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Scotland's Baby Box Pilot Research



CHILDREN, EDUCATION AND SKILLS

social research

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Executive summary

Background

Scotland's Baby Box scheme is a Scottish Government initiative to provide a free Baby Box for all babies due in Scotland from 15th August 2017 onwards. Babies can sleep in the box itself, which is made of sturdy cardboard and comes with a mattress with protector, a fitted sheet and a cellular blanket. The box is delivered filled with a range of products for the child's first weeks and months, including clothes, baby care items, books and a play mat.

The Baby Box scheme aims to promote a fair and equal start for all children and to aid in achieving the best possible outcomes for all Scotland's children. The Scottish Government's brief for this research described intended benefits including:

- Reducing socio-economic inequalities by ensuring every family with a newborn has access to essential items, and
- Informing parental behaviours that will positively impact on outcomes for the child, including safe sleeping practices, attachment and parent-child interaction.

The Baby Box pilot

In order to inform the roll-out of the Baby Box scheme across Scotland, the Scottish Government carried out a three-month pilot between January and March 2017 in two local authority areas – Orkney and Clackmannanshire. In total, 160 boxes were distributed to families with a due date in the pilot period: 49 in Orkney and 111 in Clackmannanshire.

Research aims and methods

The Scottish Government commissioned Ipsos MORI Scotland to carry out qualitative research during the Baby Box pilot to inform the development and roll-out of the scheme in Scotland. The research focused on: the process for registering for and receiving the box; parental views and uses of the box and its contents; and initial insights into its potential benefits.

The research involved interviews (either face-to-face or by telephone) with:

- 34 parents who had received a pilot box
- 8 midwives
- 3 Health Visitors
- 2 members of staff at APS (the Scottish Government's contractor for providing Baby Boxes).

An online discussion forum was also used to gather feedback from parents who had received pilot boxes.

The research provides initial insights into the potential impacts of the scheme and possible barriers to achieving those impacts. However, the short timeframe and relatively small scale of the Baby Box pilot meant it was not possible to design a

study that could robustly assess the impact of Baby Boxes on outcomes for children and families.

Views on the Baby Box concept

Parents interviewed for this research expressed enthusiasm about the idea of 'trying to give everyone the same start'. However, views among both parents and professionals were divided on the question of whether or not Baby Boxes ought to be offered universally. On the one hand, there was evidence of support for the principle that all families will qualify, regardless of income and a feeling that receiving the box shows that the government '*cares'* about families. On the other, it was suggested that, given concerns about the perceived level of resources available to other services for families, eligibility ought to be limited, either to parents on low incomes or to first-time parents.

Parents and, to some extent, midwives and health visitors expressed a desire for more information on the aims, intended benefits and evidence behind the scheme.

Views on implementation

The pilot research explored parents' and midwives' perceptions of the registration and delivery process and their views on the contents of the boxes.

Registration and delivery

The timeframe for the Baby Box pilot meant that its implementation differed in a number of respects from plans for its operation when it is rolled out nationally. As such, some of the implementation issues identified by parents and midwives during the pilot may be less likely to occur as the scheme is rolled out.

Both parents and midwives would have liked to know more about the contents of the box and the aims of the scheme from an earlier stage. Parents would also have preferred to have received their boxes at an earlier stage before birth and to have received advanced notice of delivery. Plans are in place to provide information, register parents, and deliver boxes earlier as the scheme is rolled out, and to provide advanced notification of delivery slots.

Midwives did not always follow the intended process for registering parents, in some cases giving parents the form to complete and return themselves rather than the midwife completing it with them and returning it directly. This was attributed to both workload constraints and a desire to give parents more time to consider whether or not they wanted the box. When the scheme is rolled out, it is intended that parents will receive information about Baby Boxes at their first midwife appointment (much earlier than was possible in the pilot).

The registration form itself was generally viewed as straightforward, although the research identified a number of changes that may result in more accurate completion.

Contents

Parents' views of the contents of the box were generally extremely positive – they were impressed with both the quality and range of items included. Ear and bath

thermometers were particularly popular inclusions, viewed as valuable items parents might not otherwise have bought.

Key suggestions from parents for improving the contents included:

- Removing the reusable nappies, viewed as 'wasted' items which most parents would not use
- Improving the quality of the maternity and breast pads
- Changing the colours of some of the clothes and ensuring they are seasonally appropriate, and
- A reduction in newborn items.

This feedback has been taken into account in revising the content (for example, sourcing alternative breast and maternity pads) for roll-out.

One issue about the contents which divided opinion among both parents and health professionals was what health information should be included in the Baby Box. Both parents and health professionals expressed concerns that too much information might 'overload' parents, unnecessarily duplicate information they receive elsewhere, and add to perceived 'pressure' on new parents around breastfeeding in particular. However, other parents indicated they had expected the box to include more information on child health topics. It was suggested that the box could include more information tailored to its specific aims and contents – for example, covering safe sleeping in general, explaining why cellular blankets are the safest option, or outlining how to interpret and act on readings from the ear thermometer.

Views on potential impact

As discussed above, this research cannot say whether or not Baby Box recipients have better outcomes than those who do not receive a Baby Box. However, it did explore parents' and health professionals' perceptions of impacts in key areas the scheme aims to influence: safe sleeping; parent-child interaction; and socio-economic inequality. It also explored possible barriers to the box having a positive impact in those areas.

Safe sleeping

The Baby Box is intended to provide a safe sleep space for newborn babies. Among the pilot parents we interviewed, some were using it as a sleep space, either at night time or for naps during the day, and reported that their babies slept well in their Baby Box. However, others had chosen not to use the Baby Box for sleeping.

A major factor influencing the use of Baby Boxes for sleeping was simply whether or not parents had already purchased a Moses basket or cot at the time they found out they were receiving a Baby Box. This may become less of an issue over time, if parents stop buying alternative sleep spaces when they know they will be receiving a Baby Box. However, parents also expressed some cultural and practical concerns about using the Baby Box as a sleep space. Cultural barriers related to feeling that sleeping your baby in a box was not something people in Scotland are used to.

Although the pilot included parents who had got over this initial reticence, for others there was a view that you would only use a Baby Box in this way if you could not afford an alternative. Practical concerns included worries about placing the box on the floor and questions about whether it would still be useable if their baby was sick in it.

In terms of perceptions of the Baby Box as a safe sleep space, while some parents were able to identify features (e.g. the inclusion of a cellular blanket) which they thought contributed to safe sleeping, among others there was a lack of clarity about what made the box a safe sleeping space. Parents mentioned having heard the Finnish Baby Box scheme might have reduced cot death there, but were not able to say how or why, or to articulate what specific features of the box might make it safe.

Parent-child interaction

The Baby Box is intended to have a positive impact on parent-child interaction through the inclusion of books and a play mat to encourage attachment, early learning and play. While parents generally welcomed the inclusion of these items in the Baby Box, views on their potential impact varied. Some thought they encouraged them to read to or play with their babies earlier, while others felt they had no additional impact, as they would have read to and played with their babies from an early age anyway.

Financial impact

As pilot families tended to receive their Baby Boxes at a relatively late stage, discussion of the financial impact of the scheme was largely speculative – parents outlined what impact they thought the Box might have had, had they known about it in advance of purchasing much of what they thought they needed for their baby. Parents' views about the potential financial impact were divided. Some, particularly those in deprived areas, felt the savings associated with receiving the Baby Box were substantial and would have made a big difference to them personally had they found out about it earlier in pregnancy. Others, particularly those who already had children, commented that the box duplicated resources they either already had or could afford themselves without the scheme.

Conclusions and implications

A key aim of this research was to identify potential improvements to the registration and delivery process and to the contents of Baby Boxes in advance of national roll-out. The Scottish Government has already made a number of changes in these areas, informed in part by early feedback from this research. Other key issues that may need to be kept under review as the scheme develops include the nature and level of information included in the boxes and the effectiveness of wider communications about the scheme in conveying key information to both parents and midwives. The lack of clarity among some parents about what features of the Baby Box make it a safe sleeping space needs to be addressed. Finally, assessing the impact of the scheme on child outcomes and socio-economic inequality will require longer-term evaluation.

1 Introduction and methods

Background to Scotland's Baby Box scheme

1.1 Scotland's Baby Box scheme is a Scottish Government initiative to provide a free Baby Box for all babies due in Scotland from 15 August 2017 onwards. The baby can sleep in the box itself – it is made of sturdy cardboard and includes a mattress with protector, a fitted sheet and a cellular blanket. The Box includes a range of products for a baby's first weeks and months, including clothes, baby care items, books and a play mat.

Origins and aims

1.2 Scotland's Baby Box aims to promote a fair and equal start for all children and to aid in achieving the best possible outcomes for children. It is also intended to provide a safe space for babies to sleep near their parents, to promote bonding and early attachment.[1] The idea for a universal Baby Box scheme originated in Finland, where similar baby boxes were introduced by the government in 1938, initially for low-income pregnant women and subsequently for all. Uptake of the box in Finland is near universal (around 95%).

1.3 The Scottish Government's brief for this research described expected benefits from introducing the scheme in Scotland including:

- Reducing socio-economic inequalities by ensuring every family with a newborn has access to essential items, and
- Informing parental behaviours that will positively impact on outcomes for the child, including safe sleeping practices, attachment and parent-child interaction.

