Department
for Education

Behavioural Insights: Increasing uptake of family hub services

Technical report

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Government
Social Research

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Introduction

In 2019 the government made a manifesto commitment to champion family hubs (FH) to ensure vulnerable children and families have the right support at the right time[1]. Subsequently the government have invested in expanding the network of family hubs[2]. However, the success of family hubs in improving outcomes for families and children hinges on their ability to successfully engage and reach families in need of support. The aim of this research is to evaluate initiatives designed to promote uptake of family hub services, particularly by families most in need, with the purpose of sharing this learning with local authorities to support them to successfully engage and reach families in their area.

Local Authorities (LAs) were invited by the Department for Education (DfE) to submit Expressions of Interest (EOIs) to take part in behavioural insights research projects to evaluate initiatives designed to increase the uptake of Family Hub services. Following a competitive tendering process, Sheffield Hallam University (SHU) was selected by DfE to supply this programme of work, which involves work with 4 LAs to co-design and support the local implementation of the behavioural insights (BI) research projects. The first stage of the programme involved the selection of four LAs from all those who expressed an interest. SHU appraised the potential for BI research of each LA submission by first reviewing the EOIs and subsequently interviewing key contacts from each LA. Recommendations were made regarding the readiness of each LA's proposal(s) for behavioural insights research.

Recommendations were based on clarity of the selected service, the initiative designed to promote uptake, definition of expected outcomes (uptake versus engagement, and how this is measured), coherence of the theory of change (a model depicting how the intervention will function to achieve the desired outcome), and general research readiness of the LA.

This report details the preparatory work underpinning 4 behavioural science research projects to be conducted by SHU in collaboration with 4 LAs selected by DfE (Sheffield, Wakefield, Wolverhampton, and Durham). There will be an additional publication on the research findings once the research is complete.

The first step in designing evaluation research is to specify the theory of change (why the intervention is needed, what it will do, how it will work, and the anticipated benefits of it – Early Intervention Foundation, 2019[3]). Theory of change models were therefore co-

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[1] The Conservative Party Manifesto 2019
[2] Budget and Spending Review – October 2021 (www.gov.uk)
[3] Early Intervention Foundation (2019) 10 steps for evaluation success
https://www.eif.org.uk/resource/10-steps-for-evaluation-success

designed with all LAs who took part in an interview to discuss their Expression of Interest in participating in this programme of work.

The second step in designing and evaluating interventions is to detail a Logic Model (Early Intervention Foundation, 2019). A logic model specifies the inputs (e.g., resources) required to produce the specified activities (the actual intervention) and participation (by target groups), as well as the short-, medium-, and long-term outcomes or impacts expected.

It is important to note that a logic model specifies the entirety of the process of the intervention, from 'inputs' such as staff training, staff buy in, and suitable buildings, via 'activities' that could be as specific as delivery of a manualised programme or as hard to define as formation of positive relationships between staff and the target group, through to 'outcomes' which could be as variable as parents being more knowledgeable about infant development, to a reduction in demand on specialist services. Depending on the size of the evaluation research planned, the logic model may take a much more macro perspective than the scope of the evaluation research. Logic models can be used to inform and locate evaluation activities in the broader context of the overall processes involved in the intervention. In the current work, we use the logic models to depict both the inputs, activities, and outputs of both the initiative designed to promote uptake of services, and the services themselves. The outputs of the initiative are inherently linked to the inputs to the service. For example, an intervention designed to promote interest and motivation to attend parenting programmes feeds into the parenting programmes' required input of parents deciding to engage. We also use the logic models to highlight the specific parts of the intervention process that we will, and will not, be able to address in (relatively) small-scale behavioural insights research. Hence, the logic models provide the context in which the research protocols sit.

The logic models and linked research protocols presented in this report were developed collaboratively with the LAs in 2 co-design sessions, the method for which is described below. For each project there is a Covid contingency plan offering the potential for the research to adapt and continue if the researchers, DfE, and LA agree this is appropriate.

Method

This section outlines the methods employed in the two phases of research development: the selection procedure and theory of change development, and the codesign to develop the Logic Models and linked Research Protocols.

Selection procedure and theory of change development

Twelve LAs submitted EOIs regarding evaluating 14 initiatives. SHU researchers interviewed LA contacts from 10 LAs regarding 12 initiatives. Two LAs dropped out of the selection process. Participating LA contacts completed consent forms prior to the interviews taking place. Interviews lasted 1 hour and focused on identifying the target service, the nature of the planned initiative designed to promote uptake of the service, the target group of families that the planned initiative was supposed to increase the uptake within, how increased uptake would be defined and operationalised in the research, and what a potential research study could look like. Prior to the interviews, the researchers populated a theory of change template with information from the EOI. During the interviews, the theory of change was presented and revised with the help of the LA contacts in the course discussing the points outlined above. This process enabled the researchers to conclude each interview with a theory of change model that the LA contacts were happy with to accompany the researchers' summary of the potential research project.

Interviews also assessed the overall research readiness of the LA, in terms of data collection infrastructure and any scope to probe existing or routinely collected quantitative data. The interview guide can be found at Appendix A, and ToC models for the selected 4 LAs are presented below.

The researchers made recommendations to DfE regarding which potential projects were feasible and would make a strong contribution to the evidence base. DfE then selected 4 from a pool of recommended projects.

Co-design and Logic Model and Protocol development

After selection by DfE, successful LAs were contacted to book 2 x 2 hour long co-design sessions, 1 week apart, which took place virtually on Microsoft Teams.

LA contacts (who submitted the EOIs) were asked to invite any colleagues they deemed relevant (e.g. other strategic leads or practitioners involved in the initiative) to the sessions. All those participating in the sessions were sent the participant information sheet and consent form prior to the session (Appendix B). Sessions were audio-recorded.

LA contacts elected to bring a range of colleagues to the sessions, as indicated in Table 1.

Table 1: Roles of co-design participants

Local Authority	Co-design Session 1	Co-design Session 2
Durham	Strategic Manager in Children's Services Operation's Manager for the One Point Service Team Manager, Early Health Teams, One Point Service Management Team of Youth Justice Team	Strategic Manager in Children's Services Operation's Manager for the One Point Service Team Manager, Early Health Teams, One Point Service Management Team of Youth Justice Team
Sheffield	Service Manager for Family Centres Early Years Team Manager (overseeing Case workers) Children's Centre Coordinator Project Officer in Commissioning Support Early Years Team Manager (overseeing City Family Centres)	Service Manager for Family Centres Early Years Team Manager (overseeing Case workers) Children's Centre Coordinator Project Officer in Commissioning Support
Wakefield	Service Manager for Strategy and Transformation, Children's Services, & Lead for Wakefield Families Together Project Manager, Wakefield Families Together	Service Manager for Strategy and Transformation, Children's Services, & Lead for Wakefield Families Together Project Manager, Wakefield Families Together
Wolverhampton	Head of Service for Strengthening Families (including Early Intervention)	Head of Service for Strengthening Families (including Early Intervention) Deputy Director for Education, City of Wolverhampton Council

		Partnership Manager, Early Intervention Children's Services (x2) Senior Manager, Insights & Performance

Co-design session 1:

In this initial session, our goal was to move from the theory of change previously formulated to a logic model and the beginnings of a research protocol.

The structure of this initial session was therefore as follows:

- Recap of proposed research project and the previously developed theory of change.
- Introduction to the concept of a logic model and the initial research protocol proforma (Appendix C)
- Populating the logic model
- Completing the research protocol proforma, including ethical considerations
- Next steps: what we need for session 2

After the session, the researchers worked up the logic model and initial research protocol proforma, highlighting the areas needing additional information, and sent it to the LA contacts to facilitate their information gathering in advance of session 2.

Co-design session 2:

The goal of the second session was to complete the logic model and ensure that the research team had all the information required with which to prepare a full draft research protocol. This session was therefore more open-ended, to facilitate the development needs of different projects and the varying amounts of progress made in session 1, but included the following aspects:

- Recap – where we left off
- Gap filling – Logic model: information acquired after session 1
- Gap filling – Initial research protocol proforma: information acquired after session 1

After the session, the researchers produced a complete draft of the research protocol and sent it to the LA contacts for review.

Theory of Change Models, Logic Models, and Research Protocols

In this section, we present the theory of change models, logic models and linked research protocols that resulted from the selection interviews and subsequent co-design work with LAs. As described above, here, the logic models depict both the initiative and the services, and are best considered as the context for the research protocol. The proposed projects aim to assess one or some aspects of the processes depicted in the logic model. In each case, we have identified components of the logic model that are investigated by the linked research protocol by highlighting them in bold text.

Durham

In response to low levels of father engagement in family support services, Durham County Council have embarked on a strategy designed to provoke a culture shift around inclusion of fathers (/father figures/ male carers). The research project focuses on one small but key aspect of this strategy: the parent-facing communications about available services. The theory of change developed in the initial interview for Durham can be found at Figure 1.

