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of Health



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Information Service for Parents (ISP)

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Service Evaluation Report:

Information Service for Parents (ISP)

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Contents

EXECUTIVE SUMMARY AND RECOMMENDATIONS	5
INTRODUCTION	9
1. “THE NUMBERS” HOW MUCH IS THE ISP BEING USED?.....	20
2. “WHO’S USING THE ISP? HAS THE SERVICE ENGAGED USERS WHO ARE REPRESENTATIVE OF THE TOTAL POPULATION OF PARENTS AND PARENTS-TO-BE?	28
3. HOW HAVE THE DIFFERENT SERVICES (EMAIL, VIDEO, SMS) APPEALED TO USERS?	40
4. “ATTITUDES TO THE ISP” IS THE SERVICE CONSIDERED TRUSTWORTHY, USER-FRIENDLY, AND A SOURCE OF HIGH-QUALITY INFORMATION BY USERS? WHAT WOULD USERS LIKE TO CHANGE ABOUT THE ISP?	48
5. “IMPACT OF THE ISP” HAS ENGAGING WITH THE ISP INFLUENCED USERS’ UNDERSTANDING OF KEY ISSUES? HAS ENGAGING WITH THE ISP PROMPTED BEHAVIOUR CHANGE WITH RESPECT TO KEY ISSUES?	64
6. “WHO IS MISSING?” WHY ARE SOME POTENTIAL USERS NOT SIGNING UP TO THE ISP?	70
7. IS THE ISP A USEFUL RESOURCE FOR THE HARD TO REACH?	88
8. “HEALTH PROFESSIONALS AND THE ISP” HAVE HEALTH PROFESSIONALS ENGAGED WITH THE ISP?.....	102
APPENDICES	116

Executive Summary and Recommendations

The Information Service for Parents (ISP), launched in May 2012, offers emails, texts and videos for mums and dads who are expecting a baby or who have a baby up to 18 months old. The ISP is expanding its content to cover babies up to 30 months old by March 2014. The service aims to provide trustworthy advice and information on topics such as baby development, key health checks and childcare.

This report contains the findings from a detailed evaluation of the ISP, carried out between January and March 2013¹.

The evaluation found that ISP users are very satisfied with the service but that there is more work to do to extend its reach.

The evaluation is based around eight questions with the key findings summarised below.

1. How much is the ISP being used?

In the 10 months after launch of the service (from 18 May 2012 to 31 March 2013):

- Approximately 135,500 mums and dads signed-up to receive ISP emails and/or texts
- ISP videos had more than 1.7 million views

2. Who is using the ISP?

ISP subscribers are more likely to be mums, working full time and have more affluent backgrounds. The data shows that more work is needed to encourage dads and those from less-advantaged backgrounds to use the service.

- 72% of ISP subscribers are mums, while 28% are dads
- 58% of ISP subscribers are in households where the primary income earner works in a managerial, administrative or professional capacity
- About 11% of all expecting and new parents² in England are ISP subscribers

3. How have the different sources of information (email, video, text messages) appealed to users?

The email and video content have appealed most to users.

- Open and click-through³ rates for the emails compare very favourably against email marketing benchmarks⁴ with approximately half of subscribers opening emails they have received and nearly a third clicking on links to further content

¹ At the time of fieldwork the ISP provided information on pregnancy and babies aged up to nine months. The service has since increased its coverage. Parents of children up to 18 months old can sign up for the service and the content will be extended to cover children up to 30 months by March 2013.

² The ISP penetration figures for England were calculated on the basis that 'new parents' are those parents with babies aged up to one month – see 'penetration and segmentation analysis of service users' (page 12) for details on the methodology and sampling approach.

³ The click-through rate is the proportion of those viewing an email who click on a link to access further content.

⁴ The ISP is benchmarked against Mailchimp's email industry marketing data for 2010. Specifically, the service is compared against the average email campaign stats for the 'Medical, Dental and Healthcare' industry. The latest industry benchmarks can be found at: <http://mailchimp.com/resources/research/email-marketing-benchmarks-by-industry/>

- Half of all the ISP videos are viewed through to completion
- Only 11% of all ISP subscribers have opted to receive text messages

4. Attitudes towards the ISP

An online survey examined subscribers' attitudes towards the service, including whether they find it trustworthy and user friendly, and what, if anything, they would like to change about it. Overall, satisfaction with the service is high.

- Nine in ten respondents to the survey are satisfied with the emails and two in three are very satisfied. Nine in ten are likely to recommend the emails
- Eight in ten respondents agree the emails are user-friendly, link to good quality information, are 'for people like me', are the right length, are 'something I make time to read' and 'make me want to find out more'
- More than seven in ten respondents agree that the videos are easy to understand, trustworthy, clearly presented, relevant, interesting, useful and easy to remember, 'make me feel more confident', and 'teach me something new'
- Most SMS subscribers – seven in ten – are satisfied and would recommend the SMS service

5. The ISP and influencing behaviour

Three in five respondents to the online subscriber survey reported they had changed at least one form of behaviour as a result of information they had accessed through the service.

6. Why are some potential users NOT signing up to the ISP?

A face-to-face survey of ISP non-users within antenatal clinics and Sure Start Children's Centres was carried out to identify barriers to sign-up within this group. The survey found that the main barrier to sign-ups is lack of awareness of the service.

- Only 11% of respondents say they had heard of the service prior to taking part in the survey
- Once they had been told about the ISP, 61% of mums and 48% of dads who took part in the survey say they would 'probably' or 'definitely' sign-up to the email and/or SMS service

7. Is the ISP a useful resource for the hard-to-reach?

Interviews with hard-to-reach parents-to-be and parents found a broadly positive reaction to the ISP.

- When shown the emails, interviewees thought the main advantage of the email service was the informative, concise content, and the main drawback was the need for users to have internet access
- When shown the text messages, they thought the main advantages of the SMS service were 'easy to understand' content and immediacy of access. The main drawback was basic and limited information, and concern over actual (and imagined) costs
- The ISP videos were generally well-received by the hard-to-reach parents

- The majority of parents interviewed expressed a willingness to sign up following their interviews
- The challenge will be to encourage typical hard-to-reach parents to sign up based on limited awareness of the service, a perceived lack of need for parenting information and the barriers that some of these parents face with regard to digital access

8. Health professionals and the ISP – have health professionals engaged with the ISP?

Interviews with GPs, midwives and health visitors found that:

- Most of the health professionals interviewed had not heard of the service
- Overall, the health professionals reacted positively to the concept of the service – particularly that the information is NHS-approved
- The content of the emails was considered to be well-presented and useful and the language easy to read and appropriate for a broad range of parents
- Their main concerns with the emails and videos relate to accessibility – a minority of parents (particularly the hard-to-reach) do not have technology, nor the digital skills, to access and benefit from the content

Recommendations

Further engage health professionals to help promote the service

Currently most health professionals know little about the service. Continuing to inform them about the ISP offer and its features is the first step to increasing the number of health professionals who will advocate the service to parents.

- Health professionals are trusted by the vast majority of parents and their advocacy of the service will have a positive impact on the sign-up rate
- In particular, target promotional activities at midwives – who have the most contact time with parents-to-be – and, to a lesser extent, health visitors and GPs
- Consider targeted marketing (e.g. regional workshops/expos) with health professionals to provide further information about the service and to demonstrate its features

Increase awareness of the service among parents

More work is needed to raise the profile of the service, as lack of awareness is the main reason why non-subscribers have not accessed the ISP.

- Define the key audiences and the best time and place to target them. The evidence from this evaluation indicates that first-time parents will find the content most useful and will therefore be most receptive
- Dads are less receptive than mums to parenting information, but the service should still explore ways of targeting dads
- For example, dads tend to have little contact with NHS pregnancy and maternity services generally, but are very likely to be present at their child's birth. This could be an ideal time to introduce the service to dads and explain its benefits
- In contrast, hard-to-reach mums have more regular contact with NHS parenting services – the ISP should be introduced and promoted directly to these mums at every opportunity throughout the pregnancy journey

- Emphasis should be placed on the ISP's unique selling point – NHS-approved parenting information, tailored to each stage of child development, which is considered to be useful, trustworthy and unbiased

Reconsider the text message element of the service

The role of SMS

- SMS should be given a more distinctive role within the service – at the moment it does not provide any additional value for those who already receive the emails
- Define the target audience for SMS
- Once the target audience for the SMS has been defined, review the tone, language and terminology of the current text messages to ensure they are appropriate
- The content of SMS text messages could be reviewed – it is important that the right balance is struck between health information, tips and guidance, and messages that provide reassurance and emotional support

Costs and sign-up process

- Potential service users need to be better informed about the cost of the SMS service – this research found that concerns and assumptions about costs have an impact on the likelihood that parents will sign-up
- The current costs of the SMS service, ie when signing up, managing settings or unsubscribing via phone, puts off parents. If possible, the ISP should be offered at zero cost to the user – with no caveats
- There also needs to be more clarity on the different ways users can sign up for the SMS service, particularly the mobile sign-up facility

Consider the role of the ISP among hard-to-reach parents – particularly the digitally excluded

- As an email, video and text message service, the ISP cannot reach all people who are digitally excluded – consider whether the ISP should target these parents, or whether this is best left to other services such as Start4Life
- If the ISP is to target the digitally excluded, the service could consider developing a specific offer for these parents. For example, video content available in DVD-format for midwives to distribute
- Further work is needed to identify the most effective way of targeting hard-to-reach parents *generally* – particularly given that many in this group do not actively seek parenting information, nor see the need for it

Video content

- Ensure that a broader range of parents are featured in the ISP videos – particularly younger parents and those from less affluent backgrounds

Introduction

The maternity and starting well policy team at the Department of Health identified eight key questions they wanted this evaluation to answer. These questions are outlined below.

Research questions

1. The numbers – how much is the ISP being used?
 1. How many have signed up since launch?
 2. How people signed up to the ISP?
 3. How many have signed up for email only, email plus SMS and SMS only?
 4. How many have unsubscribed?
 5. How many social media followers?
 6. What are the email open and click-through rates?
 7. What pages are being linked to via the emails?
 8. How many videos have been viewed?
2. Who's using the ISP – has the service engaged users who are representative of the total population of new parents and parents to be?
 1. What is the profile of subscribers?
 2. Who signed up the subscribers to the ISP?
 3. Are any groups under-represented?
3. Have the different sources of information (email, email plus SMS, SMS) appealed to users?
 1. How do parents find out about the service?
 2. Why have parents not signed-up to the SMS service?
 3. Have parents engaged with the email content?
 4. Have parents engaged with the video content?
 5. How have parents accessed the emails and videos?
4. Attitudes to the ISP. Is the service considered trustworthy, user-friendly, and a source of high-quality information by users? What would users like to change about the service?
 1. What do subscribers think about the about the emails?
 2. How do the emails compare to those offered by other services?
 3. What do subscribers think about the about the videos?
 4. How do the emails compare with those offered by other services?
 5. What do subscribers think about the SMS service?
 6. Did they experience any problems accessing the content on a mobile or smartphone?
 7. What do subscribers think about ISP overall?
 8. What would subscribers like to change about the service?
5. Impact of the ISP. Has engaging with the service influenced users' understanding of key issues and prompted behaviour change?
 1. What information have subscribers accessed?
 2. What information has made subscribers feel more confident in their decision-making?
 3. What information has made subscribers do things differently?
 4. What actions have been taken as a result of subscribing to the SMS service?

6. Who is missing – why are some potential users NOT signing up to the ISP?
 1. Who is not subscribing to the service?
 2. How do they use the internet and mobile?
 3. What are their sources of parenting information?
 4. Are they aware of service?
 5. How likely are they to sign up to the service?

7. Is the ISP a useful resource for the hard-to-reach?
 1. What is the profile of hard-to-reach parents?
 2. How do hard-to-reach parents get online, if at all, and what are their online activities?
 3. Where do hard-to-reach parents seek information?
 4. How interested are they in the service proposition – what do hard-to-reach parents think about the service?
 5. How effective could the ISP be for reaching the hard-to-reach?

8. Health Professionals and the ISP – have health professionals engaged with the ISP?
 1. What type of parents do the health professionals see – what is the health profile of their catchment areas?
 2. What interactions do the health professionals have with parents-to-be and new parents?
 3. Do parents seek pregnancy and parenting information?
 4. What information do health professionals currently provide to parents?
 5. Are health professionals aware of, using or promoting the ISP with parents?
 6. Are the promotional materials reaching health professionals?
 7. What do health professionals think of the service?
 8. How can the ISP be best promoted to parents?
 9. How likely are health professionals to recommend the service?
 10. How can the service be best promoted to health professionals?
 11. Who is least receptive to the service?

Throughout, the report will seek to identify both the 'quick wins' and long-term objectives to inform the overall recommendations.

Methodology overview

A mixed-method approach has been adopted for this evaluation to obtain evidence from a range of stakeholders. This involves primary quantitative and qualitative research, and a review of the available secondary data – service usage data and penetration/segmentation analysis of service users.

The grid below summarises the research approaches used during the evaluation to meet the objectives. It maps the research objectives to the stakeholder groups, the research methodology and the source of data/research sample:

Objective (and report section)	Stakeholder groups	Methodology	Source of data/ research sample
1. "The numbers" How much is the ISP being used?	Subscribers / unsubscribers / web traffic	a) Review of the service usage data	a) NHS Choices analytics reports on service usage
2. "Who's using the ISP?" Has the service engaged users who are representative of the total population of new parents and parents to be?	Subscribers	a) Review of the service usage data b) Penetration and segmentation analysis of service users c) Online survey of subscribers (self-completion – invites sent by email)	a) NHS Choices analytics reports on service usage b) Experian analysis c) ISP subscriber database
3. "Email vs SMS" Have the different sources of information (email, email + SMS, SMS) appealed to users?	Subscribers	a) Review of the service usage data b) Online survey of subscribers (self-completion – invites sent by email)	a) NHS Choices analytics reports on service usage b) ISP subscriber database
4. "Attitudes to the ISP" Is the service considered trustworthy, user-friendly, and a source of high-quality information by users? What would users like to change about the service?	Subscribers	Online survey of subscribers sent via email invitation	ISP subscriber database
5. "Impact of the ISP" Has engaging with the service influenced users' understanding of key issues? Has engaging with the service prompted behaviour change with respect to key issues?	Subscribers	Online survey of subscribers sent via email invitation	ISP subscriber database
6. "Who is missing?" Why are some potential users NOT signing up to the ISP?	Non-subscribers	Face-to-face exit survey work with new parents and parents-to-be who are not using the service	Research conducted by GFK NOP. Free-found respondents at NHS antenatal clinics and Sure Start Children's Centres
7. Is the ISP a useful resource for the hard to reach?	Hard-to-reach new parents and parents-to-be (mums and dads)	Interviews with pairs of new parents and parents-to-be	In-street recruitment based on predefined respondent quotas

8. "Health Professionals and the ISP" Have health professionals engaged with the ISP?	Health professionals (GPs/ Midwives/ Health visitors)	Face-to-face interviews with health professionals	Free found by recruitment agencies (Viewpoint and Feedback Market Research)
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Research design and delivery

This section describes the rationale for each element of the evaluation, including details of the secondary data sources used and how the primary research was designed and delivered.

Service usage data

This evaluation examines the ISP usage trends between 18 May 2012 and 31 March 2013. The details of ISP subscribers and service users are recorded by the reporting team at NHS Choices, and monthly analytics reports are then produced to show the:

- total number of sign-ups
- number of email, SMS and email plus SMS subscribers
- number mums and dads subscribing
- email open rates and content click-through rates
- number of videos watched
- level of social media engagement
- most accessed topics of information
- service unsubscriber rate

These monthly reports allow the ISP team to monitor the use of the service on an on-going basis, identifying how any changes to service may impact usage. In addition, the analytics reports include industry benchmarks on click-through and email open rates, providing wider context in which to evaluate the performance of the service.

The service usage data is examined in chapters 1, 2 and 3.

Penetration and segmentation analysis of service users

To provide insights on the profile of ISP subscribers, Experian has conducted location-based penetration and segmentation analysis using ISP subscriber data. The reports produced from this analysis identify:

- An 'accurate as possible' indication of ISP penetration among the target population of new parents and parents to be⁵

⁵ At the time of fieldwork the ISP provided information to parents-to-be and new parents (of babies aged up to nine months). The service has since increased its coverage and will include children aged up to 30 months by March 2014. For this penetration and segmentation analysis of service users, the defined market for the ISP is parents-to-be and new parents with babies under one month. The size of the population of parents-to-be and new parents is calculated using HES data based on the number of hospital deliveries. In the absence of any 'census-like' information on the population of parents-to-be and new parents, the HES data is the most accurate dataset available – although it does not account for failed pregnancies. However, it does provide an *indication* of the size of the target population for the ISP.

- The Mosaic⁶ profile of sign-ups – to provide an understanding of the socio-demographic profile of ISP subscribers compared to the profile of all new parents and parents to be⁷
- The geographical spread of sign-ups – to determine whether some parts of the country are more receptive to the ISP than others
- The variation among sign-ups – the extent to which more mums-to-be than dads-to-be are signing up for the service (the ISP provides information that is relevant to all parents to be and new parents)
- The change in profile over time – the Experian reports are updated periodically to monitor changes in the profile of subscribers

For the segmentation analysis, the defined market for the ISP is parents-to-be and new parents with babies under one month. The total number of deliveries in England is used as a proxy for this, since it is the most appropriate element of the Hospital Episode Statistics (HES) dataset for the period 2010/11 that links to all the other datasets used to compile the Mosaic profiles (and is the most accurate data available).

The data in the segmentation analysis is based on uptake of the service from 18 May 2012 to 31 March 2013. The base for the analysis is pro-rata the annual figure to average out the seasonal variation.

The penetration and segmentation analysis is examined in chapter 2.

Subscriber survey

The subscriber survey captures detailed feedback on the service – what's being used, what subscribers think of it and how it can be improved (as per the research objectives).

Repeating the approach used in the interim evaluation, an invitation email (see appendices) was sent to a sample drawn from the subscriber database. This explained the background of the research and invited the subscribers to take part in the survey. To encourage participation, all respondents were incentivised with entry into a prize draw.

Questionnaire

The questionnaire was designed by the NHS Choices customer insight team in collaboration with the maternity and starting well policy team at the Department of Health (see appendices for details). The online questionnaire and invitation were scripted by the customer insight team using Vovici survey platform software.

⁶ Mosaic Public Sector is a socio-demographic segmentation which has been used in the public sector for over 10 years, across central government departments, NHS, Local Authority and Community Safety organisations. It aims to deliver understanding of the type of people living in certain areas, the services they are more likely to require, and how best to communicate information to them. Please refer to appendices for details of how the ISP subscribers were analysed using Mosaic socio-demographic segmentation, the list of Mosaic definitions and how HES data was used to calculate ISP penetration.

⁷ For the segmentation and geographical analysis the subscribers' postcodes – recorded at sign-up – are matched to local district postcodes. Mosaic Public Sector profile data, available at local district postcode level, is then matched to the subscriber data – applying a socio-demographic 'tag' to each ISP subscriber. Finally, the subscriber data is compared to the HES data to provide regional estimates on the ISP's penetration among the new and expectant parent population. Please refer to the appendices for further background on the segmentation approach used for this evaluation.

Sampling

A master sample of subscribers was extracted from the subscriber database, from which a survey sample was drawn for each of the target groups. Three key groups of subscribers were included in the survey sample – mums, dads and SMS subscribers. Without setting sampling quotas and completion targets for the survey, the majority of responses would be from mums who only access the emails – these comprise the majority of subscribers. The use of sampling quotas and completion targets mean the views of both mums and dads are represented in the survey, along with users of both content delivery channels.

In addition, one of the evaluation objectives is to measure the impact of the service on behaviour change, so the survey invitation was sent to a sample of those who had been subscribing for a minimum of 3 months⁸.

Fieldwork targets and completes

The table below shows the target number of subscriber completes, the number of subscribers sampled in each group, the total number of survey completions in each group and the survey response rate:

Respondent Groups	Target number of completes	Number invited to take part	Total number of completes	Response rate
Mums (email subscribers)	2,000	48,585	2,203	4.5%
Dads (email subscribers)	500	17,034	269	1.6%
SMS subscribers	200	5,008	264	5.3%

Fieldwork took place between Tuesday 19 and Thursday 28 February 2013. One reminder email invitation was sent out to the mums and dads sample, while the target number of SMS subscriber completes was achieved following a single invitation.

Data, analysis and reporting

Following completion of fieldwork, the data was exported and an overall set of data tables produced. These contain the detailed set of results for all questions, along with cross-breaks for the demographic and service usage sub-group analysis.

Those respondents who indicated a different gender to their subscriber group (e.g. dads who incorrectly signed up for the information aimed at mums) were removed from the results. In part, these anomalies in the subscriber database can be explained by subscribers being signed up to the service by their partner, along with sign-up errors on the part of the subscribers. The adjusted number of respondents – the base on which the subscriber data is analysed – is as follows:

⁸ Due to the small number of SMS subscribers, the sampling quotas were relaxed to include those who had been subscribing to the SMS service for at least one month.

Respondent Groups	Total respondents	Incorrect gender at signup (e.g. mums subscribing to the dads service)	Total respondents (adjusted)
Mums (all subscribers)	2,372	42	2,330
Dads (all subscribers)	359	84	275
Prefer not to say	5	-	5
TOTAL	2,736	126	2,610

Throughout the report, we have analysed the results at the overall level by dads and mums. We then explore sub-group differences among mums, although not the dads (there are too few respondents in this group for sub-group analysis).

The responses to the open-ended questions were analysed across all subscribers using the Clarabridge text analytics tool. This is a thematic coding platform that allows us to identify common opinion themes and to pull out subscriber comments to illustrate the trends.

The findings from the subscriber survey are examined in chapters 2, 3, 4, and 5.

Non-subscriber survey

The main audiences for this survey were parents-to-be and new parents who are not currently subscribed to the ISP.

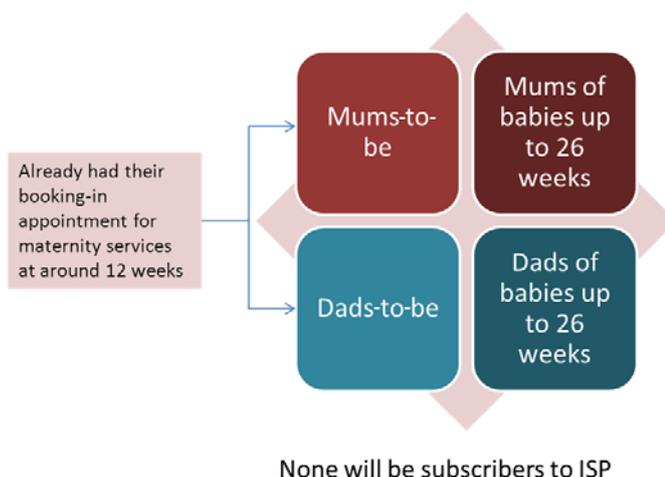
All interviews were conducted face-to-face on site at antenatal/ maternity services and children's centres. Interviews were conducted using Computer Assisted Personal Interviewing (CAPI), which means that the interviewers carried a laptop which controlled the questionnaire, order of presentation of questions and routing based on answers given.

Questionnaire

The questionnaire was designed by GFK NOP in collaboration with the NHS Choices customer insight and the maternity and starting well policy team at the Department of Health (see appendices for details). The average interview length was 8.5 minutes.

Sampling

The research has a number of core target audiences for the ISP, as shown below.



It should be noted that the booking-in appointment is the first contact that parents-to-be have with a midwife. The midwife provides information to support a healthy pregnancy and birth, and they can discuss any potential issues and concerns that parents may have.

For this research, parents-to-be were sampled through NHS antenatal services/ maternity services, while new parents were sampled through children's centres.

Fieldwork targets and completes

Fieldwork took place between Monday 4 February and Thursday 21 February 2013 at 15 locations in England – the sampling process ensured a good geographical spread of locations and variable levels of ISP sign-up penetration (please refer to the appendices for further details). In total, 27 services agreed to participate by permitting on-site interviews with parents-to-be and new parents, including 12 antenatal/maternity services and 15 children's centres.

Overall, 492 interviews were completed (against a target of 400-450). These broke down as:

- Mums (364)
 - Mums-to-be (262)
 - New mums (102)
- Dads (128)

It is worth noting that the difference in the size of the two mum's groups is due to the higher footfall at antenatal/maternity services than at children's centres. This meant that a much higher proportion of mums-to-be were interviewed than new mums. To compensate for this, weights were applied to the data to correct for the imbalance in the mums data between mums-to-be and new mums.

Following weighting, the results reflect 492 completed interviews broke down as:

- Mums (364)
 - Mums-to-be (189)
 - New mums (175)
- Dads (128)

Due to the relatively low proportion of interviews with dads of children aged 6 months or under it was deemed neither necessary nor beneficial to weight the dads' data. This would have had a negative impact on effective sample size. Please see the appendices for further details on the weighting approach used for the non-subscriber data.

Data, analysis and reporting

The data was processed and tabulated for analysis on conclusion of fieldwork. The mum's data was weighted to even out the imbalance in the numbers between new mums and mums-to-be (see appendices for the approach used).

We also identify any significant differences among the sub-groups of mums (particularly between new mums and mums-to-be). Too few dads were interviewed to allow the examination of the sub-group differences among these respondents.

The findings from the non-subscriber survey are examined in chapter 6.

Hard-to-reach interviews

NHS Choices statistics show that 94% of parents have accessed the internet in the previous three months, which would appear to demonstrate that access is not a barrier for the vast majority of potential ISP subscribers. However, while the majority of parents may have access

to the internet, they do not necessarily have regular opportunities to get online in a way that is conducive to information seeking. Further to this, basing our assumptions purely on internet access does not account for the variable levels of internet literacy, nor whether parents are inclined to seek out information by subscribing to a service like as the ISP.

This part of the research concentrates on those who live in deprived areas and have poor internet skills, and seeks to understanding whether the ISP is a useful and accessible resource for this group.

Approach

For the purpose of this evaluation, 'hard-to-reach' parents are defined as those parents in deprived or vulnerable circumstances – including young people who have experienced unplanned pregnancies, single mums, the long-term unemployed and those reliant on support from social services. These are people who are particularly hard to engage through digital information services, as they are less likely to be online and more likely to have poor internet or literacy skills.

Specifically, respondents with the following attributes were recruited for interview:

- Expectant/new mums and dads
- People living in deprived areas/areas with a high index of multiple deprivation
- People with poor internet skills or with limited internet access
- Mobile phone users
- Those in DE social grade⁹
- Those aged 25 or under

Four interview locations are included in this research (see fieldwork section below), each of which are among the top 30 most deprived local authority areas of the country according to statistics from the department of Communities Local Government (DCLG)¹⁰.

Recruitment and Interviewing

In total, 12 dads/dads-to-be and 12 mums/mums-to-be were recruited in-street¹¹ to take part in the research.

The respondents were interviewed in pairs, a single moderator interviewing either two of the mums or two of the dads. This approach encouraged rapport between the pairs interviewed, and allowed them to share and contrast experiences in response to the questions.

Discussion guide

The discussion guide was designed by the NHS Choices customer insight team in collaboration with the maternity and starting well policy team at the Department of Health (see appendices for details).

⁹ Social grade is a classification system based on occupation. It enables a household and all its members to be classified according to the occupation of the Chief Income Earner (CIE). People classified under social grade D are described as 'semi and unskilled manual workers', while those in social grade E are described as 'state pensioners, casual or lowest grade workers, or unemployed with state benefits'.

¹⁰ DCLG, The English Indices of Deprivation, 2010. <https://www.gov.uk/government/publications/english-indices-of-deprivation-2010>

¹¹ Viewpoint and Feedback Market Research assisted with the recruitment of hard to reach parents and health professionals involved in this evaluation.

Fieldwork

The table below shows the split of the interviews with the mums and dads by location and date of interview.

Location	Respondent type	Interview Date
Hackney (London)	Dads (x3 pairs)	20 February 2013
Hull	Mums (x3 pairs)	4 February 2013
Liverpool	Dads (x3 pairs)	12 February 2013
Thanet (Kent)	Mums (x3 pairs)	12 February 2013

Respondents were interviewed by a moderator in a central venue at each location, with interviews typically lasting one hour. Each respondent was paid £30 as an incentive for interview – this covered their time, travel and any additional expenses.

Analysis and reporting

All interviews were recorded for analysis purposes. Notes were made from the recordings, and verbatim comments were captured and copied into a thematic analysis grid. The report conveys the key findings from the interviews, along with verbatim comments to demonstrate respondents' opinions.

The findings from the hard-to-reach interviews are examined in chapter 7.

Health professional interviews

This evaluation seeks to determine whether those health professionals that have the most contact with new parents and parents-to-be – GPs, midwives and health visitors – have engaged with the service.

This part of the research examines the views among health professionals in detail, in the context of their interaction with all new parents and parents to be (including those mums and dads who are harder to reach and less receptive to health information messages).

Approach

Eleven face-to-face depth interviews were conducted with health professionals in the same geographical areas as the 'hard-to-reach' paired interviews.

Discussion guide

The health professionals discussion guide was designed by the NHS Choices customer insight team in collaboration with the maternity and starting well policy team at the Department of Health (see appendices for details).

Recruitment and Interviewing

In total, four GPs, three midwives and four health visitors were recruited to take part in this research. All the participating health professionals practise within the NHS and have a high proportion of patients/work in areas where patients are vulnerable/hard to reach.

The interviews were arranged by external fieldwork agents. The respondents were interviewed individually by a moderator in a setting of their choice e.g. in their home, at their place of work, café, etc.

Fieldwork

The table below shows the split of the interviews with the health professional by location and date of interview.

Location	Respondent type	Date
Hackney (London)	GP	21 February 2013
	Midwife	21 February 2013
	Health visitor	21 February 2013
Hull	GP	4 February 2013
	Midwife	5 February 2013
	Health visitor	5 February 2013
Liverpool	GP	13 February 2013
	Health visitor	12 February 2013
Thanet (Kent)	GP	19 February 2013
	Midwife	19 February 2013
	Health visitor	19 February 2013

Interviews typically lasted 45 minutes, and incentives were provided to cover the health professionals' time, travel and any expenses (£100 for each GP, £60 for each midwife and health visitor).

Analysis and reporting

All interviews were recorded for analysis purposes. Notes were made from the recordings, and verbatim comments were captured and copied into a thematic grid for analysis. As per the format of the hard-to-reach chapter, the report conveys the key findings from the interviews, along with verbatim comments to demonstrate the health professionals' opinions.

The findings from the health professional interviews are examined in chapter 8.

1. “The numbers” How much is the ISP being used?

Source: These findings are based on the ISP service usage data

This chapter examines the number of sign-ups to both the email and SMS services, the number of ISP video views, unsubscribe figures plus email open and click-through rates.

Key facts and figures

135,456 signed up to the ISP between 18 May 2012 and 31 March 2013 (approximately 13,555 sign-ups per month):

- 119,986 signed up to the email only
- 14,910 signed up to the email and SMS
- 560 signed up to the SMS only

9,671 unsubscribed from the service between the 18 May 2012 and 31 March 2013:

- 8,328 people have unsubscribed from the email only
- 1,228 people have unsubscribed from the email and SMS
- 115 people have unsubscribed from the SMS only

Taking account of those who had unsubscribed, there were **125,785** active subscribers by the end of March 2013:

- 111,658 email-only subscribers
- 13,682 email and SMS subscribers
- 445 SMS-only subscribers

ISP videos have been viewed 1,703,128 times

1.1 How many have signed up to the service since its launch?

Analytics data show that **135,456** people signed-up to the service between 18 May 2012 and 31 March 2013. This is approximately 13,555 sign-ups per month. The expectation is for the sign-up rate to increase as the profile of the service grows.

1.2 How do people sign up to the ISP?

Parents can subscribe to the ISP through the sign-up pages on the ISP website¹², or via text message¹³. Recently the service has started to collect data on how subscribers reach the online sign-up pages – whether they click through via lightbox pages (a form that pops up on most pages of the NHS Choices pregnancy and baby guide) or through the ISP microsite¹⁴. A small

¹² The ISP sign-up page is located at: <http://www.nhs.uk/InformationServiceForParents/pages/signup.aspx>

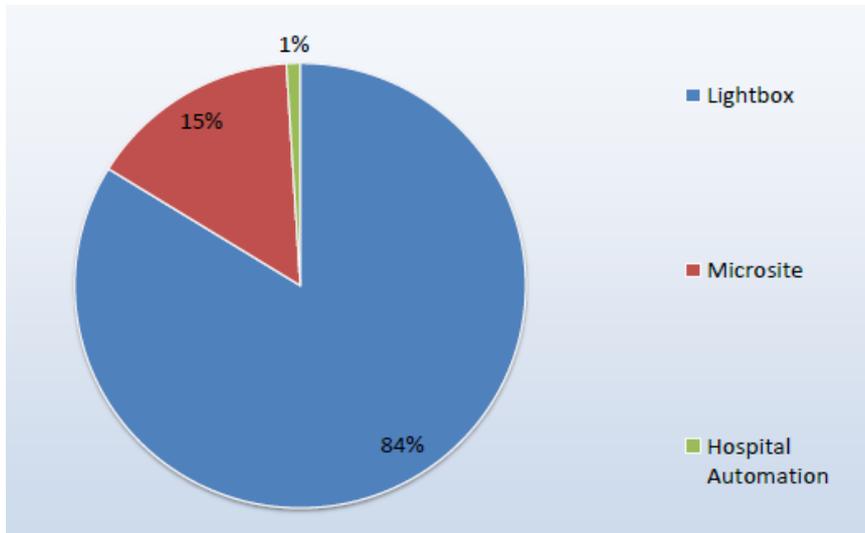
¹³ Parents can subscribe to the ISP SMS service by sending a text message containing their first name and baby's due date/date of birth to '84499'.

¹⁴ This is accessed via the short URL www.nhs.uk/parents that is printed on maternity materials, and also via a sign up widget supplied to other websites such as Bounty.

proportion of parents are also subscribed automatically – currently two hospitals are piloting this initiative.

Figure 1A shows from where people sign up to the ISP for the month of March 2013. The majority (84%) sign up to the service through the NHS Choices pregnancy and baby guide website pages, while 15% of subscribers have signed up to the service through the ISP microsite.

Figure 1A. Where people are signing up from



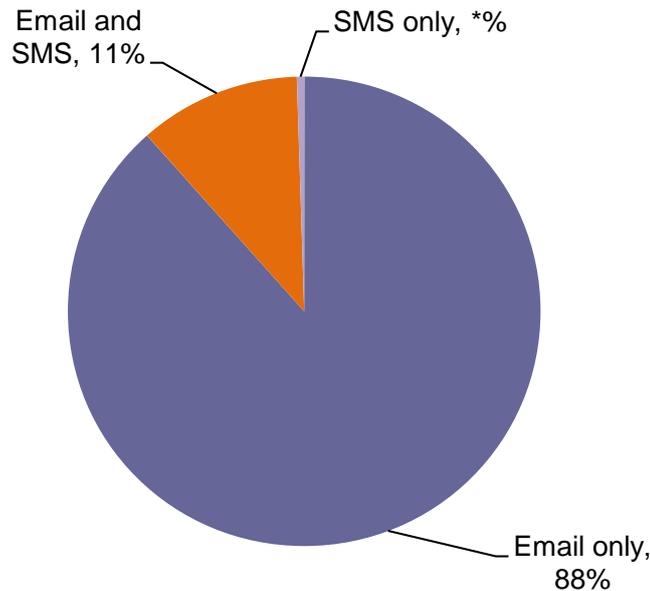
Source: ISP service usage data. 31 March 2013.

1.3 How many have signed up for email only, email + SMS and SMS only?

The vast majority of subscribers have signed up for only the email service (88%), while 11% have signed-up for both the SMS and the email service. Fewer than 1% have signed up for only the SMS service.

Of the 135,456 mums and dads who had signed up to receive ISP emails and text messages by 31 March:

- 119,986 had signed up for email only
- 14,910 had signed up for email and text message
- 560 had signed up for text messages only

Figure 1B. Email and SMS sign-ups

Source: ISP service usage data. 18 May 2012-31 March 2013.

* Indicates a percentage greater than zero, but less than 0.5%

1.4 How many have unsubscribed?

9,671 people unsubscribed between 18 May 2012 and 31 March 2013 (7% of those who signed up to the ISP in the same period):

- 8,328 people have unsubscribed from the email only (7% of those who signed up to this service)
- 1,228 people have unsubscribed from the email and SMS (8% of those who signed up to both these services)
- 115 people have unsubscribed from the SMS only (21% of those who signed up to this service)

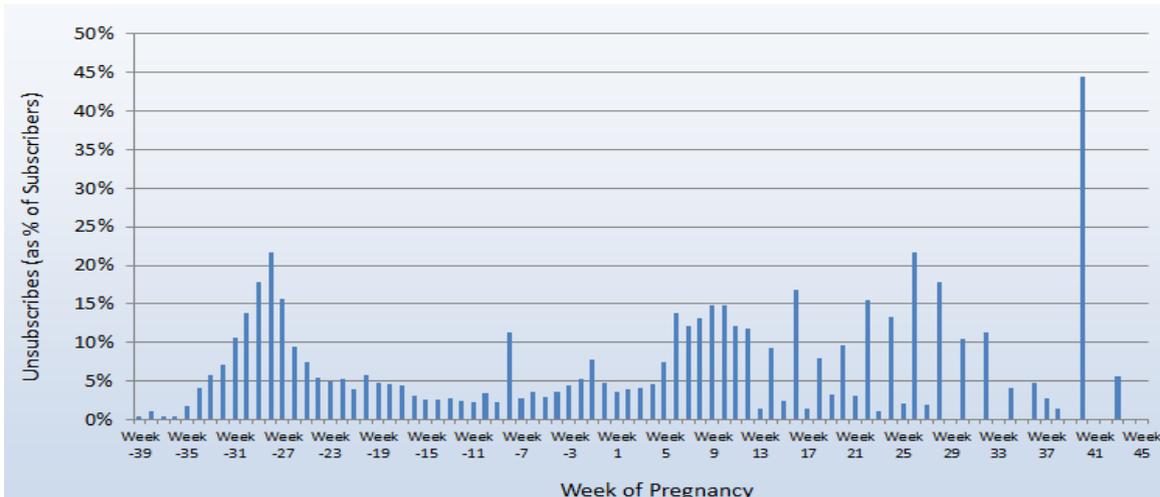
Figure 1C shows the email unsubscribe rates by the week of pregnancy (as a percentage of weekly subscribers)¹⁵.

Around three quarters of miscarriages happen during the first 12 weeks of pregnancy (the first trimester)¹⁶, which is likely to account for cluster of unsubscribing activity around the 28th week before birth. After this peak, the rate of unsubscribing falls significantly – to c.2-5% (as a % of weekly subscribers) for the 24th week before birth to the 4th week following birth. The 8th week before birth appears to be an anomaly, where the unsubscribe rate rises to 11%.

¹⁵ The unsubscribe rate should be treated with caution when considering parents of children aged 27 weeks or older. This is due to the small proportion of subscribers with children at this stage. For example, in the 40th week following birth, 4 unsubscribed out of the 9 who have a child at this age (an unsubscribe rate of 44%).

¹⁶ See miscarriage information page on NHS Choices, available at: <http://www.nhs.uk/Conditions/Miscarriage/Pages/Introduction.aspx>

Figure 1C. Email unsubscribes by stage of pregnancy



Source: ISP service usage data. 18 May 2012-31 March 2013.

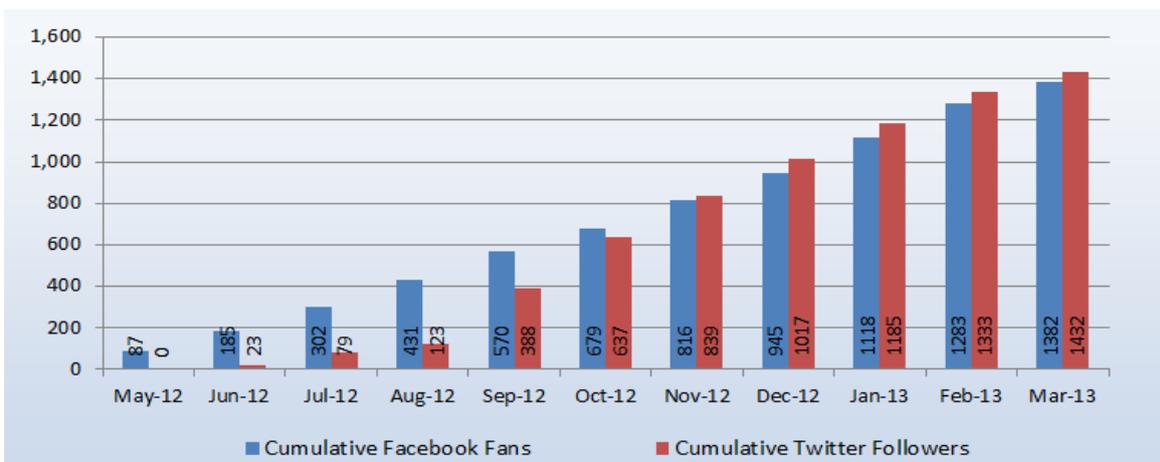
Taking account of those who have unsubscribed, there were 125,785 subscribers by the end of March 2013:

- 111,658 email-only subscribers
- 13,682 email and SMS subscribers
- 445 SMS-only subscribers

1.5 How many social media followers?

The ISP also has a social media presence. Between the 18 May and 31 March 2013 it gained 1,382 Facebook fans and 1,432 Twitter followers. When adjusted to exclude those who have ‘unliked’ on Facebook and ‘unfollowed’ on Twitter, the figures for fans and follower numbers are 1,325 and 1,288 respectively.

Figure 1E. Facebook fans and Twitter followers



Source: ISP service usage data. 18 May 2012-31 March 2013.

