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Health Visiting in Camden
Evaluating Equity and Reach

PHIRST Elevate / Camden Council

Presentation (PHIRST Elevate): Sarah Janac (Knowledge Broker) and Dr Anna Boath (Research Fellow)

Panel (Camden Council/North London Foundation Trust): Dr Sara Roberts (Principal Clinician) and Dr Freddie Thompson (Clinical Psychologist)

20 Years

Imagine you have recently arrived in the UK after leaving a conflict in your country. You are living in temporary accommodation in Camden and have a new baby. You are adjusting to a new system, with some support but without your usual networks close by, and you are continuing to develop your English.

Despite this, you have been finding ways to care for your baby and respond to their needs. You are beginning to notice their cues and what helps to settle them, and there are moments you enjoy together.

You have been attending the Family Hub, where you've had some positive experiences and support for you and your baby.

A member of staff asks if you would be willing to take part in a focus group linked to health visiting.

What might go through your mind in that moment? What might help —or make it harder—for you to say yes?

Can I bring my baby?

Where will this be? How do I get there?

Can I receive a voucher if I have recently come to the UK?

What does the research involve?

My English is not good enough.

What is a focus group?

What is health visiting?

Will this affect my access to the Family Hub if I don't attend?

I am nervous about big groups.

Why me?

Health Visiting Evaluation, Camden

- Health visiting service (enhanced and universal)
- Evaluation focus: **equity and reach**
- Evaluation will complete in summer 2026

- More info here: Camden Council's Best Start for Baby Service - NIHR Public Health Interventions Responsive Studies Teams (PHIRST)

- Black African and Black Caribbean families
- Bangladeshi families
- Those who have experienced perinatal mental health difficulties
- Dads
- Families who live in temporary accommodation (incl. Families experiencing homelessness, refugees, asylum-seeking families)

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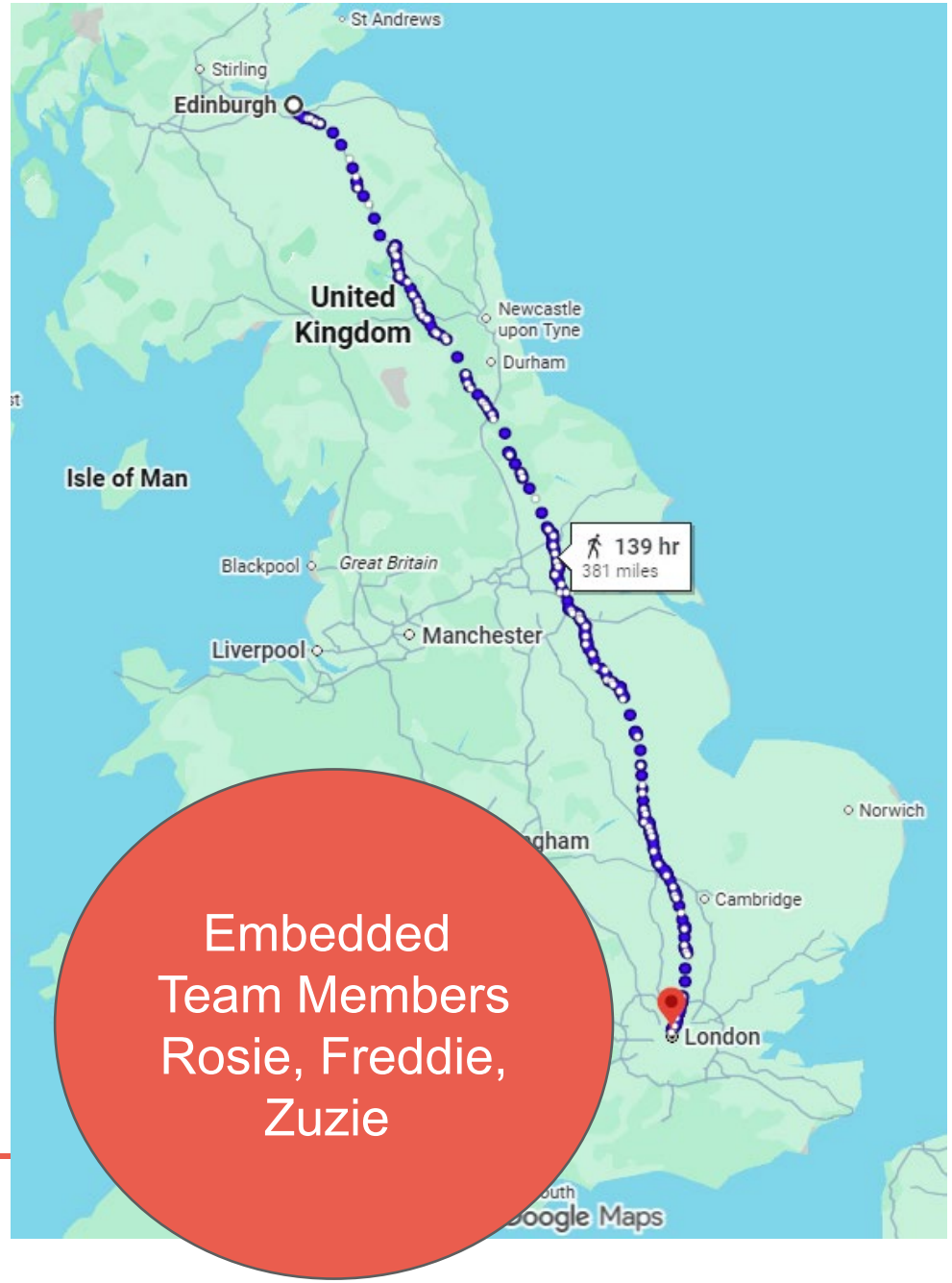