Figure 1: Theory of Change for the Durham Project

| Positive father engagement with children produces improved outcomes across a range of measures. Only 15% of families accessing Family Centre include dads/male carers. | Currently a lack of parenting support specifically aimed at dads/male carer givers. | Better advertising of parenting support comms for fathers - making leaflets for targeted services more 'dad-friendly' in response to BI work already undertaken in the LA | Remove barriers and improve access to services for dads/male carers. | Increase engagement of dads/male carers | Increased involvement of fathers/male care-givers, should produce better longer term outcomes for children and families |

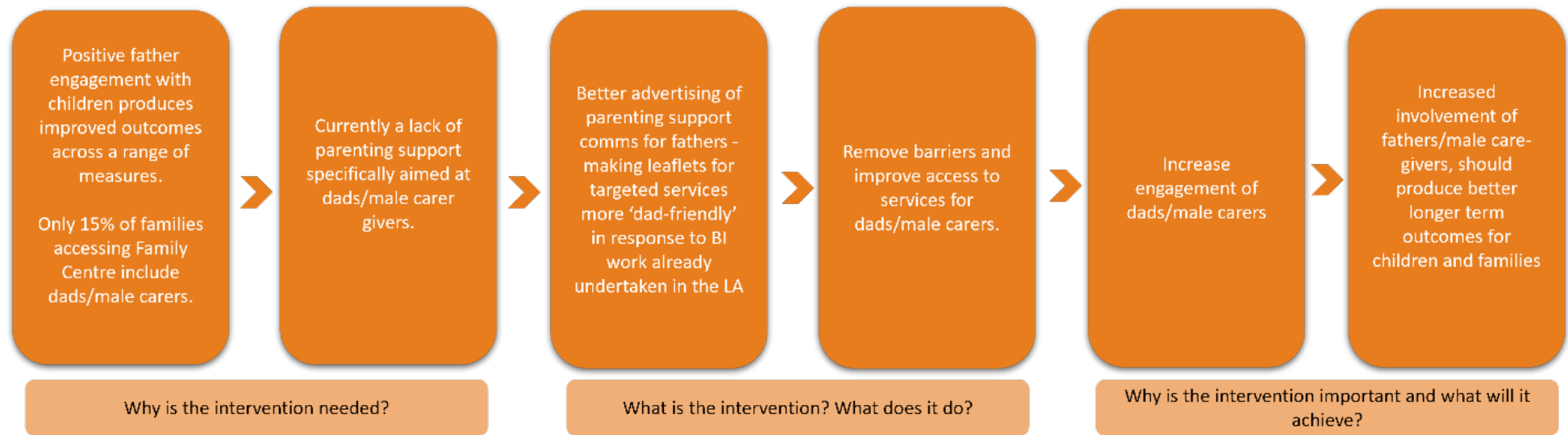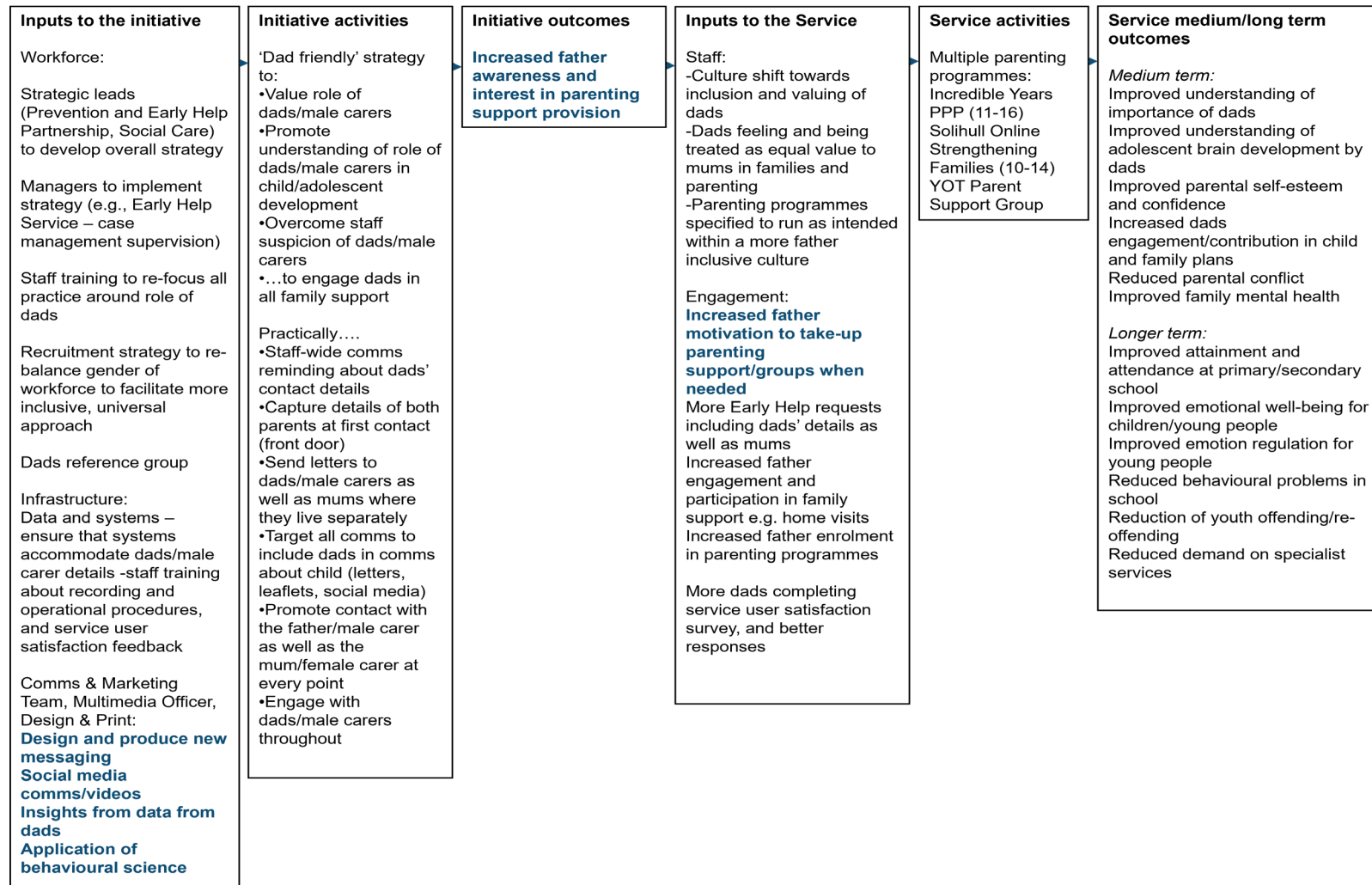| Why is the intervention needed? | What is the intervention? What does it do? | Why is the intervention important and what will it achieve? |

Figure 2 depicts the logic model developed as part of the co-design sessions after the Durham project was selected. The logic model informs the following research protocol, which is designed to address the elements of the logic model highlighted in bold.

Figure 2: Logic Model for the Durham Project

Durham. Target group: Dads/male carers of 11-19

Inputs to the initiative	Initiative activities	Initiative outcomes	Inputs to the Service	Service activities	Service medium/long term outcomes
Workforce: Strategic leads (Prevention and Early Help Partnership, Social Care) to develop overall strategy Managers to implement strategy (e.g., Early Help Service – case management supervision) Staff training to re-focus all practice around role of dads Recruitment strategy to re-balance gender of workforce to facilitate more inclusive, universal approach Dads reference group Infrastructure: Data and systems – ensure that systems accommodate dads/male carer details -staff training about recording and operational procedures, and service user satisfaction feedback Comms & Marketing Team, Multimedia Officer, Design & Print: **Design and produce new messaging** **Social media comms/videos** **Insights from data from dads** **Application of behavioural science**	'Dad friendly' strategy to: •Value role of dads/male carers •Promote understanding of role of dads/male carers in child/adolescent development •Overcome staff suspicion of dads/male carers •…to engage dads in all family support Practically…. •Staff-wide comms reminding about dads' contact details •Capture details of both parents at first contact (front door) •Send letters to dads/male carers as well as mums where they live separately •Target all comms to include dads in comms about child (letters, leaflets, social media) •Promote contact with the father/male carer as well as the mum/female carer at every point •Engage with dads/male carers throughout	**Increased father awareness and interest in parenting support provision**	Staff: -Culture shift towards inclusion and valuing of dads -Dads feeling and being treated as equal value to mums in families and parenting -Parenting programmes specified to run as intended within a more father inclusive culture Engagement: **Increased father motivation to take-up parenting support/groups when needed** More Early Help requests including dads' details as well as mums Increased father engagement and participation in family support e.g. home visits Increased father enrolment in parenting programmes More dads completing service user satisfaction survey, and better responses	Multiple parenting programmes: Incredible Years PPP (11-16) Solihull Online Strengthening Families (10-14) YOT Parent Support Group	*Medium term:* Improved understanding of importance of dads Improved understanding of adolescent brain development by dads Improved parental self-esteem and confidence Increased dads engagement/contribution in child and family plans Reduced parental conflict Improved family mental health *Longer term:* Improved attainment and attendance at primary/secondary school Improved emotional well-being for children/young people Improved emotion regulation for young people Reduced behavioural problems in school Reduction of youth offending/re-offending Reduced demand on specialist services

The logic model informs the following research protocol, which is designed to address the elements of the logic model highlighted in bold.

Research Protocol for the Durham Initiative: Evaluating the communications component of a new father inclusive strategy to promote male carer engagement in family support

Background to the study and rationale

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[4] [5]. However, in Durham, a low proportion of requests for family support come from fathers as compared to mothers. 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 15% of those engaging. This is likely to be at least in part due to the focus of support provision being on mothers. Durham is initiating a new strategy to help services become more welcoming and inclusive of fathers. The new strategy aims to provoke culture shift across the workforce towards valuing the role of fathers in children's lives. 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.

Target service

The services that LA strategic leads hope to increase the uptake of through implementing the initiative below are parenting programmes/groups. Specifically, the programmes/groups of interest are those targeted for parents of 11-16 year olds, namely:

- PPP (11-16)
- Solihull Online
- Strengthening Families (10-14)
- Youth Offending Team Parent Support Group

The overall goal is to get fathers (or father figures) of young people aged 11-16 to enrol/attend/accept referrals to these programmes/groups if/when needed.

Planned initiative to promote uptake of the target service

Durham is embarking on a new communications strategy as part its wider objective to make services more welcoming and inclusive of fathers. The new communications will be designed to:

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[4] Van Lissa, C. J., Keizer, R., Van Lier, P. A. C., Meeus, W. H. J., & Branje, S. (2021) The role of fathers' versus mothers' parenting in emotion-regulation development from mid–late adolescence: Disentangling between-family differences from within-family effects. Developmental psychology, 55(2), p.377-389 DOI: 10.1037/dev0000612

[5] Gambin, M., Woźniak-Prus, M., Konecka, A., & Sharp, C. (2021) Relations between attachment to mother and father, mentalizing abilities and emotion regulation in adolescents. European Journal of Developmental Psychology, 18:1, 18-37, DOI: 10.1080/17405629.2020.1736030

- Convey the value role of dads/male carers to children/families
- Promote understanding of role of dads/male carers in child/adolescent development
- Overcome barriers to engagement with parenting support by fathers, such as not feeling included
- Increase fathers' motivation to engage with family support if/when needed

The initiative will comprise new messaging for leaflets and social media. The messaging will be underpinned by the application of behavioural science to insights from fathers about the barriers/facilitators to engagement.

An additional component to the initiative will be staff-wide communications designed to promote staff awareness/understanding of the importance of fathers. This component of the initiative will not be evaluated in the current research.