1.4 Ensuring that 'our children have the best start in life and are ready to succeed' is one of the Scottish Government's key National Outcomes.[2] The Baby Box scheme is part of a range of Scottish Government initiatives intended to strengthen support for new parents, babies and children, including the provision of state-funded early learning and childcare and investing in support for new parents (for example, the Family Nurse Partnership programme and the expansion of health visiting services, which includes the Enhanced Health Visitor Pathway).

The Baby Box pilot

1.5 The Scottish Government will roll-out the Baby Box scheme across Scotland from 15 August 2017. In order to inform this roll-out, it carried out a three-month pilot between January and March 2017 in two local authority areas: Clackmannanshire and Orkney. Orkney and Clackmannanshire were

[1] Scottish Government press release 'Baby Boxes begin' https://news.gov.scot/news/baby-boxes-begin

[2] http://www.gov.scot/About/Performance/scotPerforms/outcome

selected for the pilot in part because of their different geographic and demographic profiles. Orkney's geography made it a useful test of potential delivery challenges in Scotland's more remote areas, while Clackmannanshire includes a diverse mix of deprived and affluent areas, providing a test of how families in different circumstances react to the Baby Box.

1.6 All pregnant women in those two local authorities with a due date in the three-month period from 1 January to 31 March 2017 were eligible to receive a Baby Box. In total, **160 boxes were despatched to families during the pilot period** - 49 to Orkney and 111 to Clackmannanshire.

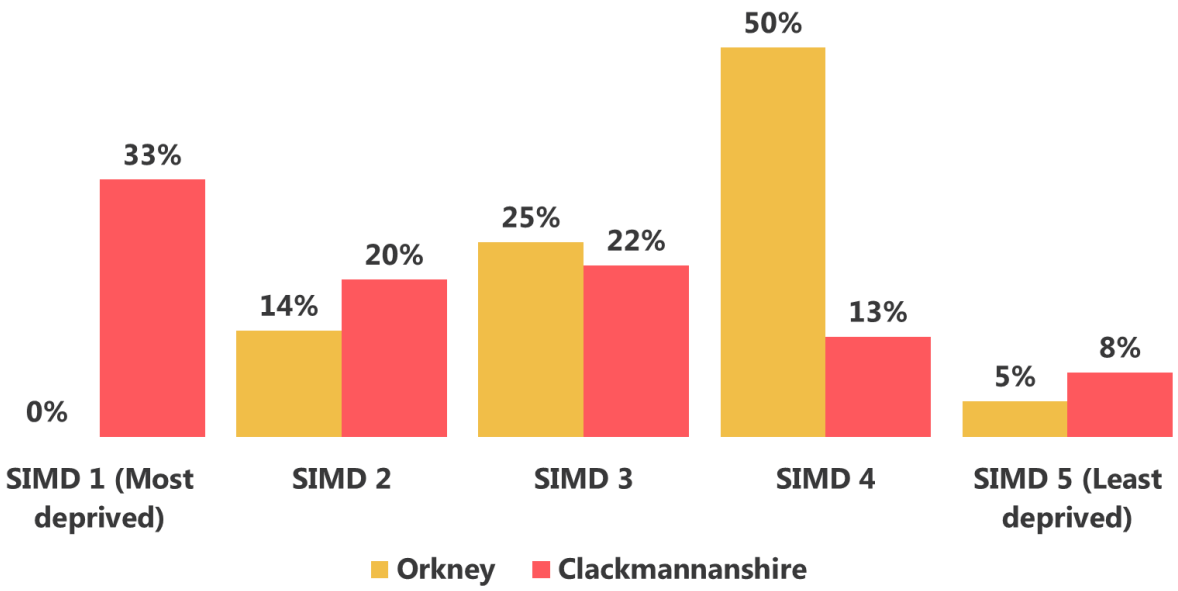
1.7 Figure 1, below, shows the profile of families who received boxes during the pilot by area deprivation (as measured by the Scottish Index of Multiple Deprivation (SIMD)[3]). The pattern largely reflects differences in the overall profile of the two areas – Orkney does not include any areas that fall into the most deprived quintile of areas in Scotland, while most of Clackmannanshire's datazones are found in the middle and more deprived quintiles.[4] [5]

[3] See http://www.gov.scot/Topics/Statistics/SIMD

[4] See the Scottish Government's SIMD 2012 area profiles for Orkney (http://www.gov.scot/Resource/0041/00410739.pdf) and Clackmannanshire (http://www.gov.scot/Resource/0041/00410720.pdf).

[5] Note that the research team did not have access to information on all eligible families in the two areas, so we are unable to say whether or not the profile of families who actually received a box is different from the profile of families who were eligible for a pilot Baby Box.

Figure 1.1 Distribution of families receiving a pilot baby box by SIMD



Base: all families who received a pilot box for whom data was provided.
n = 153 (out of 160 who received a box) (Orkney =44; Clackmannanshire = 109).
Data provided by APS Group (Scotland) Ltd.

Research aims and methods

1.8 The Scottish Government commissioned Ipsos MORI Scotland to carry out qualitative research on the Baby Box pilot in order to **inform the development and roll-out of the Baby Box scheme in Scotland. The research focused on** the process of registering for and receiving the box, parental views and uses for the box and its contents, and providing **initial insights into potential benefits**.

1.9 The research involved in-depth interviews with:

- **34 families** who had received a pilot box (13 in Orkney, 21 in Clackmannanshire). This included 31 individual interviews and one informal small group interview, conducted with pilot parents attending a baby massage class. Where possible the research team asked to speak to both parents together, but in practice most interviews were with mothers (4 interviews in Clackmannanshire were with both parents).
- **8 midwives** (5 in Orkney and 3 in Clackmannanshire[6]) involved in registering parents for the scheme in the two pilot areas, and
- **3 health visitors** (all in Clackmannanshire) working with families who had received pilot boxes

[6] There were more midwives involved in registering parents for Baby Boxes in Orkney, since the midwifery team provide both community midwifery services and run the midwife delivery unit there. In Clackmannanshire, the pilot involved a smaller number of community midwives in registering parents for the scheme.

- **2 members of staff at APS** (the Scottish Government's contractors for providing Baby Boxes).

1.10 Fourteen pilot families (including 8 who had been interviewed individually previously and 6 additional families) also contributed to an online forum about the scheme, run using Ipsos MORI's 'qualspace' platform.

1.11 Families were recruited to the research by Ipsos MORI using contact details received either from midwives (for parents with due dates in January) or from APS (where a completed registration card for the scheme indicated they were willing to be contacted for research). In addition to recruiting families from both Orkney and Clackmannanshire, the research team also selected families to ensure the sample included parents from both more and less deprived areas, and both first time parents and parents who already had other children.[7]

1.12 Families, midwives and health visitors were interviewed (either face-to-face or by phone)[8] by researchers from Ipsos MORI using a flexible topic guide to ensure key issues were covered with each participant (see Appendix A for details). Interviews were audio-recorded and detailed notes were made after each interview, summarising views on key topics. These notes were systematically reviewed to identify the full range of views expressed.

Scope and limitations of the research

1.13 This research provides evidence on: how a sample of parents view and use the pilot boxes; how the logistics and contents could be improved for national roll-out; and what, if any, impacts parents and professionals perceive the box to have.

1.14 Qualitative samples are designed to ensure that a range of different views and experiences are captured. It is not appropriate to draw conclusions from qualitative data about 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 qualitative findings in this report.

1.15 The short timeframe and relatively small scale of Scotland's Baby Box pilot meant that it was not possible to design a study that could robustly assess the impact of Baby Boxes on outcomes for children and families.

[7] Among the 31 families for whom this information was known, 12 families (all in Clackmannanshire) lived in areas falling in SIMD 1 and 2 (more deprived areas), 9 were in SIMD 3 and 10 in SIMD 4 and 5 (less deprived areas). 13 were first time parents and 18 already had children. We did not collect this information for the 3 families who participated in an informal group discussion after a baby massage class.

[8] 24 families were interviewed face-to-face, including 3 who were interviewed in an informal small group following a baby massage class (the remainder were interviewed one-to-one, usually in their own homes). 7 families (all in Orkney) were interviewed by phone. Orkney midwives were interviewed face-to-face. Clackmannanshire midwives and Health Visitors were interviewed by phone.

Report structure and conventions

1.16 The remainder of this report is structured as follows:

- Chapter 2 outlines parents' and health professionals' **reactions to the overall concept** of the Scottish Baby Box
- Chapter 3 summarises findings on parents' and health professionals' **views of the implementation** of the Baby Box pilot, including the registration process, delivery process, and contents of the pilot boxes
- Chapter 4 outlines **views on the potential impacts** of the Baby Box scheme on the key health and social outcomes the scheme hopes to influence: safe sleeping; parent-child interactions; and socio-economic inequality.
- Chapter 5 summarises the **key conclusions and discusses implications** for the roll-out of the scheme.

1.17 Each of Chapters 2 to 4 is prefaced by a boxed summary of key points and ends with a brief summary of implications for policy.

