all around the advertising of it, and again that came down to staffing. … it came down to me doing it, which is not ideal and my it's not my full job. This is just a very small portion of my job. So, the actual amount of advertising, marketing and things because we had no funding to again employ anyone else to help support or do this." (P 4)

The impact of not having sufficient resources was that individual staff members had to take on extra work in order that the projects could be implemented.

Resources also would have been helpful for the creation and delivery of the behavioural science informed interventions designed to promote uptake and engagement with service delivered by family hubs. Some of the interventions had video components, and these were particularly challenging to produce with no budget

> "Resources for the videos[12] would have been really, really key because you know, we managed to do it, But I think it was a huge challenge whereas you know getting someone to come in, do the video, do the editing, it would have been a lot easier." (P 5)

[12] Videos were developed for LBR and FSN to provide parents with more information about what the service was like and the benefits they could expect of attending.

In one case, budgetary constraints meant that the interventions that were co-designed in direct response to the target group's requirements could not be implemented as planned:

> "What came out of our focus groups was that they wanted a really central location. Well, the budgets for our central locations would not even remotely reach. So, I've ended up with a venue that's nothing like what they said. So, I'm trying to deliver something that we've designed in a venue that's not what they wanted and I'm getting nobody coming. But this was purely a budget thing. There was no funding for us to be able to deliver what came out of our focus groups." (P 4)

Another issue regarding resourcing was the way in which the projects were structured which clashed with the way in which local authorities are able to fund programmes of work such as short term, small-scale projects,,, both in terms of staff and non-staff costs. Even if budget had been available for local authority staff time, some reported that they would not have been able to use it:

> "We've got some … higher level positions available. But … frontline staff are being pulled into those 'cause of their experience, so we can't backfill". (P 6)

For non-staff costs, timescales for purchasing were incongruent with the co-design approach of the project, putting staff in a position of needing to buy things before they knew what exactly they needed to buy:

> "for example, for this, we'd kind of got something in place that I needed to buy some resources for, which we've got some funding for, but I didn't know what I was gonna deliver, so I had to order them before I knew what I needed." (P 4)

Another challenge discussed was adapting to shifting timescales. There were significant delays to the programme of work starting, which caused problems for some of the local authorities. In one case, it was not possible to pause the planned engagement work due to other external funding factors, meaning that the contextual landscape of the projects had changed by the time they started:

> "we were in the position where actually the uptake of the service was low, so we were in that position of great, that's fantastic, that's what will really help, but as the delays went on and on, we had to get on and to the work because the fund, you know, the funding for that, that work was not through the local authority but through the lottery, so and we have to report to our founder. So, we had to, we had to crack on with the work." (P 1)

For others, the delayed start meant that data collection windows were unfortunately shifted into holiday periods:

> "Everyone goes on annual leave for during the summer holiday, so I think …. I think it just really hasn't worked from that perspective, which is why we're quite behind." (P 5)

For one project, the timescales demanded by the research were not sufficiently flexible for the target group or the local authority context. As one participant highlighted, there was a need to be sensitive to the pace families in difficult circumstances were able to work at:

> “The pace of the work … if we're really putting families at the heart of it, we have to work at their pace and not at the pace that other people want us to work at, and sometimes that takes a lot longer and I think we have to take that into consideration. So, you know the deadlines that we have for certain things don't always work with families because they're not in that place.” (P 1)

Another participant remarked that they were not given much time to recruit participants:

> “But literally we just got, I got told. Can you try and recruit people from a list of names by next week? So, I think that for me, the time scales were quite limited.” (P 4)

With the timescales shifted, issues arose around competing demands from different projects:

> “I think what was also really difficult for us and that particular time is that when we came into the family hub [funding] programme, which we didn't know, and then of course, there was the delays, and everything was delayed.” (P 3)

Staff turnover was also a challenge for the implementation of projects. Some projects had multiple consecutive local authority staff responsible for project delivery, which produced discontinuity and loss of understanding of the research:

> “So, we have had quite a few changes in sort of staffing oversight of this particular piece of work.” (P 3)

> “I'm a little bit removed from this programme. We've had members of staff leave and we've had people doing data and people doing the promotional material. So in terms of the detail, I feel a little bit removed from that” (P 3)

Some lacked knowledge of the origins of their project:

> “so yeah the application for this happened obviously before I come into post.” (P 2)

> “I came into this quite a lot later …, I wasn't aware of the project until around April, May time” (P 4)

Some knew little about what the researchers compared to their own staff had contributed to the project:

> “…Feedback sessions, I think that was with professionals and families. So, what we had was almost like a report in terms of the recommendations, and I assume that came out of the research team, and what we have then done is implemented those into our new kind of promotional materials” (P 3)

Others had a good overview of the entire project from inception:

> “I've been on board since the beginning. In fact, I wrote the initial application” (P 1)

Benefits of participating in the programme

There were three main benefits of participating in the programme that were discussed: getting valuable data from target groups; improving interventions; and gaining knowledge about behavioural science that could be applied more broadly.

Several participants cited the insights from target groups as being highly beneficial:

> “I found the focus groups amazing, the insights that we've got, the fact that we were able to say to somebody designing the poster and they were able to say use this word. It was really useful. … Fantastic.” (P 4)

> “I think the most powerful bit for me was the session we did with the parents. I think that was incredibly valuable.” (P 5)

It was noted that the insights fed into the development of interventions such as improved messaging in advertising:

> “it was really helpful to have, you know, for other people to come in and make suggestions based on that feedback about what we could change within our promotional materials.” (P 3)

Some noted that they could see that the interventions informed by the focus groups were being engaged with:

> “I think that that what's come out of the focus groups etc has been really useful and we're already starting to see … parents calling and things, which is helpful, which obviously means that parents are using the translated letters.” (P 6)

Additionally, participants cited the benefit of learnings that they could apply more broadly to other areas of working:

> “it was going out and not just doing a focus group just for this but looking at more focus groups within different areas and whether we can apply it to the rest of our service, but also whether other services can learn from this as well. So, it's got quite a wide application this way which is really powerful.” (P 5)

> “for us it was about finding out how we can do better not only for this project but for others too… we can share learning through engagement work but also through their promotional work.” (P 1)

Advice for other local authorities / organisations considering behavioural science research

When asked about advice they would give other local authorities or organisations about embarking on a programme like this one, two main points emerged. These were preparation and planning being key to success and the value of conducting thorough evaluations.