Covid contingency planning

Stakeholder workshops and the training of Community Explorers will be conducted online. Recruitment of fathers by the Community Explorers would be through personal networks and social media, and therefore could be completely online or by phone. Interviews by the Community Explorers can also be conducted online/over the phone, rather than face-to-face.

Main research questions

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

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

RQ3: Which messages 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?

Methodology

This project comprises 2 distinct phases:

1. Two stakeholder workshops to develop social media comms using behavioural science. Participants will include 2-3 fathers and key stakeholders from the LA. Preparation for these workshops will include SHU reviewing reports on the LA's own insights work conducted with fathers on the topic of engagement.
2. Community explorer research interviews – we will train 8-10 community explorers who are fathers with children of the target age range (11-16) to conduct interviews with other fathers of young people aged 11-16 about the barriers and facilitators they perceive to engaging in parenting programmes if/when needed. The community explorer researchers will conduct a total of 30 interviews between them.

Participants

Fathers (or father figures) of children/young people aged 11-16

Recruitment

Community explorers will be recruited by the Team Manager, and Reducing Reoffending Coordinator in the LA, they will provide potential community explorers with the participant information sheet and consent form, and subsequently provide completed consent forms and contact details to the research team. Community explorers will then participate in in depth training delivered by the SHU team in how to take potential participants through the consent procedure and how to conduct an interview.

Community explorers will recruit research participants through their own networks, adhering to consent procedures, for which they will receive comprehensive training.

Community explorers will be offered a voucher to the value of £50 per training session (x 2) and a voucher to the value of £10 for each interview they conduct. Interview participants will be offered a voucher to the value of £25 to thank them for their participation.

The participant information sheets specify the withdrawal procedures. Interview participants can decide to withdraw their data up to 1 week after their interview by contacting the research team (contact details are provided on the participant information sheet)

Community explorers will arrange the interviews, and audio record them using an encrypted recorders (provided by SHU).

Interview participants may feel distressed if their personal experiences are in themselves distressing, and if these come up in the course of the interview. Participants will also be asked to reflect on their support needs, which may be distressing if those needs are unmet. However, we do not anticipate this risk to be beyond those encountered in everyday life. Furthermore, the participant information sheet details the topics to be covered, and participants are free to withdraw at any point. The debrief sheet details appropriate sources of support (GP, MIND, Gingerbread).

Analysis

Qualitative data from interviews will be fully transcribed (using a trusted supplier with comprehensive data security protocols that SHU use routinely), and anonymised prior to analysis. Interview transcripts will be stored on a secure drive accessible only to SHU project staff. Researchers will apply the COM-B model and Theoretical Domains Framework COM-B model (Michie et al., 2011[6]; 2014[7]) and Theoretical Domains

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[6] Michie, S., Van Stralen, M. M., & West, R. (2011) The behaviour change wheel: a new method for characterising and designing behaviour change interventions. Implementation Science, 6, 42. https://doi.org/10.1186/1748-5908-6-42

[7] Michie, S., Atkins, L., & West, R. (2014). The behaviour change wheel. A guide to designing interventions. 1st ed. Great Britain: Silverback Publishing, 1003-1010

Framework (TDF, Cane et al., 2012[8]) to the qualitative data in a deductive thematic framework analysis to identify key barriers and facilitators to engagement with parenting support. A more open-ended, inductive thematic analysis will be conducted on participants' views of the messaging. NVivo software will be used to facilitate the qualitative analyses. Reporting will include a discussion of the extent to which the messaging designed appropriately maximises the facilitators and overcomes the barriers identified.

Roles and Responsibilities

The LA will be responsible for:

- Participating in stakeholder workshops to design messages
- Recruiting 2-3 dads to also participate in stakeholder workshops
- Approving participant facing materials prior to ethical submission
- Recruiting 8-10 community explorers who will in turn be responsible for recruiting participants (n=30 in total) to interview

SHU researchers will be responsible for:

- Leading stakeholder workshop to design messages
- Training community explorer researchers and providing them with encrypted recording devices
- Producing participant facing materials and interview schedule for ethical review
- Submitting ethics application
- Analysing data and reporting of findings to a publishable standard
- Working with the National Centre for Family Hubs to disseminate learning to local authorities.

Expected Outcomes

There are three main anticipated outcomes from this research project:

1. An understanding of the barriers and facilitators to fathers (or father figures) of children aged 11-16 accessing the programmes/groups, which Durham can use to inform future services, engagement activities, and communications. These insights can also be disseminated to other LAs to share learnings and best practice.
2. A range of behavioural science informed messages for use on social media, which Durham can use to promote parenting programmes/groups, as well as use as a template for the development of subsequent messaging, where relevant.
3. Identification of which messages are the most effective, which will inform Durham about the likely effectiveness of the planned comms to promote uptake of parenting programmes by fathers (or father figures) of children aged 11-16.

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[8] Cane, J., O'Connor, D. & Michie, S. (2012) Validation of the theoretical domains framework for use in behaviour change and implementation research. Implementation Science, 7, 37 https://doi.org/10.1186/1748-5908-7-37

Sheffield

Sheffield City Council has responded to a perceived need for support for new fathers by piloting a peer support group. After a successful pilot, the LA intends to roll out this group more widely. This research project focuses on how to design communications informed by behaviour science to promote the new groups. The theory of change developed in the initial interview for Sheffield can be found at Figure 3.

Figure 3: Theory of Change for the Sheffield Project

| New fathers need mental health support. They aren't accessing available services and/or aren't aware that services exist especially for them | Pilot programme has shown bringing fathers together from differing backgrounds in a support group can enhance their post natal journey. There a need to improve awareness/uptake of these New Fathers' Groups as they are rolled out more widely | Social media comms designed to engage fathers by promoting the new group available to them | Fathers will have greater knowledge of what is available, feel that they are included and welcomed, and be able to access these services, regardless of background, language, etc. | Increase in fathers accessing the New Fathers' Groups | Better father well-being, and linked with that, greater father involvement in their children's development, promote better father-child relationships, and ultimately, better school readiness for children |

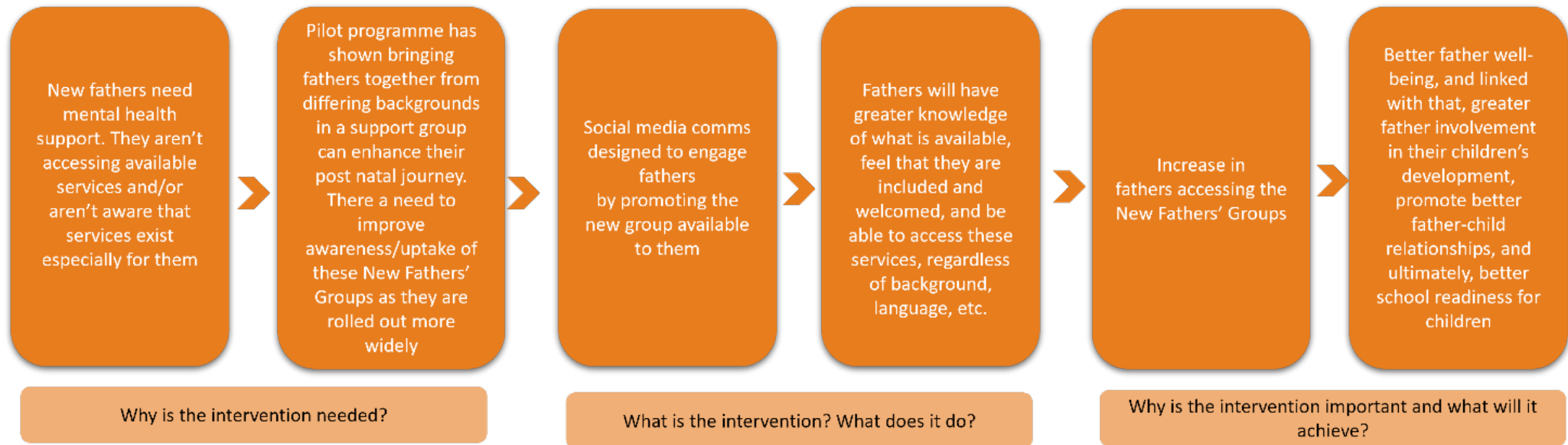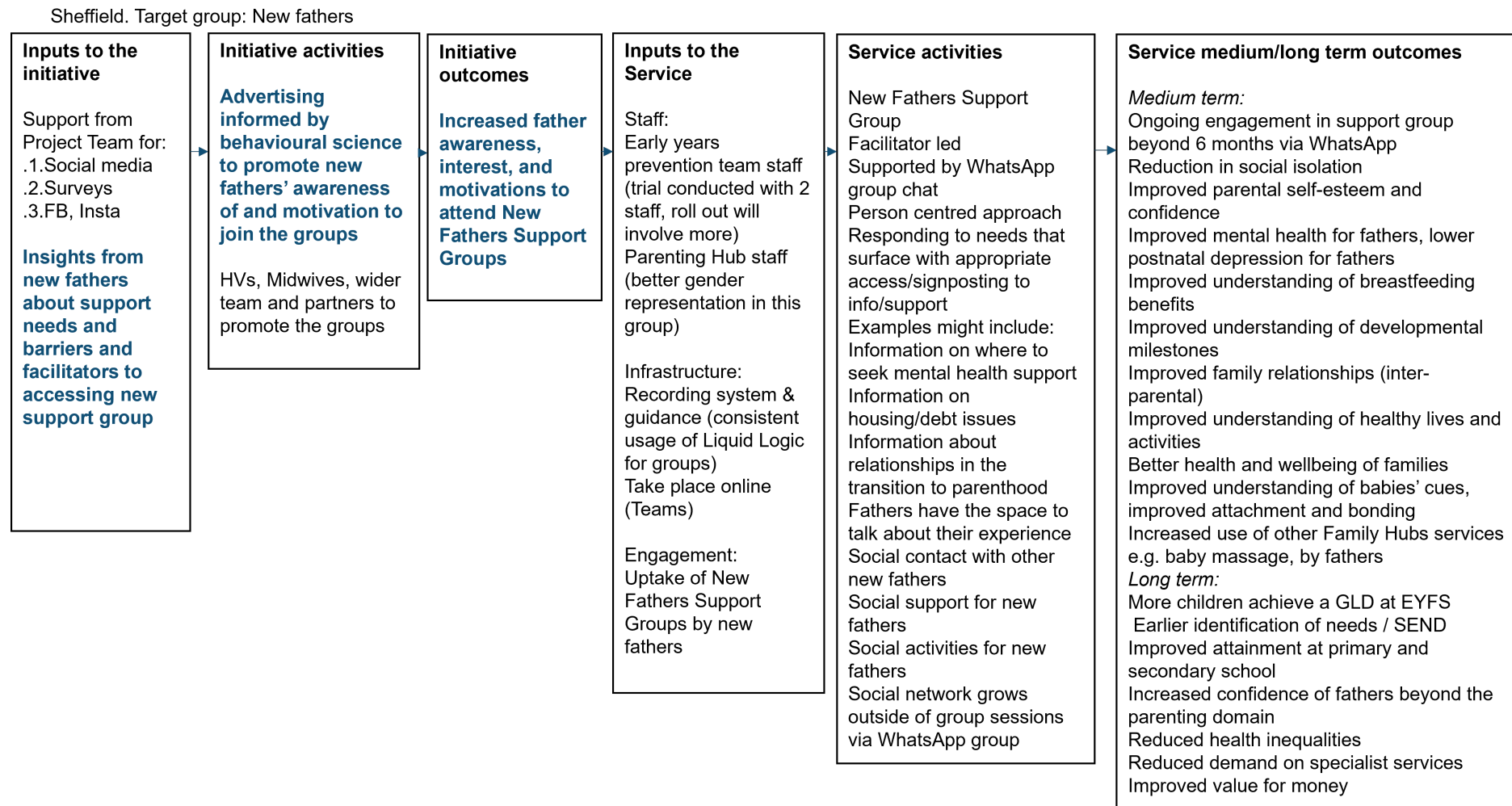| Why is the intervention needed? | What is the intervention? What does it do? | Why is the intervention important and what will it achieve? |

