sciendo

Administration, vol. 73, no. 3 (2025), pp. 107–123
doi: 10.2478/admin-2025-0021

The Little Baby Bundle: An evaluation of a pilot scheme in Ireland

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Introduction

The Little Baby Bundle Pilot Scheme was launched in Ireland in February 2023 as an initiative under *First 5, A Whole-of-Government Strategy for Babies, Young Children and their Families 2019–2028* (Government of Ireland, 2018). The pilot scheme was overseen by the Department of Children, Equality, Disability, Integration and Youth (DECDIY). The Little Baby Bundle was designed to be a gift from the state for new parents, welcoming a new arrival to their family. The gift was an acknowledgement by the state of a significant and special moment for parents. It would be a small, but extremely important part of a wider strategy that would seek to help Ireland ensure that all babies' and young children's early years will be valued as a critical and distinct period of life. The Little Baby Bundle was intended to

promote the health and well-being of newborns and support new parents after the birth of their baby.

The Little Baby Bundle Pilot Scheme was inspired by similar initiatives in Finland which have existed since the 1930s, as well as more recent schemes in Scotland and Wales (Koivu *et al*., 2020; McCabe et al., 2023; Lewis & Grover, 2021). In countries where the scheme is universal, the distribution of baby boxes or bundles reflects an important equality principle that each child is given something of equal value at the start of their life, and such schemes foster a shared understanding of living in a society that values and supports all children.

This paper describes an evaluation of the Little Baby Bundle Pilot Scheme, which was undertaken by a professional services firm, RSM Ireland, which was commissioned by DECDIY in 2023 in a competitive open procurement process. The paper gives some context for births in Ireland at that time, then describes the methodology used in the evaluation. Data was collected using a variety of methods and, once analysed, was triangulated to produce key findings. Differences in opinion between parents and professionals are outlined. Findings are discussed in the context of rolling out the pilot scheme on a national basis.

Birth in Ireland

The number of babies born in Ireland has been steadily decreasing between 2012 and 2020, as represented in Table 1. While the last few years have seen a slight increase, the absolute numbers are still considerably lower than they were a decade ago, as the 2022 total of 57,540 births is almost 20 per cent lower than in 2012 when 71,674 live births were registered.

Table 1: Number of babies born in Ireland, 2012–2022

	2012	*2013*	*2014*	*2015*	*2016*	*2017*
Babies born	71,674	68,954	67,295	65,536	63,897	62,053
	2018	*2019*	*2020*	*2021*	*2022*	
Babies born	61,016	59,796	55,959	58,443	57,540	

Source: Central Statistics Office (2022).

The average age of first-time mothers in Ireland in 2012 was 31.5 years. The average age of mothers for all births registered in 2022 was

slightly higher at 33.2 years. Of the 57,540 births in 2022, 76 per cent of babies born (n = 43,651) were to mothers of Irish nationality (see Table 2). There were 8.3 per cent of births to mothers of EU15 (fifteen members of the European Union from 1 January 1995 to 30 April 2004) to EU27 (twenty-seven members of the EU from 1 January 2007 to 30 June 2013) nationality, 1.9 per cent of mothers were from the United Kingdom (UK), and 2.3 per cent were of EU14 nationality (EU15 excluding Ireland). Mothers of nationalities other than Ireland, the UK and the EU accounted for 12 per cent of total births registered.

Table 2: Nationality of mothers to babies born in Ireland in 2022

Nationality of mother	*Number of babies born*
Irish	43,651
Other nationalities	6,688
EU15 to EU27	4,795
EU14	1,310
United Kingdom	1,091
Not stated	5

Abbreviations: EU14 = EU15 excluding Ireland, EU15 = fifteen members of the European Union from 1 January 1995 to 30 April 2004, EU27 = twenty-seven members of the EU from 1 January 2007 to 30 June 2013.