1.6 What are the email open and click-through rates?

The email open rates to the end of March 2013 were very healthy – around half (47.4%) of subscribers open the emails they receive from the service. This compares very favourably against the email open rate industry average of 13.8%¹⁷.

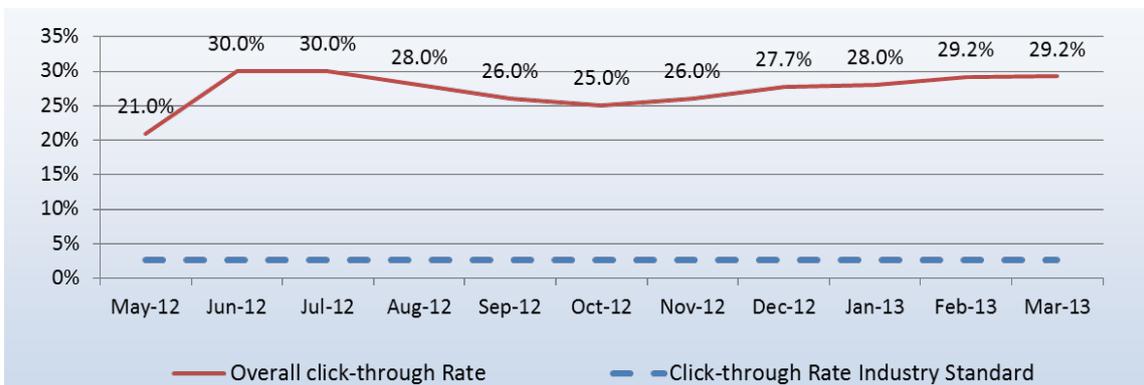
Figure 1F. Overall email open rates



Source: ISP service usage data. 18 May 2012-31 March 2013.

The service’s email click-through¹⁸ rate is very strong – as of the end of March 2013, 29.2% of email subscribers had clicked on one or more links in the emails. This compares well against the industry standard rate of 2.6%.

Figure 1G. Overall email click-through rates



Source: ISP service usage data. 18 May 2012-31 March 2013.

1.7 What pages are being linked to via the emails?

The monthly service usage reports also show the top 20 most popular links (counted as total number of clicks on a particular URL) for the period September 2012 to March 2013. Web pages featuring week-by-week content on pregnancy, baby development and newborn essentials tend to be the most popular links. Figures 1H-J show the 20 most popular links – these are ranked by the total number of clicks through as a percentage of the total number of emails sent containing each link.

¹⁷ The ISP is benchmarked against Mailchimp’s email industry marketing data for the year 2010. Specifically, the service is compared against the average email campaign stats for the 'Medical, Dental and Healthcare' industry. The latest industry benchmarks can be found at: <http://mailchimp.com/resources/research/email-marketing-benchmarks-by-industry/>

¹⁸ The click-through rate is the proportion of those viewing an email who click on a link to access further content.

Figure 1H. Links clicked in the emails (overall)

Top 20 click URL - overall	Total sent	Total clicks	Click / sent
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-17-18-19-20.aspx	65876	17112	26.0%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-25-26-27-28.aspx	45752	10861	23.7%
http://www.bbc.co.uk/health/gallery/week_19.shtml	42417	9851	23.2%
http://www.bbc.co.uk/health/gallery/week_28.shtml	46624	10033	21.5%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/screening-tests-abnormality-pregnant.aspx	72982	15524	21.3%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-21-22-23-24.aspx	55134	10194	18.5%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-29-30-31-32.aspx	75936	13190	17.4%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-33-34-35-36.aspx	81376	12287	15.1%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/stretch-marks-pregnant.aspx	66438	9272	14.0%
http://www.nhs.uk/Tools/Pages/Pregnancy.aspx	206052	28649	13.9%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/what-you-need-for-baby.aspx	205993	23554	11.4%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-4-5-6-7-8.aspx	114176	11797	10.3%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/over-40-weeks-pregnant-overdue.aspx	92486	8942	9.7%
http://www.nhs.uk/Tools/Pages/birthtofive.aspx	157630	12939	8.2%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/pack-your-bag-for-birth.aspx	217696	16835	7.7%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/soothing-crying-baby.aspx	233665	17278	7.4%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/hospital-birth-centre-labour.aspx	170836	12166	7.1%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/labour-signs-what-happens.aspx	168401	11802	7.0%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/you-after-birth.aspx	186377	10448	5.6%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/breastfeeding-first-days.aspx	200888	10646	5.3%

Source: ISP service usage data. 12 September 2012-13 March 2013.

For mums, the most clicked link is to NHS content on 'you and your baby at 17-20 weeks pregnant' – this includes information on keeping active, having a healthy diet and ultrasound scans (as well as warning signs to look out for). The second most clicked link is to NHS content on 'you and your baby at 25-28 weeks pregnant', covering maternity leave, maternity allowance and starting your birth plan.

Figure 1I. Links clicked in the emails (Mums)

Top 20 click URL - MUM	Total sent	Total clicks	Click / sent
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-17-18-19-20.aspx	55042	16008	29.1%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-25-26-27-28.aspx	33302	9681	29.1%
http://www.bbc.co.uk/health/gallery/week_28.shtml	34008	9828	28.9%
http://www.bbc.co.uk/health/gallery/week_19.shtml	30843	8318	27.0%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-21-22-23-24.aspx	32485	8587	26.4%
http://www.bbc.co.uk/health/gallery/week_24.shtml	32924	8635	26.2%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/screening-tests-abnormality-pregnant.aspx	54677	14156	25.9%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-29-30-31-32.aspx	64124	12295	19.2%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-33-34-35-36.aspx	67516	11567	17.1%
http://www.nhs.uk/Tools/Pages/Pregnancy.aspx	154819	25152	16.2%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/what-you-need-for-baby.aspx	124085	20079	16.2%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/stretch-marks-pregnant.aspx	57347	9078	15.8%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-4-5-6-7-8.aspx	95993	10453	10.9%
http://www.nhs.uk/Tools/Pages/birthtofive.aspx	116216	11468	9.9%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/hospital-birth-centre-labour.aspx	124618	11220	9.0%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/soothing-crying-baby.aspx	171427	13874	8.1%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/labour-signs-what-happens.aspx	131801	10485	8.0%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/pack-your-bag-for-birth.aspx	215540	16671	7.7%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/you-after-birth.aspx	164382	9472	5.8%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/breastfeeding-first-days.aspx	179168	10235	5.7%

Source: ISP service usage data. 12 September 2012-13 March 2013.

For dads, the most clicked link is to NHS content on 'sex in pregnancy'. This is followed by the link to the BBC's unborn baby gallery at week 19, and the link to NHS content on 'you and your baby at 25-28 weeks pregnant'.

Figure 1J. Links clicked in the emails (Dads)

Top 20 click URL - DAD	Total sent	Total clicks	Click / sent
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/sex-in-pregnancy.aspx	12195	1677	13.8%
http://www.bbc.co.uk/health/gallery/week_19.shtml	11574	1533	13.2%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-25-26-27-28.aspx	12450	1180	9.5%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/ultrasound-anomaly-baby-scans-pregnant.aspx	16076	1225	7.6%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/screening-tests-abnormality-pregnant.aspx	18305	1368	7.5%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-4-5-6-7-8.aspx	18183	1344	7.4%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-weeks-21-22-23-24.aspx	22649	1607	7.1%
http://www.nhs.uk/Tools/Pages/Pregnancy.aspx	51233	3497	6.8%
http://www.dad.info/expecting/pregnancy/the-second-three-months-of-pregnancy/	17319	1149	6.6%
http://www.nhs.uk/Tools/Pages/Pregnancy.aspx?Tag=Pregnancy	20392	1304	6.4%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/soothing-crying-baby.aspx	62238	3404	5.5%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/sex-contraception-after-birth.aspx	21876	1172	5.4%
http://www.dad.info/expecting/birth/the-final-countdown	22541	1137	5.0%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/washing-your-baby.aspx	32397	1389	4.3%
http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/what-you-need-for-baby.aspx	81908	3475	4.2%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/dad-to-be-pregnant-partner.aspx	35840	1322	3.7%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/labour-signs-what-happens.aspx	36600	1317	3.6%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/nappies.aspx	36029	1284	3.6%
http://www.nhs.uk/Tools/Pages/birthtofive.aspx	41414	1471	3.6%
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/getting-baby-to-sleep.aspx	50917	1562	3.1%

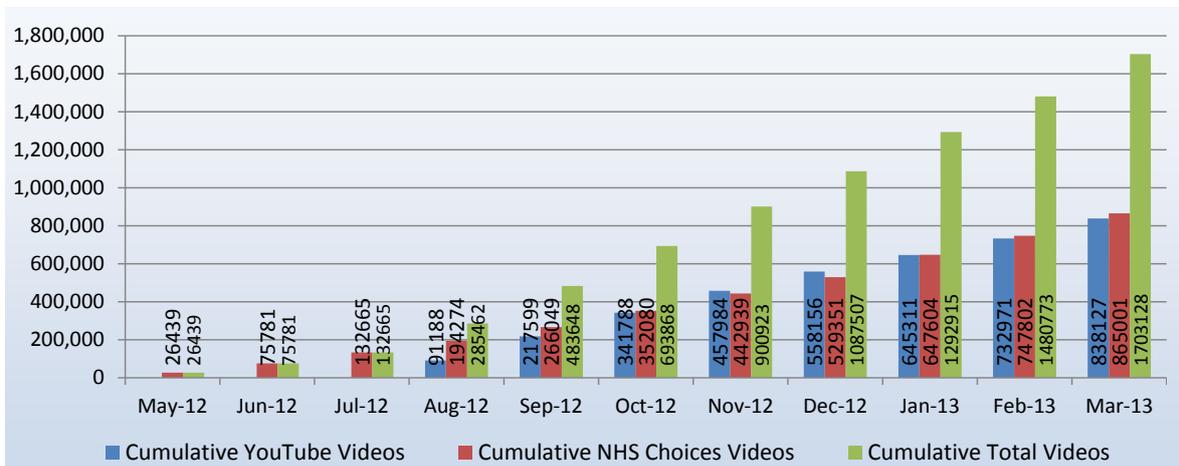
Source: ISP service usage data. 12 September 2012-13 March 2013.

Overall, there is a great deal of overlap in the links clicked in the emails by both mums and dads.

1.8 Video views

The video element of the service is well used – as of March 2013 there have been 1,703,128 video views. This comprises 838,127 YouTube video views and 865,001 NHS Choices video views.

Figure 1K. Cumulative number of video views (YouTube & NHS Choices)



Source: ISP service usage data. 18 May 2012-31 March 2013.

As of March 2013, the most accessed video topic was ‘what pregnancy symptoms are normal’¹⁹, followed by a video providing information on the main stages of labour²⁰.

¹⁹ Available at: <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/signs-and-symptoms-pregnancy.aspx>

²⁰ Available at: <http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/labour-signs-what-happens.aspx> and <http://www.youtube.com/watch?v=3zSWYoNUL2A&list=PL17AE7A507B262865&index=9>

Figure 1L. Top 10 ISP videos (ranked on views via NHS Choices)

Video Name	Plays
What pregnancy symptoms are normal?	39,658
What are the main stages of labour?	38,859
What food should I avoid during pregnancy?	33,789
What happens at a scan and what will they tell me?	32,134
What should I pack in my hospital bag?	30,606
What exercise should I do during pregnancy?	28,617
How do I bath my baby?	27,209
How often should my unborn baby move?	24,257
What is a cervical sweep?	20,089
How do I know if my baby is properly latched?	19,227

Source: ISP service usage data. 18 May 2012- 31 March 2013.

There are two main styles of ISP video:

- Health professionals: presented by qualified professionals, such as midwives and health visitors, with examples of parents-to-be/new parents and their children in-situ
- Parent discussions: mainly focusing on parents-to-be/new parents talking about their early parenting and pregnancy experiences

The service usage data shows that the majority of viewings are for the health professional videos, which comprise 84% of the ISP videos but 94% of the viewings. The parent discussion videos comprise 16% of the ISP, but account for only a small proportion – 7% of viewings.

Figure 1M. Videos views by type (Health professionals and Parent discussions)

	No of videos	% total videos	Total views (via NHS Choices)	% total views
Health professionals	192	84%	797,689	92%
Parent discussions	36	16%	67,312	8%
Total	228	100%	865,001	100%

Source: ISP service usage data. 18 May 2012-31 March 2013.

In chapters 7 and 8 we discuss how the health professional videos are preferred by the majority of the hard-to-reach parents and health professionals that were involved in the qualitative research.

2 “Who’s using the ISP? Has the service engaged users who are representative of the total population of parents and parents-to-be?”

Source: These findings are based on service usage data, penetration/ segmentation analysis and an online survey of ISP subscribers

This chapter examines the profile of ISP subscribers to determine whether the service is reaching a broadly representative cross-section of parents-to-be and new parents. This includes analysis of the gender, location, socio-demographic profile and working status of subscribers.

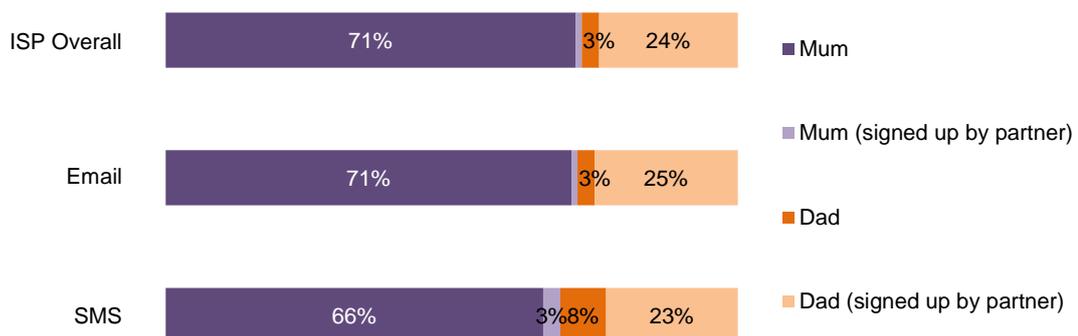
Key facts and figures

- 72% of email subscribers are mums; 28% are dads
- 69% of SMS subscribers are mums; 31% are dads
- About 11% of all parents-to-be and new parents in England are ISP subscribers²¹
- ISP penetration is highest in London (13.5%) among the target population and lowest in the West Midlands (8.8%)
- ISP penetration is highest among affluent middle class groups
- Overall, men and the less affluent appear under-represented among ISP subscribers

2.2 What is the profile of subscribers?

The ISP is used mainly by mums – service usage data shows that 72% of overall sign-ups are mums, while 28% are dads. Approximately nine in ten (88%) dads were signed up to the service by their partners compared to only 2% of mums.

Figure 2A. ISP subscribers by gender



Source: ISP service usage data. Base: all ISP subscribers (135,456), all email subscribers (134,896), all SMS subscribers (15,470). 18 May 2012 – 31 March 2013.

²¹ See ‘penetration and segmentation analysis of service users’ (page 14) for details on the methodology and sampling approach.

The profile of email subscribers is broadly in line with the overall subscriber profile – mainly due to the high proportion of ISP subscribers who receive the emails.

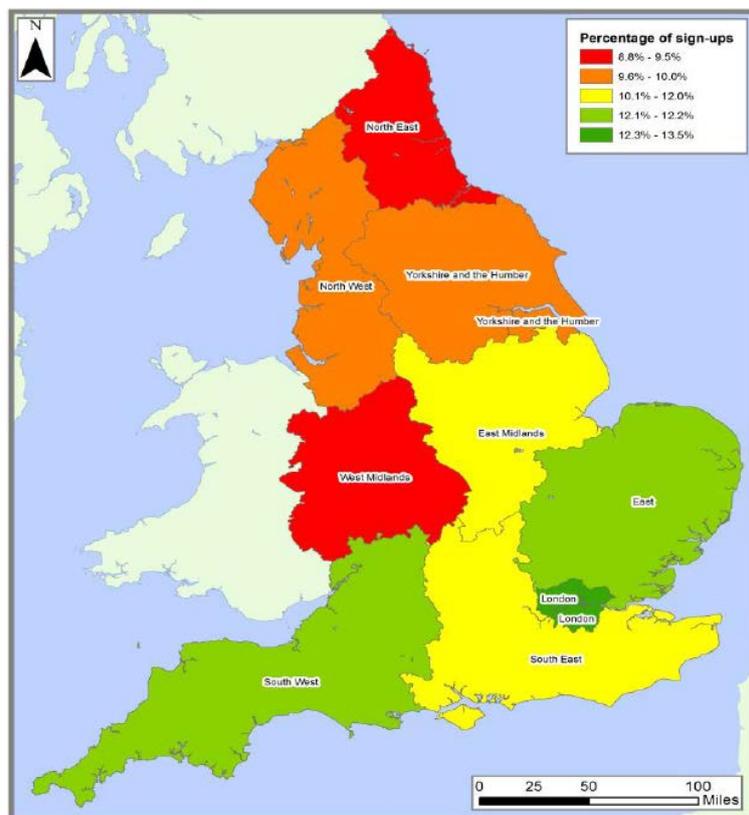
Considering the profile of SMS subscribers, seven in ten (69%) are mums, while 31% are the dads. Approximately three in four dads (73%) were signed up to the SMS service by their partners, compared to only 4% of mums.

Location-based penetration analysis

Location-based analysis on sign-ups was carried out to determine which areas of the country are most and least receptive to the ISP.

Sign-ups as percentage of the new and expectant parent population²² are highest in London, the East of England and the South West. In contrast, ISP penetration is relatively low in the North East, and lowest in the West Midlands.

Figure 2B. Penetration of sign-ups by Government Office Region (GOR)²³



Source: Experian analysis of ISP subscriber database/HES data. 18 May 2012-31 March 2013.

²² For the location-based segmentation analysis, the defined market for the ISP is parents-to-be and new parents with babies under one month. The total number of deliveries in England is used as a proxy for this, since it is the most appropriate element of the Hospital Episode Statistics (HES) dataset for the period 2010/11 that links to all the other datasets used to compile the Mosaic profiles. Please refer to the appendices for further details.

²³ The penetration is the total number of sign-ups as a percentage of the new and expectant parent population in each region. Subscriber location is determined by matching the first part of the subscriber’s postcode – recorded at sign-up – to local postcode districts. This information is then matched to HES data on the number of annual deliveries, providing an estimate for the new and expectant parent population by region. Please refer to the appendices for further details.

The table below shows the figures for ISP sign-ups by region, the estimated new and expectant parent population, and the penetration rates. Overall, ISP penetration is **11.2%** of the new and expectant parent population.

London has the highest ISP penetration (13.5%), followed by the South West (12.2%).

Figure 2C. Penetration of sign-ups by Government Office Region (GOR) - Overall

Region	All Sign-ups	Estimated New and Expectant Parent Population	Proportion of Sign-ups to New and Expectant Parent Population	Rank on Proportion
North East	4,907	51,438	9.5%	8
North West	14,579	147,918	9.9%	7
Yorkshire and the Humber	10,594	106,398	10.0%	6
East Midlands	9,372	91,176	10.3%	5
West Midlands	10,577	119,822	8.8%	9
East	14,228	117,670	12.1%	3
London	29,232	217,045	13.5%	1
South East	20,888	174,055	12.0%	4
South West	11,848	97,460	12.2%	2
Total	126,225	1,122,983	11.2%	

Source: Experian analysis of ISP subscriber database / HES data. 18 May 2012-31 March 2013.

ISP penetration is higher among mums than dads (16.2% and 6.3% respectively), as shown in the tables below. For both, the rate is highest in London (18.9% for mums and 8.1% for dads), and lowest in the West Midlands (12.9% and 4.8% respectively).

Figure 2D. Penetration of sign-ups by Government Office Region (GOR) – Mums

Name	Female Sign-ups	Estimated Deliveries	Proportion of Sign-ups to Deliveries	Rank on Proportion
North East	3,629	25,719	14.1%	8
North West	10,712	73,959	14.5%	7
Yorkshire and the Humber	7,725	53,199	14.5%	6
East Midlands	6,803	45,588	14.9%	5
West Midlands	7,707	59,911	12.9%	9
East	10,239	58,835	17.4%	3
London	20,491	108,523	18.9%	1
South East	15,004	87,027	17.2%	4
South West	8,619	48,730	17.7%	2
Total	90,929	561,491	16.2%	

Figure 2E. Penetration of sign-ups by Government Office Region (GOR) – Dads

Name	Male Sign-ups	Estimated Deliveries	Proportion of Sign-ups to Deliveries	Rank on Proportion
North East	1,278	25,719	5.0%	8
North West	3,867	73,959	5.2%	7
Yorkshire and the Humber	2,869	53,199	5.4%	6
East Midlands	2,569	45,588	5.6%	5
West Midlands	2,870	59,911	4.8%	9
East	3,989	58,835	6.8%	2
London	8,741	108,523	8.1%	1
South East	5,884	87,027	6.8%	3
South West	3,229	48,730	6.6%	4
Total	35,296	561,491	6.3%	

Source: Experian analysis of ISP subscriber database/HES data. 18 May 2012-31 March 2013.

Segmentation analysis

Looking at the sign-ups across the Mosaic²⁴ groups provides an indication as to whether the ISP is attracting all socio-demographic groups equally.

The table below shows the number of sign-ups by Mosaic group, the estimated number of new and expectant parents by group, the penetration (the number of sign-ups divided by the estimated new and expectant parent population), and an index value. An index value of 100 would mean that a group's sign-ups were directly in line with their estimated expectant and new parent population (for example, if they accounted for 10% of new and expectant parents and 10% of sign-ups).

Using the index value, ISP uptake is strongest among the following groups:

- successful professionals living in suburban or semi-rural homes (10% of sign-ups vs 5% of the expectant population)
- middle income families living in moderate suburban semis (21% of sign-ups vs 11% of the expectant population)

The rate of uptake among the disadvantaged groups is less than would be expected when compared to the estimated new and expectant parent population. In total, 20% of sign-ups (compared to 30% of the new and expectant parent population) have come from people living within the more disadvantaged group areas:

- Lower income workers in urban terraces in often diverse areas (11% of sign-ups vs. 14% of the expectant population)
- Young people renting flats in high-diversity social housing (5% of sign-ups vs 8% of the expectant population)
- Families in low-rise social housing with high levels of benefit need (4% of sign-ups vs 8% of the expectant population)

²⁴ Mosaic Public Sector is a socio-demographic segmentation which has been used in the public sector for over 10 years, across central government departments, NHS, Local Authority and Community Safety organisations. It aims to deliver understanding of the type of people living in certain areas, the services they are more likely to require, and information on how best to communicate information to them. Please refer to appendices for details of how the ISP subscribers were analysed using Mosaic socio-demographic segmentation, the list of Mosaic definitions and how HES data was used to calculate ISP penetration.

Figure 2F. Penetration of sign-ups by Mosaic groups – Overall

Mosaic Public Sector Group	All Sign-ups	% All Sign-ups	Estimated New and Expectant Parent Population	% Estimated New and Expectant Parent Population	Pen. %	Index
A Residents of isolated rural communities	3,472	3%	23,994	2%	14%	128
B Residents of small and mid-sized towns with strong local roots	9,676	8%	59,467	5%	16%	144
C Wealthy people living in the most sought after neighbourhoods	3,357	3%	23,008	2%	15%	129
D Successful professionals living in suburban or semi-rural homes	12,669	10%	50,788	5%	25%	221
E Middle income families living in moderate suburban semis	26,693	21%	124,903	11%	21%	189
F Couples with young children in comfortable modern housing	5,303	4%	82,321	7%	6%	57
G Young, well-educated city dwellers	20,866	17%	112,894	10%	18%	164
H Couples and young singles in small modern starter homes	787	1%	87,951	8%	1%	8
I Lower income workers in urban terraces in often diverse areas	14,005	11%	154,553	14%	9%	80
J Owner occupiers in older-style housing in ex-industrial areas	6,407	5%	83,468	7%	8%	68
K Residents with sufficient incomes in right-to-buy social housing	10,633	8%	104,842	9%	10%	90
L Active elderly people living in pleasant retirement locations	977	1%	14,159	1%	7%	61
M Elderly people reliant on state support	0	0%	17,651	2%	0%	0
N Young people renting flats in high density social housing	6,136	5%	85,977	8%	7%	63
O Families in low-rise social housing with high levels of benefit need	5,195	4%	90,322	8%	6%	51
Total	126,176	100%	1,116,298	100%	11.3%	100

Source: Experian analysis of ISP subscriber database / HES data / Mosaic segments. 18 May 2012-31 March 2013.

The tables below show the demographic split of sign-ups by Mosaic group for both mums and dads. Based on the index, the uptake of subscribers is highest among:

- Successful professionals living in suburban or semi-rural homes (10% for both)
- Middle income families living in moderate suburban homes (21% for mum, 22% for dads)
- Young, well-educated city dwellers (16% for mums, 17% for dads)

Figure 2G. Penetration of sign-ups by Mosaic groups – Mums

Mosaic Public Sector Group	Female Sign-ups	% Female Sign-ups	Estimated Deliveries	% Estimated Deliveries	Pen. %	Index
A Residents of isolated rural communities	2,573	3%	11,997	2%	21.4%	132
B Residents of small and mid-sized towns with strong local roots	7,062	8%	29,733	5%	23.8%	146
C Wealthy people living in the most sought after neighbourhoods	2,436	3%	11,504	2%	21.2%	130
D Successful professionals living in suburban or semi-rural homes	9,315	10%	25,394	5%	36.7%	225
E Middle income families living in moderate suburban semis	19,058	21%	62,452	11%	30.5%	187
F Couples with young children in comfortable modern housing	3,848	4%	41,161	7%	9.3%	57
G Young, well-educated city dwellers	14,799	16%	56,447	10%	26.2%	161
H Couples and young singles in small modern starter homes	548	1%	43,975	8%	1.2%	8
I Lower income workers in urban terraces in often diverse areas	10,021	11%	77,277	14%	13.0%	80
J Owner occupiers in older-style housing in ex-industrial areas	4,674	5%	41,734	7%	11.2%	69
K Residents with sufficient incomes in right-to-buy social housing	7,747	9%	52,421	9%	14.8%	91
L Active elderly people living in pleasant retirement locations	712	1%	7,080	1%	10.1%	62
M Elderly people reliant on state support	0	0%	8,826	2%	0.0%	0
N Young people renting flats in high density social housing	4,299	5%	42,988	8%	10.0%	61
O Families in low-rise social housing with high levels of benefit need	3,802	4%	45,161	8%	8.4%	52
Total	90,894	100%	558,149	100%	16.3%	100

Source: Experian analysis of ISP subscriber database/HES data/Mosaic segments. 18 May 2012-31 March 2013.

Figure 2H. Penetration of sign-ups by Mosaic groups – Dads

Mosaic Public Sector Group	Male Sign-ups	% Male Sign-ups	Estimated Deliveries	% Estimated Deliveries	Pen. %	Index
A Residents of isolated rural communities	899	3%	11,997	2%	7.5%	119
B Residents of small and mid-sized towns with strong local roots	2,614	7%	29,733	5%	8.8%	139
C Wealthy people living in the most sought after neighbourhoods	921	3%	11,504	2%	8.0%	127
D Successful professionals living in suburban or semi-rural homes	3,354	10%	25,394	5%	13.2%	209
E Middle income families living in moderate suburban semis	7,635	22%	62,452	11%	12.2%	193
F Couples with young children in comfortable modern housing	1,455	4%	41,161	7%	3.5%	56
G Young, well-educated city dwellers	6,067	17%	56,447	10%	10.7%	170
H Couples and young singles in small modern starter homes	239	1%	43,975	8%	0.5%	9
I Lower income workers in urban terraces in often diverse areas	3,984	11%	77,277	14%	5.2%	82
J Owner occupiers in older-style housing in ex-industrial areas	1,733	5%	41,734	7%	4.2%	66
K Residents with sufficient incomes in right-to-buy social housing	2,886	8%	52,421	9%	5.5%	87
L Active elderly people living in pleasant retirement locations	265	1%	7,080	1%	3.7%	59
M Elderly people reliant on state support	0	0%	8,826	2%	0.0%	0
N Young people renting flats in high density social housing	1,837	5%	42,988	8%	4.3%	68
O Families in low-rise social housing with high levels of benefit need	1,393	4%	45,161	8%	3.1%	49
Total	35,282	100%	558,149	100%	6.3%	100

Source: Experian analysis of ISP subscriber database/HES data/Mosaic segments. 18 May 2012-31 March 2013.

Profile of subscribers

Age is not currently recorded when subscribers sign up to the ISP. To provide data on the ages of subscribers, an age range question was asked as part of the subscriber survey.²⁵ The following data provides a strong indication of the likely age profile of subscribers.

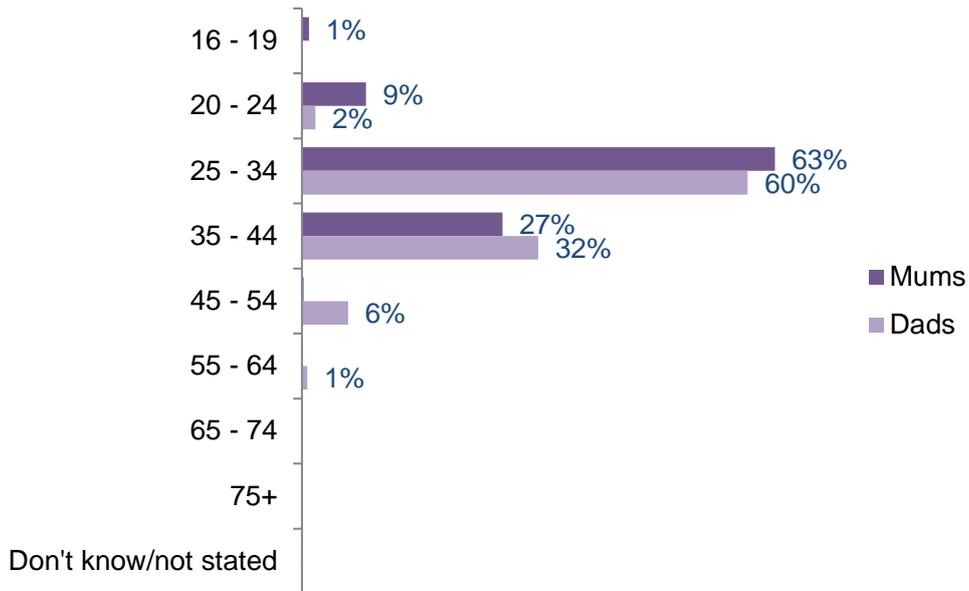
The majority of responding subscribers are aged 25-34 years – this is the age range which encompasses the majority of first time parents. The Office of National Statistics (ONS) reports that the average age of first time mums in the UK is 27.9 years, and 29.7 years for all births.²⁶

Responding subscribers in their early twenties are more likely to be women, while older subscribers tend to be men (particularly those over 44 years).

²⁵ Participation in the subscriber survey is voluntary, so the results are not guaranteed to be representative of the entire population of ISP subscribers. Given the small proportion of dads who subscribe to the service, quotas were set to ensure there were enough responding dads (at least 100) to infer meaningful conclusions from the results. This means the results provide an indication of the *likely* profile of ISP subscribers.

²⁶ Office of National Statistics (ONS), Statistical Bulletin: Live Births in England and Wales by Characteristics of Mother, 2011. <http://www.ons.gov.uk>

Figure 2I. Q2. How old are you?

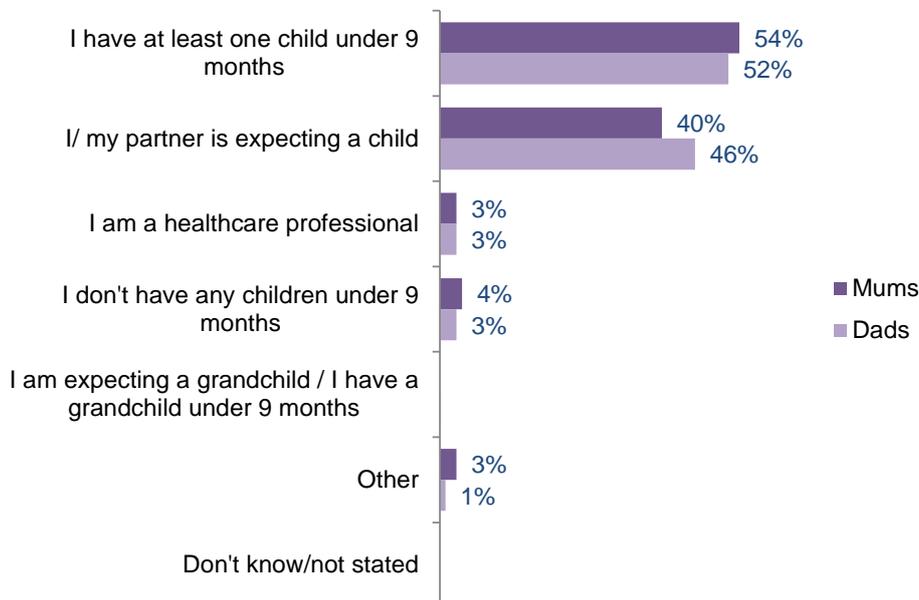


Source: ISP subscriber survey. Base: all responding mums (2,330) and dads (275). Single response permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

The majority of responding subscribers comprise two groups – those with at least one child under nine months and those who are expecting a child. This split is broadly the same among both responding mums and dads (new mums/mums-to-be and dads/dads-to-be).

Figure 2J. Q3. Please select which of the following apply?



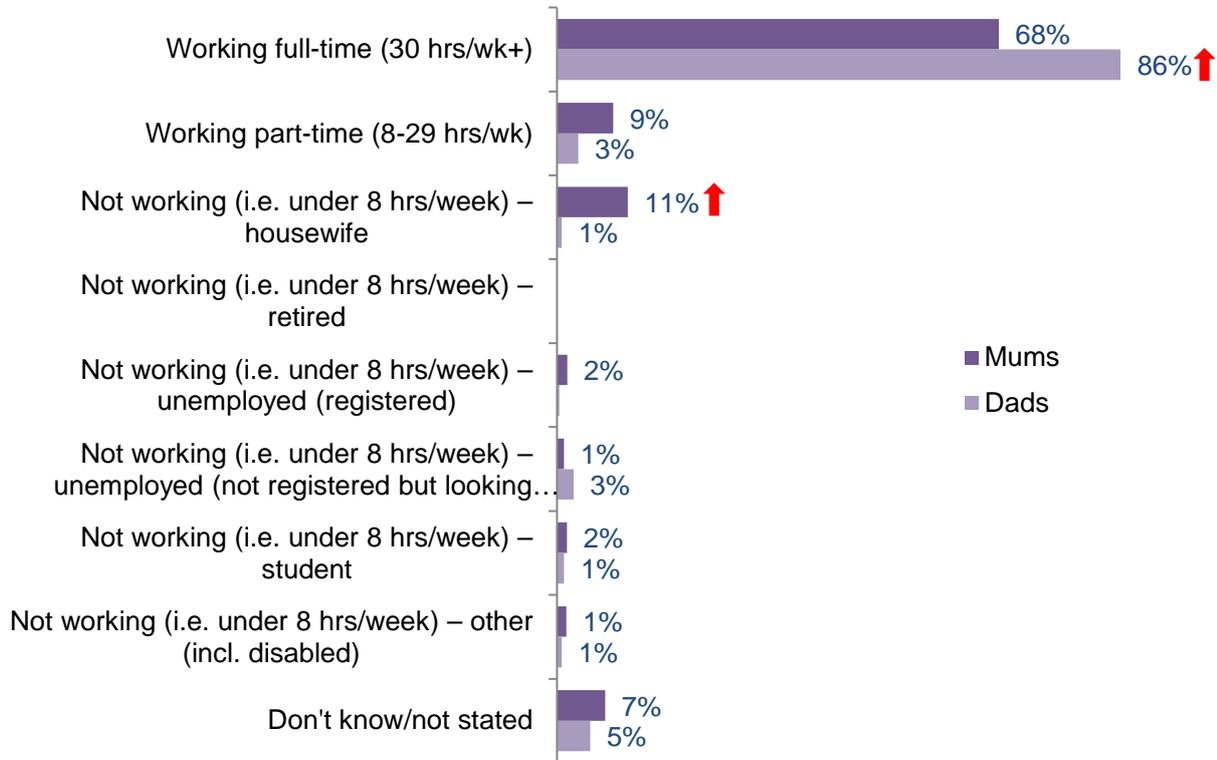
Source: ISP subscriber survey. Base: all responding mums (2,330) and dads (275). Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

It is interesting to note that a high proportion of responding subscribers aged 25-34 are expecting a child (43% vs 36% of 16-24s and 37% of 35-44s), while a higher proportion of responding subscribers aged 16-24 already have at least one child under 9 months (61% vs 52% of 25-34s).

As figure 2K shows, the majority of responding subscribers are working full-time (30 hours and above per week). Gender accounts for some variation in the working status – dads are more likely to be working full-time (86% vs 68% of mums) and mums are more likely to be housewives who are not working/working less than 8 hours a week (11% vs 1% of dads).

Figure 2K. DEM1. Which of the following best describes the working status of your household's primary income earner?



Source: ISP subscriber survey. Base: all responding mums (2,330) and dads (275). Single response permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

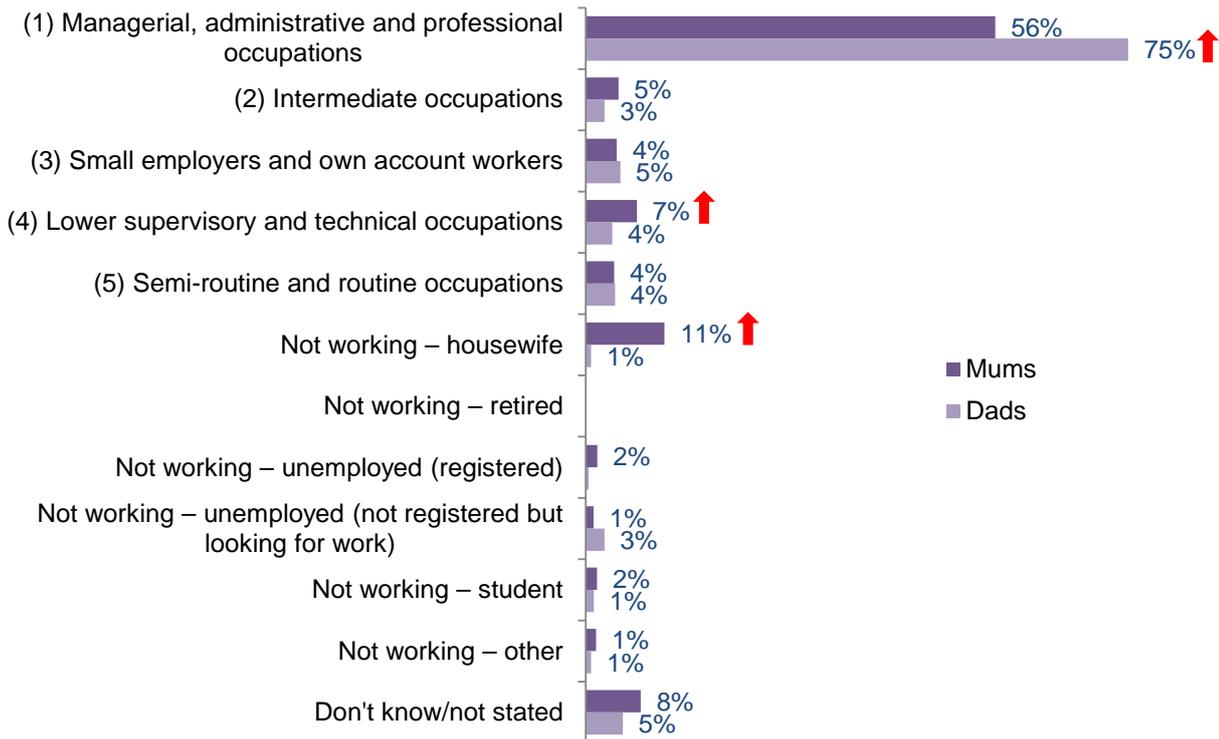
There are few significant differences in terms of the working status of mums-to-be and new mums (of children under 9 months), although a higher proportion of new mums say they are housewives and not working/working under 8 hours a week (14% vs 9% of mums-to-be). This trend is to be expected, given that the new mums are likely to be taking maternity leave from work.

Subscribers were also asked a set of questions to determine their National Statistics Socio-economic Classification (NS-SEC)²⁷. These questions were asked of those subscribers who work full-time or part-time, with the classification determined using a standard algorithm based on their response combinations. The chart below shows the NS-SEC coding for those subscribers working full-time and part-time, along with the working status classification for all other subscribers.

The majority of responding subscribers are employed in managerial, administrative and professional occupations – these account for over half of women (56%) and three in four men (75%). Mums are also more likely to be employed in lower supervisory and technical operations (7% vs 4% of men) and, as noted previously, they are also more likely to take on the role of housewife (11% vs 1% of men).

