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Nurture Early for Optimal Nutrition (NEON) participatory learning and action women's groups to improve infant feeding and practices in South Asian infants: pilot randomised trial study protocol

Logan Manikam ,[1,2] Shereen Allaham ,[1] Priyanka Patil,[1,2] Maryan Naman,[2] Zhen Ling Ong,[2] Isabel-Cathérine Demel,[2,3] Neha Batura ,[4] Clare Llewellyn,[5] Andrew Hayward,[1] Rajalakshmi Lakshman,[6,7] Jenny Gilmour,[8] Kelley Webb-Martin,[9] Carol Irish,[9] Mfon Archibong,[9] Corinne Clarkson,[10] Daley Delceta,[11] Lily Islam,[12] Seema Bajwa,[13] Sabiha Malek,[13] Jasvir Bhachu,[13] Geromini Pushpakanthan,[13] Michelle Heys,[14,15] Monica Lakhanpaul ,[14,16] on behalf of NEON Steering Team

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For numbered affiliations see end of article.

Correspondence to
Dr Logan Manikam;
logan.manikam.10@ucl.ac.uk

ABSTRACT

Introduction Feeding practices developed in early life can impact a child's nutrition, growth, dental health, cognitive development and lifetime risk of chronic diseases. Substantial evidence suggests ethnic health inequalities, and non-recommended complementary infant feeding practices among UK's South Asian (SA) population. Nurture Early for Optimal Nutrition aims to use women's group participatory learning and action (PLA) cycles to optimise infant feeding, care and dental hygiene practices in SA infants <2 years in East London.

Methods and analysis A three-arm pilot feasibility cluster randomised controlled trial will assess feasibility, acceptability, costs and explore preliminary effectiveness for proposed primary outcome (ie, reporting on body mass index (BMI) z-score). Multilingual SA community facilitators will deliver the intervention, group PLA Cycle, to mothers/carers in respective ethnic/language groups. 12 wards are randomised to face-to-face PLA, online PLA and usual care arms in 1:1:1 ratio. Primary outcomes are feasibility and process measures (ie, BMI z-score, study records, feedback questionnaires, direct observation of intervention and sustainability) for assessment against Go/Stop criteria. Secondary outcomes are cluster-level and economic outcomes (ie, eating behaviour, parental feeding practices, network diffusion, children development performance, level of dental caries, general practitioner utilisation, costs, staff time). Outcomes are measured at baseline, every 2 weeks during intervention, 14 weeks and at 6 months by blinded outcome assessors where possible. This study will use concurrent mixed-methods evaluation. Quantitative analyses include descriptive summary with 95% CI and sample size calculation for the definitive trial. The intervention effect with CI will be estimated for child BMI z-score. Implementation will be evaluated qualitatively using thematic framework analysis.

Ethics and dissemination Ethics approval was obtained from University College London (UCL), National Health Service (Health Research Authority (HRA) and Health and Care Research Wales (HRCW)). Results will be published in peer-reviewed journals, presented at scientific conferences/workshops with commissioners, partners and participating communities. Plain language summaries will be disseminated through community groups, websites and social media.

Trial registration number IRAS-ID-296259 (ISRCTN10234623).

STRENGTHS AND LIMITATIONS OF THIS STUDY

⇒ The three-armed approach will allow for comparisons of online and face to face delivery with usual care.
⇒ The collection and interrogation of process and feasibility data with clearly defined Stop-Go criteria will allow for an informed decision around feasibility of a larger scale evaluation.
⇒ A broad set of secondary outcome measures will allow for estimation of potential impact, in addition to understanding of the feasibility of capturing reliable and complete data measuring these outcomes.
⇒ Project capacity precludes the spacing of group sessions according to religious celebrations which might affect retention to group session.
⇒ Risk of performance and measurement bias as neither participants nor all research staff will be fully blinded.

INTRODUCTION

The first 1000 days of life is important for growth and brain development. There is

mounting evidence that influences during pregnancy and infancy may alter lifetime risk of nutrition and dental related diseases.[1] Feeding practices developed during this period can impact children's nutrition, growth, dental health, cognitive development, and may lead eventually to heart disease, obesity and diabetes.[2]

Britain's ethnically diverse population is mostly disadvantaged across a range of socioeconomic outcomes, forming fundamental causes of ethnic health inequalities in the UK.[3] Some of the widest differences have been observed in the South Asian (SA) population, more so for Pakistani and Bangladeshi communities compared with Indians.[4]

Systematic reviews assessing complementary feeding practices and the sociocultural beliefs underpinning them in children <2 years within SA families in the UK were explored. Despite the adoption of the WHO Infant and Young Children Feeding Guidelines, there remains substantial evidence of non-recommended complementary feeding practices such as early introduction of solids, introduction of minimum dietary diversity or minimum frequency of meals being followed.[5–7] Contributing factors that persisted postmigration included bicultural issues or low acculturation levels and conflicting information among health professionals, extended family, and religious and community leaders.

Effective early life interventions tailored to different ethnic groups have great potential to reduce the development of short-term and long-term conditions and, thereby, lifetime inequalities. At present, however, few of such interventions exist.[8] Traditionally, UK health services provide unidirectional information based on guidelines and National Health Service (NHS) recommendations. Specific ethnic groups may be marginalised by this approach as most advice is not tailored to their cultural practices. There is a need for interventions that target these communities through a top-down unidirectional approach and bring a change originating from within the communities. Therefore, it is important to work in partnership with communities thereby building their capacity to work closely with local authorities/stakeholders. The asset-based community development approach has been successful in community development as this helps communities identify their assets through asset mapping and mobilise them to bring along the desired change.[9]

Based on Lakhanpaul and Panchsheeel's Motivation Awareness Resources Knowledge and Skills model,[10] current practice lacks the space to understand parents' motivation and ability to support families in skills development, all of which is key to providing optimal infant feeding, care and dental hygiene support. Considering the resource constraints of the NHS and its 10-Year Forward Plan which aims to shift the emphasis to the community, highlighting a need for interventions that enable communities to use their available community assets. The participatory learning and action (PLA) cycle is an iterative process led by multilingual facilitators through a four-stage cycle of identifying and prioritising contextual issues, designing problem-solving strategies, implementing these strategies and a postimplementation evaluation. The PLA approach is a low-cost, community-based, culturally sensitive intervention that can be adapted from low-income and middle-income countries (LMICs) to high-income countries, as well as to different population groups and topic areas. This strategy is also recommended by the WHO to improve maternal and infant survival.[11] A meta-analysis of seven cluster randomised controlled trials (RCTs) using PLA in LMICs showed reduced maternal and neonatal mortality by 37% and 23%, respectively.[12]

An RCT and controlled before-and-after study have demonstrated reduced maternal depression, increased exclusive breastfeeding rates and decreased under-5 morbidity.[13] A Mumbai-based RCT also showed improvements in maternal practices and care-seeking behaviour.[14] Recognising WHO recommendations and the success of PLA in LMICs, this approach was adopted for the Nurture Early for Optimal Nutrition (NEON) programme.

In NEON phase 1 (intervention development) was codeveloped with the SA community facilitators (CF) (now community researchers (CRs)/independent observers in NEON phase 2), community members, research team and independent experts (ie, health visitors (HVs), dentists, dieticians, nutritionists, general practitioners (GPs) and midwives). This followed the MRC complex intervention framework, which involved using formative research and prior trials as evidence-based factors; microadaptations involved adjusting language, literacy levels for materials, using picture cards, face-to-face and interactive learning delivery methods. This protocol describes NEON phase 2: pilot feasibility cluster RCT.

AIMS AND OBJECTIVES

This pilot feasibility study aims to evaluate the feasibility and inform the design and conduct of a definitive cluster RCT comparing NEON women's group PLA cycle versus usual care to optimise infant feeding, care and dental hygiene practices in SA infants aged <2 years in East London.

Primary objectives

Assess: (1) the feasibility of proceeding to a definitive trial against predetermined Go/Stop criteria (ie, recruitment, retention rates, intervention support, acceptability), (2) intervention fidelity and participant' adherence, (3) implementation of face-to-face versus online intervention arms.

Secondary objectives

Assess: (1) feasibility, completeness, acceptability and adequacy of blinding when collecting proposed outcomes to establish optimal outcomes and data collection procedures, (2) time needed to competently deliver both versions of NEON intervention, (3) the mean, SD and

intervention effect with 95% CI of the proposed primary outcome, child BMI z-score.

METHODS AND ANALYSIS

Design

This three-arm pilot feasibility cluster RCT study is expected to run from July 2021 to May 2023 in three East London boroughs. Eighteen clusters defined as borough wards will be randomised with 1:1:1 allocation to two intervention arms (face-to-face or online NEON women's group PLA cycle) and one control arm (usual care). An online arm enables the trial to continue under COVID-19 restrictions; usual care was selected as control to avoid depriving participants of essential and available infant and maternal care services. Multilingual CFs will deliver interventions in respective ethnic/language groups. Ward-level randomisation is a trade-off between minimising contamination and ensuring maximum SA population representation given the diversity in the ethnic makeup, that is, SA subgroups, of the aforementioned boroughs.

Patient and public involvement

The research has been codesigned with SA CFs involved in all stages of developing and evaluating the intervention to ensure relevant research questions and an acceptable study design. Development phase, representing different SA communities, is now recruited as CRs to support; protocol development and ethics application by ensuring participants-facing documents are clear, appropriate and sensitively worded; topic guide and questionnaire development; strategy development and troubleshooting (eg, recruitment); interpretation of findings into appropriate and attainable recommendations for practice; review and revision of draft academic papers; dissemination activities and development of plain language summaries.

Setting

This study will run sequentially in the London Boroughs of Tower Hamlets (TH), Newham (NH) and Waltham Forest (WF), all of which are considered to be among 5% most deprived in England.[15] The boroughs were analysed in terms of ethnic make-up; in each borough, the six wards with the highest density of Asian population were selected based on census data.[16] The most common SA ethnic/language groups will be targeted. Figure 1 shows the number of wards and PLA groups by boroughs. Figure 2 shows the overview of participant flow throughout the trial.

Randomisation

Randomisation of wards will be done before the recruitment by a separate member at University College London (UCL) using the Research Randomizer software for the 18 wards stratified by borough.[17] The randomised wards will be shared with the RA at the end of recruitment. Once sufficient numbers are recruited in an ethnic/language group, the RA will assign participants to their respective arms. Recruitment will be performed by NHS personnel who will not be aware of the randomisation. CFs/CRs will be made aware of the participant allocation before the PLA sessions start to make contact and invite participants.

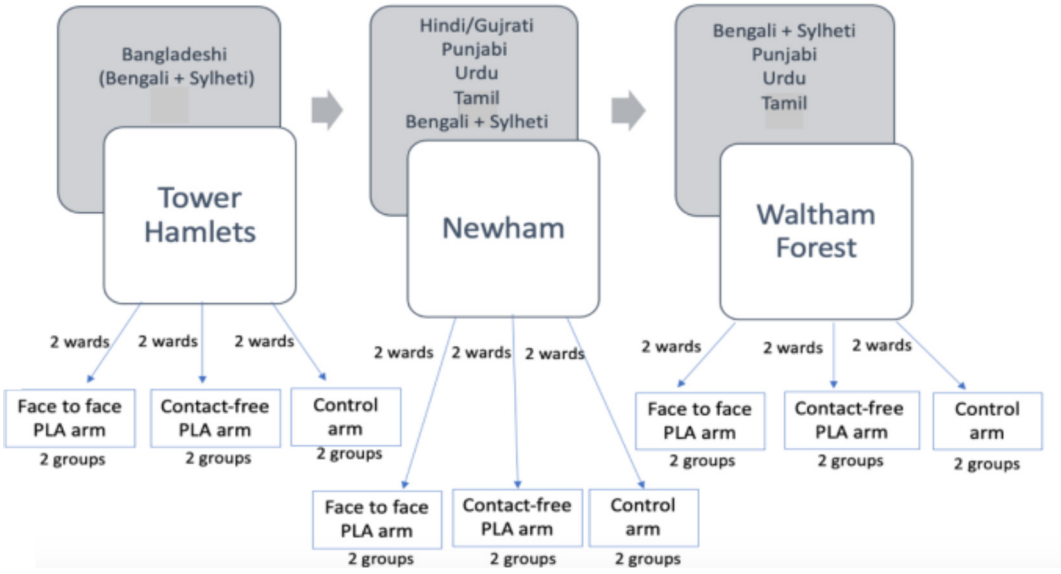

Figure 1 Overview schematic detailing number of wards and PLA groups by East London boroughs. To illustrate, TH will have two face-to-face Bangladeshi/ Bengali and Sylheti PLA groups (one per ward), two groups of Bangladeshi/ Bengali and Sylheti online PLA group (one per ward) and two Bangladeshi/ Bengali and Sylheti control groups (one per ward). The more the ethnic/language group in the borough, the more the intervention and control groups. PLA, participatory learning and action.