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Families who live in temporary accommodation

20 Years

Trusted relationships, F2F engagement

- **Targeted recruitment** and open call to participate
- **Partners:** family hubs and local nurseries, homelessness outreach teams, family lives, volunteer coordinators, parent champions, Stay and Play, Baby Bonding, Clinical Psychologists
- Participants select which group they relate to

Can I bring my baby?

Where will this be? How do I get there?

What does the research involve?

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Why me?

Pre-empting

Bringing baby is encouraged – creche workers	Taxi – flexible	Scheduling – flexible	Familiar location
Meals provided	Voucher as a thank you	Option for 1:1	Translators – ideally same person
Consent forms	Signposting and information leaflets	Offer debrief for participants and staff	Video of what focus group may look like?

Knowledge Mobilisation

- "Nothing about us without us".
- How do we circle back?
- Currently working with parent champions to feed back

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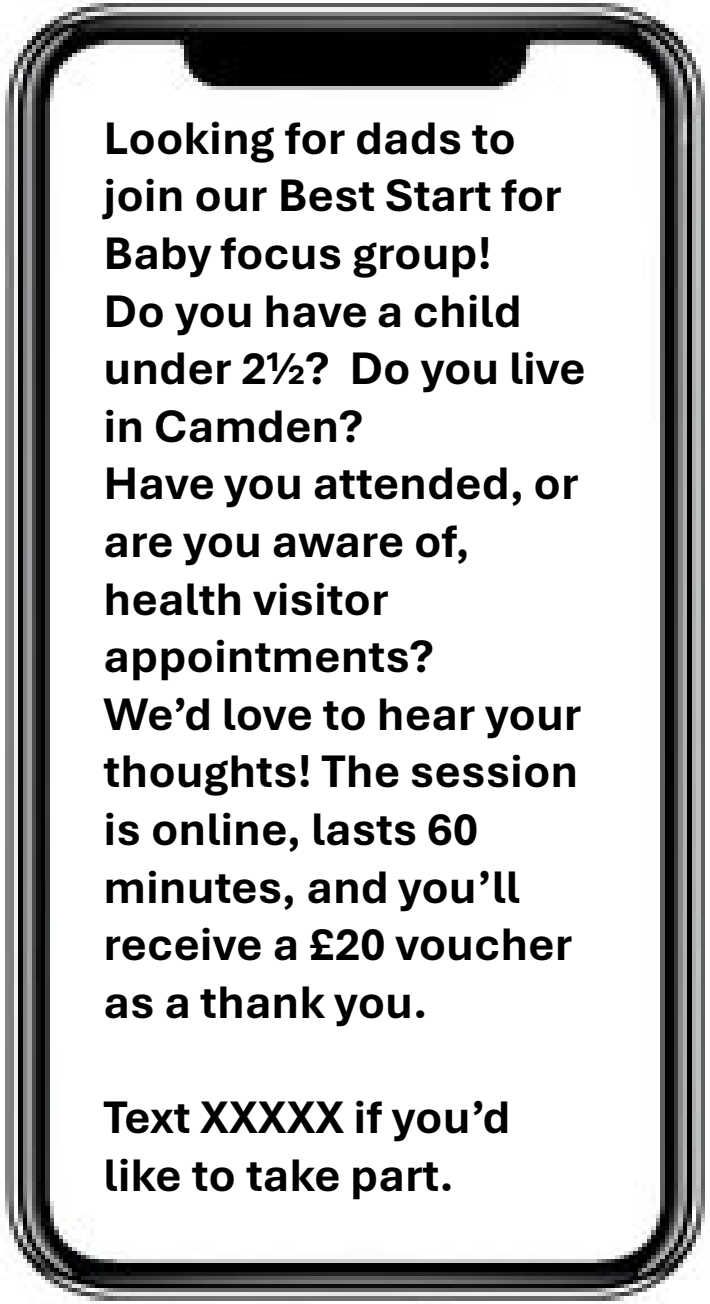
Dads

20 Years

Dads

- Total number recruited: 6
- 2 through cold calling
- 4 through WhatsApp groups
- Scheduled after work – when dads are more likely to be free



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Thank you

Questions?

phirst@ed.ac.uk

20 Years

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20 Years

Evaluating a falls prevention service for the over 65s

Tricia Jessiman, PHIRST Insight

Bev Pattison, Public Partner, PHIRST Insight

Imagine yourself at risk of falling

https://www.theguardian.com/society/video/2014/mar/31/age-simulation-suit-healthcare-old-video

The Falls Management Exercise (FaME) Programme in Lincolnshire

- 24-week structured group exercise programme for the over-65s
- Delivered across Lincolnshire (very rural and coastal areas)
- Evaluation by PHIRST Insight 2023/24

Evaluation methods

- Mixed methods process and impact evaluation
