



Evaluation of Small Steps Big Changes

Annual Report: 2020

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Executive summary

1 Introduction

Small Steps Big Changes (SSBC) is a programme hosted by Nottingham City Care Partnership and supported by the National Lottery Community Fund's A Better Start Initiative. The programme operates across four wards in Nottingham - Aspley, Bulwell, Arboretum and Hyson Green, and St Ann's. It aims to improve outcomes for 0-3-year-old children in the areas of diet and nutrition, social and emotional skills, and language and communication skills. It also aims to bring about system change by 'tipping the system on its head' and empowering parents, communities and workforces to coproduce services and achieve together. Small Steps Big Changes commissions a range of services and activities to achieve these aims (for further details please see: www.smallstepsbigchanges.org.uk).

The Nottingham Centre for Children, Young People and Families (NCCYPF) commenced its evaluation with SSBC in May 2018. This present report is the 2020 annual report and presents findings from the evaluations of Fathers Reading Every Day (FRED), Father Inclusive Practice (FIP), the Baby Massage groups, the Cook and Play groups and Group Triple P.

Details of the overarching evaluation are provided followed by the evaluation of each of the SSBC projects mentioned above, including an introduction to the project, methods and findings from the evaluations.

1.2 Aims and objectives of the SSBC evaluation

The aim of the SSBC evaluation is to undertake a process, impact and economic evaluation¹ of SSBC. This will be achieved through meeting the following objectives:

- Examining the functions of SSBC including service description, aims, services provided and target population;
- Identifying strengths and areas of development, i.e. what works and what does not work, for whom and why;
- Measuring changes and improvements in children in the following indicators and how these are attributed to approaches adopted by SSBC:
 - social and emotional skills

¹ Please note the economic evaluation is under way and details will be provided in future reports.

- language and communication skills
- diet and nutrition
- other positive outcomes
- Exploring how SSBC has empowered parents, communities and workforces to co-produce together; and
- Providing recommendations on how SSBC can be enhanced for the benefit of children, families, professionals and other stakeholders.

1.3 Methodology

A process, impact and economic evaluation is being undertaken. The process evaluation involves exploring the mechanisms through which the service is delivered. The impact evaluation examines the outcomes for the children engaging in SSBC. Through the economic evaluation the team will investigate the costs benefits of SSBC.

The peer research methodology has been utilised. Three parents who live and/or work in Aspley, Bulwell, Hyson Green and Arboretum, or St Ann's have been appointed as Parent Peer Researchers. During the second year of the evaluation the Parent Peer Researchers worked with the evaluation team to evaluate the baby massage groups through developing the interview guide, undertaking interviews, analysing interview data and contributing to the report.

Further details regarding methods used are detailed below for each project evaluated.

1.4 Ethical considerations

1.4.1 Ethical approval

Ethical approval was obtained from the Nottingham Trent University College of Business, Law and Social Sciences Research Ethics Committee. The evaluation has also been registered with Research and Innovation, Nottinghamshire Healthcare NHS Foundation Trust with permission to proceed provided.

1.4.2 Informed participant consent

Verbal and written informed consent were obtained from all participants taking part in the evaluation. Participants being interviewed were assured that they did not have to answer any

questions that they did not want to and could withdraw from the evaluation, without giving a reason, at any time up until publication of the findings.

1.4.3 Anonymity

All data was anonymised as soon as possible after collection. Participants were assigned a unique identification number and data was stored against this number rather than against the names of the participants.

1.4.4 Data security

Digital audio recordings, notes, transcripts of interviews and focus groups, and questionnaire data were saved securely in a Nottingham Trent University secure and restricted folder. Transcription of interviews and focus groups was carried out by an authorised university transcriber who is fully aware of requirements of confidentiality. The consent forms were stored in a locked filing cabinet.

Quantitative data regarding FRED and Group Triple P evaluations were saved securely in a restricted folder on an SSBC computer, which was accessed by only one of the team members with an honorary contract to conduct the analyses.