²⁷ Office of National Statistics (ONS), Guidance and methodology: The National Statistics Socio-economic Classification (NS-SEC rebased on the SOC2010), 2010. <http://www.ons.gov.uk>

Figure 2L. NS-SEC code/ Working Status



Source: ISP subscriber survey. Base: all responding mums (2,330) and dads (275). Single response permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

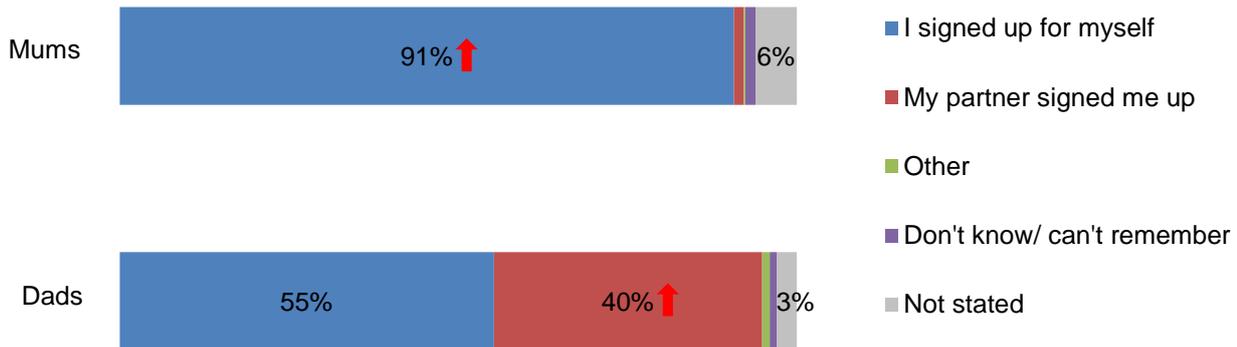
2.3 Who signed up the subscribers to the ISP?

Mums are more proactive than dads in signing up for the ISP, and they are also more likely to encourage their partner to do so – see figure 2A earlier in this section.

To add to the evidence base on *who* signed up the subscribers to the ISP, the survey respondents were asked whether they signed up themselves, or were signed up by their partners.

In-line with the service usage data, the majority of responding mums signed-up for the service themselves (91%). In contrast, Dads who responded to the online survey appear to be more proactive information seekers when compared to the wider base of subscribing dads. Two in five (40%) responding dads were introduced to the service by their partner, while over half (55%) signed up themselves.

Figure 2M. Q6. Did you sign up for these emails yourself?



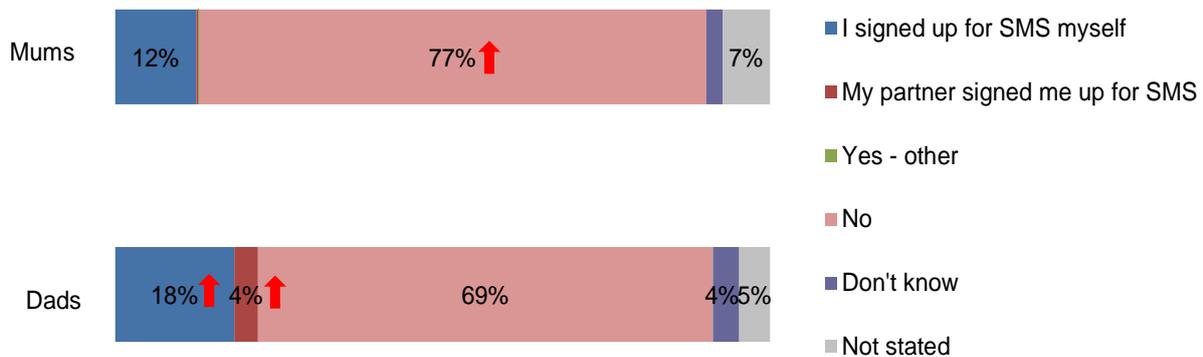
Source: ISP subscriber survey. Base: all responding mums (2,330) and dads (275). Single response permitted. Fieldwork dates: 19- 28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

Based on service usage data, a minority (11%) of ISP subscribers have signed up to the SMS service. A slightly higher proportion of subscriber survey respondents say they have signed up to the service (14%), although this is still a minority. As shown at figure 2A earlier in this section, the ISP service usage data shows that mums make up the majority of SMS subscribers – see figure 2A.

Considering the subscriber survey findings, a minority of respondents have signed up to the SMS service – 12% of mums and 18% of dads. Those who use the SMS service tend to sign up for it themselves, while a minority of responding dads were signed up by their partner. This is a notable contrast to the service usage data – which shows that the majority of dads were signed-up by their partner – and suggests that survey respondents are more engaged with the ISP than is typically the case among the wider subscriber base.

Figure 2N. Q26. Did you sign-up for the Information Service for Parents text message (SMS) service?



Source: ISP subscriber survey. Base: all responding mums (2,330) and dads (275). Single response permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

Among survey respondents, a higher proportion of mums-to-be than new mums signed up to the SMS service themselves (16% vs 11% of new mums).

2.4 Are any groups under-represented?

The findings from the monthly service usage reports, location/segmentation analysis and the subscriber survey provide a clear indication of who is subscribing to the service – and in turn, who is not.

Service usage data shows that the ISP is used mainly by mums, with the online survey indicating it is most popular among mums-to-be and new mums who are aged 44 years and under (particularly those aged 25-34).

Location analysis shows that the penetration of the service is highest in London, while it is lowest in the West Midlands. Overall, subscriber rate is higher in southern England compared to the north.

Segmentation analysis indicates that ISP uptake is strongest among affluent groups – successful professionals living in suburban or semi-rural homes and middle-income families living in moderate suburban semis. Uptake among less affluent groups is less than would be expected.

The subscriber survey also indicates that most responding subscribers are from households where the primary income earner is working full-time in managerial, professional and administrative occupations.

To an extent, this subscriber profile is true of what we would expect of a digital information service for parents. However, given the ambition of the ISP is to reach all sections of society, certain groups appear to be under-represented.

Below is a summary of the under-represented groups:

Men

The gender profile of subscribers shows there is still a great deal of work to do to increase the proportion of dads. The non-subscriber survey and qualitative components of this evaluation also found that men tend to be less aware of, informed about, and engaged with, parenting information and services *generally*. Encouraging more dads-to-be and new dads to sign up is likely to continue to be a challenge for the service, but should be pursued given that the ISP aspires to help *all* parents-to-be and new parents.

The less advantaged and those from a working class background

The segmentation analysis indicates that subscriber penetration is lower than would be expected among less affluent groups:

- Lower income workers in urban terraces in often diverse areas
- Young people renting flats in high-diversity social housing
- Families in low-rise social housing with high levels of benefit need

These groups broadly cover the less advantaged, including people who tend to be unemployed or 'hard to reach'. These groups will be considered further in chapter 7.

Overall, the affluent, educated middle class are the most strongly represented groups in the ISP subscriber base.

This is reinforced by the findings from the subscriber survey, which shows that most subscribers are from households where the primary income earner is employed in managerial, professional and administrative occupations. While this is also likely to be the case for many other parenting websites, the ISP aims to extend beyond the typical reach and provide for a more representative cross-section of parents.

In reference to the NS-SEC classification²⁸ that we have applied to this evaluation, the service should aim to increase sign-ups among families where the primary income earner is:

- employed in intermediate occupations;
- a small employer and own account worker;
- a lower supervisor or employed in a technical occupation;
- is a semi-routine/routine worker.

This could be summarised as among traditional and aspirant working class families.

²⁸ Office of National Statistics (ONS), Standard Occupational Classification SOC2010), 2010. <http://www.ons.gov.uk>. The NS-SEC classification measures employment relations and conditions of occupations. The information required to create the NS-SEC is occupation, coded to unit groups, and details of employment status: whether an employer, self-employed or employee; whether a supervisor; and the number of employees at a workplace.

3 How have the different services (email, video, SMS) appealed to users?

Source: These findings are based on service usage data and an online survey of ISP subscribers

This chapter looks at how well the emails, texts and videos are engaging users. Prior to this, we briefly explore how respondents typically find out about the service.

Key facts and figures

- 84% of sign-ups to the ISP come from users visiting the NHS Choices Pregnancy and baby guide website pages, where a pop-up appears inviting users to sign up for free NHS emails or text messages
- About half (47.4%) of subscribers open the ISP emails - which compares favourably with an industry average open rate of 13.8%²⁹
- Half of all videos are watched through to completion
- Nearly one in three (29.2%) email subscribers clicks on one or more links included in the emails – which compares extremely favourably with an industry average click-through rate of 2.6%
- Only 11% of subscribers are signed-up for text messages. Findings from the online subscriber survey indicate that the main reasons for this low take-up are:
 - lack of awareness of the SMS service
 - preference not to receive texts
 - expectation that the content of texts is same as that of emails

3.2 How do parents find out about the service?

The subscriber survey indicates that NHS Choices is the main source through which responding subscribers hear about the ISP, followed by midwives and friends/family.

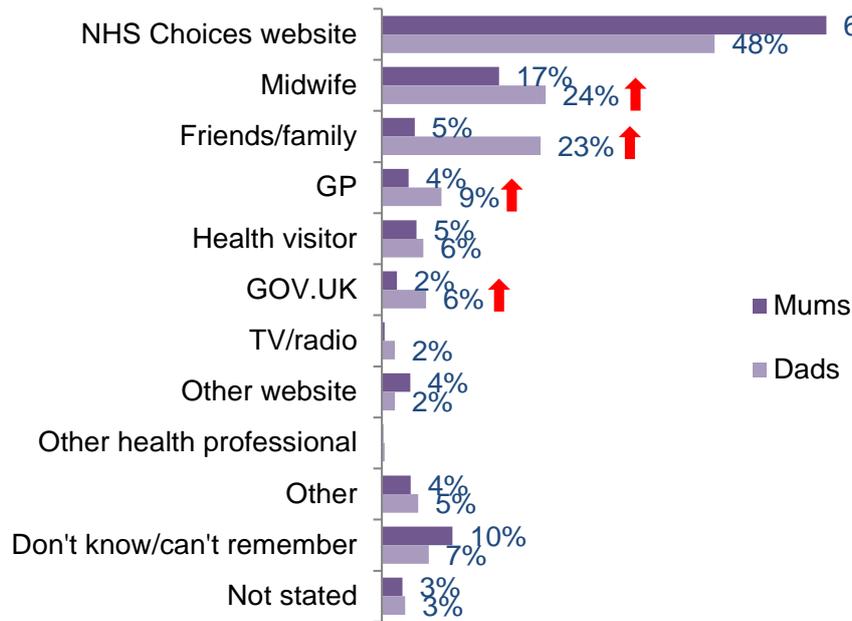
Women are more likely to hear about the service through NHS Choices (64% vs 48% of men), while men are more likely to recall the service through word-of-mouth sources:

- 24% of men vs 17% of women recall midwives mentioning the service; and
- 23% of men vs 5% of women hear about it through friends/family.

Figure 3A below shows how dads and mums tend to hear about the service.

²⁹ The ISP is benchmarked against Mailchimp's email industry marketing data for the year 2010. Specifically, the service is compared against the average email campaign stats for the 'Medical, Dental and Healthcare' industry. The latest stats can be found at: <http://mailchimp.com/resources/research/email-marketing-benchmarks-by-industry>

Figure 3A. Q4. Where did you hear about the Information Service for Parents?



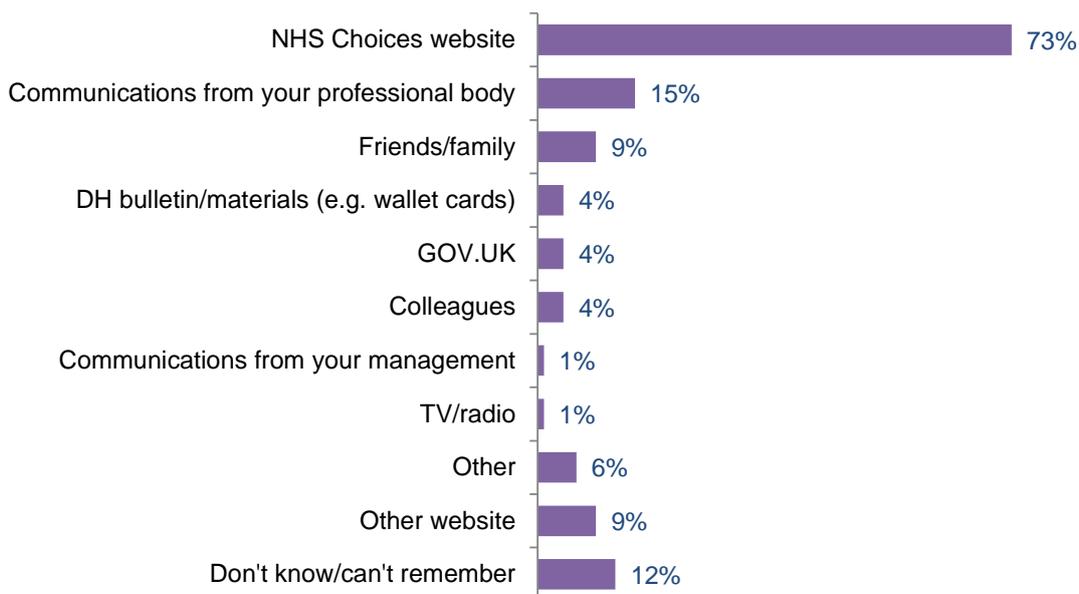
Source: ISP subscriber survey. Base: all responding mums (2,179) and dads (267) using the service for non-professional use. Multiple responses permitted. Fieldwork dates: 19- 28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

The online survey shows that NHS Choices is also the most likely channel through which health professionals hear about the ISP. Three in four (73%) recall it through NHS Choices, followed by 15% who say they hear about the ISP via communications from their professional body.

Only a small proportion of health professionals recall hearing about the service directly through their work: via colleagues (4%), DH bulletin/materials such as wallet cards (4%) or in communications from their management (1%).

Figure 3B. Q5. Where did you hear about the Information Service for Parents?



Source: ISP subscriber survey. Base: all responding health professionals (82*) using the service for non-professional use. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

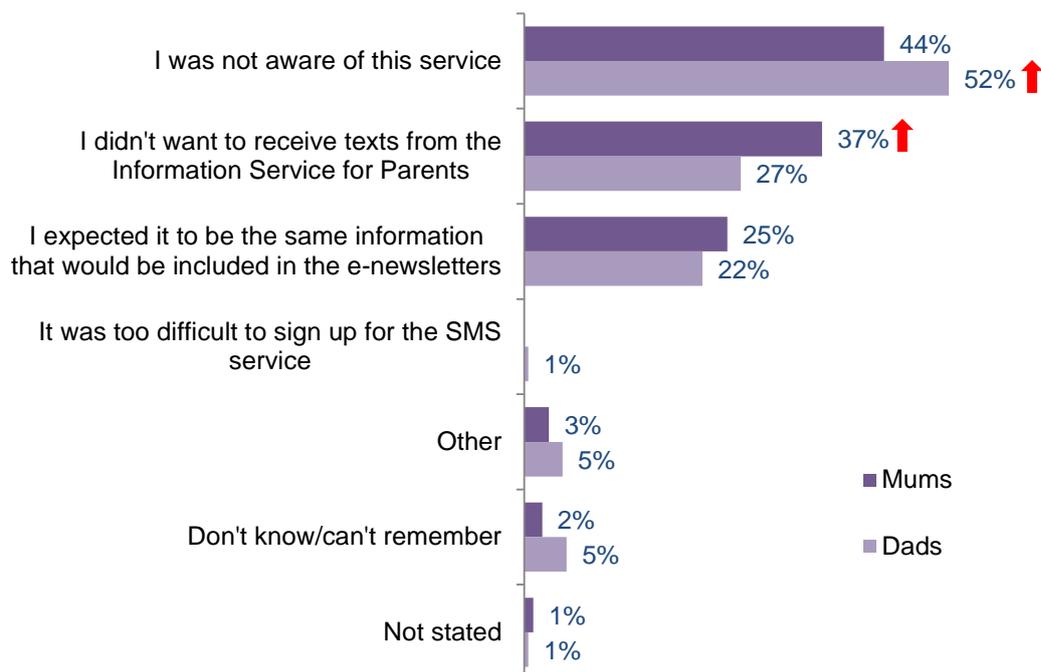
* Small base size – please consider percentages as indicative

3.3 Why have some parents not signed-up to the SMS service?

As we already knew prior to the evaluation that uptake to the SMS was very low, a question was asked in the online survey to identify the reason why ISP subscribers have not signed up to the SMS service.

Lack of awareness is the main reason why responding subscribers have not signed up to the SMS service – over two in five (44%) mums cite this factor, along with half (52%) of dads. The second most common factor is a personal choice, with over one in three responding mums (37%) and one in four (27%) of dads not wishing to receive SMS texts from the service. The third most commonly cited factor is the expectation that the information in the texts is the same as in the emails, reported by 25% of mums and 22% of dads.

Figure 3C. Q27. Why didn't you sign up for the SMS service?



Source: ISP subscriber survey. Base: all responding mums (1,805) and dads (191) who have not signed-up for the SMS service. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

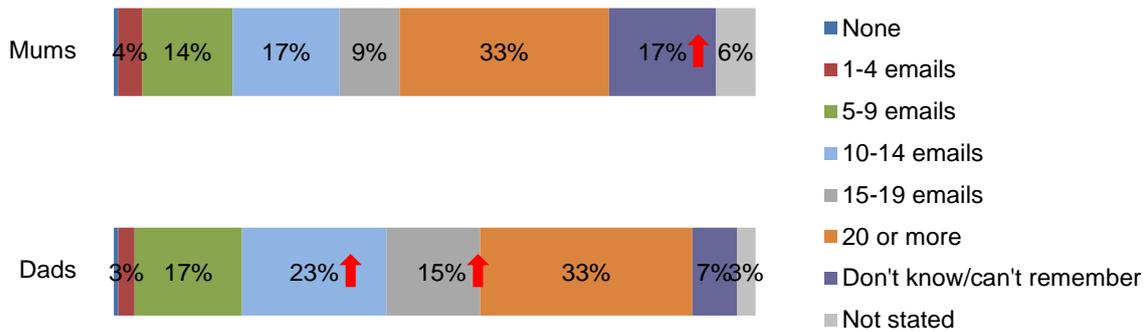
↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

3.4 Have parents engaged with the email content?

Upon sign-up, all subscribers receive regular emails which provide information relevant to their baby's stage of development. Mums and dads responding to the online survey are broadly similar in terms of the number of emails they recall receiving; for both groups one in three (33%) say they have received 20 or more. We would expect that most would recall receiving 10 or more emails, as survey invites were sent to a broadly representative sample of those who have been subscribing for at least three months³⁰.

³⁰ The sampling quota for SMS subscribers was loosened to all who had been signed up for at least one month. This was due to the relatively small proportion of subscribers who have signed up to this service.

Figure 3D. Q7. How many emails have you received?



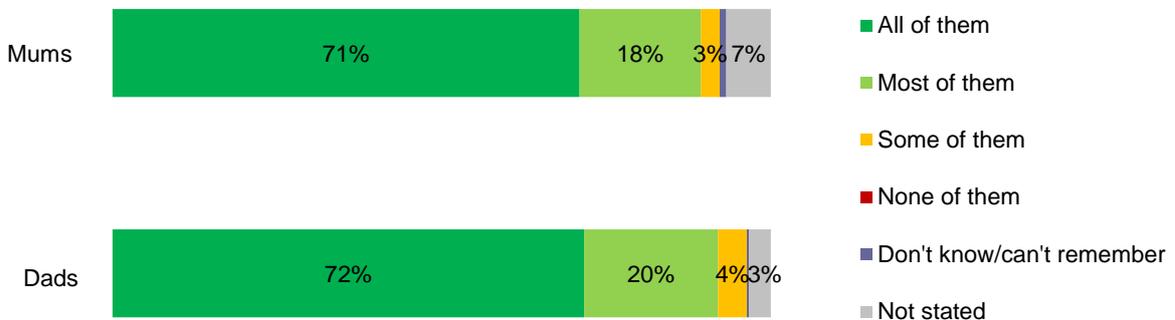
Source: ISP subscriber survey. Base: all responding mums (2,330) and dads (275). Single response permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

The service usage data for the email open and click-through rates are examined at figures 1F and 1G in chapter 1. These service usage figures show that the email click-through rate is 47.4%, which compares strongly against the industry average of 13.8%. Similarly, the content click-through rate is also high (29.2% vs. an industry average of 2.6%). This suggests high levels of interest and engagement with the ISP content, which is reinforced by the findings from the online subscriber survey.

Engagement with the emails among respondents to the online survey is very high among both men and women. Nine in ten say they have opened/read all or most of them (89% of mums vs. 92% of dads), with over seven in ten having viewed all of them. As mentioned earlier in this section, the findings suggest that engagement is higher among respondents to the online subscriber survey compared to the wider ISP subscriber base.

Figure 3E. Q8. How many of these emails have you opened/read since signing up?



Source: ISP subscriber survey. Base: all responding mums (2,330) and dads (275). Single response permitted. Fieldwork dates: 19-28 February 2013.

3.5 Have parents engaged with the video content?

The service usage data indicates half (54%) of the ISP videos on NHS Choices and in the ISP video library are watched through to their completion, while four in five (80%) subscribers watch at least three quarters of the videos. This is a healthy completion rate, and suggests engagement with the ISP video content is high.

Figure 3F. Video viewing completion (NHS Choices videos / ISP video library)

	Views (via NHS Choices)	Percentage to 50% Mark	Percentage to 75% Mark	Percentage of Complete Views
Total	802,422	86%	80%	54%

Source: ISP service usage data. 18 May 2012-31 March 2013.

In addition, questions were asked in the online subscriber survey to identify the level of respondent engagement with the ISP videos. The majority of respondents to the subscriber survey (85%) have watched at least one video via the links in the weekly emails. One in four dads and mums have viewed ten or more videos.

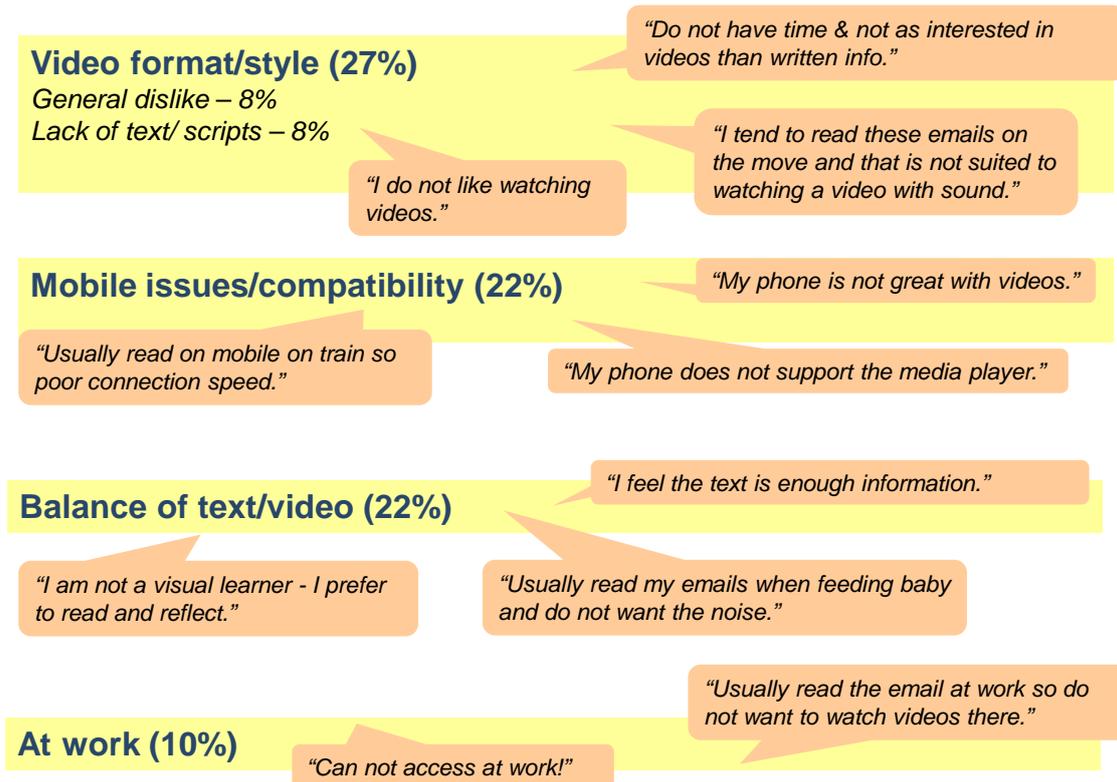
Figure 3G. Q14. The emails contain links to videos. How many videos have you opened via links in the emails, and watched, since signing up?



Source: ISP subscriber survey. Base: all responding mums (2,147) and dads (265) who have opened/ read any emails. Single response permitted. Fieldwork dates: 19-28 February 2013

The reasons subscribers have not engaged with the ISP video content was also explored in the online subscriber survey. A minority of respondents (15% of women and 13% of men) have not accessed any of the videos. Among these, one in four responses show a general dislike of the content or feel it is less appropriate for them. Mobile compatibility issues and the balance of text with video were also given as reasons not to watch the videos, while some subscribers are put off watching the videos because they typically access content at work.

Figure 3H. Q15. Why have you not watched any of the videos featured in the emails?



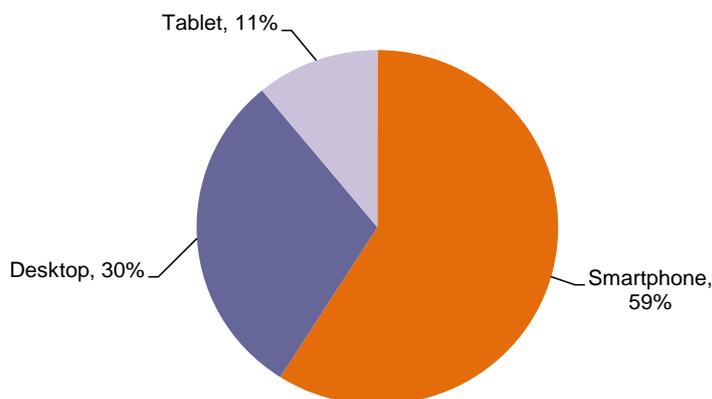
Source: ISP subscriber survey. Base: all responding subscribers (314) who have not watched any of the videos. Multiple responses permitted. Fieldwork dates: 19-28 February 2013

3.6 How have parents accessed the emails and videos?

There is a huge range of devices and interfaces through which subscribers can access the ISP emails and videos. To help ensure the ISP content is supported across a range of platforms, the device type and web browser used to view ISP content are recorded and reported in the service usage data. This data is examined below.

Figure 3I below shows that three in five (59%) visits to ISP email content via smartphone devices, while 30% of visits come from those using desktop devices to view the content. One in ten visits come as a result of accessing content via a tablet e.g. iPad.

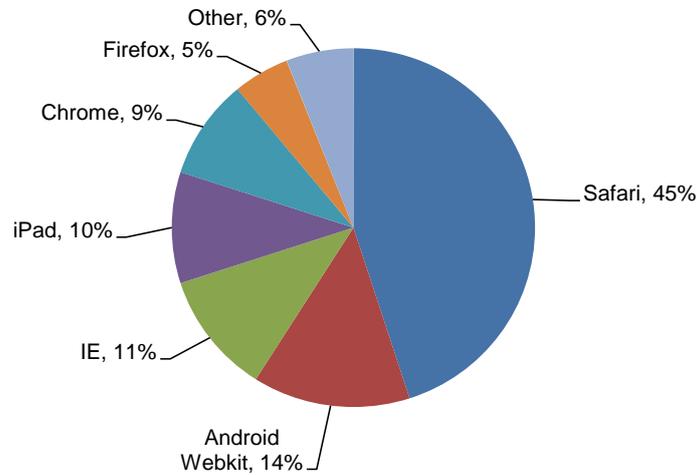
Figure 3I. Breakdown by device (content clicked-through to via the ISP emails)



Source: ISP service usage data. 18 May 2012-31 March 2013.

In terms of web browser, the majority of subscribers access ISP email content using an Apple interface (55% use Safari/iPad browser), followed by 14% who use the Android stock browser. One in ten access ISP email content through Google Chrome (9%) or Microsoft Internet Explorer (11%).

Figure 3J. Breakdown by browser (content clicked-through to via the ISP emails)

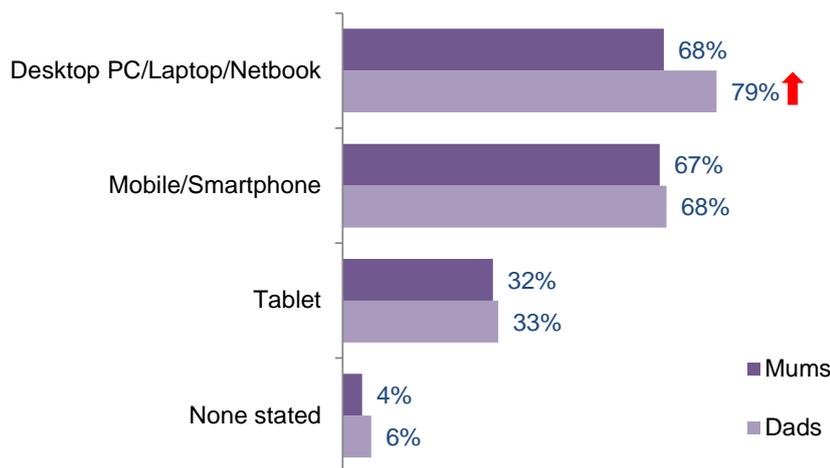


Source: ISP service usage data. 18 May 2012-31 March 2013.

A question was also asked in the online subscriber survey to examine the user experience when the ISP emails are accessed on different devices.

Mums who responded to the subscriber survey say they use a desktop PC/laptop/netbook and mobile/smartphone more or less equally to access the emails, while dads expressed a slight preference to access the service on a desktop PC/laptop/ netbook. In addition, one in three mums and dads say they use a tablet to view the ISP emails.

Figure 3K. Q33.a) Still thinking about the Information Service for Parents, which of the following devices, if any, have you used to access the emails?

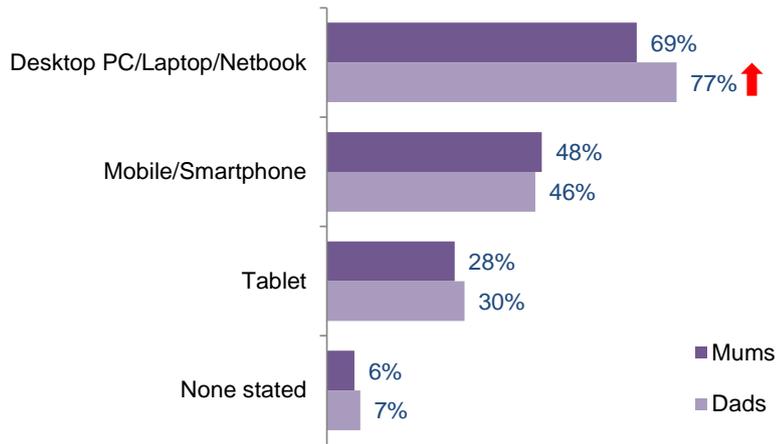


Source: ISP subscriber survey. Base: all responding mums (2,147) and dads (265) who have opened/ read any emails. Multiple responses permitted. Fieldwork dates: 19-28 February 2013

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

In terms of the videos, most responding subscribers have watched the videos using a desktop PC, laptop or netbook – 69% of mums and 77% of dads respectively. Approaching half have accessed the video content using a mobile or smartphone device, while around three in ten use a tablet to watch videos.

Figure 3L. Q33.b) Still thinking about the Information Service for Parents, which of the following devices, if any, have you used to access the videos?



Source: ISP subscriber survey. Base: all responding mums (1,861) all dads (230) who have watched any videos via the emails or online. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

The proportions accessing video on a tablet is broadly in line with those accessing email through these devices, but fewer subscribers in the online survey appear to be accessing video on mobile and smartphone devices when compared to the proportions accessing the emails.

To illustrate this point, 67% of responding mums have used a mobile device to access the emails, though fewer than half (48%) have watched the videos on these devices. This is similarly the case among dads – 68% have accessed the emails on a mobile compared to 46% who have accessed the videos. This suggests that the video user experience on mobile is slightly compromised when compared to other devices – an assertion confirmed by subsequent questions in the subscriber survey, explored in the next chapter.

4 “Attitudes to the ISP” Is the service considered trustworthy, user-friendly, and a source of high-quality information by users? What would users like to change about the ISP?

Source: These findings are based on online survey of ISP subscribers

This chapter examines subscribers’ attitudes towards the service, looking at whether they find it trustworthy and user friendly, and what if anything they would like to change about it.

Key facts and figures

Emails

- Nine in ten respondents to the survey are satisfied with the emails and two in three are very satisfied
- Nine in ten are likely to recommend the emails and agree the information in the emails is easy to understand, trustworthy and useful
- Eight in ten respondents agree the emails are user- friendly, link to good quality information, are ‘for people like me’, are the right length, are ‘something I make time to read’ and ‘make me want to find out more’
- The amount of information in the emails plus its clarity and usefulness are the reasons for this high level of satisfaction, while trust in the NHS brand and lack of advertising are also important factors

Videos

- More than seven in ten respondents agree that the videos are easy to understand, trustworthy, clearly presented, relevant, interesting, useful and easy to remember, ‘make me feel more confident’, and ‘teach me something new’
- Most say the video format and standards of production are good (82% and 79%)

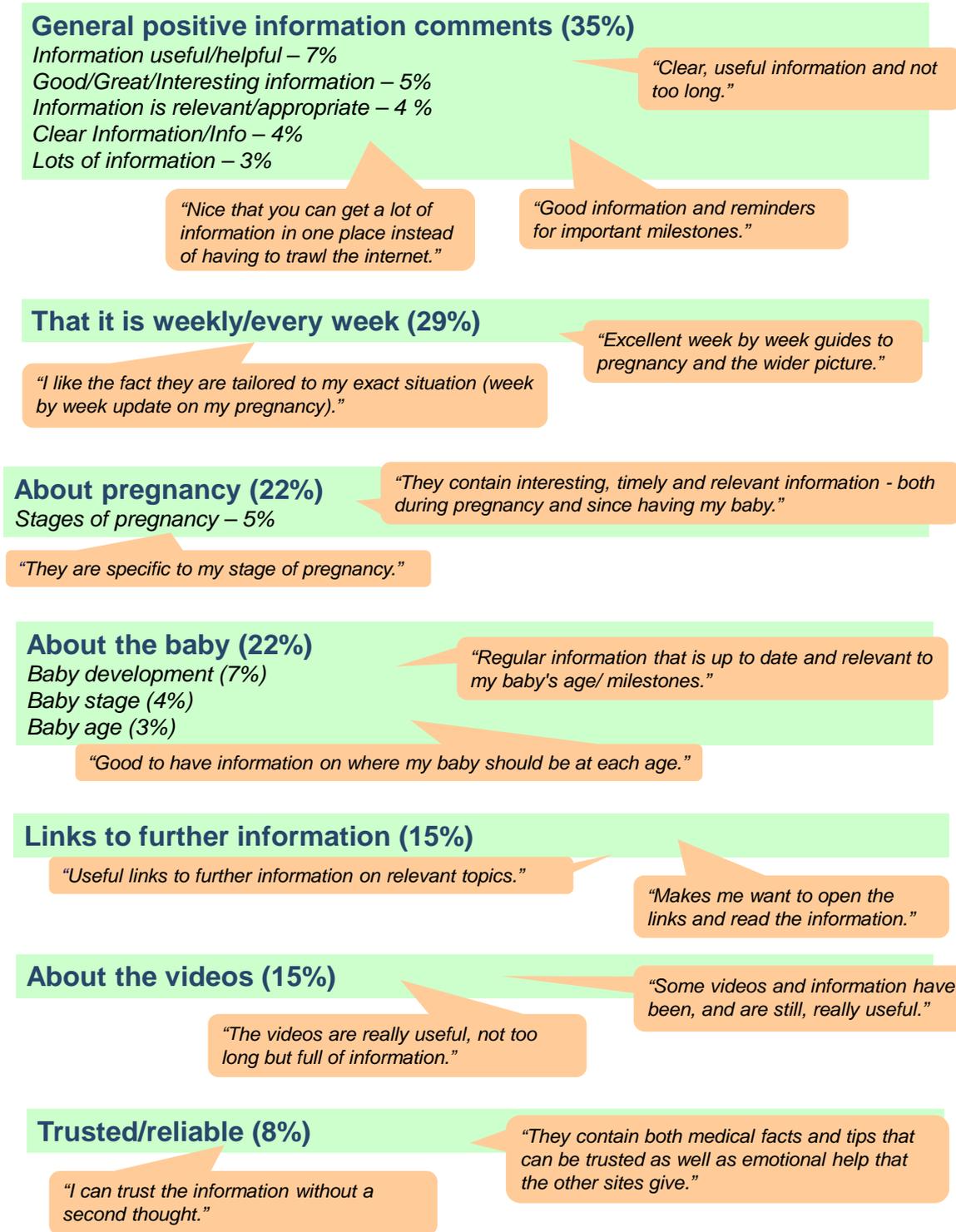
Text messages

- Only a minority of ISP users choose to receive texts but among SMS subscribers who responded to the survey, seven in ten say they were satisfied with and would recommend the SMS service

4.2 What do subscribers think about the about the emails?

When asked an open-ended question about what they like about the emails, one in three responding subscribers give a general positive response in relation to the information they provide, while 29% complement the frequency at which the emails are sent (weekly). The verbatim comments below are indicative of the aspects that are most liked about the emails.

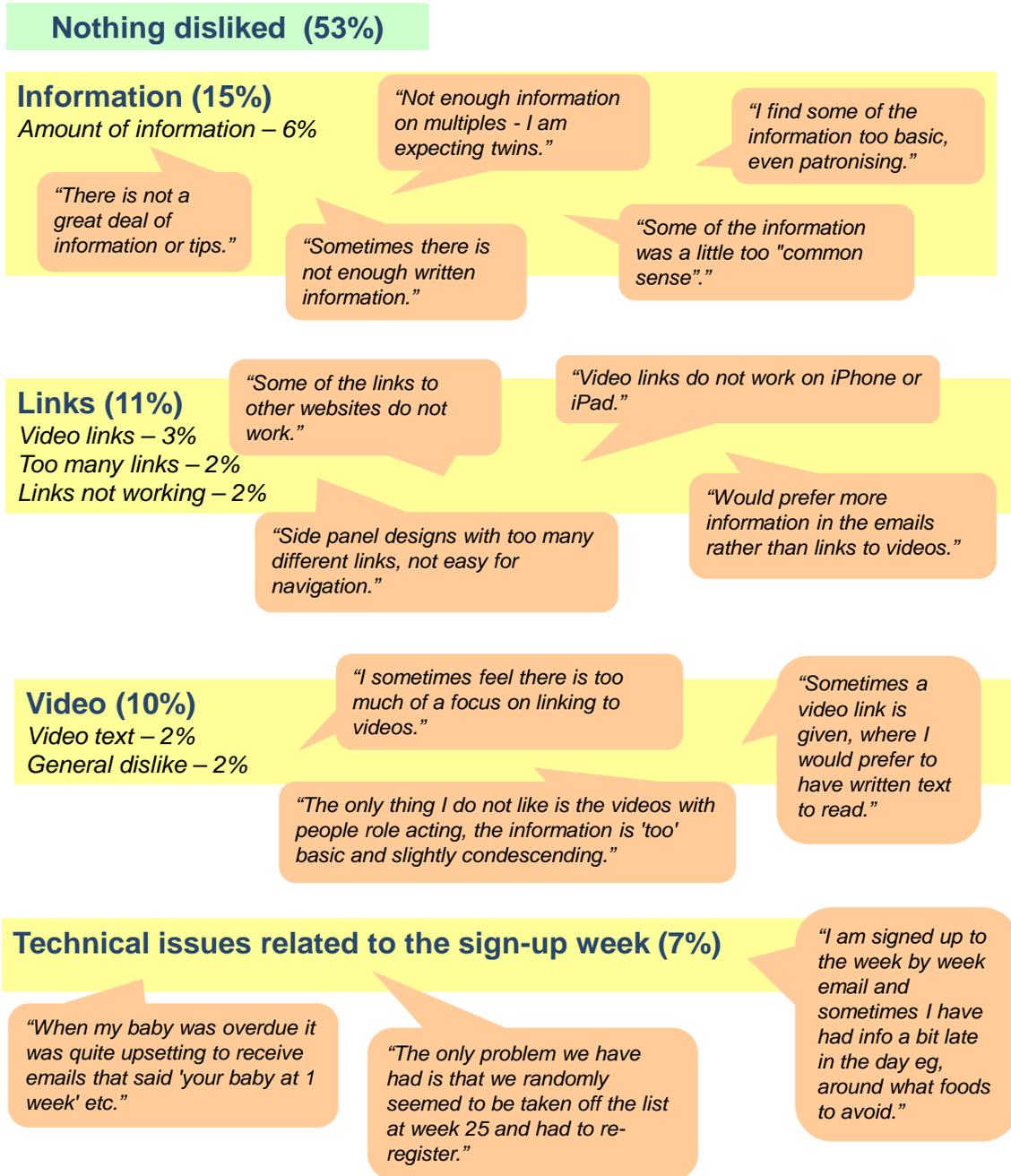
Figure 4A. Q10. What, if anything, do you like about the Information Service for Parents emails? (Open ended question)



Source: ISP subscriber survey. Base: all responding subscribers (2,012) who have opened/ read any emails. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

Over half of those responding say there is nothing they dislike (53%) about the email. Of those who dislike an aspect of the email service, most comments also relate to the information provided – specifically the *amount* of information. There are also a number of comments relating to the links (11%) and videos (10%). The verbatim comments below provide an indication on the aspects that are disliked.