- Routine data collected from 110 participants at start and end of intervention, and 3 months follow up (N=63)
- Qualitative interviews with commissioners, service managers and class instructors (N=15)
- Interviews with FaME participants (35, including some who had dropped out of the service or declined to attend); and partners/carers (8)
- Observations of FaME classes

Developing methods

- Evaluation methods co-developed with service commissioners and service managers
- 1-day face to face workshop in Lincolnshire and frequent online discussions during development phase
- Public involvement with two public members
  - Older adults who lived in Lincolnshire
  - Experienced in supporting older adults through Age UK
  - Part of study management team meetings, and also held several face-to face and online meetings throughout study

Recruiting older adults to the study

- Meeting participants face to face at FaME sessions during social half-hour

- Accessible study information sheets – with link to audio-visual version
- Interviewing participants face to face, usually in own home
- Observing FaME classes

Managing qualitative interviews

- Topic guide co-developed with public partners
  - Accessible language
  - Reducing/limiting stigma around falls
- Public members reviewed anonymized early interview transcripts
  - Improved safeguarding and signposting

Public involvement in analysis

- Two face to face meetings in Lincoln to review sample of anonymized transcripts, observation notes, and draft of analysis framework
  - Accessibility and quality of venues
  - Instructors' approach
  - Adherence to FaME programme
  - Challenges faced by older adults
  - Transport

Co-produced public-facing infographic

https://phirst.nihr.ac.uk/evaluations/formative-process-evaluation-of-the-falls-management-exercise-fame-programme-in-lincolnshire/

“Before [the class], I can’t remember the last time that I actually got on the floor and got up on my own. I hadn’t for ages, years I suppose. I didn’t think I could do it but I did.”