1.5 Evaluations

1.5.1 Baby Massage Groups

Baby massage is a group activity delivered by Family Mentors across the four wards. The courses last for five weeks and each session lasts one hour. They are available for babies from 6 weeks of age to six months. Baby massage sessions involve a series of gentle stroking, stretching, and holding techniques. The baby massage courses aim to:

- Teach parents the skills of baby massage;
- Provide parents with an opportunity to bond with their baby;
- Help parents to better understand their baby's communication cues; and
- Provide an opportunity to engage the families into other SSBC activities.

The aim of the evaluation of baby massage was to examine whether participation in the baby massage groups improves outcomes for parents and babies in the following areas.

Parent outcomes:

- Improvements in verbal and non-verbal communication with baby, and ability to read baby's cues;
- Improved bond between parent and baby;
- Improvements in wellbeing;
- Increased confidence in parenting;
- A good understanding of massage techniques (e.g. when to undertake baby massage (alert state), different areas, strokes etc.);
- An awareness of the benefits of baby massage for mother and baby; and
- A reduction in isolation
 - Parent meets and keeps in contact with other parents attending baby massage
 - Parent attends other SSBC group activities/services.

Baby outcomes:

- Improvements in sleep.
- Better digestion.
- Reduction in crying.
- Relief from the discomfort of colic, constipation, wind, and teething; and
- Baby is more relaxed/calmer.

The evaluation team undertook face-to-face interviews with 25 mothers² that had attended baby massage. The interviews explored parents' experiences and views of baby massage and in particular outcomes for parent and baby. To understand the implementation and delivery of baby massage, 3 members of the Family Mentor Senior Leadership Team and 11 Family Mentors involved in the delivery of the baby massage groups participated in an interview.

1.5.1.1 Key findings

In general, there were very few issues with regards to the delivery of baby massage. The main concern was attendance, with numbers being low in some wards. Various reasons for parents missing baby massage groups were identified and Family Mentors were proactive in encouraging and reminding parents of upcoming classes. There were some minor problems

² Please note there were no fathers in attendance at the baby massage groups when we undertook the interviews and no fathers came forward to participant in a telephone interview.

with the venues, including limited options, small venues and concerns about lighting and temperature. Furthermore, in some instances, the attendance of older siblings at baby massage groups could be disruptive.

Baby massage was found to have helped to strengthen the bond between parent and baby. Some parents attributed this to the skin on skin contact and eye contact that baby massage involves, and the dedicated one-to-one time they got to spend with their baby during the baby massage groups.

Parents in this study acknowledged a number of different ways in which the baby massage course had been beneficial for their baby's physical and mental wellbeing. The most common benefit parents noted was how certain massages soothed their baby; helping them to relax and to fall asleep for longer periods. Other benefits included baby massage techniques helping to alleviate the symptoms and discomfort of colic, wind, constipation; and improve digestion.

Parents revealed that attending the baby massage sessions had helped them to relax and that they felt calmer after attending. Various reasons were given including: the calming environment that the baby massage groups provided; the reassurance parents received from other parents; and how massage helped to soothe and calm their baby which in turn led to them feeling more relaxed. Knowing how to soothe and calm their baby (and reduce discomfort from colic, constipation, poor digestion, and wind) had also led to increases in confidence with parents feeling more competent as parents. Parental confidence was also increased as a result of spending time with other parents who offered reassurance.

A number of parents in this study reported that their ability to read their baby's cues had increased since attending the baby massage sessions, and that their babies had become more vocal since attending the groups.

Friendships had been formed at the baby massage groups and this included socialising outside of the groups. For some parents attending the classes had also helped to reduce isolation during the postpartum period.