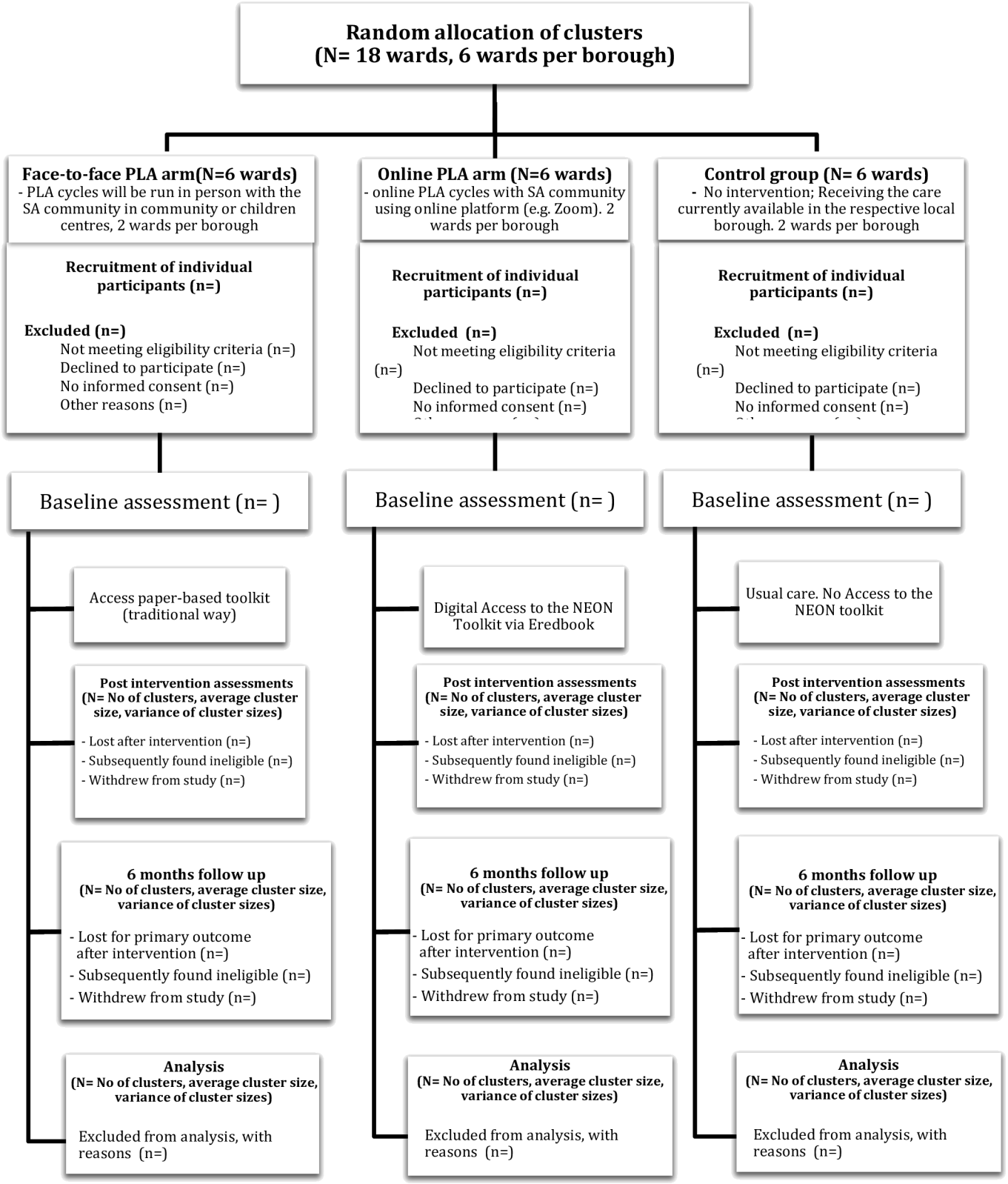

Figure 2 Overview of the NEON pilot feasibility RCT design and participant flow. NEON, Participatory Learning and Action; PLA, participatory learning and action; RCT, randomised controlled trial; SA, South Asian.

Eligibility criteria

Participants

Inclusion

- Mothers or female carers of an infant <24 months.
- Indian, Pakistani, Sri Lankan or Bangladeshi background.
- Resident in a randomised study ward in TH, NH and WF.
- Willing and able to provide informed consent.

Exclusion

- <18 years old.
- Anticipating moving out of a priori defined geographical areas before or after delivery.
- Current or recent participation in another study within 4 weeks of trial commencement.

Staff (CF) eligibility

- Female.
- Have at least one child, preferably <24 months.
- From the SA community in TH, NH or WF.
- Able to read and write.
- Fluent in English and another local language (Hindi, Bengali, Sylheti, Urdu or Tamil).
- Understand SA social norms, values and culture within study boroughs.
- Known and respected by their local community.
- Motivated to address issues related to infant growth and development.
- Able to manage a group and have some leadership qualities.

Sample size

With communication and cultural sensitivity as key drivers of the NEON intervention, the sample size will partly depend on the coverage of ethnic and language groupings. The choice of ethnic/language groups were informed by the 2011 ONS Census[16] and input from CFs stressing that, while language is important for communication, people's practices are embedded in different ethnicities.

The main ethnic/language group(s) identified are: one group in TH (Bangladeshi/Bengali and Sylleti); four groups in NH (Indian/Gujrati, Indian/Punjabi, Pakistani/Urdu and Sri Lankan/Tamil); three groups in WF (Indian/Punjabi, Pakistani/Urdu, Sri Lankan/Tamil). In each borough, one women's group PLA cycle will run per ethnic/language group per ward.

We aim to run 20–32 women's group PLA cycle (with equal numbers of face-to-face and online PLA groups) at 6–8 participants per PLA group. Including control groups totals to 288–384 participants. Assuming an 80% recruitment or retention rate, this enables us to be 85% confident that the true population rate will fall between 0.76% and 0.84% (precision=0.04). This was estimated using a geometric mean cluster size=16 participants, cluster size coefficient of variation =0.7 and intracluster correlation coefficient (ICC)=0.02.

Recruitment

Participants

Due to the diversity of the target population, multiple recruitment methods are needed to maximise reach and minimise inequalities or non-representative samples.[18 19] For instance, relying solely on online recruitment may be ineffective due to digital poverty. Thus, other mediums including leveraging on existing social networks (snowballing), identifying and fostering collaborations with community leaders, and creating clear and succinct recruitment materials[20] were employed. All study promotional materials (eg, participants information sheets, posters) will be available in English and local languages. To standardise the recruitment process, we will provide the same recruitment script and study materials to all recruiters. Potential participants will contact the RA, who will confirm eligibility, consent and register them into the study.

Participant recruitment will follow three strategies with regular advice by CRs to maximise reach:

(1) Recruitment through CFs: CFs will share study materials with their network to invite eligible participants with subsequent snowballing. We will provide training to standardise CF recruitment. (2) Recruitment through HVs, GPs and Midwifery teams: HVs, GPs and midwives who have been identified based on their geographical proximity to study wards will share study materials to eligible participants. Details of those interested will be given to the RA. (3) Online recruitment: Online social media campaigns on Facebook and Instagram will be used. See online supplemental material 1 for advertisement materials. Recruitment bias will be limited due to the abovementioned multiple channels of recruitment and all recruiters will be blinded thereby not knowing the allocation details at the time of recruitment.

Staff

We will recruit CFs from our local stakeholders' network. Recruitment via CFs is particularly useful for studies with underserved or traditionally hard-to-reach populations.[21] CFs are leaders/champions in their local community who, with training and support, help improve the health and well-being of their communities. In line with NIHR's 'INVOLVE' guideline, CFs will be paid £30 for each PLA meeting and additional £5 to cover travel costs for face-to-face meetings. A comprehensive manual for the CFs will be developed with PLA experts. A tool kit will be provided to support the learnings. The CFs will attend a 3-day comprehensive workshop and additional sessions will be conducted in between the eight-meeting cycle as a refresher and address any challenges. Biweekly meetings with the RA will be conducted to discuss learnings from the sessions. The CFs will be paid through vouchers for their time similar to a 0-hour contract. HV, GP and midwives would be identified and recruited by our study partners at each study ward. Payments will be supported by NHS support costs and decided with the relevant clinical lead.

Allocation concealment and blinding

First, treatment allocation will be concealed from participants and recruiters during participant recruitment to reduce recruitment bias. After recruitment has been completed for that ethnic/language group in the borough, the RA will reveal ward allocation to

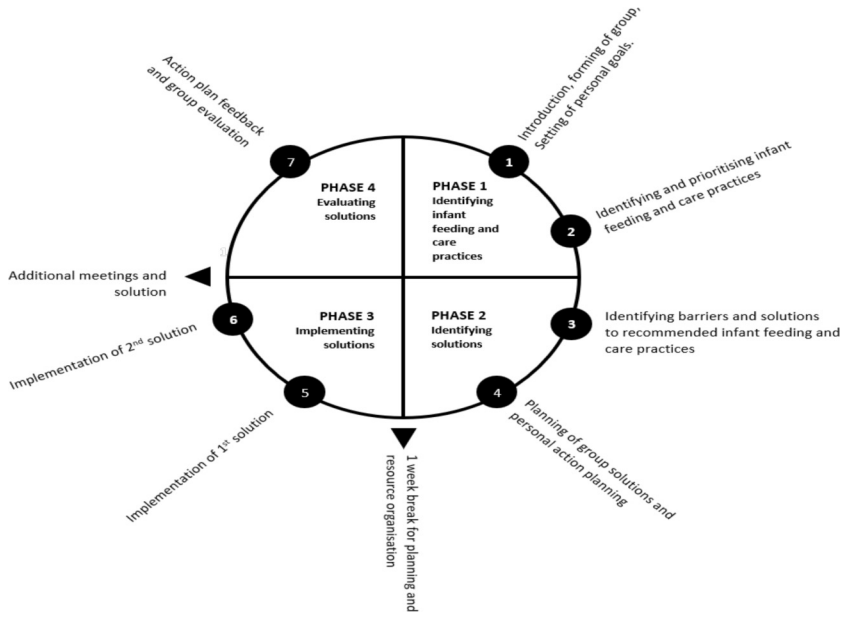

Figure 3 NEON Women's Group PLA Cycle. NEON, Participatory Learning and Action; PLA, participatory learning and action.

participants and CFs via text or email, listing postcodes by trial arms to allow CFs to effectively organise and deliver the intervention.

Second, outcome assessors (CRs) will be blinded where possible to reduce measurement bias. This will be achieved by CRs logging the data collected onto an electronic platform that automatically links participant ID to maintain blinding. Baseline measurement of BMI will be done by HVs in each borough who will be blinded.

Intervention

NEON women's group PLA cycle

The co-adapted NEON women's group PLA cycle tailored to ethnic/language groups will be delivered face-to-face at community/children's centre or online over 14 weeks (1 session per 2 weeks). HVs, GP and midwives' teams will be invited to 1–2 sessions to provide evidence-based information on participants' request. To reduce study contamination, participants may not switch wards (ie, switch arms) after treatment allocation is revealed. Figure 3 illustrates the aim of each PLA session.

A culturally sensitive intervention package has been codeveloped consisting of:

1. PLA group facilitator manual.
2. Picture cards with recommended and non-recommended infant feeding, care and dental hygiene practices, and facilitators/barriers to uptake.
3. Healthy baby food recipes.
4. Community asset maps (eg, low-cost fruit/vegetable shops).
5. List of relevant resources and services.

Online arm participants may access this toolkit through the eRedbook platform and receive NEON information the via the app or website. A logic model (online supplemental material 2) shows the relationship between these activities and resources and their intended short-term, medium-term and long-term effects.

