

## **NHS Early Years LifeCheck Evaluation Reports: Summary and recommendations**

### **Introduction**

The NHS Early Years LifeCheck (EYLC) was launched on the 7<sup>th</sup> February, 2008. It is a simple, online tool for parents and carers with babies between 5-8 months. The aim of the EYLC is to provide information and advice for parents to help them make positive changes to improve their child's long-term health outcomes.

Currently hosted on the NHS Choices website at [www.nhs.uk/lifecheck](http://www.nhs.uk/lifecheck), the EYLC was piloted in 23 Sure Start Children's Centres across the Learning Network sites. To ensure a rigorous evaluation of the tool several pieces of research were commissioned.

It is the aim of this report to outline the key messages from the research and suggest recommendations to ensure a successful national roll-out in 2009.

### **Evaluation objectives**

There are four evaluation reports to consider:

#### **1. Bunnyfoot user testing report**

Bunnyfoot are a behavioural research consultancy that provides services to enhance online communications.

Their remit was to establish how well the tool performed online, to identify problems that could potentially affect the tool's efficiency and to recommend ways of further enhancing the EYLC.

#### **2. Fatherhood Institute**

The Fatherhood Institute's specific task was to advise how effectively the tool was at engaging fathers, for example, the ordering of questions, appropriateness of images, language and the style of questions/content.

#### **3. Qualitative research among key stakeholders**

The People Partnership (TPP) was commissioned to conduct an independent study to establish views of key stakeholders across Government, professional bodies, research and policy and parents' networks regarding best ways of maximising the support their agencies/organisations could give the EYLC.

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They were also asked to consider a concept for a Mothers and Fathers LifeCheck, which would focus on the parents' lifestyle-modifiable risk factors rather than their baby's.

### 4. Fieldwork

TPP also conducted focus groups and interviews with parents who had completed the EYLC during the pilot. The aim was to ascertain the acceptability of the tool to parents and professionals, look at the effectiveness of how the tool was promoted locally and to obtain valuable feedback from the pilot sites which would inform the learning for national roll-out.

Each evaluation had differing objectives and hence employed a variety of methods to achieve their goals.

### KEY STRENGTHS

The EYLC evaluated very favourably in all reports by both 'users' and a broad sample of stakeholders. The main themes that all agencies commented upon were:

- Enthusiasm and support for the tool describing it as appealing, empowering, innovative and a comprehensive summary of information for this age group.
- Content described as informative, inclusive, easy to understand and reassuring with a positive style.
- Potential to trigger direct behaviour change - encouraging small, easy steps.
- Adding extra value and reinforcing key messages already provided by variety of family services.
- Appropriately reassuring parents with the potential to reduce 'worried well' traffic to health professionals – whilst ensuring appropriate referrals where necessary.
- The potential to provide an appropriate activity to refer 'worried well' parents to undertake.
- All stakeholders felt their organisations would be happy to raise awareness and encourage involvement.

### Recommendations

Clear themes were apparent in all of the evaluation reports and suggestions are grouped where appropriate..

### **DESIGN AND LAYOUT**

The overall design and layout was well received with positive comments about questions and imagery. Navigation through the tool was managed satisfactorily with parents finding it easy and simple to use.

#### **Bunnyfoot**

Comments were received prior to the tool being launched in the pilot areas with the majority of the changes being incorporated into the launch version of EYLC. However, we were unable address the parents' specific comments on advice around the weaning and sleep questions before the launch.

#### **Fatherhood Institute**

The Fatherhood Institute felt, along with the majority of material produced for Early Years, that the tool did not “speak directly” to fathers and gives the impression of having been developed with a lone mother in mind. They highlighted a number of areas where the language used may alienate fathers and attention needs to be given to the order of questions, the language (e.g. ‘our baby’ not ‘my baby’) and the design. To achieve this successfully they suggest two separate tools, or two tracks from the welcome page (e.g. a ‘mummy’ and ‘daddy’ track). They elaborated on the benefits of this in their report.