1.5.1.1 Recommendations

- Undertake a consultation to explore why the baby massage groups in some wards are less well attended than those in others;

- All the parents attending the baby massage course were mothers on maternity leave. Consider how the course could be offered to those parents that return to work;
- Explore whether the venues currently used for baby massage are appropriate and whether there might be other more suitable options;
- Investigate whether offering baby massage classes in the evening or at the weekends would encourage fathers to attend;
- Parents with older children may not be able to attend the baby massage classes. Exploring the option of having a creche available or additional staff to supervise older children, whilst their parent takes part in the baby massage groups, is recommended.

1.5.2 Fathers Reading Every Day (FRED)

Fathers Reading Every Day (FRED) is an intervention that encourages fathers of children aged 2-11 years, to read with their children on a daily basis. The FRED programme starts with a launch event, where fathers pledge to read to their children every day, for four weeks.

For the FRED evaluation, we analysed a questionnaire, which was completed by fathers before and after the programmes' delivery. These questionnaires measured outcomes reported by fathers, including fathers' reading frequency with their child, levels of fathers' confidence in reading to their child, father-child relationship, fathers' involvement in their child's development, and the use of a local library.

The original evaluation of FRED intended to do the following:

- Explore and analyse data held by SSBC (previous FRED cohorts);
- Interview parents (before and after);
- Use the WellComm to test the children (before and after); and
- Undertake interviews with staff.

However, in light of the global COVID-19 pandemic, interviews with parents and the WellComm test were not possible. As a result, the evaluation team accessed SSBC's data of previous FRED cohorts (2017-2019). Further details are provided in the methodology section.

FRED aims to improve the following outcomes.

- Improved communication and language skills (children);

- Increased weekly reading with child (and increased time spent together) (both);
- Improved understanding of the value and importance of fathers (father);
- Increased confidence in role (father);
- Increased involvement in learning (father); and
- Closer bond (both).

1.5.2.1. Key Findings

The quantitative pre and post data collected from fathers indicates that reading frequency increased following participation in FRED. However, there were no statistically significant increases in any of the other outcomes for fathers measured using the quantitative data. This means that the evaluation suggests FRED does not increase the levels of fathers' confidence in reading to their child, father-child relationship, fathers' involvement in their child's development, or use of a local library.

Fathers did, however, suggest some reported benefits. Fathers stated that the relationship with their child had improved (80%) and that they were more involved in their child's learning (74%). Importantly, 98% of the fathers who took part would recommend FRED to others.

Qualitative thematic analysis of the questionnaires also revealed a number of findings that highlight the potential benefits of FRED. Although some of the stories shared by fathers are powerful in terms of the strengths and weaknesses of FRED, it is important to note that such findings are self-reported/open-ended comments about the programme.

Fathers felt that their child's language and communication improved as a result of FRED, highlighting increases in word knowledge and improved speech.

It was suggested that both children and father's confidence had increased as a result of spending time with books. Children were noted as being more vocal and outgoing, whereas fathers discussed how reading had made them more confident about the importance of reading with children.

Fathers highlighted the enjoyment reading had brought both themselves and their children. Reading had become a fun routine which was often the highlight of the father's day. Leading directly from this, and the most commonly reporting aspect of FRED from the open questions, was the suggestion that spending time reading led to an improved bond between

father and child. Reading was seen as spending quality time together and was seen as a period in which relationships are strengthened.

Family Mentor interviews allowed the evaluation team time to explore not only the benefits of FRED, but some of the challenges and potential shortcomings of FRED. Family Mentors reported positive experiences of training and implementation but highlighted difficulties of convincing fathers to take part. Although the shift from group meetings to one-to-one had resulted in increased recruitment, Family Mentors had to work flexibly to overcome father availability and sympathetically with regards to father embarrassment. Family Mentors were keen to discuss the benefits of FRED with regards to improving family routines and improvements in child and father outcomes including improved speech and language, bonds, emotions, and confidence. Overall, Family Mentors noted the enjoyment that FRED created.