Control (usual care)

In all wards, HV teams have regular mandatory postnatal visits for all families of newborns and infants. These visits are immediately after birth, 6–8 weeks, 12–16 weeks, 1 year and 2–2.5 years. One optional prenatal visit is conducted by HVs between 28 and 32 weeks of pregnancy. Online supplemental material 3 lists other initiatives and resources available in each study borough as part of usual care.

Outcome

Primary outcomes

Feasibility and process outcome measures

We will collect quantitative and qualitative data to assess Go/Stop criteria (table 1) on recruitment and retention rates, intervention support, acceptability, fidelity and participant adherence using:

1. Study record: An enrolment log will record all eligible participants, total enrolled, reasons for non-participation, number followed up on child BMI z-score, and the date on how many people responded to adverts/invitations. Prescreen failure logs will record those eligible but not enrolled, with reasons. PLA session audio/video recordings will be collected using secured Dictaphone, video cameras, CCTV and/or Zoom recording.
2. Process measurements: These include Participants' Feedback Questionnaire, Facilitator's Feedback Form, PLA Cycle Meeting Register, direct observation of intervention delivery and CF performance

Table 1 Go/Stop criteria for the definitive trial*

Definite Go	Definite Stop
≥50% of eligible participants consenting to pilot feasibility study.	<40% of eligible participants consenting to pilot feasibility trial.
≥80% of mothers attend ≥60% of planned sessions in the intervention arm.	<20% of mothers attend ≥60% of sessions as planned in each intervention arm.
Retention of ≥70% of consented participants for primary outcome data collection.	Retention of <50% of participants at 6 months.
High intervention support with respect to content, frequency, duration and quality.	Low support of intervention procedures.
Intervention is perceived as acceptable.	Intervention perceived as unacceptable.

*The study will have to meet the Definite Go criteria in order for the study to be feasible and to be able to proceed. However, if any one of the Definite Stop criteria is met then the study stops. The 'Go/Stop' indicates that it is either feasible or not feasible to proceed to a definitive trial. The progression rules have been approved by the steering and data management team. Should any of the progression rules not be met, assessments and adjustments of the NEON pilot feasibility RCT will be negotiated before proceeding to a definitive trial.
NEON, Nurture Early for Optimal Nutrition; RCT, randomised controlled trial.

by CRs, and Sustainability Assessment Tool (online supplemental material 4).

Secondary outcomes

Proposed outcomes for the definitive trial

All other individual-level, cluster-level and economic outcome measures proposed for the definitive trial will be assessed on the response, completion rates, acceptability and the adequacy of blinding for outcome assessors during data collection. Table 2 summarises outcome measures and data collection timing. See online supplemental material 5 for collection tools.

Primary individual-level outcome

1. Child BMI z-score: HVs will measure infants' length/height, head circumference and weight. The RA will refer to the WHO 2006 growth standard,[2] using age-adjusted and gender-adjusted length or height(m)/weight (kg)^2 to provide a comparison on the cluster level.

Secondary individual-level outcomes

1. Children's feeding behaviour will be measured using six of eight domains adapted from the validated Children's Eating Behaviour Questionnaire deemed suitable for infants: food responsiveness; enjoyment of food; emotional overeating; desire to drink; satiety responsiveness; slowness in eating; emotional undereating; and food fussiness.[7 8 22] Obesity risk could be linked with external eating, emotional overeating and food fussiness.[7]
2. Parental feeding style will be assessed with a validated self-reported Parental Feeding Style Questionnaire with four scales: emotional feeding; instrumental feeding; encouragement to eat and control overeating.[23]
3. Audio/video recording of child eating behaviour and parental feeding practices[24] involves asking participants about the meal (eg, name, ingredients) and creating annotations that link to behaviour codes identified from NEON formative study.[25] Before-and-after audio/video recordings will be thematically analysed using Elan Software[26] to measure intervention effect.
4. Child food intake: The 4-day food diary[7] is a self-reported, prospective, open-ended survey that collects detailed quantitative estimates of food consumption of infants between 4 and 18 months.[6] It assesses nutrient intake (eg, total fat, total carbohydrate, salt, sugar) by comparing with age-specific/sex-specific UK dietary reference values.[27] Dietary data will be presented by age group (eg, 4–6 months, 7–9 months, 12–18 months).
5. Network diffusion of study materials between participants and their communities: CRs will track the number of downloads using the eRedbook platform. Participants will also complete a questionnaire on the number of people they shared the material with, their family size, age, gender, relationship to the participant and platform used.
6. Equality impact assessment (EIA): This trial should reflect the diversity of the target population by enabling equal access while accommodating different needs. An EIA tool will systematically assess likely effects of the intervention on people (eg, with respect to disability, gender, ethnicity, age, sexual orientation, religion/belief), mitigate adverse impacts and identify active steps to address existing disadvantage and promote equality.

Secondary cluster-level routine outcomes

Although this intervention acts on the individual-level, we expect a social diffusion of good infant feeding and dental hygiene awareness and practices in the medium term to long term (online supplemental material 2: logic model). While immediate cluster-level changes are not expected, we would like to pilot cluster-level routine data collection.

1. Development performance of children: The Ages and Stages questionnaire (ASQ-3) includes communication, gross motor, fine motor, problem-solving and personal-social domains.[5] Three versions are available: 24 months, 27 months and 30 months. ASQ-3 data collected by HVs during mandated visits are stored in EMIS/RIO databases.
2. GP healthcare utilisation data is available in participants' medical record.
3. Level of dental caries and other signs of tooth decay is available in NHS dental services records for registered patients beginning at 6 months of age and

Table 2 Schedule of outcome assessments

Outcome	Outcome measures	Data collection	Timing			
			Baseline	Every 2 weeks (end of each PLA meeting)	14 weeks (end of PLA cycle)	6 months
Proposed primary individual-level outcome	Individual Child BMI z-score	RA, CRs	✓		✓	✓
Proposed secondary individual-level outcome	Children feeding behaviour*	RA, CRs	✓		✓	✓
	Parental feeding style*	RA, CRs	✓		✓	✓
	Audio/video recording of child eating behaviours and parental feeding practices	RA	✓		✓	✓
	4-day food diary†	RA, CRs	✓		✓	✓
	Network diffusion†‡	RA, CRs	✓			✓
Proposed secondary cluster-level outcome	Children's development performance	RA, CRs		✓		✓
	Level of dental caries	RA	✓			✓
	GP healthcare utilisation	RA	✓			✓
Economic outcome	Cost tool	RA	✓			✓
	Partners time questionnaire	RA				✓
Process outcome‡	Participants feedback*	RA, CRs		✓		
	PLA cycle meeting register*	RA, CRs		✓		
	Direct observation	RA, CRs		✓		
	Sustainability assessment	RA, CRs		✓		

*The study will have to meet the Definite Go criteria in order for the study to be feasible and to be able to proceed. However, if any one of the Definite Stop criteria is met then the study stops. The 'Go/Stop' indicates that it is either feasible or not feasible to proceed to a definitive trial. The progression rules have been approved by the steering and data management team. Should any of the progression rules not be met, assessments and adjustments of the NEON pilot feasibility RCT will be negotiated before proceeding to a definitive trial.
†Community Facilitators will assist in administering or completing these data collection tools before sending them to RA/CRs during the intervention period.
‡For intervention groups only.
BMI, body mass index; CR, community researchers; GP, general practitioner; NEON, Nurture Early for Optimal Nutrition; PLA, Participatory Learning and Action; RA, research assistant; RCT, randomised controlled trial.

approximately every half-year following initial visit.[17 28 29]

Economic outcomes

1. Cost: The RA will use a spreadsheet will capture the cost of the NEON Intervention Development and pilot feasibility RCT phases every 6 months.
2. Partners' time used: A questionnaire will capture time spent for the delivery of NEON-associated programmes.

Data collection and management

Outcome data will be collected at baseline, every 2 weeks during intervention (for process measures), 14 weeks immediately postintervention, and 6 months follow-up (for economic data). During the intervention period, several outcome measurements will be administered by CFs to participants or completed by CFs and sent to CRs/RA. Other outcomes and postintervention outcomes will be assessed directly by CRs/RA (table 2). Each case will be assigned an ID. Data collected digitally or in paper format will be stored in UCL S: Drive and/or UCL cabinets. We will use RedCap electronic data management system[30]; the RedCap API allows flexible and straightforward data import and export to data analysis software.

We will form a data sharing agreement with study partners for the RA to extract and link routine cluster-level data to trial participants. To guarantee confidentiality, pseudonymised participant data will be stored on encrypted, password-protected computer or UCL S:Drive accessible only to study staff and authorised personnel. Password-protected personal data will be stored separately from trial data on secure UCL computers. Only pseudonymised quotes or data from audio/video recording may be published. Personal data and audio/video recordings will be stored for 3 years poststudy and destroyed; research data will be stored for 20 years poststudy.

Analysis

Overall, quantitative and qualitative data will be analysed concurrently at multiple time points to identify early

problems that are rectified as the trial progresses. Quantitative data such as the BMI z-score will be descriptively summarised using mean and SD for continuous variables, number with percentages for categorical variables and 95% CI with a breakdown of participants by trial arm, ethnic/language group and borough where relevant. An intention-to-treat analysis will also be considered. Results will be collectively assessed against the Go/Stop criteria. Before progression to the definitive trial, we will systematically and rigorously assess areas of improvement using a structured discussion tool: a process for decision-making after pilot and feasibility Trials.[31] All statistical analyses will be done by an independent statistician who would be blinded.

Sample characteristics

Participant demographic characteristics will be descriptively summarised by trial arm. We will check for recruitment bias across different arms at baseline and compare later recruits who are prone to unblinded recruitment.

Feasibility and process measures

Across the three arms, we will check for any differential recruitment or retention rates and any consequent systematic differences in participant characteristics over time, as control arm participants may be less keen to participate or remain in the study. For the two intervention arms, we will conduct a mixed-methods implementation evaluation to explore the possibility of a blended approach in the definitive trial as some features of each delivery mode might be particularly salient. Qualitative data will be analysed thematically using framework analysis that include participants' motivation for engagement, expectations, experiences, intervention acceptability, implementation barriers and suggestions for improvement. Negative 'deviant' cases will inform interpretation.

Outcome measures for the definitive trial

1. Feasibility of collecting outcome measures: To assess completeness, degrees of missingness at the individual item level and the entire outcome measure will be reported overall, by time point and trial arms. Other feasibility measures would be captured by analyses of process measures above.
2. Intervention effect for proposed primary outcome (BMI z-score): Conditioned on low recruitment bias and sufficient adherence to trial protocol, we will estimate the difference in BMI z-score between each intervention arm vs the control arm. We will consider methods to pool data across age groups depending on the actual sample age breakdown.
3. Sample size and power calculation for the definitive trial: Data from the pilot feasibility trial will enable us to determine (1) the smallest difference of clinical importance (through multiple testing of several key endpoints for the proposed primary outcome), (2) the clinically justifiable power-significance level or scientifically acceptable probability of 'false positive' (type I error) results and (3i) whether we need to adjust the calculated sample size for expected level of non-compliance/drop-in and drop-outs. We will report the ICC.
4. Economic Evaluation: This will be conducted from a provider and user perspective which includes direct cost (eg, time, resources spent on training and participation of CF, participants' overall household consumption and childcare costs). We will estimate the total cost, average annual cost, cost-effectiveness, equity impact analysis and compare across three arms.

Monitoring

The principal investigator (PI) will be responsible for day-to-day monitoring and study management.

The NEON Steering and Data Management Team will ensure adherence to all relevant regulations and principles of good clinical practice. The team consists of multidisciplinary experts in child health, practitioners, PLA expert, SA independent observers from NEON 1 and Queen Mary University of London Pragmatic Clinical Trials Unit. Committee meetings will be held every 3 months to review the Go/Stop criteria (table 1) and interim analyses. The team will agree to the trial protocol and facilitate any necessary protocol amendments; provide independent expert advice (including on project management governance); monitor progress; ensure adequate deadlines are set and met; monitor and advise NEON Core Team (Trial Management Group) on strategic decisions in light of new evidence; and ensure successful delivery by meeting and reporting on study progress with the Core Team biannually. The PI and other Core Team members will attend all necessary meetings and report on the study progress.