Figure 4B. Q11. What, if anything, do you dislike about the Information Service for Parents emails? (Open ended question)



Source: ISP subscriber survey. Base: all responding subscribers (1,490) who have opened/ read any emails. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

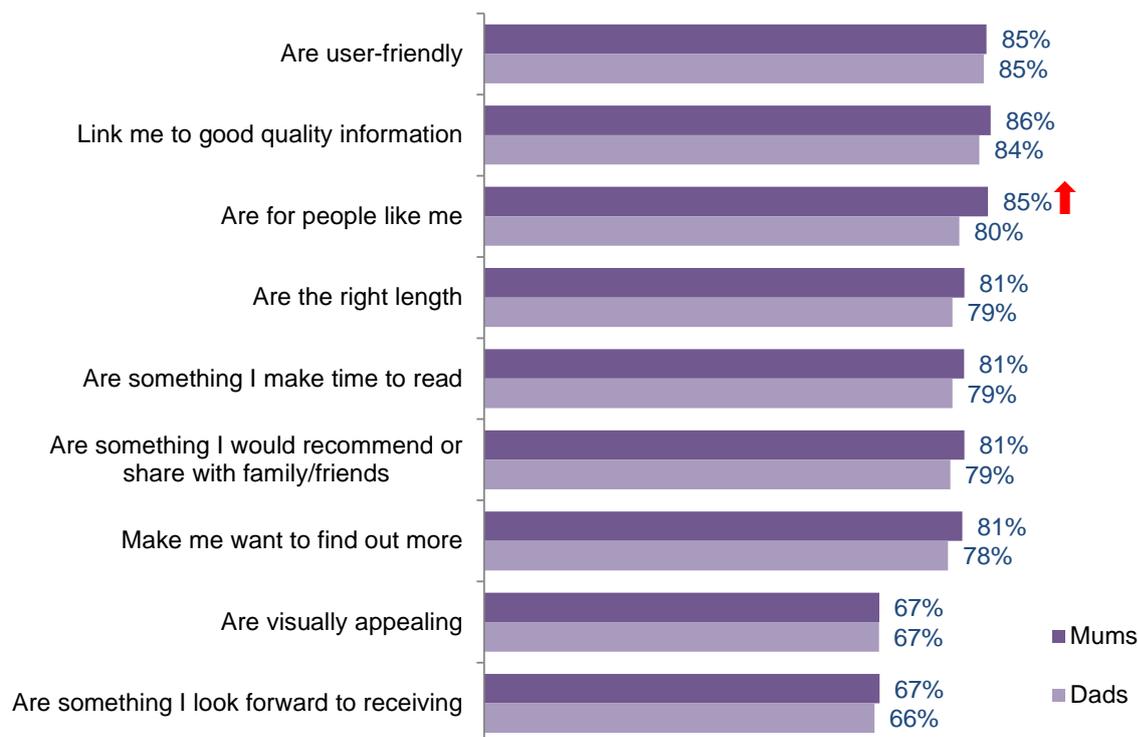
Overall, subscribers in the online survey are positive towards the emails and rate them highly across a number of attributes. More than four in five agree the emails are user-friendly and link to good quality information, and approximately four in five agree that the emails:

- are the right length
- are something they make time to read
- are something they would recommend or share with family/ friends
- make them want to find out more

The findings for responding mums and dads are broadly in line across all the attributes with exception of ‘the emails are for people like me’ – 85% of dads agree with this compared to 80% of mums.

Two in three agree the emails are visually appealing and are something they look forward to receiving – these are the attributes that receive the least agreement from respondents.

Figure 4C. Q12. Still thinking about the emails you receive from the Information Service for Parents, please tell us how much do you agree or disagree with the following statements that the emails ... ? : (Agree responses only)



Source: ISP subscriber survey. Base: all responding mums (2,147) and dads (265) who have opened/ read any emails. Single response permitted for each statement. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

Subscribers who read all of the emails are more likely than those who read most, or some, to rate the emails highly. The table below illustrates this trend, which applies across all the attributes. It suggests that those subscribers who are more engaged with the service tend to be more positive about it compared to those who are less engaged.

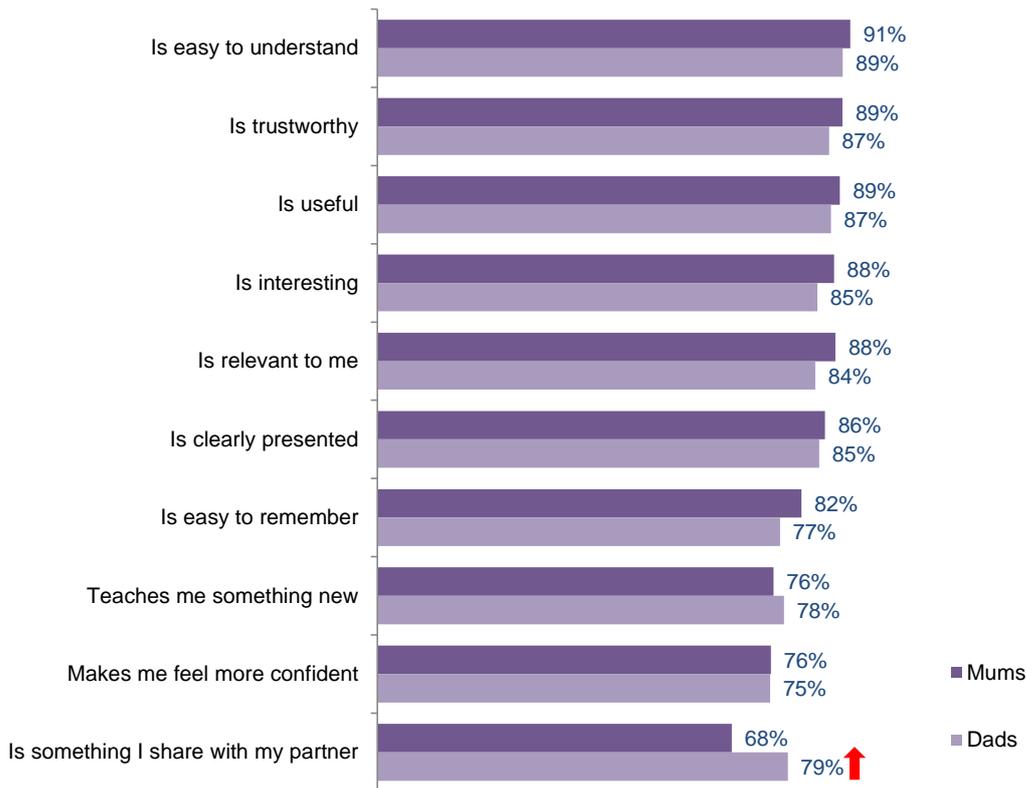
	Read all emails (% agree)	Read most emails (% agree)	Read some (% agree)
Base (all who have opened/ read any emails):	1,851	486	78
Are visually appealing	70%	58%	40%
Are user-friendly	87%	80%	63%
Are the right length	83%	77%	55%

Source: subscriber survey. Base: as stated. Single response permitted for each statement. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (i.e read all emails vs. read most emails). Fieldwork dates: 19-28 February 2013.

The content of the emails is also highly regarded by subscriber survey respondents. Figure 4D shows that approximately nine in ten agree the information in the emails is easy to understand, trustworthy and useful.

At least three in four subscribers agree with all the statements on the email information, with exception of ‘the information is something I share with my partner’ – four in five dads (79%) agree with this, falling to 68% among mums. This shows more could be done to encourage women to share information gained through the service with their partners.

Figure 4D. Q13. Now thinking about the information in the emails, please tell us how much you agree or disagree with the following statements – The information: (Agree responses only)



Source: ISP subscriber survey. Base: all responding mums (2,147) and dads (265) who have opened/ read any emails. Single response permitted for each statement.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

Responding mums who say they read all the emails are also more likely than those who read most, or some/none, to rate the information highly. This trend also applies across all the statements on the email information.

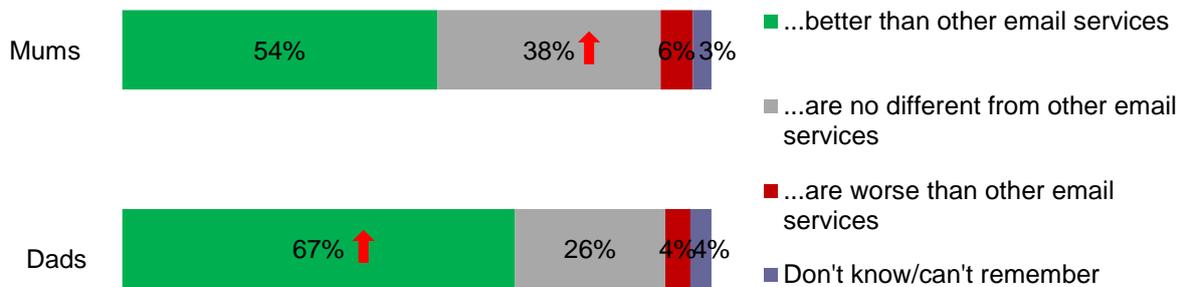
	Read all emails (% agree)	Read most emails (% agree)	Read some (% agree)
Base (all who have opened/ read any emails):	1,652	429	66
Is easy to understand	92%	88%	79%
Is trustworthy	90%	88%	80%
Is useful	91%	85%	71%

Source: ISP subscriber survey. Base: as stated. Single response permitted for each statement. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (ie read all emails vs read most emails). Fieldwork dates: 19-28 February 2013.

4.3 How do the emails compare to those offered by other services?

The emails compare favourably with those offered by other parenting information services – over half of responding mums say they are better (54%), rising to two in three among dads (67%). A significant minority (38%) of mums say the emails are on par with other services, while 4% say they are worse – the reasons for which will be examined at Figure 4G.

Figure 4E. Q24. How do you think the emails you receive from the Information Service for Parents compare to other pregnancy/child development emails to which you subscribe? The emails I receive from the Information Service for Parents are...



Source: ISP subscriber survey. Base: all responding mums (1,959) and dads (141) who have opened/read any emails and subscribe to other email services. Single response permitted for each statement. Fieldwork dates: 19-28 February 2013.

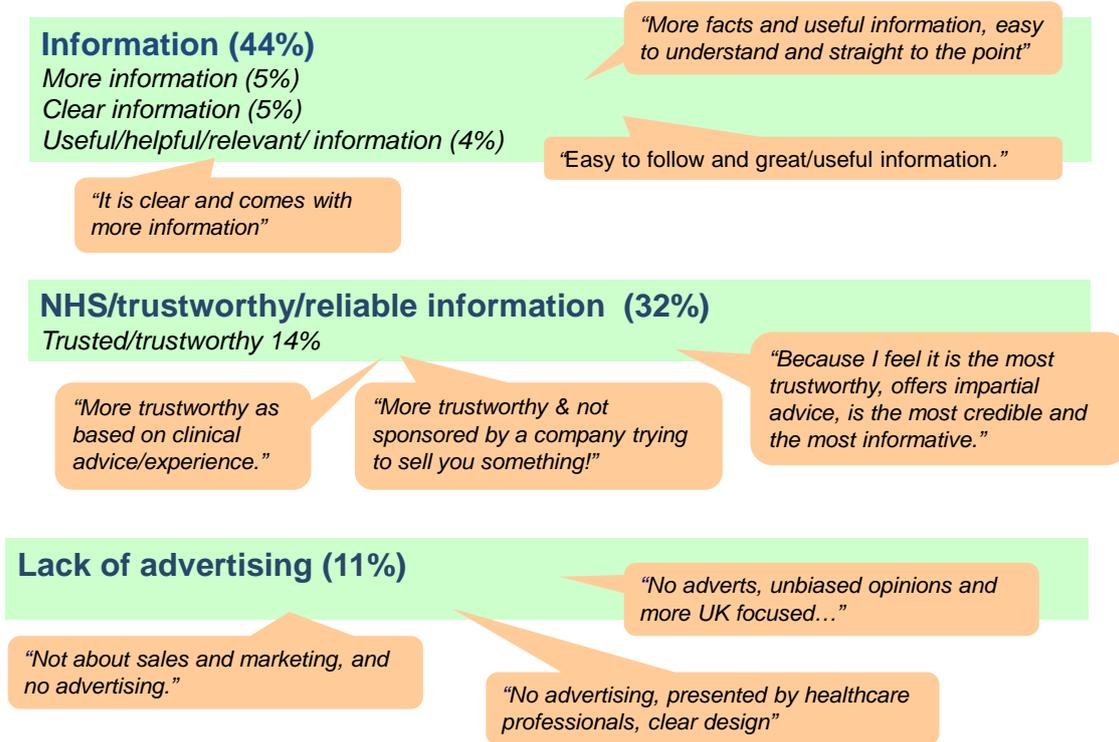
↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

A higher proportion of new mums say the ISP emails are better than the emails they receive from other services (56% new mums vs 50% of mums-to-be).

Among those responding subscribers who say ISP emails are better than those from other services (54% overall), the information (content) of the emails is the main reason (44%) why they prefer the service. This includes more information (5%), clearer information (5%) and more useful/helpful information (4%).

Trust is also a key factor – of the comments provided, one in three (32%) mention that the NHS emails are more trustworthy, while one in ten (11%) show appreciation for the lack of advertising and marketing.

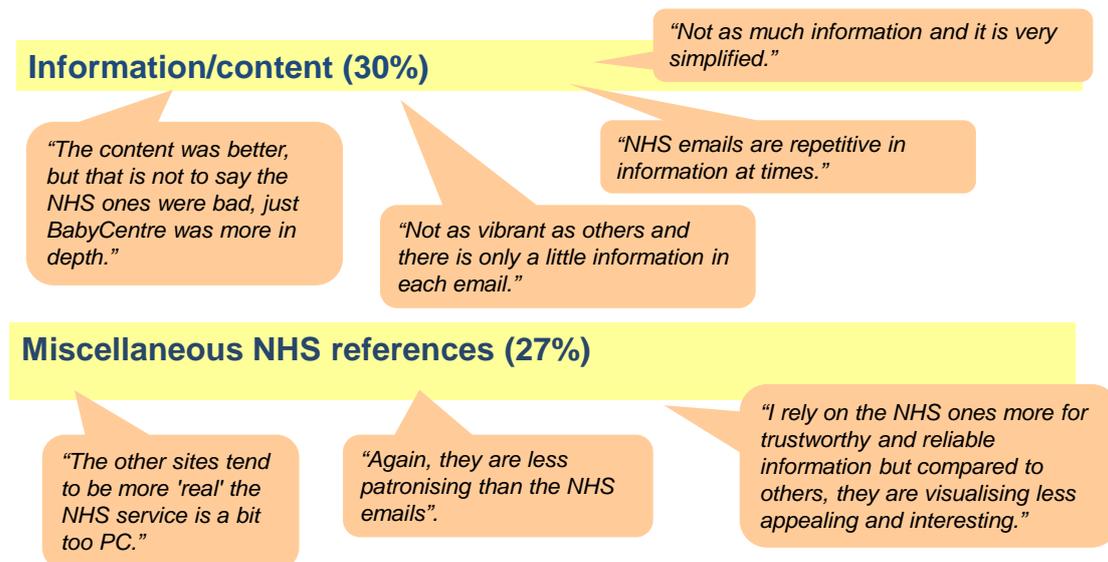
Figure 4F. Q25. Why do you say that the ISP emails are better than other email services? (Open ended question)



Source: ISP subscriber survey. Base: all responding subscribers (965) who have opened/ read any emails and say they are better than emails from other services. Multiple response permitted. Fieldwork dates: 19-28 February 2013.

Among the minority of subscriber survey respondents who say ISP emails are worse than those from other services (5% overall), the information (content) provided is also the main reason why other email services are preferred. Some users refer to ISP content being repetitive, over-simplified or simply not as good as that which is available through other providers. BabyCentre is the most frequently cited as the preferred source of content by these subscribers.

Figure 4G. Q25. Why do you say that the ISP emails are worse than other email services? (Open ended question)



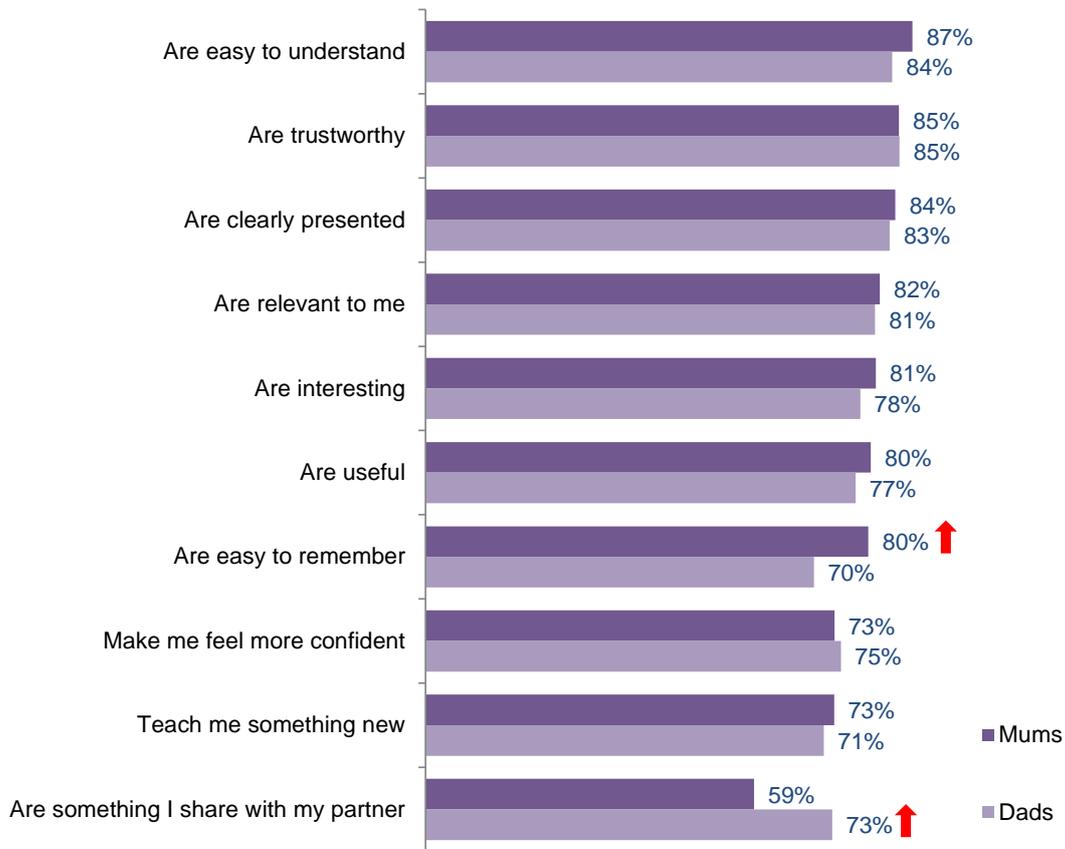
Source: ISP subscriber survey. Base: all responding subscribers (106) who have opened/ read any emails and say they are worse than emails from other services. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

4.4 What do subscribers think about the about the videos?

Subscriber feedback on the video content is similar to that for the emails. Over four in five responding subscribers agree the videos are easy to understand, trustworthy, clearly presented and 'relevant to me'. However, agreement that the videos are useful is approximately ten percentage points lower than the levels recorded for the emails.

Mums are more likely to say that the information in the videos is easy to remember (80% vs 70% dads), while dads are more likely to agree that the videos are something they share with their partner (73% vs 59% mums). The latter is also the case for the emails, and reaffirms that mums appear less likely to share information with their partner.

Figure 4H. Q16. Now thinking about the content of the videos you have watched via links in the emails, please tell us how much you agree or disagree with the following statements - The videos ... : (Agree responses only)



Source: ISP subscriber survey. Base: all responding mums (1,820) and dads (228) who have watched videos via links in the emails. Single response permitted for each statement. Fieldwork dates: 19-28 February 2013. ↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

Mums who have watched 10 or more videos are more likely to agree with the attribute statements compared to those who have watched fewer than 10.

The videos ...	Watched 1-9 (% agree)	Watched 10 or more (% agree)
Base (all mums who have watched videos via links in the emails):	1,256	564
Are easy to understand	85%	93%
Are trustworthy	82%	91%
Are clearly presented	82%	91%

Source: ISP subscriber survey. Base: as stated. Single response permitted for each statement. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (i.e watched 1-9 videos vs. watched 10 or more). Fieldwork dates: 19-28 February 2013.

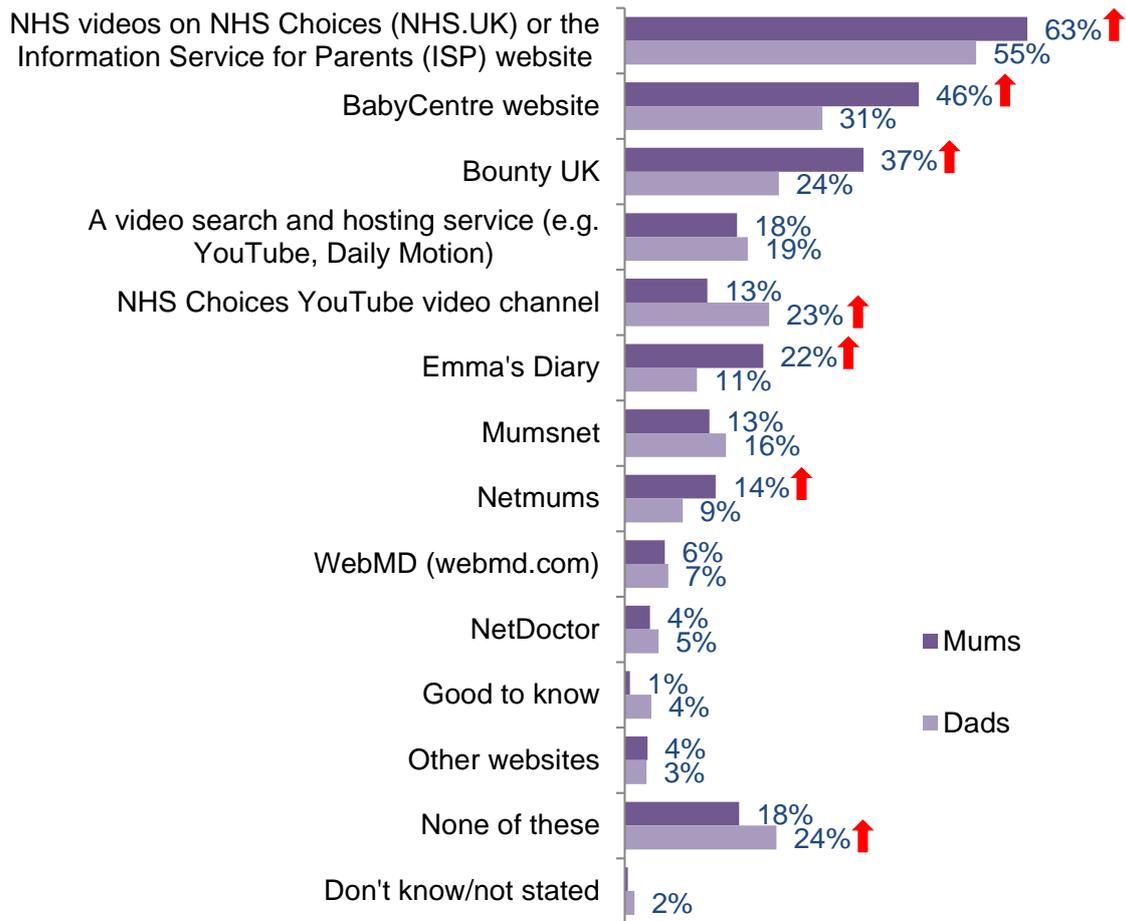
4.5 How do the videos compare with those offered by other services?

The survey shows the NHS Choices website is the channel subscribers use the most to watch videos on pregnancy and child development – 63% of mums and 55% of dads use it. The NHS Choices YouTube channel is also used by a significant minority of dads (23%), and to a lesser extent mums (13%). Overall, two in three subscribers (65%) watch video on pregnancy and child development through NHS sources.

The survey shows BabyCentre and Bounty are the most used non-NHS sources for watching video. Mums are more likely than dads to watch video via both BabyCentre (46% vs 31% dads) and Bounty UK (37% vs 24% dads). Overall, two in three subscribers (67%) watch video on pregnancy and child development through non-NHS sources – broadly the same proportions who watch NHS videos.

This is different from the service usage data, which shows a more equal split between videos watched on the NHS Choices website compared to those watched on the NHS Choices YouTube Channel.

Figure 4I. Q17. Have you watched any videos on pregnancy/child development through any of the following online channels?



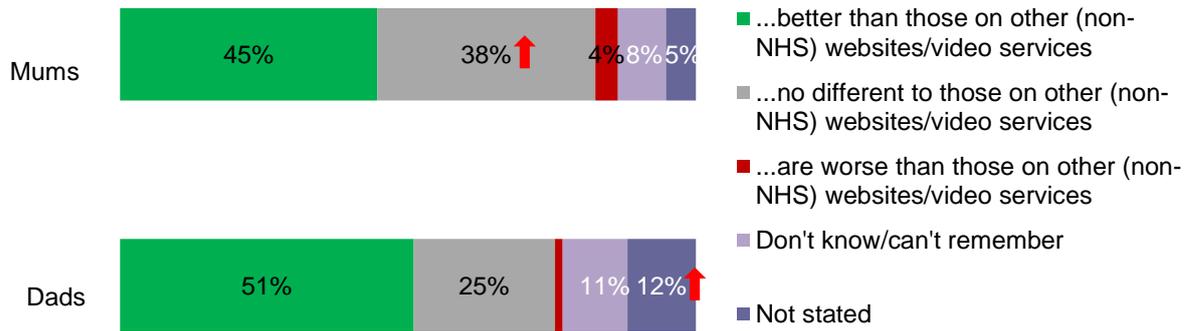
Source: ISP subscriber survey. Base: all responding mums (2,147) and dads (265) who have opened/ read any emails. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

New mums are more likely to have watched both NHS video (68% vs 62% of mums-to-be) and non-NHS video (71% vs 65% of mums-to-be). This is to be expected, as new mums will have been exposed to parenting information and services over a more prolonged period of time.

The videos compare favourably to those offered by other (non-NHS) websites and services. Half (51%) of dads say they are better, as do 45% of mums. However, as with comparisons made with the email service, a significant minority (38%) of mums say they are on a par with other services. One in four (25%) dads also say the NHS videos are no different from other services.

Figure 4J. Q18. How do you think the NHS videos (as featured in the emails and the NHS website) compare to the pregnancy/ child development videos on other (non-NHS) websites/ video services? The NHS videos I watched are...



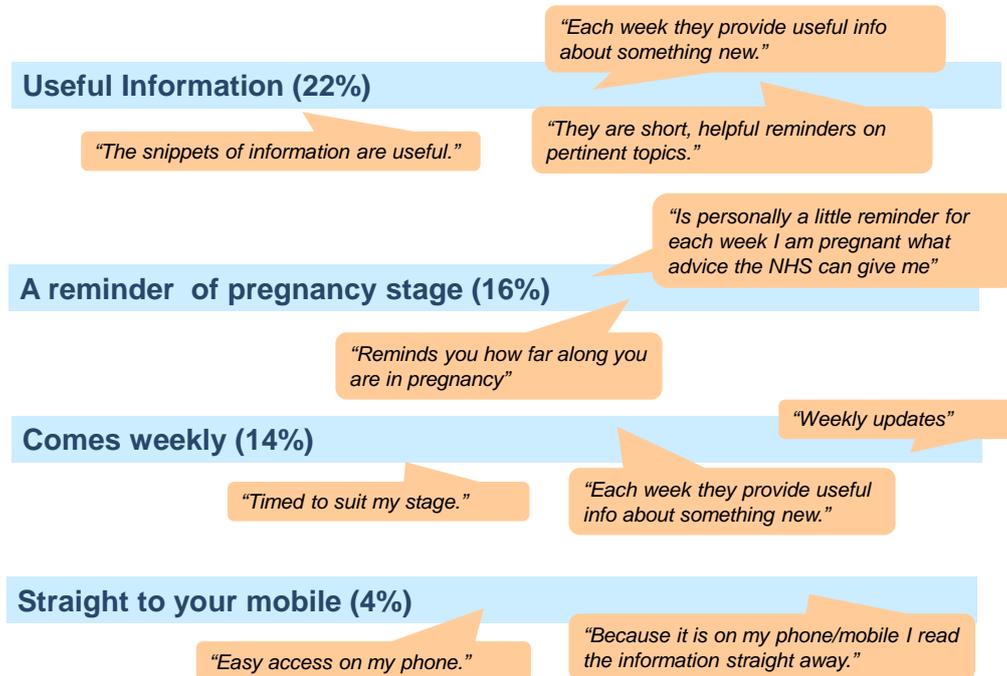
Source: ISP subscriber survey. Base: all responding mums (1,396) and dads (151) who have watched at least one NHS video and any non-NHS video. Single response permitted.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

4.6 What do subscribers think about the SMS service?

Although only a small proportion of ISP subscribers opt to receive the text messages, those who do are broadly satisfied with the SMS service. Information (content) is the most liked aspect of the SMS service – one in five of those commenting refer to the ‘useful information’. A reminder of the subscriber’s pregnancy stage, weekly (timely) information and the convenience of access on a mobile also receive a number of mentions. Some examples of the comments received are shown below.

Figure 4K. Q28. What do you like about the SMS service? (Open ended question)

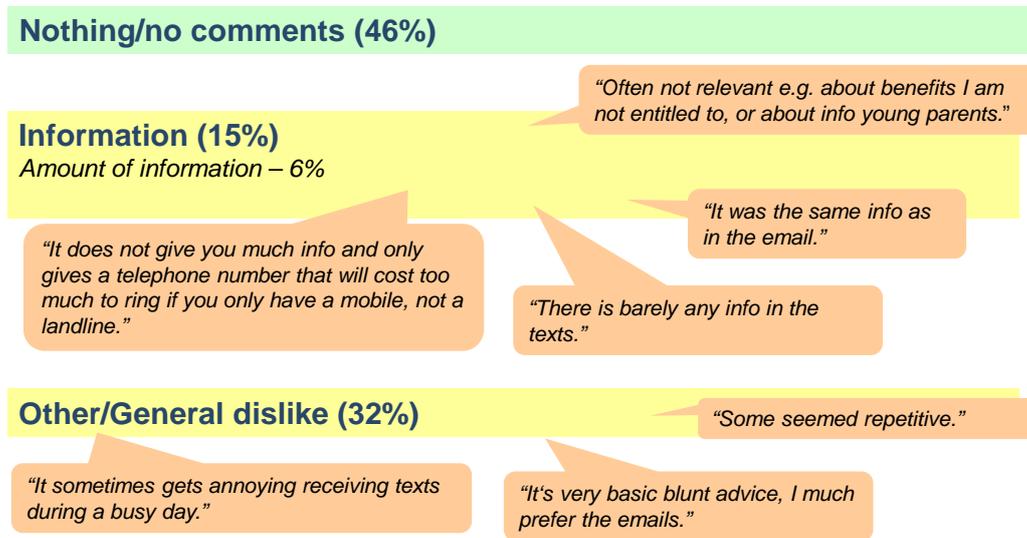


Source: ISP subscriber survey. Base: all responding subscribers (280) who have signed-up for the SMS service. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

Nearly half of responding SMS subscribers dislike nothing about the SMS service. One in three expresses their general dislike of the service – citing a range of issues from the limitation of the text message format to a feeling that text messages could be intrusive. A minority of subscribers

also refer to amount of information in the text, and that it repeats the content of the email service.

Figure 4L. Q29. What do you dislike about the SMS service? (Open ended question)



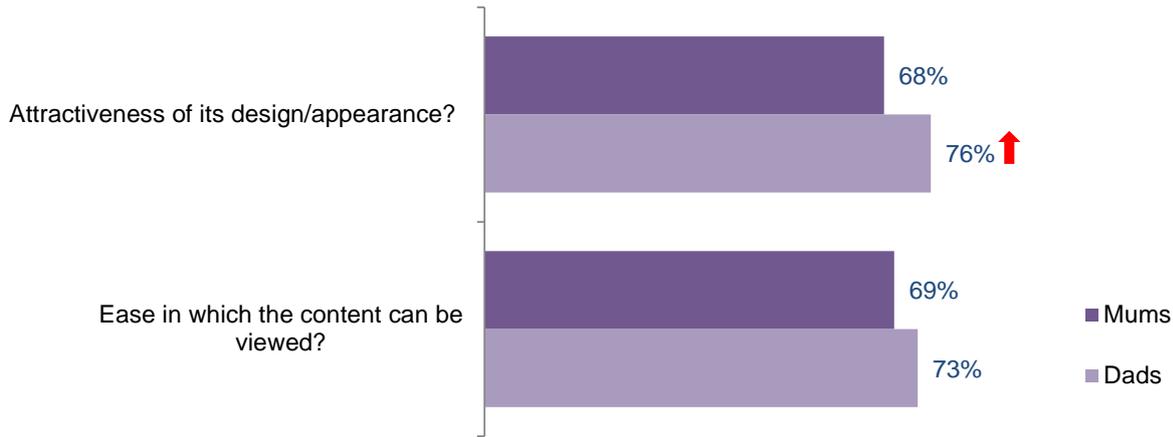
Source: ISP subscriber survey. Base: all responding subscribers (219) who have signed-up for the SMS service. *Small base size – please consider percentages as indicative. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

4.7 Did subscribers experience any problems accessing the content on a mobile or smartphone?

Mobile internet usage has increased dramatically in recent years, and this is set to continue due to the availability of increasingly affordable smartphone devices. Given this platform’s popularity, it is important for service content to be compatible with mobile and smartphone devices.

The survey showed the email content is considered attractive and easy to access by most, if not all, mobile users. Over two in three mums say the attractiveness of the email design/appearance and ease with which the email content can be viewed is either good or very good (68% and 69% respectively). Dads are more likely to say the attractiveness of the email design is good or very good (76%), while just over seven in ten (73%) say the content can be easily viewed.

Figure 4M. Q34. Thinking about the last time you accessed the emails on a mobile/ smartphone, how would you rate the following: (very good/good responses only)



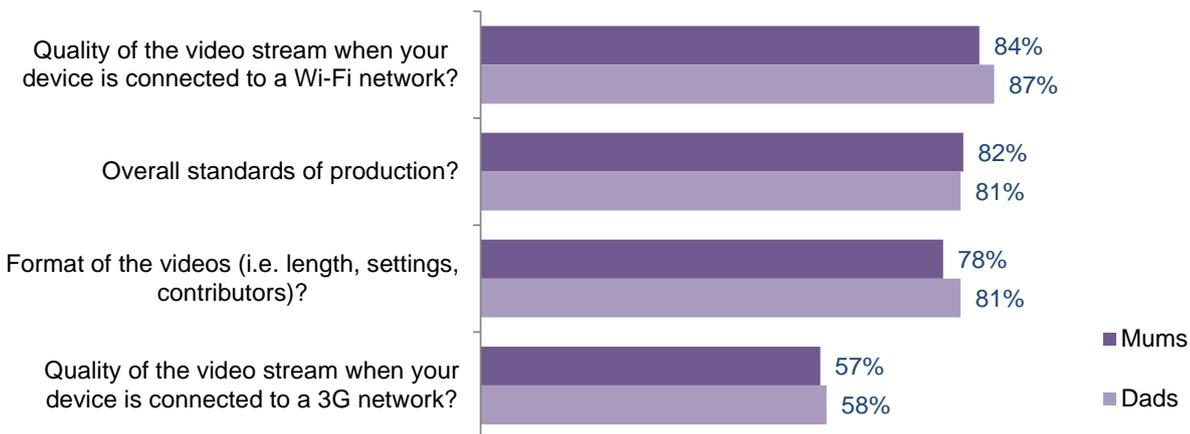
Source: ISP subscriber survey. Base: all responding mums (1,436) and dads (181) who have accessed the emails using a mobile/smartphone. Single response permitted for each statement. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

Overall feedback from those subscribers who have access to video on mobile devices is positive. The quality of the video stream over a Wi-Fi connection, overall standards of production and format of the videos is considered good or very good by the majority of dads and mums (between 78% and 87% – see chart below).

The lowest-performing indicator is the quality of video over a 3G connection – this is considered good or very good by the smallest proportion of subscribers (approaching three in five). The experience of video over 3G networks is largely dictated by the network capacity of mobile operators, and is likely to improve in the coming years as the 4G (higher speed) mobile network is rolled-out across the UK.

Figure 4N. Q36. Thinking about the last time you accessed the videos on a mobile/smartphone, how would you rate the following: (very good/good responses only)



Source: ISP subscriber survey. Base: all responding mums (885) and dads (106) who have accessed the videos using a mobile/smartphone. Single response permitted for each statement. Fieldwork dates: 19-28 February 2013.

4.8 What do subscribers think about the ISP overall?

Overall satisfaction with the email service is very high, with nine in ten survey respondents satisfied (90% of mums and 88% of dads respectively). Two in three subscribers are very satisfied with the emails. This provides a strong baseline with which to benchmark this aspect of the service in future.

Figure 4O. Q31.a) Overall, how satisfied are you with the emails?



Source: ISP service usage data. Base: all responding mums (2,147) and dads (265) who have opened/ read any emails. Single response permitted. Fieldwork dates: 19-28 February 2013.

Nine in ten subscribers say they would recommend the email service overall (definitely or probably recommend it), and over two in three say they would definitely recommend this aspect of the service.

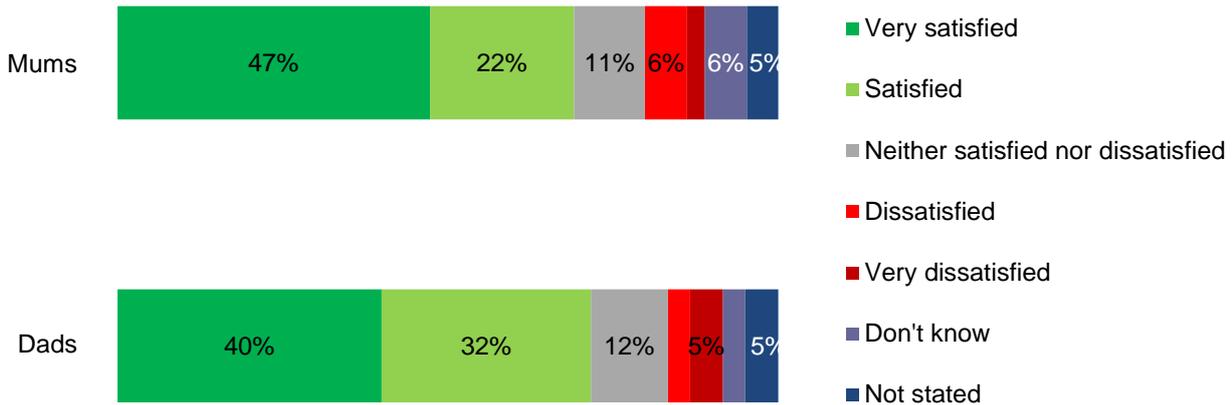
Figure 4P. Q32.a) Overall, how likely are you to recommend the emails?



Source: ISP subscriber survey. Base: all responding mums (2,147) and dads (265) who have opened/ read any emails. Single response permitted. Fieldwork dates: 19-28 February 2013.

Satisfaction with the SMS service is lower than that of the email service. Seven in ten subscriber survey respondents say they are satisfied (69% of mums and 72% of dads) – while two in five dad (40%) and approaching half of mums (47%) are very satisfied. This suggests that there is scope for improving and refining the SMS service to better meet the needs of more subscribers.

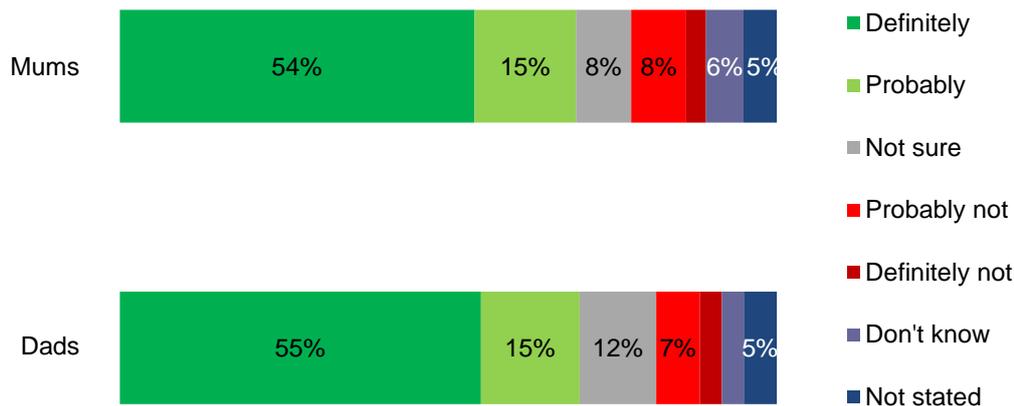
Figure 4Q. Q31.b) Overall, how satisfied are you with the SMS service?



Source: ISP subscriber survey. Base: all responding mums (298) and dads (60*) who signed-up for the SMS service. Single response permitted. *Small base size – please consider percentages as indicative. Fieldwork dates: 19-28 February 2013.

Seven in ten subscribers would recommend the SMS service – with over half definitely recommending it (54% of mums and 55% of dads). This is in line with the levels of recorded satisfaction and, while positive overall, is a baseline that the service should aim to improve upon in the future.

Figure 4R. Q32.b) Overall, how likely are you to recommend the SMS service?



Source: ISP subscriber survey. Base: all responding mums (298) and dads (60) who signed-up for the SMS service. Single response permitted. *Small base size – please consider percentages as indicative. Fieldwork dates: 19-28 February 2013.

4.9 What would subscribers like to change about the service?

Some subscribers offered suggestions as to how they would like to change aspects of the service. These are described below, based on an analysis of the open ended questions (Q11, Q15, Q29). It should be noted that these suggestions are from a minority of respondents, and that most subscribers do not feel that significant changes should be made to the delivery of the service.

Emails

Information: a small number of subscriber survey respondents feel the information is too basic and would like more detail. The information is seen as quite repetitive, with limited tailoring beyond the babies’ age (eg there is limited information for those expecting twins or those parents – or babies – with chronic conditions). Potential changes include extra hints and tips, greater tailoring of information, a more ‘adult’ narrative tone and the signposting/inclusion of more detailed information.

Links: a minority of subscribers would prefer more information to be included in the emails, rather than a summary and links to the content. Some users reported that the links do not work, and there are also compatibility issues when linking to some content (particularly video) on certain mobile devices.

Video

Video format/style: a small number of subscribers also expressed a preference for text over video information, and some do not like the style of videos (usually because the information is considered too basic and even patronising for some).