(FaME Participant)

https://phirst.nihr.ac.uk/evaluations/formative-process-evaluation-of-the-falls-management-exercise-fame-programme-in-lincolnshire/

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20 Years | Powering life-changing research

Working with underserved populations Evaluation of Project Phoenix and Project Athena: support for people leaving prison

Thursday 7 May 2026

Krysia Canvin, Keele University

PHRESH wizer Project Phoenix Project Athena NORTH EAST LINCOLNSHIRE COUNCIL www.nelincs.gov.uk Keele University UNIVERSITY OF BIRMINGHAM

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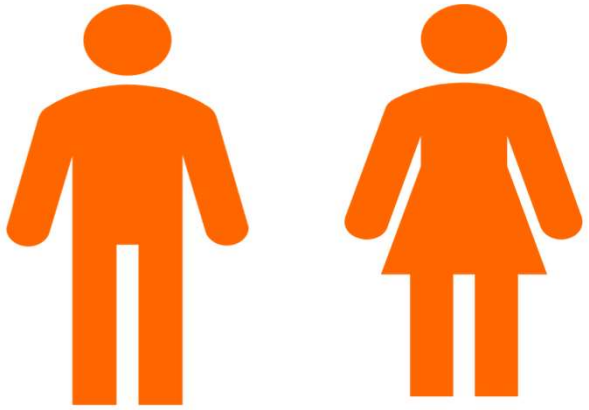
People leaving prison face immense health and social inequalities

The context

This is about how you see things grow. Something grows from a tiny seed. You just need sunshine and water…. But out there [on the streets], you don't have food and water, and warmth and safety.

People leaving prison annually



87,334 prisoners in England & Wales (30 June 2025)

4% women

Over half serve sentences under 12 months

Annual 'churn' 250,000

13,296 releases Jan-Mar 2025

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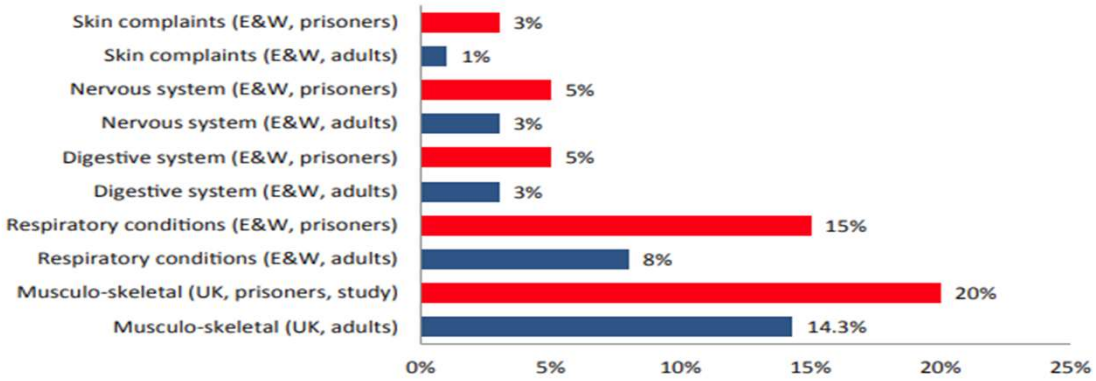
Health inequalities

