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Baby Box Evaluation

CHILDREN, EDUCATION AND SKILLS

social research

Baby Box Evaluation

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Ipsos MORI Scotland

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Executive summary

Background and methods

This report presents the main findings from an evaluation of Scotland's Baby Box scheme, conducted by Ipsos MORI Scotland on behalf of the Scottish Government between June 2019 and Autumn 2020. The majority of fieldwork – including survey and qualitative research with parents – was conducted prior to the March 2020 lockdown due to COVID-19. The report therefore largely focuses on experiences and views of the scheme prior to COVID-19.

Scotland's Baby Box is a universal welcome gift for all new babies in Scotland, providing families with a range of essential items for their first 6 months, delivered in a sturdy cardboard box, which can itself be used as a safe sleeping space during the early months of a baby's life. Pregnant women are invited to register for the scheme during their 20-24-week antenatal appointment, and the box is delivered between 32 and 36 weeks of pregnancy.

The Baby Box scheme aims to contribute to improving child outcomes and to tackling deprivation and inequality, while recognising that it is only one of a range of Scottish Government policies that aim to give children the best possible start in life. The contents of the baby box are designed to inform and support positive parenting behaviours and it was also anticipated that the box would act as a mechanism for encouraging parental engagement with services. By offering the box universally, the Scottish Government also intended that the scheme would help foster a shared understanding of a society that values and supports all children.

The aim of this evaluation was to assess what, if any, impact the scheme may be having on its expected short- and medium-term outcomes. It also examines how the scheme is operating in practice, and parents' and professionals' views of the box being offered universally, to all expectant parents in Scotland.

A mixed-method approach was adopted, including:

- Analysis of data on registration and uptake (using anonymised registration data provided by the Baby Box delivery contractor, APS)
- A mixed mode (online and telephone) survey of 2,236 parents
- An online survey of 870 health visitors, midwifes and family nurses
- In-depth qualitative interviews with 36 parents, 24 midwives, 20 health visitors and four family nurses across six case study Health Board areas.

A key limitation of the evaluation was the lack of a control group to enable a definitive assessment of impact. As such, the focus was on perceived impacts, triangulating the views of parents and different health professionals to help ensure a rounded view. It is also important to note that it is not an economic evaluation, and cannot, therefore, comment on the cost-effectiveness of the scheme.

Main findings

The Baby Box scheme has had a high take-up in Scotland and, from the perspective of both parents and health professionals, appears to be working well operationally. Parents who participated in this evaluation were generally very positive about the scheme – speaking highly of the quality and range of items received.

Parents were also positive in their assessments of how receiving the box had benefited their family, both financially and in terms of wider benefits, such as informing them about, or reinforcing, key child health and development messages. Those on lower incomes were more likely to report that receiving a baby box had a positive financial impact, saving them money on things they would otherwise have needed to buy. At the same time, younger parents, first time parents, and parents on lower incomes were all more likely to report that receiving a baby box had wider, non-financial benefits for their family, such as encouraging parents to read to their baby earlier than they would otherwise have done. Younger parents and first time parents were also more likely to agree that the box had encouraged them to talk more to their midwife, health visitor or family nurse – indicating the scope for the scheme to support parental engagement with services.

Although a majority parents who took part in the survey for this evaluation did not use the box itself for their baby to sleep in, among the minority who did not have an alternative sleep space when they received the baby box 69% had used it as a sleep space. Younger parents and parents on lower incomes were, however, less likely to have used the box as a sleep space.

A majority of the health professionals who participated in the evaluation felt clear on the Baby Box schemes aims and their role in the scheme and felt they had received sufficient training about this. However, there were clear differences by role and experience, with health visitors and less experienced professionals less likely to feel clear about their role or to feel confident discussing the box with parents.

While the evaluation findings are positive overall in terms of the take-up, operation, and perceived impact of Scotland's Baby Box, it did identify a number of questions for consideration in relation to the future development of the scheme. These questions were primarily centred around two main themes: identifying potential opportunities to clarify or enhance the role of health visitors and midwives to increase the impact of the scheme, and reviewing information provision to new parents through the box and other means, including information around safe sleeping. There were also questions around ensuring the registration, application and delivery process works as well as possible for all families, including foster families and bereaved families.

Uptake and operational processes

- Estimated take up of baby boxes in Scotland is high (over 90%). There is little variation in estimated uptake by area deprivation.

- The process for registering parents for a box was not always consistent in practice with the suggested process. However, it was nonetheless considered to work well by the vast majority of parents and midwives.
- At the same time, parents did identify a few potential issues, indicating that there may still be scope for improving the registration process to ensure no one misses out (including ensuring that foster carers are aware of how to access a box, if a baby comes into their care).
- No significant issues were reported with the delivery process, though there was a desire to be able to book specific delivery slots.
- There is scope to increase clarity among professionals on the process for cancelling a box in the event of bereavement.

Use of the box and its contents

- Parents were very positive about the quality of the box and its contents – 97% rated it as 'very' or 'fairly good'.
- While the research indicates that the contents are well used by families, there was some evidence that those who already had older children were less likely to use the full range of contents.
- The digital ear thermometer and bath and room thermometer were the items most likely to be rated by parents as among the most useful, and most likely to be seen by midwives, health visitors and family nurses as important to include.
- In comparison with the items parents feel are most useful, professionals (particularly midwives) appear to place relatively more importance on the box itself, as well as the blanket and guidance around safe sleeping.
- The items most commonly identified as 'least useful' by parents tended to be smaller, lower value items: the condoms (20%); the bath sponge (16%); the emery boards (16%) and the Royal Scottish National Orchestra App (16%).
- Items midwives and health visitors felt were least useful were somewhat different, and included: the reusable napppies voucher (31%); comforter toy (23%); nursing pads (21%); hooded bath towel (18%) and the leaflet on breastfeeding (17%).
- 39% of parents had used the box for sleeping, while 61% had not.
- Most parents (87%) already had another sleep space when they received their baby box. However, among the 13% who did not, 69% had used the baby box for their baby to sleep in.
- Younger parents and parents on lower incomes were less likely to have used the box as a sleep space.
- Parents' reservations about using the box for sleeping included perceptions (for example, feeling it was 'wrong' to put a baby in a box), and practical issues (for example, discomfort bending down to pick the baby up from a box on the floor).

Perceived impacts

- The benefits of the box most commonly identified by parents and health professionals were financial or material – saving money on things they needed for their baby and providing useful things they would not otherwise have bought. However, parents did also recognise other benefits, around learning and support.
- Nine in ten (91%) parents agreed that 'Getting a baby box has saved me money on things I would otherwise have had to buy', while 76% of health professionals agreed that the scheme is an effective way of ensuring that every family has access to newborn essentials. Midwives were more likely to agree with this than were health visitors / family nurses.
- 37% of parents felt they had learned about bonding with their baby through playing, talking and reading as a result of receiving the box. This figure was higher among younger (57%), first-time (46%), and lower income (42%) parents.
- Most (84%) said they had read the books included in the box with their baby. Over half (60%) of parents felt the inclusion of books in the baby box had encouraged them to start reading with their baby earlier – again, younger, first-time and lower income parents were particularly likely to say this.
- 84% of parents surveyed said they had found the leaflet on safe sleeping useful. Findings from the qualitative research provided evidence of parents learning about safe sleeping from the leaflet in the box and/or being empowered to challenge inappropriate views among family members around safe sleeping, even when they had not used the box itself as a sleep space.
- Health professionals also gave positive examples of the potential impact of the box on safe sleeping even where it was not actually being used as a sleep space – for example, where they felt that the baby box had helped support conversations around safe sleeping, and therefore helped to increase or reinforce parents' understanding of this topic.
- A quarter (26%) of parents surveyed felt the box had helped support breastfeeding, but higher numbers (66%) said they found the leaflet on breastfeeding useful. A similar proportion (68%) said they had found the leaflet on post-natal depression useful – younger parents and those on lower incomes were more likely to say it had been 'very' useful.
- Other things parents reported learning from the box included: 'monitoring my baby's health or temperature' (50%), 'how my baby can sleep safely in the box' (42%) and about sources of support for new parents (35%). Again, younger and first-time parents were more likely to say they had learned about each of these areas.
- 47% of parents surveyed had signed up for Parent Club emails, most commonly (64%) at the same time as registering for a baby box. Most parents (79%) who read the emails reported they were useful. However, younger parents were less likely than older parents to read Parent Club emails.

- Parents and health professionals were divided on the impact of the box on facilitating professional/parent engagement. 35% of parents agreed that 'Getting a baby box encouraged me to talk more to my midwife, health visitor or family nurse about things I wasn't sure about', while 23% disagreed and 41% neither agreed nor disagreed. 45% of health professionals agreed that the box was a useful tool in supporting conversations with parents in general, while 18% disagreed and 33% neither agreed nor disagreed.
- Younger parents and first time parents were more likely to agree that the box had encouraged them to talk more to their midwife, health visitor or family nurse. There was also some evidence from health professionals that the box had supported conversations with parents experiencing particularly challenging circumstances.

Workforce training and role in the Baby Box scheme

- The vast majority (88%) of health visitors, midwives and family nurses felt clear on the aims of the Baby Box Scheme.
- When asked about the main ways the scheme was intended to contribute to positive outcomes, the most common answer among professionals was that it did so by helping families financially by providing items for their new baby (44%). This was followed by 'helping to reduce inequalities in health between children from different backgrounds' (37%) and 'helping to reduce inequalities in health between new mothers from different backgrounds' (34%). Far fewer professionals singled out the idea that the scheme was intended to contribute to positive outcomes by increasing opportunities for them to engage with parents (6%).
- A majority of health professionals (61%) felt clear about their role in relation to the Baby Box scheme. Fourteen per cent said they were unclear and 22% that they were 'neither clear nor unclear' about their role.
- Training on the scheme most frequently took the form of informal discussions with colleagues (41%) and written information (35%) rather than more formal training (2%). 28% said they had not received any training or information about the scheme.
- Among the 72% who had received information or training, 37% felt it had been sufficent.
- There were clear differences by both profession and length of time in role, with midwives and more experienced professionals more likely to feel clear about their role, report that they had received sufficient training, and to feel confident discussing the box with parents.
- The main topics professionals were unsure about or wanted more information or training on were: the contents of the box (59%); practical elements of how the scheme operates (for example, 51% of those who felt training was not sufficient wanted more training on the registration process while 44% mentioned the delivery process); and the aims of the scheme (50%). Qualitative interviews with health professionals also identified a desire for

more information about the purpose and evidence behind the scheme, and the main messages they should get across to parents about the box. The evaluation also indicates the scheme may benefit from providing further information for professionals about using the box for safe sleeping (mentioned by 40% of those who felt their training on the scheme was not sufficient).

Views on universal availability

- Parents across all income groups were, in the main, supportive of the scheme's universal availability as a way of promoting an equal start for all children in Scotland.
- Parents and health professionals reflected on the advantages of universal schemes in terms of reducing stigma and conveying benefits beyond the purely financial.
- When asked how the scheme could be improved, only 2% of parents mentioned any changes relating to means-testing or universality. However, during qualitative interviews with parents some questioned whether items were potentially being wasted by parents who did not need them. Questions were also raised over whether providing boxes to parents on high incomes was necessarily the best use of scarce resources.

1. Introduction and methods

This report presents the main findings from an evaluation of Scotland's Baby Box scheme, conducted by Ipsos MORI Scotland on behalf of the Scottish Government between June 2019 and Autumn 2020.

Scotland's Baby Box Scheme

Scotland's Baby Box, based on a similar long-established scheme in Finland, is a universal welcome gift for all new babies in Scotland, providing families with a range of essential items for their first 6 months. The box includes items for the baby (for example, clothes, books, digital thermometers, and comforters) and items for the mother (including nursing pads, maternity towels, and information leaflets).[1] These items are delivered in a sturdy cardboard box, which comes with a mattress, protector, fitted sheet and blanket and can be used as a safe sleeping space during the early months of a baby's life.[2] Midwives invite pregnant women to register for the scheme during their 20-24-week antenatal appointment, and the box is delivered between 32 and 36 weeks of pregnancy.

The scheme was piloted in early 2017, in Forth Valley and Orkney, and then rolled out across Scotland from August 2017. Between August 2017 and the end of 2020, around 164,000 registrations for baby boxes were received from families in Scotland. [3]

The Baby Box scheme aims to contribute to improving child outcomes and to tackling deprivation and inequality, while recognising that it is only one of a range of Scottish Government policies that aim to give children the best possible start in life. The contents of the baby box are designed to inform and support positive parenting behaviours, through both information (about safe sleeping and maternal mental health) and provision of specific items, like books and baby wraps to support parent-child attachment, and nursing pads for breastfeeding. It was also anticipated that the box would act as a mechanism for encouraging parental engagement with services – including those parents who may otherwise be less engaged with services – in order to enable conversations about parenting and child health and wellbeing. The scheme aims to contribute to tackling inequality by ensuring that all families have access to key essential items for their baby's early weeks and months for free. By offering the box universally, to all expectant parents regardless of income or circumstance, the Scottish Government also intended the scheme would

[1] A full list of items included in baby boxes in Scotland at the time of the research is provided in Appendix A.

[2] The leaflet provided with the box advises that "When your child can roll over, sit, kneel or pull themselves up, the Baby Box should no longer be used for sleeping"

[3] Anonymised registration data provided by APS, the contractor for delivering baby boxes.

help foster a shared understanding of a society that values and supports all children.

Aims of the evaluation

The overall aim of the Baby Box evaluation was to assess what, if any, impact the scheme may be having on the expected short- and medium-term outcomes, as set out in the Evaluability Assessment conducted for the Baby Box scheme in 2018[4]. These outcomes cover areas including: perceived impacts on child health and wellbeing; perceived financial impact on families; parental learning around risk and positive behaviours such as safe sleeping and breastfeeding; and reported parental engagement with services. In addition, the evaluation examines how the scheme is operating in practice, including levels of uptake, and processes around registration and delivery and workforce training. It also considers parents' and professionals' views of the box being offered universally, to all expectant parents in Scotland.

The more detailed outcomes and research questions addressed by this evaluation are outlined in the introductions to the relevant chapter(s).

Methodology

The evaluation was conducted by Ipsos MORI Scotland, between Summer 2019 and Autumn 2020. A mixed-method approach was adopted, including:

- Analysis of data on registration and uptake (using anonymised registration data provided by the baby box delivery contractor, APS)
- A mixed mode (online and telephone) survey of 2,236 parents
- An online survey of 870 health visitors, midwifes and family nurses
- In-depth qualitative interviews with 36 parents, 24 midwives, 20 health visitors and four family nurses across six case study Health Board areas.

Parent survey

A mixed mode (telephone and online) survey of parents was conducted in October-November 2019 to explore parents' experiences and views of the Baby Box scheme. The initial sample (5,543 parents) consisted of all parents with a due date between February and August 2019 who had registered for a baby box and agreed (by ticking a box on their registration form) that they could be contacted for research purposes (around 21% of parents who registered for a box agreed to this).

All parents who had provided an email address (94% of those in the initial sample) were invited by email to complete the survey online. 1,724 parents completed the

[4] The Baby Box Evaluability Assessment was conducted on behalf of the Scottish Government by the Evaluability Assessment Collaborative between January and March 2018. A wide range of stakeholders, including Scottish Government officials, midwifery and academic experts in safe sleeping and infant mortality, took part in three workshops to plan for the evaluation of the Baby Box scheme, and to determine the outcomes this should ideally address.

survey online, and a further 512 parents were interviewed over the phone by Ipsos MORI telephone interviewers.

The telephone interviewing was intended to boost the response rate from those parents whose response was disproportionately lower online (when compared to the profile of all parents who had registered for a box during the sample period). Quotas were therefore set for the telephone interviewing to ensure the final sample was as representative as possible of all parents registering for a box between February and August 2019[5], in terms of Health Board, area deprivation (as measured by Scottish Index of Multiple Deprivation quintiles), and the age of the mother. The data were also weighted to correct for any remaining differences in response on these measures. (See Appendix B for more detailed information on the profile of survey respondents).

Survey of midwives, health visitors and family nurses

Directors of Nursing in each Health Board were asked to forward an email invitation from Ipsos MORI to all community midwives, health visitors and family nurses (and their managers) in their area to invite them to take part in an online survey between late November 2019 and early January 2020.[6] In total, 870 nurses responded to the survey – 279 midwives, and 591 health visitors and family nurses (as the number of family nurses was very small – 37 in total – their views are grouped together with those of health visitors for analysis in this report). The final data were weighted to match the profile of Health Visitors and Midwives across Scotland in terms of geographic area and the proportion of part-time and full-time staff.

Both the parents' and the professionals' questionnaires were designed by Ipsos MORI with advice from the Scottish Government and the Research Advisory Group. They were also tested with a small number of parents and with a small group of midwives and health visitors respectively, whose feedback was incorporated before the two questionnaires were finalised. See Appendix C for the full parent and professionals' questionnaires.

Qualitative interviews with parents

At the end of the parents' survey, respondents were asked if they would be willing to participate in a more detailed follow-up interview. Participants were recruited from across six Health Board areas[7], to ensure diversity in terms of geography, rurality/urbanity and deprivation. Quotas were also set based on maternal age,

[5] Analysis of anonymised Baby Box registration data for February to August 2019 was conducted to determine these quotas and weights, to ensure data was representative of all parents who had registered for a baby box, not just those who had opted in to be contacted for research purposes.

[6] In order to reduce the number of surveys staff were being asked to complete at the same time, this survey was combined with another survey conducted by Ipsos MORI on behalf of the Scottish Government, covering health visitors' views of the Universal Health Visiting Pathway. The order of the two topics was randomised, so half were asked Baby Box questions first, and half the UHVP questions first.

[7] The Health Board areas were: Fife, Grampian, Greater Glasgow and Clyde, Highland, Lanarkshire and Lothian.

annual household income, whether or not this was their first baby, and survey responses on whether they had used the baby box for sleeping, and whether they felt the box had saved them money (see Appendix B for the profile of participants).

36 in-depth interviews with parents were conducted in February and March 2020 by members of the Ipsos MORI Scotland research team. The majority of interviews (28) took place face-to-face (in participants' homes or another venue of their choosing). A smaller number were conducted by telephone, either because of parental preference or because it was necessitated by COVID-19 restrictions from 16th March onwards. Two were conducted by email, at the parents' request.

In a majority of cases, the interview was with the mother (who is usually the parent who registers for the box). However, where participants lived with a partner, it was made clear that they were welcome to participate in the interview, and in six cases a father also contributed.

Qualitative interviews with midwives, health visitors and family nurses

The researchers also interviewed 24 midwives, 40 health visitors and 4 family nurses in more detail about their views of the Baby Box scheme. Interviewees were recruited from survey respondents who had agreed to be re-contacted, and through area Midwifery and Health Visiting leads. Participants were recruited from across the same six Health Board areas as parent interviewees (see above). Fieldwork began in March 2020 but was paused when the NHS was put on emergency footing as a result of the COVID-19 pandemic. The majority of interviews were conducted by phone in summer 2020.

For both the parental and workforce in-depth interviews, interviewers used a flexible topic guide to ensure that key issues were covered with each participant (see Appendix D). Interviews were audio-recorded and detailed notes were made after each interview, summarising views on key topics. The data was then systematically reviewed to identify the full range of views expressed. All parents received £30 as a thank you for their time.

Scope and limitations

As with any study, this evaluation is subject to a number of limitations.

First, it was not possible to conduct an experimental or quasi-experimental evaluation of the Baby Box scheme. The most reliable way of establishing the impact of any programme or intervention is to compare outcomes for participants with outcomes for similar individuals who did not go through the intervention (a 'control' group). However, the simultaneous roll-out of the Baby Box scheme across Scotland and the high level of take-up meant there was no appropriate control group available.[8] Without a control group, it is not possible to definitively attribute

[8] Although around one in ten parents did not take up the baby box, there was no obvious route for identifying or recruiting these parents. More fundamentally, it is very likely that those who decide not to take up the baby box differ significantly both in respect of their characteristics and attitudes to those who do take up the box – meaning that any comparison of impacts between the two

any reported outcomes to the Baby Box scheme, rather than wider contextual factors.

A second (related) limitation is that the evaluation is based on self-report data from those who received the box (parents) or may have observed parents using it (health professionals). As such (and in the absence of a control group), although the evaluation aims to assess the potential impact of the scheme, it can only report on people's *perceptions* of the impacts of the Baby Box scheme, rather than on definitive outcomes. When dealing with perceived impacts there is inevitably room for error. There is a risk that impacts may be overstated or misattributed, given the difficulty of individuals accurately identifying and isolating the impact of a specific intervention from all other contextual factors that might influence their behaviour, views or experiences.

