



Department
for Education

Applying behavioural science to promoting uptake of family hubs services

Research report

December 2022

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Executive Summary

Background

Family hubs provide integrated family services and support for families with children and young people aged 0-19 or up to 25 for those with special educational needs and disabilities (SEND). In order for family hub services to be effective they need families to access and take up the services on offer. The Department for Education (DfE) commissioned behavioural science research to support the development and/or evaluation of interventions designed to promote the uptake of services delivered by family hubs, especially by disadvantaged and vulnerable families.

Methodology

This report synthesises the findings from four research projects that were delivered by the Centre for Behavioural Science and Applied Psychology (CeBSAP) and Sheffield Institute of Education Research and Knowledge Exchange (SIRKE) at Sheffield Hallam University (SHU). The four projects were:

- Durham: Developing and evaluating more father-inclusive messaging to promote father engagement in parenting support, for fathers of young people aged 11-16 years.
- Sheffield: Developing and evaluating effective messaging to promote a New Fathers Support Group for fathers of infants aged 0-6 months.
- Wolverhampton: Evaluating a community outreach programme to promote family hubs services to families of minority ethnic groups with children aged 0-6 years for whom English is a second language.
- Wakefield: Evaluating a communication strategy delivered by schools to promote family hubs and 'team around the school' services to families of primary school aged children.

This report documents the findings from the four behavioural science projects, the learnings from the work and recommendations for those working to enhance engagement with Family Hubs services in other local authorities. Specifically, it draws on:

- A systematic literature review on engaging disadvantaged and vulnerable families in support services. This was focused on 3 target contexts which matched the foci of the local authority projects – engaging fathers, engaging minority ethnic groups, and promoting engagement through partnerships with schools.
- Stakeholder workshops to identify barriers and facilitators to engagement and co-design behavioural science informed messaging (Durham and Sheffield)

- Qualitative interviews or focus groups to identify barriers and facilitators to engagement (all four projects)
- Qualitative interviews or focus groups to explore responses to the engagement interventions (all four projects)
- Survey to assess effectiveness of behavioural science informed messaging (Sheffield)
- Quantitative analysis of service uptake data collected by local authorities (Wakefield and Wolverhampton)

Specific details of the methodological approach for the literature review and for each of the four local authority projects are provided in the main report. The research protocols for each of the four behavioural science projects were published in the accompanying technical report¹.

Research challenges and learnings

Interventions not running as intended: In two of the projects the interventions did not run or did not run as intended due to a variety of reasons including staff sickness and this impacted on the kinds of data that could be collected and the conclusions that could be drawn. Future research could avoid this problem by evaluating already established interventions, or by careful risk assessment of intervention delivery plans with monitoring and mitigation by the local authority leads.

Lack of implementation and process evaluation: The current research projects had no provision for formally evaluating the implementation and process aspects of the intervention, service, and research delivery. While we were able to identify some issues based on researchers' experiences and informal conversations with local authority staff, we would advise that future projects evaluate these aspects of the interventions more formally given the large impact that this is likely to have on outcomes and the identification of areas for service improvement.

Incomplete uptake data: In Wolverhampton and Wakefield, analysis of service uptake data was intended as part of the projects. In both cases, service delivery interruptions caused by Covid-19, over-stretched resources, and changing case management systems, led to datasets that were incomplete or non-comparable. Future research should better resource data collection and analytics within local authorities and suppliers and pilot data collection processes to facilitate problem-solving at an early stage.

Participant recruitment: Across all projects, recruitment of research participants was an issue. We utilised a community explorer model in Durham to facilitate access to fathers as participants but encountered significant problems recruiting the community explorers in the first place. Future research teams should only use this model if community explorers themselves have a sense of buy-in to the project and its aims as well as being

members of the target group. In both Wakefield and Sheffield, the conversion rate from contacts passed to the research team into completed interviews was low. Future research should very significantly over-recruit to fulfil intended sample sizes.

Accessibility of disadvantaged and vulnerable participants: While our sampling strategy for all four projects was to recruit from more deprived areas in each locality, analysis of our recruited samples indicated that this strategy was only partially successful. This is an inherent problem in research about low levels of engagement in services because these lower levels of engagement are also likely to apply to research processes. Future research should utilise a range of different approaches to engage the relevant populations, and plans should acknowledge the extended timelines that these multiple methods may involve.

Interventions designed without early behavioural science input: While we input behavioural science expertise into two of the project interventions (Durham and Sheffield), other interventions had been designed prior to our involvement, which focused only on the evaluation. For these projects, there may have been other interventions or refinements to the designed intervention that could have been beneficial. We recommend that behavioural science input is sought during the design phase in order to maximise impact.

What do people need in order to engage with Family Hub services?

Knowledge about Family Hubs: Parents need to know that Family hubs exist and to understand what services they offer. This might be in general or for a specific population group, for example fathers may not necessarily understand that family hubs provide services for them. They also need to know how to find out about the services that are available, and this information needs to be accessible and available in different languages.

Accessible services: Participants were concerned about the distance to venue and the cost of transport if they needed to travel. They also needed services that fitted around their work and other commitments, for example in Sheffield participants wanted the fathers' groups to be in the evening to fit round working hours, in-person rather than online, and in a convenient location with good car parking facilities.

Free services: Participants were concerned that there might be fees associated with accessing services, and while this is not the case, the perception that services might incur costs was a barrier to engagement. In Durham, participants perceived that services would only be free for those who were mandated to use them, and that costs would apply for parents who were in work.

Understand the benefits of accessing the services: Participants needed to believe that there were positive benefits to them accessing the services, for example in Wolverhampton enjoyment of an initial taster session provided evidence to the attendees that the service had positive and useful outcomes.

Confidence to ask for help early on: Participants needed confidence in their ability to find out about family hubs services and to approach the service to seek help before they reached crisis point. For example, in Durham, participants reported that they would only consider requesting help from family hubs services as a last resort.

Trust in services: Some participants reported feeling shame or stigma around accessing services and a concern that they could not trust the family hub service to offer the support they needed without negative consequences. For example, in Wakefield some parents talked about being aware of past stigma around help-seeking for parents, and even fear about social services involvement.

Key findings from message development

No one 'size' fits all needs: Different participants had somewhat different barriers to accessing services and therefore had different needs regarding messages. There was no single message that was liked by all and therefore services should consider developing a range of messages that address the barriers for different people within the target population.

Messages need to be simple, attractive, and easy to understand: Messages need to avoid being too 'busy' so that the key information is easy to understand by the target population. Messages may need to be translated so that they are easy to understand by people for whom English is not their primary language, or for those with low levels of literacy.

Messages need to explain what the service is and what the benefits of it are: It was of key importance that messages explained what the service offers and detailed how this would be of benefit to the target population. Even where the message might acknowledge struggles or difficulties, they should still focus on the positive outcomes from the service.

Messages need to highlight that services are free and easily accessible: Costs were a concern for participants so the fact that services are free needs to be made clear on all messages. They also need to detail how, where and when the service can be accessed (with the service itself being as flexible as possible).

Images used in messaging need to reflect different families (according to the demographics of the target population): While too many images were thought to be confusing on messages, there was a preference on there being more than one so that

different demographic characteristics of the target population could be represented. People used the images to judge whether the communications were relevant for them.

Messages should incorporate other motivations for accessing services:

Participants had somewhat different motivations for accessing the services and messages should acknowledge these. For example, meeting socially with other fathers was a key motivation for accessing services for new fathers so messages which highlight this may promote uptake.

Messages should incorporate the experiences of services by similar others:

Including quotations from similar others who have experienced positive outcomes from the service helps to persuade about both the value of engaging in the service and build confidence that they too can seek help.

Messages should normalise help-seeking before crisis point and promote Early Help as preventive: Participants in Durham reported intending to seek help only as a last resort. Messages should promote the idea that Early Help can prevent crisis situations occurring.

Key findings from intervention evaluation

Communications should provide simple messages about the service that address the key barriers: While information about the service on offer is key to communications, they should also address the key barriers to access with a focus on the benefits of accessing the service for the target population.

Messages designed with behavioural science input are more effective: Our evaluation showed that a behavioural science-informed message was more effective than a previous message, highlighting the value of the approach for the development of messages for other family hub services.

Services should be accessible: The accessibility of services was a key barrier to access and services should therefore be designed to meet the needs of the target population in terms of location (with a consideration of travel and travel costs), day and time, and method of access (face-to-face, group, telephone, online).

Communications should support planning about how to access the service when needed: The time when people receive information about a service may not marry with the time at which they might be in need of the support on offer. Supporting people to plan how and when they might access a service in the future i.e. the situation(s) that would prompt them to access support, may be beneficial in translating current knowledge into future action.

Communications should be paired with opportunities for supportive conversations about the service: While communications about a service can address some of the key

barriers to access, participants may still have some concerns and lack the confidence to seek support. Pairing communications with informal opportunities to build positive relationships and have non-judgemental conversations about the service may help to increase uptake. Providing environments in which parents can easily access Family Hub workers would facilitate these conversations.

Services and communications about them should consider language barriers and perceptions of language barriers: Both actual and perceived language barriers should be addressed for services. Information about family hub services need to be available in parents' first languages with services being provided in multiple languages or with translators available to ensure that all of the target population can be served. The availability of services in multiple languages/with translation should also be included in communications about the service to address any misperceptions about accessibility.

Conclusion

The body of work reported represents a ground-breaking application of behavioural science to the uptake of family hubs services. All four projects have generated valuable insights for the individual local authorities about the requirements, barriers and facilitators of their target groups and the specific contexts in which they are developing and testing interventions. This work has yielded some important learnings for local authorities more broadly, both regarding common barriers and facilitators to engagement of parents in family hubs services and relating to the implementation of behavioural science for intervention development and evaluation. Importantly, as a first attempt to apply behavioural science to family hubs, this work offers multiple exemplars of utilising different research methods in these complex settings.

Introduction

The government announced an intention to champion family hubs in their 2019 manifesto². In order to understand how best to promote the uptake of family hubs services by disadvantaged and/or vulnerable families, the Department for Education (DfE) commissioned Sheffield Hallam University to apply behavioural science in a series of research projects with 4 local authorities. Local authorities applied to participate in this scheme in a competitive process. Local authorities had to be planning or running an initiative designed to increase service uptake in specific groups to be eligible, the intention being that the behavioural science research would evaluate the effectiveness of the initiatives. As part of the selection procedure, the research team evaluated the initiatives for research readiness. The research team advised DfE, and DfE selected 4 local authorities to work with the research team: Durham County Council, Sheffield City Council, Wolverhampton City Council and Wakefield Council. Intervention and research ideas were then developed through an extensive co-design phase which involved the formulation of a theory of change and logic model for each project. Eventual project plans consisted of both the intervention design and the development of an evaluative research project surrounding it. The theories of change, logic models, and research protocols are published separately¹. The theories of change and logic models guided the development of research designs and protocols.

Disadvantaged and/or vulnerable families

While the overall intention of this programme of work was to focus on uptake of family hubs services by 'disadvantaged and/or vulnerable' families, the decision was taken not to specify a definition of these terms at the commissioning stage, but rather, to arrive at a definition befitting the local context of each project through collaboration with each local authority. In this way, the projects were targeted towards specific groups for whom the local authorities were keen to provide additional intervention or support to engage. In these discussions with local authorities, we used the definitions provided by the Early Intervention Foundation's³ review on engaging disadvantaged and vulnerable parents as a starting point:

Our definition of *disadvantaged families* refers to either low-income or workless families with a low socioeconomic status. In contrast, *vulnerable families* is used as a much broader term referring to those who have complex needs or require additional support ... vulnerable families included, but were not limited to: ethnic minority groups, young parents, LGBTQ+ parents and individuals with mental health problems. - EIF (2019, p.12)

For some projects, the target groups identified by local authority strategic leads as being a priority area for promoting service uptake and engagement matched these definitions

well. For others, there was less of a match. In all projects, the recruitment strategies reflected the broad aim to engage disadvantaged and vulnerable participants, but without being overly restrictive, for reasons of feasibility.

By way of summary, the local authorities elected to focus on the following target groups:

- Durham: fathers of young people aged 11-16 years.
- Sheffield: fathers of infants aged 0-6 months.
- Wolverhampton: parents from minority ethnic groups with children aged 0-6 years for whom English is a second language.
- Wakefield: parents of primary school aged children.

Behavioural science

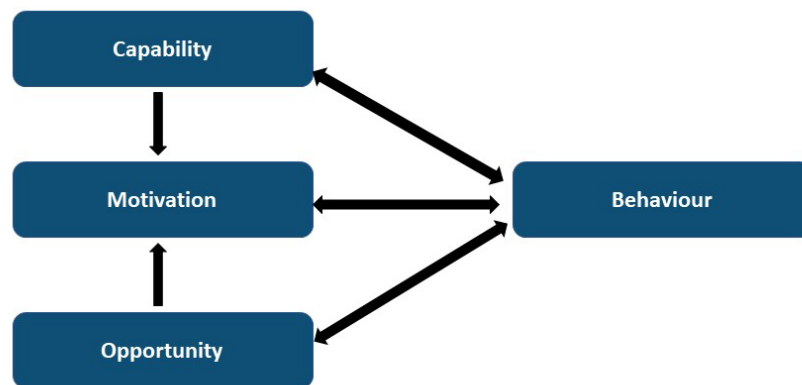
Behavioural science provides a range of established theories to explain why individuals do and do not carry out particular behaviours, including the behaviours associated with uptake of and engagement with parenting services delivered by Family Hubs.

It is important to note that what constitutes an individual behaviour ranges from a discrete unit of action, such as picking up a leaflet, to elaborated behavioural sequences, such as reading the leaflet and then making a phone call to book an appointment. Behavioural science can be employed to understand behaviours positioned anywhere along this continuum. A further important note is that target 'behaviours' can also include cognitive as well as behavioural components, such as weighing up the information in the leaflet and deciding to make the phone call.

The behaviours associated with uptake of family hubs services could comprise, for example, the decision to accept a referral or attend a drop-in session (a cognitive component), the act of travelling to attend the service, at the right time, and showing up in person, or the act of logging in to study self-paced online materials (behavioural components).

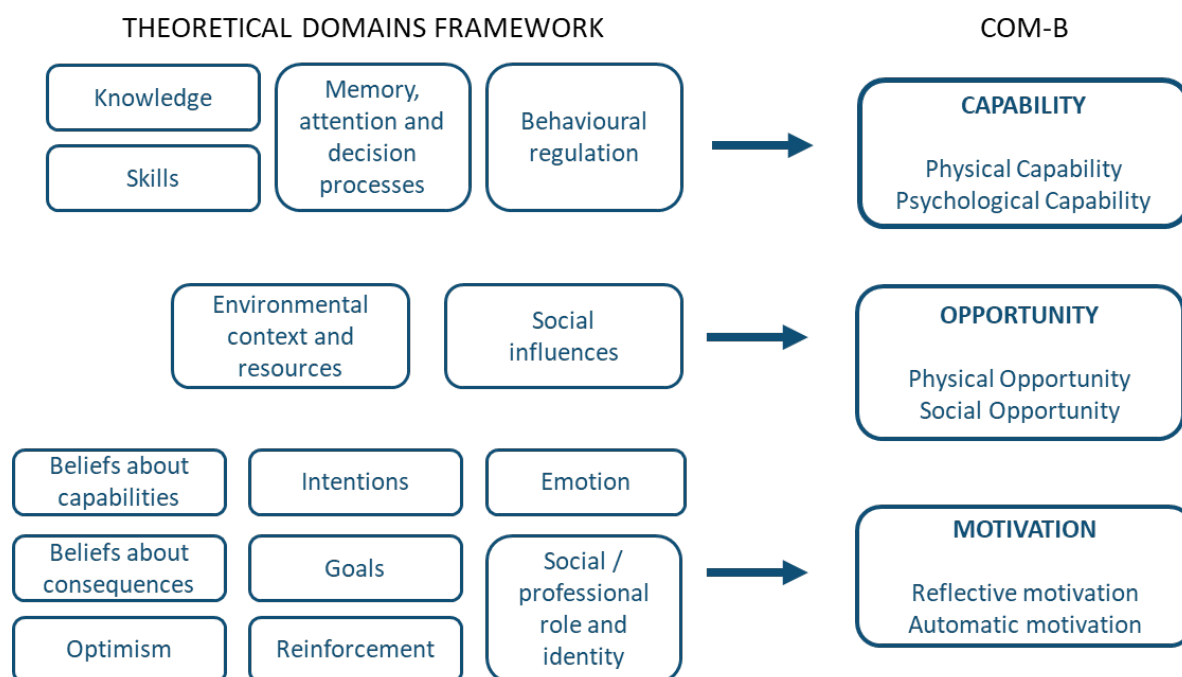
In this project, we utilise the COM-B model of behaviour⁴. The COM-B model, seen in Figure 1, describes the range of factors that can influence behaviour. Capability refers to whether the individual has the psychological and physical ability to undertake the behaviour, which includes having the necessary knowledge and skills; Opportunity refers to the extent to which the physical and social environment influence the behaviour; Motivation refers to the reflective and automatic brain processes that influence the behaviour, including habitual processes as well as conscious decision-making.

Figure 1: The COM-B model of behaviour



The COM-B model encompasses a more detailed framework: the Theoretical Domains Framework (TDF)⁵ that describes 14 different domains that influence behaviour: knowledge, skills, social/professional role and identity, beliefs about capabilities, optimism, beliefs about consequences, reinforcement, intentions, goals, memory, attention and decision processes, environmental context and resources, social influences, emotions and behavioural regulation. These domains reflect the range of barriers or facilitators for a given behaviour. Figure 2 illustrates how the factors in COM-B relate to the domains of the TDF. Conducting a behavioural analysis using COM-B and the TDF enables researchers to identify the most significant behavioural barriers and enablers to engaging in a given behaviour - here, the behaviours involved in parents' engagement with parenting services. Once identified, these specific barriers and facilitators can then be appropriately targeted with intervention strategies, such as appropriately pitched messaging.

Figure 2: The COM-B model and TDF framework



We also used the Theoretical Framework of Acceptability⁶ (TFA) to support our evaluations of interventions designed to promote uptake of family hubs services. The TFA was developed from a review of systematic reviews of the components of influence within the context of healthcare but has much to offer in other contexts. Specifically, it defines acceptability as a multi-faceted concept, represented by seven constructs:

1. Affective attitude: how an individual feels about an intervention
2. Burden: the perceived amount of effort that is required for people to engage with the intervention
3. Ethicality: the extent to which the intervention is a good fit with an individuals' value system
4. Coherence: the extent to which the individual understands what the intervention is
5. Opportunity costs: the extent to which benefits or values must be given up to engage with the intervention
6. Perceived effectiveness: the extent to which the intervention is perceived as likely to achieve its purpose
7. Self-efficacy: the participant's confidence that they can perform the behaviour(s) required to participate in the intervention

In the context of this work, the 'intervention' being considered in terms of acceptability was the local initiatives being applied to encourage engagement with family hubs services. The TFA was utilised to frame topic guides for interviews and focus groups.

Messages and communications about engaging with family hubs could then be explored systematically in relation to these facets of acceptability.

While this report details work funded by DfE to examine application of behavioural science to uptake of family hubs services, the different local authorities referred to their family hubs sites and services by a range of terms. To avoid confusion, we utilise each local authority's own terminology when describing their project.

Literature review

Alongside embarking on these research projects, to support local authorities in developing/testing their own initiatives designed to promote uptake of services delivered by family hubs, we conducted a complementary literature review. The purpose of this was to gather insights from relevant published works in alternative contexts. Because the concept of family hubs is a relatively recent one, there is no published research applying behavioural science to engagement in family hubs services. As such, the current projects represent a novel contribution. This means that to locate the current work within the broader published literature and employ the literature as a touchstone against which to sense-check our findings, it is necessary to explore a wider body of published literature than that pertaining to family hubs services, or even to any family support services in England. We therefore utilised an existing international review as our starting point.

After having captured a breath of literature, then we took a focused approach, homing in on literature of relevance to the target populations and modes of engagement addressed in our project. As two of our projects focus on fathers, engaging fathers was a topic of interest for our review. The other topics of interest were defined by the remaining two projects – engaging minorities and engaging parents with partnership approaches between support services and schools. While we present the rationale and methodology of the review in the current section, we present the findings of our literature review in three separate sections, each presented preceding the project (or projects, in the case of engaging fathers) for which they are relevant.

Rationale

Reviewing all literature relevant to the question of what works to engage parents with services such as those delivered by family hubs would be a vast undertaking. Furthermore, some pre-existing reviews in this area exist. We took as our starting point for the present literature review the Early Intervention Foundation's (EIF) 2019 report 'Engaging disadvantaged and vulnerable parents: An evidence review'³. This review was selected because it was both comprehensive and recent. Commissioned by the Department for Work and Pensions (DWP) to support their new national Reducing Parental Conflict (RPC) programme, the review extensively covers both academic papers and grey literature on how to engage the target group that is also of primary interest in the present work.

Method

Search strategy

As our starting point we took the reference list provided by EIF and updated it to include publications from the last three years. This strategy involved:

1. Conducting citation forward searches of the 79 papers identified in the EIF review to identify published studies of relevance that have emerged since 2019
2. Supplementing the above with searches of the websites/databases previously identified by EIF (using predefined search terms) to identify additional 'grey' literature that has been published since 2019.
3. Narrowing down the ensuing results to include publications relevant to the three streams of work pertinent to the current project: fathers, minorities and partnership approaches between parents, support services and schools

We discuss these search components in more detail below.

1. Citation forward searches

We conducted citation forward searches using the Google Scholar search database to search for publications since 2019 that have cited any of the 79 papers from the EIF review. This identified new publications (i.e., since 2019) that may be of relevance to the present review. We identified 2467 papers of relevance – the screening process of these papers is discussed below.

2. Supplementary searching

In addition to the above, we conducted additional searches of the websites and databases identified in the EIF review. These websites have already been determined to be relevant to the topic area through pilot searches conducted by EIF, and cover national and local government, the voluntary sector, and research organisations. They are as follows:

Grey literature websites

Action for Children: <https://www.actionforchildren.org.uk/resources-and-publications/>

Australian Institute for Family Studies (AIFS): <https://aifs.gov.au/publications>

Fatherhood Institute: <http://www.fatherhoodinstitute.org/>

Joseph Rowntree Foundation (JRF): <https://www.jrf.org.uk/reports>

National Foundation for Educational Research (NFER):
<https://www.nfer.ac.uk/publications-research>

RAND: <https://www.rand.org/search/advanced-search.html>

Relationships Alliance Knowledge Bank: <http://knowledgebank.oneplusone.org.uk/>

Social Care Institute for Excellence (SCIE): <https://www.scie.org.uk/atoz/>

UK Government Web Archive: <http://www.nationalarchives.gov.uk/webarchive/>

3. *Narrowing down searches*

Although the original aim of the review was to explore all the literature focused on engaging disadvantaged and vulnerable parents, similar to the EIF review, the body of literature gathered from the forwards citation searches was so large and varied in terms of topics and populations it was not possible to conduct an in-depth comprehensive review of the literature in the timeframe provided. For this reason, a strategy was developed to focus the review on the specific topics concerning the 4 research projects., Additional searches were used to extract the literature that was pertinent to three specific topics: engaging fathers, engaging minorities, and partnership approaches between schools and support services. We generated this search strategy to search the results from the forward-citation searches. The following search terms were used to search article titles:

- *Engaging fathers*: 'engage' OR 'engagement' OR 'engaging' OR 'involve' OR 'involvement' OR 'reach' OR 'uptake AND 'father' OR 'fathers' OR 'dad' OR 'dads' OR 'males'
- *Engaging minorities*: 'engage' OR 'engagement' OR 'engaging' OR 'involve' OR 'involvement' OR 'reach' OR 'uptake AND 'minority' OR 'minorities' OR 'ethnic' OR 'refugee' OR 'BAME' OR 'immigrant' OR 'migrant' OR 'asylum' OR 'black' OR 'cultural' OR 'culturally'
- *Partnership approaches between schools and support services*: 'engage' OR 'engagement' OR 'engaging' OR 'involve' OR 'involvement' OR 'reach' OR 'uptake AND 'school' OR 'schools' OR 'education' OR 'educational' OR 'student' OR 'teacher'

The 'OR' joins each of the terms within a given concept meaning the articles that were retrieved contained at least one of these search terms. The 'AND' joins the different concepts together limiting the search. Therefore, searches included the engagement terms AND population terms (i.e., fathers, minorities, or partnerships between schools and support services).

Eligibility Criteria

Similar to the original EIF review, the following criteria were prioritised:

- **Origin of study**: we prioritised studies conducted in the UK or in comparable countries, including other European countries, the US and Canada to reflect similar programmes and services that are provided in these countries.
- **Population of focus**: given the research objectives of this report, focused on studies that targeted populations relevant to the three streams of work pertinent to the project: fathers, minorities and partnership approaches between parents, support services and schools. We included studies targeting fathers, parents of

any minority ethnic or racial group, and all studies that explored the ways in which schools promote and encourage parental engagement in family services.

- Intervention of focus: we included studies that focused on engagement in a programme or course that was externally provided rather than engagement in research specific interventions. For the schools' stream, we focused on school encouragement of parental uptake of parenting programmes rather than the school's engagement of parents in children's education.
- Full-text: we only included papers where the full-text is available.
- Publication language: we only included papers written in English.
- Publication date: only papers published since January 2019 were eligible for inclusion in the review, with the acceptance that all earlier papers of relevance should have been picked up by the EIF review.

Screening

A robust screening process ensures the quality of the included evidence. We adopted a similar screening process as used by the EIF review. Once the evidence search had been completed, all identified studies underwent a screening process to determine whether the literature was relevant based on the eligibility criteria and also to determine the quality of their evidence. Systematic and meta-analytic reviews were considered robust if they used multiple methods to identify relevant literature (e.g., using several search databases, handsearching journals). For quantitative research studies, important criteria relating to the sample size, and measurement tools were examined to determine the quality (i.e., standardised measures). Qualitative research studies were considered relevant if they included a thorough description of the methods and analysis used. Throughout the screening process, no studies with questionable methodological quality were identified.

Extraction of literature

From the papers included in the EIF review ($n = 79$), 2467 records were identified from Google Scholar as citing one of the original review papers from 2019-2022. We removed 206 papers due to being published in a language other than English. This resulted in 2261 records to be screened in citation forward searches, using the targeted search terms^a. 1927 papers were excluded in the citation forward searches. 173 duplicates

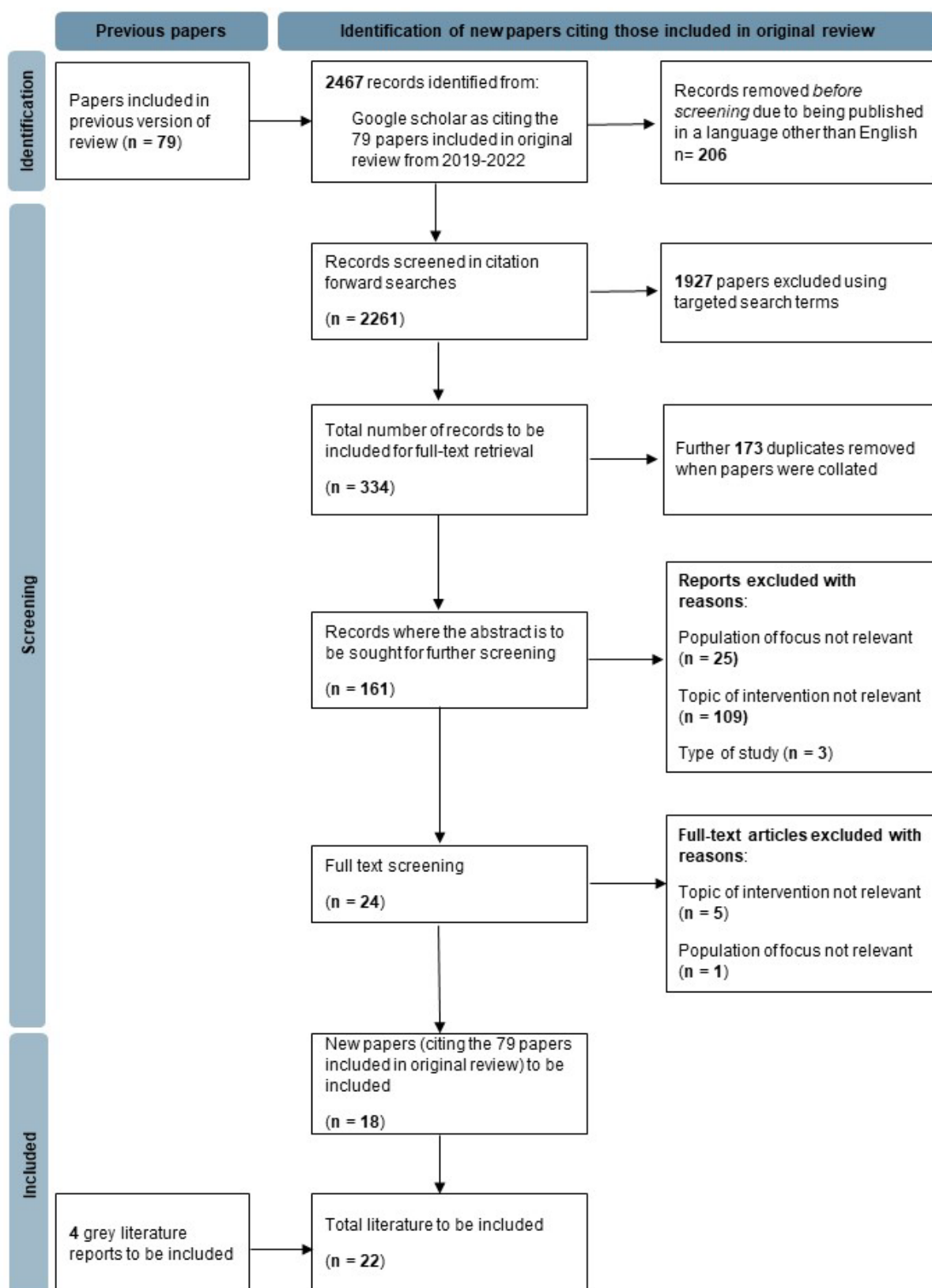
^a Detailed description of the citation forward searches on the 2261 records. First, 707 of the 2261 records were moved across to RefWorks for further screening. The remaining 1554 papers were screened using Google Scholar's advanced search function due to the high volume of papers. Through running these advanced searches on Google where titles had to include a relevant search term (see search terms above), a total of 392 articles were moved onto RefWorks. We then further screened these articles by screening the titles for relevancy alongside the inclusion and exclusion criteria. A further 120 articles were excluded (n total for further screening = 272).

were identified and removed resulting in a total of 161 articles where the abstract was sought for further screening. We screened abstracts based upon the eligibility criteria which resulted in 137 articles being excluded from the review. 25 papers were excluded based on the population of intervention (i.e., engaging mothers), 109 papers were excluded based on the topic of intervention (i.e., focused on engaging parents in research or research-specific interventions rather than externally provided programmes), and 3 papers were excluded as the origin of study was non-western. Therefore, a total of 24 articles were sought for full-text screening. Through the full-text screening process, a further 6 papers were excluded. A total of 18 papers were included in the review. See PRISMA flow diagram (Figure 3).

As part of the supplementary additional searches of the websites and databases identified in the EIF review, we identified a total of 4 grey literature reports that are also included in the evidence review.

Using the search function in RefWorks we screened the 707 papers (titles only) that did not go through the Google screening process for relevancy using the search terms, as well as screening titles alongside the inclusion and exclusion criteria. This resulted in a total of 62 papers to be included for further screening (645 papers were excluded).

Figure 3: PRISMA flow diagram of the literature search



Summary of findings

When viewed per topic area for the four projects in this research, the literature review included 9 full text papers focused on engaging fathers in family support, 5 focused on minority parents' engagement in family services, and 4 focused on communication strategies via schools to promote family support services. Please note that due to the original focus on updating the EIF review, the way that we narrowed down the searches means that these evidence reviews by topic should not be considered in any way exhaustive, as the sole source was forward-citation searches of the EIF's original review. Across the three topics, we found only one research paper conducted within the UK. However, given that a broader search of the databases was not performed, there may be other UK-based research that was not identified through this specific search strategy (due to not being associated with the EIF review). This should be taken into consideration when interpreting the findings from this evidence review.

In addition to the forward-citation searches, we also conducted additional searches of the websites and databases identified in the EIF review. Therefore, 4 grey literature reports were also accessed as part of this review. One report from the Fatherhood Institute⁷ is relevant to understanding fathers' engagement in family hub services (described in the fathers' literature review section). Findings from the other 3 grey literature reports, that are relevant to all four projects, (Action for Children reports^{8,9,10}) are outlined below.

Action for Children identified that UK parents crucially need and want a wide range of parenting support services from education and development services (e.g., messy play, reading sessions), programmes to support parent-child relationships (e.g., parent and baby groups), general parenting information advice and guidance, and parental mental health support. These types of services were the most in-demand services according to a recent survey⁹. This survey also found that the vast majority of parents rely on some form of support to give their child the best start in life, with 9 in 10 parents of 0–5-year-olds using at least one family service⁹.

However, although the services are in high demand by parents, they also face barriers in accessing and engaging with family services. In terms of the demographics of parents accessing family services, young parents struggled more than older parents, Asian parents struggled more than other ethnic groups, and parents in London and East Midlands struggled more than parents living in other locations. This survey also assessed the barriers to accessing services, revealing several barriers such as the services being in an inaccessible location, parents not qualifying for the service and the service was not free⁹. One report also suggested that these barriers were emphasised by the COVID-19 pandemic in that parents struggled to access family services even more than usual⁸. Action for Children recommended that sufficient funding, clear information and outreach strategies, consistent outcome framework, inspection and regulation of services, and digital services that complement face-to-face support are all things that are needed to improve and reduce barriers to engaging parents with family services^{9,10}.

This evidence review searched for papers that focused on the three streams of work pertinent to the current project: (1) father engagement in family services, (2) minority parental engagement in family services, and (3) promoting family services through schools. Key findings are summarised below. The full review of each body of literature is described in the relevant section. Please note that whilst we have commented upon some of the methodologies of the papers when reviewing the evidence, a more detailed outline of specific methodology and sample across the three streams of work is presented in Appendix A.

Summary of key findings identified in evidence review

Evidence suggests that knowledge, stigma, and programme characteristics of family services are barriers for fathers. Lack of father-inclusive practice from service providers and the individual characteristics of fathers (i.e., work schedule) were also identified as barriers to fathers' engagement with family services.

Language barriers were identified as a key barrier for minority parents engaging in family services. Research also highlighted a need to integrate cultural differences into family services.

Research surrounding the topic of promoting family services through the team around the school is limited. Some research has highlighted the effectiveness of using schools and teams within the school to promote family services to parents which in turn is associated with greater parental engagement with family services. Some research revealed that parents' individual characteristics (i.e., work schedule) and feelings of stigma (i.e., feeling judged by others for accessing services) are barriers to parents being receptive to schools attempts at promoting parenting programmes.

Literature review findings on engaging fathers in family support

This literature review is based on 9 full-text papers that include narrative and scoping reviews, evaluation reports, mixed-method evaluations, qualitative research, and a survey-based study. One grey literature report is also included. Six of the articles are USA based samples, one paper is an Australian sample, and one paper is a Canadian sample. As previously mentioned however, this is not an exhaustive review of the literature but results specifically from the forward citation searchers of the EIF review.

Knowledge and awareness of support available for fathers

Several studies have highlighted that a major barrier for fathers accessing parental support, is the lack of knowledge or awareness of the services available. This was drawn from studies of varying methodology, including narrative and scoping reviews of the relevant literature, interviews with fathers, survey research exploring factors associated with attendance and attrition of parenting programmes, and service evaluation reports^{11,12,13,14}. In particular, an evaluation of relevant services found that fathers should be recruited to parenting programmes from the outset rather than this being an exception or an 'add-on', and that services should communicate proactively with fathers (e.g., send them letters directly) rather than just mothers⁷. According to some research which conducted one-to-one interviews with fathers, they feel as though parenting programmes are not targeted towards them because all the advertising targets mothers¹¹. This lack of advertising is also associated with fathers not actively seeking out the information about services that are father-specific^{11,12}. A mixed-method evaluation of a fatherhood parenting programme revealed that fathers had positive experiences and outcomes from engaging in programmes, but they also suggested that a lot more could be done to advertise the programmes to make fathers aware of them in the first place¹⁴.

Characteristics of parenting programme is an important consideration for fathers

The specific characteristics and content of parenting programmes for fathers is cited as a potential barrier for engaging fathers. Qualitative research adopting one-to-one interviews with fathers, narrative and systematic reviews, and evaluation reports of current services have all identified that the content of parenting programmes and how these are delivered are considered important barriers and facilitators to engagement of fathers in parenting programmes^{7,11,12,14,15,16}. Qualitative research has identified father-specific activities (e.g., a father support group) as a barrier for some fathers because they prefer services to focus on education rather than support¹⁵. That said, an evaluation report revealed that some fathers have a preference for father-only groups, whereas others prefer family-centred approaches or services aimed at both parents^{7,12}, suggesting that there are

individual differences in type of programmes preferred. Research also identified that the tone of delivery was a barrier in attending for some, as they would prefer facilitators who integrate humour and hope into the tone of delivery, rather than having a serious tone¹¹. Finally, a narrative review cited that maternally focused content would act as a barrier for fathers, as would frequent and intense sessions¹².

The stigma associated with fathers attending parenting programmes

Previous research highlighted that the intention to engage or attend parenting programmes is associated with negative stigma^{11,13,16,17}. According to qualitative research, fathers discussed how feeling like a 'parenting failure' would be a barrier for them engaging with any parenting programmes¹¹. Further qualitative research corroborated this as fathers, in particular young fathers, indicated that they feel like they would be stigmatised by parenting support workers for accessing support¹³. This suggests that fathers may perceive the stigma associated with getting support as a barrier to engaging with these services. The person facilitating the parenting programme was cited as a potential barrier in some studies due to fathers feeling stigma or shame. In particular, a scoping review indicated that there needs to be a positive and trusting relationship between fathers and programme facilitators in order to encourage further engagement¹⁵. Further research cited the importance of the facilitator being able to foster an open and supportive group dynamic where fathers can be open about their experiences and their voices can be heard and valued, without judgement from the facilitator¹⁶. In this way, judgemental and stigmatised environments were considered a barrier in engaging fathers with parenting support programmes.

Individual characteristics as barriers to engaging fathers

Many studies in the literature review identified individual father characteristics as potential barriers in engaging fathers in parenting support services^{11,13,15,16,18}. First, fathers' motivation to engage in parenting programmes is cited as a barrier. Qualitative research revealed that some fathers highlighted that engagement with parenting programmes were not a priority for them¹¹. Demographic factors have also been cited as barriers to fathers accessing and engaging with parenting support. A survey exploring attendance and attrition of fathers to a parenting programme revealed that fathers who had lower education levels and who were younger age fathers were more likely to drop out of fatherhood programmes¹⁸. Finally, fathers' work schedule was cited by several studies as a barrier for fathers engaging with parenting programmes^{11,13,15,16,18,19}. Qualitative research identified systemic barriers to father engagement as many services were hosted during daytime working hours where fathers had to choose between attending programmes or going to work¹³.

Lack of father-inclusive practice from service providers

The role of service providers in developing and creating father-inclusive services was cited numerous times within the literature as a barrier for father engagement. Qualitative research and evaluation reports identify a need for a top-down approach when trying to engage fathers in parenting support programmes^{7,12,16}. A narrative review identified a need for increased organisational support for father inclusive practice, suggesting that father-inclusive practices should occur at the organisational level first in order to support professional development and practice¹². This review also recognised the need to avoid a father-deficit model as fathers report this negative perception from staff as a barrier in engaging with services¹². The way in which staff engage with fathers is crucial for continued father engagement in services⁷.

Durham

Project summary

The Durham project focussed on the development of new messaging, informed by behavioural science, to promote parenting programmes to fathers of young people aged 11-16 years. The project firstly comprised stakeholder workshops to explore barriers and facilitators to father engagement with parenting support. Then, messages were developed on the basis of the insights gleaned in the stakeholder workshops and evaluated in qualitative interviews with fathers from County Durham (n = 20). Interviews first explored barriers and facilitators to father engagement with parenting support, and participants then viewed and gave feedback on the newly developed messages. Interviews were transcribed and subjected to a thematic framework analysis using the TDF to identify barriers and facilitators and the TFA to evaluate the messages. Findings indicated that the interview data corroborated some core barriers identified in the stakeholder workshops, upon which the messages were based. These barriers were related to: a lack of knowledge about available services, including uncertainty regarding who services were for; notions of traditional gender roles whereby fathers are seen primarily as providers; and fear/shame around seeking support with parenting. Findings also indicated that while the messages were effective in targeting some of the barriers, some barriers could be better addressed by alternative messages. Additionally, while some positive responses were received, some messages had a polarising effect, suggesting that no single message would appeal to everyone. Overall, a campaign approach featuring a range of messages targeting a range of barriers is recommended.

Background

Durham County Council (DCC) use the term family centre rather than family hub, hence we use this term for the subsequent sections of the report relating to the Durham behavioural insights project.

Local context and project structure

Children and young people do best in the context of supportive relationships with both parents. Research has found fathers have a specific role to play in the emotion regulation abilities of adolescents^{20,21}. Durham County Council commissioned a community engagement project through Durham's Reducing Parental Conflict Multi-Agency Working Group which included obtaining the views of Durham mothers and fathers. With only 4% of responses from fathers, the Working Group recognised a need for change and commenced development of a strategy to create an inclusive culture and have a focus on father inclusive practice. When asked how many fathers engage in parenting programmes/family support, Durham Family Centre Team Managers reported to Durham County Council that they estimate fathers to make up on average approximately only

15% of those engaging, and managers suspect that this is likely to be due to the focus of support provision being on mothers.

A 'Dads' Project Group' was formed by leaders, managers, and frontline staff. Work to canvass opinions from focus groups with fathers informed Durham's mission statement. Feedback has also informed the development of Durham's Project Plan which takes a multifaceted approach to achieving change and considers: awareness raising and education about the importance of engaging fathers in family support work to strategic leaders and the wider workforce; workforce development specifically relating to a father inclusive approach; reviewing service design; delivery and cultural change including reviewing recruitment drives and wanting to encourage more men into Family Support Work thus changing typical gender stereotypes.

Part of this strategy involves improving the communications advertising parenting programmes for parents of children aged 11-16, to ensure that they are inclusive of, as well as targeted towards, fathers.

The current research project was designed to inform the development of father-inclusive advertising, and to qualitatively evaluate the new advertising. The project consisted of 2 phases:

1. Behavioural analysis of father engagement in parenting services through stakeholder workshops to enable message development and design.
2. Qualitative interviews with fathers of 11–16-year-olds to evaluate the new advertisements.

Target services

In the co-design phase preceding this project¹, local authority strategic leads identified 4 target services for parents of 11–16-year-olds. These were:

- Positive Parenting Programme (Triple P, 11-16)
- Solihull Online
- Strengthening Families (10-14)
- Youth Offending Team Parent Support Group

The aim was to focus the research on increasing uptake of those services. However, for both theoretical and pragmatic reasons, during the message development process, a more generalised approach was adopted, in which we sought to identify and overcome/utilise the barriers/facilitators to father engagement with parenting services *in general* rather than these services specifically. The theoretical reasons for this were that similar barriers and facilitators seemed relevant across different parenting services, and the pragmatic reasons were that learnings gleaned from testing more generalised messages would be applicable to communications regarding a wider range of parenting services in future. In other words, the findings would be more useful to Durham County Council if the messaging adopted a more generalised approach than a targeted one. The

eventual remit of the project was therefore to develop and evaluate behavioural science informed advertisements promoting parenting services for parents of 11-16 year olds.

Research Questions

The research questions (RQs) guiding this project were as follows:

RQ1: What are the barriers and facilitators to fathers (or father figures) of children/young people aged 11-16 engaging in parenting programmes if/when needed? (Addressed in Phases 1 and 2)

RQ2: What messaging should be used in communication strategies to promote parenting programmes to fathers (or father figures) of children aged 11-16? (Addressed in Phases 1 and 2)

RQ3: Which advertisements are most effective in promoting facilitators and overcoming barriers to fathers (or father figures) of children aged 11-16 accessing the parenting programmes if/when needed? (Addressed in Phase 2)

Phase One: Behavioural analysis and message design

To implement a behavioural science approach, we first have to identify, as far as possible, the target behaviours, and conduct a behavioural analysis. This involves utilising the COM-B and TDF frameworks (explained in the introduction to this report) to identify the barriers and facilitators to undertaking the behaviour. There are a variety of methods which can be employed to do this, all of which involve gathering insights from experts by experience or professional role on the target behaviour. In this project, we utilised stakeholder workshops to enable us to understand the barriers and facilitators of fathers of 11-16 year olds engaging in parenting support offered by Family Centres.

Method

Stakeholder workshops

Two stakeholder workshops took place on 14th and 28th February 2022. The goal of these workshops was to identify the barriers and facilitators to father engagement with parenting support, and begin to plan message content to overcome the barriers and capitalise on the facilitators.

Participants

Workshops were attended by 3 members of the SHU research team and the following local authority role holders: Strategic Manager for Early Help and Think Family, Operations Manager local authority's Early Help Service, Family Centre Team Manager, Intensive Family Support Team Manager, Early Help Practitioner, Emotional Wellbeing Practitioner, Parenting Coordinator, Family Support Officer (Youth Justice Service),

Reducing Reoffending Coordinator (Youth Justice Service), Early Help and Schools Liaison Officer (Seconded Primary School Headteacher).