Reporting conventions

1.18 Direct quotations from participants are included in italics, to illustrate and clarify findings as appropriate.

2 Views on the Baby Box concept

Key points

- There was enthusiasm for the idea of 'trying to give everyone the same start'.
- Among both parents and health professionals, views were divided on the principle of providing Baby Boxes universally, to all families in Scotland.
- One view as that it would be better to limit the scheme, either to those on low incomes or to first time parents.
- Reservations about making the scheme universal were linked to concerns about the perceived level of resources currently available to health and other services for young families.
- There was a desire for more information on the aims, intended benefits, and evidence behind the scheme.

2.1 This chapter explores parents' and professionals' views of the aims of the Baby Box scheme and their general reactions to the concept.

What do parents see as the aim of Baby Boxes?

2.2 Parents were asked what they thought the Scottish Baby Box scheme was trying to achieve. Where they expressed a view (some parents were unsure what the aims were), they identified two main aims they associated with the Scottish Baby Box scheme:

- First, parents talked about the intention of 'trying to give everyone the same start' or ensuring 'every child has an equal opportunity'. There was enthusiasm for this aim – 'I love the theory behind it that every baby starts on the same foot'. Parents welcomed extra help for new parents, with one mother stating that receiving the box made her feel the government 'cares' about families.
- Second, some parents mentioned a perceived link between the Scottish scheme and the Finnish Baby Box scheme, and believed that both schemes were intended to prevent 'cot death'. At the same time, this perceived link (with the Finnish scheme and a perceived aim of preventing 'cot death') led others to question what evidence there is for Baby Boxes impacting on infant mortality.[9]

Universalism versus targeting

2.3 Although in general parents were enthusiastic about the idea of 'trying to give everyone the same start' parents' views were nonetheless divided on

[9] While promoting safe sleeping is part of the aims of many Baby Box schemes, there is currently a dearth of evidence for a causal relationship between use of baby boxes and reductions in infant mortality.

whether or not the scheme ought to be rolled out universally. On the one hand, there was support for the idea that all families would qualify, whatever their income.

> We are quite delighted. Sometimes we feel we are penalised in a way for maybe being in a higher income bracket, but we have a huge mortgage to pay and we feel that when things are income related or means-tested then we miss out a bit, but we don't have any spare money as such.
>
> (Orkney parent)

2.4 On the other, there were questions about whether or not providing a box to all parents was the best use of public money in the context of over-stretched resources. Although views were not neatly divided by parents' own income (there were higher income parents who supported universalism and lower income parents who opposed it), some parents who were more affluent expressed guilt about having received the box when they felt they could easily have bought everything in it themselves. A recurrent view was that it would be better if parents could only register for those items they needed.

2.5 It was suggested that the scheme could be delivered more cheaply if it was either means-tested and limited to low-income families, and/or restricted to first time parents.

> I do think it's a wonderful idea, but I think – and one of the other mums said the same thing – that it should be for first time mums … Because if this was my third box, I would be like 'what am I going to do with that?'
>
> (Orkney parent)

2.6 However, parents also discussed the potential for means-testing to lead to stigma which might prevent those parents who would benefit most from the box from claiming it. For example, one parent was adamant that she did not need the box and that Baby Boxes should only be given to those who '*really need it'*, yet at the same time she also felt that:

> There are lots of families who really need it, but if you ask them, they'll say no, because they don't want to feel like they can't afford it.
>
> (Clackmannanshire parent)

2.7 The views of health visitors and midwives on the Baby Box scheme divided along similar lines – support for universalism contrasted with reservations about whether a universal scheme was the best way of improving outcomes for the families that need the most support. Parents, and to some extent midwives and health visitors, expressed a desire to understand more about the rationale for the Baby Box scheme, including why it was universal rather than targeted.

2.8 Reservations about universal roll-out were linked with concern about the perceived level of resources available to other services for young families. This view was shared among both parents and midwives:

> I will be brutally honest with you, me and my husband don't agree with the scheme. The money, in our view, we feel could be spent a lot better elsewhere. When the NHS has no money for all these different things, and, you know, maternity (services) are so strapped.
>
> (Orkney parent)

Linking the scheme to antenatal education

2.9 In addition to variations in views on whether the scheme should be universal, parents also expressed differences of opinion on whether or not the scheme would be more likely to achieve improvements in child outcomes if it was more explicitly tied to participation in antenatal education. Although women in Scotland must register for a Baby Box through their midwife, it was suggested by some parents and health professionals that receiving the box could be more closely tied to attendance at antenatal appointments or classes, or to other educational activities aimed at improving understanding of how to look after a new baby.[10] However, the case against linking the scheme explicitly to antenatal engagement/ education was strongly argued by a midwife:

> You've got more likelihood of vulnerable people being turned off by that than actually working with you. You give something with one hand and then say 'but that's on condition' … that can be a shutter coming down before you've even started working with a family.
>
> (Midwife)

Policy implications

2.10 While there was enthusiasm about the idea of trying to give everyone the same start in life, opinion in the pilot was divided on whether this ought to be achieved through a universal, rather than a targeted scheme. In this context, the Scottish Government may wish to consider how it communicates the rationale for key elements of the scheme's design, in particular:

- The case for making the scheme universal rather than targeted
- The reasons for making the box unconditional rather than linking it more explicitly to engagement with antenatal checks or education
- What Scotland's Baby Box is trying to achieve
- The evidence for the scheme's effectiveness.

[10] Baby Box schemes in the USA (and some schemes in England) require parents to complete an online course covering issues like safe sleeping before they can receive their box.

3 Views on implementation

Key points

- Due to the timeframe, the implementation of the Baby Box pilot differed in a number of respects from plans for operation of the scheme when it is rolled-out nationally. Some of the logistical issues that arose during the pilot may, therefore, be less likely to arise as the scheme is rolled out
- Both parents and midwives would have liked to have known more about the contents of the box and the aims of the scheme from an earlier stage. When the scheme is rolled out nationally, it is intended that parents will receive information about Baby Boxes much earlier, at their first midwife appointment.
- When registering parents for the scheme, midwives sometimes gave the registration form to parents to complete and return, rather than completing it with them, as intended. This was attributed to both workload constraints and a desire to give parents more time to consider whether or not they wanted the Baby Box (as noted above, parents will receive information earlier when the scheme is rolled out).
- The registration form worked well in general. However, a number of changes to the layout and question wording may result in more accurate completion.
- Parents would have preferred to have received their boxes at an earlier stage before the birth and to have had advance notice of its delivery – plans are in place to address both these issues when the scheme is rolled-out.
- Parents were extremely positive about both the quality and range of items included in the Baby Box.
- The ear and bath thermometers were particularly popular inclusions.
- The reusable nappies were largely considered ‘wasted’ items since most parents did not plan to use reusable nappies.
- The question of whether or not more information should accompany the box divided opinion among both parents and midwives.
- Both parents and health professionals expressed concerns that including too much information might ‘overload’ parents and unnecessarily duplicate information received from other sources.
- However, it was suggested that the box could contain information tailored to the contents – for example, covering safe sleeping in general, explaining why cellular blankets are the safest option, or outlining how to interpret and act on readings from the ear thermometer.

3.1 This chapter summarises findings on the implementation of the Baby Box during its pilot phase, identifying potential issues for improvement to the registration and delivery process, and to the contents of the box, from the perspective of parents, health professionals and, in relation to the registration form, APS staff.

3.2 The implementation of the Baby Box pilot differed in a number of respects from plans for operation of the scheme when it is rolled-out nationally. These differences reflected the fact that the pilot had to take place in a fairly compressed timeframe to allow for roll-out to proceed from Summer 2017. Where differences between pilot implementation and roll-out have implications for the interpretation and relevance of the pilot research findings, this is noted in the relevant section of this chapter.

Views on the registration process

3.3 The Baby Box scheme was introduced to parents by midwives in the two pilot areas. For parents expecting a baby in February or March 2017, midwives were asked to complete a registration form with families, containing details of their due date, address, how many babies they were expecting and their midwives' registration number (as a guard against fraud and to encourage women to engage with their midwives). This form was returned (via Freepost) to APS, the Baby Box contractors, who entered it into a spreadsheet before boxes were confirmed for despatch.

3.4 Pilot research interviews explored the process of finding out about the boxes and registering, from the perspective of parents and midwives.

Information received before registering

3.5 Parents interviewed for the pilot research indicated that they had received fairly limited information about the Baby Boxes from their midwives in advance of registering. In some cases, they reported that information was limited to being told they were eligible for a box containing essential items for a newborn, and asking if they wanted to receive one. Parents appreciated that this lack of information, in part, reflected the fact that they were taking part in a pilot and midwives had little time to become familiar with the scheme. However, there was an appetite for more information about the contents of the box, the aims of the scheme, and delivery arrangements.

3.6 Parents also wanted to receive this information earlier in the pregnancy (although there was no consensus about exactly when would be the best point), so that it could inform their own purchases for their baby. In general, the timeframe for the pilot meant that the scheme was raised for the first time with eligible families from a few weeks to a few months before the due date. Once it is rolled out, the intention is that parents will receive initial information about the Baby Box scheme from their first appointment with a midwife, reinforced by further information at subsequent appointments.

3.7 Midwives' own accounts of introducing the scheme to parents during the pilot confirmed parents' views. Although in some cases midwives indicated that they had felt more comfortable introducing the scheme towards the end of the pilot period, they indicated that they would have appreciated a more detailed briefing about the scheme earlier on. They also felt that, if they had received more information about the aims of the scheme and the contents of the box, they would have been better able to reinforce links with other public

health messages that they aim to get across.