In relation to planning, one participant said that it was important to be clear about goals from the outset:

> “Be very clear about what it is that you want to achieve. Very clear from the beginning. I think using a very focused approach is I think is a good thing because … the learning that you get allows you to expand.” (P 1)

Others, while positive, had found that the project involved more work than they/their colleagues had realised it would, and hence they advised being prepared for an increased workload::

> “I think from my perspective I would say 100% get involved and do it, but be prepared for the additional work that it's gonna take on because I guess I kind of perhaps went into it a little bit naively… Not actually necessarily at the time thinking of how much time is this gonna impact on that person's workload, etc. So, I think I would 100% say to everyone, it's been brilliant and to go ahead with it, but just be prepared for it.” (P 6)

Reflecting on the need to engage in effective planning, for some, this included needing to ensure that all stakeholders were involved early on. This was anticipated to facilitate a good understanding of the project’s requirements by those who would be needed to contribute:

> “And I think it's really important to include as many people both within the team and external partners from the beginning too, so that everybody knows …” [about the project and its requirements] (P 1)

Other points of learning that are relevant for other local authorities pertained to the value of thorough evaluation. As one participant commented, there can be a tendency to rush into intervention and changing practice, but without formally testing or appraising whether the selected intervention is actually effective at changing the target behaviour:

> “you quite often find people go for gusto to try testing pilots and stuff, but not enough effort goes into evaluating them. I think this forces us to do that in a good way. I mean, you know, because it's really important, because we need to understand whether it makes difference or not and whether we can apply it to the rest of our service, but also whether other services can learn from this as well. So, it's got quite a wide application this way, which is really powerful, whereas otherwise it would just be a small pilot we tested but didn't really evaluate properly and it gets a bit murky.” (P 5)

Another issue mentioned is that individual staff members are asked to distribute feedback forms about how their work with members of the public is received and experienced, but too often, evaluation does not extend beyond that to a more systematic approach:

> “I think sometimes we rely on each individual person getting their own evaluation. If they don't prioritise it or they don't think or they've not got time, it won't get done

and we're missing a lot of information. So that is nice that somebody can do that for you that's just solely the thing. Definitely." (P 4)

Participants also mentioned that working with the SHU team had brought a degree of rigour and expertise to the table for evaluation, meaning that the quality of the evaluation work conducted was higher than it would otherwise have been:

> "… partnership with the university has allowed us to have quite a lot of rigour in terms of the evaluation, because obviously you've got the expertise and the, the kind of time to be perfectly blank honest, you know, and I think that provides the rigour, whereas I think what we normally do when we're doing our own evaluation is kind of as good as we can do within the time and the resources. So, I think, yeah, it's I think from that point of view, it's been really helpful." (P 5)

Discussion and key recommendations

The local authorities involved in these projects applied to this competitive round of projects. The offer was behavioural science research expertise to design and evaluate interventions to promote uptake of services delivered through family hubs. The organisations selected to participate by DfE reported their motivations as: i) knowledge of inequalities in service provision for particular vulnerable groups and a keenness to find new and effective ways of addressing these inequalities; and ii) a desire to learn about behavioural science with a view to applying the methods learned more broadly in the local authority and/or related organisations.

While three out of the four projects were completed as intended, the journey to completion was not always a smooth one. Regarding the implementation of the projects, multiple challenges emerged. The funding structure of the programme meant that projects were under-resourced within the local authorities because participation in the programme came without any financial support. This meant that local authorities had to squeeze time and resource from a sector running at significantly reduced capacity with smaller budgets. However, some said that due to the way in which local authority budgets had there been resource available for staffing the projects on the local authority side it would have been difficult to utilise effectively.. This is in part due to the sheer number of staff vacancies meaning a lack of staff with which to backfill time, and difficulties in procurement processes meaning that purchases needed to be made too early in the research process (i.e., before it was known what was needed). These resourcing issues created difficulties around workloads and the timescales required in the projects. Another challenge with resourcing related to non-staff costs. Some of the interventions had costs associated with development (e.g. video production, city centre room hire), but there was not budget within the programme for such items, meaning that local authorities had to find this themselves.

Staff turnover was also a challenge for the continuity of projects. Where the staff members leading the projects on the local authority side were not the same staff who had

submitted the application to the programme, there was a loss of local knowledge which set projects behind schedule. The timescales also changed, due to unforeseen delays in project inception by the funder. Local authority staff reflected that this was difficult to manage with multiple competing demands and the ever-changing contextual landscape of their original applications.

Despite the difficulties, there were significant benefits to participating in the programme for local authorities. The main two benefits were the insights gleaned into the groups targeted by each project, both in terms of the barriers and facilitators to uptake, and specific interventions developed to address those, and gaining knowledge about behavioural science methods that could be applied more broadly to other target behaviours. Participants reported that they valued the theoretical frameworks offered by the projects and the methodical and rigorous nature of the research process.

When asked what advicethey would give other local authorities or organisations considering utilising behavioural science in similar projects, participants (the LA/charity representatives of each project, who took part in the workshops) highlighted the importance of preparation; both in terms of having a clear focus and making sure that all the relevant stakeholders were informed of the requirements that related to them from very early on. However, it is important to note that behavioural science projects are not always predictable – the value of them is that they develop the intervention bespoke to fit the specific requirements of the context. It is not always possible or advisable to pre-empt the kind of intervention needed prior to the behavioural insights work taking place. The process and rigour of behavioural science was highlighted as a key benefit offered by working with the research team. But it was also noted that the structured process can pose a challenge for local authorities, because ‘known unknowns’ cannot be defined until insights work and co-design processes are complete. Behavioural scientists need to ensure that local authorities have a clear understanding of this process and the key points at which flexibility and decision-making will occur. Transparent conversations about resourcing, commitment, decision points and their associated costs (in terms of both staff time and non-staff costs) at project inception will pave the way for smooth project delivery.

The final insight for other local authorities to consider relates to the overall importance and value of conducting rigorous evaluations. Participants commented that local authorities often seek to implement a change in something to fix a perceived problem, but then fail to adequately evaluate whether or not the change had had the desired effect. We would further contend that without taking a behavioural science approach to understanding the problem in the first place, it is highly unlikely that the change delivered will have the desired impact. It is only through the methodical process of theory-informed insights gathering that the best intervention for the context can be developed. Furthermore, behavioural science approaches ensure that interventions are designed in such a way that the outcomes are measurable, making proper evaluation part of the overall project delivery.

In relation to implementation and best practice, a number of key recommendations can be made.