Compatibility problems: a number of subscribers (mainly those using mobile or smartphone devices) report video compatibility problems. This either involves errors when linking to video content or problems when streaming the video. Some of this is related to flash/HTML5 software support, as not all mobile devices support these formats. In other instances the mobile devices will not have the hardware capability to stream the video content. These issues should be considered, but are likely to decrease given the increasing availability of cheaper smartphone devices with full video support.

Location/circumstance: video cannot always be streamed when the subscribers are in transit (where the 3G signal is either absent or weak), and some feel their circumstances are not always appropriate for watching the videos (ie when at a work). Offline video downloads may be useful for some subscribers, and a number express a preference for transcripts/text of all the video content (while transcripts are provided for all videos, it may be that text, or links to further information, are not sufficiently obvious to some subscribers).

SMS

Brief/limited /repeated information: Text messages are limited to 160 characters, so to an extent it is not possible include detailed information in a single weekly message. However, some subscribers feel there is very little information in the texts and the tone can be somewhat blunt. Some are also put off by the perceived cost of calling the numbers signposted in the text. The value of the texts is also questioned, as the content repeats the information in the emails. It is likely that the text messages would be valued more if they had a more unique and distinctive role.

5 “Impact of the ISP” Has engaging with the ISP influenced users’ understanding of key issues? Has engaging with the ISP prompted behaviour change with respect to key issues?

Source: These findings are based on the online survey of ISP subscribers

The ISP was designed as an information service rather than a behaviour change tool. However, one of the aims of the evaluation was to determine if the information provided is having a positive impact on parents-to-be and new parents, and consequently supporting better outcomes for their children.

The online survey prompted users to consider a list of key topics featured in ISP emails and videos and answer questions about how the information provided on these topics affected their behaviour and decision making.

The topics included breastfeeding, healthy eating in pregnancy and preventing cot death. For a full list of the topics, see section 5.1 below.

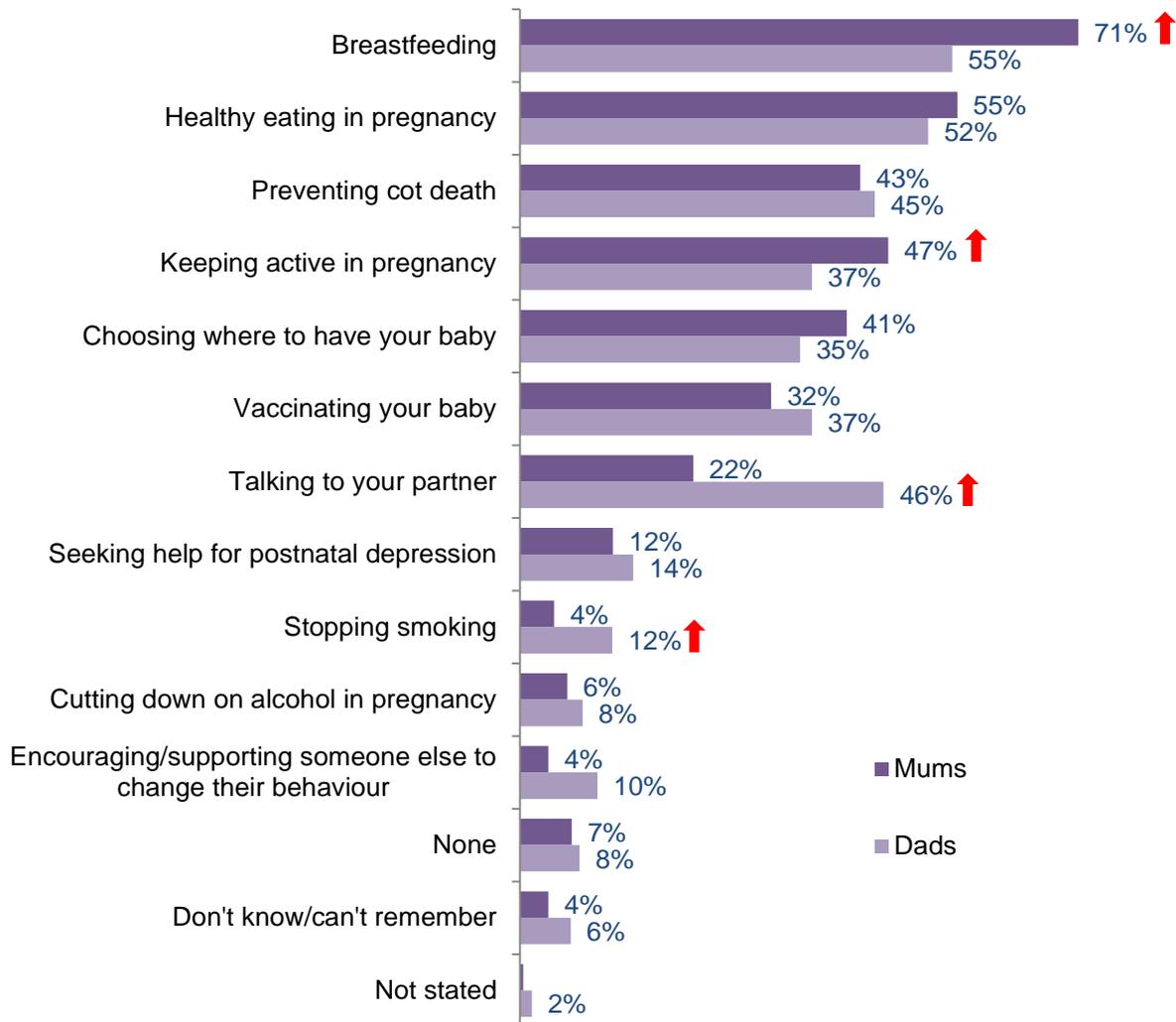
Key facts and figures

- Across all key topics, at least some subscribers reported feeling more confident about their decision making but there is significant variation depending on the topic
 - 59% of mums and 47% of dads reported feeling more confident about decisions related to breastfeeding
 - 25% of mums and 30% of dads reported feeling more confident about decisions related to vaccinations
 - 2% of mums and 8% of dads reported feeling more confident about decisions related to supporting someone else to change their behaviours
- More than half of respondents reported they had changed at least one form of behaviour as a result of information accessed through the service

5.2 What information have subscribers accessed?

The online survey asked subscribers to consider a list of topics and then say which they most frequently access through the ISP emails and videos. Breastfeeding and healthy eating in pregnancy were the two most accessed topics. Seven in ten (71%) responding mums have accessed content on breastfeeding – by far the most sought-after information. It is interesting to note that Dads are twice as likely as Mum to have sought information on ‘talking to your partner’ (46% vs 22% respectively), suggesting that men are more likely to seek help and advice on how best to communicate on matters relating to pregnancy and parenting.

Figure 5A. Q20. Through the Information Service for Parents emails/videos, have you accessed information on any of the following?



Source: ISP subscriber survey. Base: all responding mums (2,147) and dads (265) who have opened/ read any emails. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

New mums and mums-to-be are more likely to access content that is most relevant to their stage of pregnancy and parenthood. For example, mums-to-be are more likely to view the information on keeping active in pregnancy (59% vs 38% of new mums), while new mums are more likely to access content on how to prevent cot deaths (56% vs 25% of mums-to-be).

The table below illustrates this:

Topic of information accessed ...	Mums-to-be	New mums
Base (all who have opened/read any emails):	914	1,228
Breastfeeding	63%	77%
Healthy eating in pregnancy	64%	49%
Keeping active in pregnancy	59%	38%
Preventing cot death	25%	56%
Talking to your partner	18%	25%
Choosing where to have your baby	46%	38%
Seeking help for postnatal depression	8%	15%
Vaccinating your baby	24%	37%

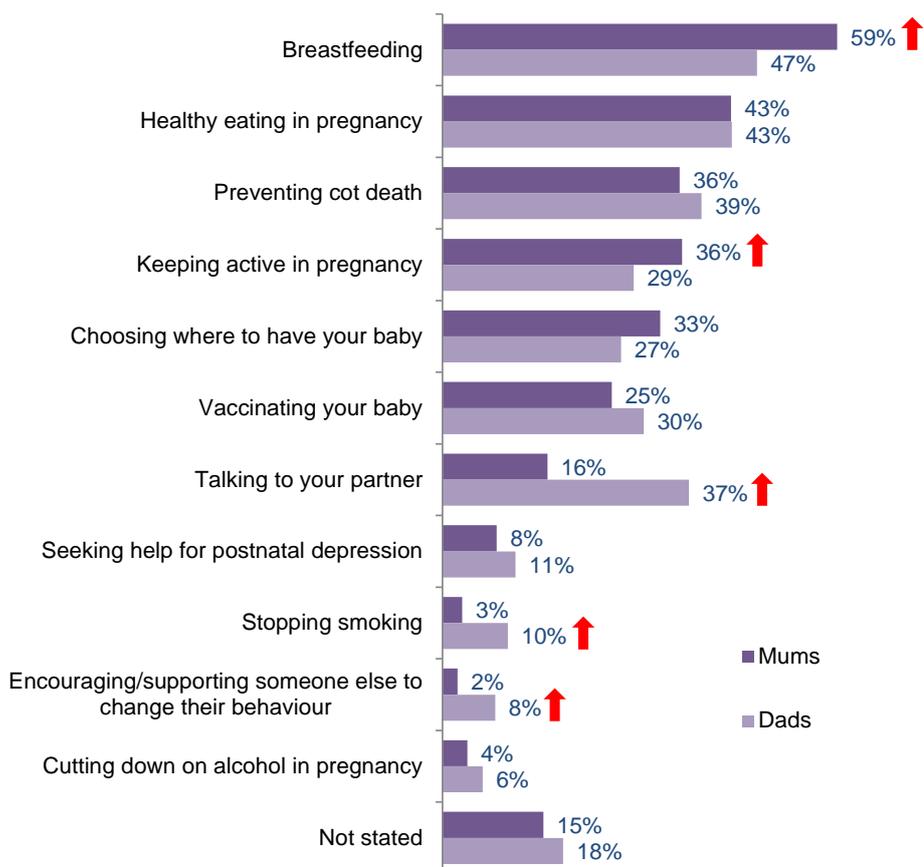
Source: ISP subscriber survey. Base: as stated. Single response permitted for each statement. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (ie mums-to-be vs new mums). Fieldwork dates: 19-28 February 2013.

5.3 What information has made subscribers feel more confident in their decision-making?

Information on breastfeeding is most likely to make subscribers who responded to the online survey feel more confident about their decision making – particularly among responding mums (59% vs 47% of dads). This is followed by information on healthy eating and preventing cot death.

It is interesting to note that information on ‘talking to your partner’ is over twice as likely to make dads feel more confident than it does for mums (37% of dads vs 16% of mums).

Figure 5B. Q21. And have the Information Service for Parents emails/videos made you feel more confident in the decisions you make relating to any of the following?



Source: ISP subscriber survey. Base: all responding mums (2,147) and dads (265) who have opened/ read any emails. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

The issues most accessed by mums are the same issues they subsequently feel most confident about.

The information has made them feel more confident in their decision making on...	Mums-to-be	New mums
Base (all who have opened/read any emails):	914	1,228
Breastfeeding	52%	65%
Healthy eating in pregnancy	51%	38%
Keeping active in pregnancy	47%	28%
Preventing cot death	20%	47%
Talking to your partner	13%	18%
Choosing where to have your baby	36%	30%
Vaccinating your baby	18%	31%

Source: ISP subscriber survey. Base: as stated. Single response permitted for each statement. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (ie mums-to-be vs new mums). Fieldwork dates: 19-28 February 2013.

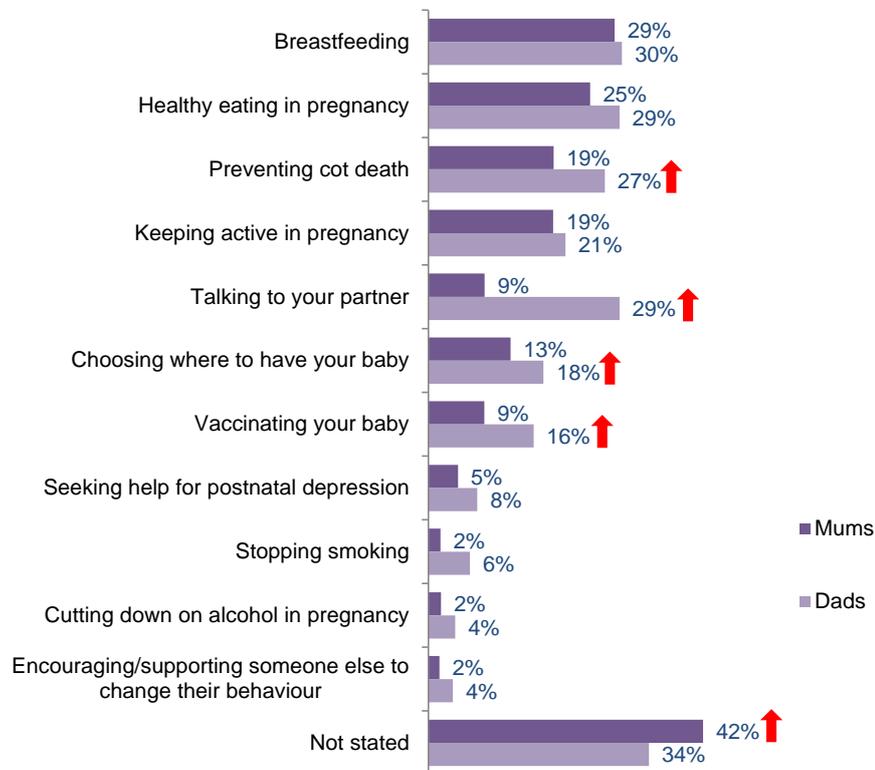
5.4 What information has made subscribers do things differently?

Over one in four dads who responded to the online subscriber survey say they would do things differently based on the information they have accessed on breastfeeding (30%), healthy eating in pregnancy (29%), preventing cot death (27%) and talking to their partner (29%).

For responding mums, 29% would do things differently based on the breastfeeding information, and 25% on healthy eating in pregnancy. Information on preventing cot death and keeping active in pregnancy would influence behaviour change among one in five responding mums (19% for both).

Overall, the most chosen response to this question is ‘not stated’ – 42% of responding mums and 34% of dads did not indicate any behaviour change as a result of the service’s information. However, 66% of dads and 58% of mums have acknowledged at least one form of behaviour change as a result of the information they have accessed through the service.

Figure 5C. Q22. After using the Information Service for Parents emails/ videos, will you do anything differently in relation to any of the following?



Source: ISP subscriber survey. Base: all responding mums (2,147) and dads (265) who have opened/read any emails. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

The acknowledgement of behaviour change among mums-to-be and new mums who responded to the online survey also varies as a result of the information they have accessed. This is the same pattern we observed with the issues they feel most confident about, which are also determined by the information they have accessed.

The information has led them to do something differently in relation to...	Mums-to-be	New mums
Base (all who have opened/ read any emails):	914	1,228
Breastfeeding	24%	32%
Healthy eating in pregnancy	31%	20%
Keeping active in pregnancy	26%	14%
Preventing cot death	12%	24%
Choosing where to have your baby	15%	11%

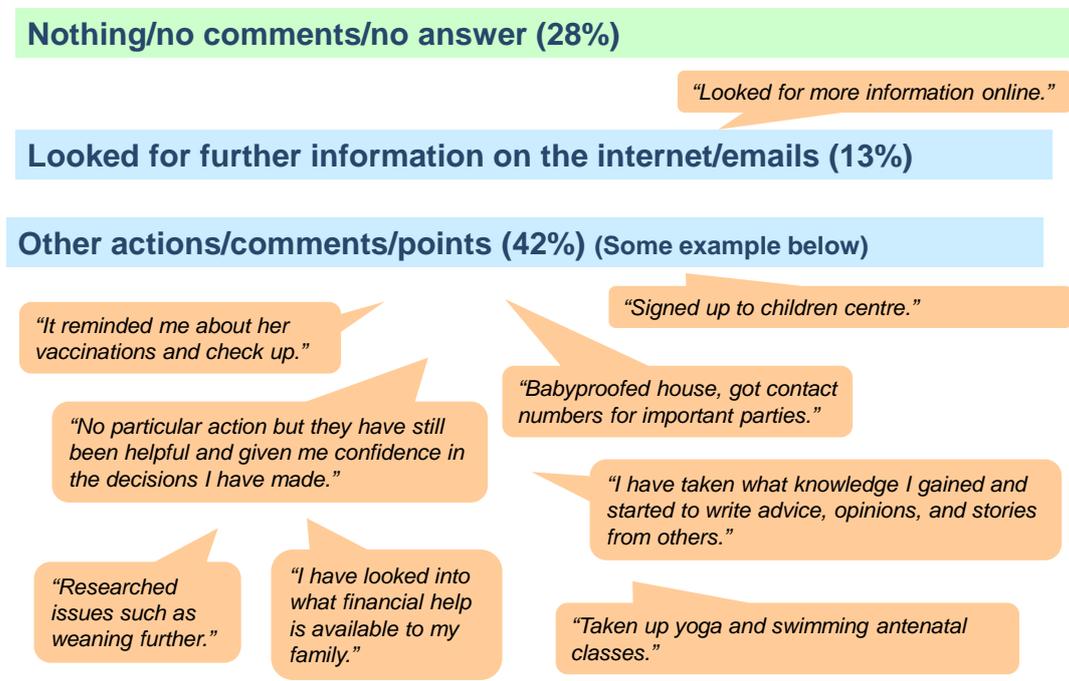
Source: ISP subscriber survey. Base: as stated. Single response permitted for each statement. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (ie mums-to-be vs new mums). Fieldwork dates: 19-28 February 2013.

In summary, this evidence shows that the emails and videos are positively affecting subscribers' confidence in their decision making and behaviour.

5.5 What actions have been taken as a result of subscribing to the SMS service?

There is evidence that the SMS service is also having some impact on subscriber behaviour. A minority of SMS subscribers who responded to the online survey have sought further information on the internet/via the emails they received. The comments below are indicative of the breadth of actions taken by responding SMS subscribers.

Figure 5D. Q30. What action, if any, have you taken as a result of the SMS service? (Open ended question)



Source: ISP subscriber survey. Base: all responding subscribers (196) who have signed-up for the SMS service. Multiple responses permitted. Fieldwork dates: 19-28 February 2013.

6 “Who is missing?” Why are some potential users NOT signing up to the ISP?

Source: These findings are based on a face to face survey of parents and parent-to-be who do not currently subscribe to the ISP

While the ISP has made good progress in achieving sign-ups in its first year, many potential users have not signed up. A face-to-face survey of non-users within antenatal/maternity clinics and Sure Start Children’s Centres (SSCCs) was used to identify barriers to sign-up within this group.

Fieldwork for this survey took place at 15 locations in England. The sampling process ensured a good geographical spread of locations and variable levels of ISP sign-up penetration (see appendices for further details). In total, 27 services (12 antenatal/maternity services and 15 SSCCs) participated in on-site interviews.

492 interviews were completed in total:

- 189 interviews with mums-to-be
- 175 interviews with new mums
- 128 interviews with dads

Key facts and figures

- 89% of mums and 91% of dads who took part in the survey had not heard of the service
- Once they had been told about the ISP, 61% of mums and 48% of dads say they would ‘probably’ or ‘definitely’ sign-up to the service
- Most non-subscribers (87% of mums; 80% of dads) think that at least some of the features of the service would be useful
- The main reasons why potential users would not sign-up were:
 - They were not first time parents, so felt confident they already knew all that they needed to know
 - An unwillingness to give out email addresses or mobile numbers
 - A preference to seek information from health professionals
- The survey looked at whether digital exclusion might be a barrier to accessing the ISP. However, more than 90% of mums and dads interviewed regularly used text or email
- A majority of mums (68%) currently get information by email or text from one or more commonly used sources (Bounty is the most used source)
- Dads are much less likely to receive digital parenting information – only 13% currently receive email and text information from the parenting sources (although the majority are targeted at mums, rather than dads)

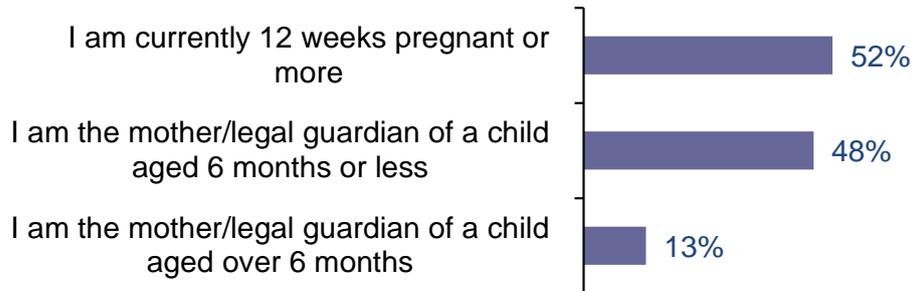
6.2 Who is not subscribing to the service?

This section provides a demographic profile of the non-subscribers who were interviewed³¹.

Parental status

Our weighted sample is roughly evenly split between mums-to-be and new mums. The chart indicates 13% have a child older than 6 months. This is because 21% of mums-to-be already have children, as do 4% of new mums.

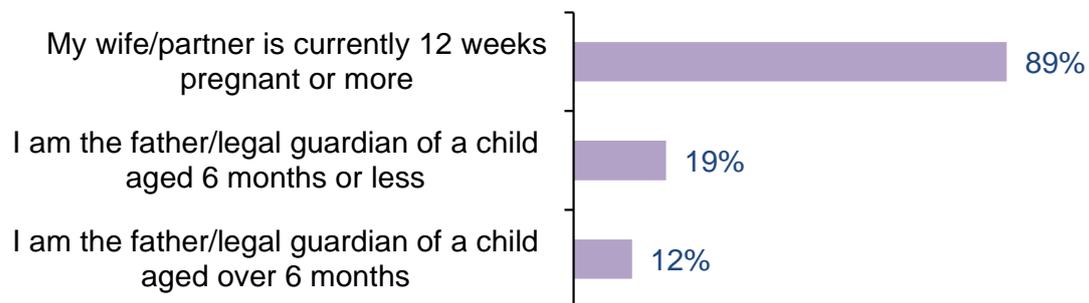
Figure 6A. S1. Which of these applies to you?



Source: ISP non-subscriber survey. Base: all mums (364). Single response permitted. Fieldwork dates: 4-21 February 2013.

Interviewed dads have not been weighted so dads are more likely to be the partners or husbands of mums-to-be. This reflects the fact that more interviews were carried out at antenatal/maternity services than at children's centres.

Figure 6B. S1. Which of these applies to you?



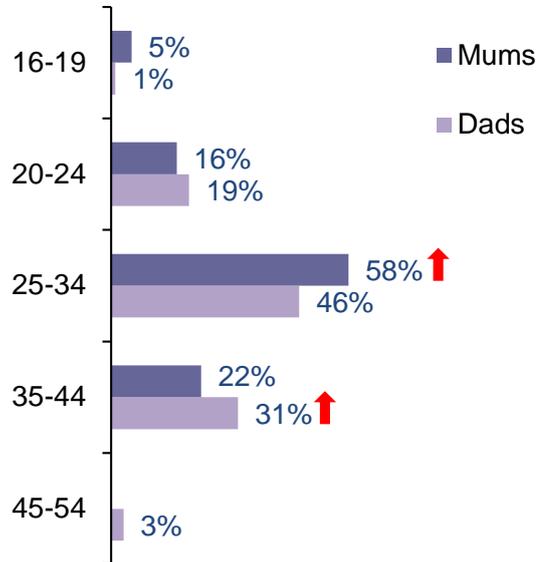
Source: ISP non-subscriber survey. Base: all dads (128). Single response permitted. Fieldwork dates: 4-21 February 2013.

³¹ This evaluation set out to explore the barriers to parents signing up for the ISP. While we cannot be certain that the sample is representative of non-subscribers generally, we have a good cross-section of mums and dads who are not currently signed up. Due to the effect of sampling and weighting described in the methodology section (page 16) and in the technical notes in the appendices, it should be noted that these findings act as a snapshot rather than providing a truly representative profile of the population of non-subscribers. In addition, it should be noted that data has generally not been examined at an overall total level, but rather as two distinct groups – mums and dads. Within the mums group, any significant differences between mums-to-be and new mums have also been examined.

Age of non-subscribers

The chart below compares the ages of mums and dads. While the largest proportion of both mums and dads are aged 25-34 (58% of mums and 46% of dads), dads are clearly older than mums.

Figure 6C. Q6. What was your age last birthday?



Source: ISP non-subscriber survey. Base: all mums (364) and dads (128). Single response permitted. Fieldwork dates: 4-21 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

The age profile of mums matches that of the Infant Feeding Survey³² which indicates that by age at least the profile of non-subscribers is not dissimilar from the profile of mums generally.

Figure 6D. Age of mums

	Mums
Base: all mums	(15,724) %
Under 20	5
20-24	18
25-34	57
35+	20

Source: Infant Feeding survey 2010. Base: as stated. Fieldwork dates: 4-21 February 2013.

³² The Infant Feeding Survey (IFS) is conducted on behalf of the Health and Social Care Information Centre by IFF Research. The last wave of research was conducted in 2010.

Number and age of children under 16 in the household

The table below shows the proportion of respondents with children and the age of those children. As we saw from the parental status profile the majority of dads surveyed are dads-to-be, hence the much higher proportion who say they have 'no children' (48%) compared to mums (25%).

Figure 6E. Q7. Can you tell me how many children under 16 are in the household (including baby if new mum, but excluding unborn baby if mum-to-be)?

	Mums	Dads
Base: all	(364)	(128)
	%	%
No children	25	48
1	52	23
2	15	21
3	5	5
4+	3	3
Aged 1 and under	37	11
Aged 2-3	14	16
Aged 4 +	24	25

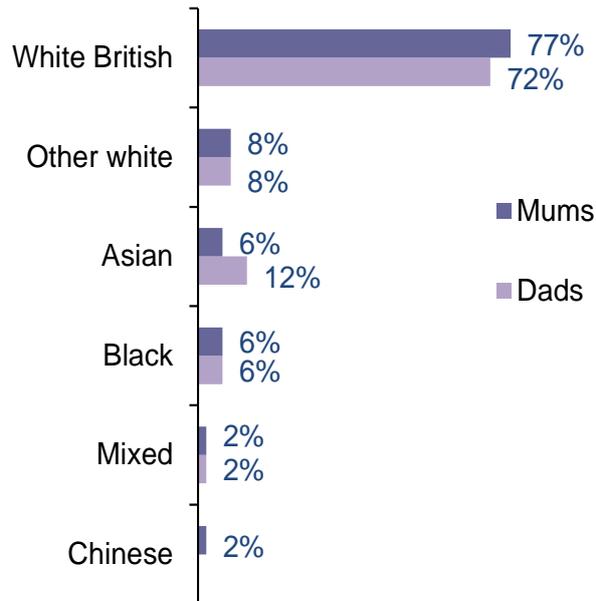
Source: ISP non-subscriber survey. Single response permitted. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (ie mums vs dads). Fieldwork dates: 4-21 February 2013.

Most new mums have only the one child (74%) and nearly half (47%) of mums-to-be do not have any other children.

Ethnicity and language

The ethnicity of both mums and dads is primarily white (at least 80% in mums and dads), mostly white British with a small proportion of other white. A mixture of other backgrounds makes up the non-white minority.

Figure 6F. Q12 To which of these backgrounds do you consider you belong?



Source: ISP non-subscriber survey. Base: all mums (364) and dads (128). Single response permitted. Fieldwork dates: 4-21 February 2013.

The majority of both mums and dads say that English is their first language, with around 1 in 7 in each group saying it is not.

Figure 6G. Q11. Is English your first language?

	Mums	Dads
Base: all	(364)	(128)
	%	%
Yes	86	86
No	13	14
Don't know	1	-

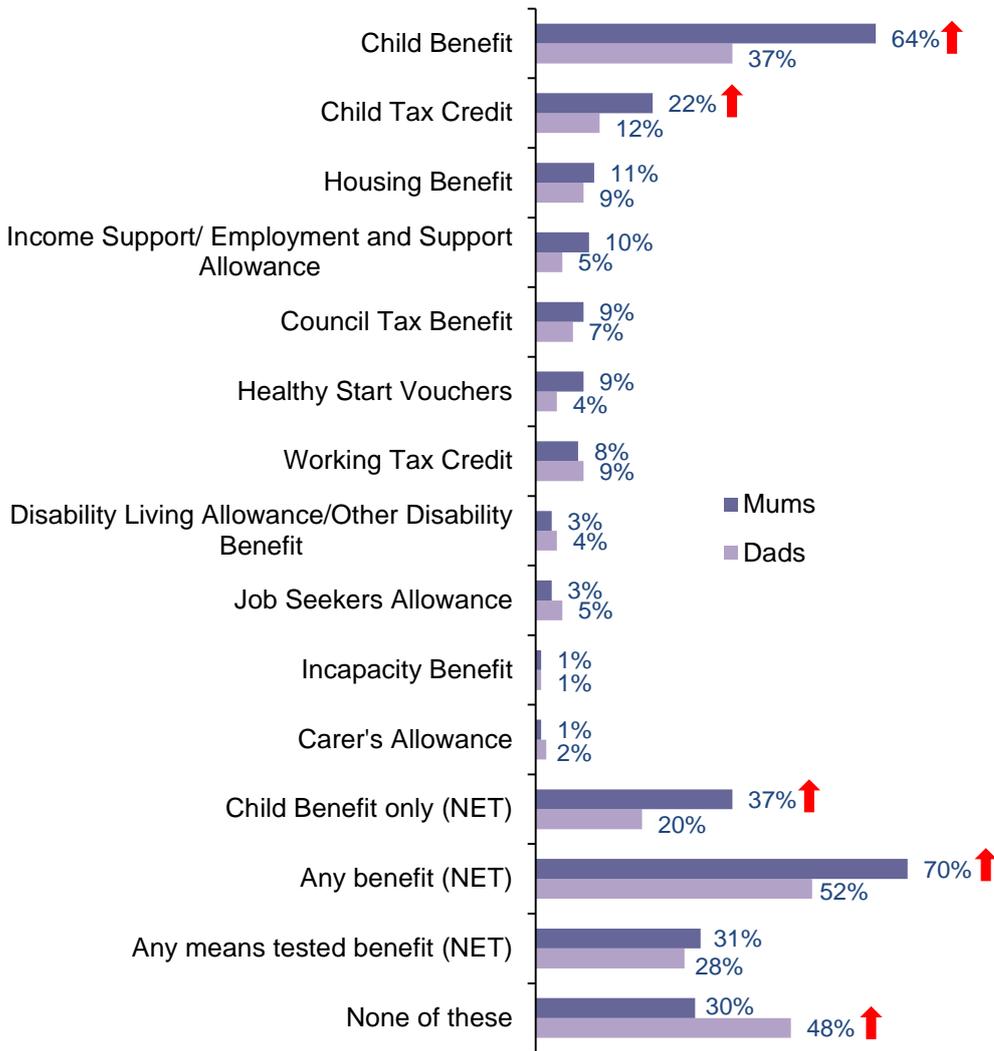
Source: non-subscriber survey. Base: as stated. Single response permitted. Fieldwork dates: 4- 21 February 2013.

Benefits

It is worth noting that the prevalence of benefits (especially means tested) is likely to be higher in the interviewed sample than may be true in the population of non-subscribers generally. This is due to the use of children’s centres in sampling parents of children aged 6 months or under. Children’s centres are primarily based within the 10% most deprived areas in the country, meaning that their users are more likely than average to receive benefits.

Benefits are most prevalent among mums, though this is primarily made up of child benefit, which 64% of mums receive (37% not in combination with any other benefits). Similar proportions of mums and dads receive means tested benefits.

Figure 6H. Q13. Are you or is anyone in your household currently receiving any of these benefits?



Source: ISP non-subscriber survey. Base: all mums (364) and dads (128). Multiple responses permitted. Fieldwork dates: 4 – 21 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

Just over a quarter (27%) of new mums are on a means tested benefit which rises to a third (35%) among mums-to-be. Mums on means tested benefits are younger (36% under 25) than those not on benefits (14% under 25).

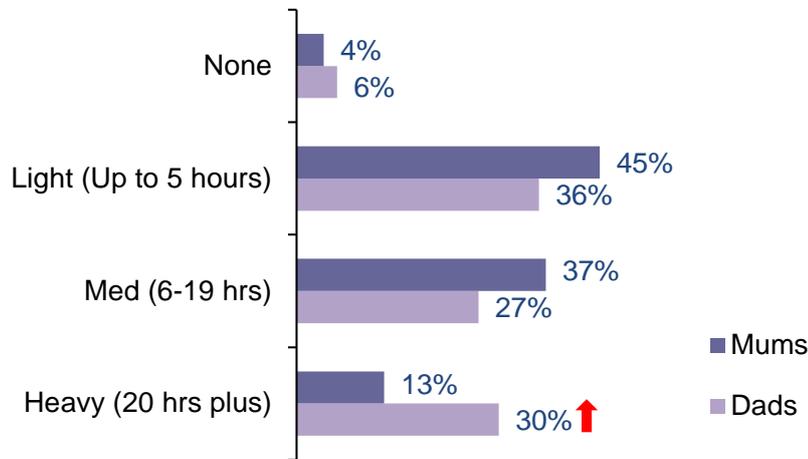
6.3 How do they use the internet and mobile?

Since the Information Service for Parents (ISP) uses email and/or text messaging to communicate with its target audiences it is important to explore online and mobile access among non-subscribers to understand whether this creates any barriers to signing up.

Time online and location of access

As the chart clearly demonstrates, dads are more likely than mums-to-be heavy users of the internet.

Figure 6I. Q8. Approximately how many hours in total have you spent actively using the internet in the last week (ie the last seven days)?



Source: ISP non-subscriber survey. Base: all mums (364) and dads (128). Single response permitted. Fieldwork dates: 4-21 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

Mums-to-be are more likely to be heavy internet users (19% vs 8% of new mums), while new mums are more likely to be light users (56% vs 36% of mums-to-be).

The majority of both mums and dads access the internet from home. The proportion of mums accessing the internet at work is driven down by new mums (6% of new mums compared with 30% of mums-to-be). This is likely to reflect the fact that most new mums will be on maternity leave. A greater proportion of dads compared to mums use the internet in no fixed location (on a smartphone for example).

Figure 6J. Q9. Where do you usually use the internet?

	Mums	Dads
Base: all	(364)	(128)
	%	%
Home	91	95
Work	18	40
Friends/relatives	4	1
School/college/university	1	-
Library	1	-
Internet café	*	1
No fixed location (e.g. smartphone)	25	34

Source: ISP non-subscriber survey. Base: as stated. Multiple responses permitted. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (i.e mums vs. dads). Fieldwork dates: 4-21 February 2013.

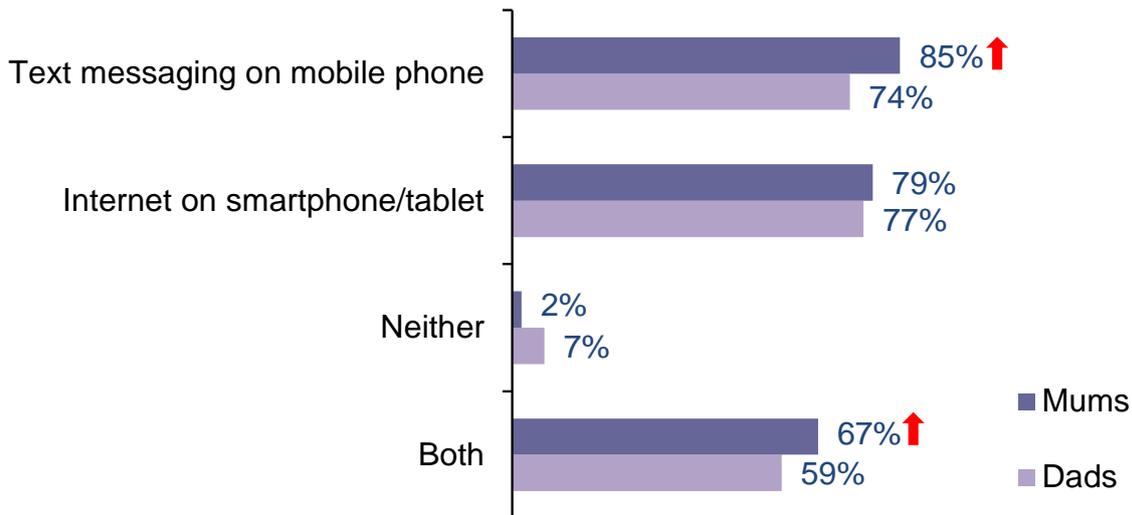
Mums on means tested benefits are significantly more likely to access the internet at no fixed location (eg smartphone) (33%) compared to those not on means tested benefits (22%).

Mobile activities

A majority of both mums and dads use text messaging on their mobiles and the internet on a smartphone or tablet regularly. Dads are slightly less likely to use text messaging and more likely to use neither method of mobile communication (though it is still a small minority that say this).

These findings demonstrate that, for the majority of parents-to-be and new parents, the lack of the internet access or a mobile phone is not a barrier to ISP sign-up, (nor does it prevent access to the service's content).

Figure 6K. Q10. And which of these do you use regularly?



Source: ISP non-subscriber survey. Base: all mums (364) and dads (128). Multiple responses permitted. Fieldwork dates: 4-21 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group than the percentage for the comparable sub-group

New mums are more likely than mums-to-be to use the internet on smartphones or tablets (85% vs 74%) and the use of both is higher among mums not on means tested benefits (71% vs 56%).

6.4 What are their sources of parenting information?

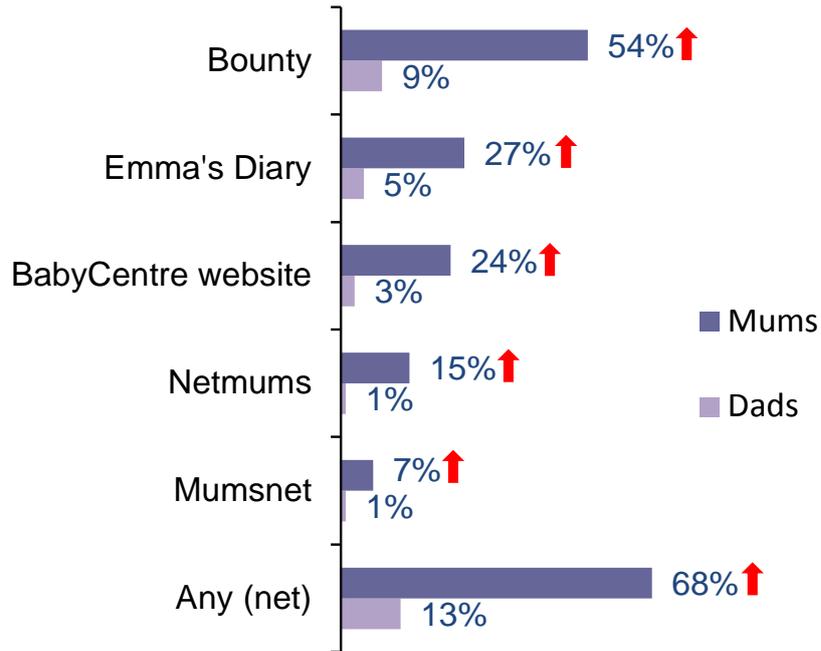
The survey aimed to understand whether non-subscribers currently receive information about pregnancy and parenting and, if so, which sources they go to.

Receipt of email/text information about pregnancy and parenting

Respondents were asked whether they currently receive email or text information about pregnancy or parenting from a number of sources. Any respondents mentioning the Information Service for Parents (ISP) were not included in the survey, while other sources of email or text information were recorded for non-subscribers.

Mums are more likely than dads to receive email or text information about pregnancy or parenting (68% compared with 13%); it is worth noting that the majority of sources mentioned are targeted at mums rather than dads. The chart shows a breakdown of the sources mentioned.

Figure 6L. S2. Do you currently receive email or text information about pregnancy or parenting from any of the following?



Source: ISP non-subscriber survey. Base: all mums (364), all dads (128). Multiple responses permitted. NB: all mentioned by 7% or more of mums shown. Fieldwork dates: 4-21 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

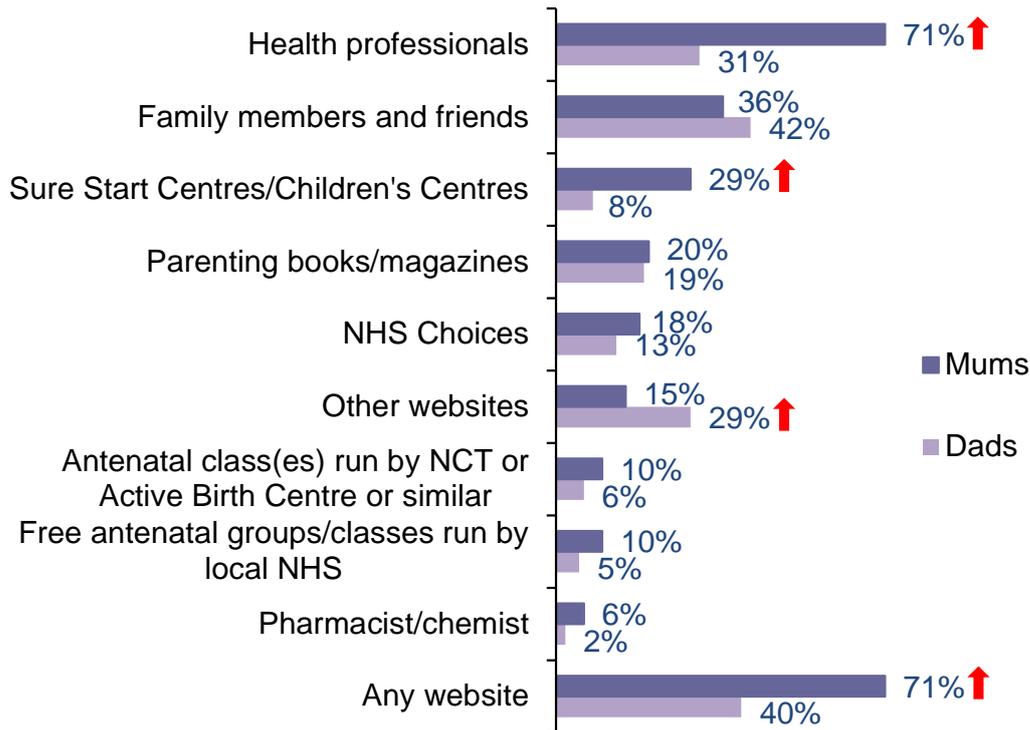
Among all mums, new mums were more likely than mums-to-be to be in receipt of any email or text information about pregnancy or parenting (75% vs 61%). In particular, they were more likely to be receiving email or text information from Netmums (21% vs 10%) and Bounty (65% vs 45%).