> From a team perspective, we did get the public health message around safe sleeping, we did, over time, receive the leaflet we could give to parents. (But) we didn't maybe receive this early enough to get our head around it, and some of the messages were a bit vague.
>
> (Midwife)

3.8 Midwives suggested that, without further information, the scheme risked coming across as simply a 'box of free stuff', and there may be a missed opportunity in terms of engaging parents with wider safety and health messages. However, others felt the information provided was enough and suggested a need to balance providing sufficient information to inform decisions about the Box, with avoiding overwhelming prospective and new parents, who already receive information from many sources.

Registering parents for Baby Boxes

3.9 The intended process for registering parents, as described above, is that midwives should complete the forms with parents and return them on their behalf. However, this did not always happen during the pilot. Midwives in both areas reported that in, at least some cases, they were simply filling in their own registration number and then handing the forms to parents to complete and return themselves. They cited two main reasons for doing so: first, the process of completing and returning the registration forms was seen as adding unnecessarily to midwives' workloads; and second, it was suggested that it was better to give parents longer to think about whether they wanted the box. The latter reason should become less relevant as the scheme is rolled out, since parents will be informed about the scheme from their first midwife appointment and so will be able to consider whether they want a Baby Box well in advance of actually registering. It is also worth noting that earlier research conducted to inform the design of Scotland's Baby Box scheme found that parents indicated a clear preference for finding out about the scheme via their midwife.[11]

3.10 Other than issues relating to the process for returning the form, neither midwives nor parents identified any particular suggestions for improving the form itself, other than a request from midwives that it be provided in alternative languages (reflecting cases where parents with English as additional language had completed the form incorrectly – something that should not happen in cases where the midwife completes it with them). However, APS, the contractor responsible for the Baby Box scheme, cited issues where parents had apparently been confused by some of the questions in the registration form – for example, they had mixed up their own date of birth and their due date, or they had entered the number of children

[11] 57% of 226 parents interviewed by Kantar TNS said they would prefer to hear about the scheme from their midwife – McIsaac et al (2016) *Scottish Government Baby Box Development Research debrief slidepack*, available from Scottish Government

they already had rather than the number of babies they were expecting.

3.11 APS also noted that handwriting could be difficult to read. With this in mind, there is scope to consider whether particular fields within the form could be simplified or clarified, and whether the layout could be altered (e.g. using individual boxes for each letter/digit of the response for key fields, like postcode, phone and email) to ensure that information is entered correctly.

3.12 There is also a need to consider what information should be collected at registration and how this data is collated and quality assured to support ongoing monitoring and evaluation of the scheme. For example, checks should be built into the data entry template to ensure that only valid postcodes, email addresses and phone numbers are entered. The Scottish Government has developed a new registration form for the main roll-out, informed by this feedback.

3.13 Midwives in Orkney suggested that the perceived speed and reliability of postal services from the islands *could* have implications for returning registration forms (although they did not identify specific instances where forms had been delayed during the pilot), and suggested it would be useful if parents could be registered online instead. Electronic registration is being considered going forward.

Ensuring hard-to-reach parents register

3.14 While the registration process was, in general, considered straightforward, midwives discussed some potential challenges around ensuring harder-to-reach parents engage with the scheme. Although midwives stated that in general they did put considerable effort into contacting parents who do not ordinarily engage with maternity services, they nonetheless raised this as a potential barrier to take-up of the scheme. They also identified a need to ensure that high risk patients who are seen at consultant clinics rather than midwife units are receiving the same information about the scheme, and to provide some spare Baby Boxes for 'concealed pregnancies' where women have not had any contact with services prior to birth (again, we understand that this is being implemented for national roll-out).

Views on the delivery process

3.15 As discussed in the introduction, 160 baby boxes were delivered during the pilot – 49 to families in Orkney and 111 to families in Clackmannanshire. Parents and professionals interviewed for the pilot research did not identify any issues with the condition of the boxes on arrival – they reported that they were well wrapped and arrived in good condition.

3.16 However, parents did comment on the timing and process for delivery. In some cases, they received their boxes after the baby had been born (meaning they could not use some of the newborn items), and they often arrived after parents had already bought many essential items for their babies. As already discussed, this largely reflected the compressed

timeframe for the pilot – when the scheme is rolled out, families should find out about the scheme at their first midwife appointment and receive their Baby Boxes at least four weeks before the baby is due.

3.17 Parents also indicated that they would have preferred to receive advance notice of delivery – in some cases boxes had arrived while they were out which, while it had not caused any particular problems for the parents we spoke to, they felt might cause problems for others and could have been avoided. We understand that APS are working with a national partner (who will deliver the boxes) to develop systems to notify parents in advance of planned delivery slots.

3.18 Although neither midwives nor health visitors have any formal role in the delivery process, they reported that they were often fielding queries from parents around delivery. With this in mind, they wanted clarity about the process for referring queries and complaints. They also identified a need for a clear protocol for ensuring that boxes are not sent out inappropriately in cases of pregnancy loss. The Scottish Government has developed a Midwife Guide and Q&A leaflet for health professionals aimed at answering queries like this as the scheme is rolled-out.

Views on the contents

Overall impressions

3.19 The pilot Baby Box included around 40 items of clothing and other essentials (see full list in Appendix B). Parents were extremely positive about both the quality and range of items included in the Baby Box. They commented, for example, on the softness of the fabrics used for the clothing and the fact that items like the ear thermometer were a welcome surprise.

> It covers all bases, babygros, muslins, nappies, mattress - it was really good, and we are really impressed. For a government initiative, we didn't have high expectations but this was very good.
>
> (Clackmannanshire parent)

> I thought it was excellent quality, very good. Everything was really nice, and we felt very spoiled. It was a lovely thing when you've just come home with your baby to be presented with this lovely box.
>
> (Orkney parent)

3.20 Ear and bath thermometers were particularly popular inclusions, with the former in particular seen as a high value item that parents might not have otherwise thought to buy themselves, or might not have bought until their baby was ill for the first time.

3.21 Key suggestions from parents for improving the contents included:

- **Removing the reusable nappies** – these were viewed as a "wasted" item, since most of the parents we interviewed did not plan to use them, and even if they would consider using them, it was suggested that there were too few in the box to try them out properly.
- **Improve the quality of breast and maternity pads** - Although overall the quality of items was felt to be high, the quality of the breast pads and maternity pads was thought to be lower. Alternative products have been sourced for main delivery.
- **Some changes to the colours/suitability of clothes** - While the range and quality of clothes was generally viewed positively, there were some negative comments about some of the colours (particularly the mint green and brown items), and the suitability of particular items for the season (e.g. providing snowsuits that would only fit during summer). Items included in the Baby Box for full roll out have been selected to be more varied in colour and more suitable across seasons.
- **Reduction in newborn items** - It was suggested that newborn clothes could end up not being used if you had a big baby, so the number of newborn items could potentially be reduced.

Information within the box

3.22 While, in general, parents were very positive about the boxes' contents, one issue that divided opinion among both parents and midwives was whether or not there needed to be more information accompanying the items in the box.

3.23 As discussed above, some midwives and health visitors indicated that there needed to be more guidance around how to introduce the scheme to parents, as well as consideration of how to link the Baby Box to other initiatives and public health messages. In discussing the tension between overloading the box with information on the one hand, and avoiding missing opportunities to provide important information on the other, one health visitor suggested that greater clarity about the main aims of the box, and linking any information to that, might help strike an appropriate balance:

> It's just making it clear what the purpose of the box is and not blurring its focus. You know, if they're looking at it from a safe sleeping initiative then I would be concentrating on that … So I would just try and keep the purpose of the box as simple as possible and not overdo it with lots of information.
>
> (Health visitor)

3.24 While some parents suggested that they had expected (and wanted) the box to include more information around issues like breastfeeding, safe sleeping and general child health, others expressed a strong view that they already get a lot of information on these issues from other sources (particularly midwives). Including this information in the box was viewed as unnecessary duplication, and was seen by parents as having potential to add to a perceived pressure on them (around breastfeeding in particular).

3.25 Similarly, parents made suggestions around including information that links specifically to the contents – for example, explaining why cellular blankets are the safest option, how to interpret and respond to readings from ear thermometers (including when to call a doctor), or explaining how to dress babies appropriately for sleeping (so that they do not overheat). When the scheme is rolled out, the Baby Box will contain materials directing parents to resources such as Ready Steady Baby and the feedgood.scot and Parent Club websites[12] for parenting and baby care advice and will also include further information on safe sleeping.