Key recommendations for implementation of a behavioural science project

1. Behavioural science offers an extremely useful structure and method for developing and evaluating interventions that increase uptake of services. Local authorities should consider working with behavioural scientists or following guidance prepared by behavioural scientists, to increase service uptake.
2. Ensuring sufficient consideration is given to planning and including key stakeholders prior to starting behavioural science projects facilitates effective project delivery.
3. Behavioural science projects need adequate resourcing, both in terms of work loading the appropriate staff and providing resources to procure required items/facilities where relevant.
4. Timescales for behavioural science projects may need to be able to flex around multiple factors to fit with local authorities' competing demands and vulnerable families' capabilities. Project drift should be reviewed regularly and mapped against project aims to see if changing contextual factor require adaptation to overall project aims..
5. Staff turnover is a risk for collaborative behavioural science projects when local authority knowledge of the project is lost. Having a consistent and responsive local project team aids for successful and timely project delivery. Where this is not possible, thorough handovers to the new staff responsible for the project are required.

General discussion and overall recommendations

There were a number of key themes and repeating concepts over the different projects within this programme of research. Here we discuss the commonalities between projects, key learnings and recommendations for those working in family hub services about how to encourage engagement. We also consider commonalities between the research conducted here and a similar programme of work that was completed by Sheffield Hallam University and commissioned by DfE in 2022 (Millings et al., 2022a; 2022b).

Knowledge and understanding of family hub services

Lack of parental awareness of the services on offer was a common factor in this programme of research and in previous similar research (Millings et al., 2022a; 2022b) and this lack of knowledge (capability) was an important barrier to engagement with services. 'Family hub' was not a term that was familiar to parents, and this may reflect some confusion over a range of terms that have been and indeed are still being used by local authorities to describe their support structures (e.g. children's centres). This may reflect the time at which family hubs have been launched by different local authorities. For example, the London Borough of Merton launched their family hub during the period of the project. Nonetheless, our recommendations are that there is consistent branding as 'family hub services' for all of the family support services in a region, and that more is made of the opportunity to advertise the full range of services at each contact with parents.

Across all of the projects, parents needed to know about the specific services on offer, the benefits of them for them and their families and children and an understanding of how to access them. This information needed to be clear and accessible to all including those for whom English is an additional language thus translated versions need to be readily accessible, and this was identified as a barrier in the majority of projects. Local authorities should not assume that any aspects of the services are fully understood by all parents. For example, in LBR many parents did not understand the purpose or need for a health visitor review of their child's development progress at 2.5 years.

Ensuring that the information provided is easily understood is important. Language is key and translated versions need to be made easily accessible with directions on how to access provided in key languages for the local area, particularly in locations where there are higher levels of English as an Additional Language or where data indicates that families with EAL are less likely to access services. QR codes make this easy to deliver and should be added as standard to key communications about family hubs. It is important that all communications about services include pictures that are inclusive so that parents are clear that they will be welcome whatever their ethnicity and gender. Videos can be linked to written communications but also can be used in other ways e.g. on websites or on social media. They can also be made to be accessible e.g. using subtitles and different languages.

Concerns and expectations of the family hub services

Beyond awareness or knowledge of services there were a range of barriers around expectations about the service, the value of it, and concerns about judgement and fitting in that were common across many of the projects in this and the previous round. These kinds of concerns need to be understood and addressed in interventions to promote engagement. There may be different concerns by different population groups and there may need to be targeted interventions to address these to ensure that there is equity in the service reach

Reassuring parents that they will not be judged or criticised and that the family hub services on offer are appropriate and sympathetic to their needs and cultural background is important and requires access to information from credible sources. Providing access to role models i.e. parents, similar to them who have used and liked the services is valuable here. Videos can be a good way to provide reassurance to address concerns about the service and further information about what to expect. For example, the FSN videos were valued by parents in temporary accommodation because it showed them what the TA hub was like and how other parents, similar to them used it, reassuring them that they would be welcome

Co-design approaches for intervention development need to include key stakeholders so that decisions about how to proceed can properly assess the: Affordability, Practicability, Effectiveness, Acceptability, Safety, and Equity (APEASE criteria) of the planned service/intervention. If key stakeholders are missing (e.g. budget holders) then co-designed services/interventions may not be able to be delivered in practice.

Implementation of interventions to promote engagement of family hub services

It is not sufficient to just create promotional materials to increase uptake of services. Careful thought needs to be given to how to distribute these materials to target audiences, with a consideration that underserved groups are less likely to gain access to these materials from prior contact with services (e.g. posters or leaflets within family hub centres or via social media) and may have additional barriers to accessing the information (e.g. language). Without this kind of careful planning there is a danger of exacerbating health inequalities, for example in LBM the new communications appeared to lead to an increase in referrals and attendance but did not increase these for people living in areas with a high level of deprivation. Referrals and attendance for people from black and minority ethnic groups and those for whom English was an additional language, were increased probably as a result of enabling access to translated versions of the materials which were not previously available.

Services need buy-in from a wide range of professionals working with and interacting with parents who are excellently placed to distribute promotional materials and to sup-

port and extend their impact by having brief persuasive conversations with eligible parents. Parents reported that they may need these persuasive conversations in addition to other communications about services. Implementation of a new intervention or way of working is a second behavioural challenge for the staff involved in addition to changing the engagement behaviour of parents. For example, in LBM we intended that health visitors would distribute the new leaflets to eligible parents and to discuss the ELT Baby programme with them, although the data seems to suggest that this did not always happen. A similar behavioural science approach to implementation may be effective to understand the barriers and facilitators to implementation and to support staff to make the changes needed to address their capability, opportunity and motivation (i.e. COM-B framework to produce changes in professional practice).

Interventions to promote engagement must consider capability, opportunity and motivation. Opportunity barriers are often not able to be addressed through communications and marketing. The ease of access of the services is also critical. This was highlighted in Sheffield city council's project where the location and accessibility of the family hub service, highlighted as being important in the insight work, was not able to be addressed in the implementation due to budget issues, which meant that the service was not accessed. Access is an issue that particularly affects families living in areas of high deprivation where financial concerns limit transport options (e.g. no access to a car, and concerns about the cost of public transport). It is therefore important that consideration of these issues is made when family hub services are established.