Subject to amendments, the Fatherhood Institute were very positive about the prospect of a Fathers Early Years LifeCheck being developed. They also highlighted that this tool would provide an excellent activity for health professionals to recommend to fathers, as well as mothers, to undertake.

Other comments include parents having the option to skip sections and perhaps integrating tips or suggestions in each section as suggested improvements. There were also the observations that there are currently no images of disabled parents or babies. The full diversity of ethnicities was not felt to be adequately represented.

It should be noted that although only a small sample of fathers were involved in the Bunnyfoot testing they did not comment on any of these points. Similarly, TPP were asked to seek fathers' usage and no specific comments have been included in their fieldwork report.

### **Recommendations**

As fathers are a key target for both EYLC and national Early Years policy, we would recommend producing a separate track within the EYLC that would

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allow imagery and some of the recommended changes to language to be more father specific.

It would not be desirable to incorporate the changes in the language (recommended by the Fatherhood Institute) into the existing tool for fear of alienating lone parents. The Fatherhood Institute would be happy to support this development, which would need to be tested with the target audience.

### **RESULTS AND FEEDBACK**

Whilst agreeing that the tool has the potential to positively influence behaviour change, comments were received that the route was not sufficiently clear and that parents needed to be encouraged to move on after the results screen. Alterations to the tool that will facilitate this have already taken place. These include increasing the size of the lozenge on the results table and having 'click here for more information' typed on it to enhance the button's visibility.

The EYLC leaflet should also be amended to emphasise the goal setting profile of the tool.

Users want the option to print off their results table and subsequent feedback. Also, a 'back to results screen' was requested to save users having to click back through each individual screen. Users want to be able to print their 'next steps' but felt it is displaced to have this provided on separate pages. Ultimately, they want to be able to print off everything they have entered on a single page.

Mixed reactions to writing a 'step of my own'.

### **Recommendations**

Discuss with NHS Choices the feasibility of including these options and agree a clear timetable for implementation.

Review the EYLC leaflet to ensure messaging is right and promotes goal setting.

### **MARKETING AND PROMOTION**

To ensure success there was a strong message that there needs to be an emphasis on raising awareness of the tool in a variety of media e.g. television, magazines and other forms of media. The values of the EYLC needs to be marketed to make the tool more attractive to parents.

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In addition, there needs to be an understanding of roles and responsibilities so that everyone understands the benefits of the EYLC. Stakeholders, in particular, felt this was essential and would increase their confidence in knowing who was doing what. The EYLC is described as being non-threatening and user-friendly and having many wins for all agencies if it is embedded into practice.

The report from stakeholders highlights the potential role of each agency and is useful in gathering their perspective. Particular reference to the lack of engagement with GPs during the pilot supports this view and their signposting potential being maximised. The stakeholders representing the British Medical Association and the Royal College of GP's have offered to publicise the tool to their members and the NHS LifeCheck team are to attend and display the tool at a number of GP-focused conferences.

Some of the pilots commented that the experience had cemented the relationship between health visitors and children's centre staff, which was a positive spin off and perhaps something to include in the engagement with the 83 LA's.

There was a caution that at this age (5-8 months) health professionals have little contact with families so this limits them in prompting uptake. In addition, a minority expressed some suspicions that the tool could be perceived as eroding the role of health professionals.

Use of the EYLC mediated in the home setting was felt to be the preferred setting for its use by many parents. However, a cautionary note: this is time-consuming and would ultimately require follow-up. Using the tool as part of a series of measures to support hard to reach families with complex needs is worth considering. Indeed, there was a comment that the National Family Planning may find it helpful.

There were various methods employed in the pilots to engage parents with successes often relying on previous relationships with families. TPP highlight that the different approaches affected the quality of answers and degree of parental awareness.

Both reports from stakeholders and parents showed positive feedback from young, first time/inexperienced mothers and unsupported mothers. A clear path is also identified for the 'worried well' where there may also be potential to reduce the traffic to traditional health services. Less positive were comments from older, more experienced users who felt it would be a useful checklist.

### **Recommendations**

A well thought-out and rigorous communication/marketing campaign should be designed to support the launch in the Communities for Health areas. Alongside this, guidance for agencies regarding roles and responsibilities would be helpful.