Source: Central Statistics Office (2022)

The Little Baby Bundle Pilot Scheme

For this pilot, the Little Baby Bundle consisted of a sturdy cardboard box containing thirty-seven items, information leaflets provided in both Irish and English, and two QR cards. The items can be seen in Box A. In 2023, the items had an estimated retail value of approximately €500. The plan for the pilot scheme was to sign up 500 expectant women, with 350 Little Baby Bundles available for women receiving prenatal care in the Rotunda Hospital, Dublin, and 150 Little Baby Bundles available for women receiving prenatal care in University Hospital Waterford. Commencing in March 2023, all women who attended those hospitals for their twenty-week scan were given a data capture card, which allowed them to sign up to the pilot. Parents were able to fill in the data capture card either online, using a QR code on the card, or physically, returning the card in a prepaid envelope. Once the pilot commenced, Little Baby Bundles were

assigned to each baby that was due, rather than each family. As such, any parents due to have twins would receive two Little Baby Bundles, one for each child. In total, 480 women signed up, 8 of whom were having twins making a total of 488 babies due to be born. Of those, 330 women were from the Rotunda Hospital, while 150 women from University Hospital Waterford signed up. Therefore, the take-up rate for this pilot scheme was 96 per cent.

Box A: Contents of The Little Baby Bundle in Ireland

Bath time	Bath thermometer, hooded bath towel, bath sponge
Baby changing	Reusable nappy × 2, nappy liners (100 pack), reusable wipes (10 pack), changing bag, changing mat, diaper rash ointment
Baby care and health	Audio monitor, teething ring, muslin cloths, soft bristle hairbrush and comb, nasal aspirator, baby clippers and scissors, digital thermometer, baby toothbrush
Baby clothes and accessories	Baby grows (× 3) (0–3 months), vest (× 2) (0–3 months), socks (1 pair), mittens (1 pair), baby hat (0–3 months), sun hat (UPF 50), dribble bib (× 2), cellular blanket, baby comforter, sling (3–12 kg)
Self-care	Organic maternity pads (10 pack), reusable organic nursing pads, with wash bag (2 pack), nipple cream
Baby play and learning	Play mat, soft ball, 2 children's books (1 in English, 1 in Irish), poem with stand (Irish, English translation on the back)
Baby feeding	Manual breast pump (silicone) and breast pump dust caps, feeding bibs (2 pack)
Information	My Little Library QR code, QR code to National Concert Hall lullaby recording, information leaflets on postnatal depression, breastfeeding, safe sleeping and sun safety

The contract for managing the Little Baby Bundle Pilot Scheme was awarded to Field Management Ireland (FMI) via a competitive public procurement process. FMI were responsible for organising recruitment, confirming participant details and addresses, ongoing

support, sourcing, procuring and storing all the items for each Little Baby Bundle, quality assurance, packing and distributing, and dealing with all participant queries throughout the process. They also created a website containing all the necessary information for participants.

The recruitment of parents to the pilot scheme was undertaken slightly differently at each hospital in that different staff members were tasked with talking to expectant parents about signing up. However, once recruited, families' details were recorded on the data capture card at each hospital and were passed directly to FMI, which then verified these contact details. The Little Baby Bundles were delivered by An Post using signed delivery, and parents could choose one of three delivery slots: (option A) between thirty-two and thirty-six weeks; (option B) between thirty-seven and forty weeks, and (option C) after the birth. Of the parents who signed up, 88 per cent (n = 424) chose option A, 10 per cent (n = 47) chose option B, and 2 per cent (n = 9) chose option C.

Evaluation methodology

The overall aims of the evaluation were to enable DECDIY to (a) inform policy decisions and direction of travel for a national roll-out of the Little Baby Bundle; (b) determine value for money, and (c) identify any areas where quality and processes could be improved.

The approach to the evaluation was based on an underlying philosophy of appreciative inquiry, which is a strength-based approach that searches for the best in people and their organisations and a realist evaluation approach to data collection and analysis in order to identify what works, for whom, in what contexts and why (MacCoy, 2014; Pawson & Tilley, 1997). Data collection consisted of:

1) *Surveys of participating parents*: Using a tool called SenseMaker® (https://thecynefin.co/sensemaker) all participating parents were issued with short surveys at two points in time – before the baby was born (22–32 weeks) and a month or so after the Little Baby Bundle was received.
2) *Focus groups with parents*: This strand involved ten focus group discussions with new and expectant parents (n = 88) who did not receive the Little Baby Bundle so that some comparisons could be made in terms of views and attitudes. The discussions involved looking through the items in the Little Baby Bundle and exploring participants' perspectives on the items included,

the perceived impacts of the Little Baby Bundle, and their thoughts about a national Little Baby Bundle Scheme. All parents who participated in the focus groups received a €15 National Book Token to express gratitude for their participation.