Implementation of behavioural science projects

Local authorities/organisations were selected on the basis of an expression of interest and then worked with behavioural science experts and a range of stakeholders to firstly co-design interventions that best met the needs of the target populations (see Arden et al., 2024) and secondly, evaluate them. This meant that the interventions could draw on theory (e.g. BCW, Michie et al., 2011) and evidence. This is a key benefit to working with behavioural science experts. Key to the approach is exploring the barriers and facilitators to engagement and then matching the interventions to key barriers to ensure that they meet needs before deciding on the intervention content and mode of delivery. Interventions developed by non-experts often employ a common-sense approach (see Kelly & Barker, 2016) that starts at mode of delivery (e.g. creating a leaflet) and then is restricted to the intervention functions that can be delivered, even if they do not meet key barriers.

There are some difficulties for local authorities in prioritising a rigorous behavioural science approach to increasing engagement over other commitments, and skills sets are sometimes not compatible. There is a potential friction between staff who sign up for projects like these and staff who are required to deliver the projects either because they are delegated or due to staff turnover. Projects work best where there is good communication within the local authority so that those delivering the project can fully lever the

support they need within their organisation and the variety of skill sets within it. This also means that the learning from the project and the ability of staff to utilise the methods and approaches and apply to other services within their organisation is retained. Considering how behavioural science can continue to be utilised to promote engagement may require additional planning and there are a variety of models being used. Some local authorities now have behavioural science units (e.g. Hertfordshire County Council and North Yorkshire) or second behavioural science experts into teams (e.g. Sheffield City Council). This may be a suitable way of facilitating this work in the longer term to ensure that it makes the best use of evidence and best practice.

Utilising behavioural science to promote referrals uptake and engagement of family hub services

Behavioural science offers a systematic and thorough way to understand and address issues of engagement in order to improve uptake of family hub services in disadvantaged groups – given the importance of engagement for these populations we recommend that a behavioural science approach is widely adopted. While the specific barriers and facilitators vary between different types of family hub services and parenting support and different target populations the approach remains relevant and appropriate..

Evaluation is of key importance to driving improvements in engagement with services so that the impact of interventions on referrals, uptake and engagement can be monitored and compared to that achieved in comparison periods. When evaluations have not occurred the impact of changes in services or communications etc. cannot be assessed and this may result in ineffective interventions being continued to be used. For example, in LBR, changes to the invitation letter were made (comparison period 1 versus 2) but these resulted in no changes to the number of attendees to the service. Even where evaluations are conducted on low numbers of families (insufficient to enable robust statistical analysis) this can still offer indicators of effectiveness, especially when combined with qualitative data. This can also highlight areas where further improvements could be made.

Overall, our key recommendations for anyone working with disadvantaged groups to offer support to parents and families are as follows.

Final recommendations

Knowledge and understanding of family hub services

1. First and foremost, parents need knowledge about the family hub services and what is on offer in their region. They need to understand what a family hub is so that it is their first port of call for support throughout their children's lives.
2. There should be consistent use of and branding of the family hub service to increase parental familiarity with the term and greater awareness of the breadth of the offer.

Communications and promotional materials

3. Efforts need to focus on the format and content of promotional materials as well as how they will reach key populations, especially those who are not already connected with family hubs/children's centres.
4. Materials and resources need to be accessible and understandable to all. They should be translated into key languages spoken in the area and made as simple and clear as possible.
5. Uptake of services may be best promoted with a joint strategy of communications (leaflets, posters, video resources etc.) and recommendations and reassurance from trusted healthcare professionals.
6. Training for staff needs to be brief and offer flexibility in how and when it is accessed to optimise uptake.
7. Interventions to promote engagement require resources and staff time to be implemented effectively and this needs to be considered carefully during the design of services.
8. QR codes or links to additional resources should be used to allow additional or translated materials to be easily accessed.

9. Videos, especially those that include the voices of diverse fellow service users are valuable to address concerns about services, particularly around being judged and criticised, and to show how they can be of value.

10. Uptake of services may be best promoted with a joint strategy of communications (leaflets, posters, video resources etc) alongside recommendations and reassurance from trusted healthcare professionals.

Implementation and training

11. Implementation should consider the behaviour change needs of professionals. Professionals need the capability, opportunity and motivation to change practice.

12. Training for staff need to be brief and offer flexibility in how it is accessed to optimise uptake.

13. Interventions to promote engagement require resources and staff time to be implemented effectively and this needs to be considered carefully during the design of services.

Ease and Accessibility

14. The accessibility of venues is of key importance for deprived populations for whom the costs of public transport can be prohibitive.

15. Opt out appointments (rather than op in) may be valuable for services where attendance is vital, but these should be paired with an easy way to request alternate appointments where needed.

Utilising behavioural science to promote referrals uptake and engagement

16. The design of services to support families need to draw on behavioural science to understand and address the barriers to a range of behaviours: i) parent uptake and engagement with specific services, ii) parent uptake and engagement with wider family hub services; iii) parent and frontline staff engagement with invitations and resources; iv) staff and referrers engagement with resources to promote uptake and engagement with services.

17. Engagement is key to the success of family hub services. Interventions to promote engagement should be developed alongside the services and not as an after-thought.

18. Promotion of services should consider focusing on factors that motivate parents e.g. the opportunity to socialise with other parents, rather than the factors that provide the rationale for the service being offered (e.g. increasing rates of breastfeeding).

Conclusion

Behavioural science provides the theories and frameworks that enable interventions to promote referrals, uptake and engagement with family hub services to be designed to meet the specific needs of target users. Evaluations of the interventions show promise, and although not all of the evaluations included sufficient participants for robust statistical analysis, looking across the quantitative and qualitative data to explore patterns and commonalities suggests positive effects on engagement and enabled the identification of areas where further improvements could be made. The work has enabled us to make a series of detailed recommendations which should aid local authorities and voluntary organisations to consider and plan engagement activities and resources for their family hub services.

References

Arden, M.A., Wilcockson, H., Humphreys, H., Thorneloe, R., Paddock, D., Clarke, E. and Millings, A., 2024. Behavioural Science: Increasing uptake of family hub services (Evaluation Protocols). Department for Education. Available from: https://assets.publishing.service.gov.uk/media/65df2d11b8da630011c86397/Intervention_development_and_evaluation_protocols_report.pdf [Accessed 8 July 2024].

Behavioural Insights Team, 2014. EAST. Four Simple Ways to Apply Behavioural Insights. Available from: https://www.bi.team/publications/east-four-simple-ways-to-apply-behavioural-insights/ [Accessed 8 July 2024].

Cox, P. and Docherty, K., 2008. Assessing the impact of a first-time parenting group. Nursing Times, 104(21), pp.32-33.