Policy implications

3.26 As noted in the introduction to this chapter, a number of the findings in relation to implementation reflect the compressed time frame of the pilot. In particular, the timeframes for informing parents about the Baby Box scheme, registering them and delivering the box, will all be brought forward as the box is rolled-out. Issues that relate to not finding out about or receiving the box early enough for it to be useful should therefore be less likely to arise as the scheme is rolled out. However, other findings may require consideration for the scheme as it is rolled out nationally, including:

- **What kind of information do midwives need to help them introduce the box confidently and effectively?** Including information about the aims as well as the contents.
- **What is the most effective process for registering parents?** A longer lead-in time and the change in timelines for registration should address some of the issues raised in the pilot. However, it will be important to continue to monitor any issues around registering all parents, including those who might be harder to reach.
- **Are delivery protocols working effectively?** In particular, how well are planned systems to notify parents in advance about delivery dates working from parents' perspective? The Scottish Government and its partners may wish to pay particular attention to monitoring any delivery issues in the early stages of roll-out and identifying any necessary improvements to the process.
- **What, if any, additional information should be included in the box?** While there is a need to avoid overwhelming parents with leaflets that duplicate information received elsewhere, there may nonetheless be scope to enhance the impact of the box by developing clear, concise information that links health-related and safety messages to the box itself and its contents.

[12] http://www.parentclub.scot/

4 Views on potential impact

Key points

- There is potential for the Baby Box scheme to impact on safe sleeping, parent-child interaction, and socio-economic inequality. However, the research also identifies challenges that will need to be overcome for these impacts to be realised.
- The Baby Box is intended to provide a safe sleep space for newborn babies. Some parents had chosen to use it in this way and felt that their babies slept well in the boxes.
- However, other parents had chosen not to use the box for sleeping, either because they already had a cot or Moses basket, or because of practical or cultural concerns.
- Although some parents were able to identify features of the Baby Box (e.g. the inclusion of a cellular blanket) which they thought contributed to safe sleeping, among others there was a lack of clarity about what makes the box a safe sleeping place.
- In relation to potential impacts on parent-child interaction, parents tended to welcome the inclusion of books and the play mat in the box.
- However, views on the impact of including these varied from those who felt they had no additional impact as they would have played and read to their babies from an early age regardless, to those who felt it had encouraged them to do so earlier, or that its size encouraged older siblings to join in with play.
- Some families, particularly those in deprived areas, believed that the savings that could be made by receiving the Baby Box were substantial and would have made a big financial difference to them had they known about the scheme at an earlier stage in their pregnancy, before having purchased the things they needed.
- However, other families (particularly those with older children), who already had many of the items, commented that the box largely duplicated what they already had. (Parents offered the Baby Box can opt out of the scheme if they wish).

4.1 This chapter explores the views of both parents and health professionals on the health and social outcomes that the Baby Box scheme aims to influence (as set out in the research brief), namely:

- Safe sleeping
- Parent-child interaction, and
- Socio-economic inequality.

4.2 When reading and interpreting the findings in this chapter, it should be borne in mind that the findings are comprised of qualitative evidence of parents'

and health professionals' perceptions of short-term impacts in the areas noted above. At this stage, there is no definitive evidence that Baby Box recipients have better outcomes than non-recipients. As already noted, robust assessment of outcomes would require much longer-term evaluation. Longer-term evaluation is also needed to understand frequency of use of the various items in the Baby Box and how this may affect outcomes. The short timeframe for the pilot research meant that in some cases parents were interviewed shortly after receiving their Baby Box. This precluded consideration of frequency of use of the Box and its contents and what, if any, difference this might make to potential impact.

4.3 However, the research can provide evidence, based on the accounts of parents and professionals, of the potential for the Baby Box to make a difference to parental behaviours and financial/material resources – key routes by which it could impact on health or social outcomes and reduce socio-economic inequalities. It can also explore possible barriers to the box having a positive impact in those areas.

Potential impact on safe sleeping

4.4 As noted in Section 1.1, the Baby Box itself is designed to be a safe sleeping place for a baby. The box contains a new mattress, a mattress cover, a fitted sheet and cellular blanket. Its potential impact on safe sleeping practices will depend on three factors: whether parents are using the box for sleeping; whether they are using it in a safe way; and how they would have slept their baby if they had not had a Baby Box (specifically, whether or not this would have been a more or less safe option). This section discusses the potential for the scheme to impact on the first two of these in particular.[13]

Use of the box for sleeping

4.5 Among parents interviewed for the pilot research, four distinct groups were apparent in terms of their use of the baby box for sleeping:

- **Those who had not used the box for their baby to sleep in and did not intend to**. These parents tended to be using Moses baskets and cots instead.
- **Those who used the Baby Box as the main night time sleep space** for their baby, next to their own bed (and tended to use another sleep space, for example a Moses basket, in the living room during the day).
- **Those who were using the Baby Box as a secondary sleep space**, either for daytime naps downstairs and/or for visits to friends or family (and used a cot or Moses basket as their main night time sleep space).
- **Those who had not tried using the box for sleeping but were considering doing so** for future visits to family or friends or a when their baby is too big for a Moses basket.

[13] A robust assessment of the the third factor requires a control group who have not been given a box.

Parents' attitudes to using the box for sleeping

4.6 Parents who had used the box for sleeping were positive about it and outlined a number of perceived benefits to doing so:

- **First, it was seen as offering a potential cost saving by removing the need to purchase a Moses basket** – an item which was considered expensive.
- **Second, parents commented on perceived benefits of the slightly larger size of the box (in comparison to most Moses baskets).** This meant they thought it could be used for longer than a Moses basket[14]. It was also suggested that the intermediate size of the box, between a Moses basket and a cot, could make it a useful transitional option between the two. Parents who were using both a Moses basket and the Baby Box, commented that their babies tended to sleep well in the box. It was suggested that there was more space around the baby than there would be in a Moses basket, which made it a more comfortable option since babies were not waking themselves up by hitting their hands off the sides.
- **Third, simply having another sleep space was valued by parents.** For those using the Baby Box at home, in addition to a Moses basket or cot, not having to carry the Moses basket from room to room or up and down stairs for daytime naps was appreciated (particularly by one mother who had given birth by Caesarian section). The portability of the Baby Box was also viewed as a positive feature for trips to visit family or friends - it could be used to pack things in and then to sleep the baby in when there.

4.7 The only negative points made by parents who were using the box for sleeping related to it being used on the floor. This was considered to be potentially less safe than a Moses basket on a stand, particularly when there were older children in the household who might trip over the box. There was also a perception that it could be colder for the baby to be on the floor, particularly in a draughty house.

Parents' reasons for not using the box for sleeping

4.8 A major factor influencing whether or not the box was used for sleeping was whether **parents already had Moses baskets and/or cots** – either from previous children or because they had already purchased them before finding out they would be receiving the box (which, as already noted, happened at a later stage of pregnancy during the pilot than is planned when the scheme is rolled-out nationwide). These parents did not necessarily have any objection to using the box, they simply had no need to or did not have space to use both (it was pointed out by both health professionals and

[14] Most Moses baskets are used for a maximum of 6 months before babies grow out of them, and depending on the baby's size, may be useable for an even shorter period. The baby box is also intended to be useable for a similar period. However, parents commented that it could be used for longer than a Moses basket due to its larger size.

parents that not all families have space to accommodate the box as well as other sleep spaces). This may become less of an issue over time, if parents stop purchasing Moses baskets because they know they will be receiving the box.

4.9 Where parents expressed reservations about using the box for sleeping, the perceived barriers can be divided into cultural and practical concerns. In terms of **cultural barriers**, parents commented that sleeping your baby in a box was not something that people were used to in Scotland. Some, like the mother quoted below, had overcome this initial reticence.

> (It's) still a funny feeling, putting your baby to sleep in a cardboard box. It's just a psychological thing, because there is nothing wrong with it and, as I say, he is really happy in it.
>
> (Orkney parent)

4.10 For others, however, there was resistance to the idea. These parents felt that it was something you would only do if you were unable to afford to buy a Moses basket or cot.

> I just find it odd putting a baby in a box. It's alright for someone who can't get the funding to get a Moses or a cot.
>
> (Clackmannanshire parent)

4.11 More **practical concerns** were related to the box being on the floor. Parents with older children or pets cited worries about the possibility of people tripping over the box, or pets jumping into it. Having the box on the floor was also viewed as potentially problematic for women who were finding it difficult to bend down after giving birth, particularly those who had had a Caesarean section. (The instructions for use included in the Baby Box suggest that the Box could be placed in a cot, which might avoid this difficulty).

4.12 Parents also mentioned being unsure if the box (which is made of cardboard) would still be useable if their baby was sick on it – they did not know whether it would be possible to clean it effectively. Finally, it was also suggested that the material of the box might make it a colder space for babies to sleep in than a Moses basket.

Views about Baby Boxes and safe sleeping

4.13 Current online NHS guidance on safe sleeping includes the following advice to parents:

- Place your baby on their back to sleep, in a cot in the same room as you for the first six months.
- Don't smoke during pregnancy or breastfeeding and don't let anyone smoke in the same room as your baby.

- Don't share a bed with your baby if you've been drinking alcohol, if you take drugs or you're a smoker.
- Never sleep with your baby on a sofa or armchair.
- Don't let your baby get too hot or cold.
- Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.
- Place your baby in the "feet to foot" position (with their feet at the end of the cot or Moses basket).[15]

4.14 To date there is no conclusive evidence on the role of cardboard baby boxes in reducing infant mortality.[16] However, the Baby Box - and its associated bedding - is intended to offer a safe sleeping place if used in accordance with the other safe sleeping practices listed above.

4.15 In order to explore any potential influence of the box on safe sleeping practices, parents were asked why they thought the box offered a safe place for their baby to sleep.