Third, in relation to the survey of parents specifically, the sample was drawn from those who consented to be contacted for research purposes when registering for their baby box (21% of all those who registered for a box in the period the sample was drawn from). As discussed above, the final achieved sample of parents was weighted to match the profile of all parents who registered for a box on key known characteristics (maternal age, area deprivation, and Health Board). However, while this means it is broadly representative of all parents registering for a box on these known characteristics, we cannot be certain that there are no other (unknown) differences in the profile of those who did and did not agree to be contacted for research which may have impacted on their views of the scheme.

Finally, the COVID-19 pandemic necessitated minor changes to the evaluation design and timescales. As described above, four in-depth interviews with parents had to be conducted by phone rather than face-to-face. The impact of this is likely to have been minimal. At the start of the pandemic, the qualitative fieldwork with health professionals had just begun and a small number of depth interviews had been undertaken. When the NHS was placed on an emergency footing in March 2020, fieldwork was paused and did not restart until July 2020. The meant that the majority of these took place at a time when health professionals would have been reflecting on the impact of the Baby Box scheme after a period of enormous upheaval – both in the NHS and people's lives more generally. While the pandemic-related changes did not feature heavily in the interviews, they may still have changed participants' perspectives on the impact of the Baby Box scheme.

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groups would likely be confounded by these other differences. Another option for comparing impacts would be to take an interrupted time series analysis, where longitudinal data on child and family outcomes is used to model the effect of an intervention (in this case, the introduction of the Baby Box scheme), using statistical modelling to account for any pre-intervention trends. Such a study may provide useful data on whether there have been any changes in child and family outcomes from before to after the introduction of the Baby Box scheme. However, it would nonetheless be complicated by the number of other interventions that may impact on maternal and child health in Scotland – including the Universal Health Visiting Pathway – introduced at around the same time as the Baby Box scheme. Establishing definitive impacts from the Baby Box scheme on observed outcomes is thus challenging, whatever design is used.

Report conventions and structure

The findings in this report are organised thematically, so that findings from the different elements can be triangulated in answering the research questions. Each chapter begins with a boxed summary of the key findings and an outline of the research questions that chapter addresses. Boxed points for consideration in terms of the future development of Scotland's Baby Box scheme are included at relevant points within chapters. These are based on the researchers' reflections on the findings and are intended to highlight questions that the Scottish Government and its partners, particularly Health Boards, may wish to consider in relation to the future development of the Baby Box scheme.

Survey findings are always subject to a margin of error, which determines how confident we can be that any differences are likely to be a true reflection of differences in the population or may simply have occurred by chance. In this report, any differences highlighted between sub-groups of survey respondents (e.g. parents of different ages) are statistically significant at the 95% level, unless otherwise stated.

When interpreting findings from the in-depth interviews with parents and health professionals, it is important to remember that qualitative samples are designed to ensure that a range of different views and experiences are captured, rather than to estimate the prevalence of particular views or experiences. As such, quantifying language, such as 'all', 'most' or 'a few' is avoided as far as possible when discussing the qualitative findings in this report.

The remainder of this report is structured as follows:

- Chapter 2 covers operational processes and uptake of the scheme, including views of the registration and delivery process
- Chapter 3 provides an overview of use of the box and its contents, including perceptions of which items were most and least useful, and reasons why parents do or do not choose to use the box itself for sleeping
- Chapter 4 discusses the perceived impact of the scheme, including potential impacts on parental knowledge and behaviour, financial impacts, and impacts on engagement between families and their midwives or health visitors
- Chapter 5 outlines the views of midwives and health visitors/family nurses on the training and information they have received around the Baby Box scheme, and their views of its purpose and their role in relation to it
- Chapter 6 examines parents' and professionals' views on the universal availability of the scheme.

2. Uptake and operational processes

Key findings

- Estimated take up of baby boxes in Scotland is high (over 90%). There is little variation in estimated uptake by area deprivation.
- The process for registering parents for a box was not always consistent in practice with the suggested process. However, the process of registering for a box was nonetheless considered to work well by the vast majority of parents and midwives.
- At the same time, parents did identify a few potential issues, indicating that there may still be scope for improving the registration process to ensure no one misses out (including ensuring that foster carers are aware of how to access a box, if a baby comes into their care).
- No significant issues were reported with the delivery process, though there was a desire to be able to book specific delivery slots.
- There is scope to increase clarity among professionals on the process for cancelling a box in the event of bereavement.

If the Baby Box scheme is to deliver the benefits outlined in Chapter 1, take-up of the offer needs to be high – both overall, and across socio-demographic groups. In particular, take-up needs to be high among those who might be expected to benefit most from the box financially, such as those on lower incomes. To support high take-up, registration and delivery processes need to be simple and effective.

This chapter summarises uptake of the scheme to date and assesses how well registration and delivery processes are working in practice. It draws on anonymised registration data, combined with data on births from National Record Scotland, and on data from both qualitative interviews and surveys of parents and professionals.

Outcomes	• High numbers applying for a box across all socio-economic groups • Smooth application process • Boxes delivered on time
Research Questions	• How have parents found the registration process and arrangements around receiving their baby box?

Uptake of baby boxes

Estimated take up of baby boxes in Scotland is very high. Dividing the number of parents registering for a box (based on their due date)[9] by the number of births recorded for that year[10] [11], an estimated 89% of new parents registered for a box in 2017 (15th August to end December), 93% in 2018 and 92% in 2019. Further analysis of uptake by SIMD[12] showed similar rates of uptake across SIMD quintiles (see table in Appendix E).

Registration process

The Scottish Government's recommended process for registering families for a baby box is that midwives complete the registration form jointly with pregnant women at their 20-24-week appointment and post it on their behalf. However, findings from the surveys of both parents and health professionals showed that, in practice, the process varies, with parents often given the form to take away, complete, and post themselves. Half of parents reported completing the registration form on their own (52%), while 42% said they had completed it jointly with their midwife (42%) and 6% said their midwife completed it by themselves. Meanwhile, 72% of midwives and family nurses responding to the professionals' survey said that they usually gave the mother the form to take away and post back herself.[13]

Qualitative interviews with midwives indicated that common practice was for parents to be given the registration form at an early midwife appointment (e.g. their booking appointment around 13 weeks), asked to complete their sections, and to bring it back to their 22 week appointment, where the midwife would check, sign it and give it back to the mother to post. Workload was the primary reason midwives gave for adopting this approach – they simply did not feel they had time to add posting forms to their to-do list. It was also suggested that it was appropriate to give mothers ownership and responsibility for posting the form, and that doing it in this

[9] From anonymous registration data provided by APS, the Scottish Government's contractor for providing baby boxes and figures from the Scottish Government.

[10] Live births and still births as recorded by NRS Scotland – see https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2019/list-of-data-tables#section3

[11] Including both live and still births. Note that this is not a perfect measure – ideally, we would divide the number of registrations by the number of parents with a due date in each year (since registration and delivery is based on due date not actual date of delivery), but this data is not readily available.

[12] Using registration data (from APS) and data on deliveries by SIMD provided directly to Ipsos MORI Scotland by NRS.

[13] The difference in responses between the surveys may be explained by differences in the way this issue was asked about in the surveys of parents and health professionals. Parents were asked 'Who completed the Baby Box registration form?' and it is possible that some respondents whose midwife had filled in their section of the form and given it to them to post viewed this as 'I/my partner completed it jointly with my midwife'. Professionals, on the other hand, were asked which of the following usually applies: I arrange for the form to be posted, once the mother has filled out her information; the mother takes the form away and posts it back herself; or sometimes I send the form off, and sometimes I give the form to the mother to return.

way prevented anyone from feeling pressured to take the box if they did not want to.

Notwithstanding some variation in approach, however, the registration process was generally felt to work well by both parents and midwives. Almost all parents who responded to the survey (99%) said it was 'very' (90%) or 'fairly' easy (9%) to register for their baby box.[14] Similarly, almost all midwives and family nurses involved in registering parents for boxes (>99%) felt the registration process worked well (76% 'very well' and 24% 'fairly well'). The fact that uptake is high further supports the view that the registration process is generally very effective.

Parents interviewed for the qualitative research also generally felt the registration process worked well and that they were able to complete and post the form without any problems. However, there were a few examples where asking parents to post the form themselves had caused difficulties, or potential difficulties, due to:

- Parental health issues (e.g. back problems or severe morning sickness) making it difficult for them to go out to post it themselves
- Administrative issues (e.g. one participant received conflicting information from two different midwives about who was responsible for posting the form, meaning they had to request a new form to post themselves)
- Parents coming close to forgetting to post their form, particularly if it had been included in a pack of leaflets rather than being given to them separately.

Thus, while overall the registration process is seen as effective, there may nonetheless be scope for improvement to reduce the potential for families to inadvertently miss out on a box.

Question for consideration: Is there a need to encourage midwives to routinely double-check whether parents are comfortable posting the form back themselves, and/or to clarify that they can post it for them if parents would prefer?

As part of the registration process, at the 20-24 week antenatal appointment, midwives also give parents a leaflet detailing the full list of box contents[15]. The vast majority (95%) of parents who took part in the survey said they had enough information about the box before receiving it. Nonetheless, among the minority who indicated they wanted more information, the most common request was for information about 'what would be in the box' (followed by 'when the box would be delivered' and 'the purpose of the scheme'). Parents who took part in the in-depth interviews also described having duplicates of some items, as they had started to

[14] Of course, a limitation of the sample is that we were only able to survey parents who had registered for a box – we do not know from this if there are parents who did not register because they had problems with registration process.

[15] The full list of contents is also available online at https://www.parentclub.scot/baby-box

buy things for their baby before they became aware of what they would receive in the box.

Question for consideration: Is there an opportunity for midwives to more actively highlight the range of things the box includes at the appointment at which it is introduced, and/or for parents to be directed to the list of contents at an earlier stage?

Finally, a specific set of issues were raised by foster parents interviewed for this study around the way the registration process works for babies who are going to be looked after by foster carers. They felt very strongly that the box ought to *'follow the baby'* rather than be given to the birth parent, as the box and its contents did not always come with babies who had come to them for foster care. In their experience, birth parents sometimes only sent a few items from the box with their baby and not the box itself.[16] They felt strongly that, if they did not receive a baby box, this was another way in which foster children miss out – not only while they are babies, but potentially as they are older, since baby boxes and their contents may become part of the 'memory store' of this generation of children. Foster parents and Kinship carers are eligible to register for a baby box through their appointed social worker if they are fostering a child between 0-6 months. However, the experience of the Foster parents interviewed for this evaluation suggests that in practice they may not always be aware of this.

Question for consideration: Is there a need to review how the way the scheme is intended to work when a baby is not being looked after by their birth parents is communicated to carers, including foster carers?

Delivery process

Baby boxes are generally delivered between 34 and 36 weeks of pregnancy, with mothers receiving text updates with details of when the box will arrive. The delivery process was not asked about specifically in either of the surveys. However, parents responding to the survey were able to give suggestions for improvements to the Baby Box Scheme. Of the 47% who gave suggestions, 9% (5% of all respondents) gave suggestions relating to delivery, such as delivering the box earlier or allowing the option to select a delivery date or time. Parents who took part in in-depth interviews were very satisfied with the delivery process and timeliness, but again suggested it would be helpful to be able to select delivery slots.

Question for consideration: Is it worth exploring the feasibility of adapting the registration/delivery system to allow parents to select a delivery slot?

[16] There could be a range of reasons for this, but as we did not interview any birth parents in this situation, this report cannot comment on why this occurs.

Cancelling boxes in the event of bereavement

Another element of an effective delivery process is being able to quickly stop the delivery of boxes in the event of baby loss. The survey of health professionals found that over half (56%) of midwives, health visitors and family nurses were unclear about the process for cancelling a baby box in the event of a bereavement. A further 18% said they were not sure or preferred not to say – just 17% said they were clear about the process.

As might be expected (since it is midwives rather than health visitors who have most contact with pregnant mothers at the time leading up to delivery of boxes), midwives were much more likely to report being clear on the process of cancelling a box (40%, compared with 7% of health visitors/family nurses). However, a sizeable minority of midwives (37%) still felt unclear about the process. The length of time professionals had been practicing also played a role, with those who had been practising for 10 years or more most likely to feel clear on the process (23%, compared with 6% of those who had been practising for under three years).

Midwives who took part in the qualitative interviews had not themselves had to cancel a box due to the loss of a baby. However, they reported that they were either clear on the process or felt confident they would easily be able to find out what to do if necessary – by asking colleagues or by calling the baby box helpline. Midwives also noted that they would need to consider the wishes of the parents in this scenario, as they may not necessarily want to cancel the box. However, although midwives appeared to feel it would be straightforward to find out how to cancel a box, the fact that over half are currently unclear on the process suggests that there may be scope for increasing understanding around how to ensure delivery is stopped in these instances.

Question for consideration: Is there a need to consider how best to ensure that all relevant health professionals who may be in contact with a bereaved family are aware of the process for cancelling a baby box?

3. Use of the box and its contents

Key findings

- Parents were very positive about the quality of the box and its contents – 97% rated it as 'very' or 'fairly good'.
- While the research indicates that the contents are well used by families, there was some evidence that those who already had older children were less likely to use the full range of contents.
- The digital ear thermometer and bath and room thermometer were the items most likely to be rated by parents as among the most useful, and most likely to be seen by midwives, health visitors and family nurses as important to include.
- In comparison with the items parents feel are most useful, professionals (particularly midwives) appear to place relatively more importance on the box itself, as well as the blanket and guidance around safe sleeping.
- The items most commonly identified as 'least useful' by parents tended to be smaller, lower value items: the condoms (20%); the bath sponge (16%); the emery boards (16%) and the Royal Scottish National Orchestra App (16%).
- Items midwives and health visitors felt were least useful were somewhat different, and included: the reusable napppies voucher (31%); comforter toy (23%); nursing pads (21%); hooded bath towel (18%) and the leaflet on breastfeeding (17%).
- 39% of parents had used the box for sleeping, while 61% had not.
- Most parents (87%) already had another sleep space when they received their baby box. However, among the 13% who did not, 69% had used the baby box for their baby to sleep in.
- Younger parents and parents on lower incomes were less likely to have used the box as a sleep space.
- Parents' reservations about using the box for sleeping included perceptions (for example, feeling it was 'wrong' to put a baby in a box), and practical issues (for example, discomfort bending down to pick the baby up from a box on the floor).

In order for the Baby Box scheme to benefit families and to contribute to positive outcomes for parents and children, families need to understand how to use the box and its contents, and to actually be using them in practice. This chapter begins by summarising parent and professional accounts of families' use of the box and its contents, and which elements they consider most and least useful. It then looks at use of the box specifically, including why parents do and do not choose to use it for

sleeping. The findings draw on both the surveys and qualitative research with parents and health professionals.

Outcomes	• Parents use and understand the box and contents • Workforce understands contents and purpose of the box
Research Questions	• How are parents using the baby box (e.g. are they using it as sleeping space for their baby?)

Use and usefulness of the baby box and its contents[17]

Parents were generally extremely positive about the box and its contents – the survey found that 97% felt it was 'very' (86%) or 'fairly' (11%) good quality. Findings from the qualitative research also indicated that the box and its contents were being well used by parents. Across the 36 in-depth interviews in the qualitative research, there was no item that was not used and considered useful by at least one parent.

In terms of general level of use of the contents, the qualitative interviews suggested that there are some differences between first time parents and those with older children. First-time parents often commented that they had used everything or nearly everything in the box, while parents with older children reported using fewer items:

> "We used the towel, the bath towels, the sponges, we didn't use the bath thermometer. Purely I think if it was our first child, we would have used it, but we're used to bathing the wee boy so we kind of know what temperatures is good now."
>
> Fife, 25-29, Income group 2, not first child

Health professionals reported observing the box and its contents being used by families – 47% of health professionals said they had seen parents using the box or its contents 'always or often' on their home visits, while a further 31% said they sometimes saw families using them. Just 20% said they rarely or never observed boxes being used. Midwives were more likely than health visitors and family nurses to say they saw families using the box or its contents always or often (61%, compared with 40% of health visitors). This may reflect the fact that midwives were more aware of the box and its contents (see Chapter 6) – health visitors may be less likely to recognise items being used as from the baby box. Alternatively, it may be that parents are more likely to show their midwives items from the box, since their midwife will have helped them register for it.

[17] A list of the contents of the baby box at the time the research was conducted is included in Appendix A. For a full list of the current contents of a baby box, see https://www.parentclub.scot/baby-box

Which items were seen as most useful or important?

The parents' survey asked parents which five items from the box they had found most useful. The items most commonly chosen were: the digital ear thermometer (picked as one of the five most useful items by 71%) and bath and room thermometer (68%), followed by the baby wrap (42%), play mat (35%), travel changing mat (35%), the clothes in general (31%) and the box itself (27%). Similar items were discussed as being most useful in the qualitative research with parents, with thermometers and the wrap singled out as items that parents particularly valued (the perceived benefits of these items are discussed in more detail in the following chapter). Among parents who were using it as a main sleep space, the box itself was also singled out as particularly useful.

Further analysis of the survey findings indicates some variation in the items considered most useful by parental age, whether or not this was their first baby, and parental income. In particular:

- A higher proportion of parents aged over 30 chose the clothes and the box itself for sleeping as among the things they found most useful.[18]
- First time parents were a little more likely than those with older children to feel the playmat and the travel changing mat were among the most useful items[19]. Parents who already had children were a little more likely to choose the baby wrap[20] and the clothes[21] as among the most useful items.
- Parents on the highest incomes were more likely to mention the play mat[22] and the travel change mat[23] as among the most useful items. Those on lower incomes were more likely to mention the digital thermometer.[24]

The professionals' survey included a similar question on which items were 'most important to include' in the box, indicating how health professionals prioritise the contents in terms of supporting families with new babies. The top two items mentioned by midwives, health visitors and family nurses echoed parents' views on the most useful items: the digital ear thermometer (66%) and the bath and room thermometer (57%). However, in comparison with parents' views of which items are

[18] 34% of 30-34 year-olds and 35% of parents aged 35+ chose the clothes as one of the most useful items, compared with 26% of parents under 30. Similarly, 29% of 30-34 year-olds and 30% of parents aged 35+ said the box itself for sleeping was one of the most useful items, compared with 22% of 16-24 year-olds and 23% of 25-29 year-olds.

[19] 37% of first time parents, compared with 33% of those with older children in each case

[20] 45%, compared to 40% of first time parents

[21] 33% compared with 29% of first time parents

[22] 40% of those with household incomes of £52,000 or more, compared with 28% of those on less than £15,599

[23] 42% of those with household incomes of £52,000 or more, compared with 27% of those on less than £15,599

[24] 76% of those under £15,599, 78% of those on £15,599-25,999 compared with 66% of those on £52,000 or more

most useful, professionals appear to place relatively more importance on the box itself (43%), as well as the blanket (39%) and guidance around using the box for safe sleeping (41%, Table 4.1). This may reflect the fact that, as discussed in Chapter 5, promoting safe sleeping was viewed as a core aim of the scheme by some health professionals.

Table 4.1: Parents and professionals views on which items are "most useful" or "most important to include" in the baby box

	Parents who picked item as top 5 "most useful"	Professionals who picked item as top 5 "most important"
Digital Ear thermometer	71%	66%
Bath and Room thermometer	68%	57%
Baby Wrap	42%	34%
Play mat	35%	28%
Travel Changing Mat	35%	15%
Clothes	31%	35%
The box itself	27%	43%
Leaflet on using the box for safe sleeping	1%	41%
Cellular blanket	18%	39%

Base: All parents (2,236) and all professionals (870)

Midwives were more likely than health visitors / family nurses to prioritise the inclusion of the box itself for sleeping (51%, compared with 39% of health visitors/family nurses); the cellular blanket (47%, compared with 35%); and the baby wrap (41%, compared with 30%). Meanwhile, health visitors/family nurses were more likely than midwives to choose the digital ear thermometer (71%, compared with 56%); the bath and room thermometer (63%, compared with 43% of midwives) and the playmat (36%, compared with 12% of midwives) as among the most important items to include.

Qualitative interviews with midwives and health visitors indicated that their views on what is most useful to include may be linked to the key topics these different professionals tend to focus on with families. For example, health visitors often singled out items they felt supported attachment (e.g. the playmat and wrap), which is a key theme for health visiting, while midwives mentioned the blanket and the box itself in the context of discussions about plans for how the baby will sleep immediately after they are born. Individual professionals' views on the most useful items also took into account their views of items that parents would not tend to buy themselves (e.g. the thermometers and wrap).

> "If you haven't used or seen a sling before you are unlikely to shell out what, a minimum of £20 to £30 for a sling. I think it lets parents have a try with something that they wouldn't otherwise even consider."
>
> Health Visitor

Which items were seen as least useful or important?

Fewer parents in the survey were able to identify five 'least useful' items than to identify items they had found 'most useful' – 24% said none of the items in the box (including the box itself) were 'least useful'. Similarly, in the qualitative interviews parents were often keen to emphasise that they had found everything, or almost everything useful.