Department for Education and Department of Health and Social Care, 2022. Family hubs and start for life programme guide. HM Government. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096786/Family_Hubs_and_Start_for_Life_programme_guide.pdf [Accessed 8 July 2024].

Early Intervention Foundation, 2019. Engaging disadvantaged and vulnerable parents an evidence review. Available at: https://www.eif.org.uk/reports/engaging-disadvantaged-and-vulnerable-parents-an-evidence-review [Accessed 8 July 2024].

Gewirtz, A., Burkhart, K., Loehman, J. and Haukebo, B., 2013. Research on programs designed to support positive parenting. In: Supporting families experiencing homelessness: Current practices and future directions. New York, NY: Springer New York, pp.173-186.

Harrap, B., Taylor, T., Russell, G. and Scott, A., 2023. A randomised controlled trial of email versus mailed invitation letter in a national longitudinal survey of physicians. Plos One, 18(8), p.e0289628.

Junghans, C., Feder, G., Hemingway, H., Timmis, A. and Jones, M., 2005. Recruiting patients to medical research: double blind randomised trial of “opt-in” versus “opt-out” strategies. BMJ, 331, p.940.

Kelly, M.P. and Barker, M., 2016. Why is changing health-related behaviour so difficult?. Public Health, 136, pp.109-116.

Local Government Association, 2024. LGA statement on budget 2024. Published 06 March 2024. Available here: https://www.local.gov.uk/about/news/lga-statement-budget-2024#:~:text=Councils%20continue%20to%20transform%20services,unprecedented%20cost%20and%20demand%20pressures [Accessed 8 July 2024].

Michie, S., Atkins, L. and West, R., 2014. The behaviour change wheel. A guide to designing interventions. 1st ed. Great Britain: Silverback Publishing.

Michie, S., Van Stralen, M.M. and West, R., 2011. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implementation Science, 6, pp.1-12.

Millings, A., Wilcockson, H., Clarke, E., Lamb, M., Humphreys, H., Paddock, D., Jordan, C., Thorneloe, R., Arden, M. and Coldwell, M., 2022a. Applying behavioural science to promoting uptake of family hubs services: Research report. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1123977/Applying_behavioural_science_to_promoting_uptake_of_family_hubs_services.pdf [Accessed 8 July 2024].

Millings, A., Wilcockson, H., Harris-Evans, J., Thorneloe, R., Arden, M. and Coldwell, M., 2022b. Behavioural insights: Increasing uptake of family hub services. Department for Education. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1059574/Technical_report_behavioural_insights_increasing_up_take_of_Family_Hub_services.pdf [Accessed 8 July 2024].

Peters, D.H., Adam, T., Alonge, O., Agyepong, I.A. and Tran, N., 2013. Implementation research: what it is and how to do it. BMJ, 347.

Sekhon, M., Cartwright, M. and Francis, J.J., 2017. Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework. BMC Health Services Research, 17, p.88.

Squires, J. and Bricker, D., 2009. Ages & Stages Questionnaires [R], (ASQ-3 [TM]): A Parent-Completed Child-Monitoring System. Brookes Publishing Company.

Swick, K.J., 2009. Strengthening homeless parents with young children through meaningful parent education and support. Early Childhood Education Journal, 36, pp.327-332.

Treweek, S., Barnett, K., MacLennan, G., Bonetti, D., Eccles, M.P., Francis, J.J., Jones, C., Pitts, N.B., Ricketts, I.W., Weal, M. and Sullivan, F., 2012. E-mail invitations to general practitioners were as effective as postal invitations and were more efficient. Journal of Clinical Epidemiology, 65(7), pp.793-797.

Underdown, A. and Barlow, J., 2011. Interventions to support early relationships: mechanisms identified within infant massage programmes. Community Practitioner, 84(4).