Any adverse events or safety concerns will be captured in the Participant Feedback Questionnaire and Facilitator Report Form (every 2 weeks during intervention period) and reported to the steering and safety monitoring team.

The UCLH/UCL Joint Research Office, on behalf of the Sponsor (UCL), may conduct random audits in accordance with the UK Policy Framework for Health and Social Care Research and UCL's policies and procedures.

Ethics and dissemination

Ethical approval has been obtained from UCL Research Ethics Committee and NHS Health Research Authority. The participant information sheet will be provided in English or participants' native language in-writing and/or verbally by CFs for informed consent. The RA or CRs will obtain written or audio-recorded consent ≥24 hours later.[32] Participation will be voluntary and they may withdraw anytime without prejudicing treatment or usual care. No incentives will be provided except for small reimbursements (eg, childcare at the local centre where PLA meetings take place).

UCL will provide insurance cover and we will also signpost any vulnerable participants who require protection from harm to relevant safeguarding organisations.

Regular progress updates will be shared via UCL or NIHR websites and patient group newsletters. Study findings will be submitted for 3–5 publications in high impact factor peer-reviewed journals and presented at national and international conferences. Researchers and community members from the steering team will contribute to confirming analysis and write-up, adhering to authorship guidelines. To reach wider audiences, we will (1) disseminate plain language summaries for each academic paper through community groups, social media and You Tube; (2) present findings at lay-person meetings at community or children centres through the NIHR CLAHRC network and (3) organise 2–3 annual workshops with commissioners, partner organisations and NEON CFs to share key findings and recommendations.

Author affiliations
[1]Department of Epidemiology and Public Health, UCL Institute of Epidemiology and Health Care, London, UK
[2]Aceso Global Health Consultants Pte Limited, Singapore
[3]Faculty of Life Sciences and Medicine, King's College London, Guy's, King's and St. Thomas' School of Medicine, London, UK
[4]Institute for Global Health, University College London, London, UK
[5]Department of Behavioural Science and Health, UCL Institute of Epidemiology and Health Care, London, UK
[6]Public Health Directorate, Cambridgeshire County Council, Cambridge, UK
[7]Medical Research Council Epidemiology Unit, University of Cambridge, Cambridge, UK
[8]Tower Hamlets GP Care Group, Mile End Hospital, London, UK
[9]Children's Health 0-19 Service, London Borough of Newham, London, UK
[10]Public Health Directorate, London Borough of Waltham Forest, London, UK
[11]Chingford Health Centre Waltham Forest, London, UK
[12]London Borough of Tower Hamlets, London, UK
[13]London Borough of Newham, London, UK
[14]Department of Population, Policy & Practice, UCL Great Ormond Street Institute of Child Health, London, UK
[15]Specialist Children and Young People's Services, East London NHS Foundation Trust, London, UK
[16]Whittington Health NHS Trust, London, UK

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Contributors ML, LM, MH, NB, CL, AH and SA conceived the original concept of the study and designed the research methodology. SA carried out the intervention development meetings, workshops, codevelopment of the intervention toolkit, wrote and devised the paper along with LI, SB, SM, JB and GP. LM, ML, SA, PP, MN, ZLO, NB, CL, AH, RL, JG, KW-M, CI, MA, CC and DD validated the study and revised the manuscript critically for important intellectual content. I-CD was involved in drafting materials for the NEON meetings and workshops of the intervention development phase. MN and I-CD contributed to the manuscript writing, and prepared it for submission. LM, SA and ML had primary responsibility for the final content. All authors read and contributed to reviewing the study data, the designing of the manuscript, and the approval of the final manuscript.

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Competing interests None declared.

Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Consent obtained directly from patient(s).

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ORCID iDs
Logan Manikam http://orcid.org/0000-0001-5288-3325
Shereen Allaham http://orcid.org/0000-0003-0275-3228
Neha Batura http://orcid.org/0000-0002-8175-8125
Monica Lakhanpaul http://orcid.org/0000-0002-9855-2043

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NEON
Nurture Early for Optimal Nutrition
Are you
A pregnant woman, mother or carer for infant under 2 years old?
From: Indian Gujarati or Punjabi, SriLankan, Bangladeshi, or Pakistani backgrounds
Living in: the London Borough of Tower Hamlets, Newham, or Waltham Forest?
We invite you to join meeting sessions about infant feeding, care and dental hygiene practices led by community facilitators
UCL


NEON
Nurture Early for Optimal Nutrition
The NEON programme is led by Dr Logan Manikam and Professor Monica Lakhanpaul
For more enquiries please contact Shereen Al Laham -s.laham@ucl.ac.uk- 02070391819, Ext 1819
If you are interested, please contact us:
Bangladeshi community: Lily Islam - lilyislam77@gmail.com - 07949329601
Pakistani community: Seema Bajwa - snabajwa@hotmail.com - 07818448744
Indian Gujarati community: Aasma Baiyat -aasma_blue@hotmail.co.uk - 07944227434
Indian Punjabi community: Jasvir Bhachu -Rajdeepjas@hotmail.co.uk - 07871127651
Sri Lankan community: Geromini Pushpakanthan - gero.gero007@yahoo.com -07424334669
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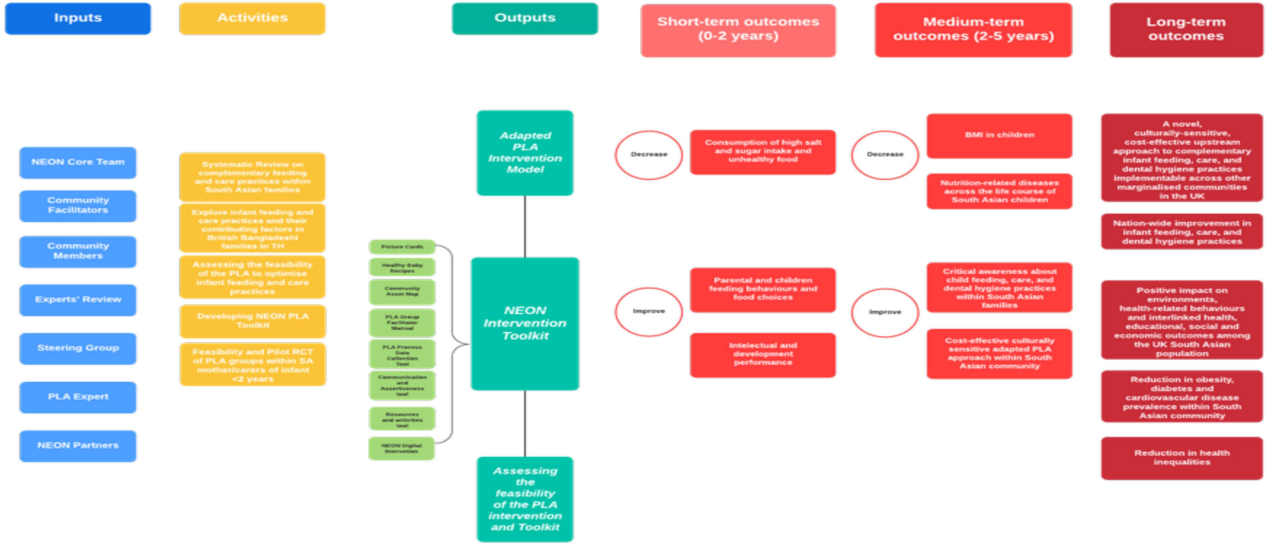
NEON Logic Model
Inputs
Activities
Outputs
Short-term outcomes (0-2 years)
Medium-term outcomes (2-5 years)
Long-term outcomes
NEON Core Team
Community Facilitators
Community Members
Experts' Review
Steering Group
PLA Expert
NEON Partners
Systematic Review on complementary feeding and care practices within South Asian families
Explore infant feeding and care practices and their contributing factors in British Bangladeshi families in Th
Assessing the feasibility of the PLA to optimise infant feeding and care practices
Developing NEON PLA Toolkit
Feasibility and Pilot RCT of PLA groups within SA mother/carers of infant <2 years
Adapted PLA Intervention Model
Picture Cards
Healthy Baby Recipes
Community Asset Map
PLA Group Facilitator Manual
PLA Process Data Collection Tool
Communication and Behaviour Assertiveness tool
Resources and activities tool
NEON Digital Intervention
NEON Intervention Toolkit
Assessing the feasibility of the PLA intervention and Toolkit
Decrease
Consumption of high salt and sugar intake and unhealthy food
Improve
Parental and children feeding behaviours and food choices
Intelectual and development performance
Decrease
BMI in children
Nutrition-related diseases across the life course of South Asian children
Improve
Critical awareness about child feeding, care, and dental hygiene practices within South Asian families
Cost-effective culturally sensitive adapted PLA approach within South Asian community
A novel, culturally-sensitive, cost-effective upstream approach to complementary infant feeding, care, and dental hygiene practices implementable across other marginalised communities in the UK
Nation-wide improvement in infant feeding, care, and dental hygiene practices
Positive impact on environments, health-related behaviours and interlinked health, educational, social and economic outcomes among the UK South Asian population
Reduction in obesity, diabetes and cardiovascular disease prevalence within South Asian community
Reduction in health inequalities

RESOURCES AND SERVICES SUPPORTING INFANT FEEDING, CARE AND DENTAL HYGIENE

NEON

Nurture Early for Optimal Nutrition

NHS AND COUNCILS ADVICE AND SUPPORT

1. NHS STAR4LIFE

https://www.nhs.uk/start4life

Website provides trusted NHS help and advice for parents and carers during pregnency, and birth and the early years.

2. NHS CHOICES

NHS Choices (www.nhs.uk) is the official website of the National Health Service in England and provides comprehensive health information service with thousands of articles, videos and tools. Key pages which give guidance on infant feeding and care include:

- **Your newborn:** *https://www.nhs.uk/conditions/pregnancy-and-baby/childrens-meal-ideas/?tab-name=your-newborn*
- **Babies and toddlers** *https://www.nhs.uk/conditions/pregnancy-and-baby/childrens-meal-ideas/?tabname=ba-bies-and-toddlers*

3.CHILDREN CENTRES AND LIBRARIES

Tower Hamlets has 12 children centres across the borough providing a range of services to infants, children and families to give them the support they need to be safe, healthy and happy, so that they are able to reach their full potential. This web page on the **Tower Hamlets Council** website gives locations and contact details of all the children's centres in the borough: *https://www.towerhamlets.gov.uk/lgnl/education_and_learning/childcare_and_early_years_educ/Children_centres/childrens_centres.aspx*

The borough of Newham offers support to its residents with children under the age of 5 through **Best Start in Life (BSiL)** Children's centres. These include play activities and childminder services, as well as supporting parents to improve their confidence, support their children with healthy eating and weaning. Libraries offer free courses and internet services for parents, and they offer devices and digital equipment to borrow.

Locations and details can be found on the Families Newham website: *https://families.newham.gov.uk/kb5/newham/directory/family.page?familychannel=3-2*

Waltham Forest offers to its families a similar service, with support for healthy development and access to financial support. They have implemented the 2 Year Old Partnership Pathway in which professionals empower and inform parents to assure the best start in life for their children. They offer advice on a wide range of issues including health, finance and cognitive/motor development. **Waltham Forest** offers support directed at healthy weight and eating through HARRY.

More information can be accessed via the following link: *https://www.walthamforest.gov.uk/content/2yo-partnership-pathway*

Further informal support that does not require formal registration can generally be accessed in public libraries

GUIDENCE DOCUMENTS, ONLINE RESOURCES AND APP'S

1. BABY FRIENDLY INITIATIVE

Published by the Department of Health and the Baby Friendly Initiative, the leaflets below provide mothers and health professionals with key information about breast feeding, introducing solid foods to babies, and evidence-based guidance around formula. The **Baby Friendly Initiative** is part of a global partnership between the World Health Organization (WHO) and UNICEF. The guidance below should be prioritised over other online resources (other than NHS Choices) as they the baby friendly initiative is less influenced by commercial interests, which can sometimes influence the advice offered to mothers and parents regarding infant feeding and care.