Family Mentors were, however, critical of FRED. They particularly noted the volume of paperwork required to administer FRED and also felt that revision is required with regard to the questions they were expected to ask fathers, which were highlighted as being inappropriate. It is an important finding that overall the focus of FRED is unclear. Family Mentors (and as a result fathers and their children) were unsure whether it is a reading intervention and/or a programme to increase time spent together.

1.5.2.2 Recommendations

We recommend that:

- FRED paperwork is examined to see if the questions could be reformulated to become more ‘user friendly’;
- There is flexibility in the delivery of FRED to enable Family Mentors to access fathers in the best/easiest way. This could be either in group settings or one to ones, whichever way works best for fathers and family mentor;
- A flexible approach is maintained to approach fathers in a way that promotes FRED with the aim of reaching ‘hard to reach’ fathers;
- Consideration is taken into account for flexibility surrounding working patterns of both Family Mentors and fathers;
- Re-evaluation of whether FRED is a reading intervention or a method for increasing time-spent with children- with Family Mentors being trained in line with this; and

- Post COVID-19, more Family Mentors are trained to deliver FRED to ensure a wider audience is reached.

1.5.3 Cook and Play Groups

Cook and Play is a group activity where adults cook healthy meals and then try them with their child. The group is delivered by Family Mentors in the four wards and is for parents with children aged under 4 years old. Cook and Play sessions last 1.5 hours and consist of parents participating in practical cooking, informal learning about healthy eating and assertive feeding practices, followed by eating or tasting the resulting meal with their child.

The first aim of the evaluation was to explore whether Cook and Play increase parents' knowledge around healthy eating and give parents' the skills and confidence to cook healthy low-cost meals that are suitable for their child. More specifically the aim was to examine the following short-term outcomes:

Parent:

- Increased knowledge of healthy foods and drinks;
- Increased confidence to buy and cook basic ingredients to make healthy meals;
- Learned new practical healthy cooking skills;
- Tried new foods; and
- Met new people and made friends.

Child:

- Tried new foods.

However, due to the COVID-19 pandemic the Cook and Play groups were halted in line with government guidance and this part of the evaluation has been paused.

The second aim of the evaluation was to explore the experiences of staff involved in the delivery of Cook and Play. In particular, the aim of the interviews and focus groups with the staff was to examine the implementation and delivery of Cook and Play, key challenges and strengths, and whether they perceived that it impacted on parents' confidence and knowledge in relation to cooking healthy meals. Four members of the Family Mentor Senior Leadership Team and eight Family Mentors participated in a telephone interview and seven Family Mentors participated in a focus group.

1.5.3.1 Key findings

Implementation of Cook and Play was delivered consistently across all wards and training was informative and well structured. However, gaining access to additional training was difficult due to a limited number of SSBC Cook and Play facilitators. In response, SSBC are training Family Mentors as facilitators to deliver 'in house' training.

The location, layout and equipment affect the delivery, running and attendance rates of Cook and Play. The venue features proving the most successful are central to the local community, pushchair friendly, have an open-plan kitchen and fully functioning cooking equipment.

The recipes have been reviewed and adapted overtime by Family Mentors and SSBC. The findings suggest that recipes still require some updating and additions to meet the needs of vegan and vegetarian diets. The Family Mentors would prefer more ownership and control over the adaptation of the recipes.

A recurring theme across wards was the time involved in the implementation of Cook and Play: it took much longer to deliver than the allocated two hours. Another theme that developed, was the title 'Cook and Play'. Family Mentors described how this could often be ambiguous, and that some parents would attend with the understanding their children would be cooking.

The intention of Cook and Play was to run a six-week program and subsequently, offer Cook and Play to a new group of families. However, Family Mentors have found that the same group of families attend the Cook and Play sessions throughout the year; reporting that the intended six-week rotation of families has been difficult to implement.