Materials and findings

Workshop 1 involved introducing the target services and discussing them. Slides were shared and contributions were visibly documented as they were made on the topics of: i) who would attend the target services; ii) who would not want to attend the target services; iii) who might be unsure whether or not to attend the target services; and iv) what might encourage fathers to attend the target services. Responses from participants to each of these four questions are outlined below:

- Who would attend the target services?
 - Dads who have teenagers with challenging behaviours
 - New dads, stepdads, young dads, foster dads
 - Grandads, uncles and father figures
 - Male relatives providing respite care
 - Dads who have recently become main carer
 - Dads who want to be a better dad and want more understanding
 - Invisible dads, absent dads
 - Violent dads, ex-prisoners
 - Working dads
 - Dads who had negative experiences themselves
 - Dads with mental health problems
 - Substance/alcohol abuse
 - Dads with limited access to their kids
 - Desperate dads in conflict who do not know where to turn
 - Dads with positive experience with services
 - Dads engaged with services
 - Dads who have heard about it from other dads
- Who would NOT want to attend the target services?
 - Dads who don't know about the services available to them
 - Those who think services are mainly attended by mums
 - Dads who see child raising as mum's job
 - Those with previous negative experience with services
 - Dads who feel judged and don't trust workers

- Absent fathers
- Mental health problems could prevent them attending
- Learning/literacy difficulties
- Working dads
- Dads lacking confidence
- Dads who have no choice
- Fear of service involvement and child being removed as a result
- Dads who had absent fathers themselves and lack a role model
- Dads who are not involved by service providers
- Dads with language/access challenged (e.g., ESL)
- Dads experiencing IT barriers
- Dads who don't see any problems with their parenting
- Dads who feel guilty for not being involved
- Embarrassed or ashamed for needing help
- Dads who are frightened to show emotions
- Who might be unsure whether or not to attend the target services?
 - Dads experiencing conflict/disagreement between parents
 - Dads experiencing mums as gatekeepers
 - Dads who need more information and reassurance
 - Dads who receive too much information at once
 - Dads who are anxious
 - Dads who are same sex couples
 - Dads involved in court – keeping up appearances
 - Those perceiving a patronising tone to programme delivery / advertising
 - Those perceiving an unwelcoming environment
 - Dads who have had negative experiences with service workers (e.g., having been stereotyped for attending programmes)
 - Dads who have no hope (i.e., they have been told they can't see their children)
 - Working dads who cannot access the services due to their hours
 - Dads with other commitments (i.e., alcohol/substance abuse appointments)
 - Those perceiving feminised wording in advertisements
 - Those perceiving cultural differences among dads attending the group

- What might encourage fathers to attend the target services?
 - Empathetic tone to make dads feel wanted
 - Showing the valuable role of dads
 - Showing dads as unique and highlighting that mums and dads have different roles but both equally needed and valued
 - Timing of course and practicalities (e.g., remove IT barriers, support loaning equipment)
 - Increased father awareness of the course
 - Reducing the shame and judgement associated with attending a course
 - Engaging dad at the start of their fatherhood journey
 - Understanding the role of the dad and emphasising the importance of it
 - Turning negative experiences and views into positives

The insights gathered supported the identification of a set of barriers to Durham fathers/male carers attending parenting programmes that could be addressed via messaging:

- Lack of knowledge about importance of dads
- Lack of awareness of services available
- Uncertainty if services are for them
- Not feeling included
- Fear/shame uncertainty regarding accessing services

There were also some barriers identified which were deemed beyond the remit of a message-based intervention:

- Historical or current encouragement/discouragement from professionals
- Lack of encouragement/support from partner or family to attend
- Cultural barriers/norms for parenting




The latter part of the workshop then focused on identifying characteristics of disadvantaged and vulnerable Durham fathers/male carers. See the list of responses below:


- Who are the 'disadvantaged and vulnerable' dads in Durham?
 - Excluded fathers – relating to work, where they live, poor relationship with mum

- Fathers with learning difficulties
- Fathers with mental health difficulties, substance/alcohol abuse or adverse childhood experiences
- Abusive fathers where there is a cultural difference
- Absent fathers
- Fathers with physical disabilities
- Low-income fathers without devices or internet access
- Traveller fathers – cultural differences
- Professional fathers who think these programmes are not for them
- Fathers who had no male role model of their own
- Fathers from marginalised groups (religion, culture, ethnicity)
- Fathers with language barriers
- Fathers affected by stigma associated with programmes and social norms

This data fed into the development of personas (Table 1). Personas were developed to represent a range of these vulnerability and disadvantage factors. Personas were then used in the second workshop to explore a range of viewpoints regarding messaging.

Table 1: Development of the personas for Durham

Persona description	Persona image
Richard 32 years old Separated from son's mother 8-year-old son stays with him 2 days a week Low income Depression and anxiety	
Yasir 35 years old Wheelchair user Lives with partner who works 6 days a week in a supermarket 3 children aged 5, 9 and 13 Currently unemployed	
Josh 28 years old Grew up in care from early childhood Problems with addiction 10-year-old daughter On/off relationship with daughter's mother Daughter lives with her mother	

<p>Anil 52 years old Lives with wife 4 children aged 11, 13 (22 and 26 live away from home) Limited ability to speak English</p>	
<p>Ian 38 years old Lives with wife and is stepdad to 2 children, aged 11 and 13 Works as taxi driver Unconfident reader</p>	

A range of existing advertisements about parenting programmes was gathered from both DCC's own advertising and external sources (Figure 4). These were then reviewed in the second workshop, adopting the perspective of each of the personas in turn for each advert stimuli. This helped the researchers to identify message and design features that were promising or problematic. These insights fed into the eventual advertisement posters designed by the researchers.

Figure 4: Existing advertisements about parenting programmes



Finally, the workshop concluded with discussion of potential promotional advertisement materials that the researchers had prepared to target the identified barriers (Figures 5-7), taking the personas perspectives into consideration.

Message content to address barriers was as follows:

- Barrier: Lack of knowledge about importance of dads
 - “Dads make all the difference for kids”
 - “Dads have a vital role to play”
 - “Dads are so important for teenagers’ wellbeing”
 - “Kids do better when dads get involved”
- Barriers: Fear/shame/uncertainty regarding accessing services
 - “The strongest dads are those that know when to ask for help”
 - “TripleP is a safe space for dads and mams to get friendly and useful help with parenting teenagers”
 - “Even if it doesn’t feel like it sometimes, remember that you are good, and your kid is good. Learn how to bring out the best in each other”
- Barriers: Lack of awareness of services available, uncertainty if services are for them, not feeling included:
 - “Free support with parenting for dads and mams, whatever your situation”
 - Being a dad is hard. All dads need help sometimes. We’re here to support you”.

Figure 5: Draft promotional advertisement material A for Durham



Figure 6: Draft promotional advertisement material B for Durham



Dads are so important for teenagers' well-being.

That's why you can access free support with parenting, whatever your situation.

Figure 7: Draft promotional advertisement material C for Durham



**The strongest dads are those that know when to ask for help.
Access free support with parenting, whatever your situation.**

Reflecting on the feedback gleaned during the second workshop on these initial drafts, the research team then refined the messages and image choices and commissioned a graphic designer to improve the aesthetics and readability.

The final advertisement designs taken forward for evaluation in Phase Two are presented in the following section (Figures 8-13).

Phase Two: Qualitative interviews

Method

The interview schedule was designed to elicit the barriers and facilitators to fathers' engagement with parenting support services, and views about the newly developed advertisements concerning parenting support for fathers (Appendix B).

Ethical approval for all research processes was received from Sheffield Hallam University's ethics committee prior to commencement of the project.

The protocol designed for this research specified that interviews would be conducted by community explorers, who would be volunteer Durham fathers recruited by local authority staff to represent the target group. These volunteers would be trained by the research team to conduct the interviews. This model of data collection is well-suited to underserved groups or populations if there is scope to recruit the volunteers. On the basis of discussions with the local authority, the community explorer model was deemed appropriate for this project. However, despite significant efforts, it became necessary to additionally utilise alternative methods of participant recruitment and interviewing. These were the use of local authority staff contacts and the involvement of a research recruitment company to recruit participants, who were then interviewed by the SHU research team (see Strengths and Limitations for further discussion on recruitment strategies).

Community Explorers

Community Explorers were community members trained by researchers at SHU to conduct interviews with participants. The Community Explorers were themselves fathers of children aged 11-16, living in the Durham area. From using this approach previously, we have found that participants are more likely to speak openly to people they can relate to (i.e., fathers in Durham). Community Explorers can also recruit people who may be less likely to participate in research. This approach was thus anticipated to enable the research team to gain more representative views from fathers/father figures in Durham.

Recruitment of the Community Explorers was led by DCC, who identified potential participants through the families that they support, organisations that they work with, and their colleagues working within One Point (Early Help Service) and County Durham's Youth Justice Service. An individual was eligible to be a Community Explorer if they were a father (or father figure) to a child aged 11-16 years old and lived in Durham. They did not need to have any previous research experience. Fathers who expressed an interest in becoming a Community Explorer were sent further information about the role and the contact details of the research team at SHU to arrange convenient times for the training. Eight fathers volunteered to participate in the training to become a Community Explorer. Five attended the first workshop and two completed both the workshops.

Each Community Explorer was asked to attend two 3-hour training sessions online with the research team at SHU, which covered:

- An overview of the research project and aims
- An introduction to research skills, specifically how to conduct interviews
- Details of the interview guide
- Ethics procedures, including how to take informed consent
- Risk assessment for themselves and the participants
- Details of how to use the recording equipment

The training sessions were held twice in the evenings to accommodate different people attending, and consisted of a combination of group tasks, role plays, and lectures. After the training the Community Explorers were provided with all training materials, printed copies of the research documents (e.g., consent form, interview guide) and an encrypted Dictaphone to record the interviews they undertook. Community Explorers received one £100 gift voucher for completing the training and a £10 gift voucher for each interview they completed as a thank you.

Participants

Fathers were recruited through community explorers (n = 2), Durham County Council (n = 8) and Qa Research consultancy (n = 10).

Community explorers utilised their own contacts and networks to recruit participants. Durham County Council recruited participants from the families they are supporting (e.g., case workers' contacts). Once potential participants were identified via Durham County Council, they passed on their contact details (i.e., telephone number or email address) to the research team at SHU, after receiving verbal consent from the individual concerned to do so. Due to a small number of participants recruited via community explorers and Durham County Council contacts (n total = 10) the decision was made to use Qa Research consultancy to recruit an additional 10 fathers (see also Strengths and Limitations section). Qa Research recruited fathers meeting the eligibility criteria and passed on their contact details to the SHU research team, who subsequently contacted the participants to schedule the interviews.

Twenty fathers, with one or more child aged between 11-16 years, participated in a one-to-one interview. Fathers were aged between 30-59 years, and most fathers were White British (n = 14) and employed (n = 16). Seven fathers reported being in receipt of one or more of the benefits that qualify a child for free school meals. Further demographic information is shown in Table 2. Interviews lasted between 21 – and 64 minutes and took place online via Zoom (n = 18) and face to face (n = 2 by the community explorers).

Table 2: Durham participant characteristics

Characteristic	Fathers (n = 20)
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Age range	30 – 59 (mean age = 40.35)
Ethnicity	
White British	14
Not disclosed / not recorded	6
Benefits	
Yes	12
No	8
Level of employment	
Employed	16
Unemployed	3
Not disclosed / not recorded	1
Number of children	
One	9
Two	7
Three or more	4

Analysis

Framework analysis²² was used to code the data using NVivo software. Two members of the SHU research team read and deductively coded the transcripts using the TDF for barriers and facilitators, and the TFA for feedback about the advertisements. Text was coded under the domain that best matched the content, with text relating strongly to more than one domain coded in both. The types of statements under each domain were then analysed using inductive content analysis. Themes under each domain of TDF and TFA, plus any additional inductive themes were identified and summarised. All members of the SHU research team discussed the final set of themes to be reported. See Appendix C for coding framework.

Findings

Research Question 1

What are the barriers and facilitators to fathers (or father figures) of children/young people aged 11-16 engaging in parenting programmes?

Analysis of the interview data corroborated the barriers and facilitators identified in the Phase 1 co-design workshops and also generated additional barriers and facilitators. Emboldened items (see next paragraph) were barriers [B] and facilitators [F] that were present in both workshop and interview data. A summary list of these organised by Capability, Opportunity and Motivation factors and TDF domains is provided in the next section, followed by a description of each barrier and facilitator including illustrative quotes from participants.

Capability factors

- Knowledge
 - Lack of knowledge about the existence of Family Centres [B]
 - **Lack of awareness of services available [B]**
 - **Uncertainty if services are for them [B]**
 - Sources of knowledge about Family Centres [F]
- Skills
 - Having the psychological skills to access Family Centre services e.g., making an appointment [B/F]

Opportunity factors

- Social influences
 - Support or signposting from linked organisations e.g., school, CAMHS or relevant professionals [F]
 - Preferring to seek support from family [B]
- Environmental context & resources
 - Flexible service delivery e.g., choice of online or face-to-face services [F]
 - Lack of / cost of transport to attend [B]
 - Need for evening and weekend services [B]
 - (Perceived) high demand/long wait lists for public services post-COVID [B]
 - (Perceived) cost of accessing services [B]

Motivation factors

- Social role and identity
 - Believing that a good parent seeks help when it is needed [F] whilst simultaneously taking pride in not needing outside help [B]

- **Role of dad as a ‘provider’ practically and materially; role of mums as dealing with other issues e.g., engagement with family hubs services [B]**
- Reinforcement
 - Previous positive/negative experiences of services [B/F]
- Emotion
 - **Fear/shame regarding accessing services [B]**
- Beliefs about consequences
 - Belief that seeking help would have positive consequences [F]
 - Lack of trust in Family Centre services [B]
- Beliefs about capabilities
 - Confidence in ability to find information and ask for help [B/F]
- Intentions
 - Not intending to use Family Centre services unless it was a crisis or last resort [B]

Knowledge

Lacking knowledge about the existence of Family Centres in Durham [Barrier]

The majority of interviewees (12/20) reported that they did not know where their local Family Centre was. Some (4/20) guessed that they might be located within local community centres or churches but were unsure if these were officially Family Centres. 4/20 were definite that they had no prior knowledge of Family Centres or where they were located.

Lacking knowledge about the services that Family Centres provide [Barrier]

Most interviewees reported that they did not know what services local Family Centres would provide. There was a common misperception that Family Centres and the services within them were designed for younger children (e.g., baby and toddler groups) and not for older children or teenagers:

I assumed it was just to do with having a new born child, that they support you in that sort of transitioning into becoming a parent. Other than that, I wouldn't be sure.

Uncertainty if services are for them [Barrier]

A smaller number of participants described a lack of knowledge about services specifically tailored towards dads and suggested discomfort about attending groups dominated by women:

A lot of things are for women. I feel like you look around you can see like on clipboards in the community centre and like different class[es], but you don't see anything specifically like for men as well you know what I mean.

One interviewee suggested that most fellow dads would be in a similar position and unaware of what was available for them:

I don't know what's available as a dad, do you know what I mean but it's maybe because there's nothing here to tell me about it but there's also the fact that some people don't go looking for these things. I'd say probably half the people, half the guys don't know, half the lads don't know what's available, what support's available and what's there really.

Sources of knowledge about Family Centres [Facilitator]

Several participants cited a lack of advertising or outreach by Family Centres. They suggested that a dad would only become aware of services if they actively sought them out through self-research or were connected by another agency e.g., their child's school.

Participants typically suggested they would seek out information about services online and then contact the Family Centre regarding an appointment. Initial contact via telephone was mostly preferred, with some participants expressing a desire to scope out the suitability and friendliness of services before making an appointment.

That's what I mainly do. Go on Google and read everything up first. I know sometimes on Google it doesn't tell the truth all the time but most of the time it's right though, isn't it?

One or two dads suggested that they would want to make an approach to Family Centre services via another trusted organisation e.g., Citizens Advice Bureau.

Skills

Having the psychological skills to access Family Centre services e.g., making an appointment [Barrier OR Facilitator]

Most participants stated that they were confident in their ability to initiate contact with Family Centre services if they needed to. However, a few dads indicated that their wife usually took responsibility for making appointments related to the children:

I don't have any details to contact... if I personally needed anything I couldn't do anything if it wasn't for my wife I would have no idea about where they are or anything like that...

Social Influences

Support or signposting from linked organisations e.g., school, CAMHS or relevant professionals [Facilitator]

Several dads who had accessed some type of support previously, suggested that they had been linked or signposted to support by other organisations including their child's school, CAMHS or other professionals working directly with their teenager. This suggests that other linked organisations are a valuable source of referrals and awareness building.

Preferring to seek support from family [Barrier]

Participants highly rated support and advice from family with any parenting issues. This support was preferred and cited as a first point of call over accessing formal support from Family Centre services:

... I come from a bit of an old school family, so if there's anything parenting you always go to the older ones, so like mothers and stuff like that, I would go to my mum or my partner would go to her mum and then you'd basically deal with it as a family really but I know some people don't have that option.

Yes, because at the end of the day, if there is a problem, and your family can help as well, then that's the best solution, do you know what I mean.

Social norms around accessing support for children [Facilitator]

It was deemed typical to access support which was directly for the children, e.g., mental health support via CAMHS or learning support in school, with dads reporting that they were glad to know others had accessed similar support:

I think so, it's been interesting for us because, we've had recent years since my son started refusing to go to school... so that's quite interesting, to know he's not the only one, when you get the educational sort of worker out, she's working on about eight or nine cases, just at his school. So, that's sort of quite reassuring.

It appeared to be considered less typical to access specific 'parenting support'.

Environmental Context & Resources

Flexible service delivery e.g., choice of online or face-to-face services [Facilitator]

There were mixed views about the most preferable mode of service delivery. Some participants would prefer online services for their relative anonymity (particularly if they felt embarrassed or uncomfortable talking about family issues) and also their flexibility (not necessarily feeling able to attend appointments during work time):

I suppose an online service would be – especially people who, do you know, maybe feel embarrassed about... a walk-in centre. I suppose a

phone as well. But I definitely think online because you can do it – type and ask the questions and then maybe get support that way and stay, you know, so you're not as... embarrassed.

Others felt that online services would be too impersonal and would prefer face-to-face support:

Me personally, I would probably prefer face to face because if you've got things going on in the house which is always nice to get away from

Lack of / cost of transport [Barrier]

Participants who could drive felt confident about being able to get to Family Centres but others who relied on public transport highlighted a need for local, walkable (or alternatively online) services. Participants were used to taking public transport but some highlighted that this carried a cost implication which could be another barrier:

I don't drive, if that, that can potentially be one, again, I don't know again what facilities are available, but if they weren't local, I would struggle there.

Need for evening and weekend services [Barrier]

Participants suggested that accessing services during traditional 9-5 hours would be very challenging for most (and impossible for some). It was suggested by most participants that services needed to be available outside of these hours, including evenings and weekends so that dads could access services without needing to take time off from work. This was particularly the case if the service might be accessed regularly (e.g., a regular group) as opposed to a one-off appointment:

If somebody works nine till five Monday to Friday to make meetings or appointments then they would have, they will need to [miss] time at work or something like that to do it, so making sure that the services are available to, making sure it's flexible... to fit around everybody's kind of lifestyle.

(Perceived) high demand/long wait lists for public services post-COVID [Barrier]

A number of participants noted a perception that all public services were facing delays and increased demand since the COVID-19 pandemic. Some participants indicated that this might be a deterrent to asking for help; if they were in a situation where they needed to ask for parenting support this would likely be as a result of relative urgency or crisis for their family, and therefore a long waiting list would undermine the potential usefulness of that support:

I think there is just long waiting lists for everything, yes.

...I think there's been more demand, post COVID. I think a lot of children have struggled with the working from home and then the move back to school.

Well, if I had to wait three weeks for an appointment, I'd think what's the point, [things] change so much in three weeks, do you know what I mean, so I think it's quite important to be able to have access to these things pretty quick.

(Perceived) cost of accessing services [Barrier]

Some participants discussed perceptions of cost being a potential barrier prohibiting people from accessing services. There was a belief amongst some participants that unless you were mandated to access services, or if you were a working parent, then family support services would have a cost attached:

But to be honest money on top of money at the moment you can't really, if you are not working you can't afford it and even when you are working money has gone. There isn't much free stuff around.

...because usually my understanding is that that course will incur a cost, again if you were working.

Social Role and Identity

Believing that a good parent seeks help when it is needed [Facilitator] whilst simultaneously taking pride in not needing outside help [Barrier]

Several dads described their duty/role as a 'provider' for their children. Associated with this was a sense of pride in not needing outside support, despite it being acknowledged by some interviewees that some families may reach a point at which they need advice. Dads were non-judgemental about others who accessed support but simultaneously hoped not to be in that position themselves:

My kids have got everything they need. I provide everything for them.
I've never really needed any help [from] anybody.

So, there's never been that opportunity really to use them, we're fortunate that we've managed to be like self-sufficient without having to use other services.

I think if I had to I would go with it plus if I had to see a male I am not so sure whether I wouldn't feel like I've kind of failed as a parent myself in some kind of sense...

Role of dad as a ‘provider’ practically and materially; role of mums as dealing with other issues e.g., engagement with family centres [Barrier]

The role of a dad was seen somewhat differently to mums and some dads suggested that this was reflected in the services available. Some of these expectations were established when the children were younger, with the perception being that groups for parents and babies/young children were designed for and targeted at women, leaving some men feeling self-conscious or out of place at these groups. This may reinforce the notion that a dad’s role is to provide practically or materially, and that mums have a more central role in other parenting issues:

A lot of things are targeted towards mothers even if you see like TV adverts for anything it’s always targeted towards mothers and children, fathers are very rarely included... All the time I think it’s all constantly everything’s expected to be done by mothers, they are always the priority whereas sometimes it’s not the option so.

Yes because it’s like... always mother toddlers [groups], you don’t have a father and toddler group.

Reinforcement

Previous positive/negative experiences of services [Barrier OR Facilitator]

Participants who had previously engaged with Family Centres and related services reported varied experiences. Negative experiences were associated with finding services slow to respond or difficult to contact. Some participants reported that family services felt inflexible in their ways of working; standard questions, assessments and procedures could be experienced as intrusive and potentially judgemental:

...especially in the beginning it felt really intrusive where I didn’t know what was being said and like they were giving, like giving us questions and asking us stuff that I didn’t really think was appropriate or really important at the time.

And when the family doesn’t fit that narrative, they bully and pressure you into fitting it so that they can then go through their standard forms because I also discovered quite quickly that they had a standard process that they were roughly going through. They had N amount of time, they had [a goal] and they didn’t seem to care about the journey to get there.

One dad who had experienced a particularly negative experience of a prolonged separation/mediation process felt that there were unfair institutional biases or assumptions made about dads and described a breakdown in trust of Council services/family support:

I just think it's a bad experience for dads, generally. Because of the experiences I've had... so I'm desperately trying to prove that I'm not the bad [person]... 'Ah but you're a dad so you must be' - was the impression I always got.

In contrast, a dad reporting positive experiences described feeling that family support workers kept them fully involved and informed:

I haven't been involved so much with working and a majority of the time the meetings have been, they've been meeting my wife, but they came out to see me individually as well to see how I was dealing with the issues that we had, so they made sure that I have been kind of...kept in touch with everything that's being said...

Emotion

Fear/shame regarding accessing services [Barrier]

Participants all expressed that they would not judge others who accessed Family Centre services for parenting support, however there was an expectation that others might only do so if a) support from family was not readily available or b) things had reached crisis point and there was no alternative:

Do you know what, because I think a lot of people don't like to admit these kind of things? Because it's kind of like trying to keep things in house...

Because like for me, if I had to do it, it would have to be like the very last thing, because you don't want people knowing your business type thing. If I was going to be struggling, then the last port of call where they could go for that.

Ultimately, most dads expressed a view that whilst they would not judge others for accessing Family Centre services, they hoped not to need them personally, indicating that there was some stigma around asking for help:

The negative part would be probably the fact that I'm a man and the fact that I might be a little bit, feel a bit ashamed about asking for support.

Beliefs about Consequences

Belief that seeking help would have positive consequences [Facilitator]

Most dads reported positive outcome expectations of using Family Centre services. They considered that getting support would be positive because it would provide a potentially different perspective on how to deal with parenting issues and would especially value this

if the person providing support was deemed to be appropriately experienced. Other anticipated benefits of accessing support would be to help people feel less alone, normalising parenting struggles and giving confidence that they were being proactive in managing family issues:

Maybe yes, just to, like, see the light at the end of the tunnel type thing.
That you're not alone.

Again, maybe just your own sake of mind, your own confidence to know
you are trying to manage it in the right way, you know.

Lack of trust in family centre services [Barrier]

Some dads reported feeling cautious about contacting Family Centre services as there was a fear that asking for help could invite unwelcome scrutiny or judgement about their parenting ability. There was a perception by some of an inherent emphasis or prioritisation on safeguarding children. This was accepted as necessary, but also made some dads nervous that asking for help might have unwelcome repercussions:

They scrutinise you. They come in and scrutinise everything about you,
which kind of puts you on the back foot because you think, well, I'm
asking for help, I don't need to be scrutinised.

I suppose you, the thing, it might make stop you doing it, because you
might think that they think that you're doing a bad job. And that might
stop you from asking, I think. They might judge you for where, why have
you come for that type of question.

One dad suggested trust was important prior to fully engaging with Family Centre services i.e., he would want to 'scope out' the person he'd be dealing with before committing to using services, to make sure they were both friendly and suitably experienced.

One caveat was mentioned in terms of consequences – it was important to dads that services were private/confidential – if not this would be a potential barrier or negative aspect of the service:

I mean, if they weren't private, that might be an issue. Like privacy and
stuff, but I can imagine something like this would be private.

As long as it all remains confidential.

Beliefs about Capabilities

Confidence in ability to find information and ask for help [Barrier OR Facilitator]

Most dads reported feeling confident that if they felt that they needed support, they could find it through searching online and that they would have the confidence to make an initial enquiry via phone or email:

I suppose if I went and looked for a website I'd probably find something. I would expect to find something on a website, like, local help.

A smaller number reported feeling unsure where to start with seeking out help, citing a lack of outreach or advertising of services available, or not being used to asking for help:

I find it hard sometimes to go and ask for stuff, like that.

Intentions

Not intending to use Family Centre services unless it was a crisis or last resort [Barrier]

Most dads indicated that they would only access Family Centre services if they felt that there was no other choice. This might be because of a court-mandated reason during parental relationship dissolution, or because they were substantially 'struggling' or had a specific problem they couldn't sort out on their own:

Yes, it would have to be like, on your knees type thing, I would say, something like that, where you were like, you had nowhere to turn.

Additional Theme: Suggested services to appeal or meet the needs of dads in Durham

Participants highlighted a range of issues that they currently felt were most challenging in parenting their teenage children and that Family Centres could provide support with. These included:

- Managing their child's usage or interaction with drugs/alcohol, online gaming, social media
- Their child's post-COVID mental health struggles or social withdrawal

There were also some issues that were suggested to particularly affect dads:

- Financial worries
- Support for dads going through separation or marital breakdown – including, but not limited to, maintaining a good relationship with their children

Several dads suggested that they would be attracted to services or activities that were designed to help them to bond or build relationships with their teenagers. Some dads suggested they would enjoy something interactive or 'hands-on' they could do with their children e.g., sports, mechanics, building/making something in the community. The main

emphasis was on providing an opportunity for them to spend quality time with their child, away from technology and encourage informal, positive opportunities for them to talk.

Some dads also suggested a need for peer support, either talking to other dads in person or online. Different formats were suggested to suit different communication preferences:

- Online support forum / network
- Peer mentoring
- Support groups

Research Question 2

What messaging should be used in communication strategies to promote parenting programmes to fathers (or father figures) of children aged 11-16?

Analysis of the six advertisement posters was conducted using the theoretical framework of acceptability (TFA) to systematically explore the acceptability and effectiveness of the adverts in promoting parenting programmes to fathers. The following section outlines the findings in relation to the acceptability of the adverts and how they relate to the different constructs of the TFA. Across the six adverts there were common themes which are presented below. Participants' views about the individual advertisement posters are then presented with quotes to illustrate the findings for each one.

Opportunity costs

Participants liked that services were advertised as free to use and felt this was important to promote:

I think emphasising that it's free is a good thing

Assumptions were made that the services would only be available during working hours (i.e., 9-5), therefore the availability of services should be specified to increase accessibility

Because it's not a crisis type poster, I'd just expect it to be office hours, if it was a crisis type poster, I'd expect it to be twenty-four hours... just brackets after putting the opening hours, I think as a bit of a start.

Perceived effectiveness

Having a phone number and website to find out more was well received, as participants had different preferences as to whether they would prefer to speak to someone or explore the services online themselves:

It's always better to talk to somebody than do it on like a website, I think websites you don't get your point across, it's just like in emails, something which I feel I wouldn't benefit from you know what I mean

Burden

Concerns were raised that a person would be unlikely to remember the telephone number or web address for further information if the message was seen in passing, therefore this information needs to be more accessible, for instance by using a QR code

Even like a QR code to scan, things like that, it's just the way of the world, not many people are using the internet nowadays, like, well it is the internet but it's social media, like apps, like it's not really web browser

Intervention coherence

The messages created a positive perception of the Family Centre services, however the perception was that they would only be accessed if a family had a problem:

I would say it was a positive because at least then you know you've got people out there who can help you if you're having problems.

Inclusivity of images was a concern – if an image only had a father and child pictured, then it was perceived that the services were only for single parents, whilst if the image was of a family the services were perceived to be for families and not for single parents:

I think they trying to, they're trying to show that this is what a family should look like and if you want that, then contact us if you're struggling. So, I think it's not for either parent, I think it's for the whole family, by the looks of the image anyway, that's how I see it.

For some advertisement posters, participants were aware that the images and text did not necessarily align, for instance when there was a positive image with text about the challenges of being a parent:

The picture contradicts the message. Because it looks like a happy, well-functioning family. Being a parent is hard but these people are better than you.

For all adverts, participants were unsure what services were being offered and what support was available for families. Participants felt that there needed to be more information provided on the advertisement posters about the specific services that were available and how they could help:

It's got that big problem that it's like, you know here, it's no different to a friend saying to you, oh you seem to be a bit down at the moment, I'm

always here if you want a chat. And we never do, and we never do. No-one ever takes that offer. It's so vague and broad that you don't know where the line is, you know, when do I make that contact? ... if it said something like, you know, we can help you with your relationship with your children. Yes or...we can offer parenting advice for dealing with teenagers.

Advert 1

Figure 8: Durham advert 1



Participants mainly responded positively to this advert, in particular participants reported liking the relationship shown between father and son [Affective Attitude]:

It's very positive isn't it, like he's got his arm round, like the kid might have done something wrong and he's just putting his arm round him to reassure him that it's alright

They also felt that the image and text was relatable and have been in similar situations with their own children, meaning the message was more appealing and resonated with them [Ethicality]:

I have been in that very similar situation myself and I think that's, it's definitely I would say it's there, but and I imagine a lot of people have been there where they've sat with the kids like that trying to have a conversation and making sure that they are aware of being close and stuff

In relation to the colours and design, some participants felt that the colours were not eye catching, and particularly disliked the orange as they felt it made it hard to read the text [Burden]:

I don't like it orange. That makes – the contrast between the orange and white's really hard to read and I'm short sighted, I should be wearing my glasses and I'm not.

A few participants felt that the text in the message was negative and could be perceived as blaming the father for not being involved in supporting their child [Perceived Effectiveness]:

For whatever reason, whether it's through work, through separation, through something like that, that's kind of, it feels like it's quite negative. Kind of almost questioning the fact of dads not being there for the kids

A participant commented on the fact that the messages made it seem straight forward for them to access the services if needed or use the website prior to calling [Self-Efficacy]:

I would say it makes it seem quite easy, again call One Point Family Centre and it's giving you a website if you want to have a little bit of a dabble in it without having to speak to someone straight away and read the information

Advert 2

Figure 9: Durham advert 2



**Being a parent is hard.
Everyone needs help
sometimes.**

**Kids do better when
you're involved. We're
here to support you.**

**Free parenting support,
whatever your situation.**

For further information call:
 **One Point Family Centres 0300 026 1111**
Or visit www.durham.gov.uk/onepoint
Online and in-person options available

Durham
County Council


Think Family

Participants reported this advert to be eye-catching and potentially a message that they would stop and read [Affective Attitude]:

I think it's more eye catching, probably it's because of her yellow hoodie, and I think because it's referring to her rather than father or mother, it's more engaging

There were mixed reviews about how easy to read this message was. Some felt it was easy to read and understand due to the child clearly being upset. However, others felt that the colours were too pale, making the text hard to read [Burden]:

They're all a bit wishy washy colours, aren't they, a bit very pale, in the background..

A number of participants perceived the message to be negative and 'doom and gloom'. Participants reported not wanting to see images of upset children too, as this was upsetting for themselves [Ethicality]:

I feel quite negative with the child doing that, extremely negative because first of all don't want to see an upset child like that. I know kids get upset, but that looks kind of like it's, I feel sorry for the child there.

Participants perceived the message to be relatable as being a parent can be hard, yet it did not necessarily appeal to them because they felt this was an obvious statement [Perceived Effectiveness]:

Yes, being a parent is hard, correct. Everyone needs help sometimes, also correct. Kids do better when [you're involved] also correct... You know, it's, the first three statements are just things I would go, yes, you're right.

Advert 3

Figure 10: Durham advert 3



Participants perceived this advert to be positive due to the smiling faces and family embracing in the image. One participant commented that because the image was positive, it appeared that there was no issue and would therefore be less likely to engage with the message [Affective Attitude]:

It's got a different reaction and I am not wanting to read it as much because it doesn't seem to be any sort of an issue on there but then again sometimes the issue isn't visible. But it is not dragging me in as much as the first one, I think that is just a photo

Participants felt this advert was easy to read and had the right amount of text on it. Although the majority were happy with the colours used, some disliked the orange (as with Advert 1) [Burden]:

So, the green definitely works on white, that really stands out well. I'm just not a fan of the orange. The orange I think was in the first slide, and I think it's a bit dull.

The diversity of people in this image and the inclusion of a mother meant participants felt that this advert was more inclusive and targeted at families, rather than fathers [Intervention Coherence]:

Participant: I know it's a family. It's there for families no matter what, whether it's a single mam, single dad or whatever. But I think maybe people looking at that might think, well, it's a family centre. Even though

you are a family, how big or how small, but a lot of people don't think like that

Interviewer: Yes. I guess do you think it might exclude single fathers, single mothers, other types of families.

Participant: I mean, I wouldn't think that but I think a lot of people might.

Participants felt this advert created positive perceptions of family services, with one participant reflecting that they felt the image showed a family that had used the services and had a positive experience [Perceived Effectiveness]:

... it sounds a bit daft but maybe a fun experience, a positive experience. I am linking that photo with them already [having] been through the process, I think that's what my mind-set is going through, they've been through it and that is why it's happy, on the face of it a happy family.

The positivity in this image did mean that some participants felt that it was not necessarily for families with problems and that they would be more inclined to contact the services based on the other advertisements [Perceived Effectiveness]:

I don't see it being negative but it doesn't, the other images you showed us, I would probably contact them more, if you know what I mean.

A participant felt that they were able to ring the number for the services if needed due to the advert making the contact number accessible to them [Self-Efficacy]:

If I had the leaflet, in that situation, I'd probably ring, because it's telling you that you've got the numbers straight underneath

Advert 4

Figure 11: Durham advert 4



Participants liked this advert, in particular that the images used were positive and portrayed a father having a positive relationship with their child [Affective Attitude]:

That's a good message, basically, because it's got a wide variety of photos or pictures of dads interacting with their kids. And obviously, a dad who maybe wants to interact with their child more, looks at that and sees oh well, that's what I want, but I'm kind of struggling here to get to that point and then see's this advert and thinks, oh well, maybe I can get some help. And maybe I could be like that, so that's kind of like a positive advertising campaign to the dads who are struggling out there, especially with the teenagers.

Most participants felt the advert was eye-catching, easy to read, and had good images. However, some participants did feel that the rings were not necessary as they detracted from the image and again did not like the orange that was used [Burden]:

Yes, the images are alright, I would take the ring, like the circle bit around it away from it, it just draws your eye off for a bit, I don't know it just makes it look a bit how do you put it, for the situation it's meant to be in it makes it look a bit over the top

This advert resonated with participants who reported that they felt it was promoting behaviours that you want to do with your children [Ethicality]:

Aye, you can relate to it, yes and at the end of the day that's like, that's what the end, that's what you would want the end result to be with your child anyway what's happening in that picture

All participants felt that this advert was targeting fathers and specifically those with teenage children [Perceived Effectiveness]:

Obviously, it's for dads, it's definitely for the dads. It maybe for teenagers as well, who maybe struggling, because they don't see their dad enough or maybe they want their dad in their life more, so it's probably towards them two, two categories, I would say.

All participants felt that it made them feel positively about accessing Family Centre services, if they needed to. One participant felt that the inclusion of Durham Council's logo was a positive feature and gave them confidence in the services [Perceived Effectiveness]:

The councils alright now, years ago, that wouldn't have had a good message, because the council didn't have a good reputation, but now they've all combined, all the councils round here are all the same one, all Durham County now, and a lot of people have more confidence in the services that they're providing.

Advert 5

Figure 12: Durham advert 5



Even if it doesn't *feel* like it sometimes, remember...

You are good and your kid is good.

Learn how to bring out the best in each other

A range of online and in-person options are available.

For further information call:
One Point Family Centres on 0300 026 1111 or visit www.durham.gov.uk/onepoint

Durham County Council

Think Family

Participants felt that this advert was eye-catching, but only because there was too much going on with the multiple images and bright colours [Burden]:

That's just a jumble, it's just way, way too much going on. If I saw that advertised I wouldn't even entertain it. Yes, too many images and too much text, it's just one big block in your face really.

This meant that although it might catch their attention, they would not necessarily take the time to read the information on the advertisement [Intervention Coherence]:

There's a lot obviously, there's a lot of stuff going on in this, like a lot to take in. I think obviously, in each image, I think we've all been in them images at one point in your life. For me, there's too many photos, it's too busy. I think with some people, they don't take it in as much, because when they see too many images, they just bypass it sometimes. There's a lot of text. Sometimes, people don't read it all. For me, it doesn't stand out as good as some of the other ones that you've showed us to be honest.

Some participants also felt that the text was not supportive, which gave the perception that the services were therefore not necessarily supportive [Affective Attitude]:

It certainly doesn't feel very supportive, this message. It feels a little bit spoken down to in the approach. And again, I think the word kid just isn't for me, son, daughter, child, children, I think there's a lot of things I think kid is... it just doesn't feel very warming

There were mixed opinions from participants regarding how clear the advert is. Some participants liked that this advertisement displayed a range of different emotions and parenting situations which they could relate to [Intervention Coherence]:

It's covering all the aspects of parents there isn't it. The teenager who doesn't want to communicate, that looks like a guy who his son's maybe got learning difficulties or he's autistic or something, do you know what I mean, showing him love

Conversely, other participants felt that it was not clear what services were being offered and what the advert was for. Participants felt the advert was either vague or offered different types of services [Intervention Coherence]:

I think it's the tag line when you first see it, I don't think it's anything like that, I don't think it's giving out the idea that there's something there for support because it doesn't really show it's there to support. I think if I first saw that, my first thought would be for a play group or something like

that like a parent and toddler session and stuff like that, not necessarily the support work.

Again, there were mixed views from participants regarding how they would perceive family services after seeing this advert. Some felt it created a positive perception and would encourage a person to access support if needed [Perceived Effectiveness]:

I think this is a good one, like being a busy picture, because you've got like positives and negatives. I think the other one, it was more negative, with all the pictures. Like this one gives you more hope, you've got like light at the end of the tunnel type thing

Other participants felt that this advert was not supportive and that they would therefore be less likely to contact the services if they needed to [Perceived Effectiveness]:

If I saw this I probably wouldn't even do nothing. No, I wouldn't follow nothing up because it's just not, there's too much going on

Advert 6

Figure 13: Durham advert 6



The strongest dads are those that know when to ask for help.

Access free support with parenting, whatever your situation

For further information call:
One Point Family Centres
on 0300 026 1111

Or visit www.durham.gov.uk/onepoint
A range of online and in-person options are available.

Some participants liked this advert and perceived that it was addressing mental health concerns that might be faced by parents. Participants liked that it was trying to address mental health issues as they felt this was prevalent in men and not discussed [Affective Attitude]:

I think that's a good message actually to be fair because there's a stigma between men regarding sort of mental health. You can go down that

issue couldn't you, because some people do think need it for myself and obviously that leads to other mental health issues. The strongest dads are those that knew when to ask for help. I totally agree with that. Yes, 100% yes

Other participants did have negative feelings about this advert though and attributed that to viewing the images of negative and frustrated fathers/children. It was also felt that the text was patronising [Affective Attitude]:

That's just like all negative and then you're thinking this is just negative this, like it's too much negativity in the pictures I feel.

Again, I find it quite patronising, suggesting that only the strongest dads are those that ask for help, well actually, I'm not sure that's entirely true. I just really despise that messaging. I think even if it was to play on a way in which to be stronger as a parent or as a father, here's how you do it, here's where you get extra support and help, but to suggest you will only be the strongest if you do ask for help, I just don't get it.

The majority of participants felt that the advert was easy to read and that the message was straightforward. The colours used were also liked and were perceived to make it easier to read the advert [Burden]:

I think the colours are ideal if I'm honest. They stand out and like I say, I don't think I would change it, anyway

Participants felt that they could relate to this message and the images used. Participants discussed having been through similar experiences as the images and that if they were in these situations shown on the advert, they would likely contact the services [Ethicality]:

Yes, it looks like somebody's having a hard time, that stands out a bit more to me because sometimes obviously dads, like sometimes people think dads are the hierarchy in the family so getting on with the kids especially when they get a bit older is a bit of hard work. Yes, that one stands out, I like that one.

Participants agreed with the message that fathers need to ask for help when it is needed and was generally acknowledged by participants that men are unlikely to ask for help in situations [Intervention Coherence]:

I mean, dads like myself, you don't want to ask for help. You don't want to accept that you need help. So yes, you have got to be strong to ask for it.

Format & Location of Messages

After being presented with the advertisements, participants were asked about their preferred methods for sharing the adverts and where they would be most likely to be seen:

- **Online / Social Media** – all participants felt that the adverts should be on social media as this is where fathers would be most likely to see them. Facebook was the most common platform suggested by participants with some proposing that groups could be established to allow fathers to find out more information if they required. Having the adverts online was also preferred as it would allow a person to click through to further information.
- **Physical Posters** – most participants felt that physical posters/billboards in public locations would be effective at getting the adverts to fathers (although some suggested that people would be unlikely to stop and read them). Suggested locations for the posters included bus stops, on buses/trains, at leisure centres, libraries, and shops.
- **Television** – some participants suggested that adverts on television would not be effective as they either do not have time to watch TV themselves due to childcare, or typically watch streaming services (e.g., Netflix) where there are no adverts.
- **Healthcare Centres** – having posters at healthcare centres was suggested by some participants (e.g., GP surgery's, dentists, hospitals) as this is a place they would be likely to go with their children and see the advertss whilst waiting.
- **Schools** – participants suggested they would be likely to see the adverts if they were displayed at or outside of schools. They would also be receptive to receiving information about family services directly from the school (e.g., via email). It was suggested that schools would be a likely place that a parent would go to seek support if they were having parenting issues and would expect them to be able to signpost to relevant services. One participant suggested that having the Family Centre / One Point / Think Family logo on all school correspondence would make parents aware of the services and help build trust prior to support being needed.

Message Recommendations

We found that no one advert is sufficient to address the range of perspectives and information needs of fathers. However, there are several recommendations or factors that should be considered when designing future advertisements:

- **Number of images used** – as well as the types of images, consideration needs to be given to the number of images used. Too many images can be aversive, yet single images may not accurately portray the range of people and families in the target group. Using 2-3 images means different family groups can be represented to ensure the messages remain relevant for the intended audience. Where a single image is

used, further text might be necessary to clarify that services are for families of varying size and composition.

- Highlight the accessibility of services – all participants appreciated that the adverts stated the services were free, and this directly addresses a barrier around cost for some dads. There was also the perception that Family Centre services would only run during working hours, meaning that people who are working would assume they cannot access the services. Opening times of services and phone lines, and clarification of costs is thus important information to include in messaging interventions.
- QR codes – participants felt that they would be unlikely to remember the contact details on the adverts if they saw these out in public. Some therefore recommended including a QR code to provide access to further information. Other contact details should also be visible alongside the QR code to include people who are digitally excluded.
- Options to contact the Family Centre – different participants had a preference to get further support online or via the telephone. Adverts should continue to include different contact options.
- Details about the services – although the adverts were perceived as generating a largely positive perceptions of Family Centres, participants reported that they didn't necessarily inform them about what services were on offer. Further information about the specific services offered or case studies about the types of support other families have received could overcome this issue.

Research Question 3

Which advertisements are most effective in promoting facilitators and overcoming barriers to fathers (or father figures) of children aged 11-16 accessing the parenting programmes if/when needed?

Our findings have highlighted that there are a number of barriers and facilitators to accessing Family Centre services. We found that these cannot be addressed via a single advert due to the range of information needed and different preferences amongst the target audience in terms of content and tone. A campaign which includes a selection of advertisements to address different barriers and facilitators, but which also has identifiable branding that can showcase the flexibility and range of support and services available from Family Centres is thus likely to be most effective.

Features of the advertisements which have potential to address barriers and facilitators include the detail of information provided by the message, the choice of images used and decisions about where adverts are advertised. These points are discussed further below.

Barriers/facilitators addressed via the information provided on the adverts

- Lack of knowledge about existence of family centres [B]

- Lack of awareness of services available [B]

Providing the right information on adverts addresses some barriers and facilitators associated with capability and opportunity. Our findings show that messages can fill gaps in knowledge about Family Centres, although feedback across all the adverts suggest that more information is needed to inform people about the specific services and types of support available within the Family Centre, which was perceived as unclear on the current advertisements.

- (Perceived) cost of accessing services [B]
- Need for evening and weekend services [B]
- Flexible service delivery e.g., choice of online or face-to-face services [F]
- Confidence in ability to find information and ask for help [B/F]
- Having the psychological skills to access Family Centre services e.g., making an appointment [B/F]

Messages can also address barriers associated with perceived costs and accessibility. Interview participants liked adverts that clearly stated the Family Centre services were free to access and available to anyone regardless of status (e.g., messages 1, 2, 3, 6). Advertisements that provided different options about how to contact the service (which all the adverts did) can also address barriers associated with different confidence levels and preferences about how to seek support.

- Lack of / cost of transport [B]

Digital adverts have the potential to address some of these barriers and facilitators further, for example through providing links or QR codes to additional information. The barrier around lack of transport, which was associated with lack of knowledge about Family Centre locations and relative ease of access, was not directly addressed in the current messages. This could be addressed using digital links or QR codes, which would allow a person to search for their nearest service and identify how accessible the services are to them.

Barriers/facilitators addressed through placement of adverts

- Sources of knowledge about family centre services [F]
- Support or signposting from linked organisations e.g., school, CAMHS or relevant professionals [F]

Our findings highlighted the importance of other related and trusted organisations and professionals as a source of information and/or referral into Family Centres. Co-locating advertisements within these organisations (e.g., displaying adverts on school gates or in school newsletters, at GP surgeries etc.) could promote this facilitator.