The most commonly identified 'least useful' items in the parents' survey were typically the smaller, lower value items: the condoms (20%); the bath sponge (16%); the emery boards (16%); and the Royal Scottish National Orchestra (RSNO) App (16%). In addition, 14% mentioned the box itself and 9% said the clothes had been among the least useful items.

Qualitative interviews with parents highlighted reasons some parents might view the clothes (both in general and specific items of clothing) as less useful. This included parents with older children who felt they already had most of the clothes they needed already (in some cases, they had donated clothes from the box to charity), and other parents who simply viewed the clothes in the box less positively, preferring to buy their own. One view was that the clothes appeared "boyish" due to the choice of colours (although other parents praised the colours and patterns included). In terms of specific items of clothing that were viewed as less useful, the scratch-mittens were singled out in the qualitative intereviews, with parents commenting that their babies would not keep them on and that most baby-gros now have built-in scratch mittens.

As with the most useful items, there was some variation in perceptions of the least useful items by parental age, whether this was their first child, and by parental income. In particular, the parent survey found that:

- The bath sponge and emery boards were both more likely to be picked as amongst the least useful items by older parents than by younger parents.[25] Younger parents were more likely to say that 'nothing' in the box had been 'least useful' (32% of 16-24 year-olds, compared with 22% of parents aged 35 or older).
- Parents with other children were more likely to say the books were among the least useful items (6% compared with 2% of first-time parents) perhaps because they already have books from their older children.

[25] 10% of parents aged 16-24 said the emery boards were among the 'least useful', rising to 20% of parents aged 35 or older. Similarly, 7% of parents aged 16-24 identified the bath sponge as among the 'least useful' items, rising to 20% of parents aged 35+.

- Condoms were *less* likely to be seen as among the least useful items by parents on very low incomes (18% of those with household incomes under £15,599) than by parents on higher incomes (24-25% of those on £26,000 or more a year felt the condoms were among the least useful items). Those on lower incomes were also more likely to say that 'nothing' in the box had been 'least useful'.

The items professionals felt were least important to include were somewhat different from those parents found least useful. The most commonly mentioned 'least important' items were: the reusable nappies voucher (31%); the comforter toy (23%); the nursing pads (21%); the hooded bath towel (18%); and the leaflet on breast feeding (17%). Twenty per cent said none of the items in the box were less important to include.

Qualitative interviews with health professionals did not provide a clear answer as to why some of these items might have been more likely to be viewed as less useful (as with parents, individual health professionals' views of the most and least useful items varied considerably). However, overall the items singled out as less useful tended to reflect either the items individual professionals had seen being used the least, or inexpensive items (like nursing pads) that they felt parents could more easily afford themselves. The finding that 17% felt the leaflet on breastfeeding was among the least important items may reflect a view, raised in the qualitative interviews with health professionals, that parents are already given numerous leaflets and can feel overwhelmed by the volume of information they receive. Finally, although they were often cited as among the most useful items, it is worth noting that occasional issues with the functioning of the thermometers were mentioned. This appeared to be something that had been raised with professionals by a small minority of parents in each case

Question for consideration: How should any future changes to the contents of the box take into account which items are considered most and least useful or important by parents and health professionals?

Use of the box itself

The baby box itself is designed to be used as a safe sleep space for young babies (up to the stage they can sit or kneel up, roll over, or pull themselves up). It comes with a mattress and fitted sheet that fits in the box and a leaflet and diagrams on the underside of the lid explaining how to use the box safely for sleeping. NHS advice also states that 'whatever space you choose, a baby should be given a clear, flat, safe sleep space in the same room as you and should be placed on their back for every sleep'[26].

[26] Sleeping safely | Ready Steady Baby! (nhsinform.scot)).

Just over a third (39%) of parents who responded to the survey had used the box for their baby to sleep in, while 61% had not. Older parents were more likely to say they had used the box for sleeping (46% of those aged 35 or older, compared with 30% of parents aged 16-24). Parents with the lowest household incomes (under £15,599/year) were *least* likely to say they had used the box for sleeping (32% of those with incomes under £15,599 had used it for sleeping, compared with 38% to 45% of those on higher incomes).[27]

This difference in whether parents had used the box for sleeping by income did not appear to reflect differences in whether or not families already had a sleep space before receiving the baby box – the vast majority of parents across all income groups said they already had somewhere for their baby to sleep in the first three months (87%, a figure that did not vary significantly by income).

Reasons for not using the box for sleep

Qualitative interviews with parents explored the reasons why some parents choose not to use the box for sleeping. A key reason parents gave was that they already had an alternative sleep space (including bedside cribs, Moses baskets, cots or sling), or that they were co-sleeping. It should be noted that the NHS explicitly advises against sleeping with a baby on a sofa or armchair, and against sharing a bed with a baby if anyone in the bed smokes, has consumed alcohol or drugs, or the baby was born prematurely or with low birthweight.[28] As noted above, the survey confirmed that in a majority (87%) of cases parents had already bought a sleep space by the time they received their baby box. Among the 13% who did not have another sleep space when their baby box arrived, 69% had used the baby box for their baby to sleep in, compared with 34% of those who already had an alternative sleep space.

Parents who had other sleep spaces discussed a number of perceived advantages of those options over the baby box. For example, those with bed-side cribs liked the fact this enabled them to be closer to their baby in the night, which helped with feeding, while those with Moses baskets felt they seemed “comfy” in comparison with the baby box.

Parents also discussed a number of reservations about using the baby box for sleeping. These included both psychological and practical barriers, including:

- Feeling uncomfortable with the idea of their baby sleeping in a box in principle: one view (expressed particularly among parents on lower incomes)

[27] 38% of those on £15,600-£25,999; 45% of those on £26,000-36,399; 40% of those on £36,400-£51,999, and 39% of those on £52,000 or more.

[28] https://www.nhsinform.scot/ready-steady-baby/early-parenthood/going-home/sleeping-safely. Exact wording is: You should never sleep with your baby on a sofa or armchair as they can easily slip into a position where they are trapped and can’t breathe. It is dangerous to share a bed with your baby if you or anyone in the bed has recently drunk any alcohol, smokes or has taken any drugs that make you feel sleepy or if your baby was born prematurely (before 37 weeks of pregnancy) or weighed under 2.5kg or 5 ½ lbs when they were born.

was that putting a baby in a cardboard box simply felt "wrong" to them or was something they just would not consider. This view was echoed by midwives and health visitors, who observed that the idea of a baby sleeping in a box appeared stigmatising for some, and that younger parents and those on low incomes appeared to be particularly likely to be resistant to this idea:

> "I haven't had any clients use the Box for sleeping. I have said maybe during the day you can use it in the lounge, that would maybe be a nice way to use it. But … my clients [say] … 'There is no way I'll put my baby in the box.'"
>
> Family Nurse

- The fact the box needs to be used flat on the floor, which led to concerns that:
    - the baby would be more vulnerable to pets or young siblings, or to parents stepping out of bed in the night (similar barriers were also raised in interviews with midwives and health visitors)
    - their baby might get cold in the box as a result of being on the floor
    - it was less convenient than other options (especially a bedside crib) for night-time feeding
    - parents would be uncomfortable picking the baby out of the box, particularly if they were recovering from a Caesarean section, or had back, pelvic or other issues.

> "Another thing that contributed to me not putting him in the box to sleep when I think back…I've recently had a flair up with my pelvis so when I was 22 weeks pregnant my pelvis went and I was on crutches so … after having him I couldn't get down to the floor to put him in or pick him up again."
>
> Highland, 30-34, Income group 2, not first child

- A separate issue relating to the positioning of the box was that it is not meant to be slanted or propped up (the guidance provided with the box notes that boxes should not be 'propped up') – something that parents who had babies with colic or acid reflux wanted to be able to do. It should be noted that the NHS advises that babies should always be placed flat on their back for safe sleeping, and advises against raising the head of a cot or Moses basket even if the baby has colic or acid reflux.[29]

[29] https://www.nhs.uk/conditions/reflux-in-babies/

- Reservations relating to the structure of the box included:
    - The fact that the box was not transparent and had high sides, which meant parents felt they could not see their baby as easily as in other sleep spaces
    - A perception that the box's cardboard composition meant it was not easily wiped down or cleaned
    - A view that the box did not look "comfortable"
    - A belief that the box was not easily transportable because it was too big to fit in the car, or was bulky to carry. It was noted that other sleep spaces could be collapsed in transit.

The leaflet included with the box states that parents should "Only use the mattress provided with the box". However, in a small number of cases, while the box itself was not used for sleeping, parents reported using the mattress that came in the box, either using it on the floor (without the box) for their baby to sleep on during the day or (more exceptionally) putting it in a Moses basket. As noted above, this is explicitly advised against – the labelling on the baby box mattress has been amended to make it even clearer that it should not be used with any other sleep space).

Where the box was not used for sleeping, it was primarily used for storage, either for toys or other items for the baby and in the longer term as a memory box. Other uses included a play space (and in one case a "ball pit") and a space for taking photos of their baby. Parents with older children mentioned that siblings had enjoyed colouring in the box.

Question for consideration: Some of the reasons for not wanting to use the box for sleep relate to practices that are explicitly advised against by the NHS for young babies – for example, sleeping them in 'padded' spaces, or tilting their sleep spaces. The findings suggest that not all parents are aware of this advice.

How can safe sleeping practices best be communicated to new parents to increase awareness – including through the box and other avenues?

Reasons for using the box for sleep

Parents who did use the box for their baby to sleep in split into those who had used it as a secondary sleep space (for example, for daytime naps, or when visiting grandparents), and those who used the box as a main night-time sleep space.

Those who had used the box as their baby's main night-time sleep space felt that the box was as good as other options in terms of quality and comfort. They were generally motivated to use the box for sleep either because their baby had issues with other options – for example, they thought their baby was allergic to the wicker

of their moses basket, or that they were not settling in their crib – or simply because it had been provided and they thought they would try it.

For parents who used the box as a 'secondary' sleep space, having the box as an additional sleeping option was seen as useful in: helping to differentiate night and day-time sleeping; making it easier to spend more time at grandparents' homes; and being able to see their baby during day-time naps without having to carry a Moses basket up and down stairs – especially for those with back problems or who had had a C-section, for whom transporting a sleep space would be painful.[30]

> "The advantages were having a second thing that I didn't have to carry up and down. I knew she was safe in it, yes."
>
> Lothian, 30-34, Income group 3, not first child

[30] Note that these positive comments about using a baby box for daytime naps after a C-section stand in slight contrast with concerns about bending down to pick up a baby from the box at night. These comments were made by different parents, so may just reflect differences in their experiences. It may also reflect differences in the perceived effort involved in getting out of bed and bending down at night, versus doing the same during the day, when parents are already more mobile.

4. Perceived impacts

Key findings

- The benefits of the box most commonly identified by parents and health professionals were financial or material – saving money on things they needed for their baby and providing useful things they would not otherwise have bought. However, parents did also recognise other benefits, around learning and support.
- Nine in ten (91%) parents agreed that 'Getting a baby box has saved me money on things I would otherwise have had to buy', while 76% of health professionals agreed that the scheme is an effective way of ensuring that every family has access to newborn essentials. Midwives were more like to agree with this than were health visitors / family nurses.
- 37% of parents felt they had learned about bonding with their baby through playing, talking and reading as a result of receiving the box. This figure was higher among younger, first-time, and lower income parents.
- Most (84%) said they had read the books included in the box with their baby. Over half (60%) of parents felt the inclusion of books in the baby box had encouraged them to start reading with their baby earlier – again, younger, first-time and lower income parents were particularly likely to say this.
- 84% of parents surveyed said they had found the leaflet on safe sleeping useful. Findings from the qualitative research provided evidence of parents learning about safe sleeping from the leaflet in the box and/or being empowered to challenge inappropriate views among family members around safe sleeping, even when they had not used the box itself as a sleep space.
- Health professionals also gave positive examples of the potential impact of the box on safe sleeping even where it was not actually being used as a sleep space – for example, where they felt that the baby box had helped support conversations around safe sleeping, and therefore helped to increase or reinforce parents' understanding of this topic.
- A quarter (26%) of parents surveyed felt the box had helped support breastfeeding, but higher numbers (66%) said they found the leaflet on breastfeeding useful. A similar proportion (68%) said they had found the leaflet on post-natal depression useful – younger parents and those on lower incomes were more likely to say it had been 'very' useful.

Key findings continued:

- Other things parents reported learning from the box included: 'monitoring my baby's health or temperature' (50%), 'how my baby can sleep safely in the box' (42%) and about sources of support for new parents (35%). Again, younger and first-time parents were more likely to say they had learned about each of these areas.
- 47% of parents surveyed had signed up for Parent Club emails, most commonly (64%) at the same time as registering for a baby box. Most parents (79%) who read the emails reported they were useful. However, younger parents were less likely than older parents to read Parent Club emails.
- Parents and health professionals were both divided on the impact of the box on facilitating professional/parent engagement. 35% of parents agreed that 'Getting a baby box encouraged me to talk more to my midwife, health visitor or family nurse about things I wasn't sure about', while 23% disagreed and 41% neither agreed nor disagreed. 45% of health professionals agreed that the box was a useful tool in supporting conversations with parents in general, while 18% disagreed and 33% neither agreed nor disagreed.
- Younger parents and first time parents were more likely to agree that the box had encouraged them to talk more to their midwife, health visitor or family nurse. There was also some evidence from health professionals that the box had supported conversations with parents experiencing particularly challenging circumstances.

As described in Chapter 1, the main aim of the Baby Box scheme is to contribute to improved outcomes for children and families in Scotland, both by supporting new families financially (providing essentials that they would otherwise have to buy) and including items intended to support positive parenting behaviours and early child development. It was also hoped that the scheme would help support opportunities for midwives and health visitors to engage with parents, including those families that services may typically find more difficult to engage. This, in turn, could help support positive outcomes for parents and children. A central aim of the evaluation was to explore the potential impacts of the scheme on each of these areas.

In considering the implications of the quantitative and qualitative findings, it is important to keep in mind that, as discussed in Chapter 1, without a control group, it is not possible to establish definitive impacts. There is also potential for perceived impacts to be either over or under-stated, or misattributed. However, the findings highlight the areas where the scheme is potentially having an impact, as well as any areas where it is less clear that the scheme is having an impact. Where possible, findings from different sources are also triangulated, to reduce the risk of

perceived impacts being over- or under-stated based on evidence from one source alone.

Outcomes	**Parental knowledge and behaviour:** • Uptake of, and engagement with Parent Club emails • Increased understanding of risk and positive behaviours • Increased positive behaviours and reduced risk behaviours **Engagement between parents and health professionals:** • Attempts to engage with wider services (parents and workforce) • Sustained engagement with wider services (parents) **Financial impacts:** • Reduced expenditure on newborn essentials • Reduced inequalities in access to newborn essentials
Research Questions	• What has been the most important perceived benefit of the Baby Box scheme to families? • How has parents' understanding of what is important for their baby been influenced by the baby box? • Has the Baby Box scheme contributed to improving parents' understanding of positive and risk behaviours, such as breastfeeding and safe sleeping practice? • Is there evidence that the Baby Box scheme is encouraging parents to engage in positive behaviours and reduce risk behaviours? • How does the Baby Box scheme impact on workforce interaction and communication with parents? • Is the Baby Box scheme offering new opportunities to identify families who are unlikely to engage with services? • Do health professionals feel that the box provides an opportunity to engage parents with other services? • Has receiving the baby box affected parents' spending decisions on newborn essentials?

Main perceived benefits of the scheme

The parents' survey indicated that parents are most likely to view the baby box in terms of its financial benefits – when asked which, if any, of a list of potential benefits they felt they had gained from receiving a baby box, 81% said the box had saved them money on things they needed for their baby, while 70% said it provided useful things they would not otherwise have bought. However, although less commonly chosen than the financial benefits, parents did also recognise wider benefits from receiving the box such as alerting them to available support for new parents (45%) and learning about how to look after a new baby (34%). With the exception of saving money, younger parents (under 30, but particularly those under 25) were more likely to feel they had gained each of the benefits the survey asked about from the baby box (Table 5.1). More detailed views on the perceived financial benefits of the baby box are discussed at the end of this chapter.

Table 5.1: Perceived benefits of the baby box, by parental age (parent survey)

Which, if any, of the following have been benefits of receiving a baby box for you personally?	16-24	25-29	30-34	35+	All
I saved money on things I needed for my baby	83%	83%	81%	80%	81%
It provided useful things I would not otherwise have bought for my baby	77%	75%	67%	65%	70%
It encouraged me to play, talk and read earlier with my baby	67%	56%	51%	44%	52%
I learned about sources of support available to me	63%	48%	39%	41%	45%
I learned more about how to look after a new baby	57%	37%	29%	28%	34%
I learned more about post-natal depression	52%	31%	20%	18%	27%
It supported me with breastfeeding	45%	31%	20%	21%	26%
It encouraged me to speak more with my midwife or health visitor	50%	31%	19%	19%	26%
None of these	1%	3%	3%	5%	3%
Sample size (unweighted)	248	529	770	665	2236

Parents who participated in qualitative interviews also highlighted financial savings on newborn essentials as a key benefit of receiving the box. However, another key perceived benefit was the reassurance and convenience of having all the basics

they needed for their newborn provided in one trustworthy package. For first time parents in particular, the scheme was seen as providing a good *'starter kit'*, alleviating the difficulty of having to work out what to buy for their new baby. These two main perceived benefits also overlapped; it was suggested that receiving a box of 'essentials' from the state helped prevent parents from spending unnecessarily on items that were not needed (a view that was echoed in interviews with health professionals):

> "I suspect as well that you would probably get conned into paying more for things if you were choosing them yourself, because you think that everyone wants to cash [in] on new parent anxiety and tell them not only do you need a bathroom thermometer, but you need one that does this, that and the next thing. ... and your bath sponge needs to be this fancy thing... Just being provided with the things that are useful but not exploiting you wanting to do the best by your child, meant that we saved a lot of money."
>
> Fife, 25-29, Income 4, First child

These views were largely echoed in interviews with health visitors and midwives. Three main positive impacts were described:

- the financial impact
- ensuring families have everything they need (including items they might not otherwise have thought of buying, such as the thermometer and sling), and
- making them feel valued and supported by receiving the box as a gift.

Perceived impacts on play, reading and attachment

Play

The baby box includes various items specifically designed to support play and interaction between parents and their baby. These include a cloth playmat, a comforter toy, a small selection of books, and information for downloading the free Royal Scottish National Orchestra (RSNO) Aster App. When asked which, if any, items from the baby box they had used for play, parents who took part in qualitative interviews also mentioned using the bath sponge for play during bath time and the muslins for games such as peekaboo.

The survey found that 37% of parents felt they had learned about bonding with their baby through playing, talking and reading as a result of getting a baby box. This figure was higher among young parents (57% of parents aged 16-24, compared with 29% of parents aged 35 or older), first time parents (46%, compared with 28% of parents with other children) and parents on lower incomes (42% of parents with a household income of £15,599 or less, compared with 32% of parents with a household income of £52,000 or more).

In the qualitative interviews, while parents described various positive ways they had used items from the box to support play and interaction with their baby, they also

stated that they did not necessarily feel that they had played more or done things differently because of the items included in the box – rather, they felt that it had simply been useful to have additional 'tools' to hand. For example, although the playmat was well used by parents we spoke to during in-depth interviews, they did not typically feel it had affected the way in which they had played with their baby. Indeed, it was not always used as a space where they played with their baby, with some parents using it more often as a clean, comfortable and safe place to put their baby down. Had they not received a playmat in the box, parents suggested that they would have used something else in its place, such as a baby gym, foam floor tiles, or a rug or towel on the floor, or that they would have bought a playmat themselves.

However, although parents felt they would have accessed alternative items to play and read with their baby, the findings indicate that having such items available from birth may have made it easier for them to engage with these activities at an earlier stage. The parents' survey found that around half (52%) cited the baby box encouraging them to play, talk and read earlier with their baby as a benefit of receiving the box, with one in ten (13%) saying this was the most important benefit. Younger, first-time and low income parents were more likely to say that encouraging them to play, talk and read earlier with their baby was a benefit of receiving the box: 67% of parents aged 16-24 said this, compared with 44% of parents aged 35 or older; 58% of first-time parents, compared with 46% of parents with other children; and 60% of parents with a household income of £15,599 or less, compared with 45% of parents with a household income of £52,000 or more.

In the qualitative interviews, there were examples where parents indicated that, if they had not received the toys in the baby box, they would not otherwise have thought to buy any toys until their baby was a bit older. First time parents also suggested that the toys included in the box helped them to learn what kind of toys were appropriate for very young babies, providing inspiration for other toys they could buy. Thus even in cases where parents did not feel the baby box had had a major impact on when or how they played with their babies, there was some evidence to suggest that it may encourage parents to try different kinds of toys and/or support play from a younger age.