Attending Cook and Play has resulted in some positive outcomes for parents and children. Parents improved their cooking skills and as a result, cooked healthier low-cost meals at home. The social aspect of Cook and Play helped build friendships and reduce social isolation. For the children, a reoccurring theme that emerged was trying new foods. The social aspect of Cook and Play was also important for the children, the positive peer influences encouraging other children to sit at the table and try new foods.

1.5.3.2 Recommendations

- Consider training additional family Mentors as Cook and Play facilitators to enable them to train further mentors when required;

- Explore more successful venues with regards to layout, equipment and location and pursue similar venues in other wards;
- Review the current bank of recipes concerning diversity and variety and consider offering more ownership of adaptation to the Family Mentors;
- Establish whether the Cook and Play programme could be adapted to invite children to cook alongside their parents;
- Reflect whether the Cook and Play title is misleading or conflicting with similar named groups offered in Children’s Centres; and
- Explore modification of the current booking system to track ‘out of ward’ attendees in a similar way to ‘in ward’ attendees.

1.5.4. Father Inclusive Practice

Father Inclusive Practice is SSBC’s initiative that works to engage dads and male carers. The Practice aims to develop positive father-child relationships via: Workforce Recruitment and Training (the focus of this evaluation); Performance Monitoring; Service Development; and Communication, Publicity and Outreach. As the programme is in its infancy, not all streams have been implemented, and therefore the decision was taken by the evaluation team to focus upon the ‘Workforce Recruitment and Training’ aspect by examining the impact of Think Dads training. The Think Dads training is a programme designed to educate professionals about the impact of engaging fathers via two 3-hour (approximately) training sessions.

Although a pre and post study of the training was not possible (due to COVID-19), the evaluation team examined the impact of the first training session and conducted a detailed review of existing research on father inclusivity. The review allowed the team to examine how SSBC’s approach to father inclusivity related to a ‘Gold Standard’ or ideal level of father inclusivity.

Outcomes

The Think Dads training aims to enable participants to:

- Understand more about the reasons to work with fathers and male carers;
- Understand the benefits of a positive father-child relationship and the impact this has on the child, the mother, and the father themselves; and

- Further develop confidence, skills and knowledge when engaging with fathers and male carers.

As noted, the evaluation also explored the ethos of the Think Dads training in relation to other research in the area of Father Inclusivity. Therefore, the report also speaks to whether such an approach is in-line with current thought and research.

1.5.4.2 Key findings

The Think Dads training is founded upon the assertion that engaging fathers has a number of benefits including equality within the family, more money, child outcomes (bonding, improved behaviour, positive role modelling), father outcomes (mental health, involvement) and ability to identify depression. The questionnaires suggest that trainees found the theoretical aspects of why they should engage with fathers beneficial, noting the potential benefits for children and the wider family. There was a clear shift towards attempting to work with fathers directly and the importance of understanding fathers' perspectives.

Although the evaluation was unable to follow up on the impact this has had upon the professionals' practice, it is clear that the messages have been expressed clearly. However, it is arguable that such messages may not always be a clear and accurate representation of the current research. It is first important to note the reliance upon a limited amount of research (mostly the work of Flouri and colleagues). Although this is not necessarily problematic, some of the outcomes need to be treated cautiously as the wider literature tends to suggest that children do not get 'special' things from their fathers which can only be obtained via fathers. Furthermore, a number of the studies used to add weight to father inclusivity do not take into account the role of the other parent, making it difficult to separate the influence of individual parents.

Additionally, the focus squarely upon fathers tends to shift the focus away from more substantiated research findings including the importance of family stability rather than family structure. This means that children in families that are often seen as non-traditional in their make-up do not have better or worse outcomes simply due to the structure of the family. Research suggests that it is family instability and not lack of father involvement that is often the reason for poorer child outcomes. Although father engagement can be important, it may not be, as research shows positive parent relationships are key.

SSBC's approach to Father Inclusivity does meet some of those aspects that could be seen as a Gold Standard approach, such as:

- Treating parents equally;
- Including fathers in correspondence;
- Working to provide practical solutions to everyday challenges of engagement;
- Valuing the need for training in this area; and
- Willingness to listen and learn from fathers.