Barriers/facilitators addressed through choice of images on the adverts

- Uncertainty if services are for them [B]
- Role of dad as a 'provider' practically and materially; role of mums as dealing with other issues e.g., engagement with family centre services [B]

Choice and use of images was highlighted through our interviews as likely to address some additional barriers relating to motivation. Interviewees suggested that relatable images which reflect a variety of family structures (i.e., single parent, both parents; message 1 & 3) and images that include dads can reinforce the message that Family Centre services are for dads as well as mums. Adverts with too many different images were often perceived as too busy (e.g., adverts 5 & 6), whilst single image adverts were potentially exclusionary (e.g., adverts 1, 2 & 3).

- Belief that seeking help would have positive consequences [F]

Positive imagery (i.e., pictures with young people or parents expressing positive body language as opposed to conflict or negative emotions) can reinforce the idea that Family Centre services are likely to result in positive outcomes (e.g., advert 3), although this may depend on how relatable the image is. There is also a paradox that positive images may not prompt people to engage with services because they do not fit with participants' views that Family Centre services are primarily for families in crisis.

Barriers/facilitators not addressed by the adverts

- Preferring to seek support from family/friends [B]
- Fear/shame regarding accessing services [B]
- Believing that a good parent seeks help [F] when it is needed whilst simultaneously taking pride in not needing outside help [B]

The adverts are unlikely to fully address barriers associated with stigma around accessing parenting support and a reluctance to use services that originates from a preference to tackle family issues privately. Steps to further address these barriers might include promoting directly that services can be accessed confidentially, and/or providing support information in formats that can be accessed without needing to provide any personal identifying information. Case studies might also provide an opportunity to address barriers to accessing Family Centre services. Providing relatable examples of fathers who have used the service positively could address barriers associated with stigma, trust and/or perceived suitability. Messages could be used to signpost to these case studies, for example *"[Family Centre] helped [name] with [specific parenting issue] and now they have a good relationship. Click here to find out about [name's] story and how we can help your family"*.

- (Perceived) high demand/long wait lists for public services post-COVID [B]

Adverts are also unlikely to fully address barriers associated with a general perception that public services (e.g., mental health support for young people) are in high demand since the start of the pandemic. Steps to address this barrier might be ensuring that people who contact Family Centres can gain access to appointments or direct contact with a practitioner in a timely fashion. Ensuring that telephone lines are answered directly rather than having to wait for a call back or being transferred through multiple departments sends the message that services are available to support when it is needed and without a long wait. Advertisements that indicate availability e.g., "appointments available now" could also address perceptions about wait times.

- Not intending to use Family Centre services unless it was a crisis or last resort [B]

Adverts may not fully address barriers associated with a lack of intention, or reticence to access parenting support unless it was a last resort. It is possible that adverts could be developed to directly speak to this point, encouraging people to make contact before family issues reach crisis point. Other steps to address this barrier might be to develop activities, clubs and groups that engage people in Family Centres on a casual or informal basis. Many dads who were interviewed expressed an interest in attending a regular interactive group or activity which would provide an opportunity for relationship building with their teenagers, not necessarily explicitly focused or categorised as parenting support. This would serve to address their main parenting concerns (e.g., how to bond with teenagers or manage technology use) whilst also building trust with Family Centres.

- Previous positive/negative experiences of services [B/F]
- Lack of trust in Family Centre services [B]

Views or beliefs about Family Centre services that are grounded in previous experiences of service use are unlikely to be influenced through general adverts, although for those with positive personal experiences these might be reinforced through seeing positive messaging. A lack of trust in Family Centre services might not be easily addressed through adverts alone. Providing specific services or activities that are overtly 'pro-dad' in their content, language and attitudes of Family Centre staff may help to reduce concerns by dads especially around scrutiny or judgement.

Discussion

Knowledge and understanding of services

Our findings highlight that a lack of knowledge and awareness about family services and parenting support present a significant barrier for fathers' engagement and uptake, which is consistent with previously published research^{7,11,12,13,14}. Previous evaluations have highlighted a need for more directly targeted outreach to fathers, with need for more advertising^{11,14} and letters sent directly addressed to fathers⁷. The use of messaging in the Durham project is one way to address this knowledge and awareness gap.

Our participants echoed the need for more advertising of Family Centres and were able to identify specific locations where they might be most likely to see and read adverts. This included identification of trusted, linked organisations such as schools and GP surgeries who are considered by fathers as well placed to signpost or refer into family centres. Feedback from participants on the content of advertising emphasises the need to be specific when reaching out to fathers. This means providing more detail about the type of support that is available and not just that general support exists. Our participants indicated that support would be more appealing if it clearly addresses modern parenting issues that fathers particularly relate to e.g., monitoring social media or technology use, or building relationships and improving communication with their teenagers. Previous research suggests that fathers differ in their preferences for father-specific support, or services targeted at mother and fathers together^{7,12}. We found similar variation in

preferences; providing a combination of both is likely to engage as many fathers as possible.

Flexibility in provision

All the fathers we interviewed expressed a desire for services to be available outside of 9am-5pm, anticipating challenges in accessing services during working hours. This has been previously identified as a barrier¹³. It was clear from our findings that participants have different preferences about how services are accessed. Providing a variety of formats or contact options including face-to-face services and online support would provide flexibility and choice for parents seeking help. Offering online support or information could aid Family Centre services in reducing barriers associated with working hours access for some working parents (not just fathers, but also mothers).

Stigma associated with accessing parenting support

Our findings support existing literature reporting that shame or fear of being thought a failure is a barrier to fathers accessing family services^{11,13,16,17}. We found there were two dimensions to this stigma. One is amongst peers and social contacts, the other is linked to trust of Family Centres and more broadly, local authorities and social services.

Our findings suggest that stigma could be reduced in part through offering different opportunities for fathers to engage with Family Centres. Stigma amongst peers could be addressed through provision of anonymous support information and services, and messages promoting Family Centres thus have potential to provide important reassurance about confidentiality. This would enable and encourage fathers to access support discreetly without highlighting to people outside the family that they are experiencing challenges.

Fear of excessive scrutiny or judgement by professionals could be reduced through opportunities to attend or engage with Family Centres before family issues reach 'crisis point'. This could be through clubs and activities aimed at dads' interests, which provide an opportunity to build trust and demonstrate that Family Centres are 'pro-father'. Previous literature highlights the importance of avoiding a father-deficit model and an organisational culture that is father-inclusive which extends into staff attitudes and processes^{7,12}. How engagement activities are offered, and who by, might therefore be critical to building trust. Whilst messaging alone is not likely to fully address these barriers, our findings combined with previous research suggest that outreach and advertising should aim to be light-hearted in its tone¹¹ and avoid any suggestion of judgement about what it means to be a 'good' or 'strong' father.

Programme content and services offered

Dads indicate a desire to engage with services on their own terms including when and how they engage. Dads might not necessarily see the personal relevance of a generic 'parenting support' programme, particularly if they do not consider themselves to be

someone who typically asks for help, or do not consider themselves or their family to be in a place of crisis. Motivation to engage with Family Centres is thus likely to be enhanced through their perception of relatability, i.e., whether services address what they identify as their own modern parenting concerns. Previous research has shown that some fathers prefer services focused on education as opposed to support¹⁵. This might also serve to address barriers relating to stigma; by promoting Family Centres as sources of information and education rather than centres primarily or solely for families with problems. As with knowledge and awareness raising, advertisements could play a role in changing social perceptions if they are sufficiently specific about the types of services available within the Family Centre.

Strengths and limitations

Our findings support previous literature and provide additional insights into the barriers and facilitators to engaging with Family Centres for fathers with teenage children. The barriers and facilitators we identified were consistent across the two stages of the research (i.e., the behavioural analysis and development of advertisements with stakeholders and the subsequent interviews with fathers) but we identified a larger number of barriers and facilitators through our interviews. This suggests that professional stakeholders can accurately anticipate some barriers and facilitators, but also highlights the value of primary research with those from within the service user target group. Use of the COM-B model and TDF framework enabled us to systematically consider a wide range of possible barriers and facilitators, underpinned by evidence-based behavioural science. Our findings have identified key considerations relating to the content used in messaging and promotional campaigns and how these are perceived by fathers which extends previous research by exploring specific images and language which is acceptable and engaging.

We experienced some challenges during recruitment of fathers to the interviews and this affected our final sample size. The local authority was initially responsible for recruiting fathers and they provided a number of contacts. Many of these did not translate into a completed interview despite multiple attempts by our research team to contact the fathers. We were unable to fully clarify why this strategy did not work and were not privy to the 'recruitment' conversations that took place between the local authority and eligible fathers. However, the fathers invited to attend an interview were already in contact with family support workers from the local authority. They may have been more likely to be experiencing disruptive life challenges or may have agreed in principle out of duty or goodwill to their support worker but ultimately preferred not to participate.

It also proved challenging to recruit community explorers. This may reflect a reticence amongst men to talk to their peers about personal or sensitive family issues, linked in part to social stigma around use of Family Centres. An alternative strategy could have been to train community explorers who were professional stakeholders with existing relationships with fathers but were not seen as 'peers'. However, existing power dynamics may have presented ethical challenges such as conflict of interest or impeded

fathers' willingness to provide honest views, and it is likely that professional stakeholders would have faced challenges in their own capacity to complete interviews.

Recruitment challenges were relieved in part by engaging an independent market research company, Qa Research. They were successful in recruiting ten fathers in Durham who met the eligibility criteria. The fathers recruited by Qa Research typically did not have historical experience of using Family Centres and were ideally placed to comment on their perceptions and likelihood of engaging, since they represented the type of fathers Durham Family Centres might want to engage in future. The use of an independent or neutral organisation to recruit should be considered in similar projects seeking to understand why some people do not engage in services.

Sheffield

Project summary

The Sheffield project focussed on the development of new messaging, informed by behavioural science, to promote a potential new peer support group targeting new fathers with infants aged 0-6 months. Stakeholder workshops were conducted to identify barriers and facilitators to engaging new fathers in a peer support group. These workshops informed the development of message content and collation of image options. Qualitative interviews were then conducted with new fathers of infants aged 0-6 months (n = 5). Interviews were used to first identify barriers and facilitators to engagement with a new father peer support group and then seek feedback from participants on the different elements of message design (content and images). Interviews were transcribed and subjected to a thematic framework analysis using the TDF to identify barriers and facilitators and the TFA to evaluate the messages. Findings indicated both a perceived need for a support group for new fathers, and particular barriers to attending such a group, such as a lack of knowledge about services targeting new fathers, a sense that advertising and services were aimed towards mothers, and both anxiety and the practicalities of attending a group for fathers. Many of these findings from the interview data corroborated core barriers that were also identified in the stakeholder workshops. Feedback on the message design elements indicated that both textual and image elements could be used to address possible barriers and facilitators: a positive and supportive message that did not lean too far towards mental health support or humour was preferred; use of several images that can showcase different elements of the group (e.g., supportive and social) appealed more than single image options; inclusion of quotations was strongly endorsed; as was clarity pertaining to any financial cost. Following the interviews phase, final advertisement posters were developed and tested in an online quantitative survey design. Participants (n = 49) viewed three different advertisement posters, one based on Sheffield City Council's previous advertising content, and two informed by behavioural science. Participants each viewed all three advertisement posters, which were presented in a random order between participants. After viewing each advert, participants were asked multiple Likert scaled questions to capture the extent to which the messages overcame the previously identified barriers. Results indicated that generally, the adverts informed by behavioural science performed better than Sheffield City Council's advertisement material. Recommendations are to proceed with the roll out of the support group, and utilise the advertisement posters informed by behavioural science when advertising it.

Background

Local context and project structure

Fathers need support to adapt to the transition to parenthood, but they are often overlooked in the postnatal period, and there are no local services specifically aimed at addressing their needs during this challenging time. Evidence points to fathers being at increased risk of mental health problems during the postnatal period²³. One study²⁴ estimated the prevalence of paternal post-partum depression in the first year of fatherhood at between 4-25%. Additionally, there has been an increase in mental health problems amongst UK adults during the pandemic^{25,26}. Within this context, Sheffield City Council (SCC) has piloted a New Fathers Support Group. Testimonials imply that the group has had a positive impact on the small number of fathers who have been involved. SCC aims to roll out the New Fathers Support Group model more widely across the city. This research concerns how best to promote the new groups to new fathers.

Target services

The New Fathers Support Group model is weekly group meetings for new fathers with a facilitator (Family Hubs staff member). The approach is person-centred and topics emerge from the group, rather than adhering to a planned schedule. Should the group decide they want specific advice on a given topic, the facilitator will arrange to bring in a relevant practitioner to a subsequent session to meet that need. The group members are connected outside of the sessions through a WhatsApp group, which facilitates peer support, ongoing social contact, and opportunities for social activities outside of the group (e.g., members arrange to meet). Throughout the pandemic, pilot group sessions took place online. It is likely that the roll out will also take place online, as the pilot indicated that the intended service users (new fathers) prefer the convenience of this format.

Research Questions

Qualitative:

RQ1: What are the barriers and facilitators to new fathers accessing the group?

RQ2: Is social media an appropriate mechanism of advertising to new fathers?

RQ3: What messaging should be used in social media communications to promote the groups to new fathers (if indeed social media is a good method of advertising)?

Quantitative:

RQ4: Which advertisement posters are most effective in promoting facilitators and overcoming barriers to accessing the groups?

Phase One: Behavioural analysis

As noted for previous projects, to implement a behavioural science approach, the first step is to identify target behaviours and conduct a behavioural analysis. In this project, we sought to identify the barriers and facilitators to new fathers (or father figures) of 0-6 month old babies in engaging with a New Fathers Support Group provided by Family Hubs services. As a first step to doing this, we conducted two stakeholder workshops.

Method

Stakeholder workshops

Two stakeholder workshops took place on 15th February and 8th March 2022. The goal of these workshops was to identify the barriers and facilitators to father engagement with parenting support in the form of a New Fathers Support Group, and to begin to plan advertisement content to overcome the barriers and capitalise on the facilitators.

Participants

Workshops were attended by 3 members of the SHU research team, and the following local authority role holders: Children's Centre Co-ordinator; Early Years Prevention Worker and coordinator of the New Fathers Support Group; another Early Years Prevention Worker; two Project Support Officers. The workshops were also attended by a Sheffield father who had attended the Pilot version of the New Fathers Support Group. The same attendees were present at both workshops.

Materials and findings

Workshop 1 involved introducing the New Fathers Support Group and discussing the intended service users for the group and what might encourage or discourage them from attending. Slides were shared and contributions were documented as they were made on the topics of: i) what kind of dad would attend the New Fathers Support Group; ii) what kind of dad would *not* attend the support group; iii) what kind of dad might be unsure whether or not to attend the support group; iv) what might encourage fathers to attend the support group; and v) what might discourage fathers to attend the support group.

- What kind of dad would attend the New Fathers Support Group?
 - First time dads
 - Dads interested in their child's development and being a part of their life
 - Dads who are a bit isolated from other dads
 - Dads seeking connections with others who have similar age children
 - Enthusiastic and confident dads
 - 'Hands on' dads

- Inexperienced dads
- Stay at home dads
- Single dads who seek connections and support
- Dads who have seen and engaged with social media about it
- What kind of dad would not want to attend the support group?
 - Dads who don't want to talk
 - Single dads or dads removed from accessing their child
 - Dads lacking confidence
 - Access barriers (i.e., internet or technology)
 - Strained relationship with mum
 - Lacking time
 - Not sure if it's "for them"
 - Cultural and language barriers
 - Dads of older children
 - Fearful of unknown and uncertain of what to expect
 - Those who buy into stereotypes of "mans man"
 - Feelings of anxiety, fear of failure or making a fool of yourself.
- What kind of dad might be unsure whether or not to attend the support group?
 - Over or under confident dads
 - Dads who have heard about it as advisory information from health visitor or infant feeding team
 - Dads who feel like they have 'nothing to learn'
 - Dads with cultural differences
 - Dads of older children as well as a new-born
 - Dads with mental health issues
 - Previous experiences with the staff who have advised/recommended it
- What might encourage fathers to attend the support group?
 - Communication from 'early touch points' (e.g., health visits or infant feeding team)
 - Adverts in waiting rooms (e.g., GP surgeries, through midwives, post-natal wards)
 - Positive marketing (e.g., photos, feedback, videos, taster sessions)
 - A supportive partner passing on information

- Knowing that it is a group that is for men and run by men
- Informal friendly nature and social aspect
- WhatsApp group chat for round-the-clock support and interaction
- Dad-specific communications
- Knowing that there will be other dads at a similar life-stage in terms of child-raising
- Appealing and relevant themes advertised
- Flexible course
- What might discourage fathers to attend the support group?
 - Previous poor experience of staff who might be involved in the group
 - Their own wellbeing or mental health issues
 - Language and cultural barriers
 - Time of day
 - Sense of stigma
 - Fear of other people judging them
 - Age of father (i.e., teen dads or older dads)
 - Location and accessibility
 - Not knowing about it
 - Day of the week (i.e., weekend vs week day)
 - Feeling resentful about being invited or pushed into it

To encourage workshop attendees to start to think about the New Fathers Support Group from the perspective of the fathers most needing to be engaged, Workshop 1 closed with a persona-generating activity. This saw participants working together to identify characteristics of disadvantaged and vulnerable Sheffield fathers. This data fed into the development of personas by the research team which were then used in the second workshop to further explore the barriers and facilitators from a range of viewpoints.

- Who are the 'disadvantaged and vulnerable' dads in Sheffield?
 - Teen or young dads
 - Dads or families already known to other services
 - Those who are isolated from their own family
 - Resident of certain locations or areas
 - Access or custody issues

- Young offenders
- Family separations
- New to the area
- Dads of children with additional health or developmental needs
- Unemployed or financially unstable
- Dads who have had a difficult upbringing or poor experience of good role models
- Asylum-seekers or immigrants
- Dads who have additional health or developmental needs

Following Workshop 1, attendees from the Sheffield Hallam University research team met to discuss preparation of materials for Workshop 2, including the creation of some targeted messaging and draft advertisement posters that could be used in promotional materials to advertise the group. In developing these messages, behavioural science was applied to consider the pertinent barriers to dads accessing the group, and what needed to be included to address these barriers to shape appropriate messaging/advertisements. A selection of these messages were then incorporated to the planning for Workshop 2.

Workshop 2 started with a discussion concerning barriers to fathers' engagement, particularly concerning things that could and could not be addressed through promotional materials. For instance, a dad not having the support of family and friends to attend is not something a message would be able to change, however, a dad feeling anxious about attending, or lacking knowledge about how the group works, *could* be addressed through messaging.

To enable the Workshop attendees to think about the New Fathers Support Group and the promotional advertisements from the perspective of the fathers that Sheffield most want to engage, 5 personas were then introduced. These characters displayed traits and life situations pertinent to the disadvantaged and vulnerable categories determined in Workshop 1 (Table 3).

Table 3: Development of the personas for Sheffield

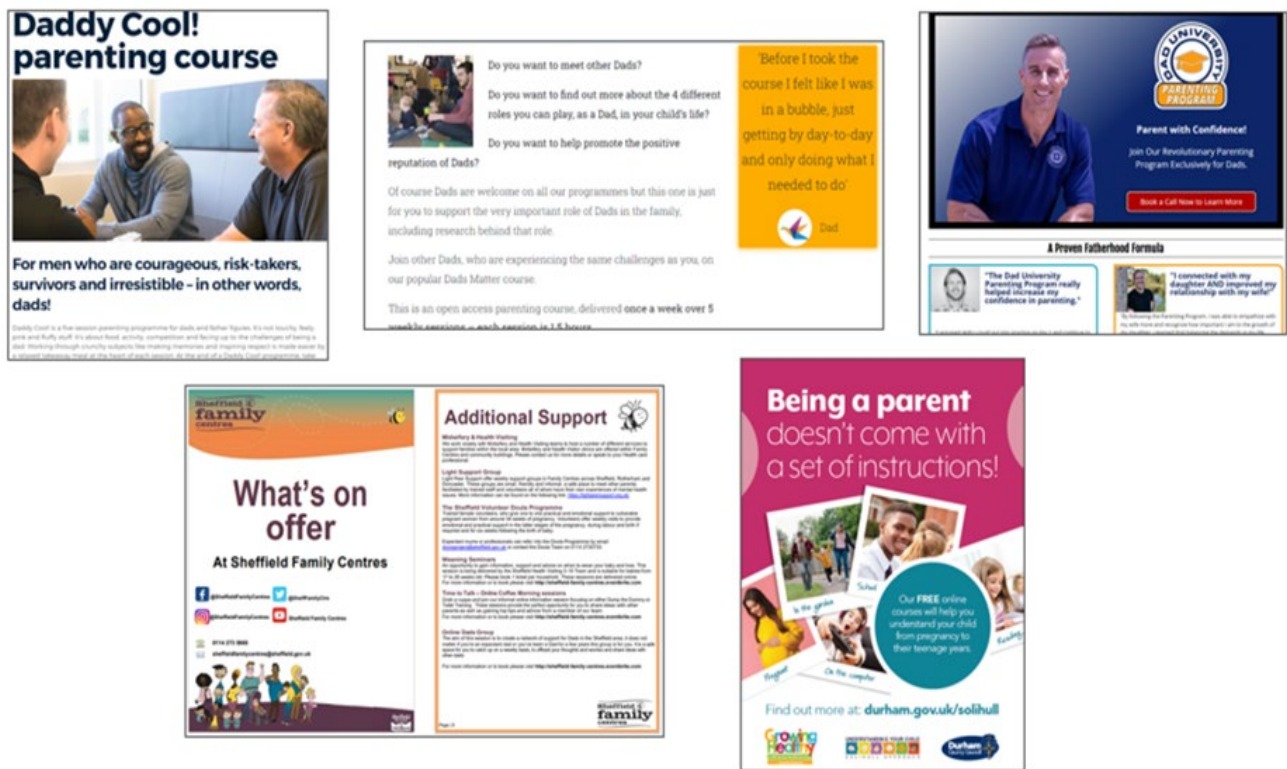
Persona image	Persona description
	<p>Carl</p> <p>16 years old</p> <p>Lives with his Mum & Dad who are supportive</p> <p>Still with his girlfriend – sees her and baby most evenings after school at her parents' house</p>

	<p>Doing his GCSEs – unsure about ‘what next’ (start earning or more education?)</p> <p>Doesn’t really know any other dads – especially ones his age</p>
	<p>Andre</p> <p>32 years old</p> <p>New to Sheffield</p> <p>English is his 2nd language</p> <p>No local support network</p> <p>Partner has even less English than him</p> <p>Keen to integrate but struggling a bit with the cultural differences around him</p>
	<p>Sean</p> <p>41 years old</p> <p>Single parent</p> <p>Son displaying some developmental delays</p> <p>Supportive friends and family but the nights are hard</p> <p>Depression and anxiety</p>
	<p>Josh</p> <p>28 years old</p> <p>Grew up in care from early childhood</p> <p>Problems with addiction</p> <p>Young offender</p> <p>Unconfident reader</p> <p>Baby’s mother does not want him involved</p>
	<p>Ian</p> <p>38 years old</p> <p>Lives with wife</p> <p>Baby is his 1st biological child, he also has a 4 year old step-daughter</p> <p>Works as a paramedic – unsociable work hours/rotas</p>

As with the Durham project, a range of existing promotional advertisements about parenting programmes was gathered from both SCC’s own advertising and external sources (Figure 14). These were then reviewed in the workshop, adopting the perspective of each of the personas in turn for each advertisement stimuli. This helped the researchers to identify messages and design features that would be likely or unlikely

to be well-received, and advertisements that did, and did not, tackle the barriers to engagement previously identified.

Figure 14: Existing advertisements around parenting programmes



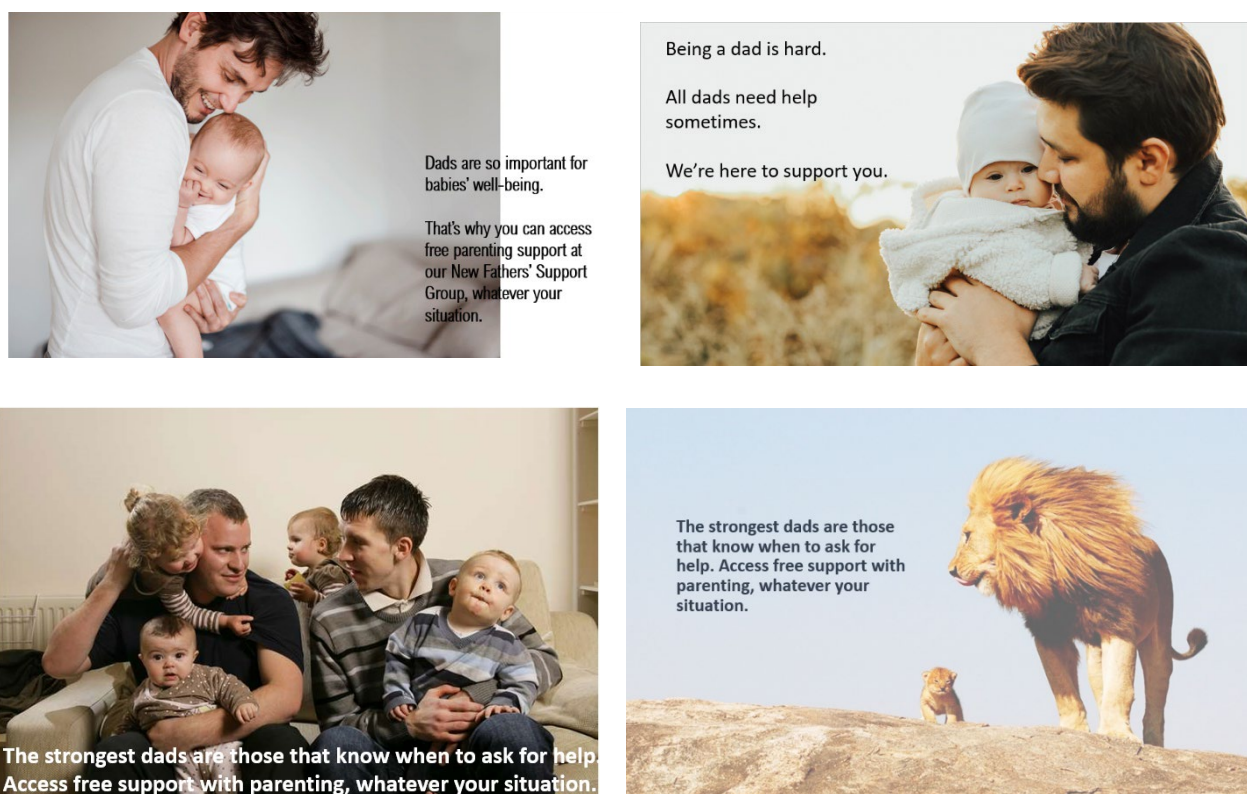
The SHU research team then showed the attendees several messages that they had prepared in response to the barriers discussed during Workshop 1:

- Barrier: Lack of knowledge about importance of dads
 - “Dads make all the difference for babies”
 - “Dads have a vital role to play”
 - “Dads are so important for babies’ well-being”
 - “Babies do better when dads get involved”
- Barriers: Fear, shame and uncertainty regarding accessing a support group
 - “The strongest dads are those that know when to ask for help”
 - “The New Fathers Support Group is a safe space for dads to get friendly and useful help with parenting”
- Barriers: Lack of awareness of the New Fathers Support Group, uncertainty if it’s for them, not feeling included
 - “Free support with parenting for dads, whatever your situation”
 - “Being a dad is hard. All dads need help sometimes. We’re here to support you.”

Attendees determined which messages they preferred, and also made some amendments to the messages they liked (e.g., combining different messages into one). They also discussed how the messages would be perceived by the five Personas introduced earlier in the session.

Finally, participants saw some of the messages within mocked up promotional advertisement posters for the New Fathers Support Group (Figure 15). These were discussed in terms of what worked and did not work about them, and how the advertisement would appeal to the personas. The session closed with the group deciding which advertisement they preferred. They selected the one that used an image of a lion and his cub, which they felt was most inclusive as it could be equally representative of any human father.

Figure 15: Sheffield's draft promotional advertisement materials



Following the second workshop, the research team from SHU met once again to capture the key findings from the session, including the preferred messages/images, and to discuss how to utilise this information to instruct the development of the interview schedule and five draft advertisement posters for the New Fathers Support Group to be explored in Phase 2.

Phase Two: Qualitative interviews

To capitalise on the discussions and findings from the stakeholder workshops in Phase 1, qualitative interviews with several new fathers in Sheffield were planned to further

explore a) the needs of new fathers in Sheffield for a New Fathers Support Group, including their barriers and facilitators for attending such a group; b) their opinions concerning the proposed messaging and promotional materials co-designed during the Phase 1 workshops.

Method

Recruitment

Ethical approval for the research was granted by Sheffield Hallam University Ethics Committee. New fathers were recruited by Infant Feeding Peer Support Workers (IFPSWs) in their homes or at Baby Massage Classes during the first 6 weeks of their baby's life. In order to try and reach disadvantaged/vulnerable families, IFPSWs were asked to focus recruitment on more deprived areas of Sheffield. IFPSWs passed names of interested parties on to the contact at the local authority, who forwarded them to the SHU researcher. This researcher then sent out the participant information sheet and consent form via email, and once these were successfully completed, set up a time for the online interview. Where fathers did not respond immediately, up to 3 reminders were sent, the final one of which provided a set deadline by which time, if the prospective participant had not been heard from, their contact details were deleted from the contact list, and they were not contacted again. In order to take part, fathers needed to have an infant aged 0-6 months, and to *not* have taken part in the pilot New Fathers Support Group.

Data Collection

Interviews were conducted between April and May 2022. Participants were invited to participate in a remote interview via an online video conferencing platform. The interviews were semi-structured, following an interview schedule (Appendix D). The interviews explored barriers and facilitators associated with accessing a New Fathers Support Group, and then asked for the participants thoughts on five proposed advertisement posters to promote the New Fathers Support Group. Interviews were audio-recorded and transcribed verbatim. All participants were emailed a debrief sheet containing information about the study and a £25 voucher as thanks for their time.

Participants

Over the course of two months, the local authority sent over details for nineteen fathers. Eighteen of these were contacted by the SHU researcher and provided with links to the Information Sheet and Consent Form – details of the final one were sent after the recruitment window had closed. Nine fathers completed consent forms to be interviewed. Of these nine, five converted to successful interviews. The other four fathers either arranged an interview which they then missed and failed to rebook despite prompting (n = 1) or simply never responded to contact to confirm an interview date (n = 3). The

remaining nine were sent over by the local authority but never responded to the researcher's emails (n = 9).

All five of the interviewed fathers were White British. Four were first time fathers, whilst one had a much larger family; the current baby was his 4th biological child and 7th including step-children. Despite efforts to recruit in more deprived areas of the city, none of the interviewees qualified for any of the benefits that entitle school-aged children to free school meals (an established indicator of economic disadvantage²⁷).

Data Analysis

Interview transcripts were read and deductively coded using the COM-B and TDF frameworks for barriers and facilitators. Quotations were organised according to TDF domains and inductive content analysis was then used to identify key themes within these along with any other inductive themes that arose. A similar analysis explored participants thoughts concerning the proposed advertisement posters, using the TFA for feedback about them(Appendix E).

Findings

What are the barriers and facilitators to fathers (or father figures) of babies aged 0-6 months engaging in a New Fathers Support Group?

Themes identified in the interview data were organised into capability, opportunity and motivation barriers [B]/facilitators [F] affecting fathers' engagement with a New Fathers Support Group.

Capability Factors

Identified capability themes included knowledge of service provision for fathers and sources of knowledge.

Lack of knowledge about existence of groups specifically for fathers [B]

None of the participants had previous experience of a support group exclusively for fathers. A couple had attended antenatal classes with their partners, but none had accessed support that was exclusively for them and were not aware of any provision along these lines.

Yes we did three (antenatal classes) they were every week we did it together as a couple as well. They were done digitally because of Covid so yes we did three of them. Yes, they were good [redacted partner name] found them really useful. – *Participant 4*

No, there's never been anything like that I would say. It's the first time I've heard of anything for fathers. - *Participant 1*

It's normally just, like, mums and playgroups, isn't it? – *Participant 1*

One of the participants was part of a fathers' WhatsApp group that had sprung from a joint National Childbirth Trust (NCT) group with their partners. From this, he could see the value of a group with other dads.

Well in the NCT group we've got sort of main group WhatsApp group and we've got a mums group and a dads group and it's reasonably, at the moment it is reasonably active and it's been quite nice just sharing those experiences. – *Participant 2*

Sources of knowledge [F]

When asked where they might look for information concerning a support group for fathers, three themes emerged, 1) Online; 2) Through healthcare providers or other official sources; 3) Through their partner or social networks.

1. Online (search engines, websites, social media)

Participants expected that they would be able to find information about a support group via search engine on the internet, although this did not appear to be something that they currently engaged with.

Probably just Google, probably Google Sheffield parent support group or Sheffield dad's support group I think – *Participant 2*

I honestly don't know and I don't know where [redacted partner name] finds all this information from whether it's just from speaking with you know one group leads to another and then that's how she learns it and she just Googles it I suppose I would just literally Google it, Sheffield City Council have a look what is going on in the area. Yes, I suppose it would be just a kind of general Google kind of routes. – *Participant 4*

I'm sorry, I'm sorry to say I very rarely look on Sheffield Council's website. – *Participant 5*

Several of the participants mentioned that they might look for information through social media, although there were barriers to this in terms of the types of social media they engaged with and to what end (e.g., one only engaging with it for work purposes), and the fact that they might only see posts from accounts they already followed.

Yes, I'd look for it on social media, yes. I use Facebook and Twitter mostly... I'd probably look, if it was on Facebook I'd be looking for a group I suppose to join wouldn't I. It would have some obscure title like New Sheffield Dads, something like that, I don't know. Yes, I'd probably

look for a group to join on, I'd probably look for a group to join on Facebook, and if there were events on seeing if the events that are organised through that group, I imagine. I can't imagine what I'd do on Twitter to try and find anything like that, it would probably be on Facebook, yes. – *Participant 5*

Yes, yes, I mean if it was on Instagram, if it was an Instagram account that I followed and it crops up then I would definitely, I've gone to events that have come up on Instagram before. But it's usually through stuff that I follow rather than an ad. – *Participant 2*

I am not a massive fan of social media, so I don't use Facebook or Twitter or TikTok or anything like that. I use Instagram from a professional capacity and that's about it... I suppose that is one of the reasons why I do miss certain things I know there's lots [redacted partner name] doesn't like it either but I think she may have made a Facebook account now just to use baby groups actually she might have done but she didn't have Facebook before that because she doesn't really like it either. – *Participant 4*

2. Through healthcare providers / official services

All participants noted that it would be beneficial to promote a New Fathers Support Group through official routes that they and their family might come into contact with naturally during the course of the early days of parenthood.

Probably, like, GP surgeries, they could... Yes, family centres, isn't it? It's like – like when they go and get weighed and stuff like that, they can be there as well, can't they? – *Participant 1*

I've no idea, I think probably the best place would be a midwife.... because I know they suggested a weaning clinic, so I think that would be like the most obviously place, because then I think, especially if you've got a wife whose husband is struggling... it would be a good place for them to see and be like, oh yes, I saw this and try and go along to it. – *Participant 3*

Two participants noted specifically that whilst healthcare professionals involved in postnatal care recommend lots of support to mothers, there is no equivalent for fathers.

I felt like in hospital they gave us a lot of information, a lot of flyers mainly to do with breastfeeding and other new mum stuff and that'd be the kind of place you might get some information on that. That would be quite nice in hospital if the midwives said oh and also for you ... Here's

something for you would have been quite nice yes... Yes, that would be lovely, and I would, because the first couple of days after we came home was all a bit weird obviously it's a bit, I mean in a really nice way but quite dreamlike and stumbling through all those leaflets on the sofa. And if I'd come across something that said new dads join this group, I'd definitely would have joined it. – *Participant 2*

Yes, definitely I mean they [*Health Visitors / Infant Feeding Peer Support Workers*] obviously do recommend certain groups don't they and I think the more things that are available, so there's the choice there, the better. We thought that the service and the system worked pretty well actually we were quite complimentary about it but there wasn't a dads group. I didn't expect there to be a dads group so it wasn't a ... it was just something that I didn't expect there to be one. – *Participant 4*

3. Through their partner or other personal networks

Several participants mentioned that they would likely get information from their partner.

Yes. I mean there's an option isn't there because if they can get them into the other playgroups then mums can take them – take leaflets – home to their partners. – *Participant 1*

Participants who had friends who were parents thought they might hear about relevant services from them:

I'd probably ask parents that I know if they know, so it would be word of mouth I suppose. – *Participant 2*

I do know someone who I used to work with who has a little one who has told [me] about certain things. Like he was the one who told us about the sling so he's passed on little pieces of information so I suppose word of mouth as well but I don't know like I say I know very few people that have children – *Participant 4*

One participant was also quite engaged in his local community and felt that there could be a good potential route for promoting a support group through his local café.

Well I go to coffee shops all the time because I love coffee and like in the Costas they have a community board where they do put things up so I do see things there if there is ever baby classes and they do like where you can take your baby and have a coffee kind of thing so I know about things like that because of that so we do drop in them times. – *Participant 4*

Feeling physically incapable [B]

One father who was in recovery from long Covid noted he would currently find it difficult to physically attend a group.

I would like to but I obviously because my activity ability is still low at the moment, I don't think I would be able to. – *Participant 3*

Opportunity Factors

Opportunity factors are those concerning the environment and resources available, and interpersonal factors such as social influences which might affect fathers' engagement with a New Fathers Support Group.

Too much commitment required [B]

A group requiring too much time or financial commitment was off-putting to dads.

I guess it would depend on what it, what it was, what kind of requirements or how much, what's the word I am after ... Commitment is exactly the word. How much commitment there is from me and involvement and you know what it offered that kind of thing ... I am very non-committal and if it was, if you had to do anything and I suppose if it cost any money I think you know if it was, yes I think cost would put me off to be honest. – *Participant 2*

Flexibility of service [B/F]

Along similar lines, all of the participants mentioned that a group that lacked flexibility, or that had an overly rigid structure would be off-putting

Yes I suppose if you had to sign up and it was like right you have signed up that you have to go to every week for 12 weeks that kind of I like the flexibility because I'm so busy because I have various I have so much going on that I don't like that kind of rigid structure for things that I would deem more social I suppose and fun and away from it with [redacted baby name] rather than it feeling like work and obligatory. – *Participant 4*

If there were like strict demands, because there's already enough uncertainty and just getting to like baby appointments, I'm ten minutes late, we're already apologetic enough, so if it was a strict, like you have to be here at such and such a time, that wouldn't work at all - *Participant 3*

I think what would put me off actually if there was like a big detailed agenda... and it was a formal sit down occasion, then I would be probably put off. But something informal, having a chat... I think an informal, I think an informal approach would be nice and that would certainly encourage me to go. Anything too formal I think would put me off. – *Participant 5*

Inconvenient location/timing [B]

Most participants commented on the fact that they work and that they wouldn't want the group to be overly lengthy or difficult to get to.

I suppose that I have to say as well is I wouldn't want it to be long, but I don't think they would schedule it to be too long. I think an hour or two at most would be appropriate. Location would be a factor I imagine. I would be happy to travel, obviously I can't travel too far though, but yes, that's probably what I'd say on those questions. – *Participant 5*

Being online only [B]

Despite location and timing being considerations, a strong preference came out in the interviews for the support group to be in-person rather than online. Whilst one participant didn't mind either option, others were very much in favour of meeting in-person. This was associated by some with having 'online fatigue' post Covid-lockdowns.

I think I'd prefer an in person meet... Just, I think everyone has had enough of online. – *Participant 3*

I'm not a massive, yes I don't like the online class kind of. This is fine, online, I'm used to doing online meetings all the time but that's for practical purposes that's great obviously I think because I envisaged having [redacted baby name] with me that wouldn't be I suppose you could have him here but he's not going to want to sit with me while I'm on a Zoom call for an hour. – *Participant 4*

I'd probably say that would probably be better in person I imagine, yes. – *Participant 5*

I think an online group potentially could be quite useful. Yes, I think something that you can commit to as much or as little as you want. – *Participant 2*

Having / Not having large existing sources of support [F]

A couple of the participants noted that their partners had suggested the idea of them attending groups.

Yes. My partner's just been on about it. – *Participant 1*

It's interesting as well with that because [redacted partner name] wants me to go to more groups, Dads can go but there's never any Dads there and she said it would be really good for me to go and talk to Dads and that the [redacted group name] where there are Dads there I do enjoy talking to Dads so maybe I probably would go to one if there was one available. – *Participant 4*

Some participants seemed aware of not having existing networks of support or acquaintances with children to draw on, which made the idea of being able to join a support group more appealing.

I've got one friend who has got a new son as well... but all the other friends including my brother they don't have kids. They will probably end up having kids later but yes not at the moment no. – *Participant 4*

From other dads that I've met that are more acquaintances, they've got sort of good communities and good groups whereas I've only got, I've got a couple of close friends who've got kids out of a wide range of friends but not many of them have kids... So yes, I do have some, some dad friends but not many. – *Participant 5*

Participants who felt they had more support already in the form of friends with children seemed a bit less inclined to join a support group, or to see the usefulness of it, particularly in the early days with the baby. One cited that he would likely turn to his friends first, though noted that there might be occasions when it would be easier to disclose certain things with people he was less close to:

Yes, I think well I've got quite a few friends with children and they would be probably be who I would talk to first about those things. So, if it was a group of strangers I suppose there isn't that same relationship there. But on the other side maybe not having that closeness is probably quite useful. I don't know. – *Participant 2*

Sharing experiences with others at a similar life stage [F+]

All participants expressed a strong desire to be able to meet with other fathers who were at a similar life-stage and going through the same things as them, to share experiences and to learn from each other.

And then also it's quite nice to have a space to share baby chat because you don't want to talk about it with your friends all the time and your friends certainly don't want to hear about it all the time and bore everyone with baby stuff. Actually there are probably some milestones or things that you want to share with someone else or a group, someone, people who are at a similar stage to you would be quite nice. –

Participant 2

I think, I think the idea, I think just having a chat with new, expectant fathers would be nice. – *Participant 5*

just to be there to talk I think when you are talking to dads just in general that would help being able to just from a kind of from the same level because you are both going through the same things so it doesn't need to be an expert in that sense just a to get things off your chest because [redacted partner name] talks about how nice that is when she is at baby group and so she's got worries but other mothers have the same worries and they are both going through the same thing and that makes her feel better and I think dads would also feel that would be good as well. –

Participant 4

I think just having people again like, to ask people like what, is this normal, have they got a funky way of doing this, like what life pro tips have they found and those sorts of things. – *Participant 3*

One of the participants noted that having a support group of other dads in the same boat during this time would be reassuring.

I know from the NCT group which we talked about there are other dads who feel a bit, I mean to say useless but you know a little bit surplus to requirements I suppose. I suppose having other dads who are like it's okay, that's just how it is, you don't have lots to do. It might be quite useful, yes. – *Participant 2*

Some participants noted that it would be nice to be able to share accrued wisdom and almost take on a 'mentor' role themselves with fathers earlier on in their journeys.

Yes, I mean, I mean so much changes over such a short time, I don't know what a reasonable length would be because like obviously, you want people that have done it already, but also it would then be nice to then pass on what I've done as well. – *Participant 3*

if I had the opportunity, I'm more than happy to be open and honest about the things we've gone through, the mistakes that we've made along the way. And I'd be happy to pass that on to any new father who's sort of in the same boat where I was or any expectant father where, you know, there's a lot to take in and you don't full, nobody I don't think would ever be fully 100% prepared but I'd always like to do my bit to try and help somebody else just be that little bit more prepared. –

Participant 5

Being able to take baby [F]

Some participants shared a desire to be able to attend a group with their baby, citing an opportunity to bond separately from mothers and also a way of alleviating potential awkwardness of turning up at a group alone.

I think that would instantly make it easier and make it less awkward as well... I could see myself finding, going meeting a bunch of dad strangers a bit awkward. I think if you had your baby with you that would almost evaporate quite quick. So yes, absolutely and it gives you a purpose to go as well. And you can talk about it, it would be much easier to talk about anything, any issues, you can refer to the baby well you know what. Yes, I think that would be treat. – *Participant 2*

I think I'd prefer it if I did take little one with me... rather than it feeling like a therapy class where you just all go and sit round in a circle and kind of get things off your chest. Sitting round in a circle doing that that's how that kind of feels to me not that there is anything wrong with that if that's what is needed but I think kind of like doing it with your little one I feel more that it kind of ticks two boxes you get to speak to other parents Dads and then you also have that kind of bonding experience with your little one. – *Participant 4*

Others were more reticent about the idea of taking their child along with them:

I suppose it depends on the nature of the group. Is it for, I suppose if new fathers and expectant fathers, yes having [redacted baby name], I couldn't say if, I think it has its advantages and disadvantages, so I couldn't say either way. – *Participant 5*

At the moment I don't think it's possible because he's breastfeeding, so. – No. It would be nice in, like, the future when he can, like... Yes. Yes, it'd be nice, like, because my partner, she goes to a lot of playgroups so yes, it'd be nice. *Participant 1*

Motivation Factors

Motivation factors concerning barriers and facilitators for engaging with a New Fathers Support Group include fathers' beliefs and feelings around being able to engage with a support group; perceived benefits of joining a support group; and perceived role of themselves as a father.

Being nervous / worried [B]

Although participants were keen on the idea of engaging with a support group, some of the dads noted that they might feel nervous or anxious about it.

So it's like meeting new people to start off with then after so long you enjoy going but – But I suppose a lot of dads are nervous about meeting new people and then discussing your problems but it'd be good, be good to, like, talk to people about what problems I've got. – *Participant 1*

Embarrassment / difficulty asking for support [B]

Relatedly, participants also mentioned the difficulties of some men in asking for help or being vulnerable in front of other people.