Higher rates of physical health problems compared to the general population



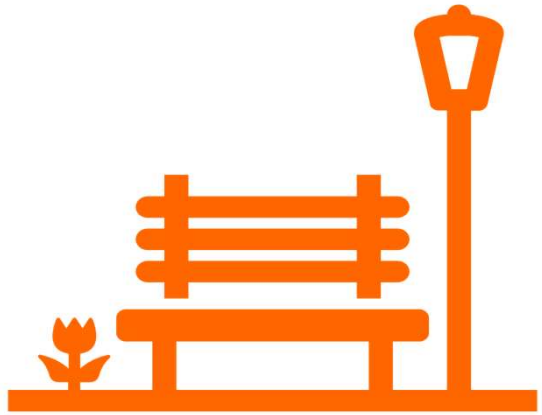
7% learning disability

25% learning difficulty

45% mental health problems

30-40% report problematic drug use

Social inequalities



~25% have been in care

50% of under 21s

66% unemployed

15% homeless

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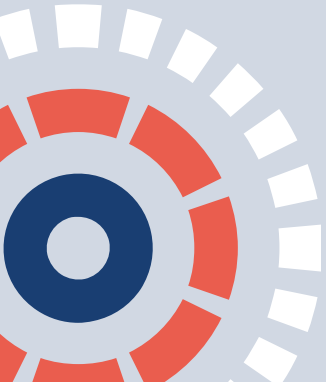
Project Phoenix and Project Athena



wizer

Project Phoenix

Project Athena

Project Phoenix

I really wanted to stay clean, but I couldn't, I couldn't do it, not on me own, not on the streets, and so **I'd probably be dead if I didn't come here, do you know?** Yeah, I would probably be dead, that's what I'd be.

If it wasn't for this company I would be probably... I'd be on the streets <...> and **I'll be back on prison** as well, you know what I mean? So they have really, really helped me out.

Project Phoenix and Project Athena

- Funded by NE Lincolnshire Council
- Delivered by Wizer CIC

- Few eligibility criteria
- Aimed at ‘revolving door’ and those at risk of substance use or overdose

- Mentoring, emotional and practical support with e.g. housing, drug/alcohol recovery, mental health
- Interagency meetings with housing, probation, police, recovery services

- Can self-refer
- Referral by agency not necessary

- Personalised support and planning
- Allocate ‘recovery navigator’ with lived experience
- Meet in prison, collect at the gate on release

- No key performance indicators
- No limit on length of support or number of sessions
- Multiple chances

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Reasonable adjustments for research with under-served groups

How it feels to leave prison…

When you get out of jail you're a nobody, do you know what I mean? That's why I got the lad to have his back to us, because you're just a tiny speck in the bigger world. You're of no importance. You're of no relevance.

1st week of release = high risk of death

Challenges

Health & social inequalities

Past trauma
Stigma
Distrust authority

Prescriptive
Rigid
Assume preferences & abilities

Detecting impact

Difficult if modest, inconsistent, personalised

…for people leaving prison

- Ignored
- Disbelieved
- Not understood
- Disempowered & excluded

…for researchers

- Literacy and cognition
- Making contact /arrangements
- Establishing trust & rapport

…for everyone

- Consent & coercion
- Safeguarding
- Confidentiality

Strategies

Approach data collection:

- Flexible
- Responsive
- Sensitive
- Empathetic
- Non-judgemental
- Ask, don't assume-provide choices
- Go to (potential) participants
- Listen & communicate value
- Use a distress protocol
- Clarity around disclosure

Capture impact by:

- Focusing on trajectories
- Adjusting expectations
- Highlighting processes & 'active ingredients'

Choice of data collection methods

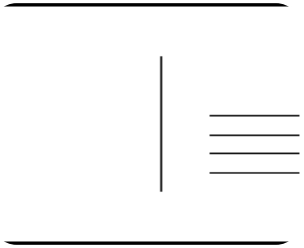
Interviews
Informal chats

Photovoice
+ interviews

Social Network Analysis
Questionnaires

Text message

Notebook



Postcard

Capturing impact

This is the first achievement I've had since primary school. It's the certificate that I completed the 12-step programme. I've got that on my wall in my bedroom and I look at that and remind myself that if I can achieve that, I can achieve many more things.

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Acknowledgements

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Wizer CIC:
Toseef Khan

North East Lincolnshire Council:
Sarah Lumley, Gabrielle Dunn

PHRESH team

Keele University:
Krysia Canvin k.canvin@keele.ac.uk
Opeyemi Babatunde, Rose Hutton, Priya Paudyal

University of Birmingham:
Peymane Adab, Amanda Farley, Kate Garrott, Helen Griggs, James Hodgkinson, João Martins, Lucy Oakey, Miranda Pallan, Estera Sevel, Jess Tanner, András Voros