A similar view of the impact of the box on play, attachment and child development was apparent from interviews with midwives and health visitors. On the one hand, there was a clear view that they would be having conversations with parents about attachment, play and child development regardless of the baby box, which made judging its impact in this regard difficult. However, the inclusion of items such as the toys and playmat, wrap, and books was viewed by some as helping support these conversations and also reinforcing their importance. Having something they knew most parents would have to refer to when discussing these topics was considered helpful – for example, being able to point to the playmat when discussing tummy time or the importance of face-to-face interaction. Professionals also felt the inclusion of such items in the box provided parents with the opportunity to engage in positive parenting behaviours without needing to financially invest in items which they may not use long term.

Reading

The baby box includes two books aimed at young babies – a cloth book and a black and white baby book. Most parents (84%) who responded to the survey said they had read the books included in the box with their baby, with 14% saying they had not read them yet but planned to do so, and just 1% saying they did not intend to read them. Sixty per cent said they felt getting the books in their baby box had encouraged them to start reading with their baby earlier. Again, younger parents, parents on lower incomes, and first-time parents were all more likely to say that receiving books in the baby box had encouraged them to start reading to their baby earlier. Two thirds (66%) of parents aged 16-24 said it had encouraged them to read earlier, compared with 55% of parents aged 35 or over; 65% of parents with a household income of £15,999 compared with 51% with an income of £52,000 or more; and 65% of first-time parents compared with 54% of those with other children.

Parents we spoke to during in-depth interviews varied in whether they felt the inclusion of these books had influenced their decisions and behaviour around reading to their baby. Among those who felt it had not had any impact, this was primarily because they said they had always intended to read to their baby from an early age. However, these parents still generally said they valued the books included in the box. One view was that the black and white newborn book had helped highlight the importance of sensory stimulation and bold patterns for babies.

The qualitative interviews also highlighted the potential benefits of the books in encouraging earlier reading with babies by younger and first-time parents – there were examples of parents in these groups indicating that, prior to receiving the baby box, they had assumed young babies would not benefit from being read to. As such, they had planned to begin reading to their baby when they were a few months old, instead of starting from birth to a few weeks. Having books specifically for new-borns to hand had encouraged them to try reading to their baby earlier than they had planned.

Similarly, professionals felt that the books had been helpful in terms of explaining and validating the benefits of reading to young babies, and that having them available in the box from day one did encourage parents to try reading to their baby.

> "… we always promote the books, the books you've got in your baby box: 'Have you got them out yet? Your baby is only a couple of weeks old, but you can always read to the baby and show the baby the pictures and, yes, help develop vision and closeness, yes, bonding.'"
>
> (Health Visitor)

Attachment

Many of the items in the baby box could in principle support parent-child attachment – including the toys and books discussed above. However, the wrap included in the

box is perhaps the item most obviously intended to support physical attachment between parent and child in the early months. The baby wrap is a single piece of material that can be used as a 'sling' to help carry the baby on the parent's body ('baby wearing'). As mentioned in Chapter 3, 42% of parents picked the wrap as one of the 5 most useful items included in the box.

During in-depth interviews, parents who had used the wrap described two main perceived benefits. The first was less about attachment and more around convenience and enabling parents to do other things while also keeping their baby close. Parents reported that using the wrap inside and outside the house enabled them to be more mobile and kept their hands free for other tasks. This was useful for keeping on top of household chores and for looking after older children. The second set of perceived benefits were more directly related to parent-child attachment. Parents described using the wrap:

- to settle their baby, particularly when they did not like to be put down or had issues such as colic
- to help their baby feel safe and secure, and
- to support breastfeeding.

> "… it meant you could just sort of pop her in. It was good fun and it was lovely having her close, I think it was really helpful just while we were trying to establish breastfeeding and just having her close all the time."
>
> Fife, 25-29, Income group 4, First child

The 'one size fits all' nature of the baby wrap was also seen as a benefit of the wrap over a more structured baby carrier. This meant it could be used with premature babies and by fathers.

Only one in five (20%) parents who responded to the survey reported owning a baby wrap before they received the box. During in-depth interviews it was clear that, for some parents, the inclusion of the wrap in the box had encouraged parents who might not otherwise have done so to try baby wearing. It prompted them to 'have a go', when they either would not have thought about buying one otherwise or were unsure it was worth the investment.

However, not all parents in the qualitative research who had tried the wrap went on to use it. In the main, this was because they had found it complicated to use, despite reading the instructions included in the box. These parents reported a lack of confidence in how to ensure the wrap was tight enough to securely hold their baby, but not so tight that it would be a suffocation risk. In some cases, they had ended up buying a more structured baby carrier with straps instead. It was suggested that the instructions could be improved and supplemented with an official video showing parents how to tie the wrap securely. A small number of the parents interviewed had been shown how to use the wrap by professionals, such as in hospital, at a sling library or a breastfeeding group. This had imparted confidence

in how to use the wrap properly, with these parents suggesting such demonstrations should be more widely available. Midwives and health visitors also commented that they would be better able to encourage parents to use the sling properly if they themselves had training on how to use it properly.

Questions for consideration: Could the instructions that come with the wrap be improved or enhanced with links to video demonstrations? Are there opportunities for health professionals to take a more active role in demonstrating safe use of the wrap to parents (supported by further training/guidance for them on safe use)?

Perceived impacts on safe sleeping

As described in Chapter 3, the baby box itself is intended to provide a safe sleeping option for the early months. It also includes a leaflet about safe sleeping when using the box and has visual guidance on the lid of the box on how to use the box safely.

Although only a minority (39%) of parents surveyed said they had actually used the box for their baby to sleep in, around eight in ten (84%) said they had found the leaflet on how to use the box for safe sleeping useful (a figure which did not vary significantly by age, income or whether or not they were a first time parent). Parents who took part in qualitative interviews gave examples of what they felt they had learned from the leaflet on safe sleeping, including:

- not putting items such as toys or cot bumpers in the sleep space with their baby
- ensuring their baby is not too warm
- keeping their baby's feet to the bottom of their sleep space, and
- the importance of not falling asleep on the sofa with their baby in their arms.

In other cases, although parents did not feel they had personally learnt anything about safe sleeping from the box, they said that the leaflet had helped them to explain safe sleeping practices to family members, and to challenge inappropriate gift offers or advice (for example, offers of cot bumpers, or advice to put their baby to sleep on their stomach).

Even parents who felt that the leaflet did not provide any information that they had not already covered in antenatal classes welcomed its inclusion in the baby box. It was suggested that it reinforced what parents had learned from other sources, and helped them to stay up to date, since guidance on safe sleeping can change.

Qualitative interviews with health professionals for this study identified a belief that the box was not used for sleep as often as it could be – something they felt limited its potential impact on safe sleep. However, professionals nonetheless gave positive examples where they felt that the baby box had helped support

conversations around safe sleeping even when it was not actually being used by parents as a sleep space. Having the box available in parents' houses meant professionals could use it to demonstrate safe sleeping practices (such as feet to foot). They also mentioned showing parents the cellular blanket from the box, as an example of the kind of blanket they needed to ensure their baby is the right temperature and is not at risk of suffocation. Having these items physically to hand was seen as particularly useful when families did not have a high level of English and it was more difficult to explain things verbally. There were also a number of positive reports from professionals working with families on very low incomes who they felt had benefited directly from having the box as a safe sleep option, and of cases where they had been able to encourage families to use the box in preference to another, unsafe sleep option (e.g. a car seat or bouncy chair they saw being used as a nap space for a young baby).

Exceptionally, a more negative view on the potential impact of the box on safe sleeping was expressed by one health visitor who had observed the box being used potentially unsafely by a family who did not speak English. It is worth noting in this regard that the box does include a diagram on the lid showing how it should be used, as well as written instructions. However, this finding suggests there may be a need to work with health visitors and midwives to ensure these instructions are highlighted to families who may not read English, and to consider alternative ways of communicating how the box should be used (such as videos) to ensure the instructions are not overlooked.

Perceived impacts on breastfeeding

In order to support parents with breastfeeding, the baby box contains nursing pads and a leaflet on breastfeeding. A quarter (26%) of parents felt the box had helped support breastfeeding, and 21% that it had informed them about it. Higher numbers of respondents were positive about the inclusion of the leaflet on breastfeeding, with 66% stating they found the leaflet very or fairly useful. This figure did not vary significantly by parental age or whether they were first time parents.

During in-depth interviews, parents generally indicated that the breastfeeding leaflet had served to remind or reinforce things they already knew, either from raising older children or from other sources, such as their midwife, antenatal classes or their own research, rather than teaching them anything completely new. This applied to both first-time parents and those who already had children. Despite this, some parents were nonetheless keen to stress the usefulness of the breastfeeding leaflet in providing handy hints and tips to refer back to when they were struggling with breastfeeding at home, including useful information about latching on and how often their baby might want to feed. Parents of older children also suggested that the leaflet had provided a useful refresher on breastfeeding for their new baby.

In contrast, professionals interviewed for the evaluation did not generally consider the Baby Box scheme to have had any significant impact on breastfeeding. It was noted that it was very challenging to increase breastfeeding rates, particularly in deprived areas. However, it was suggested that including the sling in the box had

helped facilitate conversations about breastfeeding in some cases – midwives and health visitors could discuss to use a sling to support feeding, as well as the benefits of keeping your baby close for attachment and bonding in general.

Perceived impacts on understanding of Post Natal Depression

According to the Royal College of Psychiatrists, about 10-15 in every 100 women experience depression after having a baby[31]. While the cause of post-natal depression is not completely clear, evidence suggests it can be associated with a history of mental health problems, a lack of social support, and recent stressful life events, such as a bereavement.[32]

Around two-thirds of parents (68%) who responded to the survey said they had found the leaflet on post-natal depression included in the baby box very or fairly useful. Younger parents and those on lower incomes were particularly likely to say the leaflet on postnatal depression had been 'very' useful – 52% of 18-24 year-olds, compared with 27-28% of parents in their 30s or older, and 49% of those with annual household incomes under £15,599 compared with 20% of those on £52,000 or more.

The leaflet on post-natal depression tended to be discussed in less detail than the breastfeeding leaflet in qualitative interviews with parents. However, where parents expressed a view, the leaflet was seen as a useful and reassuring guide, helping to destigmatise the illness and reinforce the message that parents can, and should, seek help straight away should they be concerned about their mental health.

There was low awareness of the inclusion of the post-natal depression leaflet in the box amongst professionals interviewed for the evaluation. Unsurprisingly, therefore, when asked they did not perceive any particular impacts from the box on post-natal depression.

Other perceived learnings from the baby box

The parent survey asked which, if any, of a number of areas they felt they had learned about as a result of getting a baby box. The most commonly mentioned area was 'monitoring my baby's health or temperature', mentioned by half of parents (50%), followed by how my baby can sleep safely in the box (42%). Around a third (35%) said they had learned about sources of support for new parents from the box.

Younger and first-time parents were significantly more likely to feel they had learned about each of the areas asked about as a result of getting the box (Table 5.2). Parents aged 30 or older were more likely to say they did not feel they had

[31] Royal College of Psychiatrists "Postnatal depression - key facts" (2017). Available online at: https://www.rcpsych.ac.uk/mental-health/problems-disorders/postnatal-depression-key-facts

[32] NHS Inform "Post-natal depression" (2020). Available online at: https://www.nhsinform.scot/illnesses-and-conditions/mental-health/postnatal-depression

learned anything new from getting a baby box (24-26%, compared with 8% of parents age 16-24 and 17% of those aged 25-29).

Table 5.2: Perceived learning from the baby box, by parental age (parent survey)

Which, if any, of the following areas do you feel you have learned about as a result of getting a baby box?	16-24	25-29	30-34	35+	All
Monitoring my baby's health or temperature	70%	56%	43%	42%	50%
How my baby can sleep safely in the baby box	55%	44%	37%	40%	42%
Bonding with my baby through playing, talking and reading	57%	42%	32%	29%	37%
Sources of support for new parents	50%	40%	30%	29%	35%
My baby's development	53%	33%	21%	19%	28%
Postnatal depression	44%	24%	16%	15%	22%
Breastfeeding	38%	26%	15%	16%	21%
How to dress my baby	32%	20%	14%	11%	17%
I didn't learn anything new as a result of getting a baby box	8%	17%	24%	26%	21%
Sample size (unweighted)	248	529	770	665	2236

With respect to learning how to monitor their baby's temperature, parents who took part in the qualitative research described how they had learned about the healthy temperature range for young babies from the instructions that came with the in-ear thermometer, and safe bath and bedroom temperatures from the bath and room thermometer. Both thermometers provided parents with the reassurance of being able to monitor these aspects of their baby's health and safety. Parents felt that they might not have thought to buy these items otherwise (or, in the case of the ear thermometer, not before their baby was ill). However, they reported using them frequently.

> "The wee duck thermometer for the bath was brilliant, especially when she was first home and being new parents and stuff, do you know, it was quite daunting to give her her first bath anyway, and that sort of does give you a bit of peace of mind. And again it's something I probably wouldn't have got myself."

Lothian, 25-29, Income group 2, first child

Parents who took part in the qualitative interviews generally felt the information provided with the baby box was sufficient and comprehensive. One view was even that there was an overwhelming amount of information, when combined with all other sources they had received. However, when prompted during qualitative interviews, a few improvements or topics for additional information were suggested by parents, including:

- Improved instructions on using the wrap (as discussed above)
- Further information on feeding - while one view was that parents receive enough (or too much) information on breastfeeding already, another was that the baby box could include more information on this, including guidance on expressing milk, information about cluster feeding and signposting to healthcare professionals for further breastfeeding support. It was also suggested that the box could include information on bottle feeding as an alternative, particularly since some new parents may find themselves unable to breastfeed, despite having planned to do so.
- Information and signposting to support specifically for fathers, including information about male Post-Natal Depression
- Information on money and benefits, including how to claim Child Benefit and shared parental leave
- Information about local support and local parent and baby groups
- What to expect during the first few weeks after their babies' birth, including how to bathe a new baby, general information on how they might feel as new mothers, information aimed at new fathers, and what their baby might do during this time, for example, newborn sleeping patterns
- Information on weaning, including what is and is not safe for babies during the weaning process, as well as recipes and ideas of foods to try
- Information on when it is medically safe for new mothers to have sex after birth (since the box contains condoms), including information for mothers who had had their baby by caesarean section.

Midwives and health visitors who took part in qualitative interviews also felt that there was a risk of overwhelming new parents with information. However, they did raise a few additional areas which they thought could possibly be covered in the information provided with the baby box:

- Enhanced information about safe sleeping (the professional who made this suggestion was unable to say exactly what additional information they would like to see included, but nonetheless felt it could be covered in more detail)
- Baby first aid
- Information on all types of feeding options (not only breastfeeding), and
- Information on what to expect from the Universal Health Visiting Pathway in Scotland.

It was also suggested that information could be pulled together in one booklet, to prevent individual leaflets being discarded.

Question for consideration: Is the information included in the box sufficient, or are there opportunities to include additional information that parents might find useful?

Parent Club emails

Parent Club is a dedicated website for new parents in Scotland. Parents can also sign up to receive regular emails – there is an option to sign up on the baby box registration form, or they can sign up on the website. An additional objective for this evaluation was to examine parental uptake and views of Parent Club, in order to inform its future development.

Just under half (47%) of parents who responded to the survey had signed up for Parent Club emails, with the majority (64% of those who had signed up) doing so when registering for a baby box. No particular groups of parents stood out as more or less likely to sign up for the emails. During in-depth interviews with parents, the main reasons parents gave for not having signed up were either that they had never heard of Parent Club, or that they preferred to get information from other sources (including Google searches, looking at the Bounty or NHS Inform websites, or Facebook groups for parents).

Of those who had signed up, 20% of survey respondents said they always read the emails, 24% that they often did so and 34% that they sometimes did. One in five (19%) rarely or never read them. Younger parents were less likely to say they read Parent Club emails – 31% of 16-24 year-olds read them 'always' or 'often', compared with 52% of those aged 35 or older. Parents who took part in the in-depth interviews and had signed up but not read the emails said they had either been too busy after the birth of their new baby, or that they did not feel the need to read them, as they got the information they needed from elsewhere (from their midwife, family members, books, and other parent mailing lists).

Amongst those who had read the emails (even if only rarely), most parents reported finding them useful (21% said they found them very useful and 58% fairly useful). However, during in-depth interviews with parents, they generally described them as more of a 'nice to have' than something that had taught them anything new – indeed, it was suggested that some of the content was repetitive of other information they had already received. In spite of this, parents were typically positive about the coverage and tone of the emails and reported finding them reassuring.

Suggestions for improving the Parent Club emails included: sending information prior to birth; including ideas about games parents could play with their baby; and adding more information about weaning.

Question for consideration: Can anything can be done to improve the appeal of Parent Club emails to younger parents, and to encourage them to read them more often?

Perceived impact on engagement with health professionals

There are a number of policies and initiatives in Scotland aimed at improving engagement between health professionals and families, including notably reforms to the Health Visiting Pathway, which aims to increase and enhance the contact that families have with health visitors in their child's early years. While the impact of the Baby Box scheme cannot be seen in isolation from wider policies and activities to support engagement, it was envisaged during its design that the scheme would act as a mechanism for supporting and encouraging parental engagement with services.

Overall, a third of parents (35%) agreed that 'Getting a baby box encouraged me to talk more to my midwife, health visitor or family nurse about things I wasn't sure about'. A further 23% disagreed with this statement and 41% neither agreed nor disagreed or were not sure.

Health professionals were similarly divided as to whether the box was a useful tool in supporting conversations with parents – while 45% agreed that the box was a useful tool in supporting conversations with parents in general, 18% disagreed and 33% neither agreed nor disagreed with this statement. Similarly, while 50% of midwives, health visitors and family nurses said that the Baby Box scheme was having a positive impact on their interactions with parents, 44% said it was having no impact one way or another (the remainder were unsure – less than 1% said it was having a negative impact). Midwives were more likely to feel it was having a positive impact (61%, compared with 45% of health visitors / family nurses).

Midwives and health visitors interviewed for the qualitative research fell into three main groups with respect to views of the impact of the baby box scheme on supporting their engagement with parents:

- **Those who felt it had made no difference** – they felt they were already able to engage well with families (or not), and the box had no impact on this.
- **Those who felt the baby box had an impact as a 'talking point' or 'conversation starter'**, which could help the conversation to flow more naturally, or to introduce more difficult topics such as cot death. One view was that it could be particularly useful in this regard in discussions with younger mothers or those who are unlikely to come to antenatal classes.

> "It does help, [the box is] part of the whole parent education system, you know, you can tie it in with that. You can say 'there is stuff in the box that you can use'. People ask about their baby's long fingernails and that and you can say 'there is an emery board in the baby box, you can use that'."
>
> Midwife

- **Those who felt the scheme had a significant impact in supporting them to engage families in challenging circumstances** – specific examples included: those who had low levels of English (where they could physically demonstrate things using the box and its contents); a low income family with a very premature baby where their midwife was able to support and engage them by getting the box for them; and a mother with significant mental health problems, where the midwife was able to discuss using the box as a safe place to put her baby if she started to feel unwell, before calling for help.

The finding that the box can be useful in helping health professionals engage with specific groups of parents also finds some support from the surveys of both health professionals and parents. Thirty-seven per cent of midwives, health visitors and family nurses felt the box had a positive impact on opportunities to engage families who might be less likely to engage with healthcare services, although 53% felt it had no impact in this regard. (There were no significant differences between the views of midwives and those of health visitors or family nurses on whether it was supporting opportunities to engage with families who may be less likely to engage with health services.)

Meanwhile, the parent survey indicated that younger parents were more likely to agree that getting a baby box had encouraged them to talk to a health professional about things they were unsure about (57% of those aged 18-24, compared with 28% of parents aged 35 of older). Similarly, first-time parents were also more likely than those with older children to agree that the box had encouraged them to talk to health professionals (39% of first-time parents compared with 31% of those with one to three other children under 18).

The findings therefore highlight both the potential scope for the baby box to support conversations with parents – including those in challenging circumstances or who are less likely to engage with health services – and the fact that health professionals are divided on whether it has any impact in this regard. Qualitative interviews with health professionals also found that professionals felt there was scope for them to have a greater role in promoting and discussing the purpose and use of the box and its content, and that this could be supported by further training and information about the scheme. There may, therefore, be a link here with the finding (discussed in Chapter 6) that only a minority of professionals felt they had received enough training or information about the Baby Box scheme.

Question for consideration: Is there scope to encourage greater use of the box and its contents by health professionals in support of conversations about positive parenting practices?

