Applying behavioural science to promoting uptake of family hubs services

Research report summary

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Introduction

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 brief report synthesises and summarises 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 brief report summarises 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. This work comprised:

- 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 report[1].

Durham

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 to identify barriers and facilitators and 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

[1] Millings, A., Wilcockson, H., Harris-Evans, J., Thorneloe, R., Arden, M., & Coldwell, M. (2022). Behavioural insights: Increasing uptake of family hub services. Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1059574/Technical_report_behavioural_insights_increasing_up_take_of_Family_Hub_services.pdf

to everyone. Overall, a campaign approach featuring a range of messages targeting a range of barriers is recommended.

Locality specific future directions and recommendations

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.

Sheffield

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 to identify barriers and facilitators and 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.

Locality specific future directions and recommendations

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.

Wolverhampton

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 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.

Locality specific future directions and recommendations

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 protocol to appraise efficacy. Greater resourcing for both running the outreach and collecting data would maximise the chances of future research running smoothly.

Wakefield

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 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.

Locality specific future directions and recommendations

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.

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.

Learnings and recommendations across projects

Across the projects there were a number of commonalities relating to the barriers and facilitators to engagement with family hubs services. The following list of recommendations draws on these:

Recommendation 1: Effective, behavioural science-informed messaging campaigns should be used to advertise family hubs services widely and prominently.

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.

Recommendation 4: Family hubs should be promoted in a way that gives parents positive expectations about engaging with services.

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).

Recommendation 6: Local authorities should promote public understanding of the role of Early Help in preventing crises.

The four projects also resulted in key learning points concerning the implementation of behavioural science that may be of value to others wanting to undertake similar projects:

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.

Recommendation 8: Future research should expect low conversion rates from consent to participation and over-recruit accordingly.

Recommendation 9: Planned analysis of service uptake data should be adequately resourced in terms of data collection, aggregation, and analytics

Recommendation 10: Incorporate behavioural science at every stage of intervention design, development, and evaluation.

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.