Figure 4 depicts the logic model developed as part of the co-design sessions after the Sheffield project was selected.

Figure 4: Logic Model for the Sheffield Project

Sheffield. Target group: New fathers

Inputs to the initiative	Initiative activities	Initiative outcomes	Inputs to the Service	Service activities	Service medium/long term outcomes
Support from Project Team for: .1.Social media .2.Surveys .3.FB, Insta **Insights from new fathers about support needs and barriers and facilitators to accessing new support group**	**Advertising informed by behavioural science to promote new fathers' awareness of and motivation to join the groups** HVs, Midwives, wider team and partners to promote the groups	**Increased father awareness, interest, and motivations to attend New Fathers Support Groups**	Staff: Early years prevention team staff (trial conducted with 2 staff, roll out will involve more) Parenting Hub staff (better gender representation in this group) Infrastructure: Recording system & guidance (consistent usage of Liquid Logic for groups) Take place online (Teams) Engagement: Uptake of New Fathers Support Groups by new fathers	New Fathers Support Group Facilitator led Supported by WhatsApp group chat Person centred approach Responding to needs that surface with appropriate access/signposting to info/support Examples might include: Information on where to seek mental health support Information on housing/debt issues Information about relationships in the transition to parenthood Fathers have the space to talk about their experience Social contact with other new fathers Social support for new fathers Social activities for new fathers Social network grows outside of group sessions via WhatsApp group	*Medium term:* Ongoing engagement in support group beyond 6 months via WhatsApp Reduction in social isolation Improved parental self-esteem and confidence Improved mental health for fathers, lower postnatal depression for fathers Improved understanding of breastfeeding benefits Improved understanding of developmental milestones Improved family relationships (inter-parental) Improved understanding of healthy lives and activities Better health and wellbeing of families Improved understanding of babies' cues, improved attachment and bonding Increased use of other Family Hubs services e.g. baby massage, by fathers *Long term:* More children achieve a GLD at EYFS Earlier identification of needs / SEND Improved attainment at primary and secondary school Increased confidence of fathers beyond the parenting domain Reduced health inequalities Reduced demand on specialist services Improved value for money

The logic model informs the following research protocol, which is designed to address the elements of the logic model highlighted in bold.

Research Protocol for the Sheffield Initiative: Engaging new fathers to take up the new fathers' support groups

Background to the study and rationale

Fathers need support to adapt to the transition to parenthood, but they are often overlooked in the postnatal period, and there are no services specifically aimed at addressing their needs in Sheffield during this challenging time. Additionally, Sheffield reported that there has been an increase in postnatal mental health problems in fathers during the pandemic. Sheffield City Council (SCC) has piloted a New Fathers Support Group, and report that feedback from the fathers involved has been extremely positive. 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 service

SCC is rolling out a New Fathers' Support Group model across the city. New fathers meet weekly with a facilitator (FH staff member). The approach is person centred and topics emerge from the group, rather than there being 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 audience (new fathers) prefer the convenience of this format.

Planned initiative to promote uptake of the target service

To advertise the new groups, SCC plan to use messaging delivered via social media (including Facebook and Instagram).

Covid contingency planning

Should developments in the pandemic mean that face to face services are restricted or halted, this project should not be adversely affected, due to the online nature of both the target service and the planned initiative.

Main 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 comms to promote the groups to new fathers (if indeed social media is a good method of advertising)?

Quantitative:

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

Methodology

This project comprises 3 distinct phases:

1) Two stakeholder workshops to develop social media comms using behavioural science. Participants will include 2-3 fathers who have experienced the pilot support group and key stakeholders from SCC.

2) Interviews with 5-8 new fathers about their needs from a support group, the barriers/facilitators to accessing it, and what they think of the messaging developed in the workshop to promote the groups. Interviews will be conducted online via a SHU approved platform (e.g. Zoom or Teams). If participants do not have access to the resources to support this, the LA will provide a private space at the Family Hub with the necessary equipment.

3) Questionnaire to examine the effectiveness of different social media messages at overcoming barriers and promoting facilitators to accessing the groups. Participants will be presented with different versions of messaging in a random order, and asked to indicate their perceptions of the messages on a series of Likert scale items tapping the barriers/facilitators (e.g. opportunity factors such as ability to access, capability factors such as knowledge, and motivation factors such as emotional responses) that emerge from the stakeholder workshops. Questionnaires will be conducted online, hosted through Qualtrics, which is a trusted and routinely used supplier by SHU. A power calculation will be conducted to estimate the required sample size once the messages have been developed. This is because the message development process will define how many messages will be tested in the questionnaire.

Participants

Participants for the stakeholder workshops will include fathers who experienced the pilot support group and key stakeholders from SCC.

Participants for the interviews and questionnaire will be new fathers (defined as having become a father (or father figure) in the past 6 months, either for the first time or for a subsequent child) who have not been involved in the pilot support group.

Recruitment

Participants will be recruited via two methods:

1) In routine practice, Co-ordinators responsible for 0-5s within the family hubs, receive referrals (e.g. for parenting support) from midwives/GPs/HVs. The Co-ordinator then makes contact with the family. SCC will identify a Children's Centre Co-ordinator at a specific FH who will recruit participants to this research when making these contacts. The selected Children's Centre Co-ordinator will identify new fathers when they make contact and ask if they are interested in taking part in the research (both the interviews and questionnaire). If they are interested in either component, the Children's Centre co-ordinator will obtain verbal permission to pass on the father's email address to the research team. The research team will then send the participant information sheet and consent form to the father, who can then make an informed decision about whether to participate. The research team will attempt to reach the father twice and delete the email address after this time if unsuccessful.

2) In routine practice, the SCC infant feeding peer support service contacts every new mother in the first 48 hours after discharge from hospital. SCC will identify specific peer support workers to identify new fathers as part of this initial contact. The peer support workers will identify new fathers and ask if they are interested in taking part in the research (both the interviews and questionnaire). If they are interested in either component, the Children's Centre co-ordinator will obtain verbal permission to pass on the father's email address to the research team. The research team will then send the participant information sheet and consent form to the father, who can then make an informed decision about whether to participate. The research team will attempt to reach the father twice and delete the email address after this time if unsuccessful.

Interview participants will be offered a voucher to the value of £25 to thank them for their participation. Questionnaire participants will be offered the chance to enter a prize draw to win one of two £50 vouchers.

The participant information sheets specify the withdrawal procedures. Interview participants can decide to withdraw their data up to 1 week after their interview by contacting the research team (contact details are provided on the participant information sheet). Questionnaire participants will be able to withdraw only up to submitting their response (by closing their browser), as the data will be anonymous.

The debriefing sheets detail appropriate sources of support (GP, Mind) in order to mitigate any negative effects in the unlikely event that participants are distressed after their participation in this research.

Analysis

Qualitative data from interviews will be fully transcribed (using a trusted supplier with comprehensive data security protocols that SHU use routinely), and anonymised prior to analysis. Interview transcripts will be stored on a secure drive accessible only to SHU project staff. Researchers will apply the COM-B model (Michie et al., 2011; 2014) and Theoretical Domains Framework (TDF, Cane et al., 2012) to the qualitative data in a deductive thematic framework analysis to identify key barriers and facilitators to engagement with the support groups. A more open-ended inductive thematic analysis will be conducted on participants' views of the messaging. NVivo software will be used to facilitate the qualitative analyses. Reporting will include a discussion of the extent to which the messaging designed appropriately maximises the facilitators and overcomes the barriers identified.

Quantitative data will be anonymous at the point of collection and collected using Qualtrics (an online survey platform). After download from Qualtrics, data will be stored on a secure drive accessible only to SHU project staff. Using SPSS (Statistical Package for the Social Sciences), researchers will conduct descriptive and inferential statistics (tests of difference) to ascertain which messages are most effective at promoting facilitators and overcoming barriers to new fathers engaging with the groups.

Roles and Responsibilities

The LA will be responsible for:

- Planning and implementing roll out of new groups within agreed timescales
- Participating in stakeholder workshops
- Approving participant facing materials prior to ethical submission (stakeholders involved in co-design)
- Recruiting participants for interviews

Recruiting participants for questionnaire SHU researchers will be responsible for:

- Leading stakeholder workshop to design messages
- Producing participant facing materials and interview schedule for ethical review
- Producing online questionnaire
- Submitting ethics application
- Conducting interviews with participants
- Analysing data and reporting of findings to a publishable standard
- Working with the National Centre for Family Hubs to disseminate learning to local authorities.