It is interesting to note that mums who currently receive email or text information about pregnancy or parenting are also more likely to say they would sign up for the Information Service for Parents (ISP) via either method (75% vs. 25% of those who do not currently receive any email or text information).

[All sources of information on pregnancy and parenting](#)

The majority of both mums and dads currently receive some form of information on pregnancy and parenting, although mums are more likely to do so than dads (98% vs 88%). Mums also receive information from a greater number of sources on average (three, compared with two among dads). The chart shows a breakdown of general sources of information mentioned.

**Figure 6M. Q1. Where do you go for information about pregnancy or parenting?
(General sources)**



Source: ISP non-subscriber survey. Base: all mums (364), all dads (128). Multiple responses permitted. Fieldwork dates: 4-21 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

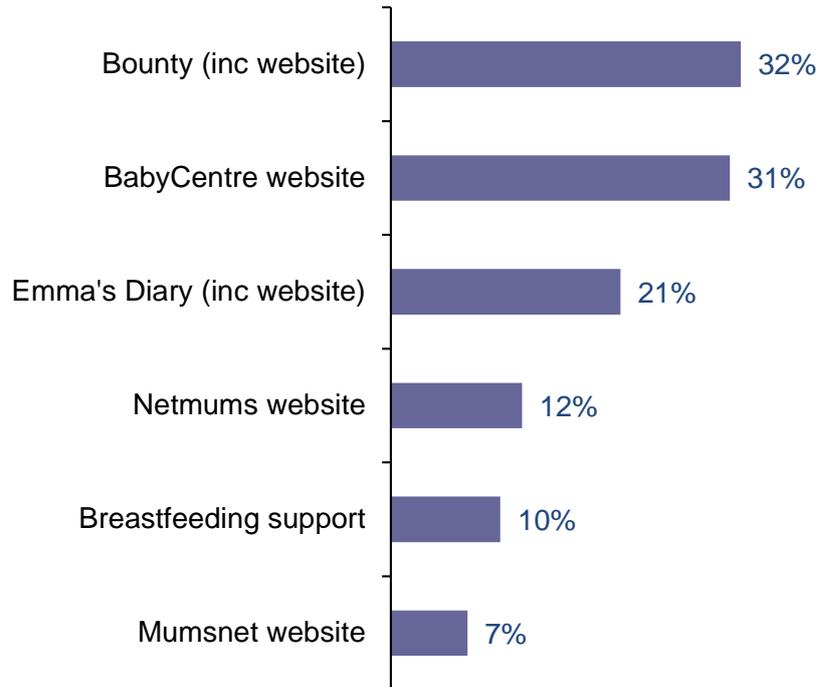
New mums receive information from a greater number of sources than mums-to-be (four sources on average, compared with three among mums-to-be). Other groups of mums receiving information from a greater number of sources include:

- first-time mums (four compared with three among those with older children)
- mums on means tested benefits (four compared with two among those not on any means tested benefits)
- mums who say they will sign up for the Information Service for Parents (ISP) via either service (four compared with three among those who say they will not)
- mums who are medium internet users (four compared with three among mums who are light internet users).

It is also worth noting that those mums who get information from websites are more likely to say they will sign up to the Information Service for Parents (ISP) email service than those who do not get information from websites (77% vs 64%).

Mums were also asked about a number of sources targeted specifically at them. The chart shows a breakdown of the proportion of mums mentioning each targeted source.

**Figure 6N. Q1. Where do you go for information about pregnancy or parenting?
(sources targeted at mums)**



Source: ISP non-subscriber survey. Base: all mums (364). Multiple responses permitted. Fieldwork dates: 4-21 February 2013.

Mums who are not receiving any means tested benefits are more likely to go to sources of breastfeeding support for information (14% compared with 1% of mums on means tested benefits). There are few other significant differences in terms of sources targeted at mums, although medium internet users are more likely than light internet users to mention website-based sources (Netmums 17% vs 8%, Mumsnet 13% vs 4%, BabyCentre 41% vs 28% and Emma's Diary 28% vs 15%).

Dads were also asked about a number of sources of information targeted specifically at them. Use of these targeted sources is very low among dads with only 3% using the New Dad's Survival Guide (Bounty), 3% using the Dad section on the BabyCentre website and just 1% using Dadsinfo. None of the dads interviewed mentioned Howtobeadad.co.uk. It is worth noting that 29% of dads say they go to 'other websites' for information on pregnancy and parenting.

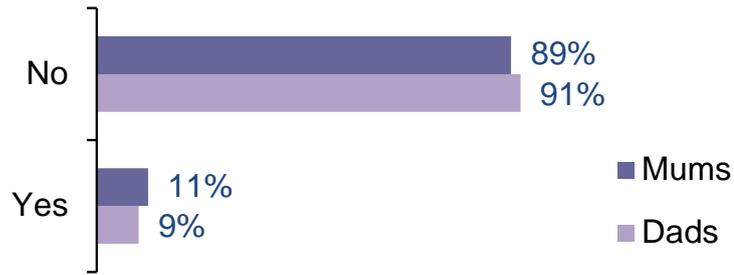
6.5 Are they aware of the service?

Respondents were asked whether they had heard about the ISP prior to their interview. To help clarify, a brief overview of the service was provided:

*"The **NHS Information Service for Parents (ISP)** provides information and advice for parents and parents to be about issues related to pregnancy and early childhood. People who sign-up to the service choose to be sent weekly e-mails and/or text messages which provide a mix of information, tips and sources of other information which are relevant to the child's age or the point in the pregnancy. There is a different set of emails and texts for dads and for mums."*

After this summary of the service had been read out, most non-subscribers reported that they had not heard of the Information Service for Parents (ISP) before. This suggests that lack of awareness of the service is a barrier to sign-up.

Figure 6O. Q2. Prior to today’s interview had you heard of the NHS Information Service for Parents (ISP)



Source: ISP non-subscriber survey. Base: all mums (364) and dads (128). Single responses permitted. Fieldwork dates: 4-21 February 2013.

6.6 How likely are non-users to sign up to the service after the ISP is demonstrated?

Perceived usefulness of the service

Among mums the two most useful features of the Information Service for Parents (ISP) were perceived to be information about week of pregnancy/child’s age by week (51%) and tips about healthy behaviour (47%). Dads were most interested in information aimed specifically at them (47%) and tips about healthy behaviour (44%). Information sent by email is seen as more useful than information sent by text among both mums and dads. The full results can be seen in the chart below.

Figure 6P. Q3. This card shows some of the features offered by the NHS Information Service for Parents (ISP). Please can you let me know which, if any, of them would be useful for you?



Source: ISP non-subscriber survey. Base: all mums (364) and dads (128). Multiple responses permitted. Fieldwork dates: 4-21 February 2013.

↑ indicates a significantly higher percentage than the percentage for the comparable sub-group

The key statistical differences are between mums-to-be and new mums and between first-time mums/mums-to-be and those who already have children.

New mums are more likely than mums-to-be to find the following useful: tips on health behaviour; information sent by email; links to other sources of information (eg information about finding childcare); and short videos with advice from health professionals and parents. Mums-to-be are more likely than new mums to say 'weekly information and tips on all aspects of pregnancy and taking care of a baby' or 'none of these' features would be useful.

	Mums-to-be	New mums
Base: all	(262) %	(102) %
Tips about healthy behaviour	37	59
Information about your week of pregnancy/child's age by week	47	56
Weekly information and tips on all aspects of pregnancy and taking care of a baby	44	41
Information sent to you by email	31	51
Information specially aimed at dads	23	32
Information specially aimed at mums	32	38
Links to other sources of information (eg information about finding child care)	25	39
Short videos with advice from health professionals and parents	22	33
Information sent to you by text message	19	21
None of these	15	7

Source: ISP non-subscriber survey. Base: as stated. Multiple responses permitted. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (ie mums-to-be vs new mums). Fieldwork dates: 4-21 February 2013.

All of the ISP features listed were considered to be more useful by first-time mums and mums-to-be than by those who are not first-time mums.

Although still the minority, those who are not first-time mums/mums-to-be are significantly more likely to say 'none of these' features would be useful. It is worth noting that there is a high degree of cross-over between mums-to-be and non-first-time mums saying 'none of these' features would be useful, ie the mums-to-be are pregnant with a subsequent child.

	1 st time	Not 1 st time
Base: all	(376) %	(116) %
Tips about healthy behaviour	52	40
Information about your week of pregnancy/child's age by week	57	43
Weekly information and tips on all aspects of pregnancy and taking care of a baby	49	34
Information sent to you by email	48	29
Information specially aimed at dads	34	17
Information specially aimed at mums	43	24
Links to other sources of information (eg information about finding child care)	38	23
Short videos with advice from health professionals and parents	35	16
Information sent to you by text message	23	15
None of these	7	17

Source: non-subscriber survey. Base: as stated. Multiple responses permitted. Fieldwork dates: 4-21 February 2013.

In addition to this, mums not on means tested benefits are more likely to say they would find the following useful:

- weekly information and tips (48% compared to 32% of those on benefits)
- Information about your week of pregnancy/child's age by week (55% vs 42%)
- short videos with advice from health professionals and parents (32% vs 18%); and
- links to other sources of information (eg information about finding child care) (39% vs 17%).

Mums for whom English is not a first language are more likely to find useful weekly information and tips on all aspects of pregnancy and taking care of a baby (58% vs 41%) and short videos with advice from health professionals and parents (42% vs 26%).

Likelihood of signing up

Having been provided with a summary of the ISP offer (Q2), and a list of the service's features (Q3), the respondents were then asked how likely they would be to sign up to the service.

The table below shows how likely non-users would be to sign up to the email/video and SMS service.

The overall proportions, whether by email or SMS, indicate that a majority of mums will 'definitely' or 'probably' sign up for the service.

More than half of mums and two fifths of dads say they will 'definitely' or 'probably' take up the Information Service for Parents (ISP) by email, and half that number say they would take it up by SMS.

There is more likelihood for mums to sign up for email alone (34%) than text messaging alone (5%), though 22% would sign up for both services.

Figure 6Q. Q4 Still thinking about the NHS information for Parents (ISP), how likely are you to sign up for the email service/SMS (text message) service)?

	The email service		The SMS service		Overall	
	Mums (364) %	Dads (128) %	Mums (364) %	Dads (128) %	Mums (364) %	Dads (128) %
Base: all						
Definitely will	18	12	11	8	21	14
Probably will	38	30	17	13	40	34
May or may not	19	20	7	13	17	18
Probably won't	14	23	30	28	12	19
Definitely won't	11	16	35	36	9	14
Will (net)	56	41	27	21	61	48

Source: ISP non-subscriber survey. Base: as stated. Multiple responses permitted. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (ie mums vs dads). Fieldwork dates: 4-21 February 2013.

Potential reasons for not signing up

Following a brief overview of the service, two in five (42%) non-subscribers are still unlikely to sign up to the ISP (may/may not, probably won't or definitely won't).

The primary reasons given for not signing up are:

- already having a child and so knowing everything needed
- reluctance to pass on an email address or mobile number
- a preference for getting information directly from a doctor/nurse/midwife, paper materials or other internet sites.

The full list of reasons is given below. Mums are more likely than dads to say they would get information from other sources rather than signing up to the Information Service for Parents (ISP).

Figure 6R. Q5. Which of the following reasons reflect why you may not/will not sign up for the NHS Information Service for Parents (ISP) email service and/or SMS (text messaging) service?

	The email service		The SMS service	
	Mums	Dads	Mums	Dads
Base: all who won't sign up for the Information Service for Parents (ISP) email or SMS (text messaging) service	(168) %	(74) %	(263) %	(98) %
This is not my first child so I already know everything I need to know	21	19	14	14
I don't like giving out my email address	11	19	N/A	N/A
I don't like giving out my mobile phone number	N/A	N/A	28	24
I prefer to find out information directly from a doctor/nurse/midwife	18	15	12	10
I don't need any information/won't tell me anything I don't know	11	9	6	7
Already receive too many emails	5	9	N/A	N/A
Do not like receiving lots of text messages/don't always read them all	N/A	N/A	12	12
I don't know enough about it	10	7	6	2
I have no internet access	7	5	N/A	N/A
I prefer to read information on paper rather than on a computer screen/mobile phone	3	4	6	6
Would get information from other sources/books/Google etc.	12	1	7	1
Would prefer an email than a text	N/A	N/A	8	6
Barriers linked to mobile phone (net)	N/A	N/A	35	33
Barriers linked to internet/email (net)	22	30	N/A	N/A
Don't need any more information (net)	29	26	19	19

Source: ISP non-subscriber survey. Base: as stated. Multiple responses permitted. NB: figures in bold are significantly higher than the figures for the sub-group to which they are being compared (ie mums vs dads). Fieldwork dates: 4-21 February 2013.

The main reason why mums and dads would not sign up to the email service is because they feel they have all the information they require – particularly among those who have already had

a child. This is broadly followed by barriers related to email – ie a preference not to give out their address – and internet access.

The main reason why mums and dads would not sign up to the SMS service is their preference not to give out their mobile phone number, and the sense that they already receive lots of text messages /too many to read. This is followed by a perception by mums and dads that they already have all the required information. And 12% of mums and 10% of dads would prefer to get information directly from a health professional.

Only two mums mentioned poor reviews of the Information Service for Parents (ISP) from friends or family members as a barrier to signing up to the SMS (text messaging) service and no-one mentioned this as a barrier in relation to the email service.

7 Is the ISP a useful resource for the hard-to-reach?

Source: These findings are based on interviews with hard-to-reach parents-to-be and new parents

For the purposes of this evaluation, “hard to reach” is defined as those parents in deprived or vulnerable circumstances, including young people who have experienced unplanned pregnancies, single mums, people who are both temporarily and long-term unemployed and those reliant on support from social services.

These people are particularly hard to engage through digital information services, as they are less likely to be online and more likely to have poor internet or literacy skills. For example, 30% of those in social grades DE do not have internet access at home, and have no intention of getting access in the next 12 months³³.

This research involved new parents and parents-to-be who are young (under 25), of social grades DE and who do not access the internet on a daily basis.

In total, 24 parents-to-be and new parents were involved in 12 face-to-face interviews (six interviews involving pairs of mums, six with pairs of dads). The research took place at four interview locations – in Liverpool, Hackney, Thanet (Kent) and Hull – each among the top 30 most deprived local authority areas in the country. See the research design and delivery section within the introductory chapter (page 17) for further details.

Key facts and figures

- Most of the hard-to-reach mums and dads involved in this research were not proactive information seekers generally, and none had heard of the ISP.
 - Only a couple of the hard-to-reach parents had regular internet access – for the majority, there were few opportunities to be exposed to the ISP
- Interviewees considered family members and friends to be the most trusted sources of information on matters relating to pregnancy and parenting, followed by health professionals.
 - Health professionals are to likely have the most influence in promoting the service among hard-to-reach parents
- When examples of ISP emails, texts and videos were shown, the service evoked a mainly positive reaction, with the majority of interviewees expressing an interest in receiving the information.
- Overall the emails received a more positive reaction than the texts.
- Feedback on the emails and texts suggest they are both partially effective channels for reaching the hard-to-reach:
 - Interviewees thought the main advantage of the emails was the informative, concise content but the main drawback was the need for users to have internet access.
 - The main advantage of the texts was perceived to be ‘easy to understand’ content and immediacy of access. The main drawbacks were the limited

³³ OFCOM Communications Market Report UK, 2012, page 250

information and concerns over actual (and imagined) costs.

- The ISP videos were also generally well received.
 - Interviewees generally preferred the health professional videos.
 - While the idea of the parent discussion videos – showing real parents – was well received, the interviewees did not tend to identify with the parents featured in the videos.

7.2 What is the profile of hard-to-reach parents? Summary typologies

Based on the findings of the interviews, a series of typologies³⁴ were constructed to illustrate how hard-to-reach parents typically source information. These typologies consider the backgrounds, attitudes and behaviours of the hard-to-reach parents involved in this research and provide an overview of the sources of information they tend to use and trust.

With exception of a minority of parents, most of those involved in this research were not proactive information seekers *generally* with regard to parental and pregnancy information.

Typology 1: Passive information absorbers – majority of mums (Hull and Margate)

- Internet use is basic and limited mainly to social media networking
- Depend on family and friends for information
- Relatively more receptive to information than dads
- Tend to be greater information seekers than dads
- Tend to passively absorb information ie from TV shows
- Tend to take on the traditional housewife role, not career focused
- Very likely to have experienced an unplanned pregnancy
- Education level: School/college
- Employment status: Underemployed or unemployed (medium to long term)

Typology 2: Not an information seeker – majority of dads

- Internet use is basic and limited mainly to social media networking
- More likely to have experienced an unplanned pregnancy
- Dependent on family and friends for information
- Ambivalent towards pregnancy and parental information
- Information seeking is typically reactive
- Education level: School/college
- Employment status: Underemployed or unemployed (medium to long term)

³⁴ These typologies may be useful for developing an optimal marketing strategy for the hard to reach parents, although further research is required to validate their suitability.

Typology 3: Information seeker – a few dads based in Hackney

- More internet savvy
- Driven/ambitious
- Interested in information
- Information seeking is typically proactive
- Education level: University graduates
- Employment status: temporarily unemployed, or underemployed
- Likely to have experienced an unplanned pregnancy

7.3 How do hard-to-reach parents get online, if at all, and what are their online activities?

Most of the hard-to-reach parents involved in this research had some way of accessing the internet – whether through a fixed-line connection at home, at work, via their mobile devices, when visiting family or looking for work (typically at the library) – but only a few had immediate access and could use the internet regularly. In addition, most of the parents were reactive, rather than proactive, information seekers. Cost tended to be a barrier to regular internet access for the majority.

Some respondents, such as the dads in Liverpool and Hackney, reported owning a smartphone – an internet enabled mobile handset. However, they all tended to be on ‘pay as you go’, meaning their tariff:

- did not include an internet data plan, or
- included a data plan that required monthly top-ups, or
- charged a flat rate (typically £1) for internet access

Internet access on pay-as-you-go tariffs was considered to be expensive, so the parents tended to go without rather than upgrade, top up regularly or pay the daily rate to maintain their internet access.

“I have ‘pay as you go’ access to the internet so I go online infrequently, maybe once a month.”

Mum, Hull

“I recently moved to PAYG to start saving money. I used to have an iPhone on contract, and suddenly I do not have all the stuff I was used to. I even asked my mate to lookup this address on Google maps!”

Dad, Hackney

Some of the parents mentioned they could get online when visiting family members, but this would only be once a week or so. A couple of respondents reported that their partners could occasionally access online information on their behalf, eg when visiting their parent’s house, or at work.

Library PCs emerged as one of the most common internet touch-points for the hard- to-reach. A number of the parents were unemployed, and had to go online weekly to search for jobs and

check their emails for job-related purposes. Other parents also occasionally popped-in to make use of the free internet access.

“Go online in the library to look for jobs”.

Dad, Liverpool

“Library computer. Cannot afford a computer. Usually go to the library to check emails and Facebook.”

Mum, Margate

One parent also mentioned that they occasionally visited an internet café.

“Got access, but my broadband is not active, though. I go to the internet café once every few weeks.”

Dad, Hackney

Overall, hard-to-reach parents tend to have a narrow range of online activities. Email, social media networking (ie Facebook), online shopping and casual browsing account for most of their online activities. The unemployed parents we spoke to mainly go online to look for work.

With the exception of the unemployed graduates in Hackney, the parents did not tend to be proactive information seekers. If there was something specific they wanted to find out, and happened to be in a position to access the internet, they would typically use Google search to find information.

However, this type of behaviour was infrequent and reactive – they rarely sought information unless there was a perceived and immediate need.

7.4 Where do the hard-to-reach parents currently seek information?

This research found that hard-to-reach parents consider family members and friends to be the most trusted sources of information on matters relating to pregnancy and parenting. Parents, grandparents and other family members (siblings, uncles, aunts, etc) who have parenting experience tended to be trusted above all other sources. Friends who have had children are also trusted, particularly among young mums.

“I trust my family because they've been through it before.”

Mum, Margate

“Everyone has had kids - girlfriend's Mum, Aunties, etc - they know, so I just ask them. They have experience and know what they are doing.”

Dad, Liverpool

A number of the hard-to-reach parents also mentioned their trust in their doctor (GP), midwife and the hospital maternity team for medical advice.

“I take the doctor's view on medical stuff, like whether my girlfriend should have an epidural or not ... so a mixture of [advice from] doctors, and your friends also.”

Dad, Hackney

All of the new dads were present at their child's birth – their most common touch-point with NHS parenting services and associated health professionals. In contrast, the mums had more regular contact with NHS parenting services – through antenatal classes, sessions with their midwives or health visits following birth. Generally, most parents considered their contact with health professionals to be minimal, so family and friends were relied upon on a day-to-day basis for parenting guidance.

“Mum is trusted and is there all the time, whereas you only see midwives and doctors infrequently. Also, I ask friends that are pregnant, or have been pregnant.”

Mum, Hull

“I only go to doctors if they [my family] are sick, or when my girlfriend was in labour.”

Dad, Liverpool

Some of the parents, or their partners, had visited children's centres and made use of their services and information.

“My girlfriend visits sure start centres, they give you advice on the baby's nutrition – how they can get their five-a-day.”

Dad, Liverpool

A number of the interviewed parents also referred to pregnancy books that detailed foetal development, and TV shows such as 'One Born Every Minute' and 'Sixteen and Pregnant'.

Some of the hard-to-reach parents had sought online information via a general Google search or specific online sites such as Bounty, Babynet and NHS Direct.

“For health info I just go on the internet and Google it.”

Dad, Liverpool

“Babynet tells you the stage of your baby and it tells you what you should be experiencing at your stage of the pregnancy. I only use it a little bit.”

Mum, Margate

The hard-to-reach parents involved in this research also acknowledged that the mums tend to be the more proactive information seekers – the dads had a tendency to rely on their partner to take the lead in parenting matters, although they all wished to have a role.

“I don't think my partner would have the patience to go down the library every week and open up emails, whereas I would.”

Mum, Margate

“Men never read stuff, if you get given a leaflet on how to save your life, you just go 'eh whatever'.”

Dad, Liverpool

"I am happy going to library or to the doctor, but my girlfriend is always going online."

Dad, Hackney

The majority of mums-to-be and new mums reported that they sought pregnancy information at the start of the pregnancy, and parental information post pregnancy. A few of the expectant or new dads admitted they are reliant on their partners for pregnancy and parental information.

"I just pickup information off her, I'm no good with information."

Dad, Liverpool

A minority of the parents mentioned they had used the Bounty website – there was some recall of the Bounty birth packs – and Mumsnet. A couple of mums had signed up to receive email information on pregnancy and parenting.

Overall, family and friends were referred to most as trusted sources of parenting information. There was no spontaneous mention of the ISP among the hard-to-reach parents we interviewed, nor did they recall the service when prompted.

7.5 How interested are they in the service proposition – what do hard-to-reach parents think about the service?

The hard-to-reach mums and dads did not spontaneously mention the ISP as a source of parenting information.

To gauge the parents' interest in the service proposition – and before specific feedback was sought on the ISP emails, SMS messages and videos – a brief overview was provided.

The ISP was described as a free NHS digital information service for parents-to-be and new parents that signposts good quality, reliable online information. It was mentioned that the service provides weekly emails and text information, tailored to their child's stage of development (based on the information they provide at sign-up).

These contain advice, reminders, links to information – including parenting videos developed specifically for the service – and contact telephone numbers for parenting services.

The introduction to the service evoked a mainly positive reaction, and many expressed an interest in receiving the pregnancy and parental information from the NHS.

"That's a good thing - information as the baby is growing-up."

Dad, Liverpool

"You can't do much for the first few months, but it's going to dawn on me across this year. But it would be good to get reminders when I should be starting to think about things, and it saves going out and buying all these baby books. It's good to have this from the NHS - that is someone I absolutely trust."

Dad, Hackney

However, there was a mixed reaction towards receiving information via email or SMS, with mums and dads giving benefits and drawbacks for both channels. This feedback is explored below.

Emails

The hard-to-reach parents were shown emails that are sent out to mums and dads when their babies are aged 36 weeks and 38 weeks³⁵.

Overall, both emails were perceived by the majority of mums and dads to be useful. The content was considered interesting and relevant, and there was specific mention of information regarding foetal development, whooping cough and chickenpox by some of the parents. The hard-to-reach parents felt the emails contained the right amount of information, presented in a clear and easy-to-read manner.

“Not too in-depth, just the right amount of information. If you get an email and it contains loads of paragraphs, it can put you off.”

Dad, Liverpool

“This is a good thing for people having their first child. Some are naturals, but others need this stuff.”

Dad, Hackney

The emails were thought to be well designed with a good layout, and the hard-to-reach parents could navigate through the information with ease. The featured images were considered to be appropriate, complementing the text information, and many of the parents also considered the video links to be a good feature.

“Good tips and ideas e.g. play cupboard for the baby. Many people are not literate, if they see big words don’t sink in. If it is like this, quite family friendly then you are drawn to it a bit more and you are more likely to read it”.

Mum, Margate

Dads-to-be and new dads perceived the information to be relevant to both parents, and reported they would be inclined to read the content – particularly the more dad-focused activities.

“I think it’s for both (email information) and I see some topics - like how safe is your home - as a man’s job.”

Dad, Liverpool

“It is relevant for both - you set out the information nicely, so it’s for both, not one or the other.”

Dad, Hackney

³⁵ All ISP emails are available to view via the content library at: <https://www.nhs.uk/InformationServiceForParents/pages/email-catalog.aspx>

The mums felt that they were more likely than their partners to access email information on a weekly basis. This was also acknowledged by some of the dads.

“My girlfriend would be very interested in this - she was always on baby websites when she was pregnant. She would open this 100%. I take more of a back seat.”

Dad, Hackney

In terms of improvements, a minority mentioned the need for more information on the foetal development of those children with common disabilities. There were also a couple of suggestions relating to the format and design of the emails.

“Information about first aid, how to look after your baby and developmental things should also cover children born with disabilities (her daughter has cerebral palsy). We were not prepared as all info [more widely] focusses on 'normal' pregnancies.”

Mum, Hull

“Make it more eye-catching. Maybe more colours. It's currently boring. The layout of the email in the inbox is also boring - I wouldn't open it.”

Mum, Margate

“Perhaps have a forward/back a week button - I wouldn't mind finding out what's coming up next week. So you can check in advance and be prepared.”

Dad, Hackney

In summary, the emails were very well received by the majority of hard-to-reach parents – in line with the high-quality information they would expect to receive from an NHS service.

SMS

A range of SMS messages was shown to the hard-to-reach parents – each sent at different weeks of foetal and baby development. Overall, there was a mixed reaction to the SMS messages.

Most perceived the SMS messages to be convenient because you could access them immediately on a mobile. The frequency of the messages was also considered acceptable. The fact that internet access is not required to receive the information was also welcomed by some of the hard-to-reach parents.

“Text information comes straight to my pocket. I am only on the internet if I go to the library.”

Dad, Liverpool

“Laid out nice, and not everyone has the internet, so it's good to get information via text.”

Dad, Hackney

The parents who were favourable towards the messages complemented them on being short, sharp and to the point.

“Good punctuation marks - like short, sharp bursts of information.”

Dads, Liverpool

"I like this, like twitter, takes just a few seconds to read."

Dad, Hackney

"It's got the numbers in case you need further information."

Dad, Liverpool

However, some parents considered the content of the messages to be limited – containing only basic information – and a minority thought they were somewhat condescending.

"It is too basic and impersonal. You would forget the information. I do not like it. Watching a video or looking at something on the internet that might have a few pictures or links to other stuff [is better] – that (the SMS) seems so basic and impersonal."

Mum, Margate

"Pointless – as not telling you much – just little things, and some are not even important."

Mum, Hull

There was also a sense among a minority that the information duplicates that which the parents have already received elsewhere – whether it be through midwives, health visitors or the ISP email service.

"It's repetitive of what health visitor tells you."

Mum, Hull

A minority expressed concerns about receiving irrelevant texts, such as information on getting help to stop smoking when they are already a non-smoker. Due to poor experience of SMS services more widely, concerns were raised about receiving irrelevant and untimely texts.

"No (not interested in SMS) because I get random texts from PPI insurance and some random pornographic company got my details somehow. If you text stop, you get charged a couple of pound."

Dad, Hackney

"I would be concerned about being inundated with messages."

Mum, Hull

A small number also communicated concerns about potential unsubscribing costs – some disliked that they would be charged to unsubscribe from the service.

"That's annoying - that you have to use your credit up by texting STOP if you don't want them anymore."

Dad, Liverpool

Cost is certainly a potential barrier for the service – even after presenting it as a largely free service³⁶, a handful of parents repeatedly asked how much it costs to sign up, receive and unsubscribe from the service.

This is partly related to the ‘baggage’ of the SMS platform – a number of the parents interviewed had been charged when attempting to unsubscribe from other services (or by scam messages), and are naturally cautious when signing up for information via text message.

In summary, the hard-to-reach parents gave mixed feedback on the SMS service. While they could see its potential – and considered it a more conveniently accessible channel of information than the emails – they had questions regarding the usefulness of the message content, and concerns about the cost of subscribing/unsubscribing.

Email vs. SMS

Overall, the emails received a more positive reaction when compared to the SMS service – but most hard-to-reach parents acknowledged at least some value in offering both channels.

The majority of parents commented that the text messages are a convenient and immediate way to access the information, given that most people have a mobile phone. However, the content was generally thought to be somewhat limited – serving more as a reminder rather than something that would provide a great deal of advice and guidance.

A few of the mums were of the view that their partners would be more likely to read the texts than the emails. This trend is reflected in the service usage data, which shows that a higher proportion of dads signed up to the SMS service when compared to the proportion who signed-up to the emails (see figure 2A in section 2).

For a handful of parents, SMS was a more convenient and accessible channel when compared to the email service.

“I would prefer the texts, because I may not go to the library for a week to read the emails.”

Dad, Liverpool

“I would prefer SMS, because I am more likely to read it, I wouldn’t check email.”

Mum, Margate

Most of the mums and dads expressed a preference for receiving the emails due to their content – the amount of information provided – and format.

“You also get more info in emails - links to click on.”

Dad, Liverpool

³⁶ There are some costs associated with the SMS service. ie when signing up, managing settings or unsubscribing via phone, the user is charged the cost of the text message.

In addition, a couple of respondents said they would like to receive both SMS and email information from the ISP – rather than via one service or the other.

“I would prefer to get both, can read the emails when I go to my Mums.”

Dad, Liverpool

Overall, feedback on the emails was positive, and only a few suggestions were offered with regard to how they could be improved.

Videos

Overall, the hard-to-reach parents were positive towards the ISP videos shown during their interviews. They generally preferred receiving pregnancy and parenting information in this format rather than through the text information in the emails. However, some acknowledge that their limited use of the internet would be a barrier to accessing the videos.

There are two styles of ISP video: videos delivered by health professionals and videos showing parents discussing their experiences in a more informal setting. Specific feedback on both styles of video is explored below.

Health professional video

The hard-to-reach parents were shown a video entitled ‘When will my baby walk?’³⁷, which was presented by a health visitor.

This health professional video was well received by the parents-to-be and new parents. The information was perceived to be new, clear, concise, and useful. The information pertaining to babies walking barefoot was thought to be particularly helpful.

“I like it, I didn’t know any of that - when the baby is walking they should do it barefoot.”

Dad, Liverpool

The language and terminology was perceived as friendly and easy to understand. However, a couple of parents noted that the health visitor narrating the video had a strong accent.

“She (health professional) does have a bit of a funny accent, doesn’t bother me, but maybe they are trying to be a bit PC.”

Dad, Hackney

“It is easy to understand the language, not so easy to understand the accent.”

Mum, Margate

Some commented that the length of the video was ideal for those with short attention spans – the information is easy to absorb. A couple of parents felt that the health professional videos would be more useful to first-time rather than experienced mums.

³⁷ Available to view at: <http://www.youtube.com/watch?v=z26xw7oYxwo>

A minority of the mums and dads found the health professional videos to be somewhat bossy, and thus offputting.

“The video is telling you what to do so not easy to relate too. It’s not talking about experience like the parents video.”

Mum, Hull

Parent discussion video

For the more informal parent discussion video, the hard-to-reach parents were shown a video entitled ‘How can we support ourselves with a young baby?’³⁸

While the format of the video was welcomed – showing real parents talking about their experiences – the execution of the video was found to be lacking by the majority of the mums and dads. The hard-to-reach parents found it difficult to engage with the content, parents and setting featured in this video.

Some of the mums and dads commented that the video is long, ‘boring’, ‘staged’ and targeted at a more middle class, older audience.

“Are these real people or actors?”

Dad, Liverpool

The content and take-home messages were not particularly clear to some of the parents. The main message communicated by the video is the many ‘different ways to receive information and support’, which was broadly understood but with limited recall of specific information.

“I took out of it how we can get information.”

Dad, Liverpool

The sound quality was also thought to be poor, in part because it was hard to hear what the parents were talking about due to noise from the featured children.

“Didn’t like the format, the sound also wasn’t very good with all the babies crying... it felt staged.”

Dad, Hackney

Positively, the inclusion of a dad in the video was noted and welcomed. However, some improvements were suggested – principally the inclusion of younger parents in a setting that is less affluent and that hard-to-reach parents can identify with.

“It needs young people.”

Mum, Hull

“Not sure how relatable they are as the parents have partners, but not everyone does.”

Mum, Hull

³⁸ Available to view at: http://www.youtube.com/watch?v=Wa_VRXgQe7A

In summary, while a minority of hard-to-reach parents liked the video proposition, most did not consider the content and delivery of the parent discussion video to be particularly engaging, and would be unlikely to watch similar videos.

Health professional vs Parent discussion video

The majority of the hard-to-reach parents expressed a preference for the health professional video. Mums and dads found it hard to relate to the circumstances of the parents featured in the parent discussion videos.

Those who preferred the health professional video regarded the advice in this video to be concise and factual, and the parent discussion video to be more opinion-based. The minority who preferred the parent discussion could relate to the featured parents, and liked hearing about their experiences.

“It is good to have both sides as the health visitor is not always there, and it’s good to hear the parents’ experience, as the health visitors do not always have their own kids, either.”

Mum, Hull

“I would watch the videos, but the second video (parent discussion) puts me off - and I wouldn’t go to young parents groups with middle class people sitting in their comfy homes chatting.”

Dad, Hackney

Finally, some of the parents noted that the parenting topic is likely to dictate which style of video is considered most appropriate. For instance, the parent discussion videos would be suitable for information on labour and breastfeeding (perceived as more sensitive issues), and the health professional videos would be more suitable for information on such things as baby nutrition and cot death.

“Facts would be good by the health professional but the experience of labour, and talking about experience in general, is better by the parents.”

Mum, Hull

7.6 How effective could the ISP be for reaching the hard-to-reach?

This qualitative research suggests that hard-to-reach parents like the ISP and recognise the potential benefits of subscribing to both the emails and the SMS service. The information materials presented to the hard-to-reach parents were regarded as useful and concise. Following review, most of the parents expressed an interest in signing up to the service and would happily recommend it to family and friends.

However, the research did identify some barriers that suggest the wider population of hard-to-reach parents are very unlikely to come across the ISP, or subscribe to the service without a prompt:

- The majority of interviewed parents do not actively seek pregnancy and parenting information, rather they passively absorb it – through family, friends, TV, magazines, etc
- Those hard-to-reach parents who reactively seek information (when needed) do not typically go online; rather, they approach family and peers in the first instance
- Many of the hard-to-reach parents already feel they have access to all the information they need (or their partner has access in the case of the dads)
- Given that the ISP is a digital service, the lack of immediate internet access among hard-to-reach parents means that many will not come into contact with it
- Concerns over SMS charges will also impact the likelihood that parents will sign up using a phone

While barriers such as internet access will be difficult to overcome, health professionals are key stakeholders who can help the ISP overcome some of the attitudinal barriers among hard-to-reach parents – mainly by introducing and prompting them to seek out information through the service. Given that health professionals are the most trusted source of parenting information after family and friends, it is likely that they would have the most influence in promoting the ISP by explaining its benefits and encouraging parents to sign up.

Some of these themes will be explored further in the next chapter, which examines how health professionals have engaged with the ISP.

8 “Health Professionals and the ISP” Have health professionals engaged with the ISP?

Source: These findings are based on interviews with health professionals – GPs, midwives and health visitors

The ISP is intended to complement face-to-face consultations, not to replace them. It is important that health professionals are aware of the service as parents may want to discuss topics encountered in the ISP with a health professional. GPs, midwives and health visitors also have a key role for raising awareness of the service.

For this evaluation, in-depth interviews were conducted with a small number of health professionals – 11 in total, including four GPs, four health visitors and three midwives. All had at least weekly interactions with parents-to-be and new parents.

The interviews took place in the same locations as the research with hard-to-reach parents – Liverpool, Hackney, Thanet (Kent) and Hull – to ensure the health professionals had some contact with mums and dads from less advantaged backgrounds. See the research design and delivery section (page 18) for further details.

Key facts and figures

- Overall awareness of the service was very low:
 - Most of the health professionals interviewed (8 out of 11) had not heard of the service.
 - Some midwives had distributed the ISP information cards to parents but had not looked themselves at www.nhs.uk/parents.
- Overall, the interviewed health professionals reacted positively to the concept of the service – particularly to the fact that the information is NHS-approved.
 - The content of the emails was considered to be well presented and useful and the language easy to read and appropriate for a broad range of parents.
 - They generally considered the text messages to be appropriate and acknowledged the SMS service’s benefits in terms of reach and simplicity.
 - A minority of health professionals thought that the brevity of text messages meant they were overly prescriptive for some parents and that the information should focus on specific and actionable guidance on health conditions.
 - The videos elicited a broadly positive response, although it was felt that the café-style videos should feature a more diverse range of parents and settings.
- The health professionals’ main concerns with the emails and videos related to accessibility – a minority of parents (particularly the hard-to-reach) do not have the technology or the digital skills to access the content.
- The majority of health professionals expressed a willingness to promote the service.

8.2 What type of parents do the health professionals see – what is the health profile of their catchment areas?

The health professionals' patient base was comprised of a broad range of socio-economic backgrounds, but *all* referred to pockets of high deprivation within their catchment areas.

"They are everyday parents – anyone attached to a GP surgery, working, unemployed, different backgrounds."

Health visitor, Liverpool

"We tend to see vulnerable expecting mums and mums who have had previous social care involvement."

Midwife, Thanet

"A lot of underprivileged people and lots of social services referrals. They tend to have lots of housing and debt problems."

Midwife, Hull

"Elderly demographic, 10% of consultations are with expecting/young mums per month."

GP, Thanet

The health professionals in Hackney described the profile of the local community to be particularly diverse – a 'melting pot' of social, economic, cultural and ethnic backgrounds. They frequently came into contact with parents from Turkish, Asian and African-Caribbean descent, along with the white British population. A significant minority of parents they encountered spoke English as a second language.

"A variety – we visit all families regardless of age, class, social status. Lots of media types in this area, middle class, but there are also pockets of vulnerability, deprivation, and temp housing up Green Lanes. Lots of Turkish families in this part of Stoke Newington, and people with English as a second language."

Health visitor, Hackney

"Middle class well educated Caucasian families, and also quite a large Somali and Turkish population, second generation Asian families. We see some teenagers and vulnerable groups, but we have specific service for these groups."

Midwife, Hackney

There are numerous health challenges facing parents-to-be and new parents across the locations included in this research. For example, the health professionals frequently encountered parents from poor and underprivileged backgrounds that find it difficult to make positive health choices.

"Some can't afford dinner yet have big TVs and have internet access for Facebook. They only look at health behaviour improvements if financial reward for doing so – like with giving up smoking – then once they have their money they start smoking again."

Midwife, Hull

“Lot of single parents, drug problems, high unemployment, and it’s getting worse – in line with economic situation. [There are] always challenges – life is not easy.”

GP, Liverpool

“Vulnerable expecting mums, mums who have had previous social care involvement. Expecting mums with learning difficulties.”

Midwife, Thanet

While it was acknowledged that many parents actively seek the necessary help and support to ensure the welfare of their children, a significant minority of parents do not take an active interest in matters related to their family’s health and wellbeing. These parents present some of the biggest challenges for the health professionals in their day-to-day work.

8.3 What interactions do the health professionals have with parents-to-be and new parents?

Each type of health professional has a role in the parent journey, and all of those interviewed for this research have at least weekly interactions with parents-to-be and new parents. This section summarises the roles as described by the health professionals – GPs, midwives and health visitors – involved in this research.

The GPs tended to have the most involvement early in the pregnancy journey, although they have a continuing role in overseeing the general health of the family throughout pregnancy and following birth. The GPs conduct the initial assessments to confirm the pregnancy, and complete the process that refers the parent to local maternity services.