3) *What Works Workshops*: This aspect of the evaluation involved online discussions with health and social care professionals. These workshops were designed to gather insights and perspectives from individuals directly involved in the day-to-day operations of looking after babies, children and their families. Workshops were primarily scheduled through Eventbrite, and a total of ten online workshops were hosted on Microsoft Teams on different days and at various times, throughout May 2023. In addition to online workshops, we delivered an in-person workshop to a group of community workers in Darndale, Dublin. Across the eleven workshops, a total of fifty-three people attended. In-depth discussions centred around examining key items included in the Little Baby Bundle, exploring the perceived impact of these items, and soliciting participants' insights on policy-related questions.
4) *Stakeholder interviews*: Between June and July 2023, we conducted semi-structured interviews with policymakers and practitioners (n = 22) working in this area to explore views on programme implementation and the possibility of a national roll-out of the scheme. We also interviewed staff at both of the participating hospitals and from the managing agent, FMI. These stakeholders represented a range of diverse disciplines and organisations, ensuring a comprehensive range of perspectives were considered and an in-depth exploration of crucial evaluation questions, which covered scheme design, objectives, implementation, operation, effectiveness, and questions for the future.

As mentioned above, SenseMaker® was used to capture the views of the parents. The platform is a web-based data collection tool that can combine substantial amounts of data with the rich context of narrative, based on what ordinary people going about their lives think and feel. It allows evaluators to collect stories and other information from people about their lived experience of an issue. SenseMaker® is easy to use for individuals of all literacy levels as it is intuitive and can be

accessed on a mobile phone or on a computer, and the information can be typed or dictated directly.

Overall, the response rates to our surveys and the engagement we experienced from all stakeholders was excellent. Everyone wanted to share their views about the Little Baby Bundle Pilot Scheme, and we could have collected much more data, time permitting. However, as with many pilot schemes, this evaluation was subject to a number of limitations. The first limitation lies in its reliance on self-reported data provided by the parents who received the Little Baby Bundle. Since there was no control group available for comparison, the evaluation primarily focuses on capturing individuals' perceptions of the Little Baby Bundle, rather than establishing definitive outcomes that can be attributed to the scheme.

Participants in the pilot programme were exclusively selected from two maternity hospitals, which were specifically chosen for their potential to provide a diverse sample of parents. However, there are many dimensions along which these parents might not be representative of the average parent in Ireland. Lastly, another notable limitation of the evaluation is the absence of longitudinal data collection. Good data about impact is typically collected over an extended period of time. To truly assess the value of the Little Baby Bundle, and to be able to attribute any behavioural changes to the scheme, a number of variables would need to be tracked for several years.

Key findings from parents receiving the Little Baby Bundle

Surveys were sent to parents using the contact information on the data collection cards that parents used to register for the scheme. For survey 1, we received 424 responses, a response rate of 88 per cent. For survey 2, which was sent up to six weeks after the baby was born, we received 364 responses, a response rate of 76 per cent. The response rate for survey 2 is slightly lower than for survey 1 because (a) parents had newborns and completing a survey is likely to be low on their list of priorities; (b) parents have already received their Little Baby Bundle so any perceived conditionality surrounding the bundle being dependent on survey completion is no longer relevant; (c) survey 2 was longer than survey 1, likely causing higher attrition rates. About two-thirds of survey respondents received their care at the Rotunda Hospital, and one-third received their care at University Hospital Waterford.

Of the parents who completed the surveys, the vast majority were mothers. Of the survey 1 respondents, 97 per cent (n = 412) were mothers, while 2 per cent (n = 10) were fathers and 1 per cent (n = 2) were related to the eligible baby in another way. Parent's ages were all within an expected distribution, with some 8 per cent aged between sixteen and twenty-four; 56 per cent aged between twenty-five to thirty-four; 35 per cent aged between thirty-five and forty-four and 1 per cent aged over forty-four years. This is in line with the trend of the rising age for first-time parents in Ireland. Among the participants, 43 per cent (n = 180) were first-time parents, while 57 per cent were not. This is slightly higher than the general population, where 39.9 per cent of babies are born to first-time parents.