Expected Outcomes

There are three main anticipated outcomes from this research project:

1) An understanding of the barriers and facilitators to new fathers accessing the groups, which SCC can use to inform future services, engagement activities, and communications. These insights will also be disseminated to other LAs to share learnings and best practice.
2) A range of behavioural science informed messages for use on social media, which Sheffield City Council (SCC) can use to promote the new groups, as well as use as a template for the development of subsequent messaging, where relevant.
3) Identification of which messages are the most effective, which will inform SCC about the likely effectiveness of the planned social media to promote uptake of the new groups.

Wakefield

Wakefield Council operates an innovative 'Team Around the School' (TAS) model, which provides a school led early help delivery model in partnership with an integrated team that work collaboratively together. This model feeds into Family Hubs which deliver the Early Help, intervention and prevention aspect of TAS. In order to raise awareness among families of the kinds of support available, and how to access it, Wakefield Council is piloting a new communications strategy. This research focuses on evaluating the effectiveness of this communications strategy. The theory of change developed in the initial interview for Wakefield can be found at Figure 5.

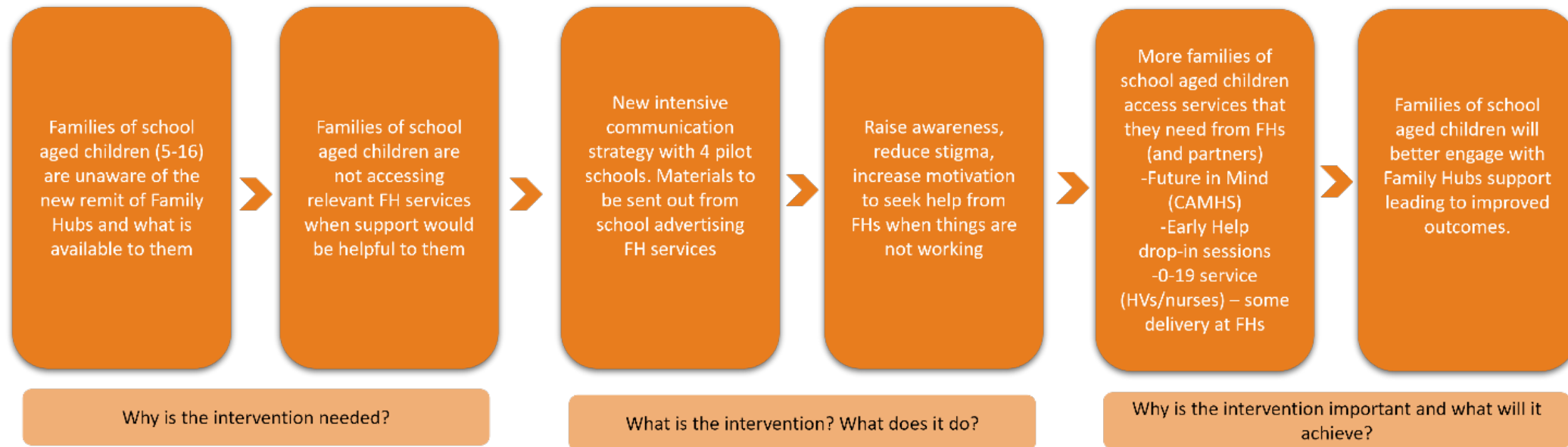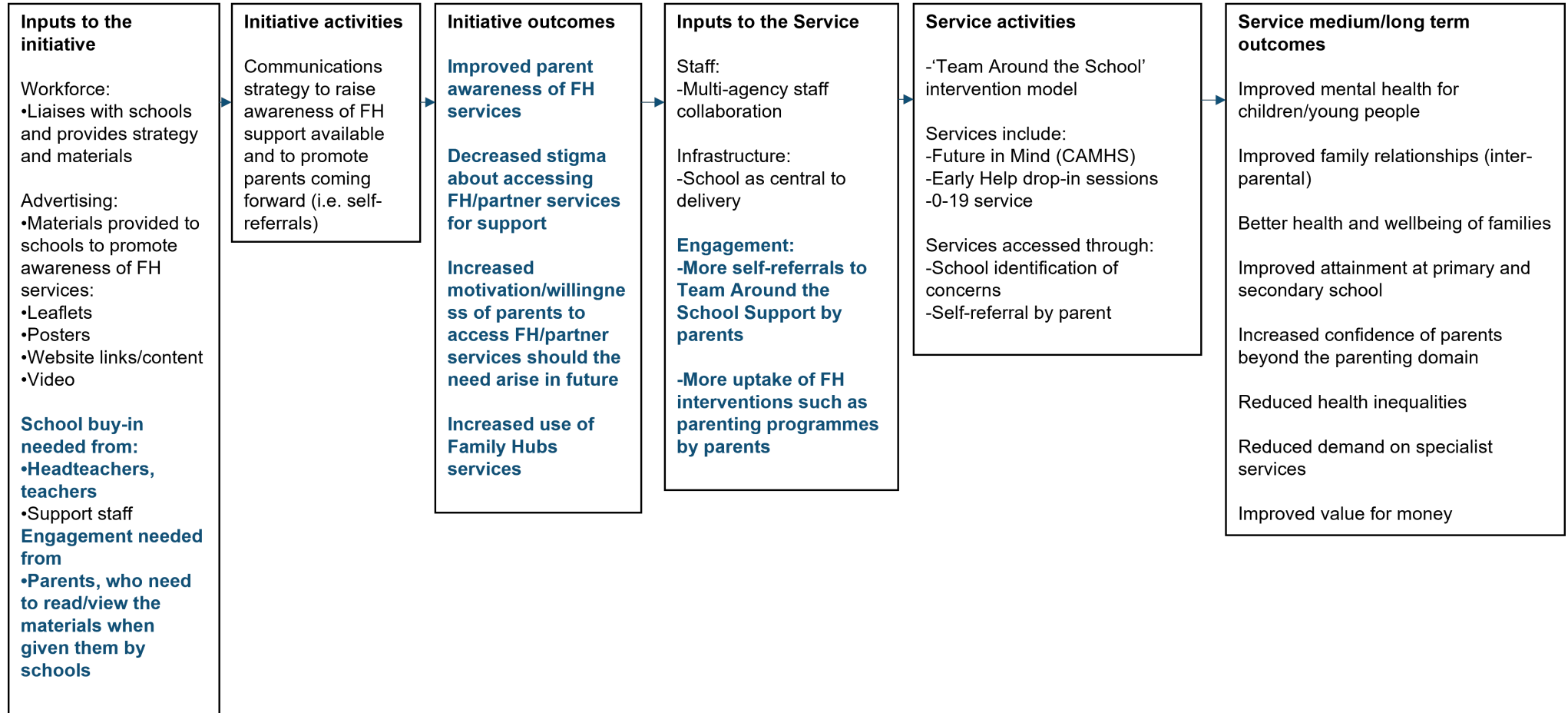**Figure 5: Theory of Change for the Wakefield Project**

Families of school aged children (5-16) are unaware of the new remit of Family Hubs and what is available to them

Families of school aged children are not accessing relevant FH services when support would be helpful to them

New intensive communication strategy with 4 pilot schools. Materials to be sent out from school advertising FH services

Raise awareness, reduce stigma, increase motivation to seek help from FHs when things are not working

More families of school aged children access services that they need from FHs (and partners)
-Future in Mind (CAMHS)
-Early Help drop-in sessions
-0-19 service (HVs/nurses) – some delivery at FHs

Families of school aged children will better engage with Family Hubs support leading to improved outcomes.

Why is the intervention needed?

What is the intervention? What does it do?

Why is the intervention important and what will it achieve?

Figure 6: Logic Model for the Wakefield Project

Wakefield. Target group: Families of 5-16 year olds

Inputs to the initiative	Initiative activities	Initiative outcomes	Inputs to the Service	Service activities	Service medium/long term outcomes
Workforce: •Liaises with schools and provides strategy and materials Advertising: •Materials provided to schools to promote awareness of FH services: •Leaflets •Posters •Website links/content •Video **School buy-in needed from:** **•Headteachers, teachers** •Support staff **Engagement needed from** **•Parents, who need to read/view the materials when given them by schools**	Communications strategy to raise awareness of FH support available and to promote parents coming forward (i.e. self-referrals)	**Improved parent awareness of FH services** **Decreased stigma about accessing FH/partner services for support** **Increased motivation/willingness of parents to access FH/partner services should the need arise in future** **Increased use of Family Hubs services**	Staff: -Multi-agency staff collaboration Infrastructure: -School as central to delivery **Engagement:** **-More self-referrals to Team Around the School Support by parents** **-More uptake of FH interventions such as parenting programmes by parents**	-'Team Around the School' intervention model Services include: -Future in Mind (CAMHS) -Early Help drop-in sessions -0-19 service Services accessed through: -School identification of concerns -Self-referral by parent	Improved mental health for children/young people Improved family relationships (inter-parental) Better health and wellbeing of families Improved attainment at primary and secondary school Increased confidence of parents beyond the parenting domain Reduced health inequalities Reduced demand on specialist services Improved value for money

Research Protocol for the Wakefield Initiative: Using a new communications strategy in schools to promote engagement of families with school aged children (5-16) in services to support children's emotional well-being/mental health

Background to the study and rationale

There is low awareness of the new remit of Family Hubs (supporting families with children aged 0-18 or 25 with SEND) as the LA transitions from Children's Centres (which catered for families of children aged 0-5) among families of school-aged children (5-16). Families with children aged 5-16 who are struggling are therefore not accessing relevant Family Hub services at the point that they need them, which is resulting in poorer medium and longer outcomes for the children concerned. Wakefield implements a 'Team Around the School' 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 is to evaluate a new communications strategy with schools, designed to promote awareness of the Team Around the School support available, and other Family Hubs services.

Target service

There are two services for which the planned initiative aims to promote awareness and uptake:

- Team Around the School Support (comprising the school, Future in Minds (CAMHS), Children First Early Help, (0-19 Service School Nursing, and Educational Improvement Teachers).

- Family Hubs Interventions:

  - BEAM (Behaviour, exercise and anger management)
  - Parenting 8-18 years
  - Freedom Programme
  - Parental Wellbeing group
  - Baby group
  - Stay and Play
  - Sensory Stay and Play
  - Baby Led Weaning Workshop
  - Incredible Years Parenting
  - Baby Massage Course
  - Bookstart
  - Sleep Workshop
  - Parenting 8+
  - Who's in charge 8+
  - Single Gender Work (issue based)
  - Nurture Group

Planned initiative to promote uptake of the target service

In order to raise awareness and understanding of the Team Around the School offer and service model, Wakefield is implementing a new communications strategy in collaboration with 5 pilot schools (3 primary and 2 secondary). The initiative comprises scheduled delivery of posters, leaflets, and a video, and support embedding these materials onto the school's own webpages.