- **Leaflet on weaning and starting solid food:**
  https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/weaning-starting-solid-food/

- **Leaflet on breastfeeding:**
  https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/off-to-the-beststart/ -

- **Leaflet on infant formula:**
  https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/simple-formula-guide-for-parents/

- **Leaflet on bottle feeding:**
  https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/guide-to-bottle-feeding/

- **Baby friendly initiative resources in Bengali:**
  https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/foreign-language-resources/bengali-resources/

- **Baby friendly initiative resources in Hindi:** बच्चे के अनुकूल पहल संसाधन
  https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/foreign-language-resources/hindi-resources/

- **Baby friendly Initiative resources in Urdu:** بچے کی ابتدائی نشونماء (نگہداشت) کے وسائل
  https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/foreign-language-resources/urdu-resources/

Other Baby Friendly Initiative resources/leaflets:

https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/

2. FIRST STEPS NUTRITION TRUST

https://www.firststepsnutrition.org

First steps nutrition can also be used as a trusted source of good information and guidance regarding nutrition and feeding in pregnancy, infants, and early years. **First Steps Nutrition Trust** is funded by research or charitable grants and donations, and does not take money from any commercial organisation or any organisation or individual linked to the sales of infant formula and other food or drink product or service which is associated with poor nutritional health of women and children.

First Steps Nutrition Trust offers some useful resources on meal choices and portion sizes, with helpful diagrams to illustrate portion size. Remember! Portion size is a maximum, not a minimum, never encourage a child to eat more when they indicate they have had enough.

- Eating well: the first year – guidance on introducing foods, food choices and meals for up to 7 months, 7-9 months, and 10-12 months: http://www.firststepsnutrition.org/newpages/Infants/first_year_of_life.html
- Eating well: Early years – guidance on food choices, meals, snacks and portion size http://www.firststepsnutrition.org/newpages/Early_Years/eating_well-early_years.html

3. BORN TO MOVE APP

Born to move is a free NHS app to help parents or carers with their newborn babies right up to pre-school, specifically relating to physical activity and play. It's packed with advice, tips and games that you can play with your child to support their development.

https://itunes.apple.com/gb/app/born-to-move/id976095022?mt=8Local%20initiatives/projects

https://play.google.com/store/apps/details?id=com.project.Born&hl=en_GB

4. EREDBOOK

ERedbook is an app based digital version of the paper Redbook. It provides solutions for parents that allows them to review their child's NHS records whilst providing health information and guidance from NHS and other sources. Additionally, it contains personalised information for new parents, including relevant videos and information from local sources & reminders and appointments updates. Parents can review the NHS child's health records on the app when they connect record to NHS. Also, The NEON participants will be able to review the NEON toolkit and receive correct information via the ERedbook app at any time and place.

https://www.eredbook.org.uk

https://apps.apple.com/gb/app/eredbook/id606443658

https://play.google.com/store/apps/details?id=com.sitekit.eRedBook&hl=en_GB

OTHER SOLUTION IDEAS TO SUPPORT PLAY AND ACTIVITY:

1. Develop activity and play schedules for you and your infant with guidance from our local children centre or health visitor and make time for these activities.
2. Download the 'born to move' app for access to information and guidance on infant activity and play.
3. Designate a play area (even if this needs to be set-up and put away at times of day) for your infant in the home.
4. Arrange play and physical activity sessions together as a group, or with other parents, extended family, carers and infants – this could help with support and confidence in exercising and conducting physical activity in public spaces.

OTHER LOCAL INITIATIVES, CHARITIES AND PROJECTS IN EAST LONDON

1. BREASTFEEDING NETWORK

Find your nearest breast feeding drop-in-group in Tower Hamlets
https://www.breastfeedingnetwork.org.uk

There are groups run at Shadwell Children's Centre, Chrisp Children's Centre, Overland Children's Centre, Collingwood Children's Centre, Wapping Children's Centre and many more. If you need information or support with breastfeeding in the evenings or at weekends please call:

National Breastfeeding Helpline: *0300 1000 212*

BfN Support in Bengali/Sylheti: *0300 456 2421*

Open from *9.30am - 9.30pm 365 days a year*

Newham: https://www.nct.org.uk/local-activities-meet-ups/region-london/newham/breastfeeding-support

Tower Hamlets: https://www.breastfeedingnetwork.org.uk/tower-hamlets/

Waltham Forest offers a team of infant feeding practitioners delivering 1:1 sessions, a helpline and at home visitors to support the breastfeeding family through HENRY.

For information:
Email: wfsupport@henry.org.uk
Telephone: 020 8496 5223

2. DENTAL SERVICES AND RESOURCES

Dentists across Tower Hamlets, Waltham Forest, and Newham offer free dental check-ups, which you can attend as soon as your child's teeth first appear.

To find your nearest dental practice in Tower Hamlets, please call 020 7364 5000.

HENRY has put together some tips for healthy teeth in young children and a list of Waltham Forest dentists currently accepting new patients from birth: https://www.henry.org.uk/sites/www.henry.org.uk/files/inline-files/Healthy%20Teeth%20Leaflet%20%28April%29_0.pdf

The Kent Community Health NHS Foundation Trust has compiled some online oral health promotion resources for parents here: https://www.kentcht.nhs.uk/service/dental-services/oral-health-promotion-resources/

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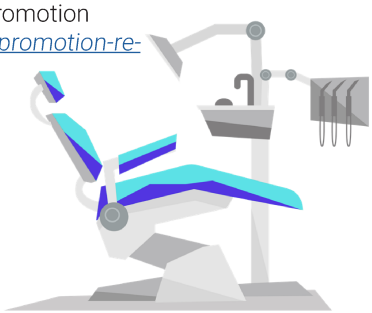


Here are examples of dental services by borough (to find out more, please see the community asset map):

Tower Hamlets

- Fresh Springs Dental Practice
  T: 020 3216 0077
  E: reception@freshspringsdentalpractice.co.uk

- Together Dental Whitechapel
  T: 020 7247 4600
  E: whitechapelreception@together.dental

Waltham Forest

- Abbey Dental Practice
  T: 020 8521 2816
  E: info@abbeydentalwalthamstow.co.uk

- Inspire Dental Walthamstow
  T: 020 8521 6656
  E: info@inspiredentalwalthamstow.co.uk

3. MATERNITY MATES

http://www.whfs.org.uk/index.php/what-we-do/maternity-mates

Maternity Mates™ is a project run by the charity Women's Health and Family Services which recruits, trains and match-ups volunteer Maternity Mates with pregnant women in need of extra support in Tower Hamlets. A Maternity Mate is a female volunteer trained by WHFS to provide practical and emotional support to women during pregnancy, childbirth and the early weeks of motherhood. Support can start any time from the 5th month of pregnancy, through to birth and up to either 6 or 12 weeks after the baby is born (6 weeks in Tower Hamlets and 12 weeks in Newham). **Maternity Mates** are recruited from the communities they serve, and where possible, will speak the same language as the mother-to-be.

For further information, please contact:

Jasmin Begum - Programme Manager
M: *07960 327 760*
T: *020 7377 9640*
E: *jasmin.begum@whfs.org.uk*

For information about the project in Tower Hamlets and Waltham Forest, please contact:

Rubi Rodriguez - Project Co-ordinator Tower Hamlets and Waltham Forest
M: 07496 764 881
E: rubi.rodriguez@whfs.org.uk

For information about the project in Newham, please contact:

Irantzu Perez Arribas - Project Co-ordinator Newham
M: 07436 139 235
E: irantzu.perez@whfs.org.uk

4. BOUNTY

https://www.bounty.com/about-bounty/bounty-packs/newborn-pack

Bounty provides mothers and pregnant women with free subscription packs including advice from Public Health England, as well as a variety of sample sized baby products (nappies, baby formula etc.) and coupons.

Every mother with a Newborn will receive a Newborn Pack at the hospital after delivery, and more free-bies and advice are available through the Bounty app.

5. EMMA'S DIARY

https://www.emmasdiary.co.uk
Contact: 01628 535 483 Mon-Fri 9am to 4:30pm

Emma's Diary is a free to access resource created by a board of GPs and midwives that provide informa-tion ranging from trying to get pregnant from wellbeing information during and post-pregnancy. There's a free to download mobile app to allow you to access information more easily, tailored towards recent mothers and baby related advice and offers.

6. THE TOYHOUSE CENTRE

http://www.toyhouse.org.uk/

Phone: 0020 7987 7399
E-mail: info@toyhouse.org.uk

Toy House is a local charity in Tower Hamlets which runs projects and services aimed at support play and wellbeing of infants, children and families.

Toy Libraries
http://www.toyhouse.org.uk/toy-libraries/
The charity has its own toy library, and has information and links to over 19 toy libraries and stay and play sessions run across Tower Hamlets.

7.MEND - MIND, EXERCISE, NUTRITION...DO IT!

https://www.mytimeactive.co.uk/mend

MEND is a programme which empowers mums, children and adults to become fitter, healthier and happi-er and to reach or maintain a healthier weight. It's free to attend and run by local teams in local commu-nities, after school or at weekends. MEND have a range of programmes for different ages run in different boroughs across London.

MEND Mums is designed for post-natal women with a baby up to 2 years and a BMI of 25 or above,
MEND Mums is a fun and interactive weight management programme incorporating energy boosting workouts and great nutrition tips to help establish healthy habits for life.

For more information about any of the MEND programmes in Tower Hamlets call:
020 8323 1725

8. MIND

MIND is a mental health charity with a specific branch in Newham and Tower Hamlets that offers free mental health services talking therapies, COVID19 Support and Advocacy services

https://www.mithn.org.uk
Phone: 020 7510 1081
Email: info@mithn.org.uk

9. REBECCA CHEETHAM NURSERY & CHILDREN'S CENTRE

Website: *https://www.rebeccacheetham.newham.sch.uk*
Phone:
Email:

The Rebecca Cheetham Children's Centre offers free child-minding services as well as advice and support for families with young children. However they have temporarily stopped face to face sessions in light of the COVID pandemic. Limited online services are still running for examples: a Family Support Team that can refer you to foodbanks.

OTHER IDEAS AND SUGGESTIONS

- **Breakfast clubs** – these are available in most schools to give children a healthy start to the day. Speak to your local school. Due to COVID19 Restrictions, these breakfast clubs have moved to.
- Despite this, virtual coffee mornings are ongoing

- **Social support** – if you feel you need more support from other mothers, parents or people local to you, you can attend local coffee mornings, toddler groups and parent forums. E.g. One stop shop in Newham and Tower Hamlets. Father examples would be the "idea Store" which is based in Tower Hamlets and offers a range of free activities and educational services for children and families alike. *http://www.healthwatchnewham.co.uk/sites/default/files/newham_domestic_abuse_one-stop-shop.pdf*

- **Triple P – Positive Parenting Programme** – is an evidence based programme aimed at supporting parents develop relationships with their children.

  - Newham offers a Parenting Befriending service and bookable workshops accessible via the following website: *https://families.newham.gov.uk/kb5/newham/directory/family.page?family-channel=1-1*

  - Tower Hamlets offers a similar service: *https://www.towerhamlets.gov.uk/lgnl/educa tion_and_learning/parental_support/parenting_programmes.aspx*
    parenting@towerhamlets.gov.uk.

  - Waltham Forest offers a series of 6 sessions for parents with children aged 3 and over. *https://www.walthamforest.gov.uk/content/parenting-support*

    Call: *020 8496 2442*
    Email: *earlyhelpparenting@walthamforest.gov.uk*

- **Tunmarsh Centre**– support for parents with children with special needs
  The New Tunmarsh Centre based in Newham provides free education for children with ASD / DHD and support for their families. Parents are regularly invited for coffee mornings with speakers.

  E-mail: Faz.Mac@gmail.com

- **John Smith Children's Centre**

  Telephone: 0207 364 0537
  Contact: Deborah Wooding
  Email: deborah.wooding@towerhamlets.gov.uk
  Based in Tower Hamlets, The John Smith Children's Centre that offer childcare support.