Perceived financial impacts

As discussed in Chapter 1, a key aim of the Baby Box scheme is to ensure that every family in Scotland has the essentials they need for their newborn baby. The contents of the baby box (including the box itself) would cost an estimated £298 to buy new.[33] Interviews with parents explored their perceptions of the financial impact receiving the box had on them, and whether it had affected their spending decisions on newborn essentials.

The parent survey found that 91% agreed (72% strongly) that 'Getting a baby box has saved me money on things I would otherwise have had to buy'. Those on lower incomes were more likely to agree strongly with this statement – 77-78% of those with household incomes under £26,000 agreed strongly, compared with 62% of those on £52,000 or more.

Participants on lower incomes who took part in the in-depth interviews said that receiving the baby box meant they had access to everything they needed for their new baby, without having to go without particular items. This included both high value items they considered essential, such as the thermometers, and other items they were keen to try but felt were prohibitively expensive, such as reusable nappies or the wrap.

> "We would have gone without the thermometers probably and they have been essential. [We] would have gone without the reusable nappies as well because unless you have got something there to gauge it on to know it [would work] … [the] initial expense would be too much of a risk for something we wouldn't have liked."
>
> Highland, 30-34, Income 2, Not first child

They also reported that the cost savings from receiving the box had meant they had more money for other items for their baby, such as nappies and formula. It had also helped parents (particularly those on lower incomes) feel less restricted in terms of their finances in two main ways:

- Parents had newborn essentials to hand *from* birth, instead of having to spread purchases across a longer period of time to help them manage financially
- Parents had more freedom to buy non-essentials for their new baby, such as family days out.

For parents on higher incomes, although the box was less likely to be seen as essential to them financially, they nonetheless felt it had saved them money that could be spent on other things for their family, such as buggies, childcare, baby groups or general expenses. Other higher earning families noted that their current circumstances (including having recently moved house, being on maternity leave,

[33] Figures provided by the Scottish Government.

or having twins) meant that, although they could manage, they had less disposable income than usual, so the financial savings from the box were very welcome.

Health professionals were also very positive about the impact of the scheme in ensuring equal access to newborn essentials. Three quarters (76%) agreed that the scheme is an effective way of ensuring that every family has access to newborn essentials. Midwives were more like to agree with this statement than were health visitors/ family nurses (81%, compared with 74%). Midwives were also more likely than health visitors / family nurses to be positive about the impact of the Baby Box scheme overall – 73% of midwives, compared with 63% of health visitors / family nurses, agreed that the scheme is 'making a useful contribution to supporting families with new babies in Scotland'. This may reflect the fact that midwives are more directly involved with registering families for their baby box, and are also more likely to say they have received information or training on the scheme (see Chapter 6), so may feel clearer on how it is intended to contribute to family support.

Qualitative interviews with midwives and health visitors indicated that their views on the extent to which the Baby Box scheme was fulfilling the aim of promoting equality varied with both whether or not they believed it was being well used, and whether or not they felt a universal scheme was the best way of delivering this outcome. In relation to perceived use, one view was that the fact that take-up was high alone meant the scheme had succeeded: *'in public health, it's rare to get people wanting what you're giving them, so this is a success'* (Health Visiting Team Lead). However, different opinions were expressed on the extent to which the box and its contents are well used in practice, particularly among families on low incomes. One view was that the scheme has been particularly helpful for the most vulnerable families – professionals gave examples of families in homeless units, asylum seekers, and families on the very low incomes who they felt had benefited hugely from receiving the box when they had very limited resources. However, another view was that the box and its contents were less well used by those on low incomes, who might be expected to benefit most. It was suggested that stigma (around using a box for sleep, and around dressing their babies in the same clothes as others, for example) was contributing to this:

> "We have a very large Syrian community and a lot of the women have come over with nothing or very little and some have come over pregnant. I think the baby box makes a big difference for them, and we actually see a lot of them using the box as somewhere for the baby to sleep safely"
>
> Midwife

> "I think the people who most need the boxes tend to be the ones who don't use them. I live and work in quite a socially deprived area"
>
> Midwife

The survey and qualitative interviews with parents do provide some support for the view that parents on lower incomes are less likely to use the box itself for their baby to sleep their baby in (see Chapter 3). However, the findings above indicate that parents on low incomes are nonetheless more likely to feel the box has saved them money and provided essential items for their newborn which they might otherwise have struggled to buy.

5. Workforce training and role in the Baby Box scheme

Key findings

- The vast majority (88%) of health visitors, midwives and family nurses felt clear on the aims of the Baby Box Scheme.
- When asked about the main ways the scheme was intended to contribute to positive outcomes, the most common answer among professionals was that it did so by helping families financially by providing items for their new baby (44%). This was followed by 'helping to reduce inequalities in health between children from different backgrounds' (37%) and 'helping to reduce inequalities in health between new mothers from different backgrounds' (34%). Far fewer professionals singled out the idea that the scheme was intended to contribute to positive outcomes by increasing opportunities for them to engage with parents (6%).
- A majority of health professionals (61%) felt clear about their role in relation to the Baby Box scheme. Fourteen per cent said they were unclear and 22% that they were 'neither clear nor unclear' about their role.
- Training on the scheme most frequently took the form of informal discussions with colleagues (41%) and written information (35%) rather than more formal training (2%). 28% said they had not received any training or information about the scheme.
- Among the 72% who had received information or training, 37% felt it had been sufficent.
- There were clear differences by both profession and length of time in role, with midwives and more experienced professionals more likely to feel clear about their role, report that they had received sufficient training, and to feel confident discussing the box with parents.
- The main topics professionals were unsure about or wanted more information or training on were: the contents of the box (59%); practical elements of how the scheme operates (for example, 51% of those who felt training was not sufficient wanted more training on the registration process while 44% mentioned the delivery process); and the aims of the scheme (50%). Qualitative interviews with health professionals also identified a desire for more information about the purpose and evidence behind the scheme, and the main messages they should get across to parents about the box. The evaluation also indicates the scheme may benefit from providing further information for professionals about using the box for safe sleeping (mentioned by 40% of those who felt their training on the scheme was not sufficient).

As discussed in the previous chapter, the Baby Box scheme was intended to improve outcomes for families not only by providing them with essential items to support child health and development, but also by acting as a mechanism for parental engagement with services. The extent to which health professionals – particularly midwives and health visitors / family nurses, who have most contact with young families – are engaged with the Baby Box scheme is thus key to it being able to fully realise its intended outcomes. This chapter explores health professionals' understanding of their role in relation to the Baby Box scheme, their experiences and needs in relation to training and information, and their confidence in discussing the scheme with parents. It draws primarily on the survey and qualitative interviews with health professionals.

Outcomes	• Training needs identified for midwives and health visitors • Fully trained and engaged workforce
Research Questions	• Do they feel able and confident to discuss the contents and purpose of the Box with parents?

Professionals' understanding of the purpose of the scheme

The survey of midwives, health visitors, and family nurses indicated that most felt they understood the purpose of the Baby Box scheme – 88% agreed that 'I have a clear understanding of what Scotland's Baby Box scheme is trying to achieve', while just 5% disagreed and 6% neither agreed nor disagreed.

When asked about the main ways in which they thought the Baby Box scheme was intended to contribute to positive outcomes for families, health visitors, midwives, and family nurses were more likely to single out the financial help the scheme offers than the ways in which it might increase opportunities for health professionals to engage with parents. The most commonly chosen responses were:

- 'helping families financially by providing items for their new babies' (44%);
- 'helping to reduce inequalities in health between children from different backgrounds' (37%);
- 'helping to reduce inequalities in health between new mothers from different backgrounds' (34%);
- 'helping to encourage positive parenting behaviours in parents' (24%);
- 'helping to increase opportunities for health professionals to engage with parents' (6%).

Just under half (48%) of professionals thought the Baby Box scheme was intended to contribute to positive outcomes in all of these ways.

Professionals interviewed for the qualitative research tended to focus primarily on the promotion of equality when asked about the purpose of the scheme. The box was described as a universal 'gift' which aims to 'give all babies the same start in life', by ensuring that all families have the items essential for the first few months of their baby's life. The scheme's potential role in supporting safe sleeping – by providing a safe sleep space and/or acting as a resource to support conversations about safe sleeping – was also identified by professionals in the qualitative interviews as part of the perceived purpose of the scheme. Indeed, one view was that promoting safe sleep was one of the central aims of the box. This view was sometimes linked with a perception that the Finnish scheme which inspired Scotland's Baby Box was focused on safe sleeping and reducing SIDS. The stated purpose of Scotland's Baby Box is to give every child the best start in life by improving the support available to new and expecting parents.

Health professionals' understanding of their roles in the Baby Box scheme

A majority (61%) of health professionals surveyed for this evaluation said they felt clear about their role in relation to the Baby Box scheme. However, more than a third said they were either unclear (14%) or 'neither clear nor unclear' about their role (22%). Midwives (88%) were much more likely to report feeling clear about their role than were health visitors and family nurses (48%). Health visitors / family nurses accounted for the vast majority of those who said they felt 'unclear' (123 of the 131 respondents who said they were unclear were health visitors / family nurses). This perhaps reflects midwives more defined role in registering parents for the scheme. Indeed, half (50%) of health visitors / family nurses who felt unclear about their role said they felt that the baby box was discussed by midwives rather than themselves, or that they did not see themselves as having any role in the scheme.

This was supported by findings from qualitative interviews with midwives and health visitors. Midwives generally had a clear view that their role was to promote take up of the scheme and help parents register for a box. In contrast, health visitors generally indicated that they felt they had defined their own roles with respect to the Baby Box scheme, as they had not received any specific training or information about their expected role.

> "We don't play a huge part in it, it's just more checking that people have got it and generally I might ask them a couple of questions, like how they got on with it and stuff"
>
> Health Visitor

Both groups of professionals varied in the extent to which they felt they also had any role in discussing the box and its contents with parents, beyond discussions about registration.

The difference in views between midwives and health visitors may, in part, reflect the fact that midwives were the main focus of information provision to professionals at the start of the baby box roll out. It is also worth noting that at the time the qualitative interviews with health professionals took place, antenatal contacts between health visitors and expectant parents – a point at which they may be particularly likely to discuss the baby box, having just received it – had come to a temporary stop in many areas as a result of the pandemic. This may also have had an impact on health visitor awareness and views of baby boxes and of their role in the scheme. There may be an opportunity to improve or reinvigorate health visitors' use of the box, as these antenatal visits restart.

Question for consideration: Is there a need to clarify or communicate the expected role of health professionals, particularly health visitors, in delivering the Baby Box scheme?

The survey found that more experienced professionals were more likely to report feeling clear about their role in relation to the scheme: 68% of those who had been practising for over ten years said they felt 'very' or 'quite' clear about their role, compared with 38% of those who had been practising for less than a year. A number of factors may help explain this difference, including the least experienced professionals not having been in post when the scheme was launched in August 2017, and more experienced professionals being able to apply their wider experience to the context of the Baby Box scheme. The findings may also be partly explained by the relationship between profession and experience - overall, the midwife population is more experienced than the health visiting population due to the increase in health visitor numbers over recent years[34]. However, regression analysis shows that both profession and length of experience are significant in their own right (this applies to a number of findings in this chapter where there are significant differences by both profession and length of time in role).

Other reasons given by those who felt unclear about their role included: not having received training or information on the box (26%) (discussed further below); being unclear about the contents of the box (14%); being unsure what it was about the box that they should be discussing with parents (12%); how to ask parents about their use of the box (8%); how parents apply for the box (7%); and when parents receive the box (3%).

Training on the scheme

The finding that a significant minority of health professionals, predominantly health visitors and family nurses, are not clear about their role in relation to the Baby Box scheme indicates a potential need for further information or training. This section

[34] While we have grouped health visitors and family nurses for analysis purposes, the lower level of experience among this group will be driven by health visitors rather than family nurses.

looks at the information and training received by professionals to date and provides more detail on the topics they suggest for further information and training.

The survey of health professionals indicates that the majority of information they recall receiving on the scheme was informal verbal information (for example, a chat with colleagues) (41%) or written information (35%), rather than formal training (2%). Nine per cent said they had received a demonstration of the box, while 28% said they had not received any information or training about the scheme. Health visitors / family nurses were more likely than midwives to say they had not received any information or training about the scheme (36%, compared with 11% of midwives). They were also less likely to recall having received written information, such as leaflets or factsheets (26% of health visitors / family nurses, compared with 55% of midwives).

Among the 72% of respondents who had received any information or training on the Baby Box scheme, only around a third (37%) felt they had received sufficient training, while 40% felt they had not, and 23% were unsure or preferred not to say. A higher proportion (50%) of this group felt they had received enough information about the scheme. In line with previous findings in this section, midwives and more experienced professionals were more likely to report that they had received sufficient training and information on the scheme (Table 6.1). As discussed in the previous chapter, health professionals (particularly health visitors) were divided in their views on whether the baby box was helping to support their conversations with parents. Further training or information about the scheme could potentially address this and enhance the usefulness of the scheme in supporting parent-professional interactions.

The midwives and health visitors who participated in qualitative interviews generally reported having received no formal training and little or no formal information about the Baby Box scheme, although midwives did, on occasion, recall having received some information when the scheme was first introduced in 2017. Instead, professionals described having educated themselves through informal discussions with colleagues, learning about the contents via the website, and asking mothers to show them the box and its contents. One health visiting team had also arranged training themselves from a physiotherapist on how to use the sling correctly, as they had observed parents struggling to use it and wanted to be able to support them with this.

Table 6.1 Professionals' views on whether they have received sufficient training and information

Do you feel you have received sufficient training about the baby box?	Yes	No	Don't know /prefer not to say	Sample size
All	**37%**	**40%**	**23%**	**616**
Midwives	56%	21%	24%	245
Health visitors/family nurses	24%	53%	22%	371
Practicing for under 6 years	22%	60%	18%	211
Practicing for 6-10 years	37%	41%	22%	96
Practicing for 10+ years	45%	30%	25%	308
Do you feel you have received sufficient information about the baby box?	**Yes**	**No**	**Don't know /prefer not to say**	**Sample size**
All	**50%**	**33%**	**17%**	**616**
Midwives	69%	14%	18%	245
Health visitors/family nurses	37%	46%	17%	371
Practicing for under 6 years	37%	47%	21%	211
Practicing for 6-10 years	49%	29%	12%	96
Practicing for 10+ years	56%	25%	19%	308

Base: All professionals who have received any training or information

Those who felt they had not received enough training or information highlighted several aspects of the box they would like further training/information on. As shown in Table 6.2, the most common responses were 'the contents of the box' (59% more training and 68% more information), 'the registration process' (51% more training, 50% more information) and 'the aims of the Baby Box scheme' (50% more training, 51% more information). Health visitors/family nurses were more likely than midwives to want more training or information on the contents of the box, the registration process and the delivery process[35]. These differences are likely to

[35] Contents of the box: among health visitors/family nurses, 65% would like more training and 72% more information, compared with 37% and 49% respectively of midwives

The registration process: among health visitors/family nurses, 58% would like more training and 56% more information, compared with 23% and 20% respectively of midwives

The delivery process: among health visitors/family nurses, 51% would like more training and the same proportion more information 51%, compared with 17% and 20% respectively of midwives

reflect the fact that health visitors/family nurses are not generally involved in the registration and delivery processes and are also less likely to discuss the contents of the box with parents in advance of them receiving the box.

Table 6.2 Aspects of the scheme professionals would like further training/information on

	More training	More information
The contents of the box	59%	68%
The registration process	51%	50%
The aims of the Baby Box scheme	50%	51%
The contents of leaflets included in the box	49%	58%
The delivery process	44%	46%
How to use the box for sleeping	40%	43%

Base: All professionals who have received some training or information but do not feel the training is sufficient (250) or the information is sufficient (209).

The in-depth interviews also identified the purpose of the scheme and the contents as key topics. In addition, there was a desire to be better informed about:

- The purpose of the scheme
- The history and evidence behind the scheme, particularly in relation to the safety of the box as a safe sleeping space, in order to reassure parents
- The main messages the scheme is meant to be getting across to parents ("so everyone is saying the same thing")
- How to use specific contents correctly (e.g. the sling), and
- Updates when contents change.

An additional area where the qualitative interviews with health professionals suggest further information and training may be beneficial relates to the use of the box as a safe sleep space. The Scottish Government states that Scotland's Baby Box and its bedding provide a safe sleeping place when used in accordance with other safe sleeping practices. However, concerns were expressed by a small number of professionals in the qualitative interviews about whether a baby box is definitively a safe sleep space. For example, one Health Visitor expressed confusion on conflicting advice from sources outwith the Scottish Government on the use of boxes as sleep spaces, while another questioned whether the sides of the box needed to be open/breathable (the Scottish Government guidance is that

this is not required since the top is open). This suggests a need to provide health professionals with further information on the safety of the baby box for sleeping.

It was suggested that it might be helpful for all new trainees to receive brief training on the scheme – its purpose, contents, and how to register for and cancel a box. There was also a desire among some to have an opportunity to physically look through a box, to help them get to know the items included before talking to parents. There was a general consensus that any training could be delivered online, as this was more cost effective, easier to fit in, and easier to update with any changes to the scheme.

Confidence in discussing the contents and purpose of the box

In spite of these perceived gaps around training and information on the Baby Box scheme, most professionals (82%) who responded to the survey said they felt confident discussing the Baby Box scheme with parents. Midwives and more experienced professionals were more likely to feel confident (91% compared with 77% of health visitors or family nurses). Confidence was also related to experience with those with the least time practicing (under a year) less likely than those with over a year's experience to feel confident discussing the scheme with parents (61% versus 85%). These findings again reinforce the potential need to target training and information around the scheme on health visitors / family nurses and those who are newer in post.

Questions for consideration: Could the areas professionals identified as reasons for feeling unsure about their role and the areas they identified as training / information gaps be considered when designing any future information or training provision? These suggest that training / information needs to cover:

- practical elements of how the scheme operates (how parents register and when the box is delivered).
- the contents of the box (including how to use them and any changes made to the contents)
- information about using the box for safe sleeping.
- the purpose and evidence behind the scheme, and
- the main messages they should get across to parents about the box.

Could training and information also incorporate examples of how midwives and health visitors have used the box to support or reinforce key health messages, to encourage greater use of the box to support engagement with parents?

Could training and information provision also consider the different needs and roles of midwives and health visitors/family nurses and how best to reach less experienced practitioners?

6. Views on universal availability

Key findings

- Parents across all income groups were, in the main, supportive of the scheme's universal availability as a way of promoting an equal start for all children in Scotland.
- Parents and health professionals reflected on the advantages of universal schemes in terms of reducing stigma and conveying benefits beyond the purely financial.
- When asked how the scheme could be improved, only 2% of parents mentioned any changes relating to means-testing or universality. However, during qualitative interviews with parents some questioned whether items were potentially being wasted by parents who did not need them. Questions were also raised over whether providing boxes to parents on high incomes was necessarily the best use of scarce resources.

As discussed in Chapter 1, by making baby boxes universally available to all expectant parents in Scotland, it was intended that the scheme would contribute to a shared understanding of a society that values and supports all children. While this evaluation cannot definitively assess the extent to which the scheme has achieved this objective, it can assess whether the idea that the box contributes to every child having an equal start resonates with parents and health professionals, and whether they support the idea of the box as a universal gift to all new babies. These issues were addressed primarily in qualitative interviews with parents and health professionals, and in the survey of midwives, health visitors and family nurses.

Outcomes	• A shared understanding of a society that values and supports all children
Research Questions	• Has the Baby Box scheme changed people's perceptions about universal benefits? • What is the workforce's understanding of the purpose of the Baby Box scheme?

Attitudes towards the universal availability of the baby box

Parents who took part in qualitative interviews for this evaluation were, on balance, supportive of baby boxes being available universally. Parents from across the income spectrum spontaneously mentioned the idea that the scheme helped contribute towards giving all children in Scotland an 'equal start', regardless of their household income, and suggested that the scheme conveyed that the Scottish

Government cares about, and is working for, all families in Scotland. Parents who felt they would not normally qualify for similar schemes, as they were on high incomes or incomes above the threshold for any state benefits, reported feeling pleasantly surprised to have been offered a baby box, given that they were not usually eligible for government schemes.

Parents and health professionals suggested that the universal nature of the scheme might help to prevent stigma around taking up the box and using the items in it and thus ensure that those who might benefit most do actually take it up. The benefits of the box were also seen as extending beyond the financial and material – parents commented on the educational benefits (see Chapter 4), and its value in alleviating stress about what they needed to care for their baby by providing an essential starter kit for all new parents. Receiving the box was therefore seen as valuable even for families where the financial benefit of receiving the box might be less.