Appendices

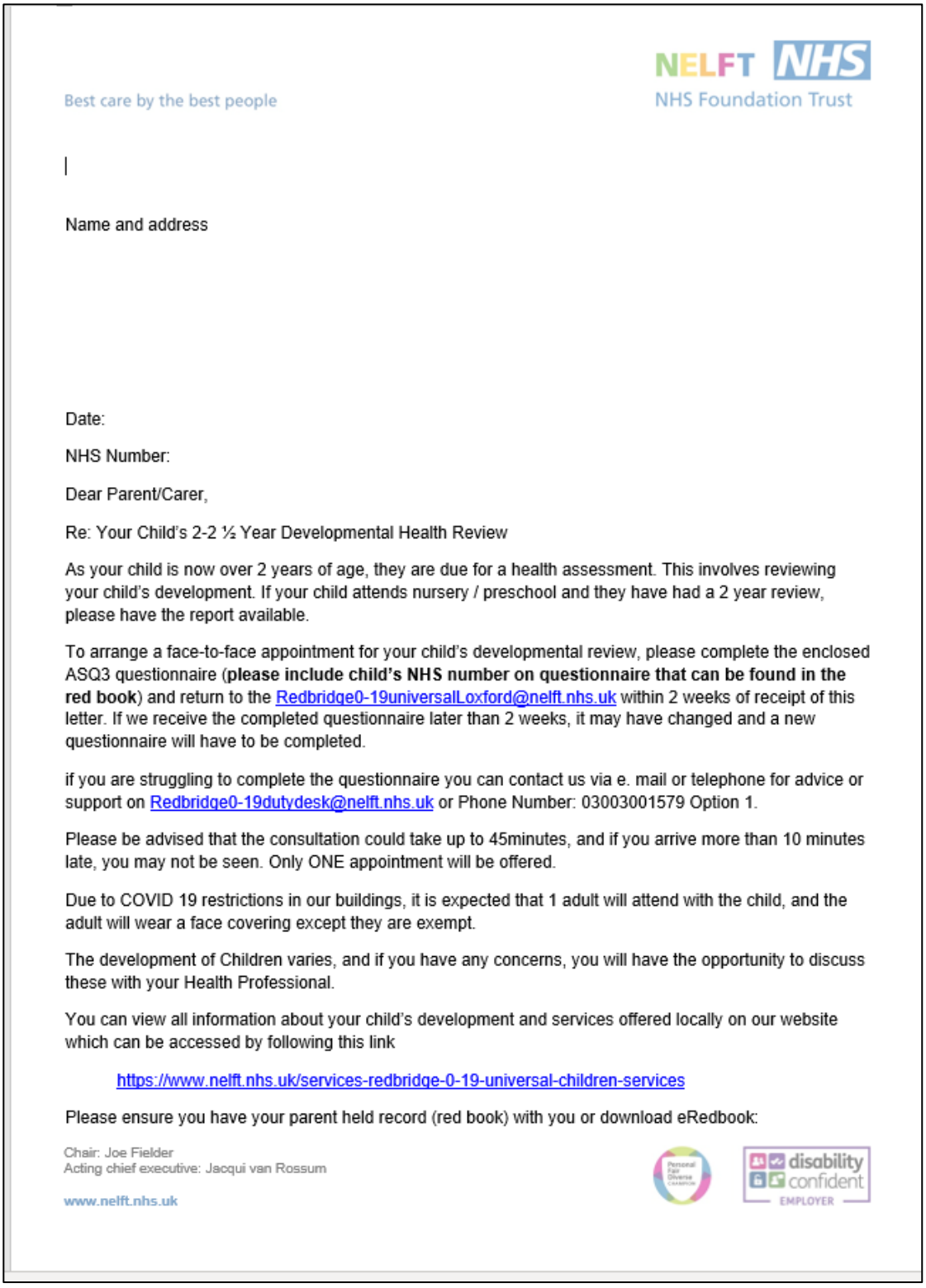
Appendix A

Table A: Deviations from published protocols

Project	Planned feature	How it was revised	Rationale
LBM	Trackable QR code on ELT Baby leaflet allowing data analytics about use	Non-trackable QR code added to updated ELT Baby leaflet – interview participants asked about intentions to use a QR code	LBM did not have in-house capability to create a trackable QR code
FSN	Parent testimonial video developed and distributed at start of evaluation period allowing data analytics about use	Parent testimonial development later than planned - interview participants asked for feedback about the video and its perceived/likely effectiveness to increase capability, opportunity and motivation for future parents to attend TA Hub	Longer video development period enabled FSN to fund the video production and involve service users throughout the process
SCC	Antenatal group for young mothers-to-be (aged < 25 years) delivered in city centre venue	Antenatal group moved to alternate non city centre venue. Poor attendance meant that planned evaluation did not run	Costs of venue hire were prohibitive and so alternate venues were sought but this was a barrier to attendance hence the decision not to proceed to evaluation

Appendix B

London Borough of Redbridge Comparison Letter (Jan-Feb 2023)



Best care by the best people

NELFT NHS
NHS Foundation Trust

Name and address

Date:

NHS Number:

Dear Parent/Carer,

Re: Your Child's 2-2 ½ Year Developmental Health Review

As your child is now over 2 years of age, they are due for a health assessment. This involves reviewing your child's development. If your child attends nursery / preschool and they have had a 2 year review, please have the report available.

To arrange a face-to-face appointment for your child's developmental review, please complete the enclosed ASQ3 questionnaire (**please include child's NHS number on questionnaire that can be found in the red book**) and return to the Redbridge0-19universalLoxford@nelft.nhs.uk within 2 weeks of receipt of this letter. If we receive the completed questionnaire later than 2 weeks, it may have changed and a new questionnaire will have to be completed.

if you are struggling to complete the questionnaire you can contact us via e. mail or telephone for advice or support on Redbridge0-19dutydesk@nelft.nhs.uk or Phone Number: 03003001579 Option 1.

Please be advised that the consultation could take up to 45minutes, and if you arrive more than 10 minutes late, you may not be seen. Only ONE appointment will be offered.

Due to COVID 19 restrictions in our buildings, it is expected that 1 adult will attend with the child, and the adult will wear a face covering except they are exempt.

The development of Children varies, and if you have any concerns, you will have the opportunity to discuss these with your Health Professional.

You can view all information about your child's development and services offered locally on our website which can be accessed by following this link

https://www.nelft.nhs.uk/services-redbridge-0-19-universal-children-services

Please ensure you have your parent held record (red book) with you or download eRedbook:

Chair: Joe Fielder
Acting chief executive: Jacqui van Rossum

www.nelft.nhs.uk

disability confident EMPLOYER

Best care by the best people

NELFT NHS
NHS Foundation Trust

https://www.eredbook.org.uk/elearning-assessment.htm

If you require an interpreter, please inform us when you make your appointment

Yours faithfully

Interim Operational Lead

0-19 Children's services

London Borough of Redbridge Comparison Letter (Jun-Jul 2023)

Best care by the best people

NELFT NHS
NHS Foundation Trust

Private & Confidential
Addressee Only
Parent of :

Redbridge 0-19 Children's Universal Services
Team's Full Address

Telephone: 0300 300 1579 Option 1

Redbridge0-19universal--------@nelft.nhs.uk
Website: www.nelft.nhs.uk

NHS Number : .....

Date ----------

Dear Parent/Carer,

Re: Your Child's 2-2 ½ Year Developmental Health Review

As your child is now 2 years of age, they are due for a health assessment. This involves reviewing your child's development. If your child attends nursery / preschool and they have had a 2 year review, please have the report available.

Please complete the ASQ3 questionnaire enclosed and contact us by telephone on **0300 3001579 Option 1** or email Redbridge0-19universal-----@nelft.nhs.uk for an appointment. You can either include your completed questionnaire in the email or bring it with you to the appointment. If we receive the completed questionnaire later than 2 weeks, it may have changed, and a new questionnaire will have to be completed.

If you are struggling to complete the questionnaire you can contact us via e. mail or telephone for advice or support on Redbridge0-19dutydesk@nelft.nhs.uk or Phone Number: 0300 300 1579 Option 1. (Monday – Friday 9am – 4:30pm)

Please be advised that the consultation could take up to 45minutes, and if you arrive more than 10 minutes late, you may not be seen. Only **ONE** appointment will be offered.

Due to COVID 19 restrictions in our buildings, it is expected that 1 adult will attend with the child, and the adult will wear a face covering except they are exempt.

The development of Children varies, and if you have any concerns, you will have the opportunity to discuss these with your Health Professional.