I don't know. I don't know if men would be, my experience is they wouldn't be so comfortable doing it. – *Participant 2*

I think there's definitely a potential with dads, in my experience, my personality, I am quite outgoing, I am quite good in social situations I think but I could see myself finding, going meeting a bunch of dad strangers a bit awkward. – *Participant 2*

I think dads are probably, I think men in general are probably worse at asking for kind of support and things like that so if there was kind of tools or websites that could be given to people that are maybe how dads kind of learn things and there's places to go if they have got any questions and stuff that they maybe feel you know scared to ask or if you know embarrassed to ask or whatever it might be so there's kind of so it's an informal chat if you want to discuss there's somebody there that's maybe leading. – *Participant 4*

Non-judgemental place to share difficulties [F]

Participants liked the idea of a non-judgemental place where they could share difficulties they were having:

It'd be a good idea if, like, a professional came in and then, like, dads can talk, like, query about it then, couldn't they if we had any worries or, we could ask them. – *Participant 1*

I am trying to – I mean things I said earlier about being able to share experiences having a place where you can share experiences, being a sort of open forum I suppose for any issues. Non-judgemental place that you can share difficulties. – *Participant 2*

There's definitely been times where I've wanted to ask a question and haven't really known the person to ask ... But yes that would be sort of, it's exactly the sort of thing you'd want to go for. – *Participant 2*

Social Incentives [F]

The social aspect was important to some participants, and less so to others. Social aspects were tied in with concerns about enjoyment. One dad noted that he was meeting more women with babies than men:

I've already got my group of friends and I never have any time anyway.
– *Participant 3*

I suppose if you went there and for whatever reason you didn't click with the people who were there that could put you off but there's a risk of that in any group isn't there if someone was overbearing or I don't know but generally I consider myself a people person so I wouldn't really... I can talk to anybody so it's like any different demographics. –*Participant 4*

I definitely talk to mums more than dads though which is interesting, whether I just see mums more whether they are off on maternity so they are pushing the pram and they have got the little one with them. –
Participant 4

Role as a father / feeling like the 'lesser parent' [B/F]

Participants' perceptions of their role during the post-natal phase contributed to their thoughts about engaging with a support group. A repeated theme concerned feeling less useful/relevant than mothers. This affected some of the participants emotionally and also manifested as guilt about not doing enough.

Me? Only issue I have at the minute is, I don't feel like I'm doing enough. You know because my partner's breastfeeding, so.... Yes. It's like, when he wakes up in the middle of the night, I wake up with him and I will

change him or wind him but sometimes it's just hard and I don't feel like I'm doing enough. – *Participant 1*

I work from home so [redacted partner name] and [redacted baby name] are downstairs, I am up here and kind of weird but also I am acutely aware of the fact I haven't been missed necessarily, there hasn't been a massive need for me downstairs – *Participant 2*

She's been going to breastfeeding groups and bumps and babies, those kind of things which is great but obviously for me at the moment there's not – she's breastfeeding, it's going well, but there's not loads for me to do other than just be supportive, change nappies that kind of thing. – *Participant 2*

I've insisted that she goes to the cinema because I just want an evening with me and the little one because I haven't had that yet because she has been so she doesn't want to leave him and it would be nice in that sense as well to go and do something with him where it's just kind of like daddy's bonding kind of time... that will be nice as well because like I said I don't really get that. – *Participant 4*

Some participants noted that being able to discuss the experience of fatherhood with other new dads would be a positive:

I think mums have a lot of pressure because they have to carry the baby and then go through the actual task of giving birth which then obviously they have got a different bond to the dads so it is nice to speak to dads and hear it from their kind of perspective I suppose yes. – *Participant 4*

Not having to put needs of partner first [F]

Following from the previous theme, a number of participants felt that the prospect of a space they could go without their partner, and not having to think about the mother and baby unit first for a while would be welcome.

I think that's the difficult thing as well it's harder for the mother and there's no getting around that which means that sometimes it's one of those things where you don't feel like you have any right to maybe voice your concerns because it's worse for [redacted partner name] you know it's worse for my partner so maybe when you are in an environment with other dads who probably or potentially feel the same you would be able to talk more openly I suppose which would be a nice thing there. – *Participant 4*

I think what I noticed particularly with NCT and just generally is there's definitely a tendency for new dads to say you know, put the emphasis on looking after their partner... I suppose having a group where you could look after each other would be quite useful. – *Participant 2*

I think if it was just fathers I think we would talk slightly differently and I think it would be it's the kind of I suppose just being able to chat with people that are going through the same thing and maybe sometimes with our partners maybe things we don't talk about because we don't want to, it sounds bad saying you are walking on eggshells but sometimes... it would be good to talk to dads kind of in an environment where you don't run that kind of risk. – *Participant 4*

Overall, despite the participants being generally interested in and positive about the prospect of a New Fathers Support Group, various barriers and facilitators to them wanting to engage were evident. Some of these resonated with barriers that had been discussed during the Phase 1 workshops: knowledge about the group; opportunity factors such as timing, location and cost of the group; fear/uncertainty around attending. As the workshops had been used to draft some promotional messaging that used behavioural science insights to tackle these barriers, in the second half of the interviews, participants were asked their thoughts on the five promotional messages that were created after the stakeholder workshops using the behavioural insights gained.

Feedback on Messaging

Having explored the perceived barriers and facilitators for new fathers engaging in a support group, participants were asked their thoughts on five draft adverts, including messaging and images, that were developed as a result of the stakeholder workshops. As with the Durham project, analysis of the five advertisements was conducted using the TFA (see Introduction) to systematically explore the acceptability and effectiveness of the messages in promoting the New Fathers Support Group to fathers. Participants' views about the individual advertisements are presented, highlighting relevant constructs of the TFA and with quotations to illustrate the findings for each one.

Figure 16: Sheffield draft advertisement 1



Participants liked the positive message of this advert (affective attitude; perceived effectiveness):

I think that's a nice message, I haven't really got anything to add on that.
– *Participant 2*

Yes. Again, lovely, lovely choice of words, nothing that sort of puts me off going, sounds really supportive, yes, lovely. – *Participant 5*

it's welcoming but there's no pressure on it. – *Participant 3*

the bit about dads to get friendly help with parenting. That kind of makes it sound like you know kind of the friend, the word friend in terms of make friends or that kind of friendly environment – *Participant 4*

Participants liked the use of multiple images in this advert, particularly ones they could relate to (affective attitude). There was a feeling that the multiple images could be used strategically to highlight different considerations (social aspects, positive vs. negative affect, different demographics etc):

I like, all the photos look good together. I like the coffee one, because that seems to be like what you would be doing. – *Participant 3*

If you combine three images that's good I think because you can show different scenarios then and you can also with what we said where you show all of these look quite happy I wonder if a contrast it maybe better to do both kind of, both ends of the spectrum. They are nice pictures though like they are looking up at their father drinking the coffee and the screen and then you have got the two people talking I think that's

important because it shows Dads on their own and also then socialising or speaking to a friend and all the kids are there. – *Participant 4*

you would at least be able to show more different demographics, maybe relate to more people – *Participant 4*

Participants had mixed views regarding the colour palette, with a couple feeling that this advert would have been improved through more use of colour, but others finding the neutral tones to be perfectly acceptable (Burden).

My only negative [thinking] is I would be liking it brighter, you know, stand out... I would make it more colourful. – *Participant 1*

I suppose from a design perspective the grey is a bit downbeat. I think if it's going with a positive message then yes, I think a bit more colourful. – *Participant 2*

Yes, I thought the colour scheme and so on, it's very easy to read, understand, it displays just the right amount of information, yes. – *Participant 5*

Some participants noted that the imagery made them consider the group to be online (intervention coherence):

But yes I suppose it gives that, that middle picture you see, it gives you the impression that it is a remote thing, I would say. An online thing. – *Participant 2*

I'd certainly probably use this one more for if it was an online group because that's what obviously the second image sort of displays and the third image displays that as well. If I was, if it was going to be for a group that was going to be in person I'd swap the second image, the man with the baby looking at the monitor, but that would probably be my only suggestion. – *Participant 5*

Figure 17: Sheffield draft advertisement 2



Participants liked the central image and the colouring on this promotional advert but first impressions were that it didn't look like it was for a Support Group (Burden; intervention coherence)

No I wouldn't say it's for a support group. It just looks like, you know, like an advert. – *Participant 1*

It might seem as if it was a sort of class rather than, rather than just a support group. – *Participant 2*

I suppose the only thing about it being one person in the photo is does it suggest that it's more of a one-to-one counselling session as opposed to a support group I suppose. But yes, that's probably what I'd, that's probably more what I'd expect – *Participant 5*

Participants found the message on this advert to be a bit ambiguous too and not overly helpful at promoting the support group (intervention coherence)

Yes, I'm not sure what the caption is trying to say, is it like, this group will help you be a positive male role model or....? – *Participant 3*

It sounds a bit, it sounds a bit pressuring. It's absolutely right what it says, but it puts me off possibly slightly, a little bit. I want to obviously be a positive male role model for my, for my daughter, but it's, it wouldn't appeal to me to go to a support group for it... I certainly agree with it 100%, I wouldn't go to a support group, it wouldn't appeal to help me to go to a support group though. – *Participant 5*

I already agree with that statement and I don't think that necessarily would be the deciding factor in making me go to a support group. -
Participant 4

One participant noted that the advertisement was lacking information that would provide clarity concerning the purpose of the advert (intervention coherence):

I think that needs, find out what you can do or find, some kind of call to action. I think what's there, but the picture is great. – *Participant 2*

Figure 18: Sheffield draft advertisement 3

Feeling confused? Feeling unsure?
Free support with parenting for dads,
whatever your situation

"The New Dad's Support Group has been a great source of support as I adjust to being a dad. It's been great to discover other dads feel as clueless as me!"
Dan, 37

Join our **free online**
New Dad's Support Group
Call: NUMBER

"I am so glad I found the New Dad's Support Group. I was feeling overwhelmed and a bit lonely and now I have a 'Dad Tribe' to talk about all things baby-related."
Ali, 28

Participants appreciated this message content, although some felt it might lead to some confusion concerning the purpose of the support group (perceived effectiveness; intervention coherence):

I think every dad gets confused or – so if you are confused about anything, if you can go to that group and then they can answer your queries or your questions or, and hopefully, make you stop feeling that confused about something. – *Participant 1*

Again, again, I like it, I like the structure, it sounds appealing... The first couple of questions very much resonate. Yes, again excellent, wouldn't change any of it, wouldn't, there's nothing in there that puts me off wanting to go. – *Participant 5*

I think the only thing with that it might seem like a support group is there only for anxieties, as opposed to it just being a friendly space. Yes, there's an underlying assumption there it's if you're struggling then this is something you can use. But if you're not struggling then it's not for you. –
Participant 2

One interviewee felt that the second line should be more directive in terms of clarifying that the support group could help you out of this confusion (perceived effectiveness).

Participants felt that the message portrayed support and endorsed values of care (ethicality)

I like how the opening line appeals to feelings because it shows empathy. – *Participant 5*

Yes, that's a nicer one because rather than being negative it is that sort of a bit more anxiety based which it is about anxiety, reducing it, can be a bit. I like whatever the situation as well, I think that is, because obviously everyone's baby is.. everyone's situation is different. So yes that's a nice one I think. – *Participant 2*

The inclusion of testimonials in the form of quotations from new fathers was particularly appreciated, although some felt that one would have sufficed (affective attitude; perceived effectiveness):

I like that, I do kind of like that one, nice use of like kind of quotes, kind of testimonials of people that have been there themselves which I think is nice... I still prefer number one as a layout but I do like the testimonials there. – *Participant 4*

When it came up my immediate reaction was quite busy. From a design perspective probably just go with one quote. I think the two is, I think the top one says everything the bottom one says. – *Participant 2*

One would be enough for me, again you have ticked two demographics in terms of so it makes it look like all are welcome which I think it was evident anyway but... - *Participant 4*

Participants were slightly mixed concerning the image used (affective attitude):

I would put a different photo that dad and baby is – it's like if you did that photo where he was knelt over him and the baby was laughing. – *Participant 1*

The core image as well I think works quite well with the dad looking at the baby, I think I don't know why but it works quite well not being able to see the dad and that behind it works quite nicely I can't quite articulate why but it does. That's not much help sorry... because maybe some dads feel like an after thought and actually it works quite well - *Participant 4*

Concerning the design, aside from finding this advert a bit busy, participants were a bit mixed concerning the colour scheme, with a couple stating that they liked the colourfulness, but one noting that pink might not be the optimal choice for a group aimed at men (affective attitude; perceived effectiveness):

One of my favourite colours is pink but a lot of dads might be put off by that. That's sounds really maybe not but I dress [redacted baby name] in a pink suit and I love it but the amount of people who say "Why have you dressed a boy in pink?" - *Participant 4*

The advert provoked some mixed reactions but participants found it difficult to articulate what they did not like about it:

The, I like, it's, it's, it's good, it's good, it's not my favourite ... but I can't put, I'm trying to think as to why... I think this is weird. I think this is only a personal thing so I don't know if I take it seriously, maybe I just don't like the font of the, it seems a bit, I can't, I can't work out why. –
Participant 5

Figure 19: Sheffield draft advertisement 4



One father found the advert a clear promotion for a New Fathers Support Group (perceived effectiveness):

It's definitely an advert for a support group, but I'm probably basing that off the sentence 'the strongest dads are those that know when to ask for help'. I think that's wonderful to be fair because that sentence sort of says you know, it's like you don't have to do this alone, you know, you know, there are people out there to help. So, it's definitely advertising a

support group that's for sure, it's definitely advertising one for fathers. – *Participant 5*

Several participants commented that this promotional message seemed linked to mental health (intervention coherence; perceived effectiveness; ethicality):

So this one has got a kind of strong, mental health angle I'd say, this is how I read it. Obviously you use lots of stuff about male suicide prevention but you know this has got, I read this as are you really struggling. – *Participant 2*

I know there's a lot of mental health like, check in with your mates and all that, which I think might be able to link into this one. – *Participant 3*

The image was found to be striking, but not necessarily the best for promoting a New Fathers Support Group.

I mean I quite liked that it was, as a poster very eye-catching. I don't know if the image necessarily contributed to how I interpreted it, not sure. – *Participant 2*

It doesn't appeal to me. And I like the message that you do need to ask for help when you need it... Just the picture doesn't seem very relevant. – *Participant 3*

Yes, well it's like, it's saying knowing when to ask for help and then it's just two lions on their own, which is a bit.... – *Participant 3*

Using animals instead of humans as the main image, was perceived in mixed ways. On one hand, it was suggested that it might make it relatable to a broader demographic, however, there were also concerns that it might not be relatable to a New Fathers Support Group at all (Burden).

You also get rid of that kind of risk in not including all demographics because you just don't include any. – *Participant 3*

I think it is unusual it might be a risk to go for something like that over the kind of more traditional images it is interesting though that if I saw a lion and a cub I'd think what's that for? Because its ambiguous I'd want to know what it was about and you know I think more people will look. it is different but not necessarily the best one to go for. – *Participant 4*

I just feel like, I suppose it's, it's aspects of trying to promote masculinity... when you think of lions you think of courage, you think of, you think of not being afraid of anything, being able to stand up to anything, and at a time when, at a time when you're probably feeling a bit vulnerable because you're worried about the future, you know, you're going to be taking care of something you might not feel best prepared for... I think if it was, if I was feeling vulnerable it just seems to send off the wrong message, the lion. I get what it's doing, it's defending, it's standing over its cub, it's watching over its cub, but yes, that's just the problem I sort of have with the lion in that aspect. – *Participant 5*

Some felt as though the advert portrayed values that they agreed with (ethicality):

I think it's a good message in the sense that it gives a nice contrast because it shows a lion known as the king of the jungle and it's married with words "The strongest dads are those who know when to ask for help" which is something I think we can agree on more dads should ask for help if they need it so I think it works, it works well. – *Participant 4*

Design-wise, participants had mixed reactions (affective attitude)

I don't like the white on that black, blue background sorry I don't think they go well together and I'd use a different colour pallet because I think it doesn't go well with the rock. I don't know if that's useful. – *Participant 4*

It's very bold, it's very striking that one isn't it. – *Participant 5*

Figure 20: Sheffield draft advertisement 5



The message for this advert was quite well received, but not universally so (affective attitude; perceived effectiveness):

I think all dad's need help sometimes is nice, it is very inclusive and acknowledging that dads don't always have to be the strong one I suppose. – *Participant 2*

Yes I think it's good that it acknowledges that it is hard and that there is help available and that they are able to help the situation, I think it is a good message. – *Participant 4*

I like that, that's lovely, yes. I can't see what I'd change about that, nothing that would put me off going. Yes, that's a lovely message, yes. – *Participant 5*

a bit patronising, I know it's difficult to, you know it's just a, it's very, yes, struck me a bit wrong which is completely unfair, because it's such a nice message, but I'm just like, aarrgghhh – *Participant 3*

The comedic element of this advert received a mixed response (perceived effectiveness; affective attitude; self-efficacy). One participant felt that the humorous image would need to be paired with a more obviously wry comment in order to work, and others did not think a comedic approach was appropriate at all.

It definitely stands out, doesn't it? It's – see I do like that one and it makes me want to, like, smile and giggle. – *Participant 1*

I think it would feel more inclusive than just seeming like a support group for people who are struggling. I think if there was a humorous, I know that in NCT all the dads were fairly keen to crack jokes throughout. But I guess partly as a way of alleviating tension and also as a way of seeming ... you know hearing friendly and welcoming, using humour to be, so I think the humour element can seem quite attractive to people who are not necessarily, who are maybe not necessarily seeking out support I suppose – *Participant 2*

The image is more exaggerated that could be seen as both a positive and a negative I think depending on the people looking at it. It isn't comical but it looks more comical does that make sense? – *Participant 4*

His face is, his face is comical, and I think that's the intention of the photo, and I don't know if it would convince me to go to a support group seeing his face like that, I can't take his face seriously. I get the baby's

face but, yes, I can't take his face seriously, that's why I don't think I'd take the support group seriously. – *Participant 5*

One participant felt that the message would work better if it was presented in less of an absolute way (Burden): being a new dad *can* be hard, rather than 'is'.

Message Recommendations

We found that no one advertisement perfectly addressed the range of perspectives and information needs of fathers. However, based on the feedback certain recommendations should be considered in designing the final advertisement posters:

- Use of several images is preferable
- Use of quotations is good
- Ensure there is a bit of colour / not too bland
- The message (both text and visual) should highlight both the support element and the social element of the group

Participants also liked that it was emphasised that the group was free to access:

I think you have got it here that it's free I know that will encourage people. That might sound daft but there's going to be a lot of new parents that are really struggling financially that probably wouldn't prioritise paying to go to a support group at the moment. – *Participant 4*

Final advert development and design

Following the interviews, two adverts were drafted up which took into account the specific feedback from members of the target group. These adverts therefore included messaging and imagery that had been positively received by the dads we talked to.

Adverts 1 and 3 were preferred by the interviewees and incorporated more of the elements that had fared well in discussions and so the final designs were based on these. The messages selected for use highlighted the social aspect of the group as well as the support element ('The New Fathers Support Group is a safe space for dads to get friendly and useful help with parenting'), and acceptance and normalising of the challenges that can be experienced by new fathers ('Being a New Dad can be hard. We all need help sometimes'). Quotations were used on both adverts as they had been strongly endorsed during the interviews and provided an element of peer support/recommendation that participants appreciated. Interview data also fed into the selection of images which portrayed predominantly positive feelings, whilst also showing that sometimes fatherhood could entail struggling (i.e., showing some balance).

Once the research team had refined the messages and image choices, a graphic designer was commissioned to improve the aesthetics and readability of the designs.

Phase Three: Online questionnaire

The online questionnaire (Appendix F) was designed to obtain the views of a wider sample of Sheffield fathers of infants aged 0-6 months on the promotional messaging concerning the New Fathers Support Group, as well as their preferences concerning some practicalities for the group (online versus in-person, time of sessions etc).

Method

Recruitment

SHU circulated ethically approved promotional materials for the survey to their contact at the local authority. These included a post for social media, materials to print out and distribute at Family Hubs centres/relevant sessions (e.g., baby massage classes), and wording for a text message. The survey was open for seven weeks from the end of August 2022. The following indicate the three main recruitment routes for survey participants during that time:

- A link to the online study was shared on the SCC/Family Hubs social media platforms (Twitter, Instagram, Facebook). The link was shared a total of 11 times across the three platforms. Analytics showed that it reached 8440 individuals, and received 124 interactions, including 27 link clicks.
- Recruitment posters and leaflets were made available for the reception area of the Family Hubs building, and for suitable volunteers to share/give out during groups/classes or home visits. Volunteers included individuals from the Infant Feeding Team, Multi Agency Support Team (MAST), Children & Families Teams but did not include NHS staff.
- The link was also shared via a text message link sent directly to families fitting the profile (new baby up to 6 months old) via the infant feeding team and the prevention team. Given it was an optional survey, it was decided by the LA that it was only appropriate to send this text message out once, and to not send any reminders.

Once individuals clicked on the link, they were taken to a Qualtrics survey which first displayed an information sheet and consent form, and then continued to the survey, before concluding with a debrief.

Participants

An a-priori power calculation indicated that a sample size of $n = 163$ was required to detect a small effect size, $f = 0.1$, at a power of 0.8. Recruitment difficulties meant that the final sample ended up being lower than this: 100 new fathers in Sheffield clicked on the link to the survey. Twenty-nine individuals read the information sheet and closed the

survey without consenting, and a further three failed to complete any questions after consenting, leaving 71 participants. Of these, a further twenty-two failed to complete sufficient questions to be included in the analyses, leaving a final sample of $n = 49$.

Materials

Adverts

The questionnaire (Appendix F) displayed three promotional adverts for the new fathers support group:

One advert (Sheffield City Council message, Figure 21) was put together based upon existing promotional wording and graphics used by SCC in promoting the pilot New Fathers Support Group. To prevent a confound based upon the quality of the images used (and to allow better understanding of the role of the message content), a high-quality image of a father and child was used for this advert, making it visually comparable to the two behavioural science informed advertisements.

Figure 21: Sheffield City Council content (from existing promotional materials)



The other two advertisements (Behavioural science advert 1 and Behavioural science advert 2; Figures 22 and 23) were those developed as a result of the stakeholder workshops and interviews. Both of these adverts incorporated messaging, imagery and content that addressed identified barriers to engagement (e.g., clearly aimed at fathers; a headline statement normalising the need for support fathers' support group; quotations highlighting social aspects of the group, and information pertaining to flexibility of courses).

Figure 22: Behavioural science advert1



Figure 23: Behavioural science advert 2



Measures

Following the presentation of each advert, participants were asked if they would like to leave their email address for more information (a 'call to action'), and then to respond to ten statements (1 "strongly disagree" to 7 "strongly agree") to determine likeability and effectiveness of the advert at overcoming the identified barriers:

- I like this advert
- This advert uses clear language
- This advert includes images that appeal to me

- I know how to access the New Fathers Support Group
- I feel more knowledgeable about the New Fathers Support Group
- I know whether the New Fathers Support Group costs money or not
- I would not feel nervous or embarrassed to join the New Fathers Support Group
- I think I would meet other Dads who are similar to me
- I would feel happy to share my experiences as a dad (positive and negative) at the New Fathers Support Group
- I think the group would be informal and flexible to my needs

Finally, there were a range of demographic questions, closed questions pertaining to the New Fathers Support Group (e.g., preferences of timings/locations), and open-ended questions about key barriers/facilitators to attending.

Procedure

On following a link to the survey (which was distributed through Qualtrics®, an online portal), participants were first taken to the Participant Information Sheet and Consent Form. Once they had provided consent, they then proceeded to the questionnaire. First, they saw the three adverts for the New Fathers Support Group. Each participant saw all three adverts but the order in which they saw them was randomised between participants. They then responded to questions outlined in the Materials section. Having completed the questionnaire, they were given an option to enter a prize-draw and were provided with debrief information which also included information about the actual New Fathers Support Group and how to access further information about it from SCC.

Results

Demographics

Most of the respondents were in the 26-35 age category ($n = 30$), with the second largest group being the 36-45 group ($n = 11$). Just two were aged 46+ and one was 18-25. Twenty-seven did not specify.

Respondents to the survey were overwhelmingly White British ($n = 60$). Two defined themselves as 'mixed British', two as 'White Caucasian', one as 'White European', and one as 'Pakistani'. Five did not specify. The percentage of White British respondents (84.5%) was similar to the number in Sheffield's general population (83.69%).²⁸

Most respondents gave English as their first language ($n = 41$), one was bilingual, and two said that English was not their first language. Twenty-seven did not specify.

Respondents to the survey were generally well-educated, with a large number having degrees ($n = 15$) and postgraduate degrees ($n = 14$). Of the remaining dads, the highest

levels of education achieved included GCSEs ($n = 3$), A Levels ($n = 2$), and professional qualifications (e.g., NVQs, $n = 9$). Twenty-eight did not respond to this question.

Ten of the participants indicated that they or a member of their household were in receipt of a benefit which would make a school-aged child eligible for free school meals.

Respondents provided the first half of their postcode which showed they were from twelve different postcode areas across Sheffield, each of which contained neighbourhoods spanning a range of deprivation indices. For each postcode region, we calculated the median Index of Multiple Deprivation (IMD) score. From this, we were able to determine numbers of participants from more deprived areas of Sheffield (deciles 1-3, $n = 13$), areas of medium deprivation (deciles 4-7, $n = 23$), and the least deprived areas (deciles 8-10, $n = 7$). Twenty-eight did not answer.

Of the fathers who responded, many were first time fathers ($n = 24$), for some, this was their second child ($n = 17$), and for one father, it was their third. The vast majority ($n = 41$) said that they lived with their baby full-time, with just one stating that this was not the case. Twenty-nine did not respond to these questions.

Advert preferences and effectiveness

Participant ratings for each of the adverts were compared using repeated measures ANOVAs (and a non-parametric Cochran's Q test for the two items where dichotomous variables were used) to provide an idea of which advert was preferred and most effective. Statistical results are presented in Tables 4 and 5 and illustrated visually in Figures 24-35. These are followed by a description of the results.

Table 4: Tests of within-participant differences in Likert scaled advert responses.

Questionnaire item	ANOVA (F, p)	ηp^2	Pairwise Comparisons
I like this advert (1= Disagree strongly, 7 = Agree strongly) Figure 24	$F(2, 96) = 13.79, p < .001$.223	1 and 2 differ, $p < .001$ 1 and 3 differ, $p = .019$ 2 and 3 ns, $p = .059$
This advert uses clear language (1= Disagree strongly, 7 = Agree strongly) Figure 25	$F(2, 96) = 7.06, p < .001$.128	1 and 2 differ, $p = .005$

			1 and 3 differ, $p = .018$ 2 and 3 ns, $p = 1.0$
<p>This advert includes images that appeal to me (1= Disagree strongly, 7 = Agree strongly)</p> <p>Figure 26</p>	<p>$F(2, 96) = 14.35, p < .001$</p>	.230	<p>1 and 2 differ, $p < .001$;</p> <p>1 and 3 differ, $p = .003$</p> <p>2 and 3 ns, $p = .106$</p>
<p>I know how to access the New Fathers Support Group (1= Disagree strongly, 7 = Agree strongly)</p> <p>Figure 27</p>	<p>$F(1.67, 81.04) = 2.37, p = .12$</p>	.047	NS
<p>I feel more knowledgeable about the New Fathers Support Group (1= Disagree strongly, 7 = Agree strongly)</p> <p>Figure 28</p>	<p>$F(2, 96) = 3.97, p = .026$</p>	.076	<p>1 and 2 differ, $p = .037$</p> <p>1 and 3 ns, $p = .30$</p> <p>2 and 3 ns, $p = .77$</p>
<p>I know whether the New Fathers Support Group costs money or not (1= Disagree strongly, 7 = Agree strongly)</p> <p>Figure 29</p>	<p>$F(2, 96) = 71.05, p < .001$</p>	.597	<p>1 and 2 differ, $p < .001$</p> <p>1 and 3 differ, $p < .001$</p> <p>2 and 3 ns, $p = .174$</p>
<p>I would not feel nervous or embarrassed to join the New Fathers Support Group (1= Disagree strongly, 7 = Agree strongly)</p> <p>Figure 30</p>	<p>$F(1.76, 84.26) = 7.15, p = .002$</p>	.130	<p>1 and 2 differ, $p < .001$</p> <p>1 and 3 ns, $p = .155$</p> <p>2 and 3 ns, $p = .462$</p>
<p>I think I would meet other Dads who are similar to me (1=</p>	<p>$F(2, 96) = 6.21, p = .003$</p>	.114	<p>1 and 2 differ, $p = .004$</p> <p>1 and 3 ns, $p = .257$</p>

Disagree strongly, 7 = Agree strongly) Figure 31			2 and 3 ns, $p = .202$
I would feel happy to share my experiences as a dad (positive and negative) at the New Fathers Support Group (1= Disagree strongly, 7 = Agree strongly) Figure 32	$F(1.74, 83.59) = 6.04, p = .005$.112	1 and 2 differ, $p = .006$ 1 and 3 ns, $p = .152$ 2 and 3 ns, $p = .478$
I think the group would be informal and flexible to my needs (1= Disagree strongly, 7 = Agree strongly) Figure 33	$F(1.73, 83.22) = 3.32, p = .048$.065	1 and 2 ns, $p = .082$ 1 and 3 ns, $p = .441$ 2 and 3 ns, $p = .636$

Table 5: Tests of within-participant differences in binary advert responses.

Questionnaire item	Cochran's Q	Pairwise Comparisons (McNemar Test with Bonferroni correction)
Would you be interested in leaving your email address so that you can be informed when this group is due to start? (1 = yes, 2 = no) Figure 34	$\chi^2(2) = 7.63, p = .02.$	1 and 2 differ, $p = .01$ 1 and 3 ns, $p = .23$ 2 and 3 ns, $p = .29$
Looking at this advert makes me want to join the New Fathers Support Group (1 = yes, 2 = no) Figure 35	$\chi^2(2) = 29.55, p < .000$	1 and 2 differ, $p < .001$ 1 and 3 differ, $p < .001$ 2 and 3 ns, $p = .13$

Note that although the final sample size was much lower than the a-priori power-calculation had indicated, the (non-significant) lowest effect size detected was twice as large as anticipated for the a-priori power calculation. A post-hoc power calculation based

on this smallest detected effect size ($f = 0.22$) revealed that with $n = 49$, the analyses were powered at a minimum of 0.92. This gives confidence in the robustness of the statistical findings despite the smaller than anticipated sample size.

Figure 24: 'I like this advert'

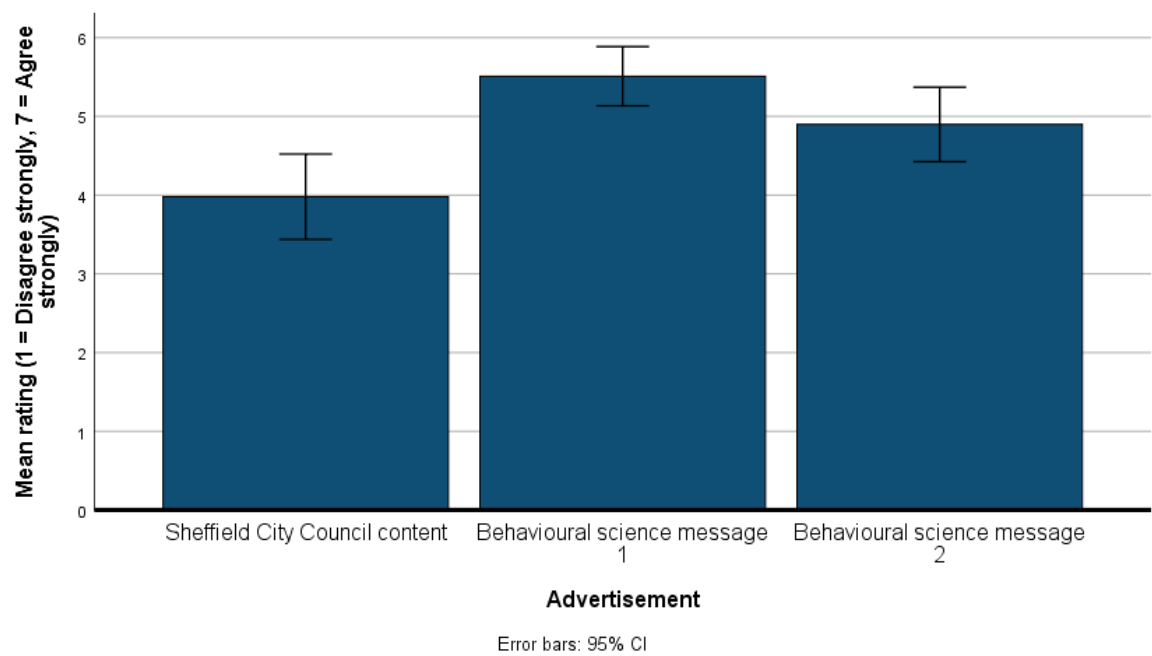


Figure 25: 'This advert uses clear language'

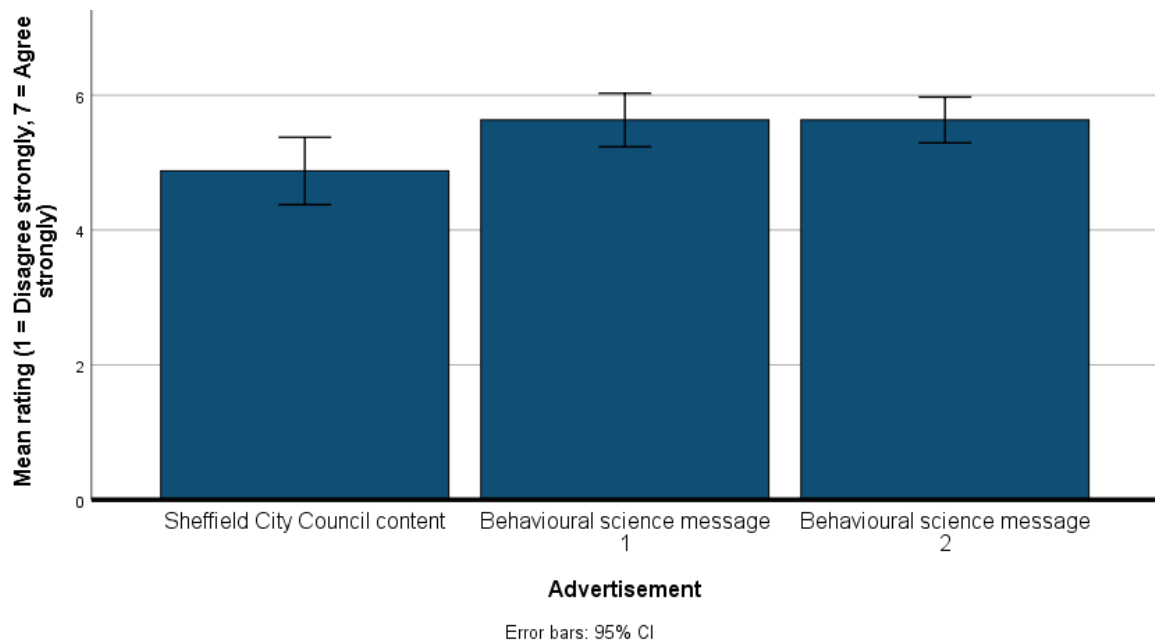


Figure 26: 'This advert includes images that appeal to me'

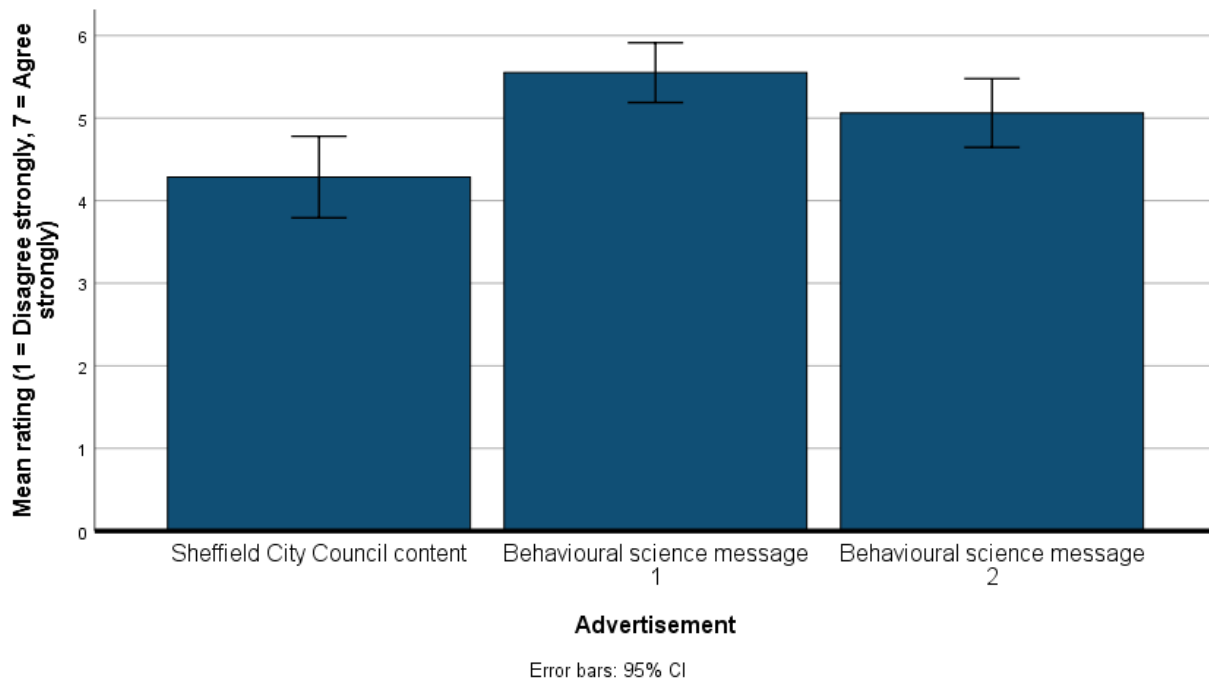


Figure 27: 'I know how to access the New Fathers Support Group'

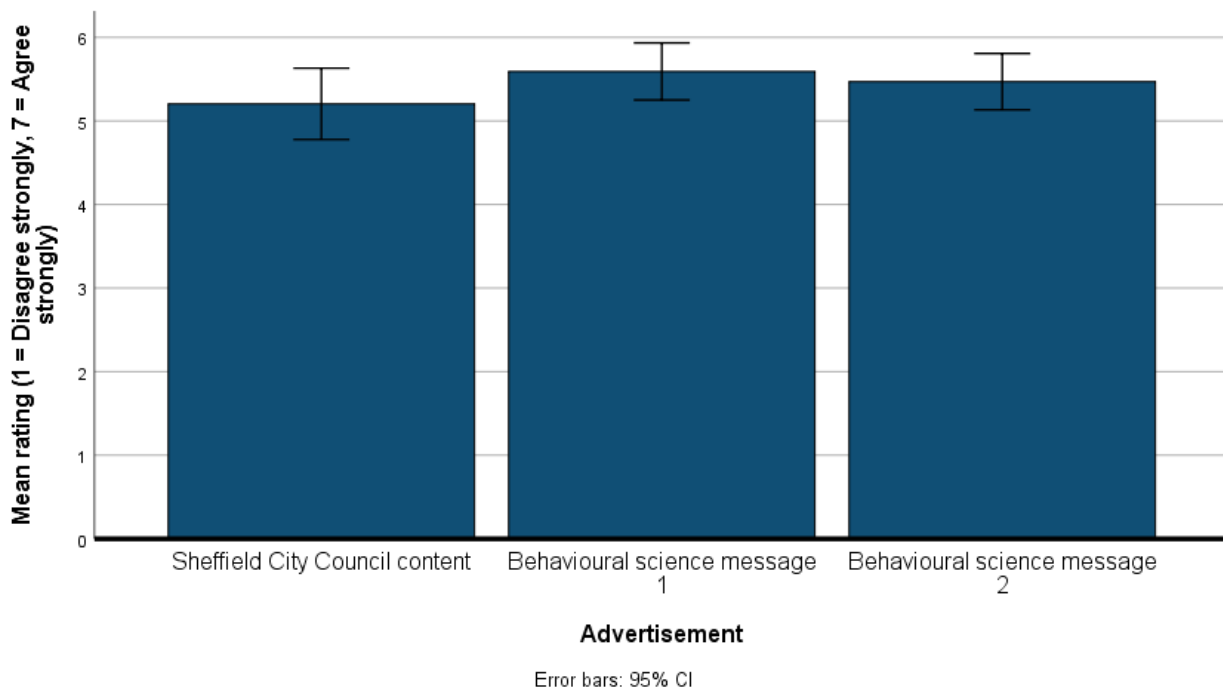


Figure 28: 'I feel more knowledgeable about the New Fathers Support Group'

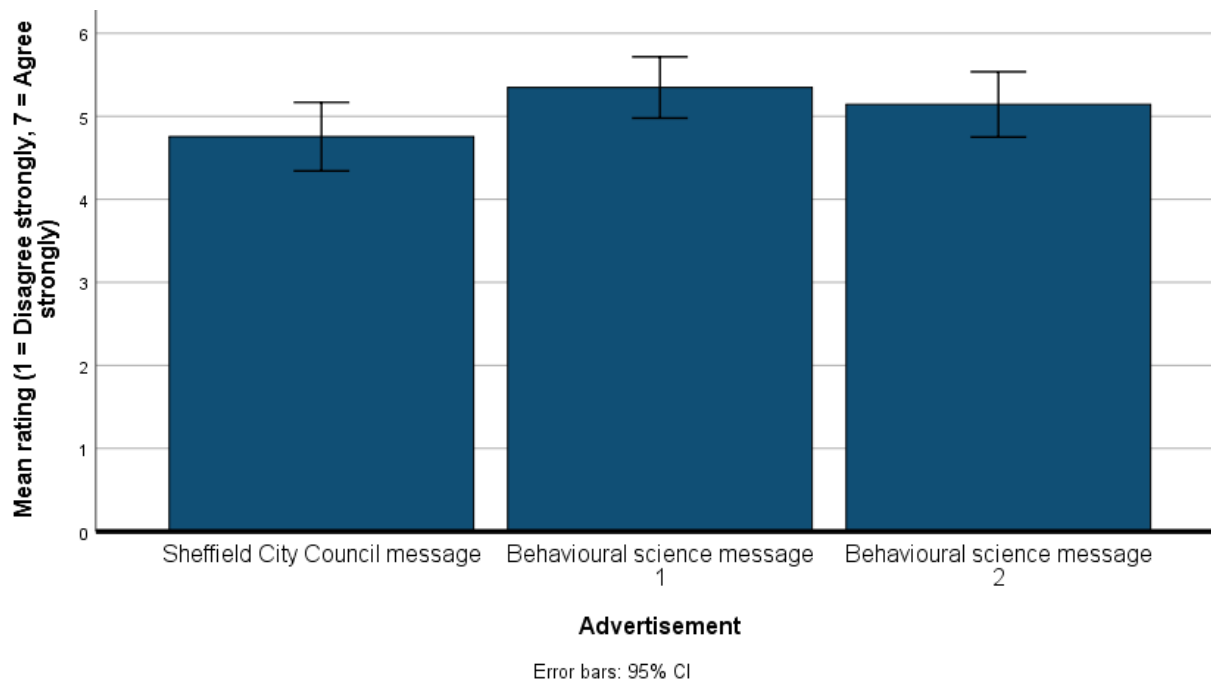


Figure 29: 'I know whether the New Fathers Support Group costs money or not'

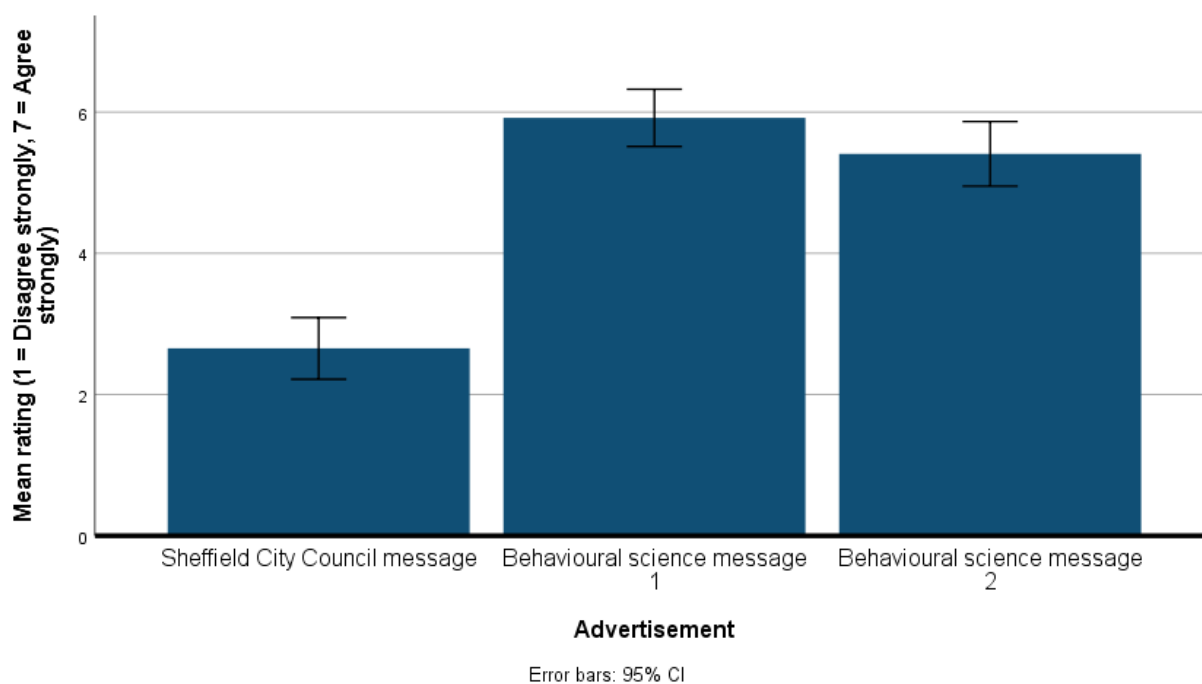


Figure 30: 'I would not feel nervous/embarrassed ...'