“We book them in, and by and large most have already been to the chemist. And most know [they are pregnant] before they visit us – they tend to be happy. We book them in (fill in forms for the midwife) take a history of their last gestation period, and attempt to calculate a due date. We look into their past obstetrics history. If they have a medical problem, and they are expecting, we alert the oncologist, chest expert, etc.”

GP, Hackney

“(We identify) when they first find out they are pregnant, go through when last had a period, whether it was planned or spontaneous, and try and ascertain if termination or antenatal care required. Explore if taking folic acid or not, their diet overall, pets in family, other children in the family, advise about Emma’s Diary, give prescription exemption form, screening for vitamin D deficiency. Card to book midwife appointment – and that is last they see of patient for a while.”

GP, Hull

Following the parents’ initial assessment and referral, the midwives then take the lead – typically from around the 12th week of pregnancy (when the booking-in consultation takes place) – through to birth. The midwives carry out a booking-in appointment with the parents at the 12th week of pregnancy, confirming the details of those who are referred directly, and conducting a detailed assessment if it has not already been completed.

“When we book them, we do their history – GP referrals come with better history. Asking people about their history is less accurate, as they tend to forget things (e.g. their referral letter may state abnormal

smears and other problems). Sometimes it is because patients see some things as insignificant or unrelated to the pregnancy. We then go through their social, medical and pregnancy history overall. Then decide if [the pregnancy should be] consultant or midwifery led. We then check their weight and BMI then refer them to healthy lifestyle midwife if BMI is over average.”

Midwife, Hull

“First contact involves taking a detailed history of the mum, family, past obstetrics, and identifying whether they are a high or low risk. High risk tends to go to the hospital, if they have say cardiology issues. I tend to see low risk, so it mainly involves providing reassurance and advice. I see them for about five visits pre-delivery, and then it’s just general aftercare.”

Midwife, Hackney

The health visitor’s primary role is following birth – although there is often some interaction with parents in the latter stages of pregnancy. In the majority of cases the health visitor makes a single home visit following birth, where they check the baby’s development is proceeding satisfactorily, and provide information to the parents based on their needs.

“We discuss the plan of care and what will happen post-delivery – parenting, support, feeding, budgeting. We strongly promote breast feeding during antenatal period, and post birth support (whichever feeding method was chosen) and provide relationship support, too. Up to 6 weeks regular support is then provided. At 6-8 weeks we then make contact and to ensure [the family] are ready for the GP check-up, and then at that point see them in clinics and as regularly as they like. We used to see them at 3 years, but that stopped. We also signpost them to crèches and data (further information).”

Health visitor, Hull

At each stage of the patient journey the parents are given information by the health professionals. Certain information is provided to all parents, while additional information is given to certain parents dependent on their circumstance and needs. Examples of the information sought by parents, and that which is provided to parents by health professionals, is explored below.

8.4 Do parents seek pregnancy and parenting information?

The health professionals acknowledged that parents are increasingly taking an active interest in their own health, and their family’s health, by seeking health information – often through online sources.

“Engaged parents have the latest research, or news if there is a media outrage, and bring us information. I think it is quite good that they challenge us as it means we are up to date with practice, and we can always get back to them. Most of the time it’s just queries on the availability of local services.”

Midwife, Hackney

Typically, the health professionals consider the more literate, middle class parents to be the most engaged and proactive health information seekers – although more of their patients *generally* are using the internet to inform decisions regarding their health.

With internet access (either through a fixed line or mobile connection) increasingly affordable, they consider there to be fewer barriers that prevent people from less advantaged backgrounds from getting online.

“Despite low income most people have access to the internet, Facebook and Sky television.”

Midwife, Thanet

However, a significant minority of parents – particularly those in hard-to-reach groups – remain offline.

“Still a minority in this area, but increasing slowly. Some don’t have computers.”

GP, Liverpool

“The educated ones tend to do the research in advance, while others just take what we provide and accept it. Those with English as a second language are very dependent on their families and support networks around them. Families with child protection issues have social services involved.”

Midwife, Hackney

It should be noted that those who have internet access are not necessarily computer literate and may well lack the knowledge, skills or understanding to effectively search for information online. Also, many patients do not see the need to seek information online (or through other channels), nor the need to refer to it when they come into contact with health professionals. According to the health professionals, some parents assume that their friends and family are providing them with reliable parenting information, even when this it is not the case.

“Some are rather informed and demanding of your role, whilst others just accept everything you say.”

Health visitor, Liverpool

“Some are very misinformed from friends and family.”

GP, Hull

The health professionals assert that there is wide variation in parents’ knowledge and understanding of parenting issues – and of the sources of information available to them. This illustrates why it is important for the NHS to approve and signpost reliable parenting information.

8.5 What information do health professionals currently provide to parents?

This research found that health professionals provide parents with varying sources of information – this depends on their stage of pregnancy, the specifics of their condition and their desire for information. The quotes below are indicative of the numerous sources made available to patients via GPs, midwives and health visitors.

“We have a pack of things including info on immunisation, cot death, used to give out the birth to five book (now discontinued) which is really valuable and something I miss. We used to give this to all first time parents. It covers the early days, getting to know your baby, and then has a lot of resources at the back. Often you will go to a visit, and see a load of books, so they don’t need this. We also give them local contact details – GP practice, emergency services.”

Health visitor, Hackney

“(We provide) contact numbers, but we also try and instil a sense of confidence in their parenting skills, and also trust in the health visitor.”

Health visitor, Liverpool

“We give them Emma’s Diary and tell them to only read stage at which they are at so they don’t put themselves off.”

GP, Hull

“We give them Bounty Packs and Bounty Book. We don’t give out pregnancy purple book anymore as too expensive, but we do direct to them online. The Birth & Beyond service in Hull is responsible for offering parenting classes, so we tell people about the 4 week course that is free.”

GP, Hull

“We have leaflets in the centre about what to eat during pregnancy. My manager gets them. Some patients have little books on pregnancy others have magazines, and some watch TV. Antenatal classes too. By and large a lot of information is provided by friends and other people.”

GP, Hackney

There was no spontaneous mention of the ISP as a source of information that is recommended to parents. The section below examines whether this lack of promotion was a conscious choice made by the health professionals, or due to their lack of awareness of the service.

8.6 Are health professionals aware of, using or promoting the ISP to parents?

The majority of the interviewed health professionals were not aware of the ISP. Of the 11 interviewees, three health professionals demonstrated some awareness of the service, two mentioning that it provided information to parents via text message. However, they had little awareness of the content and the information conveyed.

“Heard of it, but know nothing. Might have seen it in the back of the pregnancy book we give to mums.”³⁹

Midwife, Hackney

“Very often we give them the card for the NHS parents’ site.”

Midwife, Hackney

“No, I have not heard of it. I am sure it exists, but not I have heard of it.”

GP, Liverpool

³⁹ This is a misconception - The Pregnancy Book pre-dates the ISP and is no longer officially provided.

One of the midwives did provide a brief explanation of the ISP text messages offer when describing the information they provide to the parents – although there was no specific mention of the service’s name.

“Leaflets and various booklets. We hand out an information package. We also hand out an NHS card where the parent would text their first name and estimated delivery date to an NHS information service and then they receive texts.”

Midwife, Thanet

This lack of specific awareness accounts for why the majority of health professionals have not been promoting the service among the parents they encounter.

8.7 Are the promotional materials reaching health professionals?

The health professionals did not recall receiving any specific promotional materials in relation to the ISP. However, they did acknowledge that any promotional materials sent via post may have gone unnoticed, given the high volume of mail their respective organisations tend to receive (this is particularly the case among the GPs).

One midwife and health visitor based in Thanet mentioned they had received some cards⁴⁰ to help promote NHS parenting information, and had been distributing them among parents. The midwives reported that they knew very little about the information provided by the service, and had not visited the web address featured on the promotional cards themselves.

“I definitely did not get any information through from surgery about ISP.”

GP, Hull

“I may have received it, but frankly the amount of post that comes through is severe, the practice manager sorts it out.”

GP, Liverpool

“Very often we give them the card for the NHS parents’ site.”

Health visitor, Margate

While this suggests the information cards have had *some* effect on increasing the profile of the ISP, a more targeted marketing campaign is required to generate widespread and informed awareness of the service. Further work is certainly required to encourage health professionals to become advocates of the service – and actively promote it among the parents they encounter.

8.8 What do health professionals think of the service?

In line with interviews with hard-to-reach parents, this research sought to identify what health professionals thought of the ISP – both as a service proposition and with specific regard to the emails, SMS and video offer. Given the low awareness of the service, a brief overview was provided before exploring the health professionals’ specific feedback.

⁴⁰ ISP information cards were produced and distributed to midwives when the service was launched.

The ISP was described as a free NHS digital information service for parents-to-be and new parents that signposted good quality and reliable online information. It was mentioned that the service provides weekly emails and text information that is tailored to the child's stage of development (based on the information provided at sign-up). These contain advice, reminders, links to information (including parenting videos developed specifically for the service) and contact telephone numbers for parenting services.

Overall, the health professionals reacted positively to the service proposition.

"We are reducing the number of visits – continuity isn't great – so it helps if there are updates [like this] that shows someone is still looking after you. Something like this doesn't feel too intrusive."

Midwife, Hackney

"Sounds like a good service that is easily accessible, it is a good thing to tell parents what to expect at different stages, as often parents cannot get beyond the labour."

Health visitor, Hackney

However, the health professionals stated that they would need to see more information and specific content before advocating the service to parents.

Emails

The health professionals were shown emails that are sent to mums and dads when their babies are aged 36 weeks and 38 weeks⁴¹ – the same emails that were shown to the hard-to-reach parents.

The health professionals' reaction to the emails was positive. The content of the emails was considered to be useful, and it was thought to be advantageous that they convey NHS-approved information – this distinguishes the ISP from other sources of online information.

The health professionals welcomed the tailoring of information to different stages of pregnancy and child development, and both the format and quantity of information was considered to be appropriate.

"It reminds me of Emma's Diary, as it is written in same chatty magazine style but with good signposting too."

GP, Hull

"It covers similar topics as I would – vaccinations, whooping cough – it has a lot on there. I like that it is available in various languages."

Health visitor, Hull

⁴¹ All ISP emails are available to view via the content library at: <https://www.nhs.uk/InformationServiceForParents/pages/email-catalog.aspx>

The language in the emails was considered easy to read and appropriate for a range of audiences – including lay people and hard-to-reach groups.

“Good and easy language to understand.”

GP, Margate

The majority of health professionals say they would be happy to recommend the email service to parents, but some did acknowledge that this type of information would have limited impact and influence on hard-to-reach groups – particularly those who are offline, or have low levels of internet literacy.

“I am not sure to what extent the less affluent use emails. I know they tend to do a lot of texting on their smartphones”.

Midwife, Margate

The health professionals did not express any concerns with the content, format and design of the emails. A midwife commented on how the information looked somewhat ‘clinical’ – which may not appeal to all groups – but that online audiences are likely to be comfortable with information presented in this way.

SMS service

A range of the weekly ISP SMS messages were shown to the health professionals. These SMS messages were the same examples as those shown to the hard-to-reach parents – they provide information, guidance and tips tailored to the stage of foetal and baby development.

Overall, there was a broadly positive reaction towards the SMS messages, with most health professionals acknowledging the service’s benefits in terms of its reach and simplicity. However, some refinements were suggested to help increase the benefits of the text messages for parents.

The information conveyed in the example texts was perceived to be simple and basic – communicating key messages to the parents.

“Basic but good information. If it was made too comprehensive they [the parents] would have to scroll down [to read it]. There could be a link for further information. But a long winded text would be off putting.”

Health visitor, Thanet

“It’s not too much. It is simple, to the point.”

Health visitor, Liverpool

The health professionals also felt that many younger parents would be comfortable receiving the ISP information in this format. The fact that an internet connection is not required also meant that the information is accessible to the hard-to-reach and offline groups – most of which have access to a mobile phone.

"It is fine - think it would be beneficial. Everyone has a phone, even if no internet access. Among 14-40 year olds everybody texts."

Health visitor, Hull

"Most families have access to at least a mobile phone, but some only have one family PC for the whole family, and the kids may want to use it, so email may not be the most accessible format. Mobile phone is easier – even among those who are less receptive."

GP, Hackney

"Lots of young people would feel really comfortable with this sort of information."

Health visitor, Hackney

The health professionals gave examples where SMS messages had been used effectively with young and hard-to-reach parents, particularly as appointment reminders, and could also see the ISP text messages working well with these parents.

"I tend to use text with younger vulnerable parents, not email. I'll text them, leave a message and say that I can call them. Mainly for appointment reminders, and many parents like it."

Health visitor. Hackney

However, there are challenges when it comes to using SMS to communicate with hard-to-reach parents. While it is one of their few accessible channels, hard-to-reach parents typically change their numbers frequently – and often run out of credit.

"[Hard-to-reach] clients can change their phone numbers very very regularly, in some cases weekly ... very often we have to go through a family member to contact the client"

Midwife, Margate

While the simplicity of the SMS messages is considered as to be a strength, some health professionals did identify the channel's limitations. The brevity of the information meant it could be interpreted as blunt or overly prescriptive.

"Almost like big brother saying stay away from the drinks. But in an email you could have a link for child safety and click on the information through choice."

Midwife, Thanet

In comparison to the emails, the SMS information was perceived to be less engaging. Some health professionals also questioned the accuracy of the information pertaining to 36-week-old children being 'on the move'. A few say the stop smoking text message may not be relevant to all mums and dads.

"These are good texts but I would prefer the email because you have the picture and it is a lot more interactive."

Midwife, Margate

"I don't think the 36 week text⁴² is relevant to the stage as it is about the baby walking, which is a way off yet. 40 weeks⁴³ and feeding is not relevant either."

GP, Hull

"They need to know that it doesn't relate to everyone, as most won't be smoking, but the text on registering a baby's birth - that's really useful."

Health visitor, Hackney

Some health professionals also felt the content of the SMS messages should focus less on the 'common sense' parenting issues, and more on specific and actionable guidance on health conditions.

"Very little that can be improved in a text message. I think there are lots of concerns about certain conditions, and I think those would be more useful e.g. chickenpox. Texts should be more health orientated."

GP, Thanet

In summary, while the format (and frequency) of the text messages was generally considered to be appropriate, refinements could be made to content – ensuring that it is engaging and likely to be referred to, or acted upon, by parents.

Videos

Both styles of ISP video – those presented by health professionals and those showing parents discussing their experiences in a more informal café style – were shown to the health professionals as part of this evaluation. This included the video entitled 'When will my baby walk?'⁴⁴, which is presented by a health visitor, and 'How can we support ourselves with a young baby?'⁴⁵, an example of the parent discussion video.

Overall, the videos elicited a broadly positive reaction among the health professionals, very much in line with the feedback from the hard-to-reach parents. The information and language was perceived to be clear, concise and useful – particularly for the video delivered by the health professional (although the health visitor's accent was considered to be quite strong – as per the feedback from the hard-to-reach parents).

"The health professional video is quite good. The message stays with you, quite simple... a lot of videos get caught up in the big stuff, so it's nice this focuses on the basics, which often get overlooked."

Midwife, Hackney

⁴² Text for week 36: "36 wk old: If your baby is on the move, make sure you don't leave hot drinks or dangerous objects within their reach. No SMS? Text STOP to 84499"

⁴³ Text for week 40: "40 wk old: To reduce the risk of choking, cut your baby's food into small pieces and always stay with them when they're eating. No SMS? Text STOP to 84499"

⁴⁴ Available to view at: <http://www.youtube.com/watch?v=z26xw7oYxwo>

⁴⁵ Available to view at: http://www.youtube.com/watch?v=Wa_VRXgQe7A

“I think it is clear – it is beneficial as shows the feet of the baby, so can actually relate to what is being said.”

Midwife, Hull

The health professional video was considered to be the more informative of the two styles, although there was acknowledgement that some parents may relate to the way the café-style videos conveyed the information. Health professionals were positive about the concept of the café-style videos but thought that affluent parents aged 30 plus would find it easier to relate to the parents and settings featured in the example video.

“Second one (parent discussion video) appeals more to middle class, educated parents.”

Midwife, Hackney

“It is a bit middle England, some of the population will not relate to this.”

Liverpool, health visitor

Suggested improvements centred on making the parents café video more relevant to younger audiences, those who spend less time online and hard to reach groups. Some suggested including young single parents and an environment/ setting the target audience could identify with.

“Snapshots of people from different backgrounds is required. This would be more relatable and encourage all walks of life to children centres.”

Midwife, Thanet

Some of the health professionals observed that the biggest challenge around delivering NHS information in video format is around access and compatibility – the parents need to own, or have access to, the appropriate technology to stream the online video.

“It works, if they have got the equipment to receive it”

Liverpool, GP

In summary, the videos were generally well received – but a review of the range of parents and settings featured in parent discussion videos would help broaden their appeal.

8.9 How can the ISP be best promoted to parents?

Health professionals generally mentioned a direct approach – via face-to-face appointments, consultations and classes – as the best way to promote the ISP to new parents and parents to be. Midwives were considered to be the most appropriate professionals to initially promote the service, given that much of the ISP content is tailored to the various stages of pregnancy, and that they conduct a booking-in appointment with the majority of parents at around the 12th week of pregnancy.

“The key is the antenatal classes informing the patients about information on the NHS website. We rely a lot on leaflets, we get loads in, but patients often forget them.”

GP, Hackney

Health visitors were also thought to have a role to play in the promotion of the service, although increasing the profile of the ISP among GPs (and encouraging them to advocate the service) was considered to be a challenge given their numerous other primary care obligations. Nevertheless, bringing 'on-side' all of the health professionals involved in the pregnancy and parenting journey was thought to be a good overall strategy.

"Health visitors meet them (parents), so midwives and the health visitors are the way forward".

Health Visitor, Hull

"Go through a multifactorial basis. Utilise sources this group would already be in touch with e.g. family planning, health visitor, GP".

GP, Thanet

There were also some suggestions on the use of leaflets, posters and videos to promote the ISP via surgeries and family planning centres. One GP advocated the promotion of the service via NHS Choices (the website currently promotes and links to the service).

8.10 How likely are health professionals to recommend the service?

The majority of health visitors expressed a willingness to promote the service, although this was caveated with the need for further information as part of a systematic, widespread, promotional campaign.

"If there is a practical scheme to implement it properly, I would recommend it (all ISP elements). We are all cynics now, some would say this is all very nice to watch, but implementing it is very hard."

GP, Liverpool

"Fairly likely (to recommend), but would have to look into the links in more detail, and think who it would work with. Generally we try and give everyone the same info, rather than prejudge suitability, but we know what will work better with some."

Health visitor, Hackney

Having reviewed the content, health professionals say they would be more likely to recommend the email than the SMS aspect of the service. However, all the health professionals were satisfied with the ISP proposition overall.

8.11 How can the service be best promoted to health professionals?

Parents-to-be and new parents are more likely to seek out the ISP if they are provided with details of the service, and hear of its benefits, directly from health professionals – the people they interact with most during the various stages of pregnancy and parenting.

In light of this, a key recommendation from this evaluation would be to conduct promotional campaigns targeted at health professionals to demonstrate the features of the service, its benefits and to encourage advocacy. Teaching bodies, conferences and workshops could be

potential promotional avenues. There is also some interest from the health professionals themselves in being involved in the development of ISP content.

“Get stakeholders and professionals to work with you to develop content and to promote it.”

Health visitor, Hull

8.12 Who is least receptive to the service?

Throughout the interviews the health professionals mentioned that the ISP content is likely to have the least impact among hard-to-reach parents. Hard-to-reach parents were characterised as those people from less privileged backgrounds who are more likely to be offline, have poorer levels of literacy and are subject to more unplanned pregnancies. For example, the health professionals questioned whether vulnerable single mums or the long-term unemployed would have access to or relate to the ISP.

“We are trying to recommend (the hard to reach) interact with us – the same as 30 years ago. The culture of not working – people get their benefits, sit at home, smoke and watch TV – is still prevalent. Changing that so they actively look at something like this is difficult. It’s slowly changing, but it’s not good.”

GP, Liverpool

Information uptake and behavioural change is considered particularly slow and challenging among hard-to-reach people. While there are few ‘quick wins’ with this group, the health professionals considered repeated interactions over a sustained period to be the best way of developing trust and rapport with such parents.

“It is just chipping away, you could visit them for years and see no change, then eventually you will see a small change.”

Health visitor, Liverpool

This is the approach that is most likely to extend the reach of the ISP – by health professionals consistently advocating the use of the service during their regular interactions with hard-to-reach parents. However, the impact of such an approach is likely to be minimal in the short term.

Appendices

Subscriber survey

Invitation email to subscribers

Information Service for Parents
advice you can trust



You are invited to take part in a short online survey we are conducting among subscribers of the Information Service for Parents.

We would like to find out what you think about the email newsletters (emails) and text messages you've received so far. Your feedback is incredibly important to us and it will be used to help us make sure the service is giving you what you need.

The questionnaire should take no more than 7-8 minutes to complete and all the information you give us will be confidential. On completion of this survey, you will be entered into a prize draw to win an iPad mini. The deadline for taking part is **Thursday 28th February**.

To take part, simply click on the link below, or cut and paste the entire URL into your browser to access the survey:

%[Survey link]URL%

Thank you in advance,

The Information Service for Parents

If you have any questions about this study, please contact Chris Marshall by emailing CH.nhscresearchpanel@nhs.net

Questionnaire

Please note: questions marked as **NEW** were not asked in the interim evaluation

We are delighted you have agreed to take part in this survey

This study is designed to help us understand what you think about the mail newsletters (emails) and text messages you've received so far.

Your feedback is incredibly important to us and it will be used to help shape the success of this service and make it more relevant to users.

This questionnaire should take no more than 7-8 minutes to complete and all the information you give us will be confidential.

On completion of this survey, you will be entered into a prize draw to win an iPad mini.

Please click next below to continue.

Please could you start by telling us the following.

1. Are you..... (SINGLE CODE)

- Male
- Female
- Prefer not to say

2. How old are you? (SINGLE CODE)

- Under 16
- 16 – 19
- 20 - 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 - 64
- 65 – 74
- 75+

3. Please select which of the following apply? (MULTI CODE)

- I/ my partner is expecting a child
- I have at least one child under 9 months
- I am expecting a grandchild/ I have a grandchild under 9 months
- I am a healthcare professional
- I don't have any children under 9 months (**SCREENOUT**)
- Other (please specify) (**SCREENOUT**)

FOR USERS WHO USE THE SERVICE FOR NON-PROFESSIONAL USE (Q3=1, 2 OR 3)

4. Where did you hear about the Information Service for Parents? Please tick all that apply (MULTI CODE)

- Midwife
- Health visitor
- GP
- NHS Choices website
- GOV.UK
- Friends/ family
- TV/radio
- Other health professional (please specify)
- Other website (please specify)
- Other (please specify)
- Don't know/ can't remember

FOR USERS WHO USE THE SERVICE FOR PROFESSIONAL USE (Q3=4)

5. Where did you hear about the Information Service for Parents? Please tick all that apply (MULTI CODE)

- DH bulletin/ materials (e.g. wallet cards)
- Communications from your professional body
- Communications from your management
- NHS Choices website
- GOV.UK
- Friends/ family
- Colleagues
- TV/radio
- Other website (please specify)
- Other (please specify)
- Don't know/ can't remember

6. Did you sign-up for these emails yourself? (SINGLE CODE)

- I signed-up for myself
- My partner signed me up
- Other (please specify)
- Don't know

7. How many emails have you received? (SINGLE CODE)

- None (**SCREEN OUT**)
- 1-4
- 5-9
- 10-14
- 15-19
- 20 or more

8. How many of these emails have you opened / read since signing up? (SINGLE CODE)

- 1. All of them (**SKIP TO Q10**)
- 2. Most of them (**SKIP TO Q10**)
- 3. Some of them (**SKIP TO Q10**)
- 4. None of them (**SKIP TO Q9**)
- 5. Don't know/ can't remember (**SKIP TO Q25**)

FOR THOSE WHO HAVE NOT OPENED/ READ ANY EMAILS (Q8=4)

9. Why have you not opened/ read any of the Information Service for Parents emails? (OPEN ENDED)

RESPONDENTS WHO ANSWER Q8=4 NOW SKIP TO Q25

FOR THOSE WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3)

10. What, if anything, do you like about the Information Service for Parents emails? (Please give as much detail as possible) (OPEN ENDED)

FOR THOSE WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3)

11. What, if anything, do you dislike about these emails? (Please give as much detail as possible) (OPEN ENDED)

WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3)

12. Still thinking about the emails you receive from the Information Service for Parents, please tell us on a scale of 1-5 to what extent you agree or disagree with the following statements in the grid below? (Where 1 is strongly disagree and 5 is strongly agree). (SINGLE CODE)

To what extent to you agree/ disagree that the emails...

	1 (Strongly disagree)	2	3	4	5 (Strongly agree)	n/a
Are visually appealing						
Are user-friendly						
Are the right length						
Are something I make time to read						
Are something I look forward to receiving						
Are something I would recommend or share with family/ friends						
Are for people like me						
Make me want to find out more						
Link me to good quality information						

***Build Instruction – Rotate statements**

FOR WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3)

13. Now thinking about the information in the emails, please use the grid to tell us how much you agree or disagree with the following statements (where 1 is 'Strongly disagree' and 5 is 'Strongly agree') (SINGLE CODE)

The information....	1 (Strongly disagree)	2	3	4	5 (Strongly agree)	n/a
Is trustworthy						
Is easy to understand						
Is easy to remember						
Is useful						
Is clearly presented						
Is relevant to me						
Is interesting						
Teaches me something new						
Makes me feel more confident						
Is something I share with my partner						

• Build Instructions - Rotate statements

NEW

FOR THOSE WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3)

14. The emails contain links to videos. How many videos have you opened via links in the emails, and watched, since signing up? (SINGLE CODE)

- None
- 1-4
- 5-9
- 10-14
- 15 or more

NEW**FOR THOSE WHO HAVE NOT WATCHED ANY VIDEOS VIA LINKS IN THE EMAILS (Q14=1)**

15. Why have you not watched any of the videos featured in the emails? (OPEN ENDED)

NEW**FOR USERS WHO HAVE WATCHED VIDEOS VIA LINKS IN THE EMAILS (Q14=1-5)**

16. Now thinking about the content of the videos you have watched via links in the emails, please use the grid to tell us how much you agree or disagree with the following statements (where 1 is 'Strongly disagree' and 5 is 'Strongly agree') (SINGLE CODE)

The videos....	1 (Strongly disagree)	2	3	4	5 (Strongly agree)	n/a
Are trustworthy						
Are easy to understand						
Are easy to remember						
Are useful						
Are clearly presented						
Are relevant to me						
Are interesting						
Teach me something new						
Make me feel more confident						
Are something I share with my partner						

- Build Instructions - Rotate statements**

NEW**FOR USERS WHO HAVE NOT WATCHED VIDEOS VIA LINKS IN THE EMAILS (Q8=1-3)**

17. Have you watched any videos on pregnancy / child development through any of the following online channels: (MULTI CODE)

NHS videos on NHS Choices (NHS.UK) or the Information Service for Parents (ISP) website
 NHS Choices YouTube video channel
 A video search and hosting service (e.g. YouTube, Daily Motion)
 BabyCentre website
 Bounty UK
 Good to know
 WebMD
 Emma's Diary
 Mumsnet
 NetDoctor
 Netmums
 Other websites (specify)
 None of these

NEW**FOR USERS WHO HAVE WATCHED AT LEAST ONE NHS VIDEO (Q14=2-5 OR Q17=1-2) AND ANY NON-NHS VIDEO (Q17=3-10)**

18. How do you think the NHS videos (as featured in the emails and the NHS website) you have watched compare to the pregnancy / child development videos on other (non-NHS) websites/video services? (SINGLE CODE)

1. The NHS videos I watched are better than those on other (non-NHS) websites/video services
2. The NHS videos I watched are worse than those on other (non-NHS) websites/video services
3. The NHS videos I watched are no different to those on other (non-NHS) websites/video services
4. Don't know/ can't remember

FOR THOSE WHO SAY THE INFORMATION SERVICE FOR PARENTS VIDEOS ARE BETTER/WORSE/NO DIFFERENT FROM OTHER EMAIL SERVICES (18 = 1-3)

19. Why do you say that that? (Please give as much detail as possible) (OPEN ENDED)

FOR THOSE WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3)

20. Through the Information Service for Parents emails/videos, have you accessed information on any of the following? Please tick all that apply (MULTI CODE)

- Breastfeeding
- Healthy eating in pregnancy
- Stopping smoking
- Cutting down on alcohol in pregnancy
- Keeping active in pregnancy
- Preventing cot death
- Talking to your partner
- Choosing where to have your baby
- Seeking help for post-natal depression
- Vaccinating your baby
- Encouraging/ supporting someone else to change their behaviour
- None **(SKIP TO Q22)**
- Don't know/Can't remember

FOR EACH MENTIONED AT Q19 SHOW IN LIST FOR Q20

21. And have the Information Service for Parents emails/videos made you feel more confident in the decisions you make related to any of the following? Please tick all that apply or click next to continue (MULTI CODE)

- Breastfeeding
- Healthy eating in pregnancy
- Stopping smoking
- Cutting down on alcohol in pregnancy
- Keeping active in pregnancy
- Preventing cot death
- Talking to your partner
- Choosing where to have your baby
- Seeking help for post-natal depression
- Vaccinating your baby
- Encouraging/ supporting someone else to change their behaviour

FOR EACH MENTIONED AT Q19 SHOW IN LIST FOR Q21

22. After using the Information Service for Parents emails/videos, will you do anything differently in relation to any of the following? Please tick all that apply or click next to continue (MULTI CODE)

- Breastfeeding
- Healthy eating in pregnancy
- Stopping smoking
- Cutting down on alcohol in pregnancy
- Keeping active in pregnancy
- Preventing cot death
- Talking to your partner
- Choosing where to have your baby
- Seeking help for post-natal depression
- Vaccinating your baby
- Encouraging/ supporting someone else to change their behaviour

FOR THOSE WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3)

23. Do you subscribe to any other pregnancy / child development emails in addition to this one? (MULTI CODE)

1. BabyCentre
2. Bounty UK
3. Mumsnet
4. NetDoctor
5. Netmums
6. WebMD
7. Good to know
8. Emma's Diary
9. Other (please specify)
10. None

FOR THOSE WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3) AND SUBSCRIBE TO OTHER EMAIL SERVICES (Q22= 1-9)

24. How do you think the emails you receive from the Information Service for Parents compare to the other pregnancy / child development emails to which you are subscribed? (SINGLE CODE)

1. The emails I receive from the Information Service for Parents are better than other email services
2. The emails I receive from the Information Service for Parents are worse than other email services
3. The emails I receive from the Information Service for Parents are no different from other email services
4. Don't know

FOR THOSE WHO SAY THE INFORMATION SERVICE FOR PARENTS EMAILS ARE BETTER/WORSE/NO DIFFERENT FROM OTHER EMAIL SERVICES (Q23 = 1-3)

25. Why do you say that that? (Please give as much detail as possible) (OPEN ENDED)

ASK ALL

26. Did you sign-up for the Information for Service for Parents SMS service (ie text message service)? (SINGLE CODE)

1. I signed-up for SMS myself (**SKIP TO q27**)
2. My partner signed me up for SMS (**SKIP TO q27**)
3. Yes - other (please specify) (**SKIP TO q27**)
4. No (**TO Q26**)

FOR THOSE WHO HAVE NOT SIGNED-UP FOR THE SMS SERVICE (Q25=4)

27. Why didn't you sign-up for the SMS service? (MULTI CODE)

- I didn't want to receive texts from the Information Service for Parents
- It was too difficult to sign-up for the SMS service
- I expected it to be the same information that would be included in the emails
- I was not aware of this service
- Other (please specify)
- Don't know/Can't remember

ALL ISP NON-SUBSCRIBERS ROUTE TO END.

FOR THOSE WHO SIGNED-UP FOR SMS (Q25=1-3)

28. What do you like about the SMS service? (Please give as much detail as possible) (OPEN ENDED)

FOR THOSE WHO SIGNED-UP FOR SMS (Q25=1-3)

29. What do you dislike about the SMS service? (Please give as much detail as possible) (OPEN ENDED)

FOR THOSE WHO SIGNED-UP FOR SMS (Q25=1-3)

30. What action, if any, have you taken as a result of the SMS service? Please use the space below (OPEN ENDED)

NEW

**FOR A) THOSE WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3)
OR B) THOSE WHO SIGNED-UP FOR SMS (Q25=1 OR 2)**

31. Overall, how satisfied are you with:

- a) the emails
- b) the SMS service

Very satisfied
Satisfied
Neither satisfied nor dissatisfied
Dissatisfied
Very dissatisfied
Don't know

NEW

**FOR A) THOSE WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3)
OR B) THOSE WHO SIGNED-UP FOR SMS (Q25=1 OR 2)**

32. Overall, how likely are you to recommend:

- a) the emails
- b) the SMS service

Definitely
Probably
Not sure
Probably not
Definitely not
Don't know

NEW

FOR THOSE WHO HAVE OPENED/ READ ANY EMAILS (Q8=1-3) / THOSE WHO HAVE WATCHED ANY VIDEOS VIA THE EMAILS (Q14=2-5) OR ONLINE (Q17=1 OR 2)

33. Still thinking about the Information Service for Parents, which of the following devices, if any, have you used to access the:

- a) Emails **(TO Q33)**
- b) Videos **(SKIP TO Q35)**

Desktop PC / Laptop / Netbook
Mobile / Smartphone
Tablet

NEW

FOR THOSE WHO HAVE ACCESSED THE EMAILS USING A MOBILE / SMARTPHONE (Q32A=2)

34. Thinking about the last time you accessed the emails on a mobile / smartphone, how would you rate the:

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
1. Attractiveness of its design / appearance	<input type="checkbox"/>					
2. Ease in which the content can be viewed	<input type="checkbox"/>					

NEW

FOR THOSE WHO HAVE ACCESSED THE EMAILS USING A MOBILE / SMARTPHONE (Q32A=2)

35. Have you had any problems accessing the content of the newsletters on your mobile? If yes, please write-in the details using the space below. (OPEN ENDED)

NEW

FOR THOSE WHO HAVE ACCESSED VIDEOS USING A MOBILE / SMARTPHONE (Q32B=2)

36. Thinking about the last time you accessed the videos on a mobile / smartphone, how would you rate the:

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
1. Overall standards of production	<input type="checkbox"/>					
2. Format of the videos (ie length, settings, contributors)	<input type="checkbox"/>					
3. Quality of the video stream when your device is connected to a WI-FI ⁴⁶ network	<input type="checkbox"/>					
4. Quality of the video stream when your device is connected to a 3G ⁴⁷ network	<input type="checkbox"/>					

⁴⁶ A high-speed wireless network through which internet-enabled devices (smartphones, PCs, laptops, tablets) can connect to the internet. Examples include private home wireless networks, office wireless networks and public 'hotspots' in pubs, coffee shops, shopping centres, hotels, libraries, etc

⁴⁷ A high-speed mobile network through which internet-enabled devices (smartphones, laptops, tablets) can connect to the internet remotely 'over the air' ie when away from a Wi-Fi or fixed line internet connection.

37. Is there anything else you would like to add about any aspect of the Information Service for Parents emails or SMS service? Please use the space below (OPEN ENDED)

DEMOGRAPHIC CLASSIFICATION

Finally, the following questions are about you.

NEW

DEM1. Which of the following best describes the working status of your household's primary income earner?

1. Working full-time (30hrs/wk+)
2. Working part-time (8-29 hrs/wk)
3. Not working (ie under 8 hrs/week) – housewife
4. Not working (ie under 8hrs/week) – retired
5. Not working (ie under 8 hrs/week) – unemployed (registered)
6. Not working (i.e. under 8 hrs/week) – unemployed (not registered but looking for work)
7. Not working (ie under 8hrs/week) – student
8. Not working (ie under 8hrs/week) – other (incl. disabled)

ASK IF THE PRIMARY INCOME EARNER IS WOKRING (DEM1=1 OR 2)

NEW

DEM2. Is your household's primary income earner an employee or self-employed?

1. Employee – GO TO DEM3a
2. Self-employed with employees – GO TO DEM3b
3. Self-employed/freelance without employees - GO TO DEM5

ASK IF THE PRIMARY INCOME EARNER IS EMPLOYED (DEM1=1)

NEW

DEM3a. How many people are employed by your household's primary income earner at their place of work?

ASK IF THE PRIMARY INCOME EARNER IS SELF EMPLOYED (DEM1=2)

NEW

DEM3b. How many people are employed by your household's primary income earner?

1. 1 to 24
2. 25 or more

NEW

DEM4. Does your household's primary income earner supervise any other employees? (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis)

1. Yes
2. No

NEW

DEM5. Which of the following best describes the profession of your household's primary income earner?

1. Modern professional occupations such as: teacher – nurse – physiotherapist – social worker – welfare officer – artist – musician – police officer (sergeant or above) – software designer
2. Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre agent – nursing auxiliary – nursery nurse
3. Senior managers or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) such as: finance manager – chief executive
4. Technical and craft occupations such as: motor mechanic – fitter – inspector – plumber – printer – tool maker – electrician – gardener – train driver
5. Semi-routine manual and service occupations such as: postal worker – machine operative – security guard – caretaker – farm worker – catering assistant – receptionist – sales assistant
6. Routine manual and service occupations such as: HGV driver – van driver – cleaner – porter – packer – sewing machinist – messenger – labourer – waiter/waitress – bar staff
7. Middle or junior managers such as: office manager – retail manager – bank manager – restaurant manager – warehouse manager – publican
8. Traditional professional occupations such as: accountant – solicitor – medical

COMP1. If you wish to be entered into our competition, please provide your contact details below. These details will only be used to contact you if you win.

First name: _____
Surname: _____
Email address: _____
Phone number: _____
I do not want to be entered into the competition

REC1. Would you be interested in joining our research panel to help us further develop our website (www.nhs.uk)?

Yes
No

REC2. If yes, please provide your contact details below:

First name: _____
Surname: _____
Email address: _____

SURVEY CLOSSES

Non-subscriber survey

Sampling and recruitment of the fieldwork locations

The first step in the sampling process was to select the areas in which to interview. NHS Choices and Department of Health provided an Experian database of postcode areas showing sign-up rates to the Information Service for Parents (ISP) within the population of each area. In order to ensure that the sample of areas was representative nationally and in terms of sign-up rates, the database was stratified first by region, then by level of sign-up rate. Using a 1 in N random selection process, 15 postcode areas were selected. The aim was to then recruit one antenatal/maternity service and one children's centre within each of the 15 areas, giving a total of 30 sites for interviewers to visit.

The recruitment of antenatal/maternity services was led by Department of Health. Senior midwifery leads were contacted within each of the 15 areas to provide contact details for the closest antenatal/maternity services. Individual service contacts were then emailed a letter from Department of Health detailing the aims of the survey, asking for their assistance and informing them that they would be contacted by GfK NOP regarding their participation.

The recruitment of children's centres was led by GfK NOP. Desk research was conducted to source contact details for two or three children's centres in each of the 15 selected areas. Calls were then made to establish contacts at each centre. Where additional information was requested, the Department of Health advance letter was sent via email. Follow up emails and calls were then made with the aim to recruit one centre within each area to take part in the research.

In each area two or three of each type of site were initially contacted, in case the primary site could not be recruited (e.g. contact could not be made or permission was not given for interviewing to take place).

A total of 12 antenatal/maternity services and 15 children's centres agreed to participate in the survey by hosting an interviewer at their site. Once agreement had been given, the contact details for each site were passed to local interviewers who called to confirm the details of their visit. To make up for the shortfall on the 30 target sites some interviewers were asked to arrange two visits per site, rather than one.

In the majority of cases interviewers made one six-hour visit to their allocated site, but in eight cases this shift was split into two three-hour shifts. These split shifts were mainly worked at children's centres where the schedule of classes/groups for the target audiences would have meant that a full six hour shift would not have been an efficient use of interviewer time.

Weighting of data and analysis

Initially, weighting on footfall was considered to correct for any differences in response rates between the two different site types. Footfall information collected by interviewers showed that approximately 61% of parents visiting the antenatal/maternity services and approximately 67% of parents visiting children's centres were interviewed. As a similar proportion of eligible visitors was interviewed at both types of sites it was not deemed necessary to weight site type by footfall. In addition, weighting by footfall within each site would have had a strong negative impact on effective sample size.

Weights were applied to correct for a perceived imbalance in the mums data between mums-to-be and new mums. The final sample contained almost twice as many mums-to-be as new mums (262 and 102 respectively) because the footfall numbers at antenatal/maternity services were much higher than at children's centres. Based on the length of eligibility in weeks (ie a 54 week period split between 28 weeks for those at least 12 weeks pregnant and 26 weeks for mums of children aged 6 months or less), it is estimated that the true population profile of these groups is more evenly split. In order to correct this imbalance in the sample we applied rim weights to these two groups to correct the mums-to-be sample to 52% and the new mums sample to 48%. Due to the relatively low proportion of interviews achieved with dads of children aged 6 months or less it was not deemed necessary, nor beneficial, to weight the dads' data as this would have had a negative impact on effective sample size.

With these weighting processes in place it is worth noting that data cannot be examined at an overall level and should rather be looked at as two distinct groups – mums and dads. Within the mums group, any significant differences between sub-groups (including mums-to-be and new mums) will also be examined. Owing to the small size of the dads' sample, sub-group analysis is not possible.

Advance letter to children's centres and antenatal clinics

January/February 2013

To whom it may concern

Re: Survey of parents on behalf of NHS Choices/ Department of Health

I am writing to let you know about an important survey of parents currently being undertaken by the Department of



Health (DH), and to ask for your assistance.

What is the survey about?

On 18 May 2012, the Government launched a new digital service for parents. Parents are invited to sign-up from early pregnancy to receive regular free email and SMS messages offering high quality advice, and signposting them to trusted sources of information. The service already has over 100,000 users, and you can view the service online at www.nhs.uk/parents.

