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Process evaluation of the Every Child Health Information for Parents Resources with maternity and health visiting in Wales: Executive Summary

Implementation, Dissemination and Use of Every Child Your Pregnancy and Birth (Eich Beichiogrwydd a'r Enedigaeth), and Newborn to Age 2 (Newydd-anedig Hyd at Oed).

Version 1

Mae'r ddogfen yma ar gael yn y Gymraeg/This document is available in Welsh

Evaluation Of Every Child Health Information for Parents Resources with Maternity and Health Visiting in Wales: Implementation, Dissemination and Use of Every Child Health Information for Parents: Your Pregnancy and Birth / Eich Beichiogrwydd a'r Enedigaeth (Booklet 1) and Newborn to Age 2/ Newydd-anedig hyd at oed (Booklet 2).

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The Health Improvement Division works nationally across the system in the design, delivery and evaluation of health interventions. The Central Evaluation Team has been established within the Research and Evaluation Division in the Research, Data and Digital Directorate at Public Health Wales. The team supports the design and delivery of robust evaluation across PHW and its wider strategic partners. Every Child Health Information for Parents

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The views expressed in this report are those of the evaluation team. They do not represent those of PHW as an organisation, implementing partners, individuals or organisations referred to in the report.

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Executive Summary

Background

Every Child Health Information for Parents resources provide universal health and wellbeing information and messages to first-time parents in Wales. Your Pregnancy and Birth (Eich Beichiogrwydd a'r Enedigaeth) and Newborn to Age 2 (Newydd-anedig hyd at oed) are produced nationally to provide parents in Wales and health professionals with access to high-quality, trusted, accessible guidance at key points in the pregnancy and early parenting journey. They are available as hardcopy and as a digital e-booklet, in English and Welsh. The resources are provided at key contact points in maternity and health visiting.

Evaluation purpose and methods

This evaluation focused on **Booklet 1: Your Pregnancy and Birth (Eich Beichiogrwydd a'r Enedigaeth)** and **Booklet 2: Newborn to Age 2 (Newydd-anedig hyd at oed)**, examining how Midwives and Health Visitors are using them across Wales.

Data were gathered through surveys (116 responses), interviews (7 participants), and focus groups (5 participants) with both frontline staff who support parents directly and strategic staff involved in planning and overseeing maternity and health visiting services.

A theory-informed analytical approach was applied to explore how the booklets were implemented in practice. Behavioural frameworks were used to interpret findings and support the analysis of multi-level contextual factors, such as local leadership, communication processes, implementation strategies, barriers and facilitators.

Key findings

High awareness, but varied use across regions. Most professionals were aware of the booklets—87% of Midwives knew about Booklet 1, and 96% of Health Visitors were aware of Booklet 2. However, use varied across Wales. 69% of Midwives reported using Booklet 1, and 83% of Health Visitors reported using Booklet 2.

Booklets were mostly given at the intended time. Booklet 1 was typically introduced during antenatal care, especially at the booking appointment. Booklet 2 was usually shared at the 10–14-day postnatal visit. Some Flying Start staff provided it earlier, during antenatal contacts, due to more frequent engagement. In a few cases, it was given later, depending on family needs.

Local systems influenced how consistently the booklets were delivered. Where booklets were included automatically in packs, such as at booking or birth appointments, distribution was more consistent. In areas where distribution relied on individual staff decisions, use was more variable. Some professionals were unsure whether the booklets were for all parents or only first-time families, though most believed they were relevant for all.

Delivery format and use differed between health boards. Hard copies were the most used format. Most health boards relied on the hardcopy versions of Booklet 1, while some,

such as Aneurin Bevan and Betsi Cadwaladr, also used the e-booklet formats. Cardiff and Vale had the highest digital-only use, though this was based on a small sample. Booklet 2 was used in more digital or mixed formats, particularly in Powys and Hywel Dda. These differences were influenced by parents' preferences, local policies, team practices, digital access, and administrative support.

Experience, confidence, and motivation influenced use. Booklets were generally used more often by early-career staff. More experienced Midwives reported lower use of Booklet 1, while mid-career Health Visitors had the lowest use of Booklet 2. While confidence and clear guidance supported use, many staff who felt uncertain or not sufficiently guided still used the booklets, suggesting that personal motivation, professional judgement, and belief in the value of the booklets also played an important role.

Barriers included supply issues, unclear roles, and inconsistent delivery. Common challenges included shortages in supply, unclear responsibilities for ordering, and delays in receiving stock. Limited formal guidance or training also affected delivery, with some areas rolling out the booklets through a single email or informal channels. Time pressures and high workloads also limited the ability to discuss with families, especially for Booklet 1.

Gaps in reach highlighted by professional feedback and ordering data. Many Midwives and Health Visitors felt the booklets were not reaching all families who should be receiving them. This perception was supported by comparisons between booklet ordering records and birth figures by health board, which showed that fewer hard copies were being ordered than the estimated number of families likely to need them. However, these were indicative estimates only, as no data were available on e-booklet downloads, so the overall reach could not be fully assessed.

Trusted content and team-based approaches supported integration. Professionals described the booklets as clear, credible, and helpful. The visual design, bilingual content, and concise format supported both parent engagement and professional confidence. Implementation worked best where teams shared knowledge, modelled good practice, or built the booklets into routine care. Having both hardcopy and e-booklet format options made it easier to meet different family needs.

Use of other resources affected consistency. In various areas, professionals continued using older or more familiar resources, contributing to mixed messaging and reduced visibility of the Booklets.

Recommendations

To support consistent and equitable delivery of the booklets, the evaluation recommends:

Clear guidance: Develop national guidance on who should receive the booklets, when to introduce them, and how to follow up. Embed this into local workflows using practical tools.

Better communication: Improve visibility of the booklets through team briefings, newsletters, and internal platforms.

Robust delivery systems: Ensure each health board has clear roles and reliable processes for stock management and digital access.

Integrated training: Include practical booklet training in staff induction and ongoing professional development, aligned with national frameworks.

Inclusive access: Work with communities to understand and respond to families' language, literacy, and digital needs. Use findings to inform inclusive formats.

Monitoring and evaluation: Develop a national theory of change and introduce simple tools to track delivery and support improvement.

Stronger digital infrastructure: Invest in systems that support consistent tracking, data sharing, and real-time insights across regions.

Next steps: considerations for Phase 2 (evaluation of Booklets 1 and 2 with parents)

Findings from this evaluation highlight key considerations for Phase 2, including the need to engage diverse families, explore access and relevance from parents' perspectives, understand the impact of practitioner engagement, and identify opportunities to tailor and improve the resources.