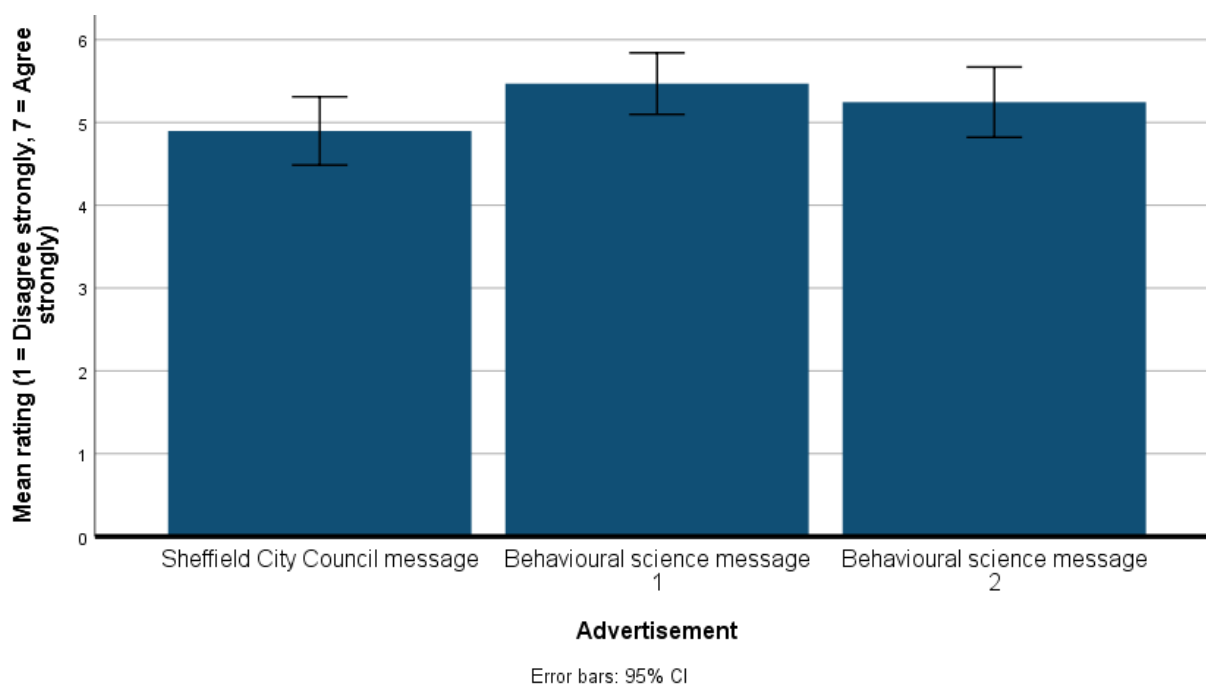


Figure 31: 'I think I would meet other Dads who are similar to me'

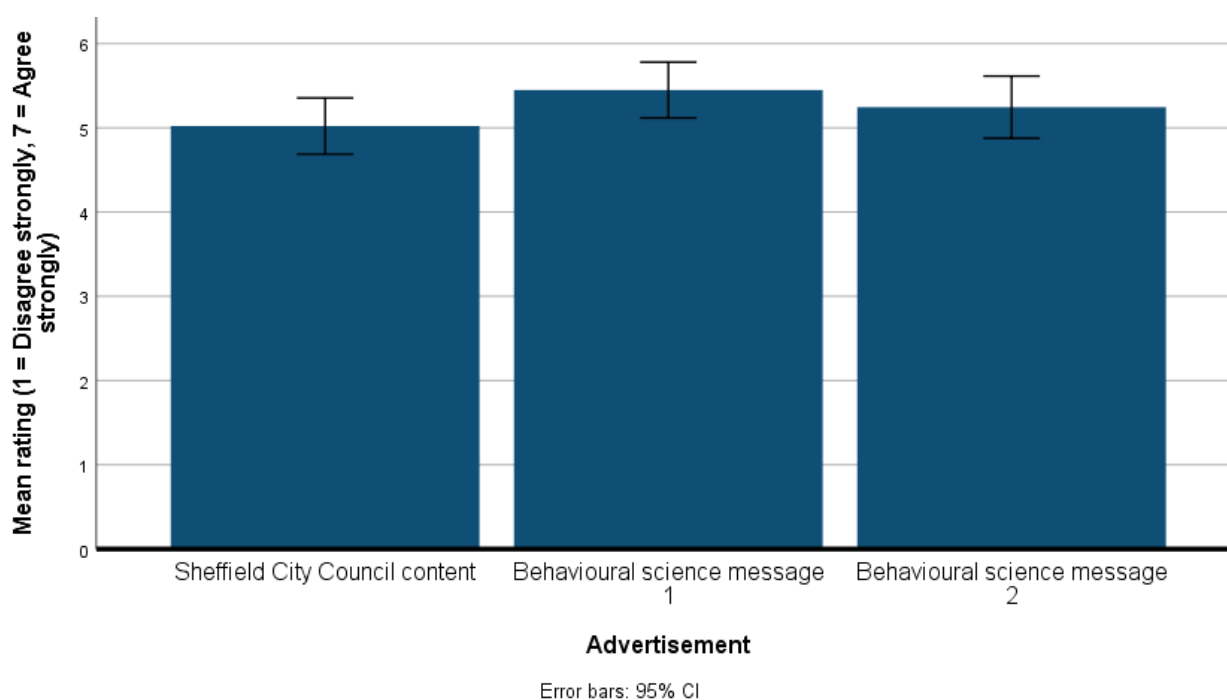


Figure 32: 'I would feel happy to share my experiences ...'

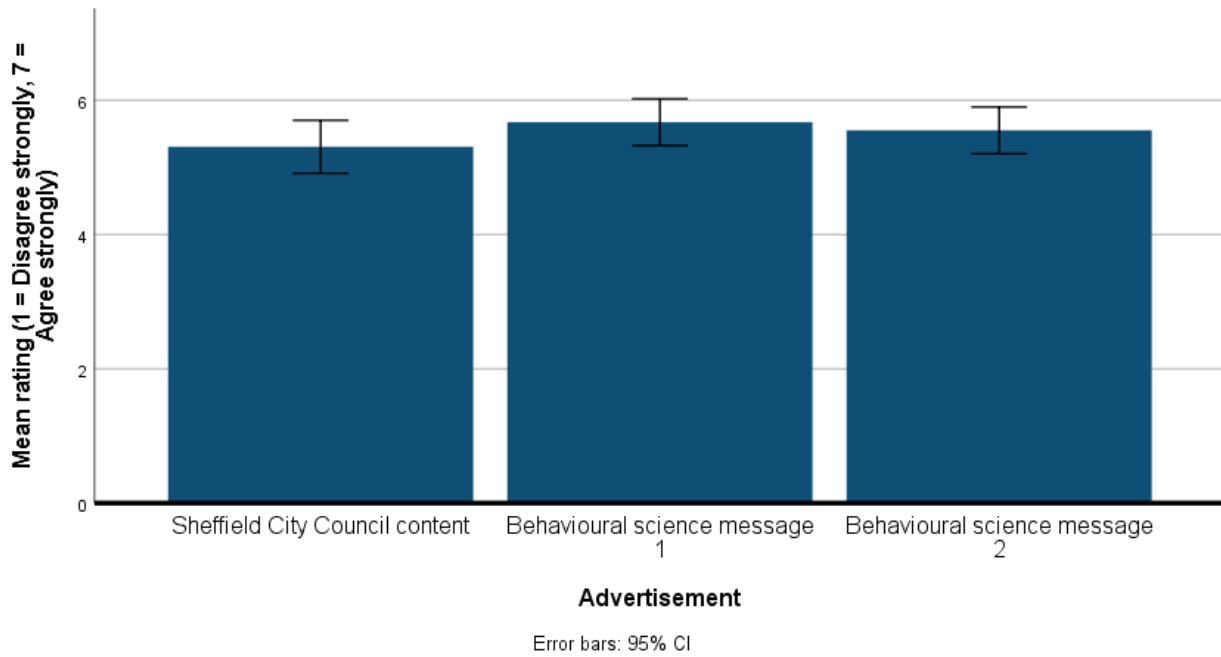


Figure 33: 'I think the group would be informal and flexible to my needs'

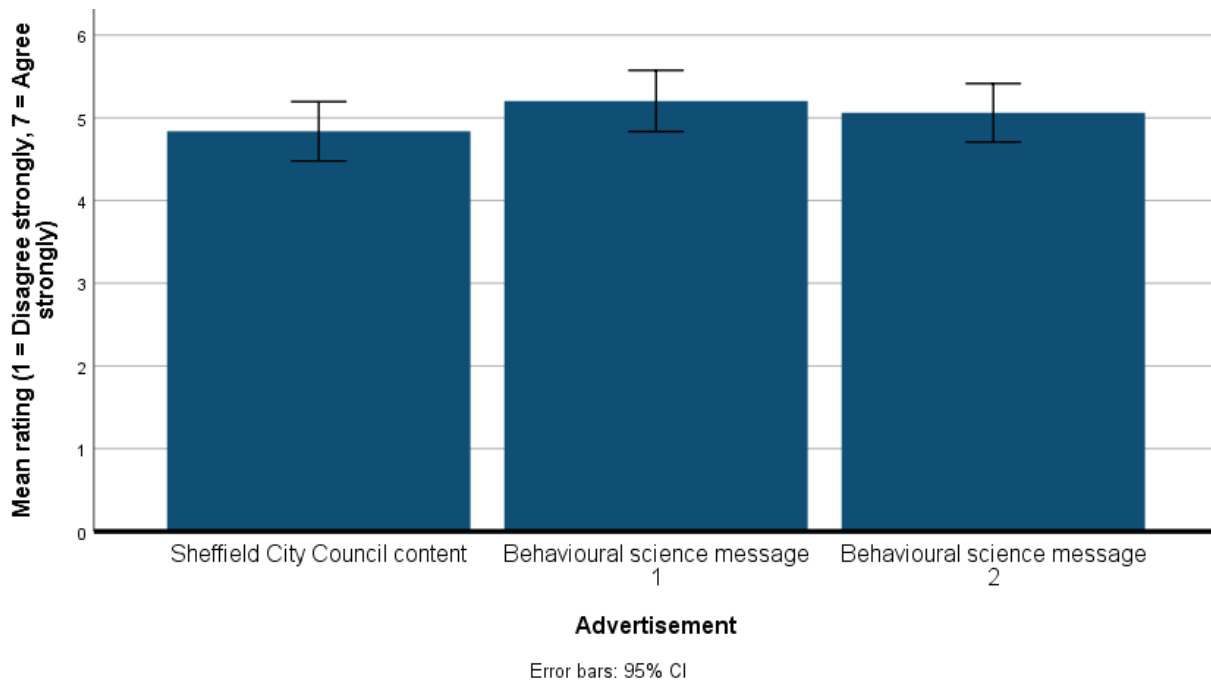


Figure 34: 'Would you be interested in leaving your email address ...?'

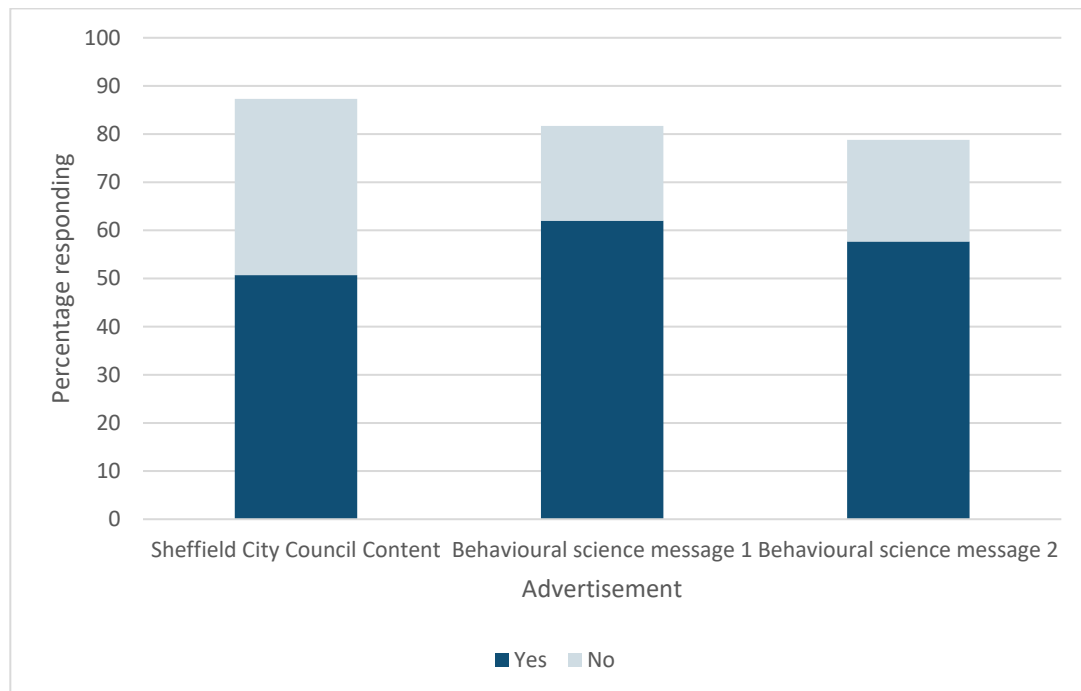
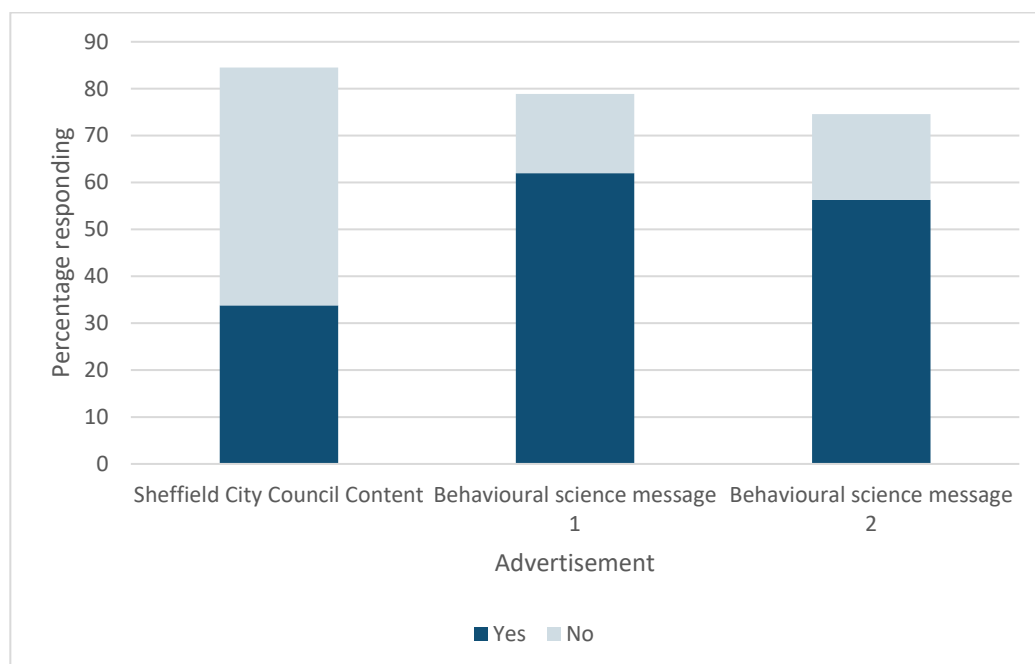


Figure 35: 'Looking at this advert makes me want to join ...'



The Behavioural Science adverts performed better than the SCC Content across almost all of the ratings but did not differ significantly from each other. Participants liked both Behavioural Science adverts more, felt they used clearer language and included images that appealed compared with the SCC Content message. Participants also felt more

confident about whether the New Fathers Support Group costs money or not when looking at the Behavioural Science advertisements compared to the SCC Content. Participants were also significantly more likely to respond 'yes' to the statement, 'Looking at this advert makes me want to join the New Fathers Support Group' having seen the Behavioural Science advertisements compared to the SCC content.

For certain statements, Behavioural Science advertisement 1 performed significantly better than the SCC Content, but Behavioural Science advertisement 2 did not. Thus, participants felt more knowledgeable about the New Fathers Support Group, felt they would meet other fathers similar to them, felt happy to share both their positive and negative experiences as a father, and were more likely to respond positively to the question of whether they would like to leave their email address so as to be informed about when the group was due to start, having seen Behavioural Science advertisement 1, but neither of the other two adverts. They were also more likely to agree with the statement 'I would not feel nervous or embarrassed to join the New Fathers Support Group'.

Only two of the statements ('I know how to access the New Fathers Support Group', 'I think the group would be informal and flexible to my needs') did not significantly differ across the three adverts.

Overall, Behavioural Science advertisement 1 was the most liked advert, and the most successful in addressing identified barriers and promoting facilitators to the target group.

Preferences for the New Fathers Support Group

There was an overwhelming preference for a New Fathers Support Group to be in-person ($n = 44$) rather than online ($n = 5$). There was also a preference for an evening group ($n = 29$) compared to other times of day (morning, $n = 7$; lunchtime, $n = 5$; afternoon, $n = 8$). A large number of respondents expressed a preference for attending a group with their baby ($n = 31$), compared to without ($n = 18$).

Participants were asked to list:

- Three things that would make you want to access a New Fathers Support Group (facilitators)
- Three things that would put you off accessing a New Fathers Support Group (barriers)

Thirty-nine participants provided written responses to these questions. Facilitators and barriers included themes that had also come up in Phases 1 and 2 of the project. For instance, the most frequently cited facilitators included: meeting other dads/socialising ($n = 19$); a place for non-judgemental support ($n = 17$); convenient time/location ($n = 16$). The most frequently cited barriers included: timing of group / clash with working hours ($n = 20$); negative emotions (e.g., fear of judgement, nerves, awkwardness, $n = 12$); the group being overly formal / rigid ($n = 11$); financial cost for attending ($n = 9$).

When asked if they would be interested in accessing a New Fathers Support Group in Sheffield, twenty-six responded 'Yes' ('Unsure', n = 19; 'no', n = 4). When further prompted why they had responded as they had, the reasons given were in-line with the barriers and facilitators provided. Three examples are provided here:

I am uneasy with groups of people, but talking to someone with similar issues appeals to me

I feel like there's a lack of routes for men, and dads in particular, to get emotional support and hear positive/helpful experiences of fatherhood.

I do not feel that I personally need the support group as I already have friends and relatives that are fathers and know I can receive support from them. However I think it could be very useful for those that don't have that support network around them

Discussion

Across three phases of work, this project explored fathers' willingness to engage with a New Fathers Support Group. Phases 1 and 2 (stakeholder workshops and interviews with local dads) allowed the research team to explore possible barriers and facilitators to engagement by the target group. This then enabled the design of promotional messaging for the group based upon behavioural science. In Phase 3, the new advertisement posters were compared with existing promotional materials used by the local authority. Our findings showed that the advertisements designed using behavioural science were preferred to the generic advert, and were better at addressing potential barriers to engagement, suggesting that the behavioural science intervention was successful.

In line with the literature, a major barrier for men engaging with a support group for new fathers concerned a lack of knowledge and awareness that such a service might exist. Supporting the findings of Howl⁷, participants were keen to receive targeted communications aimed at them from the outset of their journey into parenthood. Several noted that the best place to find out about a support group specifically for them would be through the hospital/midwives/ongoing activities (vaccinations/health checks/registration etc) around the birth of the baby. Furthermore, like Hansen et al.¹¹, we found participants felt that advertising and services were aimed more at mothers, and that fathers tend to be viewed as having, and indeed perceive themselves to have, a secondary role to that of mothers. Given that previous findings have shown a lack of engagement by fathers could be due to poor efforts in advertising to them in the first place¹⁴, the steps taken by Sheffield City Council to include them, and to engage with this work to incorporate behavioural science in their approach can only be positive.

Whilst previous research has highlighted that the intention for fathers to engage with or attend parenting programmes is associated with stigma^{11,13,16,17}, we did not find evidence

of this in our data. This could be due to the way the group was perceived by participants; it was understood to focus predominantly on support and provision of social opportunity and was therefore seen in a positive light.

Despite these encouraging findings, the work was not without limitations. One key consideration throughout concerned the recruitment of new fathers in Sheffield. Most of the research participants were not economically disadvantaged. This means that the findings obtained may not all be transferable to fathers who fall into the 'disadvantaged and vulnerable' category. It is important to note that this sampling bias away from disadvantaged fathers occurred despite the recruitment strategy of focusing on more deprived areas of Sheffield. Future research may benefit from an even more targeted approach to ensure that the voices of disadvantaged and vulnerable groups are heard. Nevertheless, Sheffield local authority were clear in their concern about fathers being underrepresented in general, and therefore, this work provided much useful insight regarding the broader considerations for including fathers in services.

This project was affected by some external contextual issues that has led to slight limitations on the impact of the findings. Phase 3 was disrupted by the national period of mourning following the death of Queen Elizabeth II. This fell during the data collection period and resulted in a significant amount of time (10 days) when the local authority was not able to promote the research study. While this resulted in a lower sample size than intended, as previously described, post-hoc power calculations provide confidence in the robustness of the results, despite our sample size being $n = 49$. The reduced sample size does however raise questions about the generalisability of the findings beyond the 49 participants who completed the survey in full.

Overall, despite the difficulties encountered, this project highlighted that there is a keen interest in Sheffield for a New Fathers Support Group, and that promotional messages designed using behavioural science would likely be an effective way of promoting the group so that fathers of newborn babies want to engage.

Recommendations

- Sheffield City Council should proceed with rolling out a New Fathers Support Group. In doing this, they should try to accommodate the needs and preferences of local fathers by considering the group being:
 - In-person rather than online
 - Held at a convenient time (preferably evening but avoiding working hours for as many fathers as possible)
 - Held in a location that is easy to access and has parking on-site/close by
 - Free to access and preferably providing free tea/coffee

- Not overly formal or structured but providing a safe space for fathers to share experiences and learning
 - A place that fathers can attend with their baby
- When promoting the group, engagement ought to be maximised by utilising messaging informed by behavioural science to address the barriers and facilitators identified for new fathers in the area. Key barriers include a lack of knowledge about services targeting new fathers, a sense that advertising and services were aimed towards mothers, and both anxiety and the practicalities of attending a group for fathers. Key facilitators include being able to socialise and share experiences with others new to fatherhood and having a space where it is safe to put their needs first without feeling guilty.

Literature review findings on engaging minorities

This literature review is based on five full-text papers that include qualitative research, discussion papers and mixed methods research. One paper is a sample of parents from New Zealand, three papers recruited parents from USA, and one paper recruited parents in Sweden. It is clear from this evidence review that research into the experiences of minority parents accessing family support services is limited. Therefore, our understanding about barriers and facilitators for accessing support, especially within the UK, are limited. As previously mentioned however, this is not an exhaustive review of the literature but results specifically from the forward citation searches of the EIF review.

Minority parents' experiences of engaging in parenting programmes

Overall research reveals that ethnic minority or refugee parents have a largely positive experience when engaging in parenting programmes. Qualitative research adopting individual interviews found that parenting programmes were useful in addressing parenting attitudes, enabling new positive parenting strategies, increasing parental control and developing more confidence^{29,30}. However, Arif and Van Ommen²⁹ also found that parents believe that parenting programmes could be improved by focusing on parental mental health and the development of acculturation gaps between parents and children.

Language barriers impact on parents' engagement

Language was considered as a key barrier for engaging parents of a minority ethnic background in family services. Qualitative, discussion papers and grey literature reports revealed that parents feel a lack of trust and support when facilitators cannot speak their native language^{9,31,32}. In particular, individual interviews with programme providers found that offering a translator is perceived as a facilitator for increasing engagement in family services³². Retention of parents to family services is considered a huge barrier but introducing bilingual or bicultural facilitators increases parental engagement in parenting programmes³¹.

A need to integrate cultural differences into family services

Another key barrier identified within this literature is that family services are offered to ethnic minority parents without any adaptation so many services are not developed in a way where the curriculum is culturally relevant. A mixed methods study identified that these adaptations were necessary to ensure cultural relevance of the programme materials, and by adapting the content of services to be more culturally relevant community members were more engaged resulting in a more accepted and successful

curriculum³³. Furthermore, qualitative research adopting individual interviews with Somali parents living in Sweden found that there is a need for family services to be culturally sensitive in order to increase parental engagement in family services³⁰. This study highlighted ways in which sessions could be more culturally sensitive. For example, some parents talked about how having the service in their native language provided a better learning environment for understanding and discussing parenting issues with group leaders and other families. Another way in which services could be culturally sensitive is by having a group leader who is of a similar cultural background. Adapting materials to be culturally appropriate is another important factor and services should take into account different cultural parenting norms when designing family services^{31,32}. The research reviewed suggests that integrating cultural differences into services that will facilitate parental engagement but will also build trust within these communities, which in turn should lead to overall greater engagement with services.

Wolverhampton

Project summary

The Wolverhampton project focused on evaluating a planned community outreach programme designed to promote uptake of family hubs services by families with children aged 0-6 years from minority ethnic groups with English as a second language. Two focus groups, one with Punjabi speaker (n = 3) and one with Arabic speakers (n = 2) were undertaken with the support of live translators. Participants were recruited by the local authority to attend taster sessions and subsequently participate in the focus groups. Focus groups probed barriers and facilitators to engaging with family hub services, as well as participants' experience of the taster sessions. Focus groups were transcribed and subjected to a thematic framework analysis using the TDF to identify barriers and facilitators to engagement. Findings indicated that lacking knowledge of available services can be a barrier, and that spreading knowledge in accessible ways is important. Information needs to be available in multiple languages, and promoted within communities, where information is often shared via word of mouth and message groups (e.g., WhatsApp). Targeted outreach is a promising method for spreading awareness and offering positive experiences of services, but sessions need to be available at convenient locations and times.

A second aim of the Wolverhampton project had been to quantitatively examine service uptake by demographic in the area where the taster sessions took place and compare it to a suitable comparator area. Unfortunately, Covid-19-related disruption to services coupled with strain on service delivery resulting in the community outreach programme being much more limited in scope than originally intended rendered this aspect of the project unfeasible in its intended form. Available data were not comparable between areas due to multiple services not running, and some data were not collected as planned.

Recommendations for developing the outreach programme include continuing to run the taster sessions due to the positive reception they received, however, the optimal method of promoting them would be through investment in developing trusting relationships with community members and word of mouth, rather than reliance on written materials. Recommendations for future examination of service uptake data include allocating greater resource to data collection oversight and data aggregation. Comparisons of service uptake data will be easiest to achieve and likely produce the most useful datasets when data can be drawn from a single recording system, rather than attempting to aggregate data across different systems.

Background

Local context and project structure

City of Wolverhampton Council (CWC) reported that families of non-White-British heritage, especially those with English as second language, were accessing universal Early Help in much lower numbers than are proportional to the demographics of Wolverhampton. The support offered by Strengthening Families Hubs (the local term for family hubs) is an important mechanism for early identification of issues such as SEND, domestic abuse, and poverty. Such issues may therefore remain undetected for longer in this demographic group. CWC sought to utilise existing community networks and structures to promote positive perceptions of available Strengthening Families Hubs services by offering outreach 'taster' sessions, representing the Strengthening Families Hubs offer, in community settings such as religious spaces and groups. The current research aims to evaluate the effectiveness of these outreach activities in promoting positive perceptions of Strengthening Families Hubs services to families of non-White-British heritage, with young children aged 0-6, and English as a second language. The research also aims to identify whether the taster sessions increased uptake of Strengthening Families Hubs services. As such, the project comprises two phases:

1. Focus groups with attendees of the taster sessions
2. Analysis of service uptake data

Within the West Midlands, Wolverhampton local authority is ranked third most deprived in terms of multiple indices of deprivation (income, employment, education, health, crime, barriers to housing & services, living environment) and 24th most deprived within the UK. Compared to a UK average ethnic minority population of 14%, Wolverhampton has an ethnic minority population of 35.5%³⁴.

In the city of Wolverhampton there are eight locality based Strengthening Families Hubs which provide services to children and families at a range of levels of need, from early help to statutory threshold and specialist support. Professionals in the Hubs include Strengthening Families Hubs workers, social workers, as well as wider professionals including health visitors, police, and benefit advisors. Several universal and targeted group programmes are run from within the hubs e.g. Early Years, Parenting, Domestic Abuse.

Given the aims of this research concerned minority groups of non-White British heritage with English as a second language, the Strengthening Families Hub locality with the most ethnically diverse population was selected as the site in which to run the taster sessions. Graiseley Strengthening Families Hub caters for the wards of Graiseley and Blakenhall, and some parts of Ettingshaw. This locality is home to over a quarter (26.7%) of Wolverhampton's ethnic minority population and has a deprivation index score of 35.77 (compared to Wolverhampton's average of 32.1).

Because the second phase of this project was planned to involve examining service uptake data, a suitable comparator was required. Whitmore Reans Strengthening Families Hub, which serves the St Peters and Park wards, was selected as this comparator as it matched as closely as possible in terms of ethnic diversity (being the second most ethnically diverse area – 17.13%) and deprivation (deprivation index score of 35.3). The taster sessions were run in the Graiseley Strengthening Families Hub locality only.

Target services

In the co-design phase preceding this project, the local authority identified a range of services for which the taster sessions were hoped to promote uptake:

- Stay and play (targeted at age 0-3)
- Parenting courses (targeted at age 0-6) e.g.:
 - Voice for Parents (V4P)
 - 'Give us a break' (GUAB)
 - IncludeMe2
- The 2-year-old offer (two year old early education entitlement)
- Adult education offer, e.g.:
 - ESOL
 - Intro to adult learning
 - Cultural orientation
 - Pathways to support/welfare rights

However, as the project evolved and researchers' understanding of the Strengthening Families Hub offer improved through continued discussions with the key contacts at the local authority, it became apparent that a number of these services were not appropriate targets for this research. There were several reasons for this. Firstly, some services were targeted towards supporting parents of children with SEND, and there were no SEND-specific taster sessions planned due to the aim of making the taster sessions more generic and appropriate to as wide a range of families as possible. Secondly, some services were delivered by partner organisations, rather than by the local authority, meaning that accessing attendance data was not feasible. Finally, some services were so disrupted by Covid-19 with delivery ceasing entirely that it was no longer logical and feasible to look for changes in uptake in response to the taster sessions.

The final list of target services for which uptake data would be examined was agreed during the planning for phase 2 (after phase 1 had concluded). These decisions were driven by pragmatism, focusing on services where Covid-19 disruption had not been too

severe and additionally where it was felt that the required uptake data ought to be accessible by the key contacts at the local authority. These services were:

- Parenting programme (Journey for Change)
- Stay and play sessions (incl. Baby Bop, and Healthy Tots Programme)
- English for Speakers of Other Languages (ESOL)

Initiative

The initiative planned by the local authority to promote uptake of these target services was a comprehensive programme of outreach activities, planned to run from January 2022:

- Advertising through leaflets and/or posters
- Word of mouth communication from community groups and/or trusted figures
- Digital engagement
- Taster sessions at Strengthening Families Hubs centres and community settings (delivered in multilingual formats as necessary) on topics such as:
 - Early years development, milestones, health
 - Attachment
 - Speech and Language
 - School readiness
 - Social connectedness

However, the local authority had significant difficulties delivering this planned programme of activities, within the intended timescale, due to the impact of Covid-19 reducing staff capacity and necessitating the use of available resources for crisis management. Instead, a much-reduced programme was compiled, comprising taster sessions only. Therefore, the final initiative consisted of taster sessions, all of which were delivered in March 2022, on the following topics:

- Baby Yoga / Baby Bop (21.03.22, 3 parents attended): This session is designed to encourage parents to stimulate and be active with their children and to dance and move to music. Parents and children are shown stretching and keeping fit techniques to encourage practicing in their homes.
- School Readiness (22.03.22, 7 parents attended): This session is designed to offer advice and encouragement to parents on how to support their child's speech and language through shared play, sharing books and singing, and showing parents techniques on engagement and demonstrating constructive play. This session is offered in English with a translator present.

- Speech and Language (22.03.22, 7 parents attended): This session, like the school readiness one, is designed to offer advice and encouragement to parents on how to support their child's speech and language through shared play, sharing books and singing, and showing parents techniques on engagement and demonstrating constructive play. This session is offered in English with a translator present.
- Parenting and attachment (24.03.22, 3 parents attended): This session covers the definition of 'attachment', the background to attachment theory, four different attachment patterns, how babies develop attachments to caregivers, and the cycle of security.

Research Questions

The research questions (RQs) guiding this project were:

RQ1: How do families of non-White-British heritage, with English as second language, experience the taster sessions? (e.g., how useful/helpful was the content, has it shaped perceptions of what other Strengthening Families Hubs' services might be like)
(Addressed in Phase 1)

RQ2: What are the barriers/facilitators for families of non-White-British heritage with English as a second language to engaging with Strengthening Families Hubs services?
(Addressed in Phase 1)

RQ3: Do the taster sessions and main outreach services:

- Promote motivation to take up other Strengthening Families Hubs services?
(Addressed in Phase 1)
- Reduce a sense of stigma related to Strengthening Families Hubs services?
(Addressed in Phase 1)

RQ4: Does the area in which taster sessions and main outreach activities take place report a greater number of families of non-White-British heritage with English as second language attending target programmes than the comparator area of Whitmore Reans?
(Addressed in Phase 2)

Phase One: Focus Groups

Phase 1 consisted of focus groups with parents who had attended the taster sessions.

Method

Ethical approval was secured from Sheffield Hallam University Ethics Committee. Recruitment materials (participant information sheets and consent forms) were translated by the local authority into the 5 most commonly used languages in the Graiseley locality: Farsi, Arabic, Polish, Gujarati, Punjabi. A decision was then taken on which 2 languages

to conduct the focus groups in, based on ease of access and recruitment. In other words, the languages selected were those for which local authority staff were able to access participants first. These languages were Arabic and Punjabi. Recruitment of Punjabi speakers was facilitated by the local authority staff member organising the taster sessions and conducting the recruitment being bilingual in English and Punjabi.

The intended recruitment strategy for focus group participants was to advertise the study through word of mouth and fliers at the taster sessions, so that participants would only hear about the research and the vouchers to incentivise participation in the focus groups after they had decided to attend the taster sessions. However, due to the difficulties the local authority had in implementing the planned activities, the taster sessions were hastily arranged and implemented. Focus group participants were recruited as attendees for the taster sessions and as research participants simultaneously. Hence, attendees of the taster sessions may have been motivated to attend the sessions by the focus group voucher incentive, rather than through their own interest alone. Additionally, there were no other attendees of the taster sessions than the focus group participants. This undoubtedly changes any conclusions that can be drawn about the likely attendance of taster sessions in the future, as attendance at these taster sessions was artificially inflated by the focus group voucher incentives. Additionally, the impact of the taster sessions on the uptake of service by the communities more broadly is likely to be much smaller than it may have been if a broader audience had been reached by the taster sessions. Given these significant constraints to implementing the intended design of this project, we consider that this project's findings are best viewed through the lens of a feasibility study, which helps to appraise how feasible it is to implement the initiative³, and can also be used to assess the feasibility of research processes before scaling up to a larger project³⁵.

Recruitment to the taster sessions and focus groups was carried out by a local authority staff member contacting ESOL course leader, volunteer service sector groups, and public health services. These groups and services passed on the details of parents known to them who expressed interest in attending the taster sessions and taking part in a focus group and provided verbal consent for their details to be shared. The local authority staff member then contacted these families directly, and those continuing to express an interest in participating were booked onto the taster sessions they were interested in (and also informed they could simply drop into them), and given a Participant Information Sheet, in their first language, which gave full details about the focus groups. Those continuing to express an interest in taking part completed a consent form and were recruited into a focus group based on their first language. These interactions (between the local authority staff member and the participants were supported by a translator when required).

The local authority staff member recruiting participants reported to the research team that the translated information sheets were of limited use in some cases due to participants being illiterate in their own language. Recruiting face-to-face, which gave the opportunity

to build relationships with individuals and explain the purpose of the focus groups, was a more successful strategy. Recruitment of Punjabi speakers was further facilitated by the staff member being a Punjabi speaker herself.

Participants

A total of 3 parents were recruited for focus group 1 (Arabic as a first language) and 4 parents were recruited for focus group 2 (Punjabi as a first language) – see Table 6. All participants were women.

Table 6: Wolverhampton participant characteristics

Focus Group	Participant ID*	Language	No. of children (and ages)	Taster Session 21.03.22 Baby yoga	Taster Session 22.03.22 School readiness	Taster Session 22.03.22 Speech & language	Taster Session 24.03.22 Parenting & Attachment
1	Ppt 3	Arabic	1 (6 yrs)		X	X	
1	Ppt 4	Arabic	2 (3yrs; 5 mths)		X	X	
1	Ppt5	Arabic	2 (3yrs; 13mths)		X	X	
2	Ppt 1	Punjabi	1 (4 mths)		X	X	X
2	Ppt 2	Punjabi	1 (6 yrs)	X	X	X	X
2	Ppt 6	Punjabi	2 (6 yrs; 2 yrs)	X	X	X	X
2	Ppt 7	Punjabi	2 (10 yrs; 3 yrs)	X	X	X	

One participant from focus group 1 withdrew due to the start of the focus group being delayed and conflicting with another appointment. One participant arrived too late to participate in focus group 2. The final samples therefore consisted of 2 participants in the Arabic-speaking group and 3 in the Punjabi-speaking group. All participants were women with at least one child in the 0-6 age range. Participants were offered a £50 voucher for an online retailer to thank them for their time.

Focus groups

The focus group schedule was designed to elicit participants' experiences of the taster sessions they attended (RQ1), any barriers and facilitators to attending the sessions, what they know about Strengthening Families Hubs services, their views of Strengthening Families Hubs services, and any barriers or facilitators to using

Strengthening Families Hubs services (RQ2), including motivation and stigma (RQ3) (Appendix G).

Live translators were booked for the focus groups by the local authority using their standard translation service. Focus groups were conducted in a private room at the Strengthening Families Hub, with participants sat together with the translator around a computer which was logged in to a video call to the researchers, who audio-recorded the sessions. Childcare was also provided by the local authority staff at the Strengthening Families Hub, in the same room as the focus groups. Whilst this contributed to a somewhat chaotic and distracting atmosphere that did impede the sound quality of the session somewhat, it also ensured that participants were able to participate more fully knowing that their children were happy being supervised by people unfamiliar to them (Strengthening Families Hub staff). It is possible that the presence of the staff member in the room may have affected participants' responses.

Focus group 1 (Arabic as a first language) took place on 5 April 2022 and lasted for 45 minutes. Focus group 2 (Punjabi as a first language) took place on 6 April 2022 and lasted for 40 minutes. The researcher asked each question, giving time for the question to be translated, and for the translator to give participants replies to the researcher. The wrong translator (Punjabi) arrived for the Arabic speakers' focus group, which caused significant delay to the start of the session. A replacement was found by the Strengthening Families Hubs staff member locating an available bilingual colleague sufficiently close by to stand in. The Punjabi speaking translator was correctly sent for the Punjabi speaker's focus group.

Data Analysis

The English parts of the audio recordings from each focus group were transcribed by a trusted external provider. Transcripts were subsequently double checked for accuracy and clarity, anonymised and then subjected to a thematic framework analysis. A coding framework was constructed based on the COM-B and TDF models (Appendix H). Barriers and facilitators to engagement were identified.

Given the difficulties encountered with recruitment and translation discussed above (e.g., the use of an informal translator for FG1 which may have resulted in some translation errors), the depth and quality of the data was limited. Nevertheless, the data collected provided valuable insights to the research questions.

Findings

Research Question 1

How do families of non-White-British heritage, with English as second language, experience the taster sessions? (e.g., how useful/helpful was the content, has it

shaped perceptions of what other Strengthening Families Hubs services might be like)

Analysis of the focus group data highlighted that the taster sessions were a useful way for these families to experience what the Strengthening Families Hub has to offer. Compared to being provided with information (e.g., in a leaflet or on the Family Hubs website), the taster sessions were seen as providing a better opportunity for providing a feel for what the course is like and who will be there.

If like if we are not coming here and just sitting at home and reading all the leaflets or on internet we aren't getting the same involvement, the same mind and that we think and we won't be getting much information. If we are coming here we have got more people we can get their experience and also the teachers will be teaching us all and explaining us more a better way. – *Punjabi-speaking Focus Group Participant*

In the Arabic speaking group, when the researcher asked if the taster session was helpful, one of the participants liked that it showed her she could get out and meet people and practice her English:

Yes, it's really helpful for me because ... I always, I used to stay at home with my child, but when I came here, it's really helpful for me and for my child, so that I learn English, so I meet people, and my child also, yes, so happy and yes, they can learn. – *Arabic-speaking Focus Group Participant*

Research Question 2

What are the barriers/facilitators for families of non-White-British heritage with English as a second language to engaging with Strengthening Families Hubs services?

Whilst demonstrating that participants found the taster sessions a useful introduction to the Family Hubs services, the focus group data also highlighted several barriers as well as facilitators to these families engaging with Strengthening Families Hubs services. We present these here broken down in terms of the COM factors: capability, opportunity and motivation barriers/facilitators affecting parents' engagement with the Strengthening Families Hubs support services.

Capability factors

Capability themes concerned knowledge about Strengthening Families Hubs services and knowledge of who services are for and what benefits they can provide.

Knowledge about Strengthening Families Hubs

A lack of knowledge about the Strengthening Families Hub sessions/services available is likely to be a barrier to engagement. A list of services was presented to the focus-group participants, including: Voice for parents; Give us a break; Include me too; ESOL; Introduction to adult learning; Cultural orientation, and Pathways to support. Women in the Punjabi group had only heard about ESOL, and in the Arabic-speaking group, they had heard of ESOL, Intro to Adult Learning, and Pathways to Support. In both groups, any knowledge of existing services that they did have had come to them via word of mouth.

Okay, [Ppt 3] she got to it through a friend and [Ppt 2] said it's a common course everybody knew about ESOL is English. – *Translator, Punjabi-speaking focus group*

Having knowledge about Strengthening Families Hub sessions is likely to be a facilitator to engagement with Strengthening Families Hub services. Following Taster Sessions, participants in the Arabic-speaking group were keen to engage in future sessions, particularly Stay & Play, and Chatter Group. Those in the Punjabi-speaking group expressed an interest in Cultural Orientation and 'Give us a break', but acknowledged they would prefer to experience these through taster sessions rather than getting information on a leaflet/over the internet before making a decision.

Participants were not aware of existing sources of knowledge concerning Strengthening Families Hubs in terms of social media, websites or posters/leaflets but were keen to engage with these methods. Overall, there was no evidence of widespread knowledge about the main outreach services on offer in either focus group.

Knowledge of who services are for

In the Arabic-speaking group there appeared to be some confusion concerning knowing who Strengthening Families Hubs services were for, with one participant believing them to be for 'organisations', though she was unable to elaborate further on this. Another participant believed the services to be aimed at people who are migrants or asylum seekers.

In the Punjabi-speaking group, there was a bit more clarity, with participants stating that services were for parents and children, and that they were particularly for parents who are struggling. They also acknowledged that it was for 'parents like them' as a way of learning more about their children in different contexts.

[Ppt 3] was just saying and [Ppt 2] saying yes, they are both of the same opinion that [Ppt 3] is saying it's actually for them as a parent because they can understand more of the kids for example if they are staying in the house that's different than if they are going out that's different, so if they say different aspects of the kids, so this like if they, that's probably their opinion. – *Translator, Punjabi-speaking focus group*

Overall, lack of knowledge about what services are on offer and who services are for are both barriers to engagement in this group. As will be seen below, these are also related to opportunity factors concerning the accessibility of information. Sources of knowledge by the way of recommendations from peers/word of mouth and being able to experience taster sessions were both facilitators.

Opportunity factors

Opportunity factors included environmental factors (such as having the resources required – in accessible format - for attending Strengthening Families Hubs), and social factors such as peer support.

Accessibility issues (physical)

Lack of accessible information about the Strengthening Families Hub sessions available came up as a likely barrier to engagement with services. Having different types and sources of information was considered useful. Posters, and leaflets with summaries about each service; websites and social media were all suggested as useful sources. In particular, both groups noted that it would be helpful to have leaflets/online information available in their own language, as well as English.

Ease of getting to Strengthening Families Hub sessions also came up. Having different locations for the Strengthening Families Hubs services was a barrier for some, particularly those using public transport as this had both convenience and cost implications, particularly when sessions were not consistently in one place. Hence, a consistent and easily accessible location is preferred.

at the beginning ['they'] keep changing the places, but as I understand from what they said again, they said the activities are in different places, so for example this activity today, the activities [unclear], in the other place ['when they used to'] go there. – *Translator, Arabic-speaking focus group*

Yes, she said, yes, because she lives a little bit far and she needs to take a bus, so sometimes, yes, if ['you'] could help her with a ticket, yes it would be fine but... Yes, yes, she meant the cost of the transport, yes. – *Translator, Arabic-speaking focus group*

[Ppt 2] is saying sometimes it's mainly because we are walking so that's kind of [difficult for] them to come to the sessions, but other than that they are happy to come to the session. – *Translator, Punjabi-speaking focus group*

Where we are today this ones alright because I drive, but the other two they walk, so it's not easy for them to get here. They are happy to come on this placement. – *Participant, Punjabi-speaking focus group*

Timing of sessions also came up as a potential barrier:

If we could have like this sort of session at the same place, not around the school time or too early so at least we have some time with the kids and get them ready, feed them before we get there. – *Participant, Punjabi-speaking focus group*

Yes, for [Ppt1], she said she had no problems because she lives nearby. And for [Ppt2] she said sometimes, yes, she needs to go to pick her child from the nursery. *Translator, Arabic-speaking focus group*

I tried to change the time for my son, yes, so ['to make it easier'] for me to come here to attend this course. – *Participant, Arabic-speaking focus group*

Accessibility issues (Language)

Being able to access different types and sources of information (e.g., posters, leaflets, websites and social media) in the first languages of the target groups, as well as in English would be useful – participants in both focus groups noted it would be good to see translated information in these formats.

Similarly, participants in both groups felt that the presence of translators/interpreters at Strengthening Families Hubs groups and sessions facilitated participation:

Yes, sometimes we need an interpreter – *Participant, Arabic-speaking focus group*

In the Punjabi speaking group, difficulties communicating due to language were considered to be a barrier for engaging with Strengthening Families Hubs, however the participants noted that translation services were always available and things were explained well. Therefore, availability of language support by way of translators was a facilitator, and something which families were able to experience first-hand as a result of taking part in taster sessions.