4.16 Some parents talked in positive terms about the fact that the box included cellular blankets, which they knew to be safer than other types,[17] (and indeed one parent had learnt about the importance of using cellular blankets through their inclusion in the box) and a new mattress, which they felt might prevent some parents from having to use a second-hand one.[18] In relation to the box itself, it was described as safe because it was a 'simple' or 'clean' space, with a flat surface, similar to basinets used in hospitals. There was also a perception (though this does not reflect NHS guidance) that cots are too large for newborn babies, and that, for those unable to afford both a cot and a Moses basket, a Baby Box would be a safer option than a cot for a newborn.

4.17 Notwithstanding the points above, it was also clear that confusion existed among parents as to what (if anything) made the box a particularly safe sleeping space. There were mentions of Finland and mentions of a claimed reduction in cot deaths. However, these parents were not able to articulate

[15] http://www.nhs.uk/conditions/pregnancy-and-baby/pages/reducing-risk-cot-death.aspx

[16] The American Academy of Pediatrics notes the low infant mortality rate in Finland but cautions that there are a number of factors which might contribute to this. It states that there is currently insufficient evidence on the role of cardboard boxes in reducing infant mortality: https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Child-Death-Review/Pages/Safe-Sleep.aspx

[17] NHS Health Scotland recommends cellular blankets as they help to regulate babies' temperatures:http://www.readysteadybaby.org.uk/first-days-together/caring-for-your-baby/safe-sleeping.aspx

[18] The NHS recommends that parents buy new mattresses for newborns if possible, as some research has indicated a possible link between second hand mattresses and SIDS (though the Lullaby Trust charity that work to reduce SIDS state that this link is not proven) – see http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/what-you-need-for-baby.aspx and https://www.lullabytrust.org.uk/safer-sleep-advice/mattresses-and-bedding/

what features of the box might make it safe, as the following quote illustrates.

> Well, I believe from the information in the box and the advertising around the box, it is better than a Moses basket or a crib that attach to the side of the bed, because it prevents cot deaths. I just believed the information that I read, and the Government is giving us the box for the baby to sleep in, so it must be the right thing to do.
>
> (Orkney parent)

4.18 A lack of understanding among parents around the link between the box and safe sleeping raises a number of issues. First, it may result in parents using the box for sleeping but not always in accordance with other safe sleeping best practice. Indeed, researchers carrying out the pilot observed instances of the Baby Box being used for sleeping but in combination with other practices that might be considered less optimal from a safety perspective – for example, using fleece rather than cellular blankets and, on one occasion, having soft toys at the top of the box, close to the baby's head.

4.19 Second, the research showed that, in some cases, the box was used as one of a number of sleep spaces. If parents are unclear about what constitutes safe sleeping, they may be using the box safely but be using another space less safely (for example, using cot bumpers or not sleeping their baby 'feet to foot' in a larger cot).

4.20 Finally, a lack of clarity about the precise role of the box in relation to safe sleeping has the potential to introduce unwarranted worry or guilt among parents who are not using the box, but are practicing safe sleeping regardless, as the following quote illustrates:

> I: Have you learnt anything from the box?
>
> I guess the whole mortality thing in Finland, it's obviously lowered that. That kind of sunk home. I mean it's not something you want to think about, you've got a newborn baby, you're happy, it's a joyous time but at the same time it's on your mind. When you put them down (to sleep) you think 'are they okay?' It has to be on you mind. So, I guess for a little while I thought 'oh my, now that I've realised that, should I be using that box? Is it the wrong thing I'm not using the box?'. …
>
> I: What is it about the box that makes it safe?
>
> I don't honestly know. What is the difference to lying flat on your back in the box compared to lying flat on your back in a pram? You're still well ventilated, you're still flat on your back. I don't know.
>
> (Orkney parent)

Potential impact on parent-child interaction

4.21 The Baby Box is intended to have a positive impact on parent-child interaction. Numerous studies have highlighted the importance of early parent-child interaction and play in children's emotional, social and cognitive development.[19] For this reason, the pilot Baby Box included materials designed to promote attachment (books, Bookbug materials and a play mat) which might encourage parents to read and play with their babies from an early stage.

Reading

4.22 The parents we interviewed understood the importance of reading to their babies and were enthusiastic about doing so. They also tended to be positive about the inclusion of books in the Baby Box. However, parents' views differed in relation to the potential impact of including books in the box. Four main views were apparent:

- **It encouraged parents to read earlier than they might otherwise have done** – some parents said that having books included in the box did make them read at an earlier stage than they had planned to.
- **It introduced parents to a different type of book** - these parents said they would have read to their babies anyway but would not have thought to buy a sensory book, like the one included in the box, and liked the fact that this type of book could be used from a very early stage.
- **It served as a prompt** – these parents commented that, while they had the best of intentions to read to their babies from very early on, the inclusion of the books served as useful prompt when they were caught up in the caregiving required for a newborn baby. It was also noted that, when there is so much to buy for a new baby, books might not be top of the list of things to buy before the baby is born.
- **It had no additional impact** – these parents already had books and thought they would have read to their babies from a very early age anyway.

4.23 The Bookbug calendar and a set of baby books are currently given to parents across Scotland at the 4-month health visiting appointment. When asked if this 4-month Bookbug bag could in the future be included in baby boxes, Health visitors suggested that incorporating this within the baby box might mean they lost the opportunity to discuss with parents the importance of reading with their babies. They felt that parents might feel overwhelmed by receiving so much at the one time.

[19] See for example evidence summarised at http://www.parentingscience.com/benefits-of-play.html and in the online Oxford Research Encyclopedia entry on parent-child interaction, available at http://communication.oxfordre.com/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-278

Playing

4.24 The pilot Baby Box also included a large 'PlayTalkRead' play mat on which parents could sit and play with their baby. Parents indicated that they did not consider the play mat to be an 'essential' item in the same way as some of the other items included in the box (for example, the clothes and blankets). However, it was something that they would not always have bought themselves and was, therefore, a welcome inclusion. In comparison with other play mats, parents commented on the fact that its large size meant that older children could also join in with play.

> It has also brought our three children together as they all sit on the PlayTalkRead mat so, no matter what we are doing on it, the bairns all appear to enjoy sitting together.
>
> (Orkney parent)

4.25 The fact that the play mat also shows where the parent should place themselves on the mat was noted by one parent, who felt that this was a subtle way of making parents aware of the fact that they should place themselves close to their baby when playing with them. The one negative point raised in comparison to other play mats was the absence of any sensory elements.

4.26 Parents' views on the impact of receiving the play mat were again divided, however: one view was that it would encourage them to play with their babies from an earlier stage than they might have otherwise, while other parents said they would have played with their babies from an early age regardless and did not think the play mat had any impact on this.

Potential impact on reducing socio-economic inequalities

4.27 Establishing whether the Baby Box scheme contributes to addressing socio-economic inequalities requires a larger-scale study, comparing outcomes for families in different socio-economic groups. This was beyond the scope of the pilot research. However, interviews with parents did explore whether or not parents believed receiving the box had saved them money, which gives some indication of the potential for the scheme to have a financial impact.

4.28 In practice, as discussed in Chapter 3, because of the late stage at which pilot parents were informed they would receive the box, many of the parents we spoke to had already purchased most of the items they thought they would need for their baby before finding out about the box. Therefore, parents were generally only able to speculate on what financial impact the box might have had, if they had found out about it earlier. Views on this were again divided.

4.29 There were parents – first time parents in particular – who felt that it would definitely have saved them money as they would not have needed to buy as many things themselves. Some of these parents said they could have

afforded things relatively comfortably and viewed the items in the box as more of a 'bonus' rather than having a significant financial impact for them. However, others – particularly those living in more deprived areas – said they had struggled financially to buy everything they needed for their baby and felt that it could have made a real difference to them, as shown by the quote below.

> Of course, I was worried about it. Everything is so expensive. Sometimes when I was checking what I needed I was almost crying because it costs a fortune.
>
> (Clackmannanshire parent)

4.30 Further, for some parents, the box had provided them with items that they would otherwise have gone without - and in some cases would not even have thought to buy. One example of this was the ear thermometer, which was viewed as an expensive but important item. There were also examples of parents who had decided not to buy a Moses basket when they found out they would be receiving a Baby Box.

> We were contemplating buying a Moses basket, but when we heard we would be receiving the box we thought we could try that and then if it doesn't work out then we can always go out and buy one.
>
> (Clackmannanshire parent)

4.31 However, other parents felt the potential financial impact was less clear cut. For parents who already had children, the potential impact was lessened by the fact that they already had most things they needed. While some appreciated having new things for their baby which they would not otherwise have bought, others considered it to be a waste of resources when they already had, or could otherwise afford, what they needed. Indeed, there were parents in our sample who had either donated the box or who felt that, with hindsight, that they should have declined it. There was also some evidence of parents choosing to buy different versions of items contained in the box which they considered to be 'better' or 'nicer', such as a different type of sling or a different colour of snow suit.

Policy implications

4.32 This chapter has explored early indications from the pilot of the ways in which the Baby Box has the potential to impact on sleeping practices, parent-child interaction, and parent finances, as well as some of the possible barriers to it having a positive impact in these areas. In terms of implications for the national roll-out of the scheme, the Scottish Government may wish to consider what it could do to mitigate some of these challenges and barriers. For example:

- Is there a need for more accompanying information about safe sleeping, to ensure that parents use both the box and other sleep spaces as safely as possible?
- Is there a need for a campaign to accompany roll-out, to help address potential cultural barriers to sleeping babies in boxes?