However, although parents and professionals both discussed the potential benefits of offering the scheme universally, there were nonetheless some reservations expressed in the qualitative research about the resource implications of this. This was reflected in an initial ambivalence among some parents with higher incomes and/or with older children about registering for the box. In spite of feeling they had benefited from receiving the box, they reported having initially felt unsure whether to take it up, on the basis that may not need it as much as others. Parents who participated in qualitative interviews also expressed some concerns that, in the context of limited resources, the scheme meant resources were not being targeted to those who most needed them, and that money was potentially being '*wasted'*.

As noted, these views emerged primarily in more in-depth, qualitative interviews with parents. The quantitative survey of parents did not ask directly about their views on the universal availability of the baby box. However, when asked how the scheme could be improved only 2% mentioned any changes relating to means testing when asked if the scheme could be improved in any way – suggesting that concerns about the cost of providing baby boxes universally are not top of mind for most parents.

Midwives, health visitors and family nurses interviewed in the qualitative research who said they would prefer a more targeted approach felt the scheme was providing too much for families who they felt did not need it (as they already had, or could easily afford, what they needed themselves), and not enough for those who needed resources the most. As with parents, some concerns were expressed in the qualitative interviews about the perceived level of wastage, with items believed to be going unused.

Parents' suggestions for addressing potential issues around wastage included asking higher income parents to contribute to the cost of the box if they still wanted one or offering a 'stripped-down' version to those who already had children (and therefore might not need to receive every item again).[36]

Question for consideration: Is it worth exploring the scope to offer an alternative, reduced version of the box and/or its contents to parents who already have children, or who might not feel they need everything that comes with the box?

[36] It is worth noting, however, that only 2% of all parents who took part in the parents' survey mentioned any changes relating to means testing when asked if the scheme could be improved in any way – suggesting that concerns about the cost of providing baby boxes universally are not top of mind for most parents.

Appendix A – Contents of the baby box

The list below shows the contents of Scotland's baby box at the time the parent's survey discussed in this report was conducted (Autumn 2019).

Scratch mittens

Short-sleeved vest

Long-sleeved vest

Long-sleeved side buttoning vest

Cotton hat

Long-sleeved sleepsuit

Jersey trousers

Pair of socks

All-in-one day suit

Fleece jacket with hood

The box itself + mattress

Digital ear thermometer

Cellular blanket

Baby wrap / sling

Hooded bath towel

Bath sponge

Bath and room thermometer

Teething ring soother

Cube soft toy

Baby books

Play mat

Emery boards

Bib

Muslin squares

Comforter toy

Travel changing mat

Reusable nappies voucher (included in boxes after April 2019)

Nursing pads

Maternity towels

Condoms

Leaflet on using the box for safe sleeping

Leaflet on postnatal depression

Leaflet on breastfeeding

Royal Scottish National Orchestra App

Poem

Appendix B – Profile of parent interviewees and survey respondents

Table B.1: Profile of parents who took part in the quantitative survey

Characteristic	Characteristics Breakdown	Participants Unweighted	Participants Weighted
Maternal age	16-24	248	313
	25-29	529	564
	30-34	770	745
	35+	665	591
Baby age	0-3 months	679	675
	4-6 months	954	946
	7-9 months	577	589
	10+ months	9	10
Annual household	Group 1: < £15,600	312	352
	Group 2: £15,600 - £25,999	480	490
	Group 3: £26,000 - £36,399	388	384
	Group 4: £36,400 – £51,999	382	363
	Group 5: £52,000+	373	339
First baby?	Yes	1122	1134
	No	1109	1098
Living with husband, wife or partner	Yes	1983	1944
	No	242	281
Respondent working status	Working full time (or on maternity/paternity leave)	1255	1225
	Working full time (or on maternity/paternity leave)	572	572

	Not working (or < 8 hours	397	426
Area characteristics	Urban	1630	1637
	Small town	262	257
	Rural	318	316
SIMD	1 (most deprived)	432	539
	2	475	462
	3	401	403
	4	420	402
	5 (least deprived)	453	375
Health board	Ayrshire and Arran	122	136
	Borders	51	42
	Dumfries and Galloway	47	51
	Fife	148	141
	Forth Valley	120	116
	Grampian	248	248
	Greater Glasgow and Clyde	510	550
	Highland	104	107
	Lanarkshire	216	259
	Lothian	481	391
	Orkney	8	9
	Shetland	10	11
	Tayside	163	163
	Western Isles (Eilean Siar)	8	9
Total		**2236**	**2236**[37]

[37] Due to some parents selecting ‘don’t know’ or ‘prefer not to say’ options, not all characteristics total 2236.

Table B.2: Profile of parents who took part in a qualitative interview

Characteristic	Characteristics Breakdown	Participants
Maternal age	16-24	5
	25-29	14
	30-34	11
	35+	6
Annual household income	Group 1: < £15,600	7
	Group 2: £15,600 - £25,999	10
	Group 3: £26,000 - £36,399	4
	Group 4: £36,400 – £51,999	8
	Group 5: £52,000+	7
First baby?	Yes	22
	No	14
Area characteristics	Urban	18
	Small town	12
	Rural	6
Saved me money on things I would have otherwise had to buy[38]	Agree	28
	Disagree	6[39]
Used box for sleeping?	Yes	17
	No	19
Total		**36**

[38] Note that this does not sum to 36, as two participants in the qualitative research neither agreed nor disagreed with this statement when presented to them in the survey.

[39] In our survey of 2200 parents in 2019, a very small percentage of parents (4%) expressed this view.

Appendix C – Survey questionnaires

Parents multi-mode (online and telephone) questionnaire

Note: Where the question being asked by phone, the survey needs to be slightly different to that scripted for online completion – so alternative text will only appear in the telephone script.

[Intro screen - online]

Ipsos MORI, the independent research organisation, has been asked by the Scottish Government to undertake research about the Baby Box Scheme. The research aims to gather feedback from parents like you, who have received the box, to help improve the scheme for others.

As a new parent or carer in Scotland, your views are very important. The survey should only take 15-20 minutes to complete. If you do not have time to complete it in one go, you can leave the questionnaire at any time and return to it later by clicking on the link in the e-mail sent to you.

[Next screen]

Your responses will be kept strictly confidential in accordance with GDPR – it will not be possible to identify any individuals from the findings, which will be reported as percentages (e.g. “50% of parents thought that …”). We will not share your individual responses with anyone else.

If you would like any more information on the survey, please contact ScotlandBabyBox@ipsos.com or phone 0808 238 5376 and ask to speak to one of the project team (Rachel, Diana or Jane). If you would like to read the survey privacy policy, this can be accessed here: – privacy policy link
Please click ‘next’ to begin the survey.

[Intro screen - telephone]

[intro1]

Good morning/afternoon/afternoon/evening. Please can I speak to [name from sample]?

My name is [name]. I'm calling from Ipsos MORI, the independent research organization. We have been asked by the Scottish Government to carry out some research about the Baby Box Scheme. The research aims to gather feedback from parents like you, who have received the box, to help improve the scheme for others.

[Consent1]
You may have received an email in the last few weeks mentioning the research. Would you be willing to take part in a short survey to share your views on the Baby Box scheme?

If necessary, add the following:

As a new parent or carer in Scotland, your views are very important. The survey should take no longer than 15-20 minutes. If you do not have time now, we can make an appointment for you to complete the survey at a later date, or you can complete it online from the link in the email we sent you.

1. Yes – happy to complete now
2. Wants to complete later (make appointment)
3. Wants to complete online (re-send email)
4. Refusal – thank and close

[Consent2]
[Ask if consent1 = 1]
The survey asks about your views of the Baby Box scheme, as well as a few questions about you and your circumstances, so we can compare the views of different parents across Scotland.

Just to reassure you, your responses will be kept strictly confidential in accordance with GDPR – it will not be possible to identify any individuals from the findings, which will be reported as percentages (e.g. "50% of parents thought that …"). We will not share your individual responses with anyone else.

If you would like to read the survey privacy policy, this is available from the link in the email we sent you, or I can give you the website address just now (read out if necessary – privacy policy link).

Are you happy to take part just now?

1. Yes
2. No – thank and close or go back to previous screen to make appointment.

Intro2
[Ask all]
This survey is of people who were due to receive a Baby Box in the last 12 months. Please think about the Baby Box you received most recently when answering the questions (rather than any boxes you may have received more than a year ago, for your older children).

Background and demographic info

[Ask all]
First, a few questions about you and your household.

Q1
[Ask all]
Single code, No DK, No Ref

Please can you confirm your relationship to the baby/babies you received the Baby Box for?

1. Mother
2. Father
3. Other

Q2
[Ask if code 3 at q1]

What is your relationship to the baby/babies you received the Baby Box for?
Open text

Q3
[Ask all]

How old are you?

Numeric response. Range 12-59. Allow refused.

Soft check – if age is <15 or >50, “Can I just confirm, you entered your age as <age from q3>. Is that correct?”
Alt telephone text: soft check – if age is <15 or >50, “Can I just confirm, you gave your age as <age from q3>. Is that correct?”
Yes
No (route back to q3 to amend)

Q4
[Ask all]
Single code
Which of the following best describes you at the moment? Are you currently ... (For telephone: Read out)
(Please select one response only)

1. Working part time (8 - 29 hours a week), or on maternity/paternity leave from a part-time job
2. Working full time (30 hours or more a week), or on maternity/paternity leave from a full-time job
3. Not working (under 8 hrs) – looking after home
4. Not working (under 8 hrs) – unemployed (registered)
5. Not working (under 8 hrs) - unemployed (not registered but seeking work)
6. Not working (under 8 hrs) - retired
7. Not working (under 8 hrs) - student
8. Not working (under 8 hrs) - other (inc. sick or disabled)
9. Don't know
10. Prefer not to say

Q5
[Ask all]
Single code
Are you currently living with a husband, wife or partner?

1. Yes
2. No
3. Prefer not to say

Q6
[Ask all]
How many months old is the baby/babies you received your most recent Baby Box for?

If you have received a Baby Box for more than one of your children, please tell us the age of the baby you received you most recent box for (or babies, if you had twins or triplets).

Numeric 1-15.
Prefer not to say

Q7
[Ask all]
How many other children aged under 18 do you have living with you?
(If none, please enter ‘0’)
(Scripter - allow refused)

Numeric. Range 0-20. Soft check if response 7+ ‘Can I just confirm, you have x children living with you?’

Q8
[Ask if q7 = 1 or more]
[loop so repeated for each child, based on response at q7]

What age is the <oldest / next oldest child> who lives with you?

(Please enter response in years. If they are under 1, please enter 0.)

Numeric. Range 0-17. If response outwith range, hard check ‘Please tell us only about children aged under 18 who live with you. If you need to change your earlier response, use the back button to go back a question.’.
Alt wording for tel hard check: ‘age range for children under 18 is 0-17. Please check and amend answer.’.

The registration process

Ask all
Next, a few questions about applying for your Baby Box.

Q9
[Ask all]
Single code
Who completed the Baby Box registration form?

1. I/my partner completed it jointly with my midwife
2. I/my partner completed it on our own
3. My midwife completed it on their own
4. Somebody else completed it
5. Can't remember
6. Prefer not to say

Q9tel
[ask all]
Single code
Who completed the Baby Box registration form? (Prompt if necessary – confirm the answer you are coding if unsure)

1. Respondent or partner completed it jointly with midwife
2. Respondent or partner completed it on their own
3. Midwife completed it on their own,
4. Somebody else completed it
5. Can't remember
6. Prefer not to say

Q10
[Ask all]
Single code
And how easy or difficult was it to register for a Baby Box? Tel only: Was it very easy, fairly easy, neither easy nor difficult, fairly difficult or very difficult?

1. Very easy
2. Fairly easy
3. Neither easy nor difficult
4. Fairly difficult
5. Very difficult
6. Can't remember
7. Prefer not to say

Q11
[ask if q10 = 4 or 5]
Multicode ok
What was it that you found difficult about registering?
Online only: Please choose as many as apply.
Tel only: What else? Probe fully and code all that apply.

1. Difficulties getting hold of a registration form
2. The form was difficult to understand
3. Made a mistake on the form and had to complete it again
4. My form got lost
5. Did not get enough help to complete the form
6. Something else
7. Can't remember
8. Prefer not to say

Q12
[Ask if code 6 – Something else - AT Q11]
You said you found something else difficult about registering. What was that?
Open text

Q13
[Ask all]
Single code
Do you feel you received enough information about the box before receiving it?

1. Yes
2. No
3. Can't remember
4. Prefer not to say

Q14
[ask if q13 = 2]
Multi-code
What would you have liked to know more about, before you received your Baby Box?
Online only: Please choose as many as apply.
Tel only: What else? Probe fully and code all that apply.

1. When the box would be delivered
2. How the box would be delivered
3. What would be in the box
4. How to use the box for sleeping
5. The purpose of the Baby Box scheme
6. Something else
7. Can't remember
8. Prefer not to say

Q15
[ASK IF Q14 = 6]
What else would you have liked to know more about, before you received your Baby Box?
Open text

Receiving the box and initial perceptions

Q16
[Ask all]
Single code
Overall, how would you rate the quality of the Baby Box and its contents?
Telephone only: Would you say they were poor, acceptable or good quality? (IF POOR/GOOD – would you say they were very poor/good or fairly poor/good quality?)

1. Very poor quality
2. Fairly poor quality
3. Acceptable quality
4. Fairly good quality
5. Very good quality
6. Can't remember
7. Prefer not to say

Impact on expenditure

Q17
[Ask all]
Single code
Thinking about the **clothes** included in the Baby Box. If you had not received the Baby Box, would you have already had enough of the clothes it included for your baby anyway, or would you have needed more?

If you need reminding what clothes the box included, click here.

1. Would have had enough clothes anyway
2. Would have needed more
3. Don't know
4. Prefer not to say

Q18
[Ask all]
Multi-code (17-18 are single code)
Which, if any, of these other items did you already have, before receiving the Baby Box?

1. Somewhere for your baby to sleep in the first three months (Moses basket, cot, crib, etc.)
2. Digital ear thermometer
3. Cellular blanket
4. Baby wrap
5. Hooded bath towel
6. Bath and room thermometer
7. Baby books
8. Play mat
9. Comforter toy
10. Travel changing mat
11. Reusable nappies
12. Nursing pads
13. Maternity towels
14. Condoms
15. Something else (please say what)
16. Did not have any of these before receiving Baby Box
17. Can't remember
18. Prefer not to say

Q19
[Ask all]
Single code
Did the Baby Box you received provide you with some useful things for your baby that you would not otherwise have bought?

1. Definitely
2. Probably
3. Probably not
4. Definitely not
5. Don't know
6. Prefer not to say

Q20
[Ask all]
Single code
How strongly do you agree or disagree that "Getting a Baby Box has saved me money on things I would otherwise have had to buy."?
Telephone only: if 'agree/disagree' – would you say you strongly agree/disagree, or tend to agree/disagree?

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don't know
7. Prefer not to say

Perceived usefulness of the box and its contents

Q21
[Ask all]
Multi-code
What would you say are the most useful items included in the Baby Box? Please select up to five items.
Multicode up to a total of five (26-28 are single-code)

1. The box itself
2. The clothes in general
3. A specific item/specific items of clothing [if selected, show pop up list of all clothes which allows them to pick up to five]
4. Digital ear thermometer
5. Cellular blanket
6. Baby wrap / sling
7. Hooded bath towel

8. Bath sponge
9. Bath and room thermometer
10. Teething ring soother
11. Baby books
12. Play mat
13. Emery boards
14. Bib
15. Muslin squares
16. Comforter toy
17. Travel changing mat
18. Reusable nappies voucher (included in boxes after April 2019)
19. Nursing pads
20. Maternity towels
21. Condoms
22. Leaflet on using the box for safe sleeping
23. Leaflet on postnatal depression
24. Leaflet on breastfeeding
25. Royal Scottish National Orchestra App
26. None of them
27. Don't know
28. Prefer not to say

Q21 tel
[Ask all]
Multi-code
What would you say are the most useful items included in the Baby Box? Please tell me up to five items.
Multicode up to a total of five (26-28 are single-code)

1. The box itself
2. The clothes in general
3. A specific item/specific items of clothing [if selected, show pop up list of all clothes which allows them to pick up to five]
4. Digital ear thermometer
5. Cellular blanket
6. Baby wrap / sling
7. Hooded bath towel
8. Bath sponge
9. Bath and room thermometer
10. Teething ring soother
11. Baby books
12. Play mat
13. Emery boards
14. Bib
15. Muslin squares

16. Comforter toy
17. Travel changing mat
18. Reusable nappies voucher (included in boxes after April 2019)
19. Nursing pads
20. Maternity towels
21. Condoms
22. Leaflet on using the box for safe sleeping
23. Leaflet on postnatal depression
24. Leaflet on breastfeeding
25. Royal Scottish National Orchestra App
26. None of them
27. Don't know
28. Prefer not to say

Q22
[Ask all]
Multi-code
And what would you say are the LEAST useful items included in the Baby Box? Again, please select up to five items.
Multicode up to a total of five (26-28 are single-code)

1. The box itself
2. The clothes in general
3. A specific item/specific items of clothing [if selected, show pop up list of all clothes which allows them to pick up to five]
4. Digital ear thermometer
5. Cellular blanket
6. Baby wrap / sling
7. Hooded bath towel
8. Bath sponge
9. Bath and room thermometer
10. Teething ring soother
11. Baby books
12. Play mat
13. Emery boards
14. Bib
15. Muslin squares
16. Comforter toy
17. Travel changing mat
18. Reusable nappies voucher (included in boxes after April 2019)
19. Nursing pads
20. Maternity towels
21. Condoms
22. Leaflet on using the box for safe sleeping
23. Leaflet on postnatal depression
24. Leaflet on breastfeeding

25. Royal Scottish National Orchestra App
26. None of them
27. Don’t know
28. Prefer not to say

Q22 TEL
[Ask all]
Multi-code
And what would you say are the LEAST useful items included in the Baby Box? Again, please tell me up to five items.
Multicode up to a total of five (26-28 are single-code)

1. The box itself
2. The clothes in general
3. A specific item/specific items of clothing [if selected, show pop up list of all clothes which allows them to pick up to five]
4. Digital ear thermometer
5. Cellular blanket
6. Baby wrap / sling
7. Hooded bath towel
8. Bath sponge
9. Bath and room thermometer
10. Teething ring soother
11. Baby books
12. Play mat
13. Emery boards
14. Bib
15. Muslin squares
16. Comforter toy
17. Travel changing mat
18. Reusable nappies voucher (included in boxes after April 2019)
19. Nursing pads
20. Maternity towels
21. Condoms
22. Leaflet on using the box for safe sleeping
23. Leaflet on postnatal depression
24. Leaflet on breastfeeding
25. Royal Scottish National Orchestra App
26. None of them
27. Don’t know
28. Prefer not to say

Q23
[Ask all]
single code
Have you ever used the Baby Box itself for your baby to sleep in?

1. Yes
2. No
3. Don't know
4. Prefer not to say

Impact on knowledge and behaviour

Q24
[Ask all]
Multicode. [10-12 single code] randomise order.
Parents can feel there is a lot to learn about babies and parenting when their children are born. We're interested in whether parents feel they have learned anything new from getting a Baby Box.
Which, if any, of the following areas do you feel you have learned about as a result of getting a Baby Box?
Online only: Please choose all that apply to you.
Telephone only: read out list and code all that apply

1. Breastfeeding
2. How my baby can sleep safely in the Baby Box
3. Monitoring my baby's health/temperature
4. My baby's development
5. How to dress my baby
6. Bonding with my baby through playing, talking and reading
7. Post-natal depression
8. Sources of support for new parents
9. Something else (please say what)
10. I didn't learn anything new as a result of getting the Baby Box
11. Don't know
12. Prefer not to say

Q25
[Ask all]
Single code
How strongly do you agree or disagree that “Getting a Baby Box encouraged me to talk more to my midwife, health visitor or family nurse about things I wasn’t sure about.”
Telephone only: if ‘agree/disagree’ – would you say you strongly agree/disagree, or tend to agree/disagree?

8. Strongly agree
9. Tend to agree
10. Neither agree nor disagree
11. Tend to disagree
12. Strongly disagree
13. Don’t know
14. Prefer not to say

Q26
[Ask if q25 = 1 or 2]
Multicode. Randomise order.
What kinds of things do you feel you have spoken to your midwife, health visitor or family nurse more about?
Online only: Please choose all that apply
Telephone only: code all that apply. If necessary, prompt by reading list.

1. Breastfeeding
2. How my baby can sleep safely in the Baby Box.
3. Monitoring my baby’s health/temperature
4. My baby’s development
5. How to dress my baby
6. Bonding with my baby through playing, talking and reading
7. Post-natal depression
8. Sources of support for new parents
9. Something else (please say what)
10. Don’t know
11. Prefer not to say

Q27
[Ask all]
Single code
How useful did you personally find the leaflet on safe sleeping in the Baby Box?
Telephone only: Would you say very useful, fairly useful, not very useful or not at all useful?