Chair: Sultan Taylor.
Acting chief executive: Jacqui van Rossum

www.nelft.nhs.uk

disability confident EMPLOYER

Best care by the best people

NELFT NHS
NHS Foundation Trust

You can view all information about your child's development and services offered locally on our website which can be accessed by following this link

https://www.nelft.nhs.uk/services-redbridge-0-19-universal-children-services

Please ensure you have your parent held record (red book) with you or download eRedbook:

https://www.eredbook.org.uk/elearning-assessment.htm

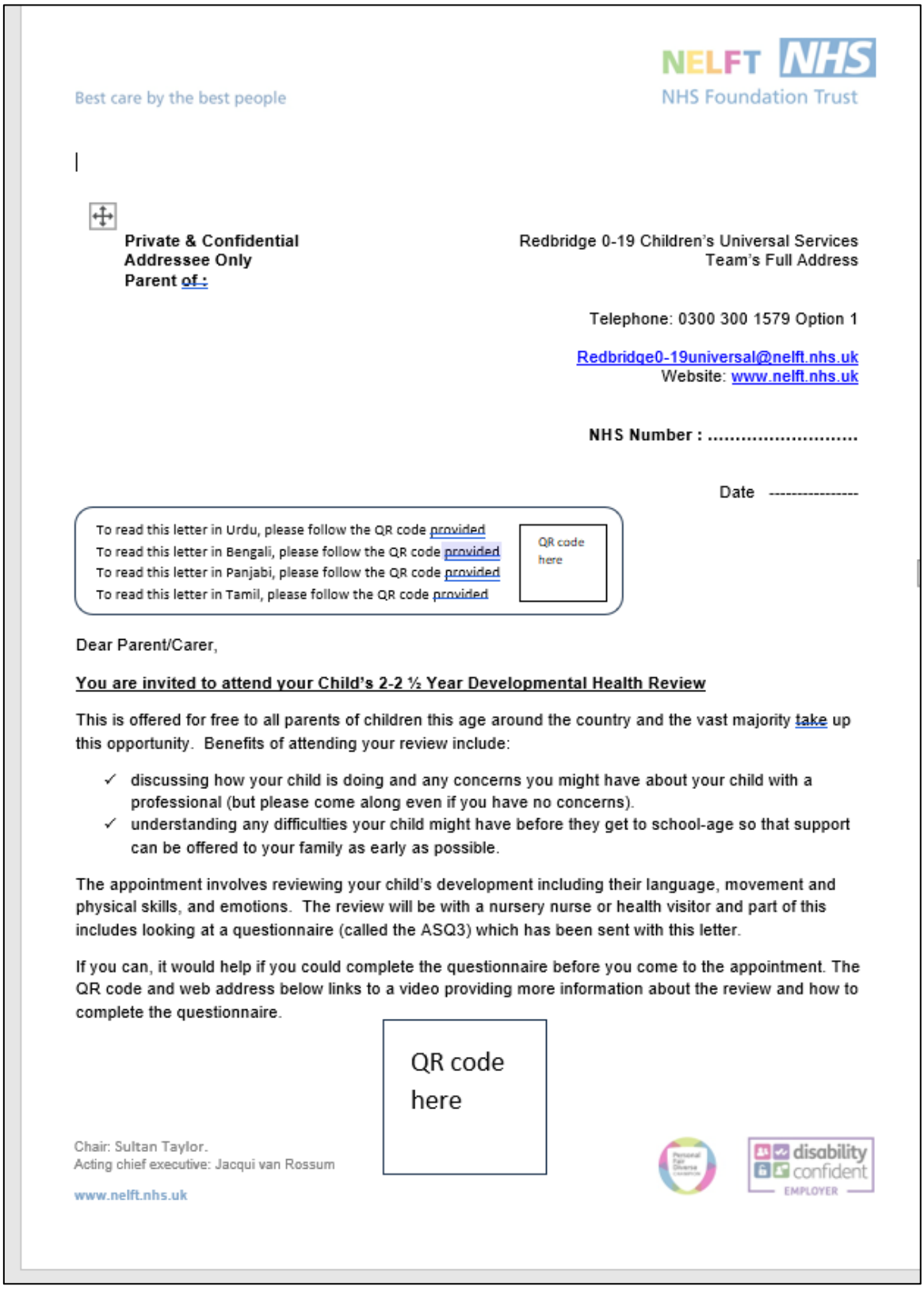
If you require an interpreter, please inform us when you make your appointment

Yours faithfully

Operational Lead

0-19 Children's services

London Borough of Redbridge Intervention letter (English language version; also translated into 4 locally spoken languages)



Best care by the best people

NELFT NHS
NHS Foundation Trust

Private & Confidential
Addressee Only
Parent of :

Redbridge 0-19 Children's Universal Services
Team's Full Address

Telephone: 0300 300 1579 Option 1

Redbridge0-19universal@nelft.nhs.uk
Website: www.nelft.nhs.uk

NHS Number : .....

Date ----------

To read this letter in Urdu, please follow the QR code provided
To read this letter in Bengali, please follow the QR code provided
To read this letter in Panjabi, please follow the QR code provided
To read this letter in Tamil, please follow the QR code provided

QR code here

Dear Parent/Carer,

You are invited to attend your Child's 2-2 ½ Year Developmental Health Review

This is offered for free to all parents of children this age around the country and the vast majority take up this opportunity. Benefits of attending your review include:

- ✓ discussing how your child is doing and any concerns you might have about your child with a professional (but please come along even if you have no concerns).
- ✓ understanding any difficulties your child might have before they get to school-age so that support can be offered to your family as early as possible.

The appointment involves reviewing your child's development including their language, movement and physical skills, and emotions. The review will be with a nursery nurse or health visitor and part of this includes looking at a questionnaire (called the ASQ3) which has been sent with this letter.

If you can, it would help if you could complete the questionnaire before you come to the appointment. The QR code and web address below links to a video providing more information about the review and how to complete the questionnaire.

QR code here

Chair: Sultan Taylor.
Acting chief executive: Jacqui van Rossum

www.nelft.nhs.uk

disability confident EMPLOYER

Best care by the best people

NELFT NHS
NHS Foundation Trust

Your appointment is at:

LOCATION on DATE/TIME

Please put this in your diary now.

This will be a 45 minute appointment, elements of which may be shared with other families. If you would prefer an individual appointment, or if you need to change the time/date of your given appointment, please call us on: 0300 3001579 Option 1 or email Redbridge0-19universal@nelft.nhs.uk. **Please arrive promptly.**

Please bring your completed ASQ3 questionnaire with you to the appointment if you can. There is support to complete the questionnaire before the appointment via the link or QR code on the first page or this letter, or you can contact us via email or telephone for advice on Redbridge0-19dutydesk@nelft.nhs.uk or Phone Number: 0300 300 1579 Option 1. (Monday – Friday 9am – 4:30pm). Don't worry if you haven't completed it, just let your reviewer know at the start of the session.

If you can, **please bring your parent held record (red book) with you**. If your child attends nursery / preschool and they have had a 2-year review there, please bring this along too.

If you require an interpreter, please inform us when you make your appointment.