4.33 The issue of duplication of parental resources – both in terms of knowledge and attitudes to things like reading and play, and financial resources to purchase things for their babies themselves – inevitably arises with a universal scheme. The question of whether or not the duplication associated with a universal scheme is justified by the wider benefits, particularly in ensuring resources reach those who need it most, touches on much wider political debates. However, the views reported here highlight the need to consider how the rationale for the scheme is communicated (to parents, professionals and the wider public), and to ensure that future evaluation includes an assessment of impact on outcomes for children and families and of value for money.

5 Conclusions

5.1 This report has presented findings from qualitative research with parents and professionals on their experience and views of Scotland's Baby Box pilot. In this final chapter, we return to the aims of the research – to inform the development and roll-out of the Baby Box scheme across Scotland and to provide initial insights into its benefits – and draw out key conclusions and implications for the further development of the scheme.

Improving the scheme for national roll-out

5.2 The Scottish Government will roll out the Baby Box scheme across Scotland from 15 August 2017. A key aim of this research was to identify potential improvements to the process and contents prior to roll-out. Indeed, the Scottish Government has already decided on some changes to the contents of the box and delivery processes, informed in part by early feedback from this research.

Contents

5.3 The Scottish Baby Box pilot boxes were generally received extremely positively in terms of parents' responses to the range and quality of items. While parents commented on items they considered more or less useful and on a couple of items where the quality might be improved, overall the contents of the box appeared to exceed their expectations.

5.4 The main area where there was disagreement among both parents and health professionals related to what, if any, health promotion-related information should accompany the box. There is arguably no easy answer as to the 'right' amount of information to include – too much information may be overwhelming or ignored, while too little could be viewed as a missed opportunity to communicate key health messages via a universal scheme. However, the degree of debate this issue attracted suggests that it may require some further consideration in advance of roll-out and should be kept under review as the scheme progresses. In considering how to strike a balance in this respect, the suggestion made by a health visitor interviewed for this research may be helpful: that the key is making clear the purpose of the box and concentrating any information or health messaging on that.

Logistics

5.5 As the implementation of the Baby Box pilot differed in a number of respects from plans for the full roll-out of the scheme, it will be particularly important to monitor any implementation issues in the early months of roll-out, including any issues related to:

- how timings for registration and delivery are working in practice (given that these will both be earlier than in the pilot)
- the effectiveness of the registration process (including whether midwives are returning the cards, as intended, or giving them to parents to

complete and return as sometimes happened during the pilot, and whether any changes to the registration card are resulting in more accurate completion)

- automated processes for keeping parents informed about delivery plans
- processes for ensuring that parents that are harder to reach are being registered for baby boxes.

5.6 Given the relatively small scale of the pilot, there are also a number of logistical issues that were not tested and which it will again be important to review in the early months of roll-out, including:

- any additional delivery issues that might arise in large urban centres – for example, issues around delivering to tenements with narrow stairs
- how data is collated and quality assured once far larger numbers of parents are registering for the boxes, to ensure accuracy and usability for verification, delivery and future monitoring and evaluation purposes.

Communication

5.7 Both parents and health professionals interviewed for the pilot expressed a desire for more information about the Baby Box scheme. The fact that the universal roll-out of the scheme divided opinion among both parents and health professionals reinforces the need to effectively communicate the rationale for the scheme, in addition to disseminating more general information about the contents, timing and logistics of registering for and receiving a box.

5.8 Given the pivotal role of midwives in registering parents for the scheme, it will be important to ensure midwives feel confident in introducing the scheme as it is rolled-out, and to better understand what information they need to feel confident. While health visitors did not express a desire to have a more formal role in the Baby Box scheme, providing them, and other professionals involved with families, with information about the scheme could enable them to encourage families to get the most out of their Baby Boxes.

Maximising the benefits of Baby Boxes

5.9 The Scottish Government intends the Baby Box scheme to have a positive impact on reducing socio-economic inequalities and informing parental behaviours known to have a positive impact on child outcomes, including safe sleeping and positive parent-child interactions. As discussed elsewhere in this report, the timeframe and scale of the pilot meant that this research could not robustly assess whether or not the scheme has had these impacts – doing so requires longer-term, larger-scale evaluation. However, based on the experiences and perceptions of pilot parents, it is nonetheless possible to identify both areas where the scheme has the potential to have an impact, and possible barriers to it doing so. Where possible, taking steps to increase the former and address the latter should help maximise the possible benefits of the scheme.

5.10 In particular, the findings suggest a need to consider how to maximise the scope for the scheme to impact on safe sleeping. To do so requires improvements in clear communication about which elements of the box and its contents could contribute to safe sleeping and what key safe sleeping practices should be applied, regardless of whether parents are using the box or an alternate sleep space. While the pilot box itself did include some such guidance (on the inside lid of the box) and parents received a leaflet directing them to the Ready Steady Baby Application, the findings of this research suggest there may be a need to review whether this could be enhanced or communicated more effectively to parents.

5.11 Parents also identified cultural barriers to, and some practical concerns about, use of the box as a sleep space, which will need to be overcome if the box itself is to have a widespread impact on sleeping practice. While cultural barriers may erode over time, as more families receive the boxes and try using it for sleeping, this is not inevitable and there may still be some merit in considering how the benefits of using the box for sleeping are communicated.

5.12 The impact of the box's contents on parent-child interaction and socio-economic inequalities raise wider questions around whether universalism or targeting resources is the most effective way of achieving these outcomes. This research suggests that, for some parents, receiving baby boxes may have a positive impact on both their finances and aspects of their behaviour, for example by encouraging them to read with their baby earlier. However, other parents viewed the impact as much more limited, indicating that the box largely duplicated their existing material resources and has not had much, if any, impact on their knowledge of child health or parenting issues.

5.13 In terms of maximising the potential impact of the Baby Box scheme on socio-economic inequalities, the research suggests a need to:

- Ensure earlier communication of the contents of the box (as is planned when it is rolled out), and
- Ensure that parents who may be more vulnerable are definitely registering to receive it (something that should be monitored as the box is rolled out).

Conclusion

5.14 This research has identified a range of potential benefits from Scotland's Baby Box, as well as areas for improvement to improve the chances of those benefits being achieved. As the scheme is rolled-out nationally, maximising the potential benefits of the scheme will require a combination of careful monitoring (to ensure known challenges are successfully overcome and that any new challenges are identified and addressed) and longer-term evaluation to more robustly assess impact.

Appendix A – Topic guides

Parents topic guide

Introductions (5 minutes)

- Thanks for agreeing to speak to us
- Introduce self, Ipsos MORI, the research (on behalf of Scottish Government, to inform future development and roll out of the Baby Box scheme). Speaking to parents across both pilot areas – your views key to improving the scheme for others.
- No right or wrong answers – just interested in your views
- Confidentiality – won't use any names in reports – any quotes will be anonymous. F2F interviews only: If you agree, would like to take some photos of your box and how you're using it. We might use these photos in reports/presentations, but again only if you agree – we do not have to take any photos. IF HAPPY WITH PHOTOS, ASK THEM TO SIGN CONSENT SHEET
- Recording interview – for Ipsos MORI use only, will be securely stored and deleted after project. Check consent to record?
- Duration of interview (check how long they have available). If any questions you don't want to answer, or if you want to take a break, that's fine – just let me know
- Any questions?

About the participant

- Just to start off with can you tell me a little bit about yourself
  - How old are you?
  - Who else do you live with? (note relationships + age of other children)
  - Are you working/on maternity leave from a job at the moment? IF RELEVANT: what about your husband/partner?
  - When was your baby born / is your baby due?

Finding out about the baby box (5-10 minutes)

We want to find out:

- how/what they first heard about the box
- what information they received from the midwife about it and how this could be improved
- whether knowing they were getting the box affected their planned purchases for their baby.

First hearing about the box

- When they first heard about it? From what source (media, word of mouth, midwife, etc.)? What they heard?
- What they thought about the scheme when they first heard about it and why? What did they think it would / would not include? What were their expectations about quality?
- What did they think the aim of the scheme was?

Information from the midwife

- (when) did their midwife first mention the box (i.e. what stage of pregnancy)? Was this the right time to hear about it from them?
- What information did they give them? What format (written / verbal / demonstrations of how to use the box/its contents)?
- How useful was this information? How could it be improved? What else would they have liked to know in advance of getting the box?

Impact of box on plans

- Did knowing they were getting the box affect what they bought in advance of having their baby? If yes – how?
- Anything in the box they would not have bought themselves otherwise?
- Anything extra they bought / got as a result of getting the baby box (e.g. because saved money on contents or because box gave ideas of things they might need)?

Registering for and receiving the baby box (5-10 minutes)

We want to find out:

- any issues with/improvements to the process of registering for the box
- any issues around delivery of the box.

Registering for the box (if relevant: check whether they had to register)

- What do they remember about the process of registering for the box? When did they do this? How easy or difficult was it?
- Anything that was unclear / could be improved about the form and/or process?
- If they could have registered directly (rather than via their midwife), would they have preferred this?