Interpreters are always there, ...yes, they will explain well if we need to ask something. – *Participant, Punjabi-speaking focus group*

I will just say that obviously she feels sometimes obviously that they would be quite hard to communicate because of the barrier for language, but this is always an interpreter here and because I have attended all the sessions with them as well, so I have always been here and they always are getting better as well. – *Translator, Punjabi-speaking focus group*

Childcare and support

Having childcare and/or crèche facilities, were possible facilitators for engagement with services, including having more staff to support children on a one-to-one basis whilst the parents focus on classes:

Sometime like if we could have like people if they like to stop here if they could communicate with children like if they could give them more time because there's sometimes few people, few kids in the group and one or two stop and there can't just be one to one. That would be helpful I would say. – *Participant, Punjabi-speaking focus group*

Yes, I didn't find any problem, yes, because the space was very big and ... the staff, they help us with our children, and they showed us the right way and how to be with our children. – *Participant, Punjabi-speaking focus group*

Social influences on engagement

In the Arabic-speaking focus group, engagement with Strengthening Families Hubs was facilitated by word-of-mouth recommendations from other families they knew who used the services.

Yes, all of them are happy with the services, and they advised us to come here. – *Participant, Arabic-speaking focus group*

There was also mention of a WhatsApp group amongst a community group of parents:

Yes, they have a group, [Ppt1] said she's in a group called Summer Course Group, from different people, [unclear word], and when they have any information about any activities, they put it there. – *Translator, Arabic-speaking focus group*

In the Punjabi-speaking group, the participants did not know of anyone else who used Strengthening Families Hubs services other than the ESOL group which one had had recommended by a friend and the other noted that everyone in the community is familiar with it.

As noted above, there was some understanding that Strengthening Families Hubs services could be relevant to others like them (migrants, asylum seekers, non-British people and parents wishing to understand their children better).

There was no evidence of stigma evident in either focus group (detailed further below in response to RQ3).

In terms of opportunity, main barriers therefore were accessibility issues concerning accessing information in appropriate formats, being able to get to sessions (time/cost/travel issues), accessing content of the sessions (presence/absence of

interpreters), and having appropriate childcare support. Key facilitators included positive peer experiences of Strengthening Families Hub services, a lack of stigma around accessing support, and presence of interpreters at groups. Opportunity to experience sessions in taster format also came out as a facilitator above and beyond more traditional promotional routes.

Motivation Factors

Motivation factors included beliefs about positive impact of Strengthening Families Hubs services and eagerness to improve English skills.

Beliefs concerning positive impact of Strengthening Families Hubs services

Participants of both focus groups expressed beliefs that Strengthening Families Hubs services could be helpful for parents and children in various ways including social benefits, maintaining wellbeing, and supporting child development.

Hi, I attended yoga classes and it's been really good like help us to let our body and mind and it's also good for health. – *Participant, Punjabi-speaking focus group*

Yes, they help us on how to help our children to play nicely – *Participant, Arabic-speaking focus group*

It's been helpful like, when I started, I started bringing my daughter with me and she, she was really a different child. She did not [unclear words] or anything and also wanted to just stick with me and she's thinking like all the things belongs to her.... She's changing day by day. She knows how to play in a group, share things and she's happy to come here, so I can see the difference in the first sessions. – *Participant, Punjabi-speaking focus group*

The one I attended at [redacted place] that was like communication, progress her how to communicate with people like in different, different ways if you have any problem how to share and what help and which way you can get the help. – *Participant, Punjabi-speaking focus group*

Experience of the taster sessions helped some participants to feel that they had gained knowledge in terms of parenting skills, and this appeared to be a facilitator in terms of understanding the usefulness of Strengthening Families Hubs and reinforcing a desire to attend.

I also attended [redacted place name] and it was like parenting and attachment taster session which I never know about before like what sort of problems we could have like when we are communicating with family or with the kids, it's sort of negative, positive things, emotions and its

different, different type of behaviour sometimes, we have to face the different types of communication, so I learnt a lot of things which have really helped me in daily life every day. – *Participant, Punjabi-speaking focus group*

Desire to improve English skills

Whilst language considerations and presence of translators/interpreters were seen as facilitators to engagement, a strong desire to see Strengthening Families Hubs sessions as an opportunity for improving English language skills and confidence in speaking English (for both parents and children), was evident.

...she is trying to say that she enjoyed yoga class because it relaxed her body and was trying improve her English with English classes as well. – *Translator, Punjabi-speaking focus group*

Throughout, participants expressed a particular keenness to further develop their English language skills and confidence in speaking English; this also seemed to represent a way in which to socially integrate. For instance, in the Punjabi-speaking focus group, the participants commented that they did not just stick with other Punjabi speakers.

In the Arabic-speaking group, the motivation to improve English skills was such that there was a preference to not have an interpreter present for English learning courses:

I don't think we need an interpreter for the course because we need to learn, we want to learn. – *Participant, Arabic-speaking focus group*

for the English language I prefer not an interpreter because we want to learn. If we have an interpreter we focus on our language. – *Participant, Arabic-speaking focus group*

Interest concerning wider opportunities

In both focus groups, participants were keen to experience further services, some of which are existing courses (e.g., cultural orientation, stay & plays), and some of which were ideas of additional sessions they might enjoy, including adult yoga, art and additional English courses. They were also eager to attend additional taster sessions for other main services and also for courses that could be delivered online.

In terms of motivation therefore, facilitators include positive beliefs about what Strengthening Families Hubs can offer in terms of self-improvement opportunities, as well as opportunities for their children, and particularly opportunities to improve English skills. Taster sessions were a way of reinforcing their desire to engage by highlighting the usefulness of Strengthening Families Hubs sessions.

Research Question 3

Do the taster sessions and main outreach services:

- a. Promote motivation to take up other Strengthening Families Hubs services?**
- b. Reduce a sense of stigma related to Strengthening Families Hubs services?**

There was a strong consensus in both focus groups that experiencing the taster sessions had made the participants more interested in signing up for further taster sessions, groups and classes at the Strengthening Families Hubs centres.

Yes, like when we went the first day like we didn't know about any [sessions], so then [employee] told us about the second one [session], so we went there. – *Participant, Punjabi-speaking Focus Group*

Yes, they said we would like to sign for the programme, or any programme really, especially the children and family. – *Translator, Arabic-speaking Focus Group*

There was no evidence in either focus group that participants related use of Strengthening Families Hubs services to any sense of stigma, though in the Arabic-speaking group, there may have been some confusion around the purpose of the question. When asked in the Arabic-speaking focus group what they thought of families who used the services, the participants described them as finding the services good and helpful, and when pressed further, stated that families they knew were happy with the services, indicating that they had interpreted the question as how they perceived others' take on the Strengthening Families Hubs services. Notwithstanding this, the responses indicated that they held no unfavourable opinions of people who used the services, and indeed, were happy to take recommendations from them.

In the Punjabi-speaking focus group, when asked if other people might feel badly about those who use these services, they emphatically responded that they did not care and did not have a problem with what other people might think. It is unclear whether the taster sessions were responsible for reducing any possible stigma around use of Strengthening Families Hubs services, or if there was none to begin with.

Phase Two: Analysis of uptake data

RQ4: Does the area in which taster sessions and main outreach activities take place (Graiseley) report a greater number of families of non-White-British heritage with English as second language attending target programmes than the comparator area of Whitmore Reans?

We examined data sent by Wolverhampton local authority concerning service uptake data for several courses run by the Strengthening Families Hubs:

- Parenting programme (Journey for Change)
- Stay and Play sessions (including some sessions which incorporated Hungry Little Minds activities)
- English for Speakers of Other Languages (ESOL)

Data were acquired for the Strengthening Families Hubs locality identified as having the most ethnically diverse population - this was the site where the taster sessions were run (Graiseley), and for the comparator site, Whitmore Reans.

Method

We had planned to compare service uptake data of the above-mentioned programmes and to conduct statistical analyses to investigate whether the area in which outreach activities took place (Graiseley) had a greater number of enrolments on parenting programmes / attending stay and play by families of non-White-British heritage with English as second language compared to the comparison area (Whitmore Reans) in which the outreach activities did not take place. However, several factors meant that the received data were not adequate for the planned statistical analyses.

The emergence of the Omicron variant of Covid-19 early in the year meant that some Strengthening Families Hubs interventions were not running/running to capacity in January-March 2022 – particularly in the comparator site of Whitmore Reans, therefore, uptake data was often actually higher in Graiseley than Whitmore Reans, even prior to outreach work taking place. Furthermore, due to the previously mentioned difficulties in running the planned schedule of interventions, and the way in which the ensuing taster sessions were carried out (i.e., by direct invitation rather than advertisement/promotion in the community), the outreach work that was conducted was not what was originally envisaged and provided less opportunity to engage the local community as initially planned. Finally, data capture for some of the courses was not available by week/month and covered periods that extended across the timeframe of the intervention, including times both pre and post the taster sessions, rendering it difficult to assess whether the uptake differed at these different timepoints.

As such, the data below provides summaries of numbers who attended Strengthening Families Hubs services in both areas, however, more in-depth comparison and analysis pertaining to research question 4 is unfortunately, not feasible. Following the results section, we discuss what can meaningfully be gleaned from this evaluation process, with a particular focus on the lessons that can be learned by other Local Authorities wishing to conduct similar outreach programmes and evaluate the impact they have had.

Results

A snapshot of the service uptake data for the test (Graiseley) and comparator (Whitmore Reans) sites target programmes can be seen in Table 7. During the data collection time

period, a total of 93 families utilised Family Hubs services within the Graiseley ward, compared to 68 in Whitmore Reans.

Of the four services we obtained numbers for, the parenting programme, 'Journey for Change', was the only one for which data was captured pre and post intervention. Uptake numbers were lower in Graiseley pre-intervention and rose to equivalent levels as the comparator site during the post-intervention phase. However, of the target demographic groups, no Punjabi-speaking or Arabic-speaking families attended the Journey for Change group (either in-person or online) pre or post intervention in either the test or comparator site, suggesting that none of the new attendees had been participants in the outreach activities.

Table 77: Wolverhampton service uptake data in intervention and comparator sites

Strengthening Families Hubs Service	Families taking up Family Hubs interventions in test site - Graiseley ward (n)	Families taking up Family Hubs interventions in comparator site - Whitmore Reans ward (n)
Parenting Programme – 'Journey for Change'		
<i>Jan – Apr</i>	3	9
<i>May - Jul</i>	8	9
Online Parenting Programme 'Journey for Change'		
<i>Mar - Apr</i>	3	4
ESOL sessions		
<i>Jan - May</i>	48	35
Stay & Play		
<i>Jan – May*</i>	37	12
Total	93	68

**Stay and Play sessions did not run in Whitmore Reans during the first months of the year. Data for this area is from May 2022 only*

Similarly, there was no record of Arabic-speakers attending ESOL courses in either locality. Three Punjabi-speaking women attended an ESOL course in the Graiseley ward but the attendance data for ESOL courses was not broken down such that we can know if their attendance was pre or post taster sessions taking place. No Punjabi speakers attended ESOL courses in the Whitmore Reans ward. Overall, numbers for the ESOL sessions were higher in Graiseley than the comparator site, and furthermore, four residents of the Whitmore Reans ward, opted to attend ESOL courses in Graiseley.

Finally, Stay & Play sessions were not running in the comparator site until May, therefore, again, numbers for these sessions appeared to be higher in Graiseley than Whitmore Reans. No Punjabi or Arabic speaking families attended Stay & Play sessions in the comparator ward. Seven Punjabi-speaking families and one Arabic-speaking family

attended Stay & Play sessions in the Graiseley ward – again, the nature of the data makes it difficult to conclude whether this was prior to or post the intervention taster sessions.

Whilst numbers and data formats were not suitable to warrant statistical analysis, it is positive that there was evidence of families matching the taster-group sessions demographic attending ESOL and Stay & Play sessions in the Graiseley area. Additionally, the above information could provide a helpful example of the type of data and analysis which could be useful to other LAs hoping to assess the impact of similar outreach programmes.

Discussion

This project set out to explore how an intervention consisting of a series of planned outreach activities could influence uptake of services by families of non-White-British heritage, with English as second language. For several reasons (outlined above), the intended intervention was unable to take place as originally envisaged, and by way of compromise, a set of taster sessions with invited participants were carried out instead. Whilst this made it difficult to meaningfully explore the impact of outreach activities on the use of Family Hubs services by the target population, it still provided a valuable opportunity to engage in discussion with this population and to gain some insights into their thoughts concerning barriers and facilitators to engaging with Family Hubs services in Wolverhampton. Furthermore, whilst numbers were too low to apply statistical analyses to the data, there were indications that members of the target-demographic groups had attended Strengthening Families Hubs services (ESOL and Stay & Play) - outreach taster sessions may have motivated some of these individuals to engage with Strengthening Families Hubs services. Overall, this project demonstrates a possible way to implement and evaluate this kind of outreach activity and identifies a methodology for assessing potential impact which could be replicated by other local authorities.

The taster sessions were well received, and participants expressed positive attitudes towards being able to experience what a Strengthening Families Hubs session might be like before committing to it – this was seen as preferable to being told what a course was like from promotional materials such as leaflets, even if they were available in the native language of the family. This was particularly important in cases where individuals were illiterate in their own language. In line with findings from the literature³², the women who attended the taster sessions expressed beliefs that language could be a barrier to engagement with services, noting the importance of having a translator present at Stay & Play/parenting groups. However, an exception to this concerned the classes aimed at improving their English skills, where some expressed a preference for not having translators present, to focus them more on practising their language skills. This suggests that the needs of this target group may be different when it comes to courses aimed at learning English, where they may expect to be more out of their comfort zone. Interestingly, the ESOL course was the one that participants had heard about in their

community via word-of-mouth, suggesting that the motivations for learning English are different to other services the Strengthening Families Hubs might provide, and may not require the same promotional push as some of the other services within this target group.

In support of findings by Arif & Van Ommen²⁹, and Osman et al.³⁰, the parents we spoke with found attending sessions to be a confidence booster, showing them that they could get out of the house and do something different. Combined with feeling much more knowledgeable about the services on offer at Strengthening Families Hubs following the taster sessions, this resulted in several of the participants expressing interest in attending other courses at Strengthening Families Hubs.

The intended outreach programme initially consisted of advertising through leaflets and/or posters; word of mouth communication from community groups and/or trusted figures; and digital engagement, as well as the taster sessions. From the focus group discussions, it became clear that lack of knowledge about services was a key barrier to engagement, and therefore that it is hugely important to ensure that parents in this target group are made aware of services, and the fact that those services are for them. For this to happen, information must be accessible, and visible in places that the participants will see it. Increasing the accessibility of information, in language/culturally appropriate ways, appears to be very important. It transpired from our discussions, that word of mouth also appears to be hugely important in this community for the passing on of information and positive attitudes surrounding Strengthening Families Hubs services. All of this suggests that the originally envisaged outreach programme could have been successful in promoting awareness of Strengthening Families Hubs services to these families. In the present study, families were directly invited to the taster sessions, and whilst it might not be feasible to take such a personal approach with every family in the community, this highlights that individuals appear to be very receptive to being approached and invited to Strengthening Families Hubs services. There may be scope to consider how such an approach could be modified to become more feasible on a larger scale, and this may well include an approach akin to the originally envisaged outreach programme.

Osman et al.³⁰ noted the need to be culturally sensitive in order to increase parental engagement in family services. Whilst this did not particularly come up as a requirement of the families we spoke with, it must be noted that one participant had to leave the focus group session early in order to be home for Eid preparations, highlighting that cultural sensitivity is also important when engaging these groups more broadly, including in the timing of discussions and evaluation activities.

Strengths and limitations

Our findings allowed us to gain insights from members of the target community in Wolverhampton which aligned with and built upon the existing literature concerning engaging minorities. Given that the literature base for this community was not large and did not relate specifically to the UK/Family Hubs context, this was particularly useful.

Being able to explore the barriers and facilitators perceived by this target group in relation to Strengthening Families Hubs provided some valuable insights concerning how best to engage them, and highlighted the value of providing taster sessions as a way of introducing them to the services on offer. It also provided insights which support the likelihood that other outreach activities may be well-received in this community, however, this would need to be explored further.

Whilst some valuable insights were gained, it must be noted that there were several limitations to this work. Due to pressures surrounding the delivery of services and staff commitments in the wake of the emergence of the Omicron variant of Covid-19, the outreach intervention as originally planned by the local authority did not take place. Instead of a programme of outreach activities being publicised to members of the community, a more targeted outreach programme of set taster sessions was arranged, and participants for these were directly invited by staff who thought they would be interested. Furthermore, due to time pressures of the project, these participants were simultaneously recruited to the focus groups at the centre of the evaluation research, which came with a voucher incentive. Hence, attendees of the taster sessions may have been motivated to attend the sessions by the focus group voucher incentive, rather than through their own interest alone. Additionally, there were no other attendees of the taster sessions than the focus group participants. This undoubtedly changes any conclusions that can be drawn about the likely attendance of taster sessions in the future, as attendance at these taster sessions may have been artificially inflated by the focus group voucher incentives. Additionally, the impact of the taster sessions on the uptake of service by the communities more broadly was likely to be much smaller than it may have been if a broader audience had been reached by the taster sessions. Notwithstanding these issues, we suggest that the insights gleaned warrant Wolverhampton local authority revisiting the planned outreach activities at a time when they are better able to implement them with appropriate resources. As noted by the strategic lead at Wolverhampton, the process of doing this work has been very valuable as a way of trialling the implementation of outreach activities as well as getting feedback on them.

Another limitation concerned the acquired uptake data. Whilst efforts had been made in the earlier phases of the project to plan the data collection, including provision of a 'mock-up' dataset showing what would be needed, some difficulties around this arose. One issue concerned the fact that not all the anticipated data was available for all of the services. Despite having discussed contingency plans around Covid-19 and expectations that services would be moved online, not all Strengthening Families Hubs services were running at both the test and comparator sites during the data-collection window, and thus in some cases, data simply were not available. Furthermore, the data that were available, weren't always in a helpful format, for instance, being grouped across timeframes such that it could not be broken down to pre/post intervention. This made it impossible to categorically answer RQ4. Wolverhampton's strategic lead noted that, with hindsight, it would have been better to request project support within the local authority for this work. This would have resulted in a smoother process with fewer delays.

Recommendations

- There would be value in Wolverhampton revisiting the initially planned outreach activities at a time when they are better able to commit the required staff and resources to the project.
- Strengthening Families Hubs should continue to offer taster sessions of their services to families of non-White-British heritage with English as second language. These should ideally optimise facilitators and reduce barriers that came out in the focus group discussions (i.e., timed to avoid school runs, located in familiar settings, with language support e.g., presence of translators etc)

Literature review findings on partnership approaches between support services and schools

This literature review is based on four full-text papers including quantitative research, a programme evaluation report and a discussion paper. Two papers are based within the USA, one paper is based in the UK, and one paper is based in Australia. It is clear from this evidence review that research into how to engage parents in family hub services through teams around the school are limited. Therefore, there is a lack of understanding about how schools can effectively communicate or advertise parenting support programmes. As previously mentioned however, this is not an exhaustive review of the literature but results specifically from the forward citation searchers of the EIF review.

School involvement in the recruitment of parents to family services

Limited research has explored the role of the school in facilitating parental engagement with services such as the team around the school (TAS) and family hub services. A quantitative study revealed that enrolment, retention and programme completion of a parenting programme delivered within a school setting were higher for parents who received teacher endorsement, a testimonial booklet (i.e., positive experiences from parents) from the school and an individual recruitment call³⁶. Furthermore, a programme evaluation revealed that difficulty engaging parental interest in parenting services was a barrier³⁷. One paper using a Delphi method (gathering a consensus view of experts) identified that schools need to use evidence-based strategies to increase parental engagement in family services, but the authors did not specify what these strategies should be, suggesting a limited understanding of how best to increase and encourage parental engagement³⁸.

Individual characteristics of parents as barriers to engagement

Previous research has identified that there are environmental and individual barriers to engaging parents with family services. Programme evaluation research, a discussion paper and quantitative research revealed that schools' communication with parents about relevant services should be mindful about parents' individual needs and circumstances that may act as a barrier to accessing parental services^{37,38,39}. In particular, parents facing the highest levels of conflict, hardship, trauma and mental health issues will struggle to access services³⁹. Furthermore, delivery time and location may also be a barrier due to work commitments and childcare^{37,39}, therefore it is proposed in a discussion paper that schools should work with parents to identify obstacles in order to develop strategies to minimise these barriers³⁹.

Stigma associated with attending parenting programs

The stigma from other family and friends about attending parenting programmes is positioned as a barrier for some parents. A discussion paper exploring how schools can implement strategies to encourage parental engagement in services identified that stigma is a barrier and that schools can help to minimise this by orchestrating a positive image of the programmes through advertisements and communication strategies³⁹. A study using the Delphi method also revealed that, to encourage parental engagement, advertisements used by schools should use inclusive and non-stigmatising language, and that these communication tools or adverts should be easily adaptable so that they can be used by school staff³⁸. This paper also found that school staff should ensure their tone is positive when approaching parents and use language that is inclusive, blame-free and shame-free³⁸.

Wakefield

Project summary

The Wakefield project focused on evaluating a new communications strategy to advertise both 'Team Around the School' (TAS) support and family hub services. The communications strategy was designed by Wakefield Council and already in the process of being implemented at the beginning of the project. The strategy was designed for implementation by schools, who were supported in phased release of specific information and the provision of content to embed in school websites. Qualitative interviews were conducted with parents of children attending the schools where the new communications strategy was piloted ($n = 7$) and parents of children attending comparison schools which were not implementing the new communications strategy ($n = 5$). Interviews were also conducted with staff responsible for implementing the strategy in the pilot schools ($n = 3$). Parent interviews elicited barriers and facilitators to accessing TAS and family hub support to enable comparison of general awareness of the services in the parents recruited from the pilot vs. non-pilot schools. Staff interviews elicited staff experiences of implementing the strategy, and their perceptions of the strategy and its effectiveness. Interviews were transcribed and subjected to a thematic framework analysis using the TDF to identify barriers and facilitators. Findings indicated that generally, parents from the pilot schools appeared to have greater awareness than those from non-pilot schools that their child's school could be a source of support for difficulties with their child. This suggests that the new communications strategy had a positive effect on knowledge of available support. Staff member reports also chimed with this – staff felt that the communications strategy had helped raise awareness of family support services. Findings also highlighted that despite the communications strategy, parents may not understand or remember jargon or details about how different services fit together. Barriers to accessing support when needed included negative emotions around needing support, and fear of social services' involvement. These powerful factors are unlikely to be adequately addressed via communications alone and would require supportive conversations with trusted persons. Recommendations include simplifying the 'call to action' element of the communications strategy, and considering how trusting relationships can be built with families in advance of support being needed, such that accessing support at the point of need is facilitated.

A second aim of the Wakefield project was to examine service uptake data in the area where the new communications strategy was implemented and a suitable comparator where the strategy was not implemented. Unfortunately, challenges were encountered in this phase of the project. The emergence of the Omicron variant of COVID-19 meant that some family hubs services were not running. A changeover in case recording systems and a service restructure hindered data collection. Overall, numbers of referrals were too low to undertake the planned statistical analysis. However, descriptive statistics suggest that the communications strategy may have had a positive effect on service uptake.

Background

Local context and project structure

The district of Wakefield has a population of around 352,000, and is the 54th most deprived district in England, out of 317⁴⁰.

Wakefield local authority reported that families of school-aged children (5-16 years of age) had low awareness of the new remit of Family Hubs to provide services for families of children aged 0-19 or up to 25 for those with special educational needs and disabilities (SEND) as the local authority transitioned from Children's Centres, whose much more limited remit was to support the families of children up to 5 years of age. This transition began in January 2021, with the LA using the term 'Family Hubs' from March 2021 onwards. There was a concern that families with children aged 5 and over who were struggling were therefore not accessing relevant Family Hub services at the point that they needed them, and that this would result in poorer medium and longer-term outcomes.

Wakefield local authority implements a 'Team Around the School' (TAS) model, whereby multi-agency professionals work collaboratively to support families, with the school situated as the focal point for access.

The goal of the current research was to evaluate a new communications strategy implemented in schools, designed to promote awareness of the TAS support available, and other Family Hub services. At the time of this research, the new communications strategy was being piloted in four primary schools and two secondary schools within Wakefield in advance of being rolled out across the district.

This project comprised two elements: (i) qualitative interviews with parents of primary school-aged children and school staff; and (ii) quantitative analysis of routinely collected data about self-referrals to TAS and uptake of Family Hubs services within Wakefield.

Target services

There are two services for which the new communications strategy aimed to promote awareness and uptake: (1) Family Hubs interventions and (2) Team Around the School support. The Family Hubs are staffed by the Early Intervention & Prevention Service, who deliver a range of intervention programmes and lead on the Team around the School delivery model. This ensures there is a direct link from Family Hubs in the LA's work with schools, to provide services at the earliest opportunity, by the right service at the right time.

The Family Hubs interventions in Wakefield comprise a wide range of courses, workshops and programmes for parents and families. Programmes and groups for parents/carers include:

- Early Years Parenting (5 weekly sessions for parents/carers of 2-8 year olds)
- Parenting 10-17 years (9 weekly sessions for parents/carers of 10-17 year olds)
- Triple P Family Transitions (5 week course for divorced or separated parents/ carers)
- Who's In Charge programme (6-8 week course for parents/carers of 8-16 year olds)
- Freedom Programme (8 week course for women who have experienced domestic abuse)
- Parental wellbeing group (support for coping with stress, anxiety or low mood)

Alongside groups for families with pre-school children, the following are available for families with school aged children:

- Aspiration and Wellbeing (weekly after-school group for 8-12 year olds)
- Young Carers Group (weekly group for young people under 16 who care for a friend or relative due to illness or disability)
- Boxing Exercise Anger Management (BEAM) group (2 sessions for 7-17 year olds)

Wakefield currently has nine Family Hubs. As the Family Hubs are responsive to local need, the availability of interventions varies by hub but there is a core offer of interventions in common across the Family Hubs.

The Team around the School (TAS) delivery model is a child and family-centred, school-led early intervention support programme that responds to identified need at the earliest opportunity. The TAS works with families to build their resilience and independence to find solutions that focus on prevention, aiming to reduce over-reliance on services over time.

The TAS is made up of professionals from across the local authority and partner organisations: Early Intervention & Prevention Service; Future in Mind Partnership; WISENDSS (Wakefield Inclusion Special Educational Needs & Disabilities Support Service) Inclusion Advisory Teachers if a SEND need is a key factor; Educational Improvement Teachers (for secondary); and School Nurses (for secondary) if a health need is identified. This core team will link with the school lead to provide a coordinated multi-agency approach to the early identification of need and to agree who is best placed to work with the family to provide the agreed support.

Initiative

To raise awareness and understanding of the TAS delivery offer and the Family Hub delivery model, Wakefield local authority started implementing a new communications strategy in collaboration with six pilot schools (four primary and two secondary) in January 2022. The communications initiative comprised scheduled delivery of posters, leaflets, and a video^b, and support embedding these materials onto the school's own

^b Wakefield's Team Around the School video available at <https://vimeo.com/719385318>

webpages. The materials include information on both TAS support and Family Hubs services (see Appendix I for examples). This initiative is planned to be rolled out across all schools in Wakefield. The current research therefore offered the opportunity to explore the impact of the communication strategy and possible areas for development prior to the wider rollout.

The schools involved in this research were selected by Wakefield local authority based on their relationships with the schools, for example, schools where other work had been conducted in partnership with the local authority. All four primary pilot schools were included in this research project, and three primary schools where the communication strategy had not yet been implemented (hereafter referred to as non-pilot schools) were included to provide means of comparison.

Research Questions

The research questions (RQs) guiding this research were:

RQ1: Does the new Communication Strategy increase parents' awareness of Family Hubs services? (Addressed in Phase 1)

RQ2: Does the new Communication Strategy reduce a sense of stigma around Family Hubs? (Addressed in Phase 1)

RQ3: Does the new Communication Strategy promote parents' motivation regarding Family Hubs services? (Addressed in Phase 1)

RQ4: How do teachers experience implementing the new Communication Strategy? (Addressed in Phase 1)

RQ5: Does the new Communication Strategy increase parents' self-referrals to Team Around the School support? (Addressed in Phase 2)

RQ6: Does the new Communication Strategy increase uptake of Family Hubs interventions (listed above)? (Addressed in Phase 2)

Phase One: Interviews

We used individual interviews to explore how the new communication strategy affected the barriers and facilitators to engaging in parenting support offered by Family Hubs and the Team Around the School. We interviewed parents and staff from the pilot primary schools, and parents from the comparator non-pilot primary schools.

Method

Recruitment

Ethical approval for the research was granted by Sheffield Hallam University Ethics Committee. We intended to recruit 12 parents across the pilot and non-pilot schools. Initially, information about the research (participant information sheet, consent form and study advert) was provided to the schools participating in the research, who passed this information on to parents via their usual communication channels (e.g., email or app notifications). However, this recruitment method did not result in the required sample size. A member of staff from Wakefield local authority then liaised with the participating schools to attend the school in person during morning drop-off or afternoon pick-up times. School staff and the local authority staff member were then able to approach parents in person with hard copies of information about the research and complete consent forms with those interested in taking part. Using these two methods of recruitment resulted in 23 parents, from the four pilot schools and two of the non-pilot schools, consenting to take part in an interview. Completed consent forms were scanned and securely digitally transferred to the research team at SHU, who then contacted parents by email to arrange their interviews. Of the 23 parents who had completed consent forms to take part in the project, 12 took part in an interview; the other 11 either did not respond to contact attempts by the research team ($n = 9$) or did not attend the interview as planned ($n = 2$).

Staff members were recruited from the four pilot primary schools. Members of staff who had been involved in implementing the new TAS communication strategy were provided with a staff-specific participant information sheet and consent form. As before, completed consent forms were scanned and securely transferred to the research team at SHU and interviews were subsequently arranged. Five members of staff completed consent forms to take part in the research, but only three of these staff members, from three different schools, participated in an interview. The two staff members who did not participate reported being unable to find the time.

Data collection

Interviews were conducted between May and July 2022. All participants were given the option of participating in a remote interview via an online video conferencing platform or by telephone. All of the staff participants opted to have an online interview while all of the parent participants chose to be interviewed by telephone. Interviews were semi-structured, following an interview schedule with additional probes used as needed to explore topics fully. Parent interviews explored capability, opportunity and motivation factors associated with accessing Family Hubs services and TAS support. Staff interviews explored experiences of using the new communication strategy to promote TAS support and Family Hub services. The interview schedules are provided in Appendix J. Interviews were audio-recorded and transcribed verbatim. All participants were emailed a debrief sheet containing information about the study and signposting

information after their interview. Parent participants were sent a £25 voucher as thanks for their time.

Data analysis

Our research questions regarding the barriers and facilitators to engagement with services focussed on awareness (RQ1), stigma (RQ2) and motivation (RQ3) which were the key outcome initiatives defined in the logic model with Wakefield local authority¹. However, to ensure that we did not miss any unexpected findings about other barriers/facilitators we examined the data using the full range of COM-B and TDF factors. Transcripts of the first five parent interviews were coded using the COM-B and TDF frameworks without further elaboration of the domain (e.g., a piece of text might be coded to 'capability\knowledge', see coding framework, Appendix K). Text was also coded in relation to whether it was about Family Hubs services or TAS support.

A more detailed hierarchical framework was then constructed by reviewing the types of statements under each TDF domain and using inductive content analysis to identify themes. This more detailed framework was then used when coding data from the remaining parent interviews. Themes were added and revised as needed in line with the data from the remaining interviews. Data from the staff interviews pertaining to parents' barriers and facilitators were also coded to the TDF themes, with inductive thematic analysis being used to identify additional themes relating to the communication strategy itself. When all interviews had been coded, data coded to each theme were analysed further to identify subthemes. Similar and contrasting patterns in the identified themes and subthemes were then explored within and between cases. This included comparisons of the themes identified for parents from the pilot vs non-pilot schools, and for Family Hubs services vs TAS support.

Participants

Twelve parents participated in an interview. Seven of the parents interviewed had children at one of the pilot schools and five had children at one of the non-pilot schools. All of the parents interviewed were mothers and most (n = 11) were White British. Only two had children who were eligible for free school meals on the basis of household income/benefits. Other demographic information is shown in Table 8.

Table 8: Wakefield parent participant characteristics

Characteristic	Pilot schools (n = 7)	Non-pilot schools (n = 5)
Age range	24–51	32–47
Ethnic background: White British (n)	6	5

Ethnic background: Mixed heritage (n)	1	0
Parents of children eligible for free school meals (n)	1	1
Parents of children ineligible for free school meals (n)	6	4
Parents of children aged 0-4 years (n)	2	2
Parents of children aged 5-10 years (n)	7	5
Parents of children aged 11-18 years (n)	1	0
Parents of children aged 18+ years (n)	1	1
Parents of children with identified SEND (n)	3	0
Parents of children awaiting/undergoing SEND assessment (n)	1	3
Parents of children without identified SEND (n)	3	2

Note. SEND = special educational needs or disabilities

Three members of staff participated in an interview. Two were in senior leadership roles within their schools and one was in an administrative role. All three had been in their current posts for at least a year and had worked within schools for between 3 and 15 years. Two participants were female and one was male.

Findings

Themes identified in the interview data were organised into capability, opportunity and motivation barriers/facilitators affecting parents' engagement with family support services, and staff perceptions of the new communication strategy, with reference to the specific RQs as appropriate. Where it was possible to discern differences between the themes and subthemes identified for parents from the pilot schools and the non-pilot schools, this is reported in each section. However, during the interviews, it emerged that one of the non-pilot schools had held events for parents at which workers from the Family Hubs spoke about their service. The Family Hubs had also had a stall at the school's usual fundraising event. These outreach activities at this non-pilot school meant that parents' awareness and knowledge of Family Hubs services was greater than it otherwise would

have been, and may have also positively influenced parents' social opportunity and motivation to access Family Hubs.

[The stall was] really good because I wouldn't have known about [the Family Hub] like I said unless you go in and ask, I wouldn't have known about it and having that stall, a lot of people seemed interested like they were asking them questions... [the worker was] really nice and polite and made you want to speak to her. - *P15, non-pilot school parent*

The fact that this non-pilot school had held these outreach events limited the inferences that could be made regarding the influence of the communication strategy on parents' capability, social opportunity and motivation to access Family Hubs services. However, the TAS approach appeared not to have been actively promoted at these outreach events, which meant that more direct comparisons between the pilot and non-pilot groups were possible regarding the factors linked with accessing TAS.

Capability factors

All of the identified capability themes (knowledge of the service, knowledge of how to access the service, and sources of knowledge) related to RQ1, which asked whether the new Communication Strategy increased parents' awareness of Family Hubs services.

Knowledge of the service

Across all the parent participants, a minority ($n = 3$) reported unfamiliarity with the phrase 'Family Hubs', but most parents had at least some awareness that there were centres in the community that provided services for families. However, there was a lot of uncertainty about exactly what could be provided.

I think they do the drop-in weight for your babies, and I think you can call in do tests and things, and aside from that I don't really know much else.
- *P2, pilot school parent*

Parents often had the perceptions that Family Hubs services were for new parents, parents of pre-school children, parents of children with complex needs or disadvantaged families, although some parents commented that anybody who needed help and support could attend. There was less awareness that there were services available to support parents of school-age (and older) children with common parenting issues. When parents had more detailed knowledge about Family Hubs services, it was due to personal experience: one parent had accessed Family Hubs services outside Wakefield and four had accessed support from Wakefield Family Hubs due to their children having special educational needs or disabilities.

Most parents ($n = 11$) reported being unfamiliar with the phrase 'Team Around the School' and familiarity with other related phrases such as 'Wakefield Families Together',

'Children First' and 'Early Help' was also low. However, all parents from the pilot schools had at least some awareness that families could approach their child's school for support.

They [school] are always making parents aware that if we need help or anything that we can contact the school. Not actually heard of that one [TAS] though. - *P1, pilot school parent*

Parents from the non-pilot schools were less aware that they could approach the school for support unless they had personal experience of asking school for support.

I think the main thing is knowing what support and what services are available to you when you need it. I think that's probably the main problem is that people don't always know where they can go or what support is available, do they? - *P7, non-pilot school parent*

Across parents, there was some uncertainty about how the services available via Family Hubs and TAS compared to each other and what each service could provide support for.

I don't know whether the family centre would deal with school age children or not but I would assume that going through school it would be more age related. - *P4, pilot school parent*

I feel more like the Team Around the School is maybe more expert based. - *P3, pilot school parent*

Even when parents had received family support in the past or were undergoing special needs assessments for their children, there was uncertainty about exactly how this was being provided or by whom, for example, whether support was being provided by school staff or a professional from an outside organisation. Reflecting this uncertainty, one of the staff participants commented that parents could be unclear about who was providing support for their family, referring to workers as 'counsellors' regardless of their actual role.

Knowledge of how to access the service

Knowledge of how families could access Family Hubs and TAS support was mixed, with some parents having firm knowledge of how these services could be accessed, while some only felt able to guess. Five of the seven parents from the pilot schools reported firm knowledge about how to access Family Hubs and/or TAS while this was only the case for one of the five parents from the non-pilot schools.

You just walk in and usually the staff are quite helpful. I used to just go in and sign myself up for classes ... so other than that I don't know if there's any other way to get involved with them. - *P6, pilot school parent*

I know from our school it's through the head teacher. - *P5, pilot school parent*

In [my child]'s school they have wellbeing teachers who have actually trained in mental health, wellbeing and stuff as well so they if you do need any advice I know where to go and who to go to. - *P13, non-pilot school parent*

I wouldn't really know how to go about getting [support from a Family Hub], I think it would more than likely I'd have to go to the learning centre thing and ask for it. - *P14, non-pilot school parent*

Nine parents reported that if they wanted to access Family Hubs or TAS support, they would look for information online and/or speak to someone at their child's school or the Family Hub, either in person or by telephone.

Sources of knowledge

Parents in both the pilot and non-pilot schools talked about a variety of means by which they had received information about Family Hubs and/or TAS: school apps, school websites, emails and newsletters from school, Facebook pages, the Family Hubs website, leaflets, letters, posters around school and in community venues, friends and family, other professionals, and outreach events.

Family Hubs information

Only one of the seven parents in the pilot group cited their child's school as a source of information about Family Hubs, which was provided via the school website. Other parents at the pilot schools had awareness of Family Hubs through personal experience of attending baby sessions in the past, from posters in community venues, through Facebook pages, through letters and leaflets sent by the council, from friends and family, or from professionals with whom they had contact, including an outreach worker at a library.

Three of the five parents in the non-pilot group cited their child's school as a source of information about Family Hubs. Notably, these three parents had children attending the school that had held Family Hubs outreach events. Family Hubs information had been provided at these events and through emails from school and posters at school.

We got some leaflets as well that we could pick up there...with numbers on them, all different information about, you know, if you do need that support or help that was available in these leaflets and they told us where we can reach them. - *P13, non-pilot school parent*

Other sources of information about Family Hubs were personal experience, Facebook pages and work emails.

Team Around the School information

Six of the seven parents in the pilot group cited their child's school as a source of information about family support that they could access through school (even if they were unfamiliar with the phrase 'Team Around the School').

It's good to know that it's there, that there is access via the [school] website and like I say, that would be the first place I would look if I wanted you know, some assistance, so it is always good for them to signpost to other places. - P4, pilot school parent

In most cases, this information had been provided through digital means: the school website, school apps, and school emails and newsletters, but one parent also remembered her child receiving a TAS promotional water bottle and leaflet and another parent thought she might have seen posters around school. Other sources of information about school-based support were personal experience of asking for help from school and having friends who had done the same.

Two of the five parents in the non-pilot group cited their child's school as a source of information about mental health in children (letters and events for parents), but it was unclear whether they had received specific information about being able to approach school for support as part of this. No other specific communications about approaching school for support with children was reported. Three parents in the non-pilot group knew that they could ask for help from school as they had personal experience of doing this.

Overall, it appeared that the communication strategy that was used in the pilot schools had more impact on parents' awareness of support that could be provided through the school than on awareness of Family Hubs services. It also appeared that the outreach event at the non-pilot school had been useful for raising awareness of Family Hubs services.

Opportunity factors

Stigma and perceptions of people who use family support services

RQ2 asked whether the new Communication Strategy reduced a sense of stigma around Family Hubs. However, the idea that stigma might be a barrier to families accessing family support services was rarely mentioned, although some parents did have the expectation that the people accessing Family Hubs services might be people with complex needs. Two participants talked about how there used to be stigma about accessing family support but they felt this was no longer the case.

I think at one time there was a stigma attached to using services like that, but I do believe that that stigma has now dissipated, and people are far more willing to, or people like me maybe I think are far more willing to say “actually I do need a little bit of help”, so I would have no qualms about it now. - *P2, pilot school parent*

Furthermore, participants tended to say that they would not think negatively about people that accessed Family Hubs and that they thought that people should make use of services that are available.

I think it's a really good thing to get help and to access [Family Hubs]. - *P4, pilot school parent*

I think if people need to use it, I think it's a great idea. - *P14, non-pilot school parent*

With regards to the TAS model, stigma was never mentioned and parents were only positive about the idea of people accessing family support through the school.

I just think it would be an amazing thing, I think it would be a good thing for parents to take up the opportunity to discuss with the professionals any concerns that, I think it would be a good thing. I don't think anybody would think badly of anybody for using the service. - *P8, non-pilot school parent*

Overall, the perceptions of others and stigma around accessing Family Hubs/TAS were not reported by parents to be significant barriers to accessing family support. However, some staff and parents talked about the difficulties of needing help in terms of the associated negative emotions (as discussed below in the section about ‘emotions relating to asking for help’).

Experiences of others

Ten parents knew of other people who had accessed Family Hubs or approached their child's school for support. Two parents had heard of negative experiences reported by others, both of which related to seeking help through schools.

My friend's little boy has got special educational needs and ... my friends not had very much joy with them [the school] ... And so, I think whilst the school would say they've done everything they can, I think they probably could have done a little bit more. - *P2, pilot school parent*

Other experiences of family support reported by others either related to limited involvement with Family Hubs, for example, new parents attending baby groups, or of people successfully seeking help through schools.

I mean aside from the playgroups, and I know a couple of friends have taken their babies up for weighing, but aside from that I don't know of anybody who's accessed the service. - *P2, pilot school parent*

Access barriers

Two parents reported environmental barriers to accessing Family Hubs: the distance to the venue and clashes with working patterns.

There's this group and that group and it was all out of area for me, like two bus rides away. - *P5, pilot school parent*

At the time when it [Family Hubs activities] was offered out I was working full time and my partner was as well, although it was useful sometimes it made it hard to take advantage of. - *P10, pilot school parent*

Some parents also noted that the COVID-19 pandemic had stopped some services from running and/or prevented them from being on the school premises as they would normally have been, thus limiting their interactions with school staff during the last two years.

Motivation factors

RQ3 asked whether the new Communication Strategy promoted parents' motivation regarding Family Hubs services and hence was a broad question. Three of the identified motivation themes (beliefs about consequences of accessing family support services, emotions relating to asking for help, and intentions to access family support services) related to this research question as areas that could potentially be influenced by remote communications. One other identified motivation theme (previous experiences with services) was not able to be influenced by the Communication Strategy but was still linked with parents' motivation to access family support.

Beliefs about consequences of accessing family support services

There were no obvious differences in parents' beliefs about the consequences of accessing Family Hubs/TAS between the pilot and non-pilot groups. All parents expected that if they were to access Family Hubs and/or TAS, they would receive help, support or advice. The ability to speak to or have input from someone impartial was mentioned as a benefit of accessing Family Hubs/TAS by some parents. Getting social support (i.e., meeting other families) and the financial benefit of free-to-access services were also cited as potential benefits. Some parents also perceived accessing TAS to have the

benefit of providing a single point of contact and continuity with professionals who were supporting their child/family.

Most parents stated that they would not have any concerns about accessing either Family Hubs or TAS. One parent reported previously having a concern that asking for help with her children would lead to having her children removed by social services, but following input from Family Hubs she could now recognise that this fear was unfounded.

I actually went through for a few years scared like to open up to people thinking, you know, will they take my children off me if they know that [my child]'s getting me so down and upset. - *P15, non-pilot school parent*

Some parents expressed concern that Family Hubs might not be able to provide support that they would find useful and would want to know more about the services available and the expertise of the staff to feel confident that going to a Family Hub would be helpful. Some parents had received previous signposting input from services, which they had not found helpful, and wanted to be able to talk to someone knowledgeable about their child.

...to give people a load of leaflets and say "off you go, go and ring these people and find help", when actually that's not enough, I need somebody to tell me directly what to do because I don't have time to process all those leaflets. - *P2, pilot school parent*

The timescales of having to wait to access services was mentioned as a concern for two parents, although the impact of the COVID-19 pandemic was acknowledged. One parent would want to be reassured about confidentiality of the Family Hubs/TAS services for both her and her child if they were to access them, that is, she would not want to have to speak in a group and she would not want her child's needs being public knowledge.

Emotions relating to asking for help

Staff participants talked extensively about the difficulties for parents of engaging with family support services in terms of shame and fear around the implications of asking for help as a parent.

I think there is an element of shame, of embarrassment, of guilt around the services that are there, they have negative connotations I think for some families - *P11, staff member*

I think unless it's somebody they know really well and they can trust, they are scared to make that link and particularly within my community there's a great fear of social workers and social services. And lots of parents join the dots, quite wrongly - *P9, staff member*

Staff perceptions were that parents could experience a sense of shame around perceiving themselves to be inadequate as a parent and fear of instigating involvement with social services that could ultimately result in the loss of one's children.

In contrast, negative emotions re: asking for help were only occasionally mentioned by parents: one parent noted her previous fear of losing her children (as previously noted) and one parent alluded to this fear in other people, although she had not experienced it herself.

They're there to help, they're not there to, you know, take your kids away, they're there to help you and help your child. - *P4, pilot school parent*

Another parent reported previously feeling reluctant to approach the Family Hub for support due to not wanting to feel that she couldn't cope on her own.

It sort of felt to me as if I couldn't handle my child, my kids as such so I needed that additional help and I am like "no, I can do it" ... So I was a bit reluctant to accept it as such - *P5, pilot school parent*

Two parents expected that they would feel grateful for receiving support if they were to need it.

If I felt that I did need it then, you know, I'd be very grateful for the support. - *P14, non-pilot school parent*

It is noteworthy that the two parents who had lived experience of seeking family support talked about negative emotions, suggesting that there is a gap between anticipated and experienced emotions when it comes to seeking support as a parent.

Intentions to access family support services

Most parents stated that they would access support from Family Hubs/TAS should the need arise.

If I needed to then I wouldn't hesitate to do it, you know, absolutely I would do it [get support from TAS]. - *P4, pilot school parent*

Yes, I think if I thought I needed more support yes I probably would get in touch with [the Family Hub] you know if I did feel like I needed that extra support. - *P13, non-pilot school parent*

However, one parent stated that which service she accessed would depend on the problem she was facing, being most prepared to access Team Around the School

support for issues directly relating to the child at school, and most prepared to access Family Hubs for issues affecting the wider family.