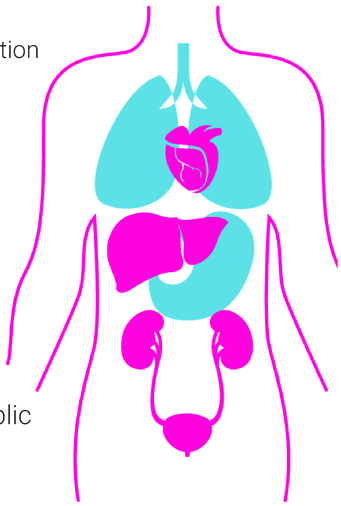
- **The Trinity Centre**
  Website: *www.thetrinitycentre.org/home/*
  The Trinity Centre offers a day care nursery as well as independent groups and faith groups to help support parents form minority and marginalised communities

- **Around Poplar Children's Centre**

  Contact: Brenda Pascal
  T: 020 7364 0540
  E: Brenda.pascal@towerhamlets.gov.uk

  The Around Poplar Children's Centre offers childcare, family, health services, and early education support for families with children under 5 free of charge.

  For a list of similar children's centres in Tower Hamlets, see here: *https://www.localoffertowerhamlets.co.uk/organisations?utf8=%E2%9C%93&search_organisation%5Bterm%5D=&search_organisation%5Blocation%5D=&search_organisation%5Blatitude%5D=&search_organisation%5Blongitude%5D=&search_organisation%5Bcategory_ids%5D%5B%5D=3308*



- **Idea Store**

  Website: www.ideastore.co.uk
  Branches of the Idea Store in Tower Hamlets offer library services and access to public computers for families and individuals free of charge.

- **Outreach centre** Outreach centres are open till 6 pm where you can drop your children there, and it is free for people who are entitled for public funds. They offer: Child minding, after school club, breakfast club for parents and children <3 years. Key examples would be Community Centres and Children's Centres.

EXAMPLES:

Newham Council: *https://www.newham.gov.uk/homepage/115/community-centres*
Tower Hamlets: Community and day centres (towerhamlets.gov.uk)

Plaistow Children's Centre
Website: *https://plaistow.newham.sch.uk/Plaistow-Children-s-Centre/*

The Plaistow Children's Centre is based in Newham and offers care and support for young children ranging from 0-5 years for 49 weeks within the year led by staff and volunteers. Other services range from nutrition webinars to overall family support and advice. The Children's Centre is still open during the pandemic and offers slightly modified services as a result.

OTHER SUPPORT

1. Request interpretation support for GP visits from Tower Hamlets GP care group.
2. Advocacy & Interpreting Service in Newham *(https://www.gpcaregroup.org/section/455/Services/page/eb745e07-85ab-4cee-bc8f-c880a-d400a95/Advocacy-Interpreting)*
3. Provide feedback on services or lodge a complaint via Health Watch Tower Hamlets. More information can be accessed here: *https://www.healthwatchtowerhamlets.co.uk/*

FOOD BANKS:

Suggested Food Bank locations: *https://www.google.com/maps/d/edit?mid=1ZyqIE2-HgdQ-*

NEON Community Asset Map: *https://www.google.com/maps/d/edit?mid=1ZyqIE2-Hg-dQ-Hzow7KwhAiYsdtQnP_Zq&usp=sharing*

- **Newham Food Alliance**

  Website: *https://www.newham.gov.uk/newhamfoodalliance*

  The Newham Food Alliance is a food bank based in Newham that can offer access to food for those who are struggling financially. There is also delivery support they can provide to those self-isolating due to COVID and providing food remotely during the pandemic regardless.

- **Church Food Banks:**

  Website: www.churchesfoodbank.org.uk/

  Food Banks located in the Borough of Newham. To access these you need to be referred from another agency such as a school, advice centres or your GP.

The 2 main sites are:

Woodgrange Baptist Church

345 Romford Road,Forest Gate,E7 8AA

0208 555 9880

St Paul's Church

65 Maryland Road,Stratford,E15 1JL

0208 534 1164

- **The Trussell Trust**

  Website: *https://www.trusselltrust.org*

  The Trussell Trust is a charity that provides nationwide network of food banks as well as emergency food for those in need. They also run regular campaigns to further increase support for people who need access to regular foods but cannot afford to do so. The website is useful as it flag foodbanks that are local to you.

- **First Love Foundation Foodbank**

  Website: *www.firstlovefoundation.org.uk/*

  The First Love Foundation coordinates the Tower Hamlets Foodbank. It provides daily necessities to families in need and alongside this, operates as a crisis service.

- **Eat or Heat - Waltham Forest Food Bank**

  Website: *http://eatorheat.org*

  Phone Number: 0800 772 0212

  Email: referrals@eatorheat.org

  A charity based in East London that supports local families. On the website, different professionals who can refer you to this service are listed.

- **Rukhsana Khan Foundation**

  Website: *https://www.rukhsanakhanfoundation.org*

  Phone Number: 07939 232 123

  Email: rukhsanakhanfoundation@outlook.com

  Rukshana Khan Foundation is a local charity that supports families in East London. They run food parcels and deliveries for those on benefits and those referred from Citizens Advice, NHS, Local Doctor's Surgery, Job Centre, Baby Food Bank, or the Council. They are also supporting those classed as clinically vulnerable. You can register for support on their website.

  They run a foodbank on Saturdays 11am-12pm at the William Morris Community Centre.

- **Waltham Forest Liberal Democrats**

  Website: *https://www.walthamforestlibdems.org/local_support_for_families_in_need*

  The Waltham Forest Liberal Democrats have collated a set of resources highlighting local foodbanks with Waltham Forest that local families can access

- **Eden Girls' School, Waltham Forest**

  A local food bank based at Eden Girls' School that provides food to local people from 1-3pm every Friday

  Contact Details:

  Eden Girls' School, Waltham Forest

  Silver Birch and Landmark Houses,

  Blackhorse Lane, Walthamstow

  London, E17 5SD

  Tel: 0208 523 1810

  Email: info@egwf.staracademies.org

- **Community Food Projects in Tower Hamlets**

  https://www.wen.org.uk/2020/03/30/https-www-wen-org-uk-2020-03-30-information-on-local-response-to-covid-19/

- **Healthwatch groups available in different boroughs:**

  Newham http://www.healthwatchnewham.co.uk/

  Tower Hamlets https://www.healthwatchtowerhamlets.co.uk/

  Redbridge http://www.healthwatchredbridge.co.uk/

  Waltham Forest https://www.healthwatchwalthamforest.co.uk/

Participants Feedback Questionnaire

1. What were your reasons for wanting to attend the group meetings?

2. What made you come back after attending a meeting? /or, what was your reason for not coming back to later meetings?

i. *What made you keep coming back to the meetings? /Or, what could we have done differently to motivate you to come back to the next meeting?*

3. Did the group manage to meet your expectations?

i. *how did it meet your expectations?*
ii. *If it did not, why was this the case?*

4. What could be improved if this project was run again?

i. *How could we improve the content (meeting exercises)*
ii. *How could we improve the tools (picture cards / infant feeding resources)*
iii. *How could we improve the tailoring to your needs as British Bangladeshi mother/pregnant women/or grandmother*
iv. *Would it be beneficial to have picture cards and other project materials written in Bengali (with the picture on the front and Bengali text on the back)*
v. *Is there any additional information or resources you would have liked to have been offered in the meetings?*

5. How involved did you feel in the learning process of the group?

i. Did you feel you worked together as a group during the meetings? How so?
ii. Were there any barriers you experienced to participating?
iii. Were you given opportunities to share experiences? Please give examples.

6. Are you in contact with any of the other participants outside of the group meetings?

i. Have you discussed any issues raised in the group meetings?
ii. Have you supported each other on any issues raised in the group meeting?

9. Have you found new people, groups or sources of information as a result of attending the group meetings? Please give examples.

10. Did you share any information from the group meetings with any other members of your family or community outside of the group?

11. If we were to implement a full project using this approach, the next stage would involve more group meetings (possibly up to 8 additional meetings) where by the group would support each other to implement some of the solutions you identified and then after implementing

solutions, evaluate their success. Do you think this is something you or Bangladeshi carers would be willing to undertake or partake in?

i. *Can you think of any barriers to using this approach we need to consider at this stage?*
ii. *How could additional meetings best support you to implement the solutions you identified, and introduce the recommended infant feeding and care practices? What should they focus on?*
iii. *What additional meetings would be acceptable to you and feasible to attend?*

12. Is there anything else you would like to share about your experience on the project?

Facilitator Report Form

PLA GROUP FACILITATOR REPORT - PLA group meeting xx					
Group location/name (XX children's centre group)		Meeting number		Meeting date	
Facilitator name					
Number of picture cards discussed					
Did you manage to go through all questions on the picture cards? ● *What does the picture show?* ● *Clarify which practice is being discussed* ● *Ask and explain how this affects infant growth and development* ● *Use info on the back of the card to ask questions about the practice and probe* ● *Ask if this occurs in the community? Is it common?* Were there any barriers to a full discussion on the above questions?					
Were there any picture cards not discussed at all?					

Which exercises were completed during your meeting?	
What was the outcome of each exercise?	
How long did the meeting run for?	
Did anything go well/did anything not go well?	
GROUP FACILITATOR TO COMPLETE AFTER EACH MEETING CONDUCTED.	

PLA GROUP FACILITATOR REPORT – PLA group meeting 3					
Group location/name (XX children's centre group)		Meeting number		Meeting date	
Facilitator name					
Number and type of picture cards discussed					
Did you manage to go through all the probing questions on the picture cards? ● *What does the picture show?* ● *Clarify what barrier is being discussed* ● *Ask and explain how this barrier may affect or influence behaviour relating to infant feeding and care*					

● *Ask which infant feeding and care practice the barrier may prevent parents from practicing?* ● *Ask if the barrier exists in the community* Were there any barriers to a full discussion on the above questions?	
Were there any picture cards not discussed at all?	
Which exercises were completed during your meeting?	
What was the outcome of each exercise? Which barrier cards were identified for prioritised practice 1? Which barrier cards were identified for prioritised practice 2? Which barrier cards were identified for prioritised practice 3?	
How long did the meeting run for?	
Did anything go well/did anything not go well?	
GROUP FACILITATOR TO COMPLETE AFTER EACH MEETING CONDUCTED.	

PLA GROUP FACILITATOR REPORT – PLA group meeting 4					
Group location/name (XX children's centre group)		Meeting number		Meeting date	
Facilitator name					
Number and type of picture cards discussed					
Did you manage to go through all the probing questions on the picture cards? ● *What does the picture show?* ● *Ask participants to identify what solution they are discussing and what non-recommended infant feeding and care practice the solution helps to reduce or manage.* ● *Ask participants to suggest ideas on what activities the group (or they, as individuals) could undertake to achieve this solution. Use the information on the back of the card to suggest ideas on activities which could be undertaken. Ask if the barrier exists in the community* ● Were there any barriers to a full discussion on the above questions?					
Were there any picture cards not discussed at all?					
Which exercises were completed during your meeting?					

What was the outcome of each exercise? Which barrier solution cards were identified for prioritised practice 1 Which management solution cards were identified for prioritised practice 1 Which barrier solution cards were identified for prioritised practice 2 Which management solution cards were identified for prioritised practice 2 Which barrier solution cards were identified for prioritised practice 2 Which management solution cards were identified for prioritised practice 2	
How long did the meeting run for?	
Did anything go well/did anything not go well?	
GROUP FACILITATOR TO COMPLETE AFTER EACH MEETING CONDUCTED.	