A substantial number of respondents were born outside of Ireland, namely 32 per cent (n = 134). This is significantly higher than that of the total Irish population, as approximately 20 per cent are non-nationals. This is likely due to the location of the pilot hospitals. The Rotunda Hospital is located in the inner north of Dublin city, where the proportion of non-Irish nationals has consistently been higher than the national average. Of those born outside of Ireland, their countries of origin were diverse and covered all six inhabited continents. The most common countries included Romania (n = 15), Poland (n = 14), Brazil (n = 13), India (n = 13), Nigeria (n = 6) and the UK (n = 6).

Most respondents had been living in Ireland for at least five years, with approximately one-third having been here for ten or more years. Just 9 per cent have been in Ireland for less than one year. When asked about housing, some 44 per cent of respondents owned their own home. This is significantly lower than the national average, but broadly similar to the rates of home ownership calculated for those in the same age brackets from the Survey on Income and Living Conditions in 2018 (Central Statistics Office, 2019). Some 30 per cent of respondents rented without any subsidy, while 13 per cent rented with a subsidy. It is notable that our cohort of respondents contained ten individuals in refugee accommodation, and eight in temporary accommodation.

Some 58 per cent of respondents work full-time (thirty hours plus per week), and a further 16 per cent work part-time (up to thirty hours per week). Of the 26 per cent not working, some 54 per cent were looking after their home, while 35 per cent were unemployed and 3 per cent were students. Of the nine individuals who answered 'Other', six were sick or disabled, two were full-time carers for their

children with additional needs, and one noted they were self-employed.

After tax, household monthly income was relatively low among respondents. In 2021, the median after-tax household income in Ireland was €47,000 per annum, or €3,917 per month. In our sample, 48 per cent of respondents have an after-tax monthly household income of less than €3,000, and 66 per cent have an after-tax monthly income of less than €4,000. This is likely due to the fact that respondents were relatively young compared to the working age population, and that there was a large immigrant population. An individual is defined as being at risk of poverty if their nominal equivalised disposable income is under the at-risk-of-poverty threshold, that is 60 per cent of the median nominal equivalised disposable income, or a monthly after-tax income of €2,350. Of our sample, 30 per cent (n = 101) had a lower household income than this figure in 2023.

The two hospitals took different strategies towards recruiting women for participation. In the Rotunda Hospital, recruitment was undertaken by a junior member of the radiography team, while the Director of Midwifery personally undertook the recruitment in University Hospital Waterford. This divergence in strategy likely explains the difference in the number of women who reported that they received help from their midwife in completing the registration form. Of those receiving care in University Hospital Waterford, 39 per cent of respondents reported their midwife either filled in the form by themselves or with their participation, while this figure was only 14 per cent in the Rotunda Hospital. There was strong consensus among respondents that the registration process was easy with 99 per cent of the respondents finding it fairly or very easy to register. Despite the differences in recruitment strategy across the two hospitals, there was no statistically significant difference in reported ease of registration.

For the most part, the delivery of the Little Baby Bundle went smoothly, as 87 per cent (n = 318) found it very easy, while 10 per cent (n = 36) found it fairly easy, 3 per cent (n = 9) found it neither easy nor difficult, and just one respondent found it fairly difficult. The Little Baby Bundle was delivered on the first attempt to 94 per cent (n = 339) of the respondents, while it was delivered on the second attempt to the remaining 6 per cent (n = 23), bar one individual for whom it took three or more delivery attempts.

Respondents were also positive about the usefulness and quality of items contained in the Little Baby Bundle. Over 90 per cent of the

respondents felt that both of these aspects of the Little Baby Bundle were either 'Good' or 'Very good'. The proportion of respondents saying the item's usefulness was 'Good' and not 'Very good' was higher than those saying the same for the quantity and quality of the items, at 39 per cent. This is explained by the women who mentioned that the breastfeeding items included were not useful for them as they did not plan to breastfeed. Some 72 per cent of respondents felt the number of items included was 'Very good', while an additional 24 per cent felt it was 'Good'. Only a handful of respondents reacted neutrally or negatively, with 3 per cent saying the number of items was 'Neutral', one individual saying it was 'Poor', and 1 per cent saying it was 'Very poor'. Of these, however, one was very positive in their other answers, saying specifically 'I have used more or less every item that was given, and I am loving it so far'.