The EYLC leaflet, as previously mentioned, needs to be reviewed to incorporate suggested changes. There also needs some consideration around training and resources to support national roll-out.

### **LINKS AND FEEDBACK**

Links were generally felt to be disappointing. They often signposted to services some distance away and were out-of-date. The feeling was they rely heavily on Government links and could perhaps include the BBC/Netmums. Father-specific links also need to be considered. Furthermore, signposting to sections in Birth to Five – parents wanted the information more readily available to print.

As commented below no-one printed off feedback in the children's centre. The reasons for this maybe complex, but the suspicion is there needs to be a greater awareness that this should be the focus of the LifeCheck rather than a checklist.

### **Recommendations**

This section needs further consideration to ensure it supports and does not detract from the EYLC tool as a matter of urgency before national roll-out.

The feedback and goal setting opportunity provided by the EYLC needs to be better publicised through supporting marketing/leaflet and training materials, as well as a redesign of the tool.

### **ACCESS**

Children's centres were felt to be a good place to host the tool but there were comments about there variations in usage. The EYLC was perceived as having a role in promoting the children's centre as well as vice versa. However, privacy and the facility to print are needed if this is to be improved. It is important to note that no-one printed off feedback/goals in the children's centre so details could not be retained. Clearly, there are resource implications for the 83 Community for Health sites in terms of access to PCs, printers and matters of privacy – these could be addressed through the £70,000 of roll-out grants made available to each area.

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The consensus of participants in the research was that access to the tool should be available in a range of settings including GP surgeries, health centres, clinics, antenatal clinics and children's centres. Acknowledgement was given to the fact that many will want to access it at home to ensure ultimate privacy. For those families who do not have internet access there are suggestions about TV/freeview options.

For those parents/carers whose first language is not English, there are concerns that the tool is not accessible enough. This caused difficulties across some of the pilot sites.

The facilitators in the children's centres commented that engagement with parent is a challenge. To combat this partnership working is crucial.

### **Recommendations**

The marketing campaign will need to consider the points raised in relation to promoting the tool. Access to the tool is being considered as part of a DH digital inclusion work stream.

Requirements to translate the tool are being considered as part of an overall programme of accessibility including disability with the production of more accessible versions of the tool to be produced in 2009. Along with many interactive web-based tools, translation into community languages can be problematic as 'concepts' may not directly translate. Consideration to highlighting the role of advocates and translators to facilitate access to the tool should be highlighted in supporting material, along with brief introductions to the tool and how to access in community languages.

Clearly, engaging with 'hard-to-reach' families continues to be a challenge. It is understood that children's centres do have targets around this group. It is the feeling that they have learnt a great deal from being a part of the EYLC pilot. They need to have information sharing protocols with health services. This needs to be discussed with the 83 LA's and agreed locally.

To improve access thought needs to be given to ensuring the 83 LA's have the right technology in place to facilitate access.

### **FUNCTIONALITY**

There were requests to have a 'save and return' function added. This was to encourage parents not to see the tool as a one-off, but rather something that could be returned to and completed at a time perhaps more convenient to them. Also because of the time taken to undertake the tool in its entirety, often more than 5 minutes, this may not be practical for parents with young babies to do 'in one sitting'.

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Reference to printing the results has already been included.

There was an expectation amongst stakeholders that the tool needs to be more dynamic and updated constantly.

Concerns were raised about the speed of the tool – often too slow meaning that parents had moved onto the next screen before they had completed the set expanding questions on that page. Frequent IT issues were reported across the pilots with parents having difficulty accessing the tool at home.

### **Recommendations**

‘Save-and-return’ functionality needs to be considered and signed off by interested parties. There would need to be reassurances about safety of information ie. who owns and holds the data, to guarantee absolute confidentiality.

Regarding regularly reviewing the tool, it is anticipated that this would be done in the light of new evidence emerging. The development of further tools would also help to achieve this.

In terms of the technology to support roll-out to 83 LA's, there are anxieties around the ability of NHS Choices to deliver this service. This needs urgent resolution.

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June 2008