Sustainability assessment

1. PARTICIPATION

Criteria for assessment	*Are many people participating? Are they active? Is anyone excluded from participation?*
Score / Average score assigned	
Identified successes	
Identified concerns / areas for improvement	
Actions agreed	
Additional notes	

2. LEADERSHIP

Criteria for assessment	*Do groups have leaders, are they helping or hindering the group? Do they have the capacity to lead groups well?*
Score / Average score assigned	
Identified successes	
Identified concerns / areas for improvement	
Actions agreed	
Additional notes	

3. ORGANISATIONAL STRUCTURE

Criteria for assessment	*Are the organisational structures, including the committee and taskforces, set up in the groups? If so, what is their purpose and how are they functioning?*
Score / Average score assigned	
Identified successes	
Identified concerns / areas for improvement	
Actions agreed	
Additional notes	

4. NEEDS / PROBLEM ASSESSMENT

Criteria for assessment	*Are the problems identified in the groups important and relevant to their respective community?*
Score / Average score assigned	
Identified successes	
Identified concerns / areas for improvement	
Actions agreed	
Additional notes	

5. RESOURCE MOBILISATION

Criteria for assessment	*Are the groups able to mobilise resources to implement their solutions? Are they able to mobilise resources from within the groups and/or outside the groups?*
Score / Average score assigned	
Identified successes	
Identified concerns / areas for improvement	
Actions agreed	
Additional notes	

6. ABILITY TO ASK "WHY"?

Criteria for assessment	*Do groups try to address root causes of the problems they face? If so, how well? By root causes we are referring to meeting re: contributing factors – the broader causes of ill health such as poverty.*
Score / Average score assigned	
Identified successes	
Identified concerns / areas for improvement	
Actions agreed	
Additional notes	

7. LINKS TO OTHER ORGANISATIONS / PEOPLE

Criteria for assessment	*Are they linking to other stakeholders (people, groups, organisations) who can help them solve identified issues? If so, who are they linking with and why?*
Score / Average score assigned	
Identified successes	
Identified concerns / areas for improvement	
Actions agreed	
Additional notes	

8. RELATIONSHIP WITH OUTSIDE AGENT

Criteria for assessment	*Is the external agent – Ministry of Health counterparts – involved and supporting the groups, building their capacity?*
Score / Average score assigned	
Identified successes	
Identified concerns / areas for improvement	
Actions agreed	
Additional notes	

9. PROGRAMME MANAGEMENT

Criteria for assessment	*Do groups feel they own the groups and their work? Are they capable of continuing the activities once the project comes to an end? Is the NGO implementing partner building group capacity to solve health problems and strengthening them to be sustainable?*
Score / Average score assigned	
Identified successes	
Identified concerns / areas for improvement	
Actions agreed	
Additional notes	

Direct observation of intervention delivery and CF performance Form:

Did the facilitator deliver the components of the sessions according to the manual?
(Please rate this on scale of 1-4 scale i.e. 1 = no elements of the programme delivered;
2 = some elements of the programme, others missed or inserted;
3 = majority elements of the programme delivered;
4 = all elements of the programme delivered as per handbook).

What are your thoughts about the overall session?

Did you think there are areas for improvement and what where they?

Would you have done anything differently while facilitating the sessions and how?

What advice do you have for the community facilitator?

Development performance of children – (ASQ-3)

Improving lives

NHS
Oxleas
NHS Foundation Trust

Parents of Shiv LOGAN
3 Abbey Terrace
Abbey Wood
London
SE2 9EY

380 D

Oxleas 0 – 19 Years Public Health Nursing Service
Central Administration Team
Tel: 020 8836 8621
Email: oxl-tr.cat@nhs.net

11 Nov 2019

Dear Parents of Shiv,

9 – 12 month review Appointment confirmation

This letter is to confirm your appointment to review your child's development.

At: Gallions Reach Health Centre Bentham Road Thamesmead London SE28 8BE

On: Tuesday 10 Dec 2019 10:30

Enclosed with this letter are the 'Ages and Stages' questionnaires that are used for this developmental review. Please complete these forms and try out the activities with your baby before the appointment.

It is important that you complete the questionnaires with your child before your appointment and bring the completed questionnaires and Red Book with you on the day.

If you require any help completing this questionnaire or you have any queries about your appointment please contact us on **020 8836 8621**

To find out about Healthy Start benefits search online for the Healthy Start website

Visit our website which was designed by Oxleas Health Care professionals, service users and families to provide you with information about your health and wellbeing and how to access our services.

www.Oxleas.nhs.uk/CYP

Follow us on Twitter @oxleasCYPGre

There is a drop in Health Advice Session open every day from Monday to Friday across Greenwich. For times and venues see Health Visitor Timetable in the link above.

Yours sincerely
Public Health Nursing Service 0 -19 Years

ASQ-3 **10 Month Questionnaire** *page 3 of 6*

GROSS MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
3. When you stand your baby next to furniture or the cot rail, does she hold on without leaning her chest against the furniture for support? 	○	○	○	___
4. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position? 	○	○	○	___
5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?	○	○	○	___
6. Does your baby walk beside furniture while holding on with only one hand?	○	○	○	___

GROSS MOTOR TOTAL ___

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your baby pick up a small toy with only one hand? 	○	○	○	___
2. Does your baby *successfully* pick up a small cube of bread by using her thumb and all of her fingers in a raking motion? (*If she already picks up a small cube of bread, mark "yes" for this item.*) 	○	○	○	___
3. Does your baby pick up a small toy with the *tips* of his thumb and fingers? (*You should see a space between the toy and his palm.*) 	○	○	○	___
4. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (*The string may be attached to a toy.*) 	○	○	○	___
5. Does your baby pick up a small cube of bread with the tips of his thumb and a finger? (*He may rest his arm or hand on the table while doing it.*) 	○	○	○	___ *
6. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?	○	○	○	___

FINE MOTOR TOTAL ___

* If Fine Motor Item 5 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."

BE Av. 1 1.15

ASQ-3 **10 Month Questionnaire** *page 5 of 6*

OVERALL

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain: ○ YES ○ NO

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain: ○ YES ○ NO

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain: ○ YES ○ NO

4. Does either parent have a family history of childhood deafness or hearing problems? If yes, explain: ○ YES ○ NO

5. Do you have concerns about your baby's eyesight? If yes, explain: ○ YES ○ NO

6. Has your baby had any medical or health-related problems in the last few months? If yes, explain: ○ YES ○ NO

BE Av. 1 1.15

4-day Food Diary

DAY 1

Day 1:		Date:		
Time	**Where? With Whom? TV on? At table?**	**Food/Drink description & preparation**	**Brand Name**	**Portion size or quantity eaten**
How to describe what you had and how much you had can be found on pages 16 - 21				
		6am to 9am		
		9am to 12 noon		

Time	**Where? With Whom? TV on? At table?**	**Food/Drink description & preparation**	**Brand Name**	**Portion size or quantity eaten**
		12 noon to 2pm		
		2pm to 5pm		

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
		5pm to 8pm		
		8pm to 10pm		
		10pm to 6am		

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual ☐ No, **less** than usual ☐ No, **more** than usual ☐

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual ☐ No, **less** than usual ☐ No, **more** than usual ☐

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you **finish all the food and drink** that you recorded in the diary today?

Yes ☐ No ☐

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes ☐ No ☐

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH:		***Serves:***	
Ingredients	***Amount***	***Ingredients***	***Amount***
Brief description of cooking method			

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH:		***Serves:***	
Ingredients	***Amount***	***Ingredients***	***Amount***
Brief description of cooking method			

DAY 2

Day 2:		**Date:**		
Time	**Where? With Whom? TV on? At table?**	**Food/Drink description & preparation**	**Brand Name**	**Portion size or quantity eaten**
How to describe what you had and how much you had can be found on pages 16 - 21				
6am to 9am				
9am to 12 noon				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
		12 noon to 2pm		
		2pm to 5pm		

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
		5pm to 8pm		
		8pm to 10pm		
		10pm to 6am		

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual ☐ No, **less** than usual ☐ No, **more** than usual ☐

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual ☐ No, **less** than usual ☐ No, **more** than usual ☐

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you **finish all the food and drink** that you recorded in the diary today?

Yes ☐ No ☐

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes ☐ No ☐

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH:		***Serves:***	
Ingredients	***Amount***	***Ingredients***	***Amount***
Brief description of cooking method			

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH:		***Serves:***	
Ingredients	***Amount***	***Ingredients***	***Amount***
Brief description of cooking method			

DAY 3

Day 3:		Date:		
Time	**Where? With Whom? TV on? At table?**	**Food/Drink description & preparation**	**Brand Name**	**Portion size or quantity eaten**
		How to describe what you had and how much you had can be found on pages 16 - 21		
		6am to 9am		
		9am to 12 noon		

Time	**Where? With Whom? TV on? At table?**	**Food/Drink description & preparation**	**Brand Name**	**Portion size or quantity eaten**
		12 noon to 2pm		
		2pm to 5pm		

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
		5pm to 8pm		
		8pm to 10pm		
		10pm to 6am		

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual ☐ No, **less** than usual ☐ No, **more** than usual ☐

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual ☐ No, **less** than usual ☐ No, **more** than usual ☐

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you **finish all the food and drink** that you recorded in the diary today?

Yes ☐ No ☐

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes ☐ No ☐

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH:		***Serves:***	
Ingredients	***Amount***	***Ingredients***	***Amount***
Brief description of cooking method			

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH:		***Serves:***	
Ingredients	***Amount***	***Ingredients***	***Amount***
Brief description of cooking method			

DAY 4

Please remember to complete the general questions on pages 61-66!

Day 4:		**Date:**		
Time	**Where? With Whom? TV on? At table?**	**Food/Drink description & preparation**	**Brand Name**	**Portion size or quantity eaten**
How to describe what you had and how much you had can be found on pages 16 - 21				
6am to 9am				
9am to 12 noon				

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
		12 noon to 2pm		
		2pm to 5pm		

Time	Where? With Whom? TV on? At table?	Food/Drink description & preparation	Brand Name	Portion size or quantity eaten
		5pm to 8pm		
		8pm to 10pm		
		10pm to 6am		

Was the amount of **food** that you had today about what you usually have, less than usual, or more than usual?

Yes, usual ☐ No, **less** than usual ☐ No, **more** than usual ☐

Please tell us why you had less than usual

Please tell us why you had more than usual

Was the amount you had to **drink** today, including water, tea, coffee and soft drinks [and alcohol], about what you usually have, less than usual, or more than usual?

Yes, usual ☐ No, **less** than usual ☐ No, **more** than usual ☐

Please tell us why you had less than usual

Please tell us why you had more than usual

Did you **finish all the food and drink** that you recorded in the diary today?

Yes ☐ No ☐

If no, please **go back to the diary and make a note of any leftovers**

Did you take any **vitamins, minerals or other food supplements** today?

Yes ☐ No ☐

If yes, **please describe the supplements you took below**

Brand	Name (in full) including strength	Number of pills, capsules, teaspoons

Please record on the next pages details of any recipes or (if not already described) ingredients of made up dishes or take-away dishes.

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH:		***Serves:***	
Ingredients	***Amount***	***Ingredients***	***Amount***
Brief description of cooking method			

Write in recipes or ingredients of made up dishes or take-away dishes			
NAME OF DISH:		***Serves:***	
Ingredients	***Amount***	***Ingredients***	***Amount***
Brief description of cooking method			

General questions about your food/ drink during the recording period.

Special diet

1. Did you follow a special diet during the recording period e.g. vegetarian, cholesterol lowering, weight reducing?

Yes ☐ *Please specify* ☐ No ☐

Milk

2. Which type of milk did you use most often during the recording period?

Whole, fresh, pasteurised ☐ Semi-skimmed fresh, pasteurised ☐ Skimmed (fat free) fresh, pasteurised ☐ 1% fat milk, pasteurised ☐

Dried ☐ *Type* ☐ Soya ☐ *Type* ☐

Other ☐ *Type* ☐ Did not use ☐

Tea and coffee

3. How much milk did you usually have in coffee/ tea?

Coffee A lot ☐ Some ☐ A little ☐ None/did not drink ☐

Tea A lot ☐ Some ☐ A little ☐ None/did not drink ☐

4. Did you usually sweeten your coffee/ tea with sugar?

Coffee Yes ☐ How many teaspoons in a mug/cup? ☐ No/did not drink ☐

Tea Yes ☐ How many teaspoons in a mug/cup? ☐ No/did not drink ☐

5. Did you usually sweeten your coffee/ tea with artificial sweetener?

Coffee Yes ☐ How many tablets or teaspoons in a mug/cup? ☐ No/did not drink ☐

Tea Yes ☐ How many tablets or teaspoons in a mug/cup? ☐ No/did not drink ☐

6. Did you drink decaffeinated coffee/ tea during the recording period?

Coffee Always ☐ Sometimes ☐ Never ☐

Tea Always ☐ Sometimes ☐ Never ☐

Breakfast cereals

7. How much milk did you usually have on breakfast cereal?

Drowned ☐ Average ☐ Damp ☐ None/did not eat ☐

8. How did you usually make your porridge?

With all water ☐ With all milk ☐ With milk and water ☐ Did not eat ☐

9. Did you usually sweeten or salt your porridge?

With sugar ☐ With honey ☐ With salt ☐ Neither/did not eat ☐

10. How did you usually make your instant oat cereal?

With all water ☐ With all milk ☐ With milk and water ☐ Did not eat ☐

11. Did you usually sweeten or salt your instant oat cereal?

With sugar ☐ With honey ☐ With salt ☐ Neither/did not eat ☐

Fats for spreading and cooking

12. Which type of butter, margarine or other fat spread did you use most often during the recording period? Please record the full product name and fat content