When asked about the five best and worst items, there was very little consensus. Generally, the most preferred items were the slightly more expensive practical items that did not depend on either parenting choices or the size of the baby. Of the respondents, 54 per cent included the baby care kit, 52 per cent included the play mat and the audio monitor, 46 per cent included the bath/room thermometer and 37 per cent included the changing bag. The items most often included among the five worst included the reusable items, where 50 per cent of parents included the reusable nappies, 44 per cent included the biodegradable nappy liners, and 31 per cent included the reusable wipes. Other items considered in the five worst included the lower value items, or items dependent on parental choices, such as the sponge, included by 23 per cent; the poem, included by 20 per cent; and the sun hat, included by 19 per cent of parents.

While 59 per cent of the respondents kept all of the items contained in the Little Baby Bundle, 41 per cent of people threw away, donated or gave to a friend at least one of the items. The most common items not kept were the reusable items and the breastfeeding items. Of those who did not keep an item, 50 per cent did not keep the reusable nappies, 47 per cent did not keep the biodegradable nappy liners, and 34 per cent did not keep the reusable wipes. Meanwhile, 43 per cent did not keep the Haakaa Manual Breast Pump, 29 per cent did not keep the reusable nursing pads and 25 per cent did not keep the nipple cream. Surprisingly, given the general appreciation for the audio monitor, some 28 per cent of those who did not keep at least one item did not keep it. Of those who did not keep at least one item, 46 per cent did so because they already had them, while 38 per cent could not

use them. Some 28 per cent said 'Other', possibly suggesting that they had no need for them or simply did not want them.

Two-thirds of the respondents noted that there were items contained in the Little Baby Bundle that they would not have tried otherwise. Of those who would not have tried one of the items in the Little Baby Bundle otherwise, 46 per cent would not have tried reusable nappies, 39 per cent would not have tried the biodegradable nappy liners, and 36 per cent would not have tried the reusable wipes. A further third of those who would not have tried at least one item in the Little Baby Bundle would not have tried the sling, while 29 per cent would not have tried the breast pump and 26 per cent would not have tried the reusable nursing pads. The majority of respondents, 69 per cent, had some of the items in the Little Baby Bundle already – 11 per cent had most of the items, while 2 per cent had all of the items already. Some 18 per cent did not yet have any of the items.

We gave respondents the opportunity to say if there was anything not included in the Little Baby Bundle that should be. Two-thirds responded 'No', while one-third said there was. Suggestions for such items included most prominently disposable versions of the reusable items already included, such as nappies and wipes; feeding supplies, such as baby formula and feeding bottles; and electrical items, such as a video monitor and an electric breast pump.

We asked parents about their feelings towards whether the Little Baby Bundle contained what they needed or more than expected. There was a strong consensus that the Little Baby Bundle contained more than expected, likely improving experiences with the scheme. In fact, 50 per cent of respondents answered as strongly as is possible towards the 'More than expected' option, demonstrating how generous the Little Baby Bundle in its current form is perceived to be. One important trade-off for consideration is that between allowing parents to try new items that they might not ordinarily, and waste. This is particularly relevant for some of the sustainable items, such as the reusable nappies and wipes, and the choice-specific items, such as those to do with breastfeeding. When asked about this, only a minority of parents, 19 per cent, felt that overall, the Little Baby Bundle had too many items they did not use, while the remaining 81 per cent felt the Little Baby Bundle helped them to try new things.

We asked specifically about the books, the poem and the lullaby. Engagement with the lullaby, at 45 per cent of respondents, was less common than with the poem and books, likely due to the nature of having to access it via a QR code. Some 59 per cent of parents had

read the poem. Some 45 per cent of parents read the English book only to their baby, while a further 32 per cent read both the English and Irish books; 23 per cent read neither, while it is noteworthy that two parents had read the Irish book only. Interestingly, 72 per cent (n = 260) of the respondents felt the inclusion of the books encouraged them to read earlier to their babies than they otherwise would have.

Key findings from other stakeholders

The evaluation also explored the views of people who were not beneficiaries of the Little Baby Bundle. These include eighty-five new and expectant parents who gave their views in the focus groups, fifty-three health and social care professionals who took part in the What Works Workshops, and twenty-one key stakeholders who discussed their perspectives on the pilot scheme in one-on-one interviews. The feedback garnered from the focus groups with parents was resoundingly positive. Almost everyone was equally positive, whether a first-time parent or not. Notably, parents in the focus groups expressed the view that the Little Baby Bundle was much bigger than expected, contained much more than expected, and was of a higher quality than expected. Everyone highlighted how useful they would have found it and how much money it would have saved.