We are now undertaking an evaluation of the NHS Information Service for Parents (ISP), and this survey is part of that evaluation. The aim of the survey is to understand why some parents and parents-to-be have not signed-up to the service.

How can you help?

We would like to ask you to host an interviewer at <NAME OF CHILDREN'S CENTRE/ANTENATAL CLINIC> to conduct face-to-face interviews with parents. The interviewer would visit your centre for a day, during which they would survey parents and enter their responses directly onto a laptop computer.

Each interview would last approximately 8 minutes. Interviewing would take place on an appropriate date between **Monday 4th and Friday 15th February 2013**.

Who would visit?

The research is being conducted by GfK NOP, a well-respected and independent research agency, on behalf of the Department of Health. You should already have been contacted by a member of their research team. All GfK NOP interviewers are fully trained and accredited by the Market Research Society, and have been CRB checked.

GfK NOP abides by strict codes of conduct. All responses will be kept completely confidential, and the Department will not know anyone's individual answers. Data are kept secure and processed in line with the Data Protection Act, and GfK NOP operates within the Market Research Society Code of Conduct.

What will happen next?

An interviewer from GfK NOP will be in touch with you shortly. They will ask you about the best times for them to visit and to establish a few details about your centre. We need to speak to parents of babies up to 6 months so the interviewer will ask you about when these parents are most likely to be visiting your centre. The interviewer will do their best to be as flexible as possible on the day of their visit.

If your centre is split over more than one site then please tell the interviewer. This is so they can arrange to visit the busiest sites, or to split their time between sites.

We would greatly appreciate your help with this research. If you would like to speak to the survey manager at GfK NOP, please call Elisabeth Brickell on 020 7890 9761 (Office hours). Alternatively, if you have any queries or require further reassurances about the survey, please feel free to contact Clare Sandling or Alison Beedie at the Department of Health on 020 7210 5266, or Patrick Branigan at the Department for Education on 0207 340 7489.

I would be grateful if you could share this letter with any colleagues that you feel it is appropriate for you to copy in, so they will be aware that this survey is taking place.

Many thanks again for your help with this important work.

Yours sincerely

Clare Sandling

Starting Well Policy Lead
Department of Health
T: 020 7210 5266
E: Clare.Sandling@dh.gsi.gov.uk

Effective sample size

The effective sample size was calculated. This describes the effect of the weighting on the accuracy of survey estimates. The effective sample size is dependent upon the size of weights applied to respondents: the more the weights deviate from 1, the smaller the effective sample size and the less accurate estimates will be. The effective sample size for this survey was 429, or 87% of the interviewed sample size.

Confidence intervals

Confidence intervals are based on effective sample size. The table shows the confidence intervals associated with the effective sample size of each survey group. For example, if we find that 50% of mums-to-be gave a particular response, the confidence interval associated with an effective sample size of 262 would be +/- 6.1%. This means that we can be sure (19 times out of 20) that if we had interviewed all eligible mums-to-be in the population the survey estimate would be between 43.9 % and 56.1%.

Confidence intervals associated with effective sample size of each survey group				
Survey group	Effective sample size	10%/90%	30%/70%	50%/50%
All mums	304 (84%)	3.4%	5.2%	5.7%
Mums-to-be	262 (100%)	3.6%	5.5%	6.1%
New mums	102 (100%)	5.8%	8.9%	9.7%
All dads	128 (100%)	5.2%	7.9%	8.7%

Questionnaire

Good morning/afternoon, my name isI am from GfK NOP, an independent research company. We are conducting a survey of parents to be and parents of babies aged up to 6 months on behalf of the Department of Health about a new information service.

SHOW ID

We would like to include your views in the sample – everything you say will remain confidential and your individual answers will NOT be revealed to anyone else, including the Maternity Service/Children’s centre.

It will take no more than 10 minutes to complete.

CHECK HAPPY TO PROCEED AND THEN CONTINUE

Interviewer Code respondent gender:

Male
Female

SCREENING QUESTIONS

SHOW CARD 1 (Different versions depending on whether male or female)

S1 Which of these applies to you?
CODE ALL THAT APPLY

FEMALE

I am currently less than 12 weeks pregnant – THANK AND CLOSE
I am currently 12 weeks pregnant or more – CONTINUE
I am the mother / legal guardian of a child aged 6 months or less – CONTINUE
I am the mother / legal guardian of a child aged over 6 months – THANK AND CLOSE
None of these (including grandparents, child-minder, nanny etc) – THANK AND CLOSE

MALES

My wife / partner is currently less than 12 weeks pregnant – THANK AND CLOSE
My wife / partner is currently 12 weeks pregnant or more – CONTINUE
I am the father / legal guardian of a child aged 6 months or less – CONTINUE
I am the father / legal guardian of a child aged over 6 – THANK AND CLOSE
None of these (including grandparents, child-minder, nanny etc) – THANK AND CLOSE

S2 Do you currently receive email or text information about pregnancy or parenting from any of the following?

The NHS Information Service for Parents (ISP) - THANK AND CLOSE
Netmums - CONTINUE
Mumsnet - CONTINUE
BabyCentre website - CONTINUE
Bounty - CONTINUE
Emma's Diary - CONTINUE
Other (specify) - CONTINUE
No - CONTINUE

MAIN QUESTIONNAIRE

SHOW CARD 2 (Different versions depending on whether male or female)

Q1 Where do you go to for information about pregnancy or parenting?
CODE ALL MENTIONED

FEMALE

Health Professionals (ie Midwives / Doctors / Nurses / Health Visitors etc)
Pharmacist/chemist
Sure Start Centres / Children's Centres
Free Antenatal groups or classes run by the local NHS (e.g. at local doctor's surgery or local hospital)
Antenatal class / classes run by NCT (formerly National Childbirth Trust) or Active Birth Centre (ABC) or somebody similar
Breastfeeding support (e.g. Breastfeeding advisor)
NHS Choices (NHS.uk)
Netmums website
Mumsnet website
BabyCentre website
Bounty (including website)
Emma's Diary (including website)
Other websites
Parenting books / magazines

Family members and friends

None of these

Don't know

MALE

Health Professionals (ieie Midwives / Doctors / Nurses / Health Visitors etc)

Pharmacist/chemist

Sure Start Centres / Children's Centres

Free Antenatal groups or classes run by the local NHS (e.g. at local doctor's surgery or local hospital)

Antenatal class / classes run by NCT (formerly National Childbirth Trust) or Active Birth Centre (ABC) or somebody

similar

NHS Choices (NHS.uk)

Dadsinfo

New Dads' Survival Guide (Bounty)

Dad section on BabyCentre website

Howtobeadad.co.uk

Other websites

Parenting books/magazines

Family members and friends

None of these

Don't know

READ OUT

The **NHS Information Service for Parents (ISP)** provides information and advice for parents and parents to be about issues related to pregnancy and early childhood. People who sign-up to the service choose to be sent weekly e-mails and/or text messages which provide a mix of information, tips and sources of other information which are relevant to the child's age or the point in the pregnancy. There are a different set of emails and texts for dads and for mums.

Q2. Prior to today's interview had you heard of the **NHS Information Service for Parents (ISP)**?

Yes

No

SHOW CARD 3

Q3 This card shows some of the features offered by the **NHS Information Service for Parents (ISP)**. Please can you let me know which, if any, of them would be useful for you?

CODE ALL MENTIONED

Weekly information and tips on all aspects of pregnancy and taking care of a baby

Information about your / your partner's week of Pregnancy / child's age by week

Information especially aimed at mums

Information especially aimed at dads

Tips about healthy behaviour

Short videos with advice from health professionals and parents

Links to other sources of information (e.g information about finding child care)

Information sent to you by email

Information sent to you by text message

None of these

Don't know

SHOW CARD 4

Q4 Still thinking about the NHS Information Service for Parents (ISP), how likely are you to sign-up for the:

- a) email service?
- b) SMS (text message) service?

- Definitely will
- Probably will
- May or may not
- Probably won't
- Definitely won't
- Don't know

ASK ALL EXCEPT THOSE THAT WILL /DK

SHOW CARD 5

Q5. Which of the following reasons reflect why you may not / will not sign-up for the NHS Information Service for Parents (ISP) – INSERT AS APPROPRIATE – by email and/or SMS (text message) service?

INTERVIEWER: PROBE FOR ALL RESPONSES.

- I don't know enough about it
- I have no internet access
- I don't know how to use the internet
- I have no mobile phone access
- I prefer to read information on paper rather than on a computer screen/mobile phone
- I don't like giving out my email address
- I don't like giving out my mobile phone number
- I prefer to find out information directly from a doctor/nurse/midwife
- I don't need any information/advice/ it won't tell me anything I don't know
- This is not my first child so I already know everything I need to know
- I don't like the Government/NHS telling me what to do
- It had a poor review from a health professional
- It had a poor review from a family member / friend / other
- Other reason (specify)
- No reason
- Don't know

CLASSIFICATION

Finally, a few questions about you and your household

Q6 What was your age last birthday?

RECORD ACTUAL AGE OR READ OUT BANDS IF REFUSED

- Under 16
- 16-19
- 20-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Refused

Q7 Record ages of all children aged under 16 in the household <including baby if new mum, but excluding baby pregnant with if mum to be>

- Yes – enter how many and age of each child
- No children
- Refused

SHOW CARD 6

Q8 Approximately how many hours in total have you spent actively using the Internet in the last week (ieie the last seven days)?
 This includes E-mail, web browsing/surfing, apps and other on-line services such as downloading, but does not cover time when you were connected but not using it. Please include both work and personal use.

- None
- Less than 1 hour
- 1-2 hours
- 3-5 hours
- 6-7 hours
- 8-10 hours
- 11-19 hours
- 20-29 hours
- 30 hours or more
- Don't know

IF EVER USED INTERNET AT Q8

SHOW CARD 7

Q9 Where do you usually access the internet?
 CODE ALL MENTIONED

- Home
- Work
- Friends/Relatives
- School/college/university
- Library
- Internet Café
- No fixed location (e.g. on smartphone/tablet)

Q10 And which of these do you use regularly?
 CODE ALL MENTIONED

- Text messaging on mobile phone
- Internet on smartphone/tablet
- Neither of these
- Don't know

Q11 And finally, a couple of questions about you
 Is English your first language?

- Yes
- No
- Don't know
- Refused

SHOWCARD 9

Q12 To which of these groups do you consider you belong?

Choose one only

A White	British Irish Polish Other Central/Eastern European Any other White background
B Mixed	White and Black Caribbean White and Black African White and Asian Any other Mixed background
C Asian or Asian British	Indian Pakistani Bangladeshi Any other Asian background
D Black or Black British	Caribbean African Any other Black background
E Chinese or other ethnic group	Chinese Any other (specify).

SHOWCARD 10

Q13 Are you or is anyone in your household currently receiving any of these benefits?

code all that apply

- None of these
- Healthy Start Vouchers
- Child benefit
- Job Seekers Allowance
- Income Support/Employment and Support Allowance
- Working Tax Credit
- Child Tax Credit
- Housing Benefit
- Council Tax Benefit
- Disability Living Allowance/ Other Disability Benefit
- Carer's allowance
- Incapacity benefit
- Other state benefits (specify)

That is the end of the survey. Thank you very much for your help.

Hard to reach interviews

Discussion guide

1. Objectives (for reference)

- 1) Identify whether the Information Service for Parents (ISP) is reaching deprived areas, vulnerable users, and if not what more can be done?
- 2) Understand potential use of Information Service for Parents (ISP) amongst people with low internet skills
- 3) Identify the opportunities for SMS as an effective option in reaching the digitally unengaged/excluded.

2. Introduction (2 mins)

- Introduce moderator, permission to record session and housekeeping (toilets, turn off mobiles etc)
- Explain the purpose of the research (to understand their parenting information needs, current resources and views on Information Service for Parents (ISP))
- No right or wrong answers – here to give your opinion
- Respondents to introduce themselves- a little bit about them and when they are due/how old their little one is and how they know the other respondent.

3. General Channel Usage (5 mins)

- Do you have access to the internet? If yes – can you tell me:
 - how you usually access it (laptop/tablet/phone)
 - where you usually access it (home/work/public location)
 - what kind of things you use it for and how often? (prompt use of browsing websites, email, videos e.g. You Tube, social media e.g Facebook, Twitter)
- Do you have a mobile phone? CHECK: Is it a smartphone/featurephone (basic handset)
- And what kind of things do you use your mobile phone for? (prompt – internet access or not and whether watch videos/check email on it)
- Do you use SMS? How often? What kind of thing do you use it for? Do you ever sign-up to receive anything by SMS?
- Do you go to people for advice or information? Who do you tend to ask? Friends/family/colleague?

4. General Awareness/Usage of Pregnancy Services (10 mins)

- Where do you look at the moment for information on pregnancy/childcare in general? Prompt – online or offline?
 - If offline only – why not online? (access or other reason?)
 - If offline – do they have influencers in their life? Friends/family
 - If don't look at any info – why not?
 - Any problems looking for info?

- Explore uptake/importance of various info sources – mum/parents/ other relatives? Health professionals? Children's centres? Other parents?
- At what stage did you start to look for information? (when first found out pregnant or later stage?)
- What baby/pregnancy email services are you aware of? signed-up?
 - If yes – discuss which and why signed-up? Likes? Frequency? What kind of content? always read them?
 - If no – why not signed-up? What more could be done?

(If not already covered spontaneously by now then explore trust of sources)

- Which sources of parenting information would you say you trust?
- And are there any you would say you don't trust/ don't trust as much?

(prompts – Health Professionals (ieie Midwives / Doctors / Nurses / Health Visitors etc), Pharmacist / chemist, Sure Start Centres / Children's Centres, Antenatal groups , NHS Information Service for Parents, NHS Choices , Other websites (Netmums, Mumsnet, BabyCentre, etc), Bounty, Emma's Diary (including website), Parenting books / magazines

5. Formats of Baby Service Information (5-10 mins-dependant on internet access)

- What format do you like to receive information in? (prompt – online/offline, video/text, Email/SMS) and why?
- What do you see to be the pros and cons of information in video format?
- What do you see to be the pros and cons of text/reading content?
- If you could design your ideal baby information service, what would it be like? Prompt - What format of info would you put in (video/text)? How would people access it (phone, online/offline, website/app/email/SMS)?
- (ignore if no internet access) - What encourages you to open emails? What puts you off?
- (ignore if no internet access) - What encourages you to watch videos? What puts you off?
- What would encourage you to use SMS to receive info? What puts you off?

6. Information Service for Parents (ISP) Awareness (5 mins)

- Before today, had you ever heard of the Information Service for Parents? Where? What? (pos or neg?)
- If aware and signed-up - newsletters/SMS? If aware but not signed-up - why not (access to internet or other)?
- Explain proposition for those not aware of Information Service for Parents (ISP)
 - What are your initial impressions of the idea of this service?
 - Is it relevant to you? do you think you would sign-up? If yes – email/SMS/both and why?

7. Email: Initial Reactions (5 mins)

SHOW EXAMPLE EMAIL

- What are your initial impressions on the email itself?
- Likes?
- Dislikes?

- Watch any of the videos?
- Would you access the emails from your phone or another device?
- **Dads only** – do you see them to be as relevant to men as much as women? If more women – what could make them more relevant? Anything in particular you want to know about these things?
- Can you think of anything that would help improve the newsletter? What would make you more likely to want to sign-up?
- Would you sign your partner up to the emails too? Would they be interested?

8. Video: Initial Reactions (10 mins)

SHOW PATIENT EXAMPLE VIDEO

- What are your initial impressions on the video?
- Likes?
- Dislikes?
- Parents café videos – can you relate to them, do you think their advice is useful
- Settings – do the settings feel natural to you/are they relatable?

SHOW HEALTH PROFESSIONAL EXAMPLE VIDEO

- What are your initial impressions of this video?
- Likes?
- Dislikes?
- Health professionals used – can you understand their terminology, are they engaging, do you warm to them?
- Do you prefer the videos with the health professionals or the patients? Why do you say that? (if required prompt to find out: Do they find videos by health professionals reassuring, more informative etc or do they prefer to hear about the experiences of 'real parents'.
- **Dads only** – do you see them to be as relevant to men as much as women? If more women – what could make them more relevant?
- Having seen what the videos are like, would you be interested in watching them?
- Anything in particular you want to see videos on?
- Other than the topics of the video, can you think of anything else that would help to improve the videos? What would make you more likely to want to watch them?
- What device would you want to watch them on (mobile/tablet/laptop/desktop)?
- Do you think your partner would be interested in watching videos?

9. SMS: Initial Reactions (5 mins)

Now I would like to move on to talk about the SMS part of the service ...

- What do you think of receiving information in this way? Like/dislike it? Why?

SHOW EXAMPLE TEXTS

- Initial impressions of texts?
- Anything you like or dislike about them?
- Tone of these messages?
- Do they contain enough detail or would you like more?
- How useful do you think they are?
- They currently go out on average once a week, although this may change depending on the age of your child, is that often enough for you? Would you like them more/less often?
- Can you think of any way to improve the SMS service?
- Recommend to others? Why/Why not?
- Would you sign your partner up to the SMS service too? Would they be interested?
- **Dads only** – do you see them to be as relevant to men as much as women? If more women – what could make them more relevant? Anything in particular you want to know about these things?

10. Summary and Close (5 mins)

- After looking at both the email and the SMS, do you think you would sign-up to receive them? Would you choose email/SMS or both? Why?
- Brings us to a close, any other comments on either emails or SMS service or anything else we have talked about today?

ASK PERMISSIONS OVERLEAF, THEN THANK AND CLOSE

RESPONDENT NAME	
RESPONDENT SIGNATURE (TO CONFIRM RECEIPT OF THE INCENTIVE)	
DATE OF INTERVIEW	

PERMIT ANONYMOUS USED OF COMMENTS?	YES
	NO

HAPPY TO BE NAMED	YES
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AS A PARTICIPANT IN THE RESEARCH?	NO
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Health professionals interviews

Recruitment letter

January/February 2013

To whom it may concern

Re: Survey of parents on behalf of NHS Choices/ Department of Health

I am writing to let you know about an important evaluation study currently being undertaken by the Department of Health (DH), and to ask for your assistance.

What is the survey about?

The purpose of the study is to evaluate a new service for parents-to-be and new parents. We are speaking to a range of health professionals, including GPs / Midwives / Health Visitors, in order to inform refinements and improvements to the service.

How can you help?

We would like you to take part in a face-to-face interview with a researcher from NHS Choices. The interview would be conducted at your place of work or a nearby location.

Each interview would last approximately 45 minutes. Interviewing would take place at a convenient time on **Day Date**. An incentive of £xxx would be offered as compensation for your time.

Who would visit?

The research is being conducted by the NHS Choices Customer Insight Team. All researchers are fully trained and experienced qualitative interviewers.

The Customer Insight Team abides by strict codes of conduct. All responses will be kept completely confidential, and the Department will not know anyone's individual answers. Data are kept secure and processed in line with the Data Protection Act, and the team abides within the Market Research Society Code of Conduct.

What will happen next?

If you are happy to take part, a recruiter from ViewPoint will schedule the interview and pass on your detail to the NHS Choices Customer Insight Team. A research from NHS Choices will then you will then contact you to confirm the arrangements.

We would greatly appreciate your help with this research. If you would like to speak to the study manager at NHS Choices, please call Chris Marshall on 020 7972 5596 (Office hours). Alternatively, if you have any queries or require further reassurances about the survey, please feel free to contact Clare Sandling or Alison Beedie at the Department of Health on 020 7210 5266.

Many thanks again for your help with this important work.

Yours sincerely

Clare Sandling

Starting Well Policy Lead

Department of Health

T: 020 7210 5266

E: Clare.Sandling@dh.gsi.gov.uk

Discussion guide

Objectives

To identify:

- 1) Whether health professionals are aware of the Information Service for Parents (ISP)
- 2) Whether they are happy to recommended it to mums and dads
- 3) The place of the Information Service for Parents (ISP) amongst an audience that is harder- to-reach and influence
- 4) How the SMS (text message) services is used in health professionals communications with parents, and opinions of the SMS service

Section	Discussion Content
<p>Introduction and warm-up (2 mins)</p>	<p>Background : this research is to understand more about the information health professionals provide and signpost for new parents and parents-to-be. This is one of 12 interviews with health professionals (including GPs, midwives and health visitors).</p> <p>There are no right or wrong answers – we are just interested in your views</p> <p>Length of interview : 45 minutes</p> <p>Stress anonymity – we will not use your comments, nor name you in the report we produce unless you provide consent at the end of the interview</p> <p>The NHSC Customer Insight team abide by the MRS code of conduct and the 1998 data protection act</p> <p>Request to record the interview</p> <p>To start with, please can you confirm your role and responsibilities.</p> <p>For how many years have you been practising as a GP / MIDWIFE / HEALTH VISITOR</p>
<p>Interactions with parents and parents-to-be (5 mins)</p>	<p>What sort of patients do you tend to see:</p> <ul style="list-style-type: none"> • What is the health profile of the area in which you practise? • What are the main health challenges? <p>How frequently do you interact with:</p> <ul style="list-style-type: none"> • parents-to-be • new parents <p>What are your typical activities with:</p> <ul style="list-style-type: none"> • parents-to-be • new parents <p>At what stage of pregnancy or parenthood do you tend to interact with parents-to-be? PROBE: What are their main health needs?</p> <p>What about new parents? PROBE: What are their main health needs?</p> <p>Do you have an 'informed' patient base? PROBE:</p> <ul style="list-style-type: none"> • do your patients typically take an active interest in their health and wellbeing • do they seek information <u>online</u> about their health

<p>Providing information to parents-to-be and new parents (5 mins)</p>	<p>What sources of information do you:</p> <ol style="list-style-type: none"> provide for parents-to-be and new parents? signpost to parents-to-be and new parents? <p>FOR BOTH, PROBE: does it tend be local sources of information, online sources, etc?</p> <p>Where do you tend to signpost for patients? SPONTANEOUS FIRST, THEN PROBE IF NECESSARY: Which specific sources of information?</p> <ul style="list-style-type: none"> Health Professionals (ieie Midwives / Doctors / Nurses / Health Visitors etc) Pharmacist / chemist Sure Start Centres / Children's Centres Free Antenatal groups or classes run by the local NHS (e.g. at local doctor's surgery or local hospital) Antenatal class / classes run by NCT (formerly National Childbirth Trust) or Active Birth Centre (ABC) or somebody similar Breastfeeding support (e.g. Breastfeeding advisor) NHS Information Service for Parents (ISP) NHS Choices (NHS.uk) Other websites (Netmums, Mumsnet, BabyCentre, etc) Bounty (including website) Emma's Diary (including website) Parenting books / magazines Other sources <p>Why do you recommend these sources of information? PROBE: Do you recommend online info to all parents-to-be or new parents?</p> <p>At which stage of pregnancy / parenthood is the information provided or signposted?</p> <p>How is the information provided? PROBE:</p> <ul style="list-style-type: none"> Face-to-face consultations Classes or support groups Online (via a website) Email alerts SMS alerts Leaflets Other (specify) <p>Is there enough reliable information on pregnancy and parenthood available for parents? PROBE:</p> <ul style="list-style-type: none"> Is that for both mums and dads? Anything missing?
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<p>Awareness of the Information Service for Parents (ISP) (5 mins)</p>	<p>Have you heard of the Information Service for Parents (ISP)? FOLLOW-UP:</p> <ul style="list-style-type: none"> • How did you find out about the service? • What do you know about it? <p>What information have you received or obtained about the service? PROMPT IF NECESSARY:</p> <ul style="list-style-type: none"> • What information have you received or obtained about the service? Health professionals fact-sheet • Information from the NHS Trust / Hospital / GP surgery management • Wallet information cards given out to parents <p>IF RECEIVED / OBTAINED: Thinking about the information materials that you received or obtained about the service:</p> <ul style="list-style-type: none"> • What did this tell you? • What do you like / dislike about the materials? • How could these materials have been improved? <p>How would you like to be informed about the Information Service for Parents (ISP) in future? PROBE: What format of information works well / less well for you?</p> <p>How is the service regarded among your colleagues and peers? PROBE:</p> <ul style="list-style-type: none"> • What do you say about it? • What do your colleagues and peers tend to say?
<p>Use and feedback on the emails, SMS messages and video content (15 mins)</p>	<p>I am now interested in your views on the Information Service for Parents (ISP) materials that are available for parents-to-be and new parents.</p> <p>Emails</p> <p>Do you ever use email in your communications with your patients? PROBE: Is that all your patients? Who don't you email?</p> <p>What do you tend to use it for? PROBE: How effective is it?</p> <p>Have you seen any of the Information Service for Parents (ISP) emails? IF SO, FOLLOW-UP: What do you recall about the emails?</p> <p>What are your views on the emails? PROBE: What do you like / dislike about them? Why?</p> <p>Have you signed-up to any of the emails yourself?</p> <p>Who do you think is the target audience for the emails? Who is most likely to use them / less likely to use them?</p> <p>IF SEEN EMAILS: Do you ever use the emails in your communications with parents? PROBE: What do you use? What are the benefits?</p>

SHOW EXAMPLE EMAIL. What are your views on the:

- Content
- Language
- Tone
- Format

Is there anything missing from the emails? What specifically?

FOR THOSE WHO HAVE NOT USED THE EMAILS: Would you feel comfortable using this information with patients? PROBE: Is the information trustworthy / reliable? How useful do you think these emails are?

How could the emails messages be improved, if at all?

How frequently are the emails sent to subscribers? THEN READ OUT: *The emails currently go out on average once a week, although this may change depending on the age of your child?*

FOLLOW-UP: Is this appropriate? Do you think they should be sent more / less often?

SMS (Text Messages)

Do you ever use SMS (text messages) in your communications with your patients/pregnant women or new parents? PROBE: Is that all your patients?

What do you tend to use it for? PROBE: How effective is it?

Have you seen any of the Information Service for Parents (ISP) text messages? IF SO, FOLLOW-UP: What do you recall about the text messages?

What do are your views on the text messages? PROBE: What do you like / dislike about them? Why?

Have you signed-up to any of the text messages yourself?

Who do you think is the target audience for the text messages? Who is most likely to use them / less likely to use them?

IF SEEN TEXT MESSAGES: Do you ever use the text messages in your communications with parents? PROBE: What do you use? What are the benefits?

What do you think of the text messages? PROBE: What do you like / dislike about them? Why?

SHOW EXAMPLE TEXT MESSAGES. What are your views on the:

- Content
- Language
- Tone

- Format

Is there anything missing from the text messages? What specifically?

FOR THOSE WHO HAVE NOT USED THE TEXT MESSAGES: Would you feel comfortable using this information with patient? PROBE: Is the information trustworthy / reliable?

Is it clear who the text messages are from?

How useful do you think these messages are?

How could the text messages be improved, if at all?

How frequently are the text message sent to subscribers? THEN READ OUT:

The text messages currently go out on average once a week (AS PER THE EMAILS), although this may change depending on the age of your child.

FOLLOW-UP: Is this appropriate? Do you think they should be sent more / less often?

Videos

Do you generally ever use video as part of your consultations with patients/pregnant women/ parents? PROBE: Is that all your patients?

What do you tend to use it for? PROBE: How effective is it?

Have you seen any of the Information Service for Parents (ISP) videos? IF SO, FOLLOW-UP: What do you recall about the videos?

Where did you access the video? PROBE: The Babies and Parents website pages on the NHSC website, the NHSC YouTube channel

SHOW EXAMPLE ISP VIDEO.

What are your views on the video? PROBE: What do you like / dislike about them? Why?

- Do they provide appropriate information and advice for parents-to-be / new parents? PROBE: Why / why not?
- Is there anything missing? What specifically?
- Health professionals used – can you understand their terminology, are they engaging, do you warm to them?
- Parents café videos – can you relate to them, do you think their advice is useful?
- Settings – do the settings feel natural/are they relatable to the target audience?

What about the accompanying information (ieie introductory text in the emails and summary text underneath the videos)? How suitable is this for parents-to-be and new parents?

Would you recommend the video on its own without signing-up for emails or text

	<p>messages? Why? Why not?</p> <p>Who do you think is the target audience for the video? Who is most likely to use them / less likely to use them?</p> <p>How could the video be improved, if at all?</p> <p>How could the video be promoted?</p>
<p>Informing patients and changing behaviours (4 mins)</p>	<p>Roughly, what proportion of parents-to-be and new parents on your books have signed-up for the Information Service for Parents (ISP)? IF NOT KNOWN: An estimate is fine.</p> <p>WRITE-IN PERCENTAGE []</p> <p>Have you noticed any of the following changes among those parents who have signed-up to the service?</p> <ul style="list-style-type: none"> • Parents appear more confident about their pregnancy / new baby • Parents appear more informed about the stages of their pregnancy / babies development • Parents are leading a healthier lifestyle (ieie food choices, minimal alcohol consumption, smoking cessation) <p>Any other observations?</p> <p>What are the main challenges for the service in terms of positively changing the behaviours of parents-to-be and new parents?</p> <p>How will subscribers benefit from the service in the short term? What about the long term? Why?</p>
<p>Likelihood of recommending the ISP (4 mins)</p>	<p>On a scale of 0 to 10, where 0 is 'very unlikely' and 10 is 'very likely', how likely are you to recommend the Information Service for Parents (ISP)emails:</p> <p>Parents-to-be [] PROBE: Why?</p> <p>New parents [] PROBE: Why?</p> <p>Family and friends [] PROBE: Why?</p> <p>Health professionals [] PROBE: Why?</p> <p>On a scale of 0 to 10, where 0 is 'very unlikely' and 10 is 'very likely', how likely are you to recommend the SMS (text messages):</p> <p>Parents-to-be [] PROBE: Why?</p> <p>New parents [] PROBE: Why?</p> <p>Family and friends [] PROBE: Why?</p> <p>Health professionals [] PROBE: Why?</p>

	<p>On a scale of 0 to 10, where 0 is 'very unlikely' and 10 is 'very likely', how likely are you to recommend the ISP videos:</p> <p>Parents-to-be [] PROBE: Why?</p> <p>New parents [] PROBE: Why?</p> <p>Family and friends [] PROBE: Why?</p> <p>Health professionals [] PROBE: Why?</p> <p>Is there anyone else you would recommend the service to? PROBE: Who? Why?</p> <p>What would increase the likelihood of you recommending the service?</p>
<p>Hard-to-reach groups (4 mins)</p>	<p>Which groups of parents-to-be and new parents are least receptive to the Information Service for Parents (ISP)? PROBE: What are the main challenges among these groups?</p> <p>In your experience what are the best ways of engaging hard-to-reach groups on pregnancy and parenting issues? PROBE: Do you have any examples where this has worked well?</p> <p>How do you typically provide information to hard-to-reach groups on pregnancy and parenting issues? PROBE: In what format is the information provided?</p> <p>What aspects of the service, if any, are</p> <p style="padding-left: 40px;">a) Suitable for hard-to-reach groups (why?)</p> <p style="padding-left: 40px;">b) Not suitable for hard-to-reach groups (why?)</p> <p>What would make the service more suitable and appealing to hard-to-reach groups?</p>
<p>Improvements and Conclusions (2 mins)</p>	<p>What should be the main aims of the Information Service for Parents (ISP) over the next two years? Why?</p> <p>What improvements do you think will enhance the service? Why</p> <p>Finally, is there anything you would like to feed-back on the service that we have not covered in this discussion?</p>

RESPONDENT NAME	
RESPONDENT SIGNATURE (TO CONFIRM RECEIPT OF THE INCENTIVE)	
DATE OF INTERVIEW	

PERMIT ANONYMOUS	YES
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USED OF COMMENTS?	NO
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HAPPY TO BE NAMED AS A PARTICIPANT IN THE RESEARCH?	YES
	NO

Service Segmentation and Penetration Analysis

Background and Mosaic public sector definitions

The Information Service for Parents - May 18th to March 31st

Information Service for Parents
advice you can trust



The purpose of the report is to track the Mosaic and geographical profile of those signing up to the Information for Parents Service (ISP), specifically:

1. The geographic spread of sign-ups - have some parts of the country been more receptive than others?
2. The Mosaic profile of sign-ups - this is intended to understand the socio-demographics of people signing up compared to all expectant parents. A detailed explanation of Mosaic is covered on the next couple of pages. A particular focus is on identifying key groups of the population classed as disadvantaged, and assessing their level of sign-up.
3. The variation between male and female sign-ups - as the service is aimed at all expectant parents (not just mothers) the report aims to assess the demographics of mothers and fathers signing up and whether there are differences.
4. The change in profile over time - the report will be refreshed periodically and will look for changes in the Mosaic profile and the geographical coverage over time.

In this analysis the defined market for the service is expectant parents and those with babies under one month. The total number of deliveries in England is used a proxy for this since it is the most appropriate element of the HES dataset that links to all the other datasets used to compile the Mosaic profiles.

The data in this report is based on uptake of the service from 18th May 2012 to 31st March 2013. The base for the analysis is pro-rata the annual figure in order to average out seasonal variation. This has been used because the seasonal variation in deliveries is unlikely to be the same as that for new pregnancies.

NOTE: If the defined target audience for the service is enlarged to include parents of older children, the overall population size and basis for the service will need to change to reflect this unless the data included in this analysis excludes those who sign up who are not pregnant or have a baby under a month old.

Mosaic Public Sector

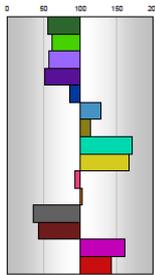
Mosaic Public Sector is a socio-demographic segmentation which has been used in the public sector for over ten years, across central government departments, NHS, Local Authority and Community Safety organisations. It aims to deliver understanding of the type of people living in certain areas, the services they are more likely to require, and information on how best to communicate information to them. For more detailed information please see page 15 of this report, or visit www.publicsector.experian.co.uk

A range of data sources feed into the segmentation, and one dataset which has been profiled extensively is the Hospital Episodes Statistics dataset. This dataset is released annually and we hold this information anonymised and coded by Mosaic Public Sector. For this analysis we will be using the Mosaic profile for 'Delivery' to build a profile of who gave birth within a 12 month period. The dataset currently released is April 2010-March 2011. Within this report we sometimes refer to an 'expectant parent' population. For this profile we have multiplied the number of deliveries within year by two, to account for the fathers, as the data within this report covers mothers and fathers.

NHS Choices are keen to assess the uptake of the ISP by disadvantaged groups of society. In order to do this we have selected Mosaic groups which score highly on the Index of Multiple Deprivation (IMD). IMD is a score derived by the Department for Communities and Local Government (DCLG) and combines a number of factors such as income, crime, health, employment, and living environment to build a relative score as to the levels of deprivation within an area relative to other areas. Using our data we have mapped out IMD to the Mosaic Public Sector Groups, and concluded that the most disadvantaged groups within Mosaic are groups I, N and O. Further detail on these is provided over the next few pages.

The Mosaic profile below shows you how deliveries from the HES dataset breakdown across the Mosaic groups, and how this compares to the England population to help you understand which groups should be the highest users of the ISP service. The disadvantaged groups account for 19% of the England population, but 30% of all deliveries. Other groups that are over-represented in terms of delivery include groups F, G and H. As well as looking at the index it is worthwhile considering the percentages - for example whilst Group E is under-indexed, as they are a large group they still account for 11% of deliveries.

Mosaic Public Sector Group	All Deliveries	% All Deliveries	England Population	% England Population	Pen. %	Index
A Residents of isolated rural communities	13,770	2%	1,968,327	4%	1%	57
B Residents of small and mid-sized towns with strong local roots	34,128	5%	4,498,119	9%	1%	61
C Wealthy people living in the most sought after neighbourhoods	13,204	2%	1,848,118	4%	1%	58
D Successful professionals living in suburban or semi-rural homes	29,147	5%	4,504,874	9%	1%	52
E Middle income families living in moderate suburban semis	71,682	11%	6,750,377	13%	1%	86
F Couples with young children in comfortable modern housing	47,244	7%	2,962,555	6%	2%	129
G Young, well-educated city dwellers	64,790	10%	4,567,853	9%	1%	115
H Couples and young singles in small modern starter homes	50,475	8%	2,396,762	5%	2%	171
I Lower income workers in urban terraces in often diverse areas	88,698	14%	4,320,659	8%	2%	166
J Owner occupiers in older-style housing in ex-industrial areas	47,902	7%	4,183,126	8%	1%	93
K Residents with sufficient incomes in right-to-buy social housing	60,169	9%	4,718,598	9%	1%	103
L Active elderly people living in pleasant retirement locations	8,126	1%	1,836,109	4%	0%	36
M Elderly people reliant on state support	10,130	2%	1,887,321	4%	1%	43
N Young people renting flats in high density social housing	49,342	8%	2,480,603	5%	2%	161
O Families in low-rise social housing with high levels of benefit need	51,836	8%	2,956,632	6%	2%	142
Total	640,643	100%	51,880,033	100%	1.2%	100




Descriptions for Mosaic Public Sector Groups



Group A - Residents of isolated rural communities

- Married
- Modest income
- Agricultural employment
- Average age at first childbirth = 30
- Unlikely to smoke
- Fairly healthy diet/Likely to drink alcohol regularly
- Higher than average educational attainment
- Communication preferences
Telephone
Interactive TV
Magazines



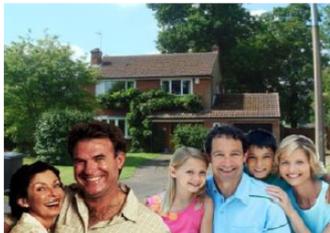
Group B - Residents of small and mid-sized towns with strong local roots

- Married/Widowed
- Lower incomes
- Self-employed or employed in service occupations
- Average age at first childbirth = 28
- Unlikely to smoke
- Fairly healthy diet/Likely to drink alcohol regularly
- Educational standards close to national average
- Communication preferences
Face to face
Local papers
Magazines



Group C - Wealthy people living in the most sought after neighbourhoods

- Married
- Very high incomes
- Higher professional and managerial occupations
- Average age at first childbirth = 32
- Very unlikely to smoke
- Healthy diet/Likely to drink alcohol regularly
- Likely to be university educated
- Communication preferences
Internet
Telephone
Magazines



Group D - Successful professionals living in suburban or semi-rural homes

- Married
- High incomes
- Executives and managers
- Average age at first childbirth = 30
- Very unlikely to smoke
- Fairly healthy diet/Likely to drink alcohol regularly
- Likely to be university educated
- Communication preferences
Telephone
Magazines



Group E - Middle income families living in moderate suburban semis

- Married
- Comfortably off
- Manual and white collar occupations
- Average age at first childbirth = 28
- Unlikely to smoke
- Average diet/Likely to drink alcohol fairly regularly
- Likely to have left school at 16
- Communication preferences
Telephone
Internet
Interactive TV

Descriptions for Mosaic Public Sector Groups



- Group F - Couples with young children in comfortable modern housing**
- Married/cohabiting couples
 - Good incomes
 - Technical or managerial occupations
 - Average age at first childbirth = 30
 - Unlikely to smoke
 - Reasonably healthy diet/Likely to drink alcohol fairly regularly
 - Likely to be university educated
 - Communication preferences: Internet, Telephone, Interactive TV



- Group G - Young, well-educated city dwellers**
- Single
 - High incomes
 - Creative jobs
 - Average age at first childbirth = 29
 - Likely to smoke lightly
 - Healthy diet/Likely to drink alcohol fairly regularly
 - University education
 - Communication preferences: Internet, National papers



- Group H - Couples and young singles in small modern starter homes**
- Singles and cohabiting couples
 - Steady incomes
 - Professional occupations
 - Average age at first childbirth = 27
 - Likely to smoke lightly
 - Average diet/Unlikely to drink heavily
 - Likely to be university educated
 - Communication preferences: Internet, Telephone, SMS text, Interactive TV



- Group I - Lower income workers in urban terraces in often diverse areas**
- Singles and cohabiting couples
 - Below average incomes
 - Routine occupations
 - Average age at first childbirth = 25
 - Likely to smoke
 - Poor diet/Unlikely to drink heavily
 - Few qualifications
 - Communication preferences: SMS text, Interactive TV, National and local papers



- Group J - Owner occupiers in older-style housing, typically in ex-industrial areas**
- Married
 - Below average incomes
 - Manufacturing industries
 - Average age at first childbirth = 27
 - Some heavy smokers
 - Fairly poor diet/Unlikely to drink heavily
 - Low educational attainment
 - Communication preferences: Face to face, Local papers

Descriptions for Mosaic Public Sector Groups



Group K - Residents with sufficient incomes in right-to-buy social houses

- Married
- Mix of incomes
- Routine occupations
- Average age at first childbirth = 25
- Likely to smoke heavily
- Poor diet/Unlikely to drink heavily
- Few qualifications
- Communication preferences
- Local papers
- Face to face



Group L - Active elderly people living in pleasant retirement locations

- Married
- Comfortably off
- Retired
- Average age at first childbirth = 28
- Very unlikely to smoke
- Reasonably healthy diet/Drink alcohol fairly regularly
- High educational attainment
- Communication preferences
- Local papers
- Face to face



Group M - Elderly people reliant on state support

- Widowed or divorced
- Low incomes
- Retired
- Average age at first childbirth = 26
- Some light smokers
- Fairly poor diet/Unlikely to drink heavily
- Likely to have left school at 16
- Communication preferences
- Local papers
- Face to face



Group N - Young people renting flats in high density social housing

- Single
- Low incomes
- Routine occupations/high unemployment
- Average age at first childbirth = 25
- Likely to smoke heavily
- Poor diet
- Very poor educational attainment
- Communication preferences
- SMS text
- National papers



Group O - Families in low-rise social housing with high levels of benefit need

- One parent families
- Low incomes
- Routine occupations/high unemployment
- Average age at first childbirth = 24
- Likely to smoke heavily
- Very poor diet
- Very poor educational attainment
- Communication preferences
- Local papers
- Face to face