Yours faithfully

Operational Lead

0-19 Children's services

Appendix C

London Borough of Merton Leaflet (Intervention)

About the Early Learning Together Baby Programme

- Learn how to use massage strokes to soothe and comfort your baby
- Learn how your baby's brain develops and how you can support their development in the early months
- Build connection between you and your baby
- May help your baby with wind, colic and teething discomfort
- Meet other first-time parents
- Feel supported and learn information and advice about other services and support available in Merton

Baby massage course for ALL first-time parents living in Merton

Who is the programme for?

For anyone living in Merton who is a parent for the first time with a baby under eight months old at the time of taking the course. Our experienced staff will do everything they can to make you feel welcome and help you with any questions or support you need.

How long does it last?

The programme lasts for five weeks and runs for one hour each week.

Your baby can be awake or asleep, feeding or playing during the session. It is very relaxed and there is lots of time for parents to ask questions and talk to our experienced staff.

What other parents say

"This has been great. It's so nice to meet other mums with babies of a similar age"

"Dad does the massage strokes at home and it gives him and baby some special time together"

"We've got a great group and we've become friends"

"I've definitely learned a lot of things about parenting, we discussed other people's experiences with parenting, with labour and that obviously makes me feel like I'm less alone"

What happens during the programme?

Before your first session, the person leading your programme and who will be running your sessions will call you to introduce themselves. You can ask them any questions you may have.

The course will take place in one of our children's centres where you and your baby will be welcomed at the first session. All equipment (clean towels, blankets and cushions) will be provided.

How do I get a place?

You can book your place on this programme at:

mertonearlyyears.eventbrite.com

Use access code ELTBFAM

Ideally your child will have had their 6-week health check before attending the course.

Where does it take place?

The programme runs at the children's centres below.

Abbey	Merton Abbey Primary School High Path, SW19 2JY
Acacia	230 Grove Road Mitcham Eastfields, CR4 1SD
The Avenue	Joseph Hood Primary School Whatley Avenue, SW20 9NS
The Bridge	Raynes Park Library Approach Road, SW20 8BA
Church Road	243 Church Road Mitcham, CR4 3BH
Ivy Gardens	Ivy Gardens Mitcham, CR4 1BR
Lavender Steers Mead	Veals Mead Mitcham, CR4 3HL
Lower Morden	Aragon Primary School Morden, SM4 4QU
Newminster	Newminster Road Morden, SM4 6HJ

Visit www.merton.gov.uk/childrenscentres for the programme availability and for more information about our other services.

Published September 2023

Appendix D

FSN professional's (referrers) training slides

About the FSN TA Hub

FSN is a local charity with a long history of supporting children and parents from the local area.
Services include:
- local nurseries
- health and wellbeing
- community hubs
- youth projects
- bereavement support

Temporary Accommodation Hub ('The Hub') is funded by the National Lottery Community Fund to provide practical and emotional support for local parents and families living in temporary or poor accommodation

The Hub is for:
- parents and children living in temporary, insecure or inappropriate accommodation
- those who have received an eviction notice
- living in properties that are overcrowded or in disrepair
- single parents
- whole families
- parents who are not living with their children (e.g. single dads)

Open to families in:
- Hastings
- St Leonards
- Rother
- Eastbourne

Services at The Hub

3:30pm-6pm

St Leonards (Mon, Tues, Wed & Fri)

Eastbourne (Tues & Thurs)

24 sessions per parent free of charge

- Washing and laundry facilities
- IT equipment
- Free evening meal

- Indoor and outdoor activity spaces for adults and children for play, homework, crafts and fun

A safe, welcoming space with experienced staff to talk about worries and needs without judgement

Signposting, referrals and help completing paperwork for other local services

Telephone support available during working hours for non-emergency issues. Phone calls with experienced Hub staff who can provide advice, send information via email or just listen and talk

Face-to-face support at the FSN offices (subject to availability) during working hours if needed

Why should you refer to the TA Hub?

Benefits for clients (what other users have said)

- comfortable and welcoming feel not found at other services
- range of practical support specifically designed for needs of families in temporary accommodation
- parents and children of all ages benefit e.g. meeting others in similar situations, feeling understood and listened to
- completing forms with FSN staff e.g. Housing Outcomes Star helping focus on an area of living they could change

Benefits for you

- know your service users will be supported; staff at the Hub have the time to talk and listen which you may not always have
- help service users navigate local services and provide more joined-up local partnership working

When and how to refer people to the TA Hub

Parents have told us they would like to know about the Hub as soon as they enter temporary or inappropriate accommodation.

Some want or need to access support straight away

Others might take some time to engage.

Offer regular reminders and endorsements about the Hub and encourage them to engage when they are ready

Refer anyone to the Hub by completing a simple referral form (see link at the end of the training)

The person will receive a call from a member of the Hub team and we will take it from there

You can also download and share leaflets about the Hub from our webpage (link at the end of the training)

Convincing parents to take up a referral

ASK what they know about the TA Hub → **OFFER** referral to the TA Hub → **ASK** what they think about this and anything that would get in the way of them attending

Potential barriers to attending the TA Hub and possible responses you could offer:

Fear of judgement or difficulty trusting services

Emphasise the Hub is not a statutory service and attending is completely optional.

Mention how other parents who attend the Hub talk warmly about how welcoming everyone there is including other service users and staff.

Distance or travel costs

Encourage the service user to discuss this challenge with FSN to explore how they can support.

If they cannot attend in person there are options for remote support that can still help them.

Feeling overwhelmed with other priorities and life stresses

Emphasise the range of facilities and support that the Hub offers.

Whatever they are dealing with right now, FSN has experienced staff who can help them navigate it and they will not be alone.

Thank you for taking the time to complete this brief training.
Please complete the short survey so that we can evaluate how useful it has been.

If you have any questions about the Hub, don't hesitate to get in touch with the team at FSN:
thehub@fsncharity.co.uk / 01424 377110

"The hub has helped me get a flat and a job. Also with all my forms and paper work too."

"I had some huge challenges in my life but going to the hub has made me who I am today. My daughter is so much happier."

"The hub really helped me in so many amazing ways, even when I had no one to speak to or any help from anyone I knew I could talk to the staff at FSN."

fsn
Supporting children, young people and families

Sheffield Hallam University | Centre for Behavioural Science and Applied Psychology

Department for Education

Reference: RR1465

ISBN: 978-1-83870-604-3

For any enquiries regarding this publication, contact www.education.gov.uk/contactus.

This document is available for download at www.gov.uk/government/publications.