Covid contingency planning

Because this project focuses on relationships with schools and delivery of communications through schools, it is vulnerable to changes in schools' operation and delivery in response to the evolving pandemic situation. The data collection is all planned to take place online, however, the recruitment of participants depends on headteachers/relevant school staff being able to approach parents about participation. This may be harder to achieve in the event of a lockdown, as incidental meetings will be minimised or entirely halted. In such a case, we would seek to 'piggy-back' on to home-schooling messages/newsletters to promote the project via online communications between the schools and families during any extended periods of home/remote-learning. During previous lockdowns, schools utilised online platforms such as Zoom for communicating to families, and we would explore the possibility of utilising such a platform to engage relevant families.

Main research questions

Qualitative:

RQ1: Does the new Communication Strategy increase parents' awareness of FH services?

RQ2: Does the new Communication Strategy reduce a sense of stigma around FHs?

RQ3: Does the new Communication Strategy promote parents' motivation regarding FH services?

RQ4: How do teachers experience implementing the new Communication Strategy?

Quantitative:

RQ5: Does the new Communication Strategy increase parents' self-referrals to Team Around the School support?

RQ6: Does the new Communication Strategy increase uptake of FH interventions (listed above)?

Methodology

We will conduct interviews with:

1) 10-12 parents, half recruited from the pilot primary schools, half recruited from non-pilot primary schools, to find out what they think about the Team Around the School and FHs Early Help provision, barriers/facilitators to accessing services should they find themselves in need of support.

2) 3-5 teachers/staff from the pilot primary schools to find out about their experience of implementing the strategy

We will also analyse routinely collected quantitative data collected by the LA on:

1) Number of self-referrals to Team Around the School Support
2) Uptake of FH interventions (described above), as number of enrolments.

This represents two different datasets with different structures. For both data sets, data will be made available to the research team at three timepoints: early in the new communication strategy roll out, after 3 months, and after 6 months.

Participants

Participants for the interviews will be:

1) Parents of children in the two primary schools involved in the pilot, and parents of children in two different primary schools

2) 3-5 teachers/relevant staff in the pilot primary schools

Recruitment

Headteachers/relevant staff will approach parents with the information sheet and consent form and invite them to be part of the research. Parents can leave their completed forms with the headteacher/relevant staff. Schools will pass on consent forms and contact details to the LA Project Manager, who will pass them on to the research team.

Interview participants can decide to withdraw their data up to 1 week after their interview by contacting the research team (contact details are provided on the participant information sheet)

Interviews to take place online or by phone, depending on individual parent preference. In the event that participants do not have appropriate facilities school or FH will provide them.

Interview participants will be offered a voucher to the value of £25 to thank them for their participation.

Interview participants may feel distressed if their personal experiences are in themselves distressing, and if these come up in the course of the interview. However, we do not anticipate this risk to be beyond those encountered in everyday life. Furthermore, the participant information sheet details the topics to be covered, and participants are free to withdraw at any point. The debrief sheet details appropriate sources of support (GP, Team Around the School, CAMHS single point of access)

Analysis

Qualitative data from interviews will be fully transcribed) and anonymised prior to analysis. Interview transcripts will be stored on a secure drive accessible only to SHU project staff. Researchers will apply the COM-B model (Michie et al., 2011; 2014) and Theoretical Domains Framework (TDF, Cane et al., 2012) to the qualitative data in a deductive thematic framework analysis to identify key barriers and facilitators to engagement with parenting support. A more open-ended, inductive thematic analysis will be conducted on participants' views of the messaging. NVivo software will be used to facilitate the qualitative analyses.

Quantitative data will be anonymised by the LA and sent securely to SHU researchers using password protected methods, where it will be stored on a secure drive accessible only to SHU project staff. SPSS and Excel will be used to conduct descriptive and inferential analysis on quantitative data, likely to include tests of difference and/or association, over the three timepoints. It is not possible to fully specify this until we are familiar with the structure of the data available.

Reporting will include a discussion of the extent to which the messaging designed appropriately maximises the facilitators and overcomes the barriers identified.

Roles and Responsibilities

The LA will be responsible for:

- Planning and implementing roll out of new strategy
- Liaising with headteachers/contacts at school for outreach activities
- Recruitment of 5-8 parents of children in the three primary schools involved in the pilot and 5-8 parents of children in two different primary schools
- Recruiting 3-5 teachers/relevant staff from pilot schools for interviews
- Provision of anonymised baseline data (January) for the non-pilot schools (2 primary and 2 secondary) and pilot schools (3 primary and 2 secondary) separately, on service uptake
- Provision of same anonymised data from same sources at post-strategy time point

- Ensuring that link workers at schools manually capture data on whether new referrals to Team Around the School Support are self-referrals or not
- Reviewing all participant facing materials prior to ethics submission

SHU researchers will be responsible for:

- Producing participant facing materials and interview schedule for ethical review
- Submitting ethics application
- Conducting interviews with participants
- Analysing data and reporting of findings to a publishable standard
- Working with the National Centre for Family Hubs to disseminate learning to local authorities.

Expected Outcomes

There are 3 main outcomes anticipated from this project:

1) An understanding of the barriers and facilitators to families accessing FH services, which the LA can use to inform the ongoing use of the strategy.

2) An indication as to whether the communication strategy can be effective at:

   -Increasing awareness of and motivation to use FH services if required

   -Reducing stigma around FHs

   -Promoting increased uptake of services among the target groups

3) Key learnings which can shared across other LAs.

Wolverhampton

City of Wolverhampton Council (CWC) has reported a need to raise the profile of, and reduce stigma associated with Family Hubs services among families of non-white heritage with English as a second language. CWC is aiming to do this through community outreach activities. This research project focuses on evaluating the community outreach activities. The theory of change developed in the initial interview for Wolverhampton can be found at Figure 7.

Figure 7: Theory of Change for the Wolverhampton project

| Families of non-White-British heritage (especially those with English as a second language) not accessing the help provided by Family Hubs, particularly Early Engagement. | non-White-British SEND diagnoses happen later, so families are missing out on early support. | FH staff and parent champions doing outreach at community settings to promote FH services | Families of non-White-British heritage will have greater knowledge of what is on offer and the universality of the offer, and greater confidence to access services. Sense of stigma associated with FHs will be reduced. | A greater number of non-White-British families will engage with FH stay and play and parenting programmes | Greater chance of children from these families (including those with SEND) succeeding in early years, education, social integration, positive relationships and to achieve good health outcomes. |

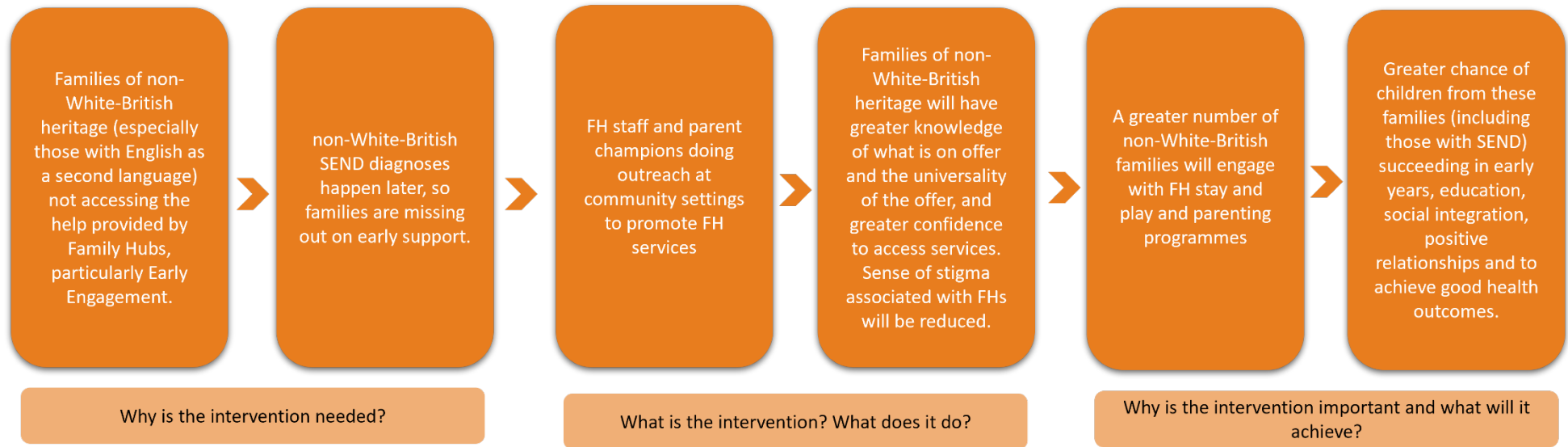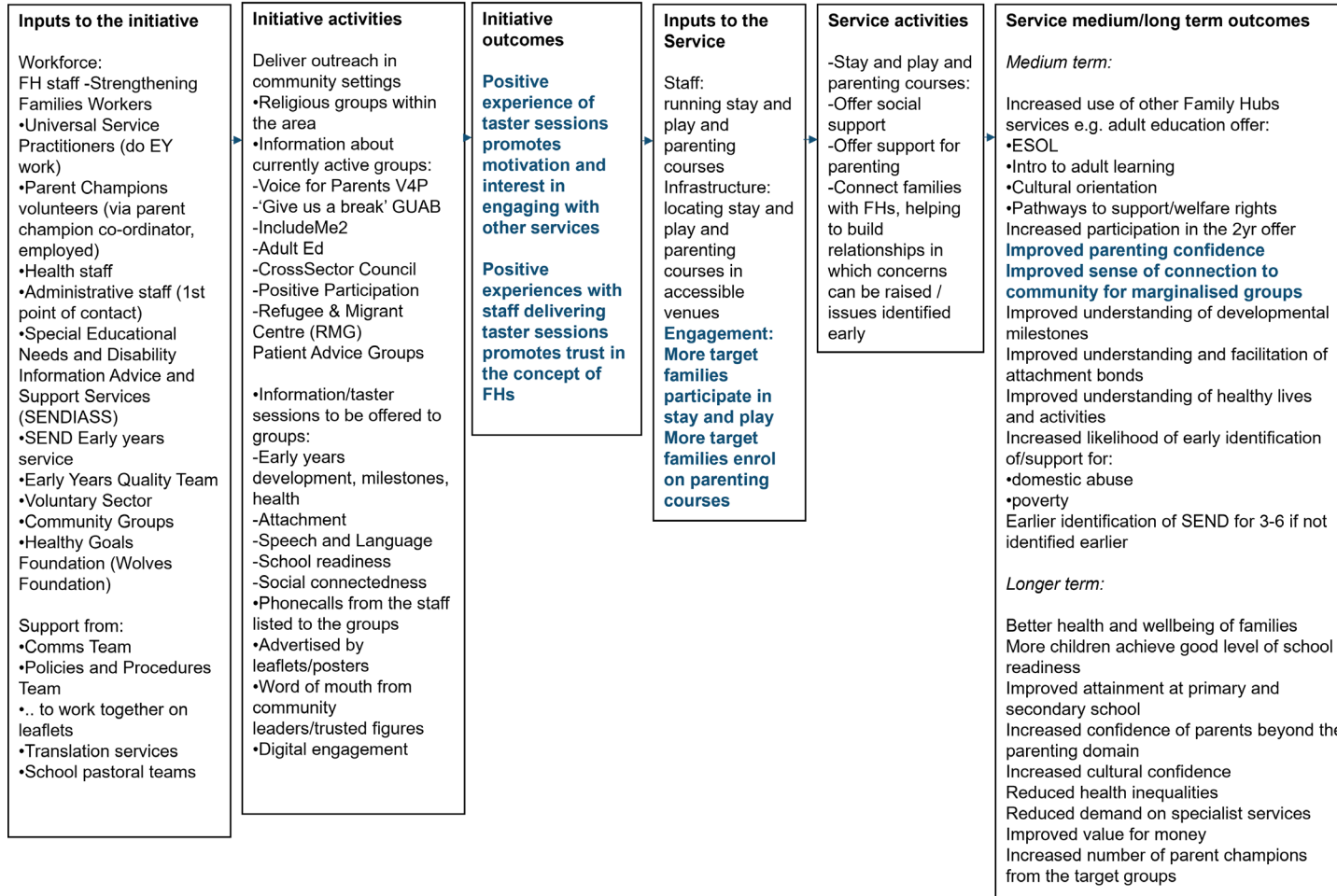| Why is the intervention needed? | What is the intervention? What does it do? | Why is the intervention important and what will it achieve? |