Regardless of the group, or the location, a recurrent theme that emerged was the perception that the Little Baby Bundle would alleviate the financial strains that often accompany the arrival of a newborn. The Little Baby Bundle was seen as not only providing practical necessities but would also provide reassurance, alleviate stress and reduce pressure. Furthermore, as they looked through the Little Baby Bundle during the focus groups and discussed the contents, some newly expectant parents stated that they had a much clearer understanding of items they would be required to purchase for their newborn, stating that there were many items in the bundle that they had not thought of getting. Overall, there was a strong majority of parents from the focus groups in favour of a universal scheme in Ireland.

One of the areas that was explored in the interviews, focus groups and What Works Workshops was the potential impact the Little Baby Bundle might have in terms of parental relationships. Parents generally acknowledged that the Little Baby Bundle would assist with bonding and promoting positive parental behaviours. Most of the

professionals thought the Little Baby Bundle would be a good way to initiate a conversation about play and learning for example, or the importance of self-care, and as such it is a great place to start in trying to help promote these positive objectives.

Although strong sentiments were expressed about the Little Baby Bundle Pilot Scheme in the What Works Workshops and in the interviews and these were overwhelmingly positive, there were some caveats expressed by the health and social care professionals, especially those working in the community. The majority of the health and social care workers felt that the Little Baby Bundle was a step in the right direction and would be of significant benefit to those in need, particularly for families from socio-economically disadvantaged areas. They know many struggling parents experiencing feelings of isolation and who have minimal support, and who may be overwhelmed after the birth of a new baby. Therefore, a box of items would do very little to address their main concerns. On balance though, the Little Baby Bundle was viewed as a progressive move that would have positive implications for every new parent.

Support among professionals for a universal scheme was not as strong as it was with parents, though it was still the majority viewpoint. Many professionals tended to make comparisons about what alternatives might be put in place in lieu of the Little Baby Bundle Pilot Scheme, regularly citing the need for more staff and increased resources in the deprived areas where they worked. They tended to say that if the scheme was means-tested, it could be targeted better, though they were fully cognisant of the challenges around means-testing, and the likely stigma that could attach itself to the scheme in the future if bundles only went to the poorest families in Ireland. In addition, professionals discussed the strategic and operational challenges of rolling out a scheme nationally much more often than parents. Professionals who worked with children and families from different countries were also aware of the logistical challenges of delivering services in multiple languages.

Discussion

One of the primary distinctions observed between parents, both those in receipt of the Little Baby Bundle and those who did not, and the health and social care professionals consulted relates to their perspectives on how impactful the Little Baby Bundle could be. Almost all parents were enthusiastic about the Little Baby Bundle,

focusing for the most part on what they perceived the positive aspects to be, including what it might enable them to do with their child. Conversely, health and social care professionals expressed concern about the Little Baby Bundle's limitations, recognising the necessity for supplementary support structures to be in place in order to achieve any meaningful outcomes in the early years.

This difference in outlook is understandable given the professional lens though which health and social care workers view the very issues that the bundle aims to address. For some professionals, they would have preferred the resources allocated to the Little Baby Bundle to be deployed in different ways, in particular to enable them to encourage and promote women to bond and connect with their child and to facilitate them in helping parents through that often-difficult period after a baby is born. There was some support for further research in terms of a cost–benefit analysis comparing the national roll-out of the scheme against the costs of providing additional staff focused on early intervention and working in the most deprived areas.

In general, health and social care professionals were more vocal on process issues than parents, and this is reflected in our findings. Parents only touched very briefly on registration issues, whereas staff who had been involved in that process had a considerable amount to say on the topic, particularly in terms of how it might impact on their workload in the future. Professionals had stronger views on branding and protecting personal information, for example, than parents, and stronger views on whether the products contained in the Little Baby Bundle should be locally sourced or not, or if they should be used to promote Irish companies. It was felt by health professionals, and particularly by midwives, that the sign-up process could be onerous and placing the responsibility on midwives in a busy hospital setting would not be feasible if there was to be a national roll-out.

Overall, there was very little support for a hospital-based registration scheme, unless additional resources were going to be provided. Most people consulted suggested some version of a centralised scheme whereby expectant parents could sign up online and their role would simply be to raise awareness of the scheme and remind women during their antenatal visits to sign up. There was the recognition that there would need to be a major awareness campaign promoting the existence of a national scheme initially, and that until the scheme was well socialised, there would need to be a targeted element among the more marginalised groups, including Irish

travellers, Roma, people experiencing homelessness, immigrants and refugees.