Delivery of the box

- At what stage in their pregnancy did they receive the box? Would there have been a better time?
- (How) was delivery arranged? Did they know in advance when the box would arrive?
- Did it arrive when they expected it? In good condition?
- Any problems with delivery / suggestions for how to improve the process?

Using the box (20-30 minutes)

We want to find out:

- In detail, how the box itself and its contents are / are not being used
- And why (for anything not being used)
- And what impact, if any, box and contents have had on parental behaviours

Frame questions as present/future tense depending on whether had the baby yet

For F2F interviews – ask them to show you the box itself, and ask where they're keeping things like the books, play mat etc. If consent to do so, take photos.

- **First impressions** – What did they think when they first got the box? Initial views of contents/quality? Anything in it they were not expecting? Anything missing?
- **Use of the box itself** – are they / do they plan to use the box for sleeping? When (e.g. naps / night time?)? Where (i.e. in their room / nursery / elsewhere in house)?
  - *If using for sleeping* – probe around what would have done without the box? Where would baby have slept for naps / night time? What do they think they'll us it for once baby is too big to sleep in it?
  - *If not using for sleeping* – probe fully around why not? What use it for instead?
- **General usefulness of the contents** – most / least useful / used items? Any they have not used? Why not? Anything that would make them more useable / useful?
- **Use of individual contents** – run through sections on right and ask whether they've used, how often, what think of quality, how could be improved?

Box contents:

- **Box itself** + mattress, fitted sheets & mattress protector
- **Newborn Clothes** – mittens, 3 short-sleeved body suits, 3 long-sleeved sleep suits with mitts, wrap around body suit
- **0-3 month clothes** – hat, 3 long-sleeved bodysuits, romper suit, footed leggings, jersey trousers, 2 pairs socks, 3 sleepsuits
- **3-6 month clothes** – 2 jersey trousers, 2 pairs socks, 2 long-sleeved bodysuits, footed leggings, day suit, fleece hoodie, pram suit
- **Toiletries/medical** – bath thermometer, ear and forehead thermometer, sponge, emery boards
- **Changing** – reusable nappies/liners, changing mat
- **Mother/parents** – nursing pads, maternity towels, condoms
- **Books** – PlayTalkRead magic, Baby book, Bookbug baby calendar
- **Other** – PlayTalkRead playmat, 2 x cellular blankets, hooded towel, dribble bib, comforter, muslin cloths, soother

- **Other people's views** – what do friends / family think about the box? Probe around what they've said about individual elements - e.g. what do they think about using the box for sleeping?
- **Possible impacts on attachment/interaction** – probe in detail around how they've used books and play mat. E.g.
    - Have they read the book with their baby? Did they have other baby books before getting this? Did they plan to read to their baby before getting the box?
    - Have they looked at the PlayTalkRead book? Have they tried any of the ideas? What did they think of these? Were they things they would have done without getting this from the baby box?
    - Have they used the play mat? Would they have bought / used a play mat otherwise?
    - Had they heard of Bookbug before? Do they think they might attend bookbug sessions? Why / why not?
- **Possible impacts on parents' knowledge** – anything in the box they wouldn't have thought about getting otherwise? Probe for details. Anything they've learned about that they didn't know already from the box and / or its contents? Would they have liked any further information?
- Why do they think the scheme includes a box for sleeping? Had they heard much about how babies should sleep beforehand? (Probe around where get info about this / whether learned anything from baby box)?

Summing up and close (5 minutes)

- Any other suggestions for improving the box, its contents, or the process for registering/receiving it?
- Anything they'd add to it? (Prompt on breastfeeding support info/materials if not mentioned spontaneously)
- Anything they'd leave out? If they had to pick 3 things to leave out of the box, what would they be? Anything else they'd change?
- What difference, if any, has the scheme made to them? Probe – made any difference financially? In terms of their knowledge about what babies need? In any other way?

THANK, SIGN INCENTIVE FORM, CHECK PHOTO CONSENT, ONLINE FORUM (END MARCH/START APRIL) CONSENT AND CLOSE

Professionals topic guide

Interview aims:

- Assess the information/guidance they received about the scheme – areas for improvement?
- Understand when and how they are introducing the scheme to parents – identify best practice / areas for improvement
- Identify any issues with the registration process
- Explore their views of parents' engagement with the scheme and their own views of the box and its contents

Introductions

- Thanks for agreeing to speak to us
- Introduce self, Ipsos MORI, the research (on behalf of Scottish Government, to inform future development and roll out of the Baby Box scheme). Speaking to parents, midwives and project managers/delivery staff across both pilot areas – your views key to improving the scheme before it's rolled out.
- No right or wrong answers – just interested in your views and experiences
- Confidentiality – won't use any names in reports – any quotes will be anonymous. However, appreciate that given only two pilot areas, guaranteeing complete anonymity of professionals can be difficult. So if there's anything you'd rather not be (anonymously) quoted on, just let us know.
- Recording interview – for Ipsos MORI use only, will be securely stored and deleted after project. Check consent to record?
- Duration of interview (check how long they have available)
- If any questions you don't want to answer, or if you want to take a break, that's fine – just let me know
- Any questions?

Information / guidance received about the scheme

We want to find out:

- What information / guidance they received about the scheme and their role in it – any areas for improvement to this?

- When did they first hear the scheme was going to be piloted in their area? From who? What were they told about it?
- What other information did they get about the scheme in advance of the pilot? From who? In what format (written / verbal / training / demonstrations?)?
- How clear / unclear were they about how the scheme would work and what their role would be? Anything else wanted / needed to know?

Introducing the baby box to parents

We want to find out:

- When and how they are introducing the scheme to parents – identify best practice / areas for improvement

- When do they first mention the scheme to parents (check whether will change as get further in to the pilot / roll out)? How do they introduce it? What information do they give them? How much detail?
- When do they think is the ideal time to introduce the box? Why?
- What further information do they give parents about the box? Probe – written, verbal, any demonstrations of how to use box / contents? When? How long do they spend giving parents information about the box / showing them how to use it?
- How confident were they about their role in introducing the box to parents? Any issues around this? E.g. time taken, understanding of purpose/use of contents, etc.
- What information do they think parents need to get the most out of the box?
- What have they found works well / less well in introducing the box to parents?
    - Probe for anything that works well / less well for particular groups of parents (e.g. parents on lower incomes, parents with English as an additional language, younger parents, etc.)

Registration process

We want to find out:

- Any issues with the registration process and how this could be improved

- Understand that they currently have to fill in and return a registration form for parents to get the boxes.
  - How easy / difficult is this to complete? How could it be easier?
  - When are they generally filling it in? Is this the right point?
  - Anything else about the process of registering parents for their baby boxes that could be improved?

Parents' responses to the boxes

We want to find out:

- Their views of parents' level of engagement with the scheme – any barriers to take-up / use?

- How many, if any, parents have they been unable to register for a baby box?
  - Why? E.g. did they turn it down (why?) or were they unable to contact them to register them?
  - Any particular groups of parents who haven't registered?
  - Any barriers to take-up of the boxes? How could these be addressed?
- How do parents respond when they introduce the box?
  - Probe for positives and negatives.
  - Any specific elements of the box parents are more or less positive / negative / sure about? Why?
  - Have they noticed any differences in responses between groups of parents? (e.g. parents on lower incomes, parents with EAL, younger parents, etc.)
- Have they seen parents using the boxes on home visits yet? If yes – how are they using them?
  - Are they using the box for sleeping? If not, why not? What are the barriers? How could these be overcome?

- Which of the contents do they appear to be using more / less? Why?
- Any variation in how different groups of parents seem to be using the box?
- Any other feedback from parents about how useful they're finding the box in practice?

Midwives' own views of the boxes

We want to find out:

- Their own views of the boxes / their contents – areas for improvement

- What do they think about the scheme as a whole?
  - Probe for positives and negatives
  - What do they see as the aims of the scheme? Any barriers in their area to these aims being met?
- What do they think about the box itself and its contents?
  - Quality?
  - Appropriateness/usefulness? Anything they would leave out? Anything missing?
- How could the scheme be improved?

CHECK WHETHER HAPPY TO BE ANONYMOUSLY QUOTED IN THE REPORT

THANK AND CLOSE

Appendix B – Pilot Baby Box contents

- **Box itself** and mattress, fitted sheets & mattress protector
- **Newborn Clothes** – mittens, 3 short-sleeved body suits, 3 long-sleeved sleep suits with mitts, wrap around body suit
- **0-3 month clothes** – hat, 3 long-sleeved bodysuits, romper suit, footed leggings, jersey trousers, 2 pairs socks, 3 sleepsuits
- **3-6 month clothes** – 2 jersey trousers, 2 pairs socks, 2 long-sleeved bodysuits, footed leggings, day suit, fleece hoodie, pram suit
- **Toiletries/medical** – bath thermometer, ear and forehead thermometer, sponge, emery boards
- **Changing** – reusable nappies/liners, changing mat
- **Mother/parents** – nursing pads, maternity towels, condoms
- **Books** – PlayTalkRead magic, Baby book, Bookbug baby calendar
- **Other** – PlayTalkRead play mat, 2 x cellular blankets, hooded towel, dribble bib, comforter, muslin cloths, soother.

social research

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