However, there are areas which should be developed further such as:

- Obtaining assessment data from fathers;
- Continuing to develop ways to engage fathers as current methods are suited to mothers;
- Training more staff to be knowledgeable about father engagement;
- Working to ensure that Family Mentors do not express gender stereotypes or take their own experiences into other family's homes;
- Improving fathers' awareness of services available to them;
- Asking fathers themselves what they want, rather than what mothers or Family Mentors think they want;
- Developing a flexible approach to working in terms of location and hours; and
- More frequent engagement with fathers (improvement of father and Family Mentor confidence).

1.5.4.3 Recommendations

- It is recommended that practitioners are continually trained and supported in engagement with fathers which would increase SSBC's practitioner's confidence (this is due to the infancy of the Father Inclusive Practice programme);
- It would also be recommended that the Gold standard questionnaires are given to practitioners to complete in order to gain a sense of how well the training was received by the practitioners. This should be done long-term and not immediately after completing the training;
- Development of appropriate father engagement activities;
- Continued direct working with fathers to understand what fathers themselves want (not what mothers think fathers want); and

- Continued development of a flexible approach to visiting fathers.

1.5.5 Group Triple P

Group Triple P is part of the Positive Parenting Programme (Triple P), which is an evidence-based parenting programme based on social learning theory principles. Group Triple P is delivered over eight weeks for parents of children up to 12 years old, and who are interested in improving their parenting skills to manage their children's behaviours and reduce parental stress.

We used the Strength and Difficulties Questionnaire (SDQ), Parenting Scale (PS), and Warwick-Edinburg Mental Wellbeing Scale (WEMWBS), which were completed by parents whose children were aged 2-10 years (n=77), to examine whether the programme has had an impact on their following *expected outcomes*:

- Increase in parental confidence and efficacy;
- Increase in the use of positive parenting practices;
- Decrease in parents' use of coercive, harmful or ineffective parenting practices;
- Decrease in emotional distress experienced by parents including stress, depression, anger;
- Decrease in parental conflict over raising children, and
- Reduction in the prevalence of early onset behavioural and emotional problems in children

1.5.5.1 Key findings

The key findings of this evaluation are follows:

- Children's problems in conduct, hyperactivity and prosocial behaviour significantly reduced, and
- Parents' problems in parenting skills and mental health significantly reduced.

However, the above results need to be read with caution as there are a number of limitations. We have recommended improvements that can be made in the following section (see also the main section on the Group Triple P evaluation).

1.5.5.2 Recommendations

We recommend the following to improve the delivery of the programme and the data to be used to assess the effectiveness of the programme:

- Establishing a mechanism to track whether the programme is delivered by the trained staff according to the original Group Triple P instructions;
- Making sure the staff who deliver the programme use the age appropriate versions of the questionnaires;
- Recording how many sessions parents attend throughout eight weeks of the programme;
- Recording (more) data on socio-demographic characteristics of parents/children who participate in the Group Triple Programme (e.g. ethnicity, gender, age, household income, socio-economic status of parents/head of household, area of residency, education level of parents) and when sessions take place, and
- Recording whether they participate in any other programmes (while attending the Group Triple P programme) that might affect their outcomes measured in this evaluation.

1.5.5.3 Summary

The second year of the evaluation focused on the Baby Massage, FRED, Cook and Play, Father Inclusive Practice and Group Triple P.

Findings from the evaluation of the baby massage groups has shown that, from parents' perceptions, it can contribute to an improvement in outcomes for both babies and parents. For babies the most common improvement was sleep and relaxation followed by improvements in conditions common in new-borns such as constipation, wind, poor digestion and colic. For parents, attending baby massage groups had helped them to relax and led to improvements in parental confidence and reading their baby's cues. Baby massage was found to have helped to strengthen the bond between parent and baby.