Name:

None ☐

e.g. Flora Omega 3 plus, low fat spread, 38% fat, polyunsaturated

13. How thickly did you spread butter, margarine on bread, crackers etc?

Thick ☐ Medium ☐ Thin ☐ N/A ☐

14. Which type of cooking fat/oil did your household use most often over the recording period? Please record the full product name e.g. *Sainsbury's sunflower oil*

Name:

None ☐

Bread

15. Which type of bread did you eat most often during the recording period?

White ☐ Granary ☐ Wholemeal ☐ Brown ☐

50/50 bread e.g. Hovis Best of Both ☐ Other ☐ *Type* Did not eat ☐

16. Was it a large loaf or a small loaf?

Large ☐ Small ☐

17. If the bread was shop bought, how was it sliced?

Thick ☐ Medium ☐ Thin ☐ Unsliced ☐ N/A ☐

Meat

18. If you ate meat during the recording period, did you eat the visible fat?

Always ☐ Sometimes ☐ Never ☐ Did not eat meat ☐

19. If you ate poultry (e.g. chicken, turkey) during the recording period, did you eat the skin?

Always ☐ Sometimes ☐ Never ☐ Did not eat poultry ☐

Fruit and vegetables

20. If you ate apples during the recording period, did you eat the skin?

Always ☐ Sometimes ☐ Never ☐ Did not eat ☐

21. If you ate pears during the recording period, did you eat the skin?

Always ☐ Sometimes ☐ Never ☐ Did not eat ☐

22. If you ate new potatoes during the recording period, did you eat the skin?

Always ☐ Sometimes ☐ Never ☐ Did not eat ☐

23. If you ate baked/jacket potatoes during the recording period, did you eat the skin?

Always ☐ Sometimes ☐ Never ☐ Did not eat ☐

Salt

24. Do you add salt to your food at the table?

Always ☐ Sometimes ☐ Never ☐

25. Do you add salt substitute to your food at the table? *e.g. LoSalt*

Always ☐ Sometimes ☐ Never ☐

Water

26. Which type of water did you drink most often during the recording period?

Tap ☐ Filtered ☐ Bottled ☐ *brand* Did not drink ☐

Thank you for completing this diary.

Children Feeding Behaviour

ID:

Child Eating Behaviour Questionnaire (CEBQ)

Please read the following statements and tick the boxes most appropriate to your child's eating behaviour.

	Never	Rarely	Some-times	Often	Always
My child loves food	☐	☐	☐	☐	☐
My child eats more when worried	☐	☐	☐	☐	☐
My child has a big appetite	☐	☐	☐	☐	☐
My child finishes his/her meal quickly	☐	☐	☐	☐	☐
My child is interested in food	☐	☐	☐	☐	☐
My child is always asking for a drink	☐	☐	☐	☐	☐
My child refuses new foods at first	☐	☐	☐	☐	☐
My child eats slowly	☐	☐	☐	☐	☐
My child eats less when angry	☐	☐	☐	☐	☐
My child enjoys tasting new foods	☐	☐	☐	☐	☐
My child eats less when s/he is tired	☐	☐	☐	☐	☐
My child is always asking for food	☐	☐	☐	☐	☐
My child eats more when annoyed	☐	☐	☐	☐	☐
If allowed to, my child would eat too much	☐	☐	☐	☐	☐
My child eats more when anxious	☐	☐	☐	☐	☐
My child enjoys a wide variety of foods	☐	☐	☐	☐	☐
My child leaves food on his/her plate at the end of a meal	☐	☐	☐	☐	☐
My child takes more than 30 minutes to finish a meal	☐	☐	☐	☐	☐

	Never	Rarely	Some-times	Often	Always
Given the choice, my child would eat most of the time	☐	☐	☐	☐	☐
My child looks forward to mealtimes	☐	☐	☐	☐	☐
My child gets full before his/her meal is finished	☐	☐	☐	☐	☐
My child enjoys eating	☐	☐	☐	☐	☐
My child eats more when she is happy	☐	☐	☐	☐	☐
My child is difficult to please with meals	☐	☐	☐	☐	☐
My child eats less when upset	☐	☐	☐	☐	☐
My child gets full up easily	☐	☐	☐	☐	☐
My child eats more when s/he has nothing else to do	☐	☐	☐	☐	☐
Even if my child is full up s/he finds room to eat his/her favourite food	☐	☐	☐	☐	☐
If given the chance, my child would drink continuously throughout the day	☐	☐	☐	☐	☐
My child cannot eat a meal if s/he has had a snack just before	☐	☐	☐	☐	☐
If given the chance, my child would always be having a drink	☐	☐	☐	☐	☐
My child is interested in tasting food s/he hasn't tasted before	☐	☐	☐	☐	☐
My child decides that s/he doesn't like a food, even without tasting it	☐	☐	☐	☐	☐
If given the chance, my child would always have food in his/her mouth	☐	☐	☐	☐	☐
My child eats more and more slowly during the course of a meal	☐	☐	☐	☐	☐

Parental Feeding Style

Parental Feeding Style Questionnaire

Please read the following statements and tick the appropriate boxes to show how you deal with feeding your child. It is important to remember that there are no right or wrong answers to these questions, we are interested in what parents really feel and do.

ID

	Never	Rarely	Some-times	Often	Always
I allow my child to choose which foods to have for meals	☐	☐	☐	☐	☐
I give my child something to eat to make him/her feel better when s/he is feeling upset	☐	☐	☐	☐	☐
I encourage my child to look forward to the meal	☐	☐	☐	☐	☐
I praise my child if s/he eats what I give him/her	☐	☐	☐	☐	☐
I decide how many snacks my child should have	☐	☐	☐	☐	☐
I encourage my child to eat a wide variety of foods	☐	☐	☐	☐	☐
In order to get my child to behave him/herself I promise him/her something to eat	☐	☐	☐	☐	☐
I present food in an attractive way to my child	☐	☐	☐	☐	☐
If my child misbehaves I withhold his/her favourite food	☐	☐	☐	☐	☐
I encourage my child to taste each of the foods I serve at mealtimes	☐	☐	☐	☐	☐
I allow my child to wander around during a meal	☐	☐	☐	☐	☐
I encourage my child to try foods that s/he hasn't tasted before	☐	☐	☐	☐	☐
I give my child something to eat to make him/her feel better when s/he has been hurt	☐	☐	☐	☐	☐
I let my child decide when s/he would like to have her meal	☐	☐	☐	☐	☐
I give my child something to eat if s/he is feeling bored	☐	☐	☐	☐	☐
I allow my child to decide when s/he has had enough snacks to eat	☐	☐	☐	☐	☐
I decide when it is time for my child to have a snack	☐	☐	☐	☐	☐
I use puddings as a bribe to get my child to eat his/her main course	☐	☐	☐	☐	☐
I encourage my child to enjoy his/her food	☐	☐	☐	☐	☐

PTO

Network Diffusion Form

(To be completed by participants at the end of each PLA session and at 6 months from baseline)

1. How many people did you share your material/information from the PLA sessions with?.....

2. How did you share this information/material (verbal, social media, whatsapp etc)?.....

3. Please fill the table below with details of the people you shared the information with -

Serial number	Relation to you	Age/Gender	Family size	How did you share (verbal, social media, whatsapp)

Equality Impact Assessment

Equality Impact Assessment- NEON

Question	Response
1. Name of intervention being assessed	NEON Intervention (PLA Cycle)
2. Summary of aims and objectives of the intervention	To improve infant feeding, care and dental hygiene practices amongst the South Asian Communities of Tower Hamlets, Newham, and Waltham Forest
3. What involvement and consultation has been done in relation to this intervention? *(e.g., with relevant groups and stakeholders)*	
4. Who is affected by the intervention?	Infants (aged<24 months) Mothers Pregnant women Carers- Grandmother etc.
5. What are the arrangements for monitoring and reviewing the actual impact of the intervention?	

Protected Characteristic Group	Is there a potential for positive or negative impact?	Please explain and give examples of any evidence/data used	Action to address negative impact (e.g. adjustment to the intervention)
Disability			
Gender reassignment			
Marriage or civil partnership			
Pregnancy and maternity			
Race			
Religion or belief			
Sexual orientation			
Sex (gender)			
Age			

Evaluation:

Question	**Explanation / justification**	
Is it possible the proposed intervention could discriminate or unfairly disadvantage people?		
Final Decision:	**Tick the relevant box**	**Include any explanation / justification required**
1. No barriers identified, therefore activity will **proceed**.		
2. You can decide to **stop** the intervention at some point because the data shows bias towards one or more groups		
3. You can **adapt or change** the intervention in a way which you think will eliminate the bias		
4. Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the intervention (e.g., in extreme cases or where positive action is taken). Therefore, you are going to **proceed with caution** with this intervention knowing that it may favour some people less than others, providing justification for this decision.		

Date completed:	
Completed by whom (Borough/individual):	

Staff time questionnaire

Measurement of Time Use for staff involved in *NEON*

This questionnaire is for collecting information on how staff from the study team who are contributing to the Nurture Early for Optimal Nutrition (*NEON*) divide their time between the different trial components. We aim to collect this information from all our partners staff involved in *NEON* over the duration of the 3-year of the study.

The information you provide will only be used for research purposes only. It ***will not*** be used to monitor performance or to plan future activities. The information you provide will help us to divide the total *NEON* cost into the following components: intervention, M&E, process evaluation, and research. This will allow us to report the cost effectiveness of the *NEON* intervention. We also want to separate out the setting up cost from the implementation cost, to inform others who may wish to implement these interventions.

Your name will not be used in the analysis but you will be identifiable through your answers. If you do not want to proceed, or wish to stop at any time, you can do so. If you have any questions, please discuss with Shereen Al Laham (*s.laham@ucl.ac.uk*).

==========

Name of Staff Member: .....
Job title / role: .....
Institution: .....
Date: .....

1. When did your involvement with *NEON* first begin? ..... (Month/Year)
2. Since you started, have you been involved in any project other than *NEON*?
   - ☐ Yes
   - ☐ No. **Go to question 6.**
3. If Yes, how many days did you spend on *NEON* in the last 30 days?
   ..... Days OR ..... Percent of time
4. Was this a typical month for you, since you started work on *NEON*?
   - ☐ Yes. **Go to question 6.**
   - ☐ No
5. If No, please tell me how you have divided your time between *NEON* and any other project since you first started on *NEON*.

   .....

   .....

   (E.g: On average, 2 days per week from January to May, then full-time since June. Answer can be in percentage, days, or weeks – whatever you think most accurately represents your actual time use.)

6. Thinking now about the **last 30 days**, and only those days you worked on *NEON*, how have you in practice divided your time between the following *NEON* activities?

Page **1** of **2**

a) I spent ..... days OR ..... percent time on Monitoring and Evaluation.
b) I spent ..... days OR ..... percent time on study delivery and implementation.
c) I spent ..... days OR ..... percent time on Research Work, that is, working on the study design, reading the literature, or writing up or presenting the research findings.
d) I spent ..... days OR ..... percent time on Joint Work, that is, it is not possible to say it was one of the above. For example, general management or support functions.

7. Is this how you usually divide your time?

☐ Yes. **Go to question 9.**

☐ No

8. If No, please tell me how you have divided your time between the different *NEON* activities since you first started on *NEON*. *(Use the categories in question 6.)*

.....

.....

.....

(E.g: 50% Joint work for the first 6 months, then 1 day per week Joint work but otherwise only NEON. Answer can be in percentage, days, or weeks – whatever you think most accurately represents your actual time use.)

9. Finally, I want to ask you about the division of time between **setting up** and **implementation** of the *NEON* study. Examples of setting up activities are: recruiting and training; developing and testing the intervention material. These activities may still be ongoing.
Please could you tell us when you start to work on implementation, and do setting up activities still continue

	Activity	**Start date of implementation** *(Month/Year)*	**Time spend on SETTING UP activities since start date** *(days per week or percentage of time)*
a	NEON intervention implementation		
b	Monitoring and Evaluation implementation		
c	Process Evaluation implementation		

== **Thank You** ==