Figure 8 depicts the logic model developed as part of the co-design sessions after the Wolverhampton project was selected.

Figure 8: Logic Model for the Wolverhampton Project

Wolverhampton. Target group: Families of non-White British heritage with English as second language, with children aged 0-6

Inputs to the initiative	Initiative activities	Initiative outcomes	Inputs to the Service	Service activities	Service medium/long term outcomes
Workforce: FH staff -Strengthening Families Workers •Universal Service Practitioners (do EY work) •Parent Champions volunteers (via parent champion co-ordinator, employed) •Health staff •Administrative staff (1st point of contact) •Special Educational Needs and Disability Information Advice and Support Services (SENDIASS) •SEND Early years service •Early Years Quality Team •Voluntary Sector •Community Groups •Healthy Goals Foundation (Wolves Foundation) Support from: •Comms Team •Policies and Procedures Team •.. to work together on leaflets •Translation services •School pastoral teams	Deliver outreach in community settings •Religious groups within the area •Information about currently active groups: -Voice for Parents V4P -'Give us a break' GUAB -IncludeMe2 -Adult Ed -CrossSector Council -Positive Participation -Refugee & Migrant Centre (RMG) Patient Advice Groups •Information/taster sessions to be offered to groups: -Early years development, milestones, health -Attachment -Speech and Language -School readiness -Social connectedness •Phonecalls from the staff listed to the groups •Advertised by leaflets/posters •Word of mouth from community leaders/trusted figures •Digital engagement	**Positive experience of taster sessions promotes motivation and interest in engaging with other services** **Positive experiences with staff delivering taster sessions promotes trust in the concept of FHs**	Staff: running stay and play and parenting courses Infrastructure: locating stay and play and parenting courses in accessible venues **Engagement: More target families participate in stay and play More target families enrol on parenting courses**	-Stay and play and parenting courses: -Offer social support -Offer support for parenting -Connect families with FHs, helping to build relationships in which concerns can be raised / issues identified early	*Medium term:* Increased use of other Family Hubs services e.g. adult education offer: •ESOL •Intro to adult learning •Cultural orientation •Pathways to support/welfare rights Increased participation in the 2yr offer **Improved parenting confidence Improved sense of connection to community for marginalised groups** Improved understanding of developmental milestones Improved understanding and facilitation of attachment bonds Improved understanding of healthy lives and activities Increased likelihood of early identification of/support for: •domestic abuse •poverty Earlier identification of SEND for 3-6 if not identified earlier *Longer term:* Better health and wellbeing of families More children achieve good level of school readiness Improved attainment at primary and secondary school Increased confidence of parents beyond the parenting domain Increased cultural confidence Reduced health inequalities Reduced demand on specialist services Improved value for money Increased number of parent champions from the target groups

Research Protocol for the Wolverhampton Initiative: Using Family Hub staff and Parent Champion outreach in community settings to promote engagement of families of non-White-British heritage with young children and English as a second language

Background to the study and rationale

Families of non-White-British heritage, especially those with English as second language, are accessing universal Early Help in much lower numbers than are proportional to the demographics of Wolverhampton. The support offered by FHs are an important mechanism for early identification of issues such as SEND, domestic abuse, and poverty. These issues are therefore likely to remain undetected for longer in the target group. City of Wolverhampton Council (CWC) is aiming to utilise existing community networks and structures to counter this problem by conveying positive messages and offering taster/info session experiences 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 Family Hub services to families of non-White-British heritage with young children and English as a second language.

Target service

The services that LA strategic leads hope to increase engagement and participation in through implementing the initiative below are:

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

Planned initiative to promote uptake of the target service

Family Hubs staff and Parent Champions will deliver outreach in community settings such as religious settings. Outreach activities will include:

- Advertising through leaflets/posters
- Word of mouth from community groups/trusted figures
- Digital engagement
- Information/taster sessions at Family Hubs centres and community settings on topics such as:
    o Early years development, milestones, health
    o Attachment
    o Speech and Language
    o School readiness
    o Social connectedness

- Outreach activities will be delivered in bilingual/multilingual formats where necessary.

Covid contingency planning

If face-to-face interventions are not running, it is likely that CWC will revert to online equivalents as in previous lockdowns, and uptake/engagement with these can be explored.

Focus Groups are planned to be online, so should not be affected by any future lockdowns. Recruitment could be slightly harder but LA staff believe it would still be feasible to run the evaluation, albeit potentially on a slightly adapted Family Hubs programme.

Main research questions

Qualitative

RQ1: How do families of non-White-British heritage with English as second language experience the outreach activities such as taster sessions? (e.g. how useful/helpful was the content, has it shaped perceptions of what other FH services might be like)

RQ2: What are the barriers/facilitators for families of non-White-British heritage with English as a second language to engaging with FHs services?

RQ3: Do the outreach activities:

- promote motivation to take up other FH services?

- reduce a sense of stigma related to FH services?

Quantitative

RQ4: Does the area in which outreach activities take place report a greater number of families of non-White-British heritage with English as second language enrolling on parenting programmes / attending stay and play than a comparator area?

Methodology

This project comprises 2 distinct phases:

1. We will conduct two Focus Groups with 4 parents in each (8 total) of children aged 0-6 who have experienced the outreach activities such as attending a taster session. Focus groups will be conducted online. The LA will facilitate digitally excluded participants by providing a private room and internet connection in the Family Hub. The LA will also facilitate participants who prefer or need to take part in their first language by providing live   translation. All focus groups will be audio recorded. Data will be transcribed and anonymised prior to analysis.

2. We will conduct secondary analysis of the LA's available quantitative data on up-take of services in the outreach area (Graisley) and a comparator (Whitmore Reans).

Participants

Parents of non-White-British heritage with children aged 0-6 and English as a second language who have experienced the outreach activities.

Recruitment

LA staff (supported by Strengthening Families Workers) will contact community groups (religious groups and selected community groups) and ask them to identify potential participants. Identified participants (using translators if necessary) will be given information sheets and consent forms to complete by the community group contact at the point of recruitment, who will then pass these completed forms on to their contact at the FH. FH staff will then pass these completed forms to SHU researchers, who can book the participant on to one of the Focus Group sessions.

Focus Group participants will be offered a voucher to the value of £50 to thank them for their participation.

The participant information sheets specify the withdrawal procedures. Focus Group participants can decide to withdraw from the research prior to participating, but due to the nature of focus group data, it will not be possible to withdraw their data after participation.

The debriefing sheets detail appropriate sources of support (GP, Mind) in order to mitigate any negative effects in the unlikely event that participants are distressed after their participation in this research.

Note: all participant-related materials will be available in translated versions where necessary.

Analysis

Qualitative data from Focus Groups will be fully transcribed (using a trusted supplier with comprehensive data security protocols that SHU use routinely), and anonymised prior to analysis. Transcripts will be stored on a secure drive accessible only to SHU project staff. Researchers will apply the COM-B model (Michie et al., 2011; 2014) and Theoretical Domains Framework (TDF, Cane et al., 2012) to the qualitative data in a thematic framework analysis to identify key barriers and facilitators to engagement with the information/taster sessions and with FH services more broadly. NVivo software will be used to facilitate the qualitative analyses. Reporting will include a discussion of the extent to which experiencing the outreach appropriately maximises the facilitators and overcomes the barriers identified to engaging with other FH services.

Quantitative data will be anonymised by the LA before being sent to SHU for analysis. Data will be stored on a secure drive accessible only to SHU project staff. SPSS will be used to conduct statistical analyses to investigate whether the area in which outreach activities take place have 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 in which the outreach activities do not take place. These analyses are likely to include descriptive statistics and tests of difference/association. It is not possible to specify until we are familiar with the structure of the data available.