Yes, I think if it were a family thing I wouldn't get school involved. I'd only get school involved if it was to do with my child at school. ... I think if it was a family thing ... I'd probably more go to a family centre than a school. - *P1, pilot school parent*

Previous experiences with services

Previous experiences of seeking support, through statutory agencies or through schools, was varied: five parents reported having had positive experiences of this, three parents reported negative experiences and three reported a mixture of positive and negative experiences.

[The Family Hubs workers] were just very, very supportive... You felt like you could go to them for anything really. - *P15, non-pilot school parent*

I kept going backwards and forwards from school to doctors, from school to doctors and both were saying the other one should be referring and it took a lot of going backwards and forwards to finally get the school to refer. - *P8, non-pilot school parent*

These previous experiences- combined with parents' uncertainty about how services fit together- appeared to influence their beliefs about the consequences of accessing Family Hubs and TAS: the parents who had had difficult experiences of seeking support for their children were most likely to have concerns or uncertainty about the helpfulness of seeking support if needed in the future (see above).

Staff perceptions of the new communication strategy

RQ4 asked how teachers experienced implementing the new Communication Strategy. Staff participants spoke about what had been helpful about the Communication Strategy and the ongoing challenges of helping parents to engage with family support.

Providing the materials and structure is helpful

School staff thought that being provided with the materials and instructions about promoting TAS and Family Hubs had been helpful. Although time still had to be found to follow the new communication strategy, school staff felt that it had been made as easy as possible.

I do think [the communication strategy]'s good, I think schools are so busy to have that structure, ... to say right, now do this, send this, do this, I think it has really helped... It's been communicated well and even

right down to you know, 'this is what you should put on your website'. -
P12, staff member

The strategy had prompted schools to promote TAS and Family Hubs more widely than they had done before, for example, by putting a popup link on each page of the school's website or by handing out leaflets at parents' evenings. School staff were positive about the quality of the materials/text that had been provided as this made it easy to implement via the relevant channels.

[The] materials have all been good quality. - *P9, staff member*

Promotional materials (water bottles and bags) were reported to have been well received by children at one school.

Remote communications may raise awareness, but parents may need supportive conversations to take-up services

School staff were committed to making sure that parents were given information about family support services, and schools ensured that they used a variety of channels in the hope that no families missed this information. The staff participant who was involved in both sending out communications and supporting families believed that the new communication strategy had been beneficial for raising awareness of family support services.

I think parents would definitely say they are more aware of what is available to them. - *P9, staff member*

However, school staff stated that it can be difficult to engage some parents with communications generally and there was uncertainty about whether communications (on any subject) that are sent out are actually received and read.

When we send out our information..., it doesn't mean it's been received and digested ... What we are trying to figure out for next academic year is how can we avoid the scenario where we meet with parents...and they go "Ah I didn't know that was available". - *P11, staff member*

One staff participant also questioned whether schools providing the communications about TAS/Family Hubs might reduce their perceived importance, as the message might be lost among other school-related information.

Although the communications strategy was seen as a valuable first step, the school leaders felt that taking a comms approach alone was not enough to overcome the barriers to parents accessing support.

[The communication strategy is] definitely a really good start, it's definitely worthwhile but I still think there's more to do for our really challenging families and hard to reach families. - *P9, staff member*

They reported that parents could be reluctant to accept the offer of support from outside agencies and may need support from someone with whom they already had a relationship to agree to a referral. Even when referrals had been made, some families struggled to engage with services, but more success was had when the families knew the worker that would be contacting them, or knew of them via a trusted person at school.

And it's appreciating that level of trust that is needed for families to admit that. That is hard, they need to change something, and something about their home life and their family needs to change to improve it. It's a hard step and you have to really trust somebody to make that. - *P9, staff member*

Hence, parents having trusting relationships with members of staff at the school and/or the Family Hub was important for promoting engagement with services. However, limited capacity for the current school staff to have these one-to-one conversations with parents was noted, as was the desire for more resources to address this. (Indeed, a learning mentor who had intended to be interviewed for this research was unable to take part due to lack of time.)

[The way to get the parents engaged] is that face to face, the coffee chats, getting the trust and building the relationship and that's the bit that takes the time. - *P11, staff member*

School leaders also felt that to help engage parents, Family Hubs workers needed to have an in-person presence in schools, and suggested that this could be at school events for parents/families (e.g., information sessions, fundraising events) or being available for informal meetings with parents (e.g., chats in the school playground or drop-in sessions).

Phase Two: Analysis of Service Uptake Data

We examined data collected by Wakefield City Council about the families from the project schools (the four pilot schools and three comparator non-pilot schools) who accessed Family Hubs interventions and the number of self-referrals to TAS made by families with children attending those schools.

Method

We had planned to compare Family Hubs service uptake and TAS self-referrals between pilot school families and non-pilot school families, and across different time points

between January and June 2022. However, low numbers of families with school aged children accessing Family Hubs interventions and self-referring to TAS meant that the planned statistical analyses (chi-squared tests) were not possible. One contributing factor to the low numbers is likely to have been the emergence of the Omicron variant of COVID-19, as this meant that some Family Hubs interventions were not running in January 2022. A changeover of case recording systems used by the Family Hubs, combined with a restructure of the Early Help Service, also hindered data collection. As such, the data reported below comprises data about families and children accessing Family Hubs interventions and self-referrals to TAS over the January–June period combined, rather than month by month.

Results

Overall, the four pilot schools serve a school population of 1,155 pupils. Between January and June 2022, 14 families from these schools accessed a Family Hubs intervention. Seventeen children from these schools accessed support from TAS following self-referral by their parent (1.5% of the school population). Uptake and self-referral data for the individual pilot schools are shown in Table 9.

The three non-pilot schools serve a school population of 620 pupils. Between January and June 2022, four families from these schools accessed a Family Hubs intervention. Three children from these schools accessed support from TAS following self-referral by their parent (0.5% of the school population). Uptake and self-referral data for the individual non-pilot schools are shown in Table 10.

These data therefore show that a higher proportion of families from the pilot schools accessed Family Hubs interventions and TAS support during the study period than from the non-pilot schools. Although we were unable to carry out analyses to assess whether this difference is statistically significant (i.e., can be considered a real difference, rather than due to random factors), these data suggest that the communication initiative may have had a positive impact on the uptake of Family Hubs interventions and self-referrals to TAS. There was no indication that the communication strategy had had a detrimental effect on Family Hubs intervention uptake or self-referrals to TAS.

Characteristics of the families from the pilot and non-pilot schools who accessed Family Hubs interventions are shown in Table 11. Most of the parents (13/18) accessing Family Hubs interventions were female, and most (15/18) were White British. However, as the ethnic minority population of Wakefield is 7.2%⁴⁰, the proportion of the sample from ethnic minorities is higher than would be expected, at 16.7% (3/18). Uptake of the specific Family Hubs services by these families is shown in Table 12.

Table 9: Wakefield uptake and self-referral data from pilot schools

School	School population (n)	Families taking up Family Hubs interventions (n)	Children in families taking up Family Hubs interventions (n)	Children accessing TAS support via self-referral (n)
1	335	7	12	11
2	260	4	6	4
3	220	1	1	0
4	340	2	3	2
Total	1,155	14	22	17

Note: Data reflect January-June 2022

Table 10: Wakefield uptake and self-referral data from non-pilot schools

School	School population (n)	Families taking up Family Hubs interventions (n)	Children in families taking up Family Hubs interventions (n)	Children accessing TAS support via self-referral (n)
5	235	0	0	0
6	183	1	4	0
7	202	3	9	3
Total	620	4	13	3

Note: Data reflect January-June 2022

Table 11. Wakefield families accessing family hubs services

Characteristic	Pilot school families (n = 14)	Non-pilot school families (n = 4)	Pilot and non-pilot school families (n = 18)
Age of parent, <i>mean (SD)</i>	38.00 years (7.40)	35.50 years (5.32)	37.44 years (6.93)
Gender of parent (<i>n</i>)	11 female, 3 male	2 female, 1 male, 1 not otherwise specified	13 female, 4 male, 1 not otherwise specified
Ethnicity of parent (<i>n</i>)	11 White British, 3 any other ethnic group	4 White British	15 White British, 3 any other ethnic group
Number of children in family, <i>mean (SD)</i>	1.57 (0.85)	3.25 (0.96)	1.94 (1.11)
Age of children, <i>mean (SD)</i>	8.76 years (3.06)	10.15 years (4.67)	9.29 years (3.75)
Gender of children (<i>n</i>)	7 female, 15 male	8 female, 5 male	15 female, 20 male

Note: Data reflect January-June 2022

Table 12. Wakefield family hubs interventions accessed by families

Family Hubs service	Number of families from pilot schools accessing service	Number of families from non-pilot schools accessing service
BEAM (Boxing exercise anger management)	1	2
Parenting programmes	8	0
Parental wellbeing group	2	0
Who's in charge 8+	6	3

Note: Data reflect January-June 2022

Discussion

This project explored the impact of a new communication strategy to promote TAS and wider Family Hubs services, in four pilot primary schools in Wakefield. Increasing awareness of family support services is a valuable first step in helping people to access them, and the current findings indicate that using a message/communications approach can be helpful for this. Although there was still uncertainty about exactly how and what support could be provided, parents from the pilot schools appeared to have greater awareness that they could approach their child's school for support than the parents from the non-pilot schools. Staff members also believed that the communications strategy had helped raise awareness of family support services. This is consistent with previous research findings that schools being involved in promoting services is associated with greater parental engagement³⁶.

However, the current findings also suggested that parents may take away few details from remote communications if support is not needed when the message is received. Parents may not understand or remember jargon or how different services fit together. There was a distinction between parents' knowledge about the names of services ("Family Hubs" and "Team Around the School") and their awareness that there was some kind of service that could provide family support. It may be beneficial for messages to be explicit about the name of the local service being promoted (e.g., "The <specific name of Family Hub> is a place where you can attend <specific services>").

The difficulties understanding and remembering what support is available, and for what, that surfaced in the parent interviews highlight a potential role for more streamlined messaging. Behavioural science identifies a range of established and effective action planning techniques that would be suitable for this context⁴. One of these is if-then statements, which serve to link a scenario with an intended action. If-then plans work best when they are specific, and leave no room for ambiguity⁴¹. An effective if-then plan to promote self-referral to TAS would, for example, state the potential recognisable scenario: "If you're worried about your child..." and the precise sequence of action to take in that given scenario: "then ask at the school office about getting help from the Team Around the School". Action planning is a well-established behaviour change technique that helps people translate their intentions into action⁴. Overall, messages may need to find a balance between being simple enough that people will read them (even if they do not perceive themselves to need family support) and specific enough to let people know how to access support should the need arise. This is consistent with the need to balance an intervention's burden with its coherence, which are two aspects of intervention acceptability⁶. It might also be valuable to have further information available to give to people at the point of referral/uptake.

Findings suggested that previous involvement with public sector services and the reported experiences of others may influence parents' motivation to access family support services. Parents tended to remember how they (or their friends/family) felt about

their past experiences of seeking support rather than the details of which service they accessed or what was provided. As this means that newer services (Family Hubs and TAS) may be viewed in the same light as other services, it may be beneficial to highlight what is new about the service being promoted and what parents can expect if they access it. This could be achieved through remote communications or through conversations with parents.

We found that negative emotions associated with perceiving oneself to need help as a parent and fear of social services were barriers to accessing family support services for some parents. These issues are unlikely to be adequately addressed using a remote communications approach and it is likely that supportive conversations with trusted persons would be needed to promote families' uptake of services. There was a strong contrast between parents' difficulties in accessing family support as reported by the staff participants and the lack of difficulty expected by the parent participants. This finding suggests that parents may not anticipate having negative emotional reactions to needing support, meaning that it may be valuable for parents to already have trusting relationships with staff from school/Family Hubs in advance of need. Schools may need to be provided with additional resources (staff time) to facilitate these supportive conversations, and helping parents get to know the workers from the Family Hubs and/or TAS would appear to be promising. Staff at the pilot schools thought that outreach work, whether formal or informal events, at their schools would be useful. Indeed, one of the non-pilot schools had had a presence from Family Hubs workers at information sessions for parents, which was well received.

Strengths and limitations

Our findings align with previous literature and provide additional insights into the impact of remote communications on parents' engagement with family support services. Our research method allowed us to explore the real-world impact of the communications strategy on parents' capability, opportunity and motivation to access family support services. Keeping our inclusion criteria broad (interviewees just needed to have a child/ren at one of the project schools to be included) meant that our findings have greater transferability than if we had purposively sampled individuals who specifically recalled receiving communications from the pilot schools. Comparing the themes identified across the pilot and non-pilot groups allowed us to identify how the communication strategy influences parents' engagement with family support services.

However, there are some limitations to this research that should be noted. Economic disadvantage is a known factor that negatively affects engagement with services³. The current project targeted areas of deprivation and in doing so we expected to capture a proportion of families experiencing economic disadvantage within our sample. However, most of the parents we interviewed were not in families that were eligible for free school meals (an established indicator of disadvantage⁴²). This limits the transferability of our findings to disadvantaged families. We must also note that all of the parents interviewed

in this project were women, and that it is possible that different barriers and facilitators to accessing Family Hubs/TAS may have been identified had we been able to interview fathers as well as mothers. The difficulty we encountered recruiting parents for interviews may reflect the difficulty that the staff participants reported about engaging with parents generally.

Difficulties with data capture systems during the research period and services being shut due to the emergence of the Omicron COVID-19 variant limited the analyses we were able to perform on the service uptake data. However, for the months where data were available, the numbers of families from the project schools accessing Family Hubs services and self-referring to TAS support were still too low to perform statistical analyses. This may be reflective of the qualitative findings, that while there is some awareness of family support services available and that the communication strategy may promote this awareness, overall knowledge in the community about these services is nascent. Hence, a quantitative evaluation of the impact of the communication initiative on service uptake may have been better suited to a later point in the rollout.

Recommendations

- Schools should be provided with materials, support and reminders to promote Family Hubs services and TAS support to parents as per the Wakefield pilot communications initiative.
- Communications about TAS/Family Hubs provided to schools for circulation to parents should be simple, specific and ready-to-use (or ready-to-adapt with specific, local information by school).
- Family Hubs and schools should work together to provide a scheduled presence of Family Hubs workers at events for parents (e.g., information sessions, fundraising events) and/or a regular presence on school premises (e.g., playground meet and greets, drop-in sessions). These activities should be supported by local authorities on a school-by-school basis.

General discussion

The current body of work represents a ground-breaking application of behavioural science to the uptake of family hubs services. In Durham, we have developed and evaluated a series of behavioural science-informed messages that can be used to promote parenting support services to fathers of secondary school-aged children. In Sheffield, we have developed and empirically tested the effectiveness of two behavioural science-informed messages to advertise a new peer support group for those in the first 6 months of fatherhood. In Wolverhampton, we have identified the likely positive impact of community outreach taster sessions for engaging with parents of young children from minority ethnic groups for whom English is a second language. In Wakefield, we have evaluated the extent to which a new communications strategy delivered by schools promoting available support services has increased parents' knowledge and understanding of those services. All four projects have generated valuable insights and recommendations for the individual local authorities about the requirements, barriers and facilitators of their target groups and the specific contexts in which they are developing and testing interventions. All four projects have attempted to test specific aspects of the logic models previously set out¹, and done so by adhering, in the main, to the previously specified research protocols¹. This work has yielded some important learnings for local authorities more broadly, both regarding common barriers and facilitators to engagement of parents in family hubs services and relating to the implementation of behavioural science for intervention development and evaluation.

Learnings and recommendations across projects regarding common barriers and facilitators

Across the projects there are a number of commonalities relating to the barriers and facilitators to engagement with family hubs services. Utilising the COM-B model⁴ and the TDF⁵ across all four projects allows us to map and appraise these commonalities in a coherent way.

The capability factors affecting engagement in family hubs services that were common across all projects were all related to knowledge: knowledge that family hubs exist, awareness of the services available, and knowledge of how to find out about available services. This speaks to the overwhelming need for better, more visible, more effective advertising of the services and support offered by family hubs. There is much work to do to raise the profile of family hubs and overcome the impact on public understanding of repurposing and rebranding services. The methods employed in the Durham and Sheffield projects to develop behavioural science-informed messaging that focuses on the barriers and facilitators pertinent to a given context is a useful way to ensure that advertising is effective.

Recommendation 1: Effective, behavioural science-informed messaging campaigns should be used to advertise family hubs services widely and prominently.

Regarding the opportunity factors that featured in the majority of projects, distance to venue and the cost of transport came up across all 4 projects, and perceived potential cost of actually accessing services (e.g., assuming that there may be a fee) came up in 3 projects. If distance and/or transport costs are prohibitive, parents simply will not have the opportunity to engage in family hubs services, even if they wish to do so. Similarly, if parents perceive that services might incur cost, this is a barrier that many will not overcome, even if this barrier is an inaccurate perception. Fortunately, inaccurate perceptions can be addressed via messaging, whereas addressing the (in)convenience of service locations and transport links to them requires environmental interventions such as changes to service delivery (and subsequent messaging to communicate the changes).

Recommendation 2: Family hubs services need to be offered in locations that are easy to access by all, without incurring transport costs.

Recommendation 3: Advertising of family hubs services should make it clear that services are free.

The motivation factors that featured across the majority of the projects were those concerning beliefs that seeking help would have positive consequences - a facilitator which came up in all four projects - and confidence in the ability to find information and ask for help, which came up in three projects.

In order for parents to engage with family hubs services, they need to believe that doing so will be of benefit. The Wolverhampton taster sessions provide a good example of how this could be achieved. Offering positive experiences of family hubs services as community outreach for parents to sample can build the idea that engaging with family hubs services to seek help will have positive and useful outcomes.

Recommendation 4: Family hubs should be promoted in a way that gives parents positive expectations about engaging with services.

Regarding the need to support parents' confidence in their ability to find information and ask for help, consideration of positioning as well as content of messaging is required. Durham participants commonly stated they would 'Google' to find the support they needed, cited Facebook as the most likely place to see notices on social media, and suggested printed posters on billboards in places frequently visited (e.g., buses, trains, leisure centres, libraries, shops, healthcare centres, schools). Wakefield participants reported that they would either look online or directly speak to someone, either at their child's school or at the family hub. Trusted organisations such as GP practices and 'first contact' settings, such as midwives and health visitors were valued as good mechanisms

to distribute information about services in the Sheffield project. Word of mouth and WhatsApp groups were extremely important in the Wolverhampton project, where participants also expressed a desire to be able to find information about services online, in their own language.

Recommendation 5: Information about family hubs services should be available in a variety of formats and languages, in the places where parents are likely to look for it (online, social media, trusted organisations, and by word of mouth/social networks).

Linked to the motivation factor of beliefs about consequences, lack of trust in family hubs services, and fear/shame related to accessing services was highlighted in two of the projects. Additionally, in one project, the barrier of only ever intending to access services if in crisis or as an absolute last resort, and the additional barrier of perceiving public services to be too stretched post-Covid to consider using them. Collectively, this paints a concerning picture for the promotion of Early Help services, and suggests that there is a significant need to raise the profile and public understanding of what Early Help is intended to do (i.e., provide support to avoid ever reaching crisis point).

Recommendation 6: Local authorities should promote public understanding of the role of Early Help in preventing crises.

Although not a common barrier across projects, a further motivation factor that warrants discussion is anticipated stigma associated with seeking help from family hubs services. Across projects, there were mixed views around stigma. In both Durham and Sheffield, a sense of stigma came up in the stakeholder workshops as a potential barrier to access. However, this was not corroborated by the interview data. In the Wolverhampton and Wakefield projects, local authority staff anticipated stigma being a barrier which led to the inclusion of specific research questions about stigma reduction. However, in both cases, there was no evidence of current stigma associated with service use in the data from parents. In the Wakefield data, there was some acknowledgement from parents of historical stigma, and staff data evidenced the perception that stigma remains a barrier for parents. These discrepancies may reflect genuine differences in opinion of local authority staff versus parents. That is to say, staff may be anticipating and expecting a sense of stigma that simply is not there. Alternatively, it may be the case that parents respond to questions about potentially stigmatising views about seeking support from family hubs services in socially desirable ways. In other words, when asked what they think about families who use family hubs services, they respond positively in an interview setting but privately hold different views. This chimes with participants reporting anticipatory fear/shame in the Durham and Wakefield projects, and embarrassment and worry in the Sheffield project, in relation to themselves seeking support from services. Future research is needed to better understand this discrepancy. Psychological research methods to explore the potential differences between explicit and implicit attitudes may be of use here, for example, the Implicit Association Test (IAT)⁴³. The IAT assesses

implicit, unconsciously held attitudes. Implicit attitudes can be contrary to consciously held attitudes. Using an IAT could be helpful for uncovering potentially negative feelings about seeking help from services that are not apparent in interviews/self-report questionnaires due to socially desirable responding.

Taken together, our findings regarding the capability, opportunity, and motivation factors that serve as barriers and facilitators to accessing family hubs services highlight the need for advertising to feature clear and coherent messaging to raise awareness of family hubs and what services they offer, ensure that services are in easily accessible locations, including for those who may struggle to afford transport, ensure that advertising makes clear that the services are free, and support the idea that seeking help from available services will lead to positive consequences.

Learnings and recommendations across projects regarding implementation of behavioural science

The new and exploratory approach taken in the implementation of these four projects has generated much useful learning to build on. Despite challenges faced, the collaboration between LAs and researchers in implementing behavioural science has resulted in useful findings. We therefore highlight key learning points that may be of value to others wanting to undertake similar projects. Note that the current research projects had no provision for formally evaluating the implementation and process aspects of the intervention, service, and research delivery, so identification of these key learnings is based on researchers' experiences and conversations with local authority staff. We would advise researchers to incorporate formal data collection procedures on implementation and process aspects in future projects.

In two of the projects, aspects of the intended intervention or service for which an intervention was developed to promote uptake, either did not run as intended or did not run at all. There were multiple reasons for this. In Sheffield, the intended roll out of the support group for new fathers was impeded by staff sickness. Although this did not affect the research project, it renders the findings less relevant and impactful than they would have been if the roll out of the support group was taking place. In Wolverhampton, the intended community outreach programme ended up comprising solely of a handful of taster sessions, delivered to a small group of research participants who were recruited to the taster sessions and focus groups simultaneously. This led to limitations regarding the conclusions that could be drawn from the focus group data. Future attempts to implement behavioural science projects in family hub contexts may avoid similar issues by selecting more established interventions to evaluate, perhaps seeking interventions that are further along the EIF's 10 steps to evaluation success⁴⁴.

Recommendation 7: While behavioural science research is needed in both the intervention development and evaluation stages, interventions should be sufficiently well developed prior to the evaluation stage.

In Wolverhampton and Wakefield, analysis of service uptake data was intended as part of the projects. In both cases, service delivery interruptions caused by Covid-19, over-stretched resources, and changing case management systems, led to datasets that were incomplete or non-comparable, rendering intended analyses unfeasible and tentative conclusions based only on descriptive approaches. Future comparisons of uptake data could avoid similar pitfalls through better resourcing/prioritising of data collection and analytics within local authorities, and a more joined up approach between local authority analysts and external research teams from proposal inception through to data handover.

Across all projects, recruitment of research participants was an issue, highlighting the broader challenges of engagement faced by family hubs services; namely, we were trying to recruit from populations who were identified as under-represented in service use in the first place. In Durham, the community explorer model was selected as the primary mode of recruitment on the assumption that fathers would be best engaged in research by other fathers. However, despite this model working extremely well in some under-served populations, it did not work in the Durham project due to significant problems recruiting the community explorers in the first place. Future research teams should consider whether the community explorer model is right for the target group. Our experience of using the community explorer model in a variety of contexts suggests that the community explorers themselves need to have a sense of buy-in to the research project and its aims as well as being members of the target group.

In both Wakefield and Sheffield, although the local authorities promoted the study and secured a seemingly generous number of consenting or potentially interested participants, in both cases, the conversion rate from contacts passed to the research team into interviews booked and completed was low. This suggests that in future research, teams should expect to need to very significantly over-recruit in order to fulfil intended sample sizes.

Recommendation 8: Future research should expect low conversion rates from consent to participation and over-recruit accordingly.

Across projects, there were significant difficulties with both recruitment and securing service uptake data, despite not only the motivation and buy-in of strategic leads at all 4 sites but also the considerable behavioural science expertise of the research team. This illustrates the challenges local authorities are likely to encounter in developing interventions to promote uptake of services, and conducting their own behavioural insights randomised controlled trials (RCTs), in house⁴⁵. It is imperative therefore that LAs carefully consider the data requirements of their project at the very beginning of planning their initiative, including having a clear plan in place for how, when and from where they will acquire necessary data, and how this workload will be resourced.

Recommendation 9: Planned analysis of service uptake data should be adequately resourced in terms of data collection, aggregation, and analytics.

While RCTs remain a gold standard for research evidence, they are not always practical (for instance, where small population sizes or targeted responses make random allocation unfeasible). There is also recent acknowledgement that RCTs are insufficient for informing implementation and practice⁴⁶. There are multiple possible steps prior to or instead of RCTs⁴⁴, which include the research designs employed in the 4 projects reported here. Demonstrating that it is possible to promote awareness and uptake of services from groups who are known to not be engaging, these projects provide examples of 1) how behavioural science can improve awareness and uptake of family hub services; 2) possible methodologies to assess effectiveness of interventions. Our recommendations to local authorities wishing to develop and test interventions to improve uptake of services would be to incorporate behavioural science at every stage of intervention design, development, and evaluation, to both ensure that interventions are attuned to the actual barriers and facilitators of the target group and the target behaviours (rather than abstract ideas which, however logical, may not be grounded in reality) and avoid costly methodological errors which could result in meaningless data or results which offer no value to real-world contexts.

Recommendation 10: incorporate behavioural science at every stage of intervention design, development, and evaluation

Limitations

While this programme of work has offered numerous insights to local authorities about how to promote engagement with family hubs services, it is not without limitations. A key limitation is the extent to which the research projects have engaged disadvantaged and/or vulnerable families. As discussed in the introduction, a decision was taken early on in the work to focus on local authorities' own agendas regarding targeting groups they had identified as being underrepresented in service uptake. While extensive discussions were had around this issue in the co-design and inception phases of the projects, the eventual target groups were defined by LAs' priorities regarding those that were underserved and hence warranted targeted action, rather than preconceived definitions of disadvantaged and/or vulnerable. This means that the samples were not recruited specifically to meet the EIF³ definitions of disadvantaged and/or vulnerable. That said, given the policy interest in disadvantaged and/or vulnerable groups, where appropriate, sampling strategies included efforts to recruit from more deprived areas of each locality. To assess the effectiveness of this, in 3 of the projects (Durham, Sheffield, and Wakefield), we collected data on receipt of the benefits that make a child eligible for free school meals. Free school meals eligibility is regarded as a reliable indicator of economic disadvantage²⁷. However, some families do not take up free school meals despite being eligible due to stigma²⁷, and in Sheffield, the children were not of school age. We therefore collected data on receipt of free school meal-qualifying benefits, instead of eligibility or receipt of free-school meals. In Wolverhampton, because the target group already met the EIF definition of vulnerable by virtue of being minority ethnic groups, and

concerns were raised about the acceptability to participants of questions about benefits, data on free school meal eligibility were not collected.

In the Sheffield and Wakefield interview samples, none, and only a very small proportion (2/12) of the participants respectively were on free school meal-qualifying benefits. In Durham, 7/20 were on free school meal-qualifying benefits, and in the Sheffield survey sample, 10 respondents were on free school meal-qualifying benefits. Hence, overall, while the projects did not achieve the initial aim of targeting only disadvantaged and/or vulnerable parents, economically disadvantaged parents were captured by our sampling. One concern associated with poor representation of disadvantaged parents is that the barriers identified may not map on to those that are most salient for disadvantaged groups. However, some of our key findings relate to concerns regarding the cost of accessing services, both in terms of transport and the perception that there may be a charge for services. This suggests that at least some of the key barriers which might reasonably be expected to disproportionately affect those who are economically disadvantaged have been identified, despite the limitations of our samples in this respect. In other ways, the research was highly successful in targeting groups that the LAs themselves had identified as being underrepresented and requiring intervention from their local population.

Future research should continue to prioritise the needs of LAs to take purposeful decisions regarding who are the key target groups for interventions in their local areas. However, the aim for greater representation of all disadvantaged and vulnerable groups should also remain a priority, and strategies are needed to encourage and facilitate participation in research processes by such groups. Lessons from health and medical research, where ‘patient and public involvement’ in research design and implementation is commonplace, suggest that significant effort and resourcing needs to be put into developing community partnerships⁴⁷ and utilising novel methodologies can be an effective way of engaging underserved communities⁴⁸.

Nonetheless, the current programme of work represents a foundational starting point for future research on engagement of groups and communities who are currently underserved by family hubs. Much of behavioural science draws from health and health related research⁴. The current work on uptake of family hubs services represents an initial attempt to use the tools offered by behavioural science in the context of social well-being, by supporting families to access joined-up services that support and strengthen positive relationships.

Future directions

Having found that behavioural science can be applied to promote engagement with family hubs services with great effect, it is important to consider how to support local authorities to take the next steps forwards in developing and evaluating the interventions

concerned. There are several, locality-specific future directions for the projects we have conducted:

In Durham, the completed project has provided examples of behavioural science-informed messaging and feedback on these from the target group. Moving forwards, the next step we would suggest would be a quantitative evaluation of a messaging campaign. The campaign ought to comprise a series of behavioural science informed messages, utilising those produced here, and adapting and combining in line with the findings. The campaign could first be assessed in a quantitative survey design similar to Phase 3 of the Sheffield project, and subsequently, if indicated by the results of the survey, in a randomised controlled trial, where the outcome of interest would be number of fathers engaging in parenting support services.

In Sheffield, the completed project has provided two behavioural science-informed messages and empirical evidence of their efficacy at overcoming identified barriers to engagement. The next steps here would be to conduct a randomised controlled trial comparing the new adverts with the previously used material as the support groups are rolled out. Importantly, the roll-out of the support groups also needs to be done in a way that responds to the key messages about what new fathers need from a support group.

In Wolverhampton, the outreach programme was not delivered as intended. However, the completed project indicated that the community outreach taster sessions held a great deal of promise for providing participants with positive experiences of family hubs service – a crucial facilitator to engagement. The next steps would be to develop and run the outreach programme as originally intended and implement the intended research protocol² to appraise efficacy. Greater resourcing for both running the outreach and collecting data would maximise the chances of future research running smoothly.

In Wakefield, the completed project identified that the communications strategy showed promise in promoting parents' knowledge and understanding of available services. The next steps would be to consider developing the communications plan further in light of the findings and exploring whether a trial could be feasible. Key considerations would be resourcing for data capture capacity.

There are also several avenues for future research on engagement with family hubs services more generally that are indicated by the current programme of work.

Future research could explore whether parents hold different explicit and implicit attitudes towards family hubs services, and parents who seek help from them. This is because explicit and implicit attitudes have been found to differentially predict behaviour⁴⁹ and respond differently to counter-attitudinal information, suggesting different trajectories for attitude change over time⁵⁰. Furthermore, support-seeking is an area where implicit and explicit attitudes have been found not only to differ, but differ amongst those who have, and do not have experience of having needed support⁵¹. We saw variation across projects in the degree of positivity towards the target services. Future research could

examine whether these differences reflect differences between target groups, or in response to different target services, or both.

Future research could explore the public perception of Early Help. Given that the aim of Early Help is to prevent the need for more intensive intervention later¹⁰, it is concerning that in one of the projects (Durham), a barrier to engagement that was identified was the intention not to use parenting support services unless it was a last resort. Although limited to one of the four projects, because this barrier has such concerning implications for Early Help services in general, future research could explore the extent to which this view is widely held by the general public.

Finally, a common thread across the local authorities we worked with was the need to shift public understanding of the broader remit of family hubs as they transitioned from children's centres that catered only for families with young children. Across projects, the barrier of lack of knowledge about family hubs and lack of awareness of available services suggest that further research into the general visibility and public perception of family hubs services is warranted and could compliment the more focused approaches adopted here.

Conclusion

This programme of work has successfully applied behavioural science to uptake of family hubs services. The research has supported the development of messaging content and subsequently evaluated those messages in two projects (Durham and Sheffield), finding that the behavioural science-informed messages performed well. The research has also evaluated two interventions developed by the local authorities, one of which was in the very early phase of development (Wolverhampton), and the other of which was well-established and ready for wider roll out (Wakefield). In both cases, the research has offered recommendations for what aspects of the interventions work well, and what could be improved using behavioural science. It is hoped that the current report serves to disseminate the key learnings from these projects, both in terms of the key barriers and facilitators for engaging parents in family hubs services and ways to overcome and capitalise on them, respectively, as well as key learnings for implementing behavioural science research in local authority and family hubs contexts.

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Appendices

Appendix A: Methodology and sample information for evidence review articles

Reference	Type of study	Aim	Methodology	Population of focus	Origin of study
Abraczinskas et al., 2021 A population-level, randomized effectiveness trial of recruitment strategies for parenting programs in elementary schools	Randomised Control Trial (RCT)	The overall aim was to test the effectiveness of a recruitment package to increase initial behavioural engagement in an evidence-based parenting program, Triple P, when offered universally in a school-based setting.	Families were randomly assigned to a parenting program recruitment condition: (1) engagement as usual (EAU) informational flyer, (2) EAU + testimonial booklet, (3) EAU + teacher endorsement, (4) EAU + recruitment call, or (5) all the strategies.	Caregivers of children who were in kindergarten – to third-grade (USA) students (n = 1276) attending one of five schools serving ethnically diverse families living in mostly low-income, urban conditions.	USA
Action for Children, 2021 Beyond reach: Barriers to accessing early years services for children*	Evaluation report	To better understand the support parents need in relation to using early years services.	Action for Children conducted a survey with parents to find out about their experiences of using early years experiences. Action for Children conducted the survey through Opinium.	The sample was comprised of 2003 parents of 0- to 5-year-olds in England. No demographic information provided.	UK
Lane, 2021 Parenting through the pandemic: Parents need more support. Action for Children*	Evaluation report	To understand the impact of the pandemic on parents' experiences in accessing family services.	Action for Children worked with Savanta ComRes to conduct a representative survey – survey carried out online. This survey asked parents about their experiences of parenting in the pandemic, whether they had needed support with issues related to them or their children, and whether they had got the help they needed.	The sample was comprised of 2022 parents with children under aged 18 in the UK.	UK
Action for Children, 2022 Too little, too late: Early help and early intervention spending in England*	Evaluation report	To investigate and explore early help provision across local authorities in England.	Action for Children submitted a Freedom of Information (FOI) request to 150 upper tier local authorities. This FOI asked for five years of data on early help provision starting in the 2015-16 financial year.	N/A	UK

Adler-Baeder et al., 2019 Final evaluation report: Considering contextual influences on fatherhood program participants' experiences in Alabama	Evaluation report	To explore change trajectory in multiple target outcomes over a one-year period and variations in retention and outcomes of fathers attending a fatherhood programme.	Fathers were given a pre and post survey which was given before and after programme completion. Fathers also participated in semi-structured focus groups.	Total study included 630 male noncustodial fatherhood programme participants (<i>M Age</i> = 36.5). Focus group sample was 19 adult male fatherhood programme participants (<i>M Age</i> = 43).	USA
Arif & Van Ommen, 2021 The utility of the Positive Parenting Program (Triple P) for refugee background parents	Qualitative	To explore refugee background parents' experiences of the Positive Parenting Programme (Tripel P) and to understand how to improve the programme.	This study adopted individual semi-structured interviews.	The sample comprised of 7 mothers (with 1-4 children aged between 6 weeks and 21 years).	New Zealand
Benito-Gomez & Flores, 2020 Designing and implementing parenting interventions with Latino immigrant families: Challenges and strategies	Discussion paper	To explore and identify the challenges that practitioners face when engaging Latino immigrant families with family services.	This paper draws upon relevant previous research combined with the authors' experiences of engaging Latino immigrant families with parenting services to identify the challenges that practitioners face.	The focus was on Latino immigrant parents with a specific focus on engaging low-income mothers.	USA
Burcher et al., 2021 Family home visiting and fathers: A scoping review	Scoping review	This paper aims to review research exploring the intersection between fathers and Family Home Visiting (FHV) programmes and to explore the factors associated with fathers' engagement with FHV.	Scoping review – following methods by Arskey & O'Malley (2005) to search, screen and review the literature.	Reviewed papers that included a sample or subsample of fathers attending or reported an intention to attend FHV programmes.	USA
Collins & Russell, 2020 Collaborative Language Systems: Engaging high-risk adolescent fathers	Discussion paper	This paper aims to use the Collaborative Language Systems (CLS) theory to explore the barriers faced by fathers in engaging with fatherhood programmes.	This paper uses interviews that have previously been published from fathers who have participated in a community-based fatherhood programme to demonstrate how the CLS theory can be applied.	Focused on a sample of fathers aged between 19-27 years. No information on age of children.	USA

Howl, 2021 The Perinatal Dad – Engaging fathers in the perinatal period to support breastfeeding. Fatherhood Institute*	Evaluation report	Through observations of services in Trinidad, San Francisco and Sacramento, and the UK survey of fathers, this report seeks to identify, examine, and explore strategies and services that (1) effectively engage the father in the perinatal period (2) support the breastfeeding mother through engaging the father (3) support the couple relationship in the transition to parenthood.	Evaluation of services – a case study of services in the different countries.	Perinatal fathers – fathers with new born children.	Trinidad, San Francisco, Sacramento & UK
Hansen et al., 2022 Fathers' perspectives on engaging with web-based parenting programs for adolescent mental health: A qualitative study	Qualitative	Explore the reasons for fathers' non-engagement with web-based parenting programs.	One-to-one interviews with fathers.	The sample comprised of 15 fathers aged 41-56 years who had adolescent children aged between 12-18 years.	Australia
Hutchings et al., 2020 A feasibility evaluation of the Incredible Years® school readiness parenting programme	Programme evaluation	This paper explores the feasibility of school staff in a Welsh primary schools delivering the IY-SR programme to parents of nursery and reception class children and reports preliminary outcomes in relation to strengthening home-school links and encouraging key parenting skills associated with children's school readiness.	Data were collected from parents at baseline (before programme) and another six months later once the parents had attended the program. Semi-structured interviews, questionnaires and observational measures were collected during home visits.	The sample comprised of 32 parents with a child in a nursery or reception class were recruited from 8 schools.	UK
James et al., 2020 Translating discovery science variation in facilitator characteristics in ethno-racial minority fatherhood program	Evaluation	The aim of this paper was to explore whether characteristics of fatherhood programme facilitators influenced fathers' participation in programmes and programme outcomes.	Used focus groups where each focus group consisted of 5-9 fathers.	40 fathers aged between 18-64 years. They took part in 6 focus groups. Self-identified as White (n = 5), Black (n = 10), Hispanic/Latino (n = 20),	USA

outcomes and processes: A translational science brief report				Asian (n=3) and biracial (n = 2).	
Laxman et al., 2019 Predictors of attrition and attendance in a fatherhood education program	Survey	The aim was to use the risk factor model (Kazdin, 1996) to identify predictors of fathers' participation in an external fatherhood programme.	Survey from data collected during the fatherhood program. This survey examined attendance and attrition; course characteristics (i.e., facilitators); participant demographics; relationship status and conflict; sources of stress and support.	The sample was comprised of 1040 fathers attending a fatherhood program. Fathers were living with their youngest child.	USA
Lechowicz et al., 2019 Enhancing father engagement in parenting programs: Translating research into practice recommendations	Narrative review	The aim was to identify key practice recommendations to increase father engagement in parenting programmes.	Conducted a narrative review where the aim was to integrate findings into a narrative targeting practitioners and organisations working with families to provide parenting programmes in order to highlight practical recommendations.	Papers that explore father engagement in parenting programs. Population was papers with a sample of fathers.	Australia
Mniszak et al., 2020 "Nothing's available": Young fathers' experiences with unmet information needs and barriers to resolving them	Qualitative	This study aimed to explore the relationship between information needs, information acquisition and barriers to information seeking encountered by young fathers	In-depth one-to-one interviews that occurred over a five-year period – recruitment was rolling & pps invited back for subsequent interviews. Data collected using semi-structured open-ended questions, socio-demographic questionnaires and naturalistic observation	90 expecting or parenting young mothers, 23 young fathers, 2 socially significant others (i.e., parents of young mothers) and 26 service providers recruited Mothers aged between 15-24 years Fathers aged between 17-29 years (5 aged above 25).	Canada
Osman et al., 2019 Qualitative study showed that a culturally tailored parenting programme improved the confidence and skills of Somali immigrants	Qualitative	Aimed to explore and describe how Somali parents' experiences of how a culturally sensitive programme affected their parenting.	Conducted individual interviews.	50 Somali parents who had taken part in the Ladnaan programme. 46 interviews were one-to-one, and 2 interviews were with couples.	Sweden
Sanders et al., 2021 Delivering evidence-based parenting support in educational settings	Discussion paper	This study aimed to explore how schools can implement parenting programmes and how to encourage parental participation.	This paper is a discussion of past research and recommendations for school staff.	N/A	Australia

Self-Brown et al., 2022 Findings from a structured adaptation process for the SafeCare parenting program to address family needs in a diverse refugee community	Mixed methods	This study aimed to document the adaptation process and examine the adaptation needs for the SafeCare PCI module in four refugee ethnic groups (Afghan, Burmese, Congolese, and Ethiopian-Eritrean).	Two phases to the method: Phase 1 involved an Adaptation Team gathering information in order to examine content of the curriculum and create modifications to suit the relevant ethnic minority groups. Members of the Adaptation Team were then divided into four “PCI-Adaptation groups” based on their expertise with each of the four identified ethnic groups to examine the curriculum and create modification recommendations. Phase 2 used the information gathered in Phase 1 to adapt the SafeCare PCI module. The adaptation team was then invited for an interview to provide feedback on the adapted module.	In Phase 1, the information gathering phase, an Adaptation Team was formed. The team consisted of administrators, supervisors, and family service providers from refugee resettlement agencies with expertise in parenting program service. All study participants were either members of the relevant ethnic groups, fluent in the languages spoken by the groups, or had experience delivering services to refugees.	USA
Sim et al., 2021 Strategies to increase uptake of parent education programs in preschool and school settings to improve child outcomes: A delphi study	Delphi study	This study aimed to identify strategies for increasing the uptake of parent education programs within preschool and school settings.	A three-round Delphi procedure was employed to obtain expert consensus on strategies that are important and feasible in educational settings.	The focus was on engaging parents with children in preschool and school settings. An expert panel comprised of Australian based educators, service providers and researchers who were highly experienced in working with parents and families in educational settings.	Australia
Toure et al., 2020 Exploring African American and Latino populations perceptions of parenting education programs: A qualitative assessment	Qualitative	This study aimed to explore and understand the experience of African American and Latino parents, and key informants, on the enablers, barriers, preferences and challenges to parenting education programmes.	Two focus groups were conducted with total of 15 parents. Eight key informant interviews were also conducted.	Participants aged between 33-61. Most participants were female (71%). Seven participants were African American, and eight were Latino parents.	USA

of enablers and barriers					
Turner et al., 2020 Fatherhood education with Latino fathers: A mixed-method evaluation	Mixed method evaluation	This study had two key aims. Firstly, it aimed to evaluate the impact of fatherhood education programs on a range of outcomes (e.g., father-child relations, partner conflict, employability). Secondly, the study aimed to explore experiences of Latino fathers who participated in the programmes.	Data was gathered as part of a national evaluation of a federally funded fatherhood initiative. Quantitative aspect covered measures of father-child relations, partner conflict and employability. Also employed a qualitative aspect where participants provided opportunity to respond to two open-ended survey items.	The sample comprised of 156 Latino fathers who had participated in a fatherhood programme.	USA

Note: * indicates that paper was located from grey literature searches. All other papers were located via forwards citation searches.

Appendix B: Durham interview schedule

1. Can you tell me a little about yourself and your family?
 - i. Age?
 - ii. How would you describe your ethnicity?
 - iii. Who do you live with?
 - iv. How many children do you have?
 - v. Do you have a job? What do you do?
2. Where is your local family centre?
3. What is the purpose of your local family centre?
 - a. What is available there for families?
 - b. What is available for mothers?
 - c. What is available for fathers?
 - d. When and why would you go to your local family centre?
4. Thinking about your own family's experiences, can you tell me about any support you have had to help you as a parent (from any organised service)?
 - a. How useful have you found any support that you have used?
 - b. Why do/don't you think this was useful?
 - c. How did you find out about it?
 - d. What did you know about the service before using it?
5. Where would you go now to get support with any parenting issues you might have?
6. Who else do you know that has accessed support to help with parenting?
 - a. How useful do you think they found it?
 - b. Why do/don't you think this was useful?
 - c. How did they find out about it?
7. Have you / would you speak to your friends / family about accessing parenting support? How useful was this?
8. Thinking about your own support needs **as a family** and **as a father**:
 - a. What kinds of support would you like to see available at the Family Centre?
 - b. How would you like to be informed about that support, if it was available to you?
 - c. How could the information about available support make you feel that fathers were included?

9. How easy would it be for you to access parenting services in your area?
 - a. Is there anything that would be a barrier to you accessing parenting support in your area?
 - b. Is there anything that would help you to access parenting support in your area?
10. Where and when would be best for you to access a service?
 - a. Where would it be located?
 - b. How suitable would an online service be?
 - c. When would be the best time to access the service?
11. Why would you access parenting support in your local area?
12. What would be the benefits/negative consequences of accessing parenting support?
13. How do you view people that access parenting support?

SHOW FIRST MESSAGE

14. What do you think about this message? Talk me through what you're thinking as you look at it.
 - a. How appropriate is the text? Is it easy to read, is there enough text, does it make sense?
 - b. What do you think of the colours and the images that are used?
 - c. What would you change or improve about it?
15. Who do you think it's for? Talk me through what you're thinking as you look at it.
 - a. Why do you think it's for these people?
16. How does it make you think about accessing family support/parenting services? Talk me through what you're thinking as you look at it.
 - a. Do they make you feel positively or negatively about accessing services? Why?

REPEAT 14 – 16 FOR EACH MESSAGE

17. Thinking about messages in general, where would you like to see these? What format should they be in?

[Videos? Social media? TV? On side of bus? Where?]