1. Very useful
2. Fairly useful
3. Not very useful
4. Not at all useful
5. Don't know
6. Prefer not to say

Q28
[Ask all]
Single code
How useful did you personally find the leaflet about breastfeeding included in the Baby Box?
Telephone only: Would you say very useful, fairly useful, not very useful or not at all useful?

1. Very useful
2. Fairly useful
3. Not very useful
4. Not at all useful
5. Don't know
6. Prefer not to say

Q29
[Ask all]
Single code
Have you read the baby books included in the box with your baby yet?
Telephone only: if no, 'Do you plan to read them?' – and code as appropriate.

1. Yes
2. No, but plan to
3. No, and do not plan to
4. Don't know
5. Prefer not to say

Q30
[Ask all]

Single code
Did getting books in your baby box encourage you start reading with your baby earlier, or did it make no difference?

1. Encouraged me to start reading earlier
2. Made no difference to when I planned to start reading with my baby
3. Don't know
4. Prefer not to say

Q31
[Ask all]
How useful did you find the leaflet on post-natal depression included in your baby box?
Telephone only: Would you say very useful, fairly useful, not very useful or not at all useful?

1. Very useful
2. Fairly useful
3. Not very useful
4. Not at all useful
5. Don't know
6. Prefer not to say

Most important perceived benefit

Q32
[Ask all]
Multicode (9-11 are single codes)
Which, if any, of the following have been benefits of receiving a baby box for you personally?
ONLINE only: Please choose as many as apply.
Telephone only: read out and code all that apply

1. I learned more about how to look after a new baby
2. It encouraged me to speak more with my midwife or health visitor
3. I learned more about post-natal depression
4. I learned about sources of support available to me
5. I saved money on things I needed for my baby
6. It encouraged me to play, talk and read earlier with my baby
7. It supported me with breastfeeding
8. It provided useful things I would not otherwise have bought my baby
9. None of these
10. Don't know
11. Prefer not to say

Q33
[Ask if any code 1-8 at q32]
And which **one** of these has been the **most important benefit** from receiving a baby box for you personally?
Single code

List answers coded at q32
Can't choose
Prefer not to say

Suggestions for improvement

Q34
[Ask all]
Multicode (7-9 are single codes)

Which, if any, of the following areas of the Baby Box scheme do you think could be improved so that it works better for other parents and babies in the future?
Telephone only: read out and code all that apply

1. The information parents receive before they get their box
2. The process of registering to get a baby box
3. The delivery of baby boxes
4. The items included in the box
5. The information included in the box
6. Something else (please say what)
7. Nothing - no improvements need to be made
8. Don't know
9. Prefer not to say

Q35
[ASK if Q34=1 thru 6]
Open ended

Can you tell us more about any specific improvements you think could be made to the Baby Box scheme in the future?

[Open text]

Parent club

We have a few questions about Parent Club emails which you may have signed up for. You may have done this on the form when you registered for your baby box, or at some other point.

Q36
[Ask all]

Have you signed up to receive Parent Club emails?
Telephone only: if yes – When did you sign up? Was it when you registered for your baby box, or on the Parent Club website? Code as appropriate.

1. Yes – when I registered for my baby box
2. Yes – online / on the Parent Club Website
3. Yes – but I can't remember where
4. No
5. Don't know
6. Prefer not to say

Q37
[ASK IF Q36 = 1, 2 or 3]
SINGLE CODE
How often, if at all, do you tend to read Parent Club emails?
Telephone only: Would you say you always read them, often read them, sometimes read them, rarely read them or never read them?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Don't know
7. Prefer not to say

Q38
[Ask if q37 = 1-4]
Single code
How useful do you find the Parent Club emails?
Telephone only: Very useful, quite useful, not very useful or not at all useful?

1. Very useful
2. Quite useful
3. Not very useful
4. Not at all useful
5. Don't know
6. Prefer not to say

Q39
Finally, we're interested in how experiences of the baby box vary between people with different incomes. You don't have to answer this if you don't want to, but we hope most parents will as it will help us better understand different experiences of baby box. Please could you tell me if it's easier for you in general to think about your current household income in weekly, monthly or annual amounts?

1. Weekly

2. Monthly
3. Annual
4. Prefer not to say

(Scripter – no don't know)

Ask if q39 = 1

Q40

What is your household's total weekly income from all sources, including child benefits and any other benefit, BEFORE any deductions for income tax. If you are on maternity leave, please give your household's current income (e.g. including any maternity pay), rather than what you expect to earn when you return?

1. Less than £100
2. £100 to £199
3. £200 to £299
4. £300 to £399
5. £400 to £499
6. £500 to £699
7. £700 to £999
8. £1,000 to £1,499
9. £1,500 or more
10. Don't know
11. Prefer not to say

Ask if q39 = 2

Q41

What is your household's total monthly income from all sources, including child benefits and any other benefit, BEFORE any deductions for income tax?

1. Less than £433
2. £433 to £899
3. £900 to £1,299
4. £1,300 to £1,699
5. £1,700 to £2,199
6. £2,200 to £2,999
7. £3,000 to £4,349
8. £4,350 to £6,499
9. £6,500 or more
10. Don't know
11. Prefer not to say

Ask if 39=3
Q42
What is your household's total annual (yearly) income from all sources, including child benefits and any other benefit, BEFORE any deductions for income tax?

1. Less than £5,200
2. £5,200 to £10,399
3. £10,400 to £15,599
4. £15,600 to £20,799
5. £20,800 to £25,999
6. £26,000 to £36,399
7. £36,400 to £51,999
8. £52,000 to £77,999
9. £78,000 or more
10. Don't know
11. Prefer not to say

Q43
[Ask all]
Single code
As part of the research we're carrying out, we might want to speak to some parents in more detail about their views of baby box. Would you be willing for us to contact you again to see if you would be interested in taking part in this follow-up research? You would be free to decide at the time whether you wanted to take part.

1. Yes
2. No

Q44
[Ask if q43 = 1]
Could you just confirm the best email address to contact you at?

Q45
[Ask if q43 = 1]
And could you confirm the best number to contact you on?

END
Thank you very much for taking the time to complete this survey. The findings will help inform the future development of the Baby Box scheme in Scotland. Your individual responses will be kept strictly confidential.

Combined online questionnaire for professionals (UHVP and Baby Box evaluation – baby box sections only)

[Intro screen]

Thank you for entering the survey.

QA1
[Ask all]
Single code

Can I just check, are you currently employed primarily as …?

1. A midwife
2. A health visitor
3. A family nurse?

Midwives will only be asked baby box questions. Health visitors and family nurses will be asked both baby box and EHVP.

Intro for midwives only
[ask if qa1 = 1]

Thank you for entering the Baby Box survey. The survey should only take around 10-15 minutes to complete. If you would like to complete the survey later, or to be able to pause the survey and finish it later, then please enter your email address now. We will then email you a unique link that you can use to access your survey again whenever you choose.

[Scripter – please set up so that they can enter email and be emailed a unique link to get back into their own survey]

[Intro screen 2]
[ask if qa1 = 1]
Ipsos MORI, the independent research organisation, has been asked by the Scottish Government to evaluate the Baby Box Scheme. As part of this evaluation, we are gathering feedback from midwives and health visitors, to find out how you think the scheme is working and how it could be improved. The findings will inform the future development of the scheme in Scotland.

As someone who works with new mothers in Scotland, your views are very important – we hope that as many midwives and health visitors as possible will take part, so that we have a reliable picture of how the Baby Box Scheme is working.

[Next screen]
[ask if qa1 = 1]

Your responses will be kept strictly confidential in accordance with General Data Protection Regulations (GDPR) – it will not be possible to identify individuals from the findings, which will be reported as percentages (e.g. “50% of midwives and health visitors thought that …”). We will not share your individual responses with anyone else.

If you would like any more information on the survey, please contact ScotlandBabyBox@ipsos.com or phone 0808 238 5376 and ask to speak to one of the project team (Rachel, Diana or Jane). If you would like to read the survey privacy policy, this can be accessed here: privacy policy link

Please click ‘next’ to begin the survey.

Health visitors and family nurse intro screens
[ask if qa1 = 2 or qa1 = 3]

Thank you for entering the National Health Visiting survey. The survey should take no longer than 25 minutes to complete. If you would like to complete the survey later, or to be able to pause the survey and finish it later, then please enter your email address now. We will then email you a unique link that you can use to access your survey again whenever you choose.

[Scripter – please set up so that they can enter email and be emailed a unique link to get back into their own survey]

[intro screen 2]
[ask if qa1 = 2 or qa1 = 3]
This survey is being conducted by Ipsos MORI, the independent research organisation, on behalf of the Scottish Government and in collaboration with the University of Edinburgh. We are particularly interested in your views on two key initiatives – the Universal Health Visiting Pathway (UHVP) and the Baby Box scheme.

Your views are very important – we hope that as many health visitors and family nurses as possible will take part, so that we have a reliable picture of how these key initiatives are working. The findings will inform the future development of both initiatives.

[Next screen]
[ask if qa1 = 2 or qa1 = 3]

Your responses will be kept strictly confidential in accordance with General Data Protection Regulations (GDPR) – it will not be possible to identify individuals from the findings, which will be reported as percentages (e.g. “50% of health visitors and family nurses thought that …”). We will not share your individual responses with anyone else.

If you would like any more information on the survey, please contact HVSurvey@ipsos.com or phone 0808 238 5376 and ask to speak to one of the project team (Rachel or Jane). If you would like to read the survey privacy policy, this can be accessed here: adddress.com [sg privacy policy to be inserted]

Please click 'next' to begin the survey.

Section A - background and demographic info

QA2 [HB]
[Ask all]
Single code

Which Health Board are you based in?

1. Ayrshire and Arran
2. Borders
3. Dumfries and Galloway
4. Eilean Siar (Western Isles)
5. Fife
6. Forth Valley
7. Grampian
8. Greater Glasgow and Clyde
9. Highland
10. Lanarkshire
11. Lothian
12. Orkney
13. Shetland
14. Tayside

QA3 [length pract]
[Ask all – textfill as appropriate from QA1]
Single code
How long have you been practising as a <midwife/health visitor/family nurse>?

1. Under a year
2. 1-2 years
3. 3-5 years
4. 6-10 years
5. Over 10 years
6. Not sure
7. Prefer not to say

QA4 [ftorpt]
[Ask all]
Single code
And do you work full-time or part-time?

1. Full time (30+ hours/week)
2. Part time (under 30 hours/week)
3. Not sure
4. Prefer not to say

Section C – baby box questions [ask all unless otherwise routed]

[Ask if qa1 = 2 or 3 (i.e. hv or fnp, so will have both sets of questions)
[Cintro]
The next set of questions are about your experiences and views of the Baby Box scheme. They should only take about 10 minutes to complete.

[Ask if qa1 = 1 – i.e. midwife]
The next few questions are about the aims of the Baby Box scheme.

Aims of the scheme

QC1
[ask all]
Single code

To what extent do you agree or disagree that "I feel I have a clear understanding of what Scotland's Baby Box scheme is trying to achieve"?

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don't know
7. Prefer not to say

QC2
[Ask all]
[randomise order answer options 1-6 appear in]
Multi-code

Scotland's Baby Box scheme is part of wider efforts to improve support for young children and their families with the aim of giving all children in Scotland the best start in life. Which, if any, of the following do you think are the main ways in which Scotland's Baby Box scheme is intended to help contribute to positive outcomes for children and parents in Scotland?

Please select all that apply

1. Helping to reduce inequalities in health between children from different backgrounds
2. Helping to reduce inequalities in health between new mothers from different backgrounds
3. Helping families financially by providing essential items for their new babies
4. Helping to increase opportunities for health professionals to engage with parents
5. Helping to encourage positive parenting behaviours in parents
6. All of the above
7. Some other way – please say what
8. Not sure
9. Prefer not to say

QC3
[Ask all]
Single code

How confident do you feel about discussing the Baby Box scheme with parents?

1. Very confident
2. Fairly confident
3. Not very confident
4. Not at all confident
5. Don’t know
6. Prefer not to say

Training on the scheme

QC4
[Ask all]
Single code

How do you feel about your own role in relation to the Baby Box scheme?

1. Very clear
2. Quite clear
3. Neither clear nor unclear
4. Quite unclear
5. Very unclear
6. Don’t know
7. Prefer not to say

QC5
[ASK IF QC4=4 or 5]
Open question

What are you unclear about with respect to your role and the Baby Box scheme?
QC6
[Ask all]
Multi code

What, if any, information or training have you had about the Baby Box scheme?

Please select all that apply.

1. Written information, such as leaflets or factsheets
2. Training – either in person or online
3. Informal verbal information, e.g. a chat with colleagues
4. A demonstration, where you were shown a Baby Box, and its contents
5. Something else – please say what
6. None of the above
7. Not sure
8. Prefer not to say

QC7
[Ask if code 1-5 at qc6 – i.e. if have received ANY training or info]
Single code

Do you feel you have received sufficient **training** about the Baby Box?

1. Yes
2. No
3. Not sure
4. Prefer not to say

QC8
[Ask if qc7 = 2]
Multi code

Which, if any, of the following aspects of Baby Box would you like more **training** on?

1. The contents of the box
2. The aims of the Baby Box scheme
3. The registration process
4. The delivery process
5. How to use the box for sleeping
6. The contents of leaflets included in the box
7. Something else – please say what
8. Not sure
9. Prefer not to say

QC9
[Ask if code 1-5 at QC6 – i.e. if have received ANY training or info]
Single code

Do you feel you have received sufficient **information** about the Baby Box?

1. Yes
2. No
3. Not sure
4. Prefer not to say

QC10
[Ask if qc9= 2]
Multi code

Which, if any, of the following aspects of Baby Box would you like more **information** on?

1. The contents of the box
2. The aims of the Baby Box scheme
3. The registration process
4. The delivery process
5. How to use the box for sleeping
6. The contents of leaflets included in the box
7. Something else – please say what
8. Not sure
9. Prefer not to say

Registration and delivery process

Thinking now about the process of registering parents for a Baby Box…

Qc11 [ask if qa1 = 1 or 3 – i.e. if they are a midwife or a family nurse – not asked of hvs]
Are you involved in registering parents for baby boxes?
(If you hand out registration forms to parents, please tick 'Yes')

1. Yes
2. No
3. Don't know

QC12
[Ask if qc11=1]
Single code

When completing the Baby Box registration form, which of the following usually applies?

1. I arrange for the form to be posted, once the mother has filled out her information
2. The mother takes the form away and posts it back herself
3. Sometimes I send the form off, and sometimes I give the form to the mother to return
4. Don't know
5. Prefer not to say

QC13
[Ask if qc11=1]
Single code

From your perspective, overall how well does the registration process for baby boxes work?

1. Very well
2. Fairly well
3. Not very well
4. Not at all well
5. Don't know
6. Prefer not to say

QC14
[Ask if qc13 = 3 or 4 – i.e. registration process does not work well]

Open

Why do you feel the registration process does not work well?

QC14
[Ask all]
Single code
How clear or unclear are you about the process of cancelling a Baby Box in the event of a bereavement?

1. Very clear
2. Quite clear
3. Neither clear nor unclear
4. Quite unclear
5. Very unclear
6. Don’t know
7. Prefer not to say

Perceptions of use by parents

QC15
[Ask all]
Single code

How often, if at all, do you see parents using the Baby Box or its contents on home visits?

1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
6. Don’t know
7. Prefer not to say

QC16
[Ask all]
[randomise order 1-18 appear in]
Multi code (up to 5 responses, 20-22 are single codes)

We are interested in whether the right items are included in the Baby Box. Which of the items included in the Baby Box, if any, do you think are the **most important** to include? Please choose **up to 5 items**.

1. The box itself (for sleeping)
2. The digital ear thermometer
3. The clothes
4. Cellular blanket
5. Baby wrap
6. Hooded bath towel
7. Bath and room thermometer
8. Baby books
9. Play mat
10. Comforter toy
11. Travel changing mat
12. Reusable nappies voucher
13. Nursing pads
14. Maternity towels
15. Condoms
16. Leaflet on using the box for safe sleeping
17. Leaflet on postnatal depression
18. Leaflet on breastfeeding
19. Something else in the box (please say what)
20. None of them
21. Don't know/can't choose
22. Prefer not to say

QC17
[ASK IF 'Something else' – code 19 -at qc16]
What other items do you think are among the most important included in the box?
OPEN TEXT.

QC18
[Ask all]
[randomise order 1-18 appear in]
Multi code (up to 5 responses, 20-22 are single codes)

And which of the items included in the Baby Box, if any, do you think are the **least important** to include? Please choose **up to 5 items**.

1. The Digital ear thermometer
2. The clothes
3. Cellular blanket
4. Baby wrap
5. Hooded bath towel
6. Bath and room thermometer
7. Baby books
8. Play mat
9. Comforter toy
10. Travel changing mat
11. Reusable nappies voucher
12. Nursing pads
13. Maternity towels
14. Condoms
15. Leaflet on using the box for safe sleeping
16. Leaflet on postnatal depression
17. Leaflet on breastfeeding
18. Something else in the box (please say what)
19. None of them least / less important
20. Don't know/can't choose
21. Prefer not to say

QC19
[ASK IF 'Something else' – code 19 – at qc18]
What other items do you think are among the least important included in the box?
Open text.

Perceived impact on engagement with services

INTRO
[Ask all]
We're interested in what you as a health professional think about the impact of the Baby Box scheme.

QC20
[Ask all]
Single code

Overall, would you say that the Baby Box scheme has had…

1. … A positive impact on your interactions with parents
2. … A negative impact on your interactions with parents
3. … No impact on your interactions with parents
4. Don't know
5. Prefer not to say

QC21
[Ask all]
Single code

How much impact, if any, do you feel the Baby Box scheme has had on opportunities for you to engage with families who may be less likely to work with services?

1. A major positive impact
2. A small positive impact
3. No impact one way or another
4. A small negative impact
5. A major negative impact
6. Don't know
7. Prefer not to say

QC22
[Ask all]
Single code

How strongly would you agree or disagree with the following statements?

"The Baby Box scheme has been a useful tool in supporting conversations with new parents"

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don't know
7. Prefer not to say

QC23
[Ask all]
And how much would you agree or disagree that the baby box has helped support your conversations with parents about **safe sleeping** specifically?

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don't know
7. Prefer not to say

QC24
[Ask all]
How much would you agree or disagree that the Baby Box scheme is making a useful contribution to supporting families with new babies in Scotland?

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don’t know
7. Prefer not to say

Perceived impacts on equality

QC25
[Ask all]
Single code
And how much would you agree or disagree that the Baby Box scheme is an effective way of ensuring every family has access to new born essentials?

1. Strongly agree
2. Tend to agree
3. Neither agree nor disagree
4. Tend to disagree
5. Strongly disagree
6. Don’t know
7. Prefer not to say

QC26
[Ask all]
Open ended

What specific improvements do you think could be made to the Baby Box scheme in the future?

[Open text]

Section D – consent to recontact for baby box

QD1
[Ask all]
As part of our research on the baby box, we would like to speak to some health professionals in a little more detail about their views of the scheme. Would you be happy for us to contact you again to see if you would be interested in taking part in this? You would be free to decide at the time whether you actually wanted to take part.

1. Yes
2. No

QD2
[Ask if qd1 = 1]
Could you just confirm the best email address to contact you at?

QD3
[Ask if qd1= 1]
And could you confirm the best number to contact you on?

END
[Ask all]
[textfill – if qa1 = 1, textfill = ‘the Baby Box scheme’, if QA1 = 2 or 3, textfill = ‘the Universal Health Visiting Pathway and the Baby Box scheme’]

Thank you very much for taking the time to complete this survey. The findings will help inform the future development of <the Universal Health Visiting Pathway and the Baby Box scheme / the Baby Box scheme> in Scotland. Your individual responses will be kept strictly confidential.

Appendix D – Topic guides for in-depth interviews

Parent interview topic guide

Introductions

Confirm background details from survey/warm up

- Introduce self and Ipsos MORI
- This research has been commissioned by the Scottish Government to explore what, if any, impact the Baby Box is having on parents like yourselves, and to see how it could be improved for the future
- Following the survey, we are speaking to parents across Scotland and keen to get your views and experiences of the box in a little more depth
- Participation is voluntary – all questions are optional, you do not have to answer anything you do not wish to, and we can finish the interview at any time
- There are no right or wrong answers – we just want to know what you think
- Ensure confidentiality and anonymity – no identifying information will be passed onto the Scottish Government
- Request permission to record – will not be shared with anyone outside the research team and will be securely deleted as soon as the research is over

Thank you very much for agreeing to take part. Before we start, I'd just like to confirm a couple of details about you (briefly – just checking details from survey):

- Who do you live with at the moment?
- And can I confirm you are still [working/on maternity leave/staying at home] at the moment?

- And your baby is [x] months old?