Roles and Responsibilities

The LA will be responsible for:

- Implementation of all outreach activities within agreed timescales
- Recruiting participants for interviews via community groups
- Provide translators and venues as required for participants to use for interviews
- Extract and provide quantitative data
- Review participant facing materials and interview schedule for ethical review

SHU researchers will be responsible for:

- Producing participant facing materials and focus group topic guide for ethical review
- Submitting ethics application
- Conducting focus groups with participants
- Analysing data and reporting of findings to a publishable standard
- Working with the National Centre for Family Hubs to disseminate learning to local authorities.

Expected Outcomes

There are three main anticipated outcomes from this research project:

1. An understanding of the barriers and facilitators to families of non-White-British heritage with English as a second language accessing FH services, which Wolverhampton can use to inform future services and outreach activities
2. The LA will know how effective outreach activities are in engaging target communities in Early Help & Support Offer (school readiness), and how to improve them further if needed
3. Learnings can be shared with other LAs about how to reach potentially marginalised groups with English as second language.

Appendices

Appendix A: Interview guide for selection

Introductions…

The service(s)

-What are the service(s) you are aiming to increase the uptake of?

-Is this service part of a Family Hub or Children's Centre?

-What does 'uptake' look like?

-Or are you interested in 'engagement' with a service? If so, what does that look like?

-Do you have a standard definition of uptake/engagement in your LA?

-What is the specific behaviour of an individual service user (or staff member) you are seeking to change?

-What data are routinely collected about uptake/engagement of this service?

The initiative…

-What is the initiative?

-When is it planned? Or, if it's already running, when did it start, and how long will it run?

-Is it part of a Family Hub or Children's Centre or something else (e.g. VCS)?

-Why do you think the initiative will work?

-How will it change the behaviour of an individual service user (or staff member)?

Theory of change template

Having discussed these topics, let's see if we can sketch out the theory of change for your initiative….

Research readiness and data infrastructure…

- Is there scope to compare pre- and post- intervention data?
- Is there scope to add a control group?
- Which staff will be collecting any additional data?
- How will service users be recruited as research participants for interviews?
- Which strategic leads and practitioners will participate in interviews?

Appendix B: Participant information sheet and consent form for co-design

Sheffield Hallam University | Centre for Behavioural Science and Applied Psychology

Participant Information Sheet

A Behavioural Insights Project: testing what works to increase the reach and take-up of family hub services by disadvantaged and vulnerable families - Co-design sessions

1. What is this research about?

Sheffield Hallam University (SHU) has been commissioned by the Department for Education (DfE) to work with Local Authorities (LAs) planning or implementing initiatives to increase uptake of Family Hubs services. Researchers at SHU will work with LAs to develop and conduct behavioural insights research to evaluate the new initiatives.

As one of our 4 selected LAs, you have been invited to take part in the project and work with the SHU researchers to develop behavioural insights (BI research on your initiative(s). The first step of this process is for you to participate in two co-design sessions to work with the researchers to develop a logic model and linked research protocol for the evaluative research. **DfE will then review these documents, and decide whether to proceed with the programme of work to carry out the BI research.**

2. Why have you asked me to take part?

You are being asked to take part in these two co-design sessions because you expressed an interest, on behalf of your LA, to be involved in the research.

3. Do I have to take part?

- Participation is voluntary. It is up to you to decide if you want to take part or not. If you decide to take part, you do not have to answer any question you do not want to. If you decline to answer a question, there will be no consequences to your future treatment by the researcher or your local authority. It is important to note, however, that the research team will only be able to provide behavioural insights research for those projects for which we have been able to successfully co-design relevant methodologies.

4. What will I be required to do?

You will be asked to take part in two online co-design sessions with researchers from SHU and colleagues working with you on the Family Hubs uptake initiative(s) in your LA, about which you submitted an Expression of Interest to the DfE. The co-design sessions will be

facilitated by a SHU researcher. During the codesign sessions there will be open-ended discussion of:

Session 1) the initiative/project to better understand how it will aim to change specific behaviour relating to the uptake of Family Hubs services. In this session, we will create a Logic Model.

Session 2) practical issues concerning the design and implementation of the evaluation of your initiative. This will lead to the development of a specific research protocol.

There may be tasks for you to undertake in between the two sessions, for example finding out information from colleagues or making decisions about different research design options.

5. Where will this take place?

The codesign sessions will be hosted by SHU and conducted online using a secure, licensed video conferencing platform (e.g. Microsoft Teams). Conducting the focus group online means you can participate from a location that is best suited to you, but you should choose a location that is quiet and where you will be uninterrupted. The researchers will take notes during the interview, and the sessions will be audio-recorded so that the researchers can revisit information if needed. These recordings will be safely secured on a University Drive and will be deleted once the work is complete.

6. How often will I have to take part, and for how long?

You will participate in 2 codesign sessions, approximately 1 week apart (subject to scheduling needs) that will each last no more than 2 hours.

7. Are there any possible risks or disadvantages in taking part?

We do not anticipate that there are any risks or disadvantages of taking part.

8. What are the possible benefits of taking part?

Taking part in the sessions will provide your LA with valuable Behavioural Insights support with the design and implementation of an evaluation of your initiative designed to promote uptake of Family Hubs services.

9. How will you use the information gathered from my taking part in these co-design sessions?

The research team at SHU will use the information gathered in the sessions to inform the development of a logic model (session 1) and linked research protocol (session 2) that is attuned to the localised needs of the specific initiative or service for which the initiative is intended to increase take-up, and data collection architecture. As part of this process, we

will advise on measures, process evaluation, and data collection and analysis possibilities. We will work with you to identify specifically who will implement what in each part of the research, as well as how, where, and when. **The final versions of the logic model and research protocol will be sent to you for approval before we submit it to DfE.**

10. What will happen to the information gathered through these co-design sessions?

Sheffield Hallam University remain responsible for securely maintaining all of the information and data from this project for a period of 12 months after the project is completed.

11. When will I have the opportunity to discuss my participation?

You can ask any questions about your participation before or during the co-design session. If you have any questions, please contact the Sheffield Hallam University project leader, Dr Abigail Millings, using the contact details below.

12. Who will be responsible for all of the information when this study is over?

Sheffield Hallam University will remain responsible for securely maintaining data once this study is over. Audio data will be deleted once the project is over.

13. Who will have access to it?

The data can only be accessed by nominated researchers directly involved in the project.

15. Contact Details

Dr Abigail Millings (Project Manager, Sheffield Hallam University)

Centre for Behavioural Science and Applied Psychology (CeBSAP)

Sheffield Hallam University

Heart of the Campus

Collegiate Crescent

Sheffield

S10 2BQ

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16. Legal basis for research for studies.

The University undertakes research as part of its function for the community under its legal status. Data protection allows us to use personal data for research with appropriate

safeguards in place under the legal basis of **public tasks that are in the public interest.** A full statement of your rights can be found at https://www.shu.ac.uk/about-this-website/privacy-policy/privacy-notices/privacy-notice-for-research. However, all University research is reviewed to ensure that participants are treated appropriately, and their rights respected. This study was approved by UREC with Converis number: **ER27692894**. Further information can be found at:
https://www.shu.ac.uk/research/ethics-integrity-and-practice

You should contact the Data Protection Officer if:

- you have a query about how your data is used by the University
- you would like to report a data security breach (e.g. if you think your personal data has been lost or disclosed inappropriately)
- you would like to complain about how the University has used your personal data DPO@shu.ac.uk

You should contact the Head of Research Ethics if:

- you have concerns with how the research was undertaken or how you were treated
ethicssupport@shu.ac.uk

Postal address: Sheffield Hallam University, Howard Street, Sheffield S1 1WBT

Telephone: 0114 225 5555

Participant CONSENT FORM

A Behavioural Insights Project: testing what works to increase the reach and take-up of family hub services by disadvantaged and vulnerable families - Co-design sessions

1. Name of contact …………………………………………………………………….

2. I understand the Participant Information Sheet regarding my participation in the co-design sessions

     Yes/No *(please delete as appropriate)*

3. I agree to participate in the codesign session on behalf of my LA

     Yes/No *(please delete as appropriate)*

4. I confirm that *[please insert name of LA]*

     …………………………………………………………………………………………

     … is happy for me to take part in the co-design session

     Yes/No *(please delete as appropriate)*

5. Today's date: …………………………………………………………………..

6. Signature *(please paste electronic signature or type name)*

     …………………………………………………………………………………

Please read and respond to each statement below

Statement	Yes
1. I have read the Information Sheet for this study and understand what is involved in this research	☐
2. I have had the opportunity to ask questions and where applicable I have had my questions answered, I also understand that I may ask further questions at any point	☐
3. I am 18 years old or over	☐
4. I understand that I am free to decline to answer any particular questions without any consequences to my future treatment by the researcher	☐
5. I agree to respect the privacy of fellow participants and not record or share what is said in the co-design session with others	☐
6. I agree to my participation in the co-design session being recorded by the researcher so that they can refer back to it if needed	☐
7. I understand that my participation is voluntary and that I am free to withdraw within the time limits outlined in the Information Sheet and that I do not need to provide any reason for my withdrawal	☐
8. I understand that the information provided for this research can be used in further work and may be presented in academic publications (e.g., journals and conferences) and that, if it is used, it will be fully anonymised	☐

I consent to take part in this research under the conditions outlined in the Information Sheet	
Yes ☐	No ☐

Appendix C: Initial research protocol proforma

Research Project Title	
Local Authority	
Roles and Responsibilities **-Local Authority** **-SHU Researchers**	
Start Date of Data Collection	
End Date of Data Collection	
Background to the study and rationale	
Main research questions	
What are the expected outcomes, impacts and benefits of the research?	
Methodology	
Participants **-Who are the participants?**	
- Will any of the participants be vulnerable?	
Recruitment **-How will participants be recruited (incl. by whom)?**	
Consent procedure	

How will participants be made aware of their right to withdraw?	
Data collection procedures **-location(s) for data collection**	
Is there any risk of physical or emotional harm to any of the participants?	
What is the potential for participants to benefit from participation in the research?	
Describe any possible negative consequences of participation in the research along with the ways in which these consequences will be limited	
Analysis procedures **-anonymisation** **-transcription** **-data sharing** **-data storage** **-use of software** **-application of theories**	
Plans for dissemination of the results of the research	

For any enquiries regarding this publication, contact us at:
FamilyHubs.ResearchandAnalysis@education.gov.ukor www.education.gov.uk/contactus

This document is available for download at www.gov.uk/government/publications

Disclaimer: the views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.