18. Are you in receipt of any of these? (Show list to participant - they do not have to state which one)

- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- support under Part VI of the Immigration and Asylum Act 1999
- the guaranteed element of Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit - if you apply on or after 1 April 2018 your household income must be less than £7,400 a year (after tax and not including any benefits you get)

Appendix C: Durham coding framework

COM-B domain	Theoretical Domains Framework	TDF constructs	Possible examples
Capability	Knowledge: awareness of the existence of something (can be correct and incorrect)	<ul style="list-style-type: none"> Knowledge; procedural knowledge; knowledge of task environment [know about X] 	<ul style="list-style-type: none"> Having knowledge about the existence of family hubs in Durham Having knowledge about the services that family hubs provide Lack of knowledge about importance of dads [Barrier] Uncertainty if services are for them, not feeling included [Barrier]
Capability	Skills: ability or proficiency acquired through practice (can be both present and absent)	<ul style="list-style-type: none"> Skills; skills development; competence; ability; practice; skill assessment [know how to do X] 	<ul style="list-style-type: none"> Having the psychological skills to access family hubs services e.g., making an appointment Having the physical skills to access family hubs services, e.g. having the mobility to attend an appointment
Capability	Memory, attention, and decision processes: ability to retain information, focus on aspects of the environment, and choose between two or more alternatives	<ul style="list-style-type: none"> Memory; attention; attention control; decision-making; cognitive overload/tiredness [is X something you usually do] 	<ul style="list-style-type: none"> Forgetting/ remembering to attend family hubs services / appointments Acting on or ignoring reminders to attend family hubs services
Capability	Behavioural regulation: managing or changing behaviour	<ul style="list-style-type: none"> Self-monitoring; breaking habit; action planning [do you have systems that you could use for monitoring whether or not you have carried out X] 	<ul style="list-style-type: none"> Having a plan in place for using family hubs services Creating prompts/cues for using family hubs services

Opportunity	Environmental context and resources: any aspect of the person's situation or environment that encourages or hinders the behaviour (can be absent or present)	<ul style="list-style-type: none"> Environmental stressors; resources; material resources; organisational culture; climate; salient events; critical incidents; personal x environment interaction; barriers and facilitators [do physical or resource factors facilitate/hinder X] 	<ul style="list-style-type: none"> Time Other work/life demands/ events Resources available (e.g., guidance)
Opportunity	Social influences: interpersonal processes that can cause an individual to change their thoughts, feelings, or behaviours.	<ul style="list-style-type: none"> Social pressure; social norms; group conformity; social comparisons; group norms; social support; power; interpersonal conflict; alienation; group identity; modelling [do social influences facilitate/hinder X] 	<ul style="list-style-type: none"> Presence/ absence of support from family/ friends/employers/organisations Social norms - Lack of knowledge about importance of dads Comparisons with others Stigma - Fear/shame/uncertainty regarding accessing services
Motivation	Social/ professional role and identity: how the person identifies with accessing family hubs services	<ul style="list-style-type: none"> Professional identity; professional role; social identity; identity; professional boundaries; professional confidence; group identity; leadership; organisational commitment [is doing X compatible with your identity/role] 	<ul style="list-style-type: none"> Identify as a proactive/ 'good' parent; having a sense of duty as a parent Uncertainty if services are for them, not feeling included
	Beliefs about capabilities: beliefs in their abilities	<ul style="list-style-type: none"> Self-confidence; perceived competence; self-efficacy; perceived behavioural control; beliefs; self-esteem; empowerment; professional confidence [how difficult/easy is it to do X] 	<ul style="list-style-type: none"> Confidence in their ability to access family hubs services
	Optimism: confidence that things will happen, or desired goals will be attained	<ul style="list-style-type: none"> Optimism; pessimism; unrealistic optimism; identity [how confident are you that the problem of doing X will be resolved] 	<ul style="list-style-type: none"> Optimism/pessimism that using family hubs services will have benefits for their children/self/family
	Beliefs about consequences: beliefs about the outcomes of a behaviour	<ul style="list-style-type: none"> Beliefs; outcome expectancies; anticipated regret; consequents [what do you think will happen if you do X] 	<ul style="list-style-type: none"> Perceived consequences (positive or negative) of using family hubs services Perceived effectiveness of using family hubs services Trust in family hubs services

	Reinforcement: relationship between the behaviour and any given stimulus	<ul style="list-style-type: none"> Rewards; incentives; punishments; consequents; reinforcement; contingencies, actual experiences for that person [what direct experiences has the person had with doing X] 	<ul style="list-style-type: none"> Having experienced negative consequences from using family services previously
	Intentions: the conscious decision to perform a behaviour	<ul style="list-style-type: none"> Stability of intentions; stages of change model [have they made a decision to do X] 	<ul style="list-style-type: none"> Intentions to use family hubs services
	Goals: outcomes or end states that an individual wants to achieve	<ul style="list-style-type: none"> Proximal/distal goals; goal priority; goal target/setting; action planning; implementation intention [how much do they want to do X] 	<ul style="list-style-type: none"> Having conflicting goals (e.g. wanting to use family hubs services, but this conflicts with other goals e.g., spending time doing other things e.g. work, social activities)
	Emotion: Any emotional reaction/state relating to the behaviour	<ul style="list-style-type: none"> Fear; anxiety; affect; stress; depression; positive/negative affect; burn-out [does doing X make you feel Y] 	<ul style="list-style-type: none"> Low mood, frustration, worry about how using family hubs services will feel Fear/shame

Interview schedule questions	Expected coding domain of response
1. Can you tell me a little about yourself and your family? [Age, Ethnicity, Who do you live with, How many children, Employment]	Demographic data
2. Where is your local family centre?	TDF/Knowledge
3. What is the purpose of your local family centre? [What is available there for families? Mothers? Fathers? When and why would you go there?]	TDF/Knowledge; Environmental context & resources; Beliefs about consequences
4. Thinking about your own family's experiences, can you tell me about any support you have had to help you as a parent (from any organised service)? [How useful was any support? Why was it useful/not? How did you find out about it? What did you know about the service before using it?]	TDF/Social influences; Reinforcement; Beliefs about consequences
5. Where would you go now to get support with any parenting issues you might have?	TDF/Intentions; Behavioural Regulation

6.	Who else do you know that has accessed support to help with parenting? [How useful did they find it? Why was it useful/not? How did they find out about it?]	TDF/Social influences
7.	Have you/would you speak to friends/family about accessing parenting support? [How useful was this?]	TDF/Social influences
8.	What kinds of support would you like to see available at the Family Centre? [How would you like to be informed about that support? How could the information about support make you feel that fathers were included?]	TDF/Optimism, Knowledge
9.	How easy would it be for you to accessing parenting services in your area? [Barriers / Facilitators?]	TDF/Environmental context & resources; Skills
10.	Where and when would be best for you to access a service? [Where located? How suitable would online be? When would be best time?]	TDF/Behavioural Regulation
11.	Why would you access parenting support in your local area?	TDF/Optimism; Beliefs about consequences; Intentions; Goals
12.	What would be the benefits / negative consequences of accessing parenting support?	TDF/Beliefs about consequences; Optimism
13.	How do you view people that access parenting support?	TDF/Social influences

Acceptability of messages

Intervention: (Successful) exposure to the family hubs messaging

Target behaviour: Using / engaging with family hub services

Theoretical Framework of Acceptability	TFA specification for family hubs messages	Possible examples	When not to use

Affective attitude: how an individual feels about the intervention	<ul style="list-style-type: none"> • [how does the recipient feel about message X] 	<ul style="list-style-type: none"> • Liking/not liking the message • The message makes them feel good/bad/safe/ anxious etc • The message is eye-catching/looks appealing 	<ul style="list-style-type: none"> • Emotions about using family hubs services not pertaining to message: use 'motivation\emotion'.
Burden: the perceived amount of effort that is required to participate in the intervention	<ul style="list-style-type: none"> • [how easy or difficult is it to process message X] 	<ul style="list-style-type: none"> • The message being easy to read/understand • The message being short (or not) • The message being simple (or not) 	<ul style="list-style-type: none"> • Perceived ease or difficulty of using family hubs services: use 'motivation\beliefs about capabilities'.
Ethicality: the extent to which the intervention has good fit with an individual's value system	<ul style="list-style-type: none"> • Does the message acknowledge the individual's value system? [how does message X fit with the recipient's beliefs and values] 	<ul style="list-style-type: none"> • The message fitting with the individual's values • The message promotes valued behaviours • The message is compatible with religious beliefs 	
Intervention coherence: the extent to which the participant understands the intervention and how it works	<ul style="list-style-type: none"> • Does the message explain why people should use family hubs services? [does message X make sense] 	<ul style="list-style-type: none"> • The message making sense • The message provides enough information • It's clear what story the images are telling 	<ul style="list-style-type: none"> • Lack of perceived need for family hubs services not pertaining to message: use 'motivation\beliefs about consequences'.
Opportunity costs: the extent to which benefits, profits or values must be given up to engage in the intervention	<ul style="list-style-type: none"> • Does the message acknowledge or account for any associated opportunity costs? Does the message influence feelings about any perceived opportunity costs? [would message X + using family hubs service(s) require the recipient to give anything up] 	<ul style="list-style-type: none"> • The message acknowledges or impacts the individual's feelings about: <ul style="list-style-type: none"> ○ Taking time off work to attend a family hubs service ○ Disapproval of others 	<ul style="list-style-type: none"> • The message being easy/hard to read: use 'burden'. • Opportunity barriers not pertaining to message: use 'opportunity\environmental context and resources' or 'opportunity\social influences'.
Perceived effectiveness: the extent to which the intervention is perceived as likely to achieve its purpose	<ul style="list-style-type: none"> • [is message X likely to positively influence uptake of family hubs services] 	<ul style="list-style-type: none"> • Believing that the message will promote family hubs service use • The message helps to address barriers to using family hubs services 	<ul style="list-style-type: none"> • Perceived effectiveness of the family hubs services themselves: use 'motivation\beliefs about consequences'.

<p>Self-efficacy: the participant's confidence that they can perform the behaviour(s) required to participate in the intervention</p>	<ul style="list-style-type: none"> Does the message increase the individual's confidence that they can engage with family hubs services? [does message X promote recipients' self-efficacy to use family hubs services] 	<ul style="list-style-type: none"> The message makes people feel like using family hubs services is something they could do The message makes people feel like using family hubs services is something they are in charge of (rather than being told what to do) 	<ul style="list-style-type: none"> Perceived ease or difficulty of using family hubs services not pertaining to message: use 'motivation\beliefs about capabilities'.
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Interview schedule questions	Expected coding domain of response
<p>1. What do you think about this message?</p> <p>a) How appropriate is the text? Is it easy to read, enough, make sense?</p> <p>b) Colours / images?</p> <p>c) What would you change or improve about it?</p>	TFA/Affective attitude; Burden; Intervention coherence
<p>2. Who do you think it's for?</p> <p>a) Why do you think it's for these people?</p>	TFA/Ethicality; perceived effectiveness
<p>3. How does it make you think about accessing family support/parenting services?</p> <p>a) Do they make you feel positively or negatively about accessing services? Why?</p>	TFA/Self-efficacy; perceived effectiveness

Appendix D: Sheffield interview schedule

Context:

1. Please can you tell me a little bit about yourself and your family?
 - Is this your first baby?
 - How many children/how old?
 - Any special educational needs or disabilities?
 - Do you have 'dad friends' (i.e. friends who also have kids)?
 - Are you currently in full/part-time employment?
 - i. Are you entitled to any of the following: (*show list of benefits*)

Needs from a support group:

2. As a new father, would you be interested to join a support group for new fathers in the area?
 - Why/why not?
3. Have you accessed anything like it in the past? If so, was it aimed exclusively at fathers?
4. In what ways do you feel you would/could benefit from a support group?
5. What format would a support group ideally take to be of most interest/use to you? (e.g. location – online? Number of attendees, format of sessions, topics/guidance offered, social aspects..)

Barriers and facilitators to accessing the group:

6. Where do you think you would look for information about a support group for Dads?
 - Do you use social media? Would you look here for info?
 - What social media platforms do you use?
 - Where else would you look for information?
7. What would encourage you to give a New Father's Support Group a go?
8. What would stop you from trying out a New Father's Support Group?

Social Comms:

In a previous phase of this project, we developed some possible messages that could be used to promote the New Father's Support Group through social communications on platforms like Facebook or Twitter. We'd love to get your thoughts on these.

Messaging

Pros/cons of each message...? THEN – on screen with all 4 messages:

9. Would seeing these messages inspire you to join the New Father's Support Group?

- Why/why not?
10. Which is your favourite message? Why?
 11. Which appeals to you least? Why?
 12. Thinking about the reasons you listed as potentially stopping you from accessing a New Father's Support Group (*recap those mentioned*), which of these messages – if any – do you feel would address this concern?

Imagery

- *Sad vs. Happy*
 - *Group vs. Solo*
 - *Animal vs. Human*
 - *Non-humour vs. Humour*
 - *Detached vs. Intimate*
- Think about which image you prefer – what appeals/doesn't
 - Would either image catch your attention on social media?
 - Which image would best promote/make you interested in a New Father's Support Group?

Promo materials

What are your first impressions?

Likes/dislikes?

What would you expect from the support group as advertised?

Anything different/additional you would like to see?

When all together:

Which of these do you prefer?

What stands out about these?

Which would catch your eye on social media?

What are the pros/cons?

Are there any bits of different ones that you would like to combine/amend?

Appendix E: Sheffield coding framework

COM-B domain	Theoretical Domains Framework	TDF constructs	Possible examples
Capability	Knowledge: awareness of the existence of something (can be correct and incorrect)	<ul style="list-style-type: none"> Knowledge; procedural knowledge; knowledge of task environment [know about X] 	<ul style="list-style-type: none"> Having knowledge about the existence of family hubs/New Father's Support Group in Sheffield Having knowledge about the services that family hubs provide
	Skills: ability or proficiency acquired through practice (can be both present and absent)	<ul style="list-style-type: none"> Skills; skills development; competence; ability; practice; skill assessment [know how to do X] 	<ul style="list-style-type: none"> Having the psychological skills to access the New Father's Support Group e.g., booking a space at the group Having the physical skills to access the New Father's Support Group, e.g. having the mobility to attend in-person/being able to join an online chat
	Memory, attention, and decision processes: ability to retain information, focus on aspects of the environment, and choose between two or more alternatives	<ul style="list-style-type: none"> Memory; attention; attention control; decision-making; cognitive overload/tiredness [is X something you usually do] 	<ul style="list-style-type: none"> Forgetting/ remembering to attend the New Father's Support Group Acting on or ignoring reminders to attend the New Father's Support Group
	Behavioural regulation: managing or changing behaviour	<ul style="list-style-type: none"> Self-monitoring; breaking habit; action planning [do you have systems that you could use for monitoring whether or not you have carried out X] 	<ul style="list-style-type: none"> Having a plan in place for using the New Father's Support Group Creating prompts/cues for using the New Father's Support Group
Opportunity	Environmental context and resources: any aspect of the father's situation or environment that encourages or	<ul style="list-style-type: none"> Environmental stressors; resources; material resources; organisational culture; climate; salient events; critical incidents; personal x environment interaction; barriers and facilitators [do physical or resource factors facilitate/hinder X] 	<ul style="list-style-type: none"> Time Other work/life demands/ events Resources available (e.g., guidance)

	hinders the behaviour (can be absent or present)		
	Social influences: interpersonal processes that can cause an individual to change their thoughts, feelings, or behaviours.	<ul style="list-style-type: none"> • Social pressure; social norms; group conformity; social comparisons; group norms; social support; power; interpersonal conflict; alienation; group identity; modelling [do social influences facilitate/hinder X] 	<ul style="list-style-type: none"> • Presence/ absence of support from family/ friends/employers/organisations • Social norms • Comparisons with others
Motivation	Social/ professional role and identity: how the person identifies with attending a support group as part of a coherent set of behaviours/personal qualities	<ul style="list-style-type: none"> • Professional identity; professional role; social identity; identity; professional boundaries; professional confidence; group identity; leadership; organisational commitment [is doing X compatible with your identity/role] 	<ul style="list-style-type: none"> • Identify as a proactive/ 'good' parent; having a sense of duty as a parent
	Beliefs about capabilities: beliefs in their abilities	<ul style="list-style-type: none"> • Self-confidence; perceived competence; self-efficacy; perceived behavioural control; beliefs; self-esteem; empowerment; professional confidence [how difficult/easy is it to do X] 	<ul style="list-style-type: none"> • Confidence in their ability to access the New Father's Support Group
	Optimism: confidence that things will happen, or desired goals will be attained	<ul style="list-style-type: none"> • Optimism; pessimism; unrealistic optimism; identity [how confident are you that the problem of doing X will be resolved] 	<ul style="list-style-type: none"> • Optimism/pessimism that using the New Father's Support Group will have benefits for their children/self/family
	Beliefs about consequences: beliefs about the outcomes of a behaviour	<ul style="list-style-type: none"> • Beliefs; outcome expectancies; anticipated regret; consequents [what do you think will happen if you do X] 	<ul style="list-style-type: none"> • Perceived consequences (positive or negative) of using the New Father's Support Group • Perceived effectiveness of using the New Father's Support Group • Trust in the New Father's Support Group

	Reinforcement: relationship between the behaviour and any given stimulus	<ul style="list-style-type: none"> Rewards; incentives; punishments; consequents; reinforcement; contingencies, actual experiences for that person [what direct experiences has the person had with doing X] 	<ul style="list-style-type: none"> Having experienced negative consequences from using parenting groups/family services previously
	Intentions: the conscious decision to perform a behaviour	<ul style="list-style-type: none"> Stability of intentions; stages of change model [have they made a decision to do X] 	<ul style="list-style-type: none"> Intentions to use the New Father's Support Group
	Goals: outcomes or end states that an individual wants to achieve	<ul style="list-style-type: none"> Proximal/distal goals; goal priority; goal target/setting; action planning; implementation intention [how much do they want to do X] 	<ul style="list-style-type: none"> Having conflicting goals (e.g. wanting to attend the New Father's Support Group, but this conflicts with other goals e.g., spending time doing other things e.g. work, social activities)
	Emotion: Any emotional reaction/state relating to the behaviour	<ul style="list-style-type: none"> Fear; anxiety; affect; stress; depression; positive/negative affect; burn-out [does doing X make you feel Y] 	<ul style="list-style-type: none"> Low mood, frustration, worry about how using the New Father's Support Group will feel
Interview schedule questions		Expected coding domain of response	
1.	<p>Please can you tell me a little bit about yourself and your family?</p> <ul style="list-style-type: none"> Is this your first baby? How many children/how old? Any special educational needs or disabilities? Do you have 'dad friends' (ie. friends who also have kids)? Are you currently in full/part-time employment? <ul style="list-style-type: none"> Are you entitled to any of the following: <i>(show list of benefits)</i> 	Demographic data	
2.	<p>As a new father, would you be interested to join a support group for new fathers in the area?</p> <ul style="list-style-type: none"> Why/why not? 	TDF/Intentions; goals; beliefs	
3.	Have you accessed anything like it in the past? If so, was it aimed exclusively at fathers?	TDF/Knowledge;	
4.	In what ways do you feel you would/could benefit from a support group	TDF/Social influences; Reinforcement; Beliefs about consequences	

5.	What format would a support group ideally take to be of most interest/use to you? (e.g. location – online? Number of attendees, format of sessions, topics/guidance offered, social aspects..)	TDF/Intentions; Behavioural Regulation; Emotion
6.	Where do you think you would look for information about a support group for Dads? <ul style="list-style-type: none"> ▪ Do you use social media? Would you look here for info? ▪ What social media platforms do you use? ▪ Where else would you look for information? 	TDF/Knowledge; Behavioural Regulation; Resources
7.	What would encourage you to give a New Father's Support Group a go?	TDF/Social influences; Environmental Context; Decision Making; Emotions
8.	What would stop you from trying out a New Father's Support Group?	TDF/Beliefs about Capability/Consequences; Pessimism; Previous Experiences; Conflicting Goals; Negative Emotions; Social and Environmental pressures

Acceptability of messages

*Intervention: (Successful) exposure to the family hubs messaging
Father's Support Group*

Target behaviour: Using / engaging with New

NB - Coding table not included here as same as one used in Durham (Appendix C)

Interview schedule questions		Expected coding domain of response
3.	What do you think about this message? d) What are your first impressions? e) Likes/dislikes? f) What would you expect from the support group as advertised? g) Anything different/additional you would like to see? h) Which of these messages do you prefer? i) What stands out about these? j) Which would catch your eye on social media?	TFA/Affective attitude; Burden; Intervention coherence

	k) What are the pros/cons? l) Are there any bits of different ones that you would like to combine/amend?	
2.	How do they make you think about accessing a New Father's Support Group? a) Do they make you feel positively or negatively about accessing the group? Why?	TFA/Self-efficacy; perceived effectiveness
3.	Who do you think it's for? a) Why do you think it's for these people?	TFA/Ethicality; perceived effectiveness

Appendix F: Sheffield questionnaire

Over the next few screens you will see examples of different adverts to promote a Sheffield-based New Father's Support Group. Please look at each one carefully and then answer the questions.

Please take a moment to look at the following advert:

Would you be interested in leaving your email address so that you can be informed when this group is due to start?

On the scale below, from "strongly disagree" to "strongly agree", please rate the advert on the following:

Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
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I like this advert

This advert uses clear language

This advert includes images that appeal to me

Please look at the advert again... on the scale below, from "strongly disagree" to "strongly agree", please rate the advert on the following:

Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
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I know how to access the New Father's Support Group

I feel more knowledgeable about the New Father's Support Group

I know whether the New Father's Support Group costs money or not

I would not feel nervous or embarrassed to join the New Father's Support Group

I think I would meet other Dads who are similar to me

I would feel happy to share my experiences as a dad (positive and negative) at the New Father's Support Group

I think the group would be informal and flexible to my needs

Looking at this advert makes me want to join the New Father's Support Group

Repeated for next 2 adverts

Please select your favourite advert for the New Father's Support Group and move it into the box labelled 'favourite advert':

Would you prefer a New Father's Support Group to be in-person or online?

What time of day would be best for you to attend a New Father's Support Group?

Morning Lunchtime Afternoon Evening

Would you want to attend the New Father's Support Group...

- ☐ on your own
- ☐ with your baby

Would you be interested in accessing a New Father's Support Group in Sheffield?

Why did you select this response?

Please list 3 things that would make you want to access a New Father's Support Group?

Please list 3 things that would put you off accessing a New Father's Support Group?

Please answer a few final questions

How old are you?

Is English your first language?

What other language(s) are you a native speaker of?

What is your highest level of education?

Please specify your non-UK qualification

Please provide the first part of your postcode

(e.g. for the postcode 'S10 2BQ' you would provide 'S10')

How many children do you have?

What is the birth date of your youngest child?

How old is your baby in months/weeks?

Do you live with your baby full time?

Do you or anyone in your household receive any of the following?

Universal Credit

Income Support

Jobseekers Allowance (JSA)

Employment and Support Allowance (ESA)

Support under Part VI of the Immigration and Asylum Act 1999

Pension Credit (guaranteed element)

Child Tax Credit

Working Tax Credit (/run-on)

Appendix G: Wolverhampton focus group schedule

Introductions

1. Please can you tell me a little bit about yourself and your family?
 - a. How many children do you have?
 - b. What are their ages?
 - c. Do any of your children have special educational needs or disabilities?

SFH Taster Sessions

2. Which taster session(s) have you attended?
 - a. What was your experience like? (was it helpful?)
3. Did you know the taster sessions were available at the hub before you were contacted?

Examples:

Baby Yoga / Baby Bop taster session

Parenting and attachment taster session

Health and development taster session

School Readiness taster session

Speech and Language taster session

- a. Where did you get this information from?
4. Was there anything that made it difficult for you to use the service?
5. Was there anything that made it easy to use the service?
6. Has experiencing the taster sessions made you more likely to access other services delivered through the SFH? (give examples of other services here).

Examples:

Parenting course: Journey for Change

Universal Support Services

Baby Bop

Stay and play

Healthy Tots programme

ESOL / Chatter Group

Strengthening Families Hubs services

7. Do you use/have you used any other SFH services? (examples as per previous list)
 - a. If yes, which ones?
 - b. What was the experience like? (was it helpful?)
 - c. What if anything could be better? (e.g. translations, in-person support)
 - d. If not, why not?
8. Is there anything making it difficult to use the services?
9. Is there anything that could make it easier to use the services?
10. Have you seen any information about the services offered? (see previous list for services)
 - a. What did you think about the information?
 - b. Would you like to see information in posters, leaflets, social media
11. Who do you think the SFH services are for?
12. What do you think about families who access SFH services?
 - a. Do you think there is any stigma involved with using strengthening families hubs
13. Do you know anyone/anyone else who uses SFH services?
 - a. What are their experiences?
 - b. What do you think about their experiences?
 - c. Have their experiences impacted on your own likelihood of using the services?
14. Would you like to use any (other) SFH services?
 - a. If yes, do you know how to access these services?
 - i. Where would you go to find information?
 - b. If not, why not?
15. What type of services would you like to see offered?

Other services

16. Have you heard about these additional services?

Voice for Parents

Give us a Break

Include me 2

ESOL

Intro to Adult Learning

Cultural Orientation

Pathways to Support

- a. If yes, what do you know, how did you hear about them?
17. Would you like to know more about these services?
- a. Would you like to see information in posters, leaflets, social media

General

18. Is there anything else that you would like to tell us about SFH or the services we have discussed?

Appendix H: Wolverhampton coding framework

COM-B domain	Theoretical Domains Framework	TDF constructs	Possible examples
Capability	Knowledge: awareness of the existence of something (can be correct and incorrect)	<ul style="list-style-type: none"> Knowledge; procedural knowledge; knowledge of task environment [know about X] 	<ul style="list-style-type: none"> Having knowledge about the existence of family hubs in Wolverhampton Having knowledge about the services that family hubs provide
	Skills: ability or proficiency acquired through practice (can be both present and absent)	<ul style="list-style-type: none"> Skills; skills development; competence; ability; practice; skill assessment [know how to do X] 	<ul style="list-style-type: none"> Having the psychological skills to access Family Hubs services e.g., booking onto sessions Having the physical skills to access Family Hubs services, e.g. having the mobility to attend in-person/being able to join an online chat
	Memory, attention, and decision processes: ability to retain information, focus on aspects of the environment, and choose between two or more alternatives	<ul style="list-style-type: none"> Memory; attention; attention control; decision-making; cognitive overload/tiredness [is X something you usually do] 	<ul style="list-style-type: none"> Forgetting/ remembering to attend Family Hubs services such as Stay and Play sessions, parenting courses Acting on or ignoring reminders to attend sessions at the Family Hubs centres
	Behavioural regulation: managing or changing behaviour	<ul style="list-style-type: none"> Self-monitoring; breaking habit; action planning [do you have systems that you could use for monitoring whether or not you have carried out X] 	<ul style="list-style-type: none"> Having a plan in place for using Family Hubs services Creating prompts/cues for using Family Hubs services
Opportunity	Environmental context and resources: any aspect of the father's situation or environment that encourages or hinders the behaviour (can be absent or present)	<ul style="list-style-type: none"> Environmental stressors; resources; material resources; organisational culture; climate; salient events; critical incidents; personal x environment interaction; barriers and facilitators [do physical or resource factors facilitate/hinder X] 	<ul style="list-style-type: none"> Having time to attend sessions Other work/life demands/ events (e.g. being around for school runs, family duties) Resources available (e.g., guidance/leaflets) Accessibility of resources and Family Hubs services – also in relation to language where individuals may lack confidence with their English

	Social influences: interpersonal processes that can cause an individual to change their thoughts, feelings, or behaviours.	<ul style="list-style-type: none"> • Social pressure; social norms; group conformity; social comparisons; group norms; social support; power; interpersonal conflict; alienation; group identity; modelling [do social influences facilitate/hinder X] 	<ul style="list-style-type: none"> • Presence/ absence of support from family/ friends/employers/organisations • Social norms (i.e. influence of others in their community) • Comparisons with others
Motivation	Social/ professional role and identity: how the person identifies with attending a support group as part of a coherent set of behaviours/personal qualities	<ul style="list-style-type: none"> • Professional identity; professional role; social identity; identity; professional boundaries; professional confidence; group identity; leadership; organisational commitment [is doing X compatible with your identity/role] 	<ul style="list-style-type: none"> • Identify as a proactive/ 'good' parent; having a sense of duty as a parent
	Beliefs about capabilities: beliefs in their abilities	<ul style="list-style-type: none"> • Self-confidence; perceived competence; self-efficacy; perceived behavioural control; beliefs; self-esteem; empowerment; professional confidence [how difficult/easy is it to do X] 	<ul style="list-style-type: none"> • Confidence in their ability to access Family Hubs services • Confidence in their ability to engage fully with services (also in relation to – lack of – English-speaking capabilities)
	Optimism: confidence that things will happen, or desired goals will be attained	<ul style="list-style-type: none"> • Optimism; pessimism; unrealistic optimism; identity [how confident are you that the problem of doing X will be resolved] 	<ul style="list-style-type: none"> • Optimism/pessimism that using Family Hubs services will have benefits for their children/self/family
	Beliefs about consequences: beliefs about the outcomes of a behaviour	<ul style="list-style-type: none"> • Beliefs; outcome expectancies; anticipated regret; consequents [what do you think will happen if you do X] 	<ul style="list-style-type: none"> • Perceived consequences (positive or negative) of using Family Hubs services • Perceived effectiveness of using Family Hubs services • Trust in Family Hubs services and staff
	Reinforcement: relationship between the behaviour and any given stimulus	<ul style="list-style-type: none"> • Rewards; incentives; punishments; consequents; reinforcement; contingencies, actual experiences for that person [what direct experiences has the person had with doing X] 	<ul style="list-style-type: none"> • Having experienced negative consequences from using parenting groups/family services previously

	Intentions: the conscious decision to perform a behaviour	<ul style="list-style-type: none"> Stability of intentions; stages of change model [have they made a decision to do X] 	<ul style="list-style-type: none"> Intentions to use Family Hubs services Intentions to improve their English and to integrate more with the local community
	Goals: outcomes or end states that an individual wants to achieve	<ul style="list-style-type: none"> Proximal/distal goals; goal priority; goal target/setting; action planning; implementation intention [how much do they want to do X] 	<ul style="list-style-type: none"> Having conflicting goals (e.g. wanting to attend Family Hubs services, but this conflicts with other goals e.g., spending time doing other things e.g. work, social activities) Wanting to improve English skills
	Emotion: Any emotional reaction/state relating to the behaviour	<ul style="list-style-type: none"> Fear; anxiety; affect; stress; depression; positive/negative affect; burn-out [does doing X make you feel Y] 	<ul style="list-style-type: none"> Low mood, frustration, worry about how using Family Hubs services will feel

Interview schedule questions		Expected coding domain of response
1.	<p>Please can you tell me a little bit about yourself and your family?</p> <p>How many children do you have?</p> <p>What are their ages?</p> <p>Do any of your children have special educational needs or disabilities?</p>	Demographic data
2.	<p>Which taster session(s) have you attended?</p> <p>a. What was your experience like? (was it helpful?)</p>	TDF/Reinforcement
3.	<p>Did you know the taster sessions were available at the hub before you were contacted?</p> <p>Examples:</p>	TDF/Knowledge;

	<p>Baby Yoga / Baby Bop taster session</p> <p>Parenting and attachment taster session</p> <p>Health and development taster session</p> <p>School Readiness taster session</p> <p>Speech and Language taster session</p>	
	a. Where did you get this information from?	
4.	Was there anything that made it difficult for you to use the service?	TDF/Environmental context; Social influences; Reinforcement; Beliefs about consequences; Intentions
5.	Was there anything that made it easy to use the service?	Intentions
6.	Has experiencing the taster sessions made you more likely to access other services delivered through the SFH? (give examples of other services here).	TDF/Reinforcement; Intentions; Behavioural Regulation; Emotion
	<p>Examples:</p> <p>Parenting course: Journey for Change</p> <p>Universal Support Services</p> <p>Baby Bop</p> <p>Stay and play</p> <p>Healthy Tots programme</p> <p>ESOL / Chatter Group</p>	
7.	Do you use/have you used any other SFH services? (examples as per previous list)	TDF/Reinforcement; Emotions; Intentions
	a. If yes, which ones?	
	b. What was the experience like? (was it helpful?)	
	c. What if anything could be better? (eg translations, in-person support)	
	d. If not, why not?	
8.	Is there anything making it difficult to use the services?	TDF/Opportunity; Social influences; Environmental Context; Decision Making;
9.	Is there anything that could make it easier to use the services?	Emotions; Beliefs about Capability/Consequences
10.	Have you seen any information about the services offered? (see previous list for services)	TDF/Knowledge; Resources; Opportunity

	<ul style="list-style-type: none"> a. What did you think about the information? b. Would you like to see information in posters, leaflets, social media 	
11.	Who do you think the SFH services are for?	TDF/Knowledge
12.	What do you think about families who access SFH services?	TDF/Beliefs about consequences; Emotions
	<ul style="list-style-type: none"> a. Do you think there is any stigma involved with using strengthening families hubs 	
13.	Do you know anyone/anyone else who uses SFH services?	TDF/Social influences
	<ul style="list-style-type: none"> a. What are their experiences? b. What do you think about their experiences? c. Have their experiences impacted on your own likelihood of using the services? 	
14.	Would you like to use any (other) SFH services?	TDF/Intentions; Goals; Beliefs about capability/consequences; Behavioural regulation; Knowledge
	<ul style="list-style-type: none"> a. If yes, do you know how to access these services? <ul style="list-style-type: none"> i. Where would you go to find information? b. If not, why not? 	
15.	What type of services would you like to see offered?	
16.	<p>Have you heard about these additional services?</p> <p>Voice for Parents</p> <p>Give us a Break</p> <p>Include me 2</p> <p>ESOL</p>	TDF/Knowledge

Intro to Adult Learning		
Cultural Orientation		
Pathways to Support		
a. If yes, what do you know, how did you hear about them?		
17.	Would you like to know more about these services?	TDF/Knowledge; Intentions; Goals; Emotions
	a. Would you like to see information in posters, leaflets, social media	
18.	Is there anything else that you would like to tell us about SFH or the services we have discussed?	

Appendix I: Wakefield – communication initiative materials

Wakefield Families Together

Help & Support for parents and carers

School Name _____



We want children, young people, and families to tell us they are happy, healthy, and safe.

Wakefield Families Together (WFT) are working on your behalf so that if you have a concern affecting a child, young person, or family member, you only need to have one conversation with us, and we can direct you to the right support. This might be through your child's school, in the community, or with a specialist organisation.



Find and access support at your local Family Hub

Everyone needs help and support at some point in their life. So, when you do and find it hard to deal with a difficult situation, or have worries around family relationships, behaviour, school attendance, emotional and mental health, domestic abuse, parental conflict, housing issues, or employment and debt problems, Family Hubs can help direct to the right people and services.

We call this 'Early Help'

Sometimes the concerns you have may need a group of professionals to come together to build a package of support with you and other family members so that we have the right expertise to help the whole Family:

This is where the
'Team around approach'
can help you.

The Team Around the School (TAS)

can support with concerns on behaviour, School attendance, or emotional health & wellbeing

Find and access support at your local Family Hub

If you or your family feel you need **Early Help** or an intervention programme, then get in touch with us through your local Family Hub.

Find and access support at your local Family Hub

Families working with the TAS team have access to support from:

- ☑ Schools Lead
- ☑ Education Improvement Teacher
- ☑ Children First Coordinator
- ☑ Future in Mind Partnership
- ☑ 0-19 Health Service (including School Nursing)

Find and access support at your local Family Hub

For more on Information on WFT, The TAS or Early Help Please visit wakefieldfamiliesaltogether.co.uk or Speak to your school

Name of Family Hub _____

Address of Family Hub _____

Tel: XXXXX XXXXXX

Email: email@name.gov.uk

Website: www.website.co.uk






November 2021

Implementation action plan: School Name

School Pilot Communication Campaign: Promoting Wakefield Families Together Team around the School Model



Tactic	Detail	Responsible	Date/Deadline	Progress
Toolkit assets	Share assets to support website promotion, including: <ul style="list-style-type: none"> ☑ A4 WFT Poster ☑ TAS Infographic ☑ TAS Leaflet ☑ Early Help Video - This can shared to your website easily from this link or downloaded. The film explores what is meant by Early Help, and it is described by professionals working in different sectors, but all working in communities with families. https://vimeo.com/606434880 	XX	Project start	
	Provide WFT Bulletin: Introduction to WFT / TAS – to share with families  Bulletin for School.docx	XX / School Lead	Month 1	
	Update / Progress from original Bulletin		Month 2	
	Print poster / infographics and place in prominent positions in own school  A4 poster approved.pdf  TAS Infographic.docx	School Lead	Month 1	
	Send out information to Parents / Carers on how the 'Team Around' approach can help with support: Team Around the School leaflets for Parents & Carers. TAS Leaflet	School Lead / XX / Creative	TBC	
Website	Create and re-direct web links from own websites to Wakefield Families Together www.wakefieldfamilies-together.co.uk	School Lead	Month 1	
Email / App communication	Promote information on Wakefield Families Together (including TAS information / Website Link) to be circulated through established email / school app channels	School Lead	Month 1	
New Parent Information Pack	Include all Wakefield Families Together information within your new parent information packs	School Lead	TBC	
Data	Data on increase in Family Hub contact to be provided on a quarterly basis	XX	Quarterly	
	Google analytics on traffic to the Wakefield Families Together website	XX/XX/Web	Monthly	
Evaluation	Evaluation to analyse outcomes to see: What was successful; What has made it successful; Has it increased footfall; Are more parents coming to school to ask for help	XX	TBC	

KEY

School Lead: Name
SH = Name, Project Manager, Wakefield Families Together
RD = Name, Communications & Campaigns Manager
KH = Name, Digital Communications Officer
SM = Name, Performance Insight & Business Intelligence Manager
Web = Web Team
Creative = Creative Services

Appendix J: Wakefield interview schedules

Parent interview schedule

1. Please can you tell me a little bit about yourself and your family?

How many children/how old?

Any special educational needs or disabilities?
2. Have you had any family support in the past?

E.g., parenting courses/workshops/1-1 support.
3. Do you feel that you have needed any support as a family? If so, what?
4. What do you know about Family Hubs* in Wakefield?

What do they do? What services do they offer? What can they help with?

Who are they for?

How do they work? How can people access Family Hubs services?
5. How have you found out what you know about Family Hubs?

What have you seen/heard about Family Hubs?

How useful has this been? Why?
6. What are your thoughts about people who use Family Hubs/Children's Centres services?

Have any of your friends or family used these services?

Why/why not?
7. How would you feel about getting support from a Family Hub if you needed to?

Why?
8. What do you think would happen if you sought support from a Family Hub?

What would be the benefits of getting support from a Family Hub?

Would you have any concerns about getting support from a Family Hub?

If no prior knowledge of Family Hubs/Children's Centres:

What kind of support services do you think would be useful for families in Wakefield?

How do you think this support should be provided?

9. What do you know about Team Around the School support in Wakefield?

What do they do? What services do they offer? What can they help with?

Who are they for?

How do they work? How can people access Team Around the School support?

10. How have you found out what you know about Team Around the School support?

What have you seen/heard about Team Around the School support?

How useful has this been? Why?

11. What do you think of people who use the Team Around the School for support?

Have any of your friends or family used the Team Around the School?

Why/why not?

12. How would you feel about getting support from the Team Around the School if you needed to?

Why?

13. What do you think would happen if you sought support from the Team Around the School?

What would be the benefits of getting support from the Team Around the School?

Would you have any concerns about getting support from the Team Around the School?

If no prior knowledge of TAS support:

What kind of school-based support do you think would be useful for families in Wakefield?

How do you think this support should be provided?

14. Is there anything else about getting support as a family that you think is important and want to tell us about?

*Some participants may not recognise the phrase “Family Hub” as the new name for Children’s Centres. If this is the case, this will be explained to participants.

Staff interview schedule

1. Please can you tell me a little bit about yourself and your job?

What is your role in school?

How long have you been doing this?

2. What can you tell me about the Team Around the School model in your school?

What sort of support can it provide?

How do families access it?

3. Do you think that other staff in the school are aware and on board with the Team Around the School support available?

Why/why not?

4. What can you tell me about the new communication strategy about Team Around the School that is being used in your school?

What is the school expected to do as part of this strategy?

What things are being used? E.g., posters, leaflets, digital media and platforms?

When did this start?

How did school inform parents of Team Around the School support before the strategy?

5. Can you tell me about your role in implementing the new communication strategy in your school?

What do you do? How often?

6. What are your thoughts about the new communication strategy?

Do you think the new communication strategy has been a change for the better/worse/neither?

Why?

7. What has made it difficult to implement the new communication strategy?
e.g., local implementation, digital platforms, social media?
8. What has been helpful for implementing the new communication strategy?
9. Do you think that other staff in the school are aware and on board with the new communication strategy to advertise Team Around the School support to families?

Why/why not?

Appendix K: Wakefield coding framework

COM-B domain	Theoretical Domains Framework	TDF constructs	Possible examples
Capability	Knowledge: awareness of the existence of something (can be correct and incorrect)	<ul style="list-style-type: none"> Knowledge; procedural knowledge; knowledge of task environment [know about X] 	<ul style="list-style-type: none"> Having knowledge about the existence of family hubs and Team Around the School support in Wakefield Having knowledge about the issues for which family hubs/TAS can provide support Having knowledge about the services that family hubs/TAS provide Having knowledge about how to access family hubs/TAS support
	Skills: ability or proficiency acquired through practice (can be both present and absent)	<ul style="list-style-type: none"> Skills; skills development; competence; ability; practice; skill assessment [know how to do X] 	<ul style="list-style-type: none"> Having the psychological skills to access family hubs/TAS support e.g., making a telephone call Having the physical skills to access family hubs/TAS support, e.g., having the mobility to attend an appointment
	Memory, attention, and decision processes: ability to retain information, focus on aspects of the environment, and choose between two or more alternatives	<ul style="list-style-type: none"> Memory; attention; attention control; decision-making; cognitive overload/tiredness [is X something you usually do] 	<ul style="list-style-type: none"> Forgetting/remembering to attend family hubs services / TAS appointments Acting on or ignoring reminders to attend family hubs services / TAS support
	Behavioural regulation: managing or changing behaviour	<ul style="list-style-type: none"> Self-monitoring; breaking habit; action planning [do you have systems that you could use for monitoring whether or not you have carried out X] 	<ul style="list-style-type: none"> Having a plan in place for using family hubs/TAS support Creating prompts/cues for using family hubs/TAS support

Opportunity	Environmental context and resources: any aspect of the patient's situation or environment that encourages or hinders the behaviour (can be absent or present)	<ul style="list-style-type: none"> Environmental stressors; resources; material resources; organisational culture; climate; salient events; critical incidents; personal x environment interaction; barriers and facilitators [do physical or resource factors facilitate/hinder X] 	<ul style="list-style-type: none"> Time Other work/life demands/ events Resources available (e.g., guidance)
	Social influences: interpersonal processes that can cause an individual to change their thoughts, feelings, or behaviours.	<ul style="list-style-type: none"> Social pressure; social norms; group conformity; social comparisons; group norms; social support; power; interpersonal conflict; alienation; group identity; modelling [do social influences facilitate/hinder X] 	<ul style="list-style-type: none"> Presence/ absence of support from family/ friends/employers/organisations Social norms – perceptions of where to get help as a parent Comparisons with others Stigma – not wanting to be seen accessing services by others
Motivation	Social/ professional role and identity: how the person identifies with accessing family hubs services	<ul style="list-style-type: none"> Professional identity; professional role; social identity; identity; professional boundaries; professional confidence; group identity; leadership; organisational commitment [is doing X compatible with your identity/role] 	<ul style="list-style-type: none"> Identify as a proactive/ 'good' parent; having a sense of duty as a parent Uncertainty if services are for them, not feeling included
	Beliefs about capabilities: beliefs in their abilities	<ul style="list-style-type: none"> Self-confidence; perceived competence; self-efficacy; perceived behavioural control; beliefs; self-esteem; empowerment; professional confidence [how difficult/easy is it to do X] 	<ul style="list-style-type: none"> Confidence in their ability to access family hubs/TAS support
	Optimism: confidence that things will happen, or desired goals will be attained	<ul style="list-style-type: none"> Optimism; pessimism; unrealistic optimism; identity [how confident are you that the problem of doing X will be resolved] 	<ul style="list-style-type: none"> Optimism/pessimism that using family hubs/TAS support will have benefits for their children/self/family
	Beliefs about consequences: beliefs about the outcomes of a behaviour	<ul style="list-style-type: none"> Beliefs; outcome expectancies; anticipated regret; consequents [what do you think will happen if you do X] 	<ul style="list-style-type: none"> Perceived consequences (positive or negative) of using family hubs/TAS support Perceived effectiveness of using family hubs/TAS support Trust in family hubs/TAS support

	Reinforcement: relationship between the behaviour and any given stimulus	<ul style="list-style-type: none"> Rewards; incentives; punishments; consequents; reinforcement; contingencies, actual experiences for that person [what direct experiences has the person had with doing X] 	<ul style="list-style-type: none"> Having experienced negative consequences from using family services previously [barrier] Having experienced positive consequences from using family services previously [facilitator]
	Intentions: the conscious decision to perform a behaviour	<ul style="list-style-type: none"> Stability of intentions; stages of change model [have they made a decision to do X] 	<ul style="list-style-type: none"> Intentions to use family hubs/TAS support
	Goals: outcomes or end states that an individual wants to achieve	<ul style="list-style-type: none"> Proximal/distal goals; goal priority; goal target/setting; action planning; implementation intention [how much do they want to do X] 	<ul style="list-style-type: none"> Having conflicting goals (e.g. wanting to use family hubs /TAS support, but this conflicts with other goals e.g., spending time doing other things e.g. work, social activities)
	Emotion: Any emotional reaction/state relating to the behaviour	<ul style="list-style-type: none"> Fear; anxiety; affect; stress; depression; positive/negative affect; burn-out [does doing X make you feel Y] 	<ul style="list-style-type: none"> Low mood, frustration, worry about how using family hubs/TAS support will feel Shame of perceiving oneself as inadequate as a parent Fear of having children removed by social services Gratitude from receiving support



Department
for Education

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Reference: RR 1284

ISBN: 978-1-83870-442-1

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This document is available for download at www.gov.uk/government/publications