Due to the COVID-19 pandemic the Cook and Play groups were halted in line with government guidance and as such it was not possible to collect data to examine whether Cook and Play increases parents' knowledge around healthy eating and gives parents' the skills and confidence to cook healthy low-cost meals that are suitable for their child. This part of the

evaluation has been paused and will resume when the Cook and Play groups recommence. However, findings from the interviews with staff responsible for delivering Cook and Play show that they enjoy and gain a lot of pleasure from planning and delivering Cook and Play and are of the belief that the group results in positive outcomes for parents and children. Positive outcomes included: improved cooking skills and healthier meals at home, learning how to cook on budget and children trying new foods. It was noted however, that the recipes require some improvements and attendance fluctuations could be challenging.

Findings from the evaluation of FRED suggest that fathers viewed the programme as beneficial, particularly in terms of improving the bond between father and child, improving their confidence and overall enjoyment for both parties. Fathers also noted improvement in children's speech, language and communication. However, it should be noted that all findings were self-reported, and the quantitative data shows no statistically significant improvement as a result of FRED. There is also more clarity required as to the overall focus of FRED and its delivery. The measurement of children's outcomes as a result of FRED ceased due to COVID-19. It is unlikely that there will be scope to carry out such work in the next evaluation year due to the time required to do so (minimum 6 months).

The evaluation of SSBC's Father Inclusive Practice suggests that good progress is being made in working towards being more father inclusive and engaging with fathers and male carers. Overall, the Think Dads training appears to be beneficial. However, there were some concerns noted regarding the literature employed to construct the training and the emphasis on fathers over other aspects of family and upbringing. The post-training evaluation of Father Inclusive Practice through the Think Dads training also ceased due to COVID-19.

Findings from the evaluation of the Group Triple P have shown that children's problems in conduct, hyperactivity and prosocial behaviour, and parents' problems in parenting skills and mental health significantly reduced. However, these findings need to be read with caution as there are a number of limitations noted previous section. Finally, Group Triple P staff interviews have also ceased due to COVID-19.

2 Introduction

The Small Steps Big Changes (SSBC) programme hosted by Nottingham City Care Partnership and supported by the National Lottery Community Fund's A Better Start Initiative. The programme operates across four wards in Nottingham: Aspley, Bulwell, Hyson Green and Arboretum, and St Ann's. It aims to improve outcomes for 0-3-year-old children in the areas of: diet and nutrition, social and emotional skills and language and communication skills. It also aims to bring about system change by 'tipping the system on its head' and empowering parents, communities and workforces to coproduce services and achieve together. Small Steps Big Changes commissions a range of services and activities (for further details please see: www.smallstepsbigchanges.org.uk) to achieve these aims and those that have been evaluated within the second year of the evaluation are detailed below.

The Nottingham Centre for Children, Young People and Families (NCCYPF) commenced its evaluation and learning partnership with SSBC in May 2018. This report details the second year of the evaluation, focused on Fathers Reading Every Day (FRED), Father Inclusive Practice, the Baby Massage groups, the Cook and Play groups and Group Triple P.

2.1 Aims and objectives of the SSBC evaluation

Aim: To undertake a process, impact and economic evaluation of SSBC. This will be achieved through meeting the following objectives:

- Examining the functions of SSBC including service description, aims, services provided and target population;
- Identifying strengths and areas of development, i.e. what works and what does not work, for whom and why;
- Measuring changes and improvements in children in the following indicators and how these are attributed to approaches adopted by SSBC:
 - social and emotional skills
 - language and communication skills
 - diet and nutrition
 - other positive outcomes
- Examining how SSBC empowers parents, communities, and workforces to coproduce together; and

- Providing recommendations on how SSBC can be enhanced for the benefit of children, families, professionals, and other stakeholders.

2.2 Methodology

Throughout the evaluation lifecycle, three strands of work will be investigated: process