Registration / delivery (briefly – only probe if issues raised)

I want to start with a few questions about registering for and getting your baby box.

- Overall, how did you find the registration process? Probe on any issues raised.
- Who completed the registration form – was it you or your midwife? How did that work for you? Probe on any issues raised.
- How did you find the delivery process generally? Probe on any issues raised.

First impressions and general views on box and contents (again, briefly)

- Now thinking on to when you first received the box, what were your first impressions of the box when it arrived?
    - What were you expecting? Did it meet these expectations?
    - Views on quality of box and contents?
    - And range of contents?

Use of the baby box and its contents (briefly)

- Can you talk me through the different ways you and your family have used the baby box and its contents.
    - Who has used the box and its contents? Probe – you, your partner, your other children, grandparents etc.?
    - Have different people used particular items more/less? Why?
- (**Priority Q**) Which things have you found most useful?
    - Why?
    - How / when did you use it?
- (**Priority Q**) And which least useful/used? Why?

- Anything missing that you think is essential for a new baby?

What difference, if any, the baby box has made

- We're interested in what difference, if any, the baby box makes to families. What, if any, difference has the baby box and its contents made to you/your family? Probe fully:
    - Probe for details on any positives mentioned – e.g. which elements of the baby box/contents led to this, what exactly was the benefit for them, how did baby box/contents lead to this?
    - Any benefits you weren't expecting?
    - Probe on any negatives mentioned - e.g. what about the baby box box/contents led to this, how, and why?
    - Did you have any (other) concerns or problems with baby box or its contents? Probe on any mentioned.

The following sections probe in more detail on specific impacts – order can vary depending on what, if anything, they bring up in response to general questions above. Note – remember to probe (as appropriate) on impacts for partner / other people in the family.

Perceived impacts on play/talking/reading with child (priority section)

- Are there any items in the box you have used when playing with/talking to your baby? Which ones?
    - Probe – how and when did you use them? What difference, if any, did having these items from birth make to you and your baby? (anything they've done differently/sooner than they intended?)
- What do you think of the books?
- Have you read any of them with your baby? When did you start using them?
    - If not - Why/why not?

    - Do you think the books in the box encouraged you or your partner to read to your baby? (E.g. read more often or started at a younger age?)

- What do you think of the play mat?
- Have you used it yet? Why/why not?
- IF YES: what have you used it for? (e.g., play, somewhere comfortable to lie/sit baby down)
    - How often do you use it? (if used in past, probe on how *did* use it).
    - Where do you use the play mat? (Just at home/at friends/family/out and about?)
    - If use it for play: How do you use it for play? what kinds of play/activities do you use it for? Probes: does your baby enjoy playing with his/her toys on it? Do you and your baby play on it together? Had they already got/considered getting a play mat before they knew they would receive it in the box? What would you have used otherwise?
    - Has your partner or any other family member or carer used any of these items with your baby (Books, play mat, anything else mentioned)? What effect do you think this had? Probe.

<u>Perceived impacts on attachment</u>

- What do you think of the baby wrap?
    - Do/did you or anyone else in your family use it? Who? How often? In what situations? For how long? Probe around whether in home /outside
    - Was a wrap something you had considered using before you received the Baby Box?
    - What difference, if any, did using the wrap make to you, your partner and your baby?
    - Did you find the instructions on how to use the wrap helpful? Did you get help from someone (a friend, partner, professional) on how to use it?

- If not used, probe around why and what might encourage them to use it? What did you or your partner do instead of using a carrier at home and when outdoors?

Perceived impacts on sleeping

You said in the survey you [**have/haven't**] use the box for sleeping, can I just check that's still correct?

If have used box for sleeping:

- Could you tell me a bit about how you've used the box for sleeping?
    - When (daytime naps, night time, etc.)? (*If only use for specific times, probe on why)*
    - Where (i.e. where in their house and/or at others – e.g. Grandparents)? *(if only use in specific places, probe on why)*
    - How long did they use the box for sleeping for (i.e. at what age did they stop using for sleeping, if stopped using)?
    - How useful did you find it as a sleeping space? Advantages/disadvantages?
    - Do they have other sleep spaces too?
    - Where would your baby sleep/have slept (for types of sleeps/locations mentioned) if you did not have a Baby Box?
    - What difference did the box itself make to you? (explore the impact on their behaviour / what they did around sleep – e.g. did they use it instead of buying something else, use for specific times/places like naps, etc.)

If haven't used for sleeping:

- Why have you not used it? Probe fully.
    - How would they feel about using it for sleeping? Probe fully.
- Where does your baby sleep? (during the day, at night)

- Do you use the box for anything else? What?

ALL

- Any suggestions for improvements to the box itself?

Perceived impacts: Learning (priority section)

- Do you feel you've learned anything from getting a baby box?
    - For anything mentioned –
        - What specifically did you learn?
        - What part of the baby box helped you with this? (from leaflet, from other contents, from parent club)?
        - **Priority questions:** What action, if any, did you take after learning this? What effect, if any, do you think this had for you or your baby?
- NB depending on what they mention in response to general question on learning above, may not need to probe in detail on every leaflet.
- Now thinking specifically about the leaflets included in the box
    - Did you find any of them helpful?
        - Which ones? (prompt if necessary: breastfeeding, safe sleeping, post-natal depression and anxiety, sources of advice and support)
        - How were they helpful? What specifically did you learn/take from them?
            - Any leaflets prompting discussions with family/friends/professionals?
            - Probe fully – any actions taken / things done differently as result of reading them? (e.g. different approaches to parenting, taking up services, etc.) What effect did those actions have?

- Probe specifically on safe sleeping leaflet if not already mentioned – did they read it? What, if anything, did they take from it (even if not using box for sleeping)? Anything you didn't already know? Did you follow this when settling your baby to sleep?

- Was there any information that you feel was missing in the box?
- Have you signed up for the Parent Club emails?
    - <u>If yes</u> – do you read? Why/why not? If read - what do you think of them? Have you got anything helpful from them? What? What action have you taken as a result? Any changes you have made to the way you care for your baby since reading the emails?
    - Any suggestions for improvement / additional topics of interest / things you'd like to know more about?
    - <u>If not</u>, what, if anything, might encourage you to sign up? Where do you tend to go if you want advice/info about parenting?

<u>Perceived impacts: engagement with health professionals</u>

- NB if already discussed things they've talked to health professionals about, you only need to follow up here on anything else they may not have mentioned.
- Have you discussed the box or its contents with any health professionals, as far as you can remember? Could you tell me a bit more about that?
    - Which ones? Midwife or Health Visitor?
    - When? When registered or later on home visits/other appointments?
    - What did you discuss? Was the discussion helpful?
    - What, if anything, did this conversation lead to (e.g. additional support/referral – was this taken up / sustained?)?

<u>Perceived impacts: Financial</u>

- You said in the survey that you think the box [did/didn't] save you money? Would you still agree with that? Could you say a little more about that?
    - If did save them money, how did this benefit them? Did they use the money on other things? What? Who for? (baby, self, wider family?)
- Can you think of anything in the box that you probably would not have bought otherwise?
    - Do you use those things or not? Why/why not?
- Did getting the baby box prompt you to buy anything else? E.g. could be something in box that they found useful and decided to buy more of or a bigger size
- Do you think you would have had the things you needed for your baby's first 6 months if you had not received the box?

Views on universal availability of the box

- How did you feel about being offered for the Baby Box?
- Probe if necessary: Pleased/indifferent/surprised?
- When you first heard about it, were you keen to register for it, or did you have any reservations? Why? What were they?
- The baby box is offered to every baby in Scotland, regardless of how many children they already have or what their income is. How do you feel about that? PROBE: Positive/negative? Why?
    - **If think it should be means tested/only for first parents etc.**: Why do you think that? What advantages do you think that would have? What do you think are the disadvantages of the universal approach as it stands?
    - **If think should be universal:** Why do you think that? What advantages do you think that has? Do you think there are any disadvantages to this approach?

Suggestions for change/improvement

- Finally, before we finish, I'd just like to ask for any other suggestions you might not have already mentioned for improving the box, its contents, or the process for registering/receiving it.
- If have discussed benefits: If you had to pick one thing, what would you say is the main benefit of the baby box for you?

Thank, sign incentive form, and close

Health Visitor, midwife and family nurse interview topic guide

Introductions

- Introduce self and Ipsos MORI
- This research has been commissioned by the Scottish Government to explore what, if any, impact the Baby Box is having, and to see how it could be improved for the future
- Following the survey, we are speaking to professionals, like yourself, to get your views and experiences of the box in a little more depth
- Participation is voluntary – all questions are optional, you do not have to answer anything you do not wish to, and we can finish the interview at any time
- There are no right or wrong answers – we just want to know what you think
- Ensure confidentiality and anonymity – no identifying information will be passed onto the Scottish Government
- Request permission to record – will not be shared with anyone outside the research team and will be securely deleted after the research is complete

Confirm background details from survey/warm up.

Thank you very much for agreeing to take part. Before we start, I'd just like to confirm a couple of details about you (briefly – just checking details from survey):

- Please can I confirm your role? *(health visitor/midwife/family nurse)*
- And how long you've been in this role?
- And do you work full time or part time? If part time: And how many hours per week are you contracted to work?

Purpose of the Baby Box

Thanks very much. I'd like to start by asking…

- How you would describe the purpose of the Baby Box Scheme? Probe fully (**priority q**)
- And to what extent do you think that it is fulfilling this purpose? Why/Why not?

Your role in relation to the Baby Box

And now moving on to talk about your role in relation to the Baby Box.

- First of all, what is your role in relation to the Baby Box? Probe fully
- How do you feel about your role? Are you clear about it? Why/why not?
- If not already mentioned: And as part of your role, do you discuss the contents and purpose of the Baby Box with parents?

- If yes: How confident do you feel in discussing…?
- The **contents** of the Box? Why/Why not? How familiar do you feel you are with the Box contents? (**priority q) What would make you feel more confident?** Probe fully
- The purpose of the Box? Why/Why not? (**priority q**) What would make you feel more confident?

- If no: How familiar do you feel you are with the Box contents?
- Who would usually discuss the contents and purpose of the Box with new parents, in your experience?
- Do you feel the Baby Box is relevant to your role? Why/why not?
- Can you think of any benefits of you being more involved with the Baby Box scheme?

Registration and delivery of the Box (inc. cancellation of deliveries)

And moving on now to discuss the [midwives only: registration and] delivery of the Baby Box…

- Midwives only: How does the process normally work? Do you tend to complete the registration form together with the mother or give it to the mother to complete and post back? Probe for reasons for approach used
- How well, or not, do you think the process for registering for the Baby Box is working? Probe on any positives/ issues raised

- If give to mother to post: do you know if this has caused any issues? For example mothers losing the form/forgetting to post it?

Ask all

- How well, or not, do you think the delivery process is working? Probe on any positives/ issues raised

- Do parents ever come to you with problems related to the delivery of their Box?
- If yes: What are the nature of these issues? Probe fully
- And how confident do/would you feel to handle complaints about Box delivery?
- What could help you be clearer on this process? Probe fully.
- Midwives and FN only: And how clear or unclear are you on the process for cancelling the delivery of a Baby Box in the event of a bereavement? Why do you say that?

Perceptions of usefulness of the Box contents

Now moving on to your views on the box contents

- All: Which items do you think are most useful to include in the Box? Why?
- And which things do you think are least useful? Why?
- Is there anything missing from the Box that you think is essential for a new baby? Either contents or information leaflets. Why these items or leaflets? Probe fully *For example, think they are essential, parents have mentioned these items would be useful, etc.*

Perceived impacts of the scheme: On families

- What, if any, would you say have been the main impacts, positive or negative, of the Baby Box for families?
    - Probe for details on any positives mentioned – e.g. which elements of the baby box/contents led to this? How, and why?
    - Any unexpected benefits? Any unexpected concerns or issues?
    - Probe on any negatives mentioned - e.g. which elements of the baby box box/contents led to this, how, and why?

- If not already mentioned: Do you think the Baby Box has increased parents' understanding of risky and positive parenting behaviours? Can give examples of breastfeeding and safe sleeping if needed
- If yes: how has it done this? Probe for behaviour not just understanding
- If no: what do you think could help with this?
- And how effective or ineffective do you think the Baby Box is in ensuring all families in Scotland have access to newborn essentials? Probe fully Why do you say this?

Percieved impacts of the scheme: Engagement between parents and health professionals

Interviewer note: bear in mind differences in responses between HVs and midwives in the survey. Looking to explore reasons for this.

- Do you feel the Baby Box has helped you to engage with parents at all?
    - If yes - In what ways? What aspects of the Baby Box have helped you to engage with parents? Probe fully (triggering discussion of specific issues, opportunities to ask questions/provide advice, etc)
    - Any groups of parents you feel it has helped you engage with more than others?
    - What difference do you think that has made? Probe fully for details – prompt if necessary to relationship you have with parents, to willingness of parents to discuss risky behaviours, etc.
- If no: Can you see any ways in which the Baby Box might be able to support you to engage with parents?
    - What gets in the way of this (barriers to engagement)?

- (Use flexibly – if not sure how to answer, skip this section) What about other health professionals? As far as you are aware, has the Baby Box scheme encouraged parents to engage with other health professionals, or helped them to engage with parents? In what ways?
    - If yes: Any groups of health professionals/any groups of parents in particular? Any particular settings?
    - In what ways? What aspects of the Box? What difference did this make?
- If no: Can you think of any ways in which the Baby Box might be able to support health professionals to engage with parents?
    - For any groups of health professionals/any groups of parents in particular? Any particular settings?
    - What gets in the way of this (barriers to engagement)?

- If not already mentioned:
    - Have you (or parents?) used the Box as a prompt to start discussions with parents about safe sleeping in the box or more generally? Probe fully
    - Have you provided any advice on safe sleeping in the box? How comfortable do you feel discussing safe sleeping in the box with parents?
    - Have you used items designed to encourage attachment (books, playmat, baby wrap) as prompts to have discussions with parents about attachment /interacting with their baby? Or anything else? Probe fully
    - Have you (or parents) used the information leaflets in the box as prompts to have discussions with parents on these topics? (prompt if necessary: breastfeeding, safe sleeping, post-natal depression and anxiety, sources of advice and support)? Probe fully– can you tell me a bit about that (what action was taken, what impact did they have etc)
- And thinking about parents' engagement with wider services (e.g. other health services, breastfeeding advice, parent and baby groups, etc.). Has the Baby Box had any impact on this? Has it helped you to engage parents with other services?

- If yes: What kind of services?
- How has it done this?
- And have parents remained engaged with these services, as far as you know?
- If no: can you think of any ways in which it might be able to do this?

- And thinking specifically about families who are less likely to engage with services. Has the Baby Box helped you to identify families who are unlikely to engage with services?
  - If yes: How has it done this?
  - If no: can you think of any ways in which the BB could help health workers to identify and engage with hard to reach families?

Training on the scheme (Priority section)

And thinking now about training on the Baby Box scheme…

- Have you received any training on the Baby Box scheme?
  - If yes: What did this involve? Probe fully
  - Do you feel this training was sufficient? Why/why not?
  - What additional training or information on the Box would you like to receive, if any? How would you like to receive this? For example, informal discussions with colleagues, leaflets, formal training online or face to face.
  - If no: Do you feel that you would have benefited from training on the BB? Why? Why not? PROBE FULLY For example, ability to talk confidently with parents about the purpose of the Box, familiarity with Box contents
  - What training or information on the Box would you like to recieve? How would you like to recieve this? For example, informal discussions with colleagues, leaflets, formal training online or face to face.

Suggestions for change/improvement

- Finally, before we finish, I'd just like to ask for any other suggestions you might not have already mentioned for improving the box, its contents, or the process for registering/receiving it.

- If you had to pick one thing, what would you say is the main benefit of the baby box for parents?

Midwife / health visitors interview topic guide

Introductions

- Introduce self and Ipsos MORI
- This research has been commissioned by the Scottish Government to explore what, if any, impact the Baby Box is having, and to see how it could be improved for the future
- Following the survey, we are speaking to professionals, like yourself, to get your views and experiences of the box in a little more depth
- Participation is voluntary – all questions are optional, you do not have to answer anything you do not wish to, and we can finish the interview at any time
- There are no right or wrong answers – we just want to know what you think
- Ensure confidentiality and anonymity – no identifying information will be passed onto the Scottish Government
- Request permission to record – will not be shared with anyone outside the research team and will be securely deleted after the research is complete

Confirm background details from survey/warm up.

Thank you very much for agreeing to take part. Before we start, I'd just like to confirm a couple of details about you (briefly – just checking details from survey):

- Please can I confirm your role? *(health visitor/midwife/family nurse)*
- And how long you've been in this role?
- And do you work full time or part time? If part time: And how many hours per week are you contracted to work?

Purpose of the Baby Box

Thanks very much. I'd like to start by asking…

- How you would describe the purpose of the Baby Box Scheme? Probe fully (**priority q**)
- And to what extent do you think that it is fulfilling this purpose? Why/Why not?

Your role in relation to the Baby Box

And now moving on to talk about your role in relation to the Baby Box.

- First of all, what is your role in relation to the Baby Box? Probe fully
- How do you feel about your role? Are you clear about it? Why/why not?
- If not already mentioned: And as part of your role, do you discuss the contents and purpose of the Baby Box with parents?

- If yes: How confident do you feel in discussing…?
- The **contents** of the Box? Why/Why not? How familiar do you feel you are with the Box contents? (**priority q) What would make you feel more confident?** Probe fully
- The purpose of the Box? Why/Why not? (**Priority q**) What would make you feel more confident?

- If no: How familiar do you feel you are with the Box contents?
- Who would usually discuss the contents and purpose of the Box with new parents, in your experience?
- Do you feel the Baby Box is relevant to your role? Why/why not?
- Can you think of any benefits of you being more involved with the Baby Box scheme?

Registration and delivery of the Box (inc. cancellation of deliveries)

And moving on now to discuss the [midwives only: registration and] delivery of the Baby Box…

- Midwives only: How does the process normally work? Do you tend to complete the registration form together with the mother or give it to the mother to complete and post back? Probe for reasons for approach used
- How well, or not, do you think the process for registering for the Baby Box is working? Probe on any positives/ issues raised

- If give to mother to post: do you know if this has caused any issues? For example mothers losing the form/forgetting to post it?

Ask all

- How well, or not, do you think the delivery process is working? Probe on any positives/ issues raised

- Do parents ever come to you with problems related to the delivery of their Box?
- If yes: What are the nature of these issues? Probe fully
- And how confident do/would you feel to handle complaints about Box delivery?
- What could help you be clearer on this process? Probe fully.
- Midwives and fn only: And how clear or unclear are you on the process for cancelling the delivery of a Baby Box in the event of a bereavement? Why do you say that?

Perceptions of usefulness of the Box contents

Now moving on to your views on the box contents

- All: Which items do you think are most useful to include in the Box? Why?
- And which things do you think are least useful? Why?
- Is there anything missing from the Box that you think is essential for a new baby? Either contents or information leaflets. Why these items or leaflets? Probe fully *For example, think they are essential, parents have mentioned these items would be useful, etc.*

Perceived impacts of the scheme: On families

- What, if any, would you say have been the main impacts, positive or negative, of the Baby Box for families?
    - Probe for details on any positives mentioned – e.g. which elements of the baby box/contents led to this? How, and why?
    - Any unexpected benefits? Any unexpected concerns or issues?
    - Probe on any negatives mentioned - e.g. which elements of the baby box box/contents led to this, how, and why?

- If not already mentioned: Do you think the Baby Box has increased parents' understanding of risky and positive parenting behaviours? Can give examples of breastfeeding and safe sleeping if needed
- If yes: how has it done this? Probe for behaviour not just understanding
- If no: what do you think could help with this?
- And how effective or ineffective do you think the Baby Box is in ensuring all families in Scotland have access to newborn essentials? Probe fully Why do you say this?

Percieved impacts of the scheme: Engagement between parents and health professionals

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    - If no: Do you feel that you would have benefited from training on the BB? Why? Why not? Probe fully For example, ability to talk confidently with parents about the purpose of the Box, familiarity with Box contents
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- If you had to pick one thing, what would you say is the main benefit of the baby box for parents?

Thank and close

Appendix E – Uptake estimates by SIMD

Uptake was estimated using anonymous registration data provided by APS alongside NRS data on live births and stillbirths for the corresponding period.

Table A1 shows uptake rates by year and by SIMD quintile.

Table A1: Uptake rate by year and SIMD

Year	SIMD 1	SIMD 2	SIMD 3	SIMD 4	SIMD 5
2017 (15 Aug – 31 Dec)	88.1%	89.6%	88.0%	87.1%	91.1%
2018	91.6%	92.5%	93.1%	90.3%	93.3%
2019	91.7%	92.0%	91.3%	88.8%	91.0%

social research

The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

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