Most of the professionals we consulted gave examples of babies that would be born every year that might require alternative arrangements to be made when receiving a Little Baby Bundle. For instance, it was felt that in the case of a baby going into foster care, the state should provide a Little Baby Bundle to the foster parents, even if a Little Baby Bundle was already provided to the biological parents. In the case of a surrogacy pregnancy, it was felt that the Little Baby Bundle should be registered in the names of the legal guardians of the baby. Other special cases might include Irish diplomats abroad; women in emergency accommodation and asylum seekers arriving to Ireland with a very late-stage pregnancy.

Health and social care professionals recognised – in a way that parents did not – that an initiative like a Little Baby Bundle provides the government with an opportunity to expose new parents to items that they might not consider when given the choice, such as a reusable nappy, or that they might not have wanted, such as a sling, but that might be extremely useful. It was also acknowledged that the Little Baby Bundle provides parents with significant non-pecuniary benefits, such as time-savings, stress relief and comfort, and that every new parent would benefit in some way.

It is clear from this evaluation of the pilot that any extension of the Little Baby Bundle Pilot Scheme will require further research. For example, longitudinal studies should be put in place to measure, in the first instance, what the uptake is among a range of socio-demographic groups, followed by research into the myriad of different ways in which parents might use the contents of the Little Baby Bundle. It will be important to collect parents' views on the quality, utility and value for money for each item in the Little Baby Bundle and what impacts these have on parent–infant bonding. Finally, it will be necessary to measure what impacts, if any, the Little Baby Bundle has on parental engagement with healthcare services, as well as rates of breastfeeding, postnatal depression and safe sleeping for example.

Conclusion

The piloting of a Little Baby Bundle Pilot Scheme was just one initiative that formed part of a wide-ranging strategy from the previous government that tried to address various aspects of the lives of children from birth to age five, including supports for parents to

balance working and caring, developments in early learning and care, and health initiatives. The universal distribution of Little Baby Bundles reflects an important equality principle that each child is given something of equal value at the start of their life. Although there was a lack of consensus about a universal scheme, and opinions on certain items in the Little Baby Bundle were divided, on balance, it is fair to conclude that the majority of people consulted for this evaluation believed that a national roll-out of the Little Baby Bundle based on universal principles would be positive, and an indication that Ireland is a society that prioritises inclusivity and solidarity, and values and supports all children. The *Programme for Government* (Government of Ireland, 2025, p. 64) states they will 'Expand the provision for newborns and their parents of a Baby Bundle, comprising essential items to support them from day one'. To date, no details on the roll-out of the scheme have been forthcoming, but at the very least, a Little Baby Bundle for all first-born children would be a positive way to start.

Acknowledgements

Thanks to staff at RSM Ireland and DECDIY who supported the evaluation. We appreciate the assistance and advice provided to us by members of the Pilot Advisory Group, and the input and support from the delivery agent, FMI. Thanks to the SenseMaker® team at The Cynefin Company for providing us with an easy and engaging way for parents to share their views about the Little Baby Bundle. We are extremely grateful to the midwives in the Rotunda Hospital, Dublin and University Hospital Waterford and to all the other health and social care professionals working in hospitals and communities with babies and families who helped organise, or who took part in, a focus group, workshop or interview. Finally, a special thanks to all the parents who received a Little Baby Bundle and who took the time to share their views with us.

Declaration of competing interests: Iredale and Geoghegan received funding as part of an open procurement process on e-tenders to conduct this evaluation. See: https://irl.eu-supply.com/ctm/Supplier/PublicPurchase/223568/1/1. Walker and O'Riordan were part of the commissioning team at DECDIY.

Funding: The authors acknowledge receipt of financial support as above for the evaluation. No financial support was received for the publication of this article. This work was undertaken under the

DCEDIY request for tender. https://irl.eu-supply.com/ctm/Supplier/PublicPurchase/223568/1/1 in 2022.

Informed consent: All communications were tailored to the requirements of participants. Written informed consent was obtained from all study participants for anonymised information to be published in this article. A data privacy statement was posted on the DCEDIY website on 6 March 2023. See www.gov.ie/en/publication/38ce4-privacy-statement-for-the-little-baby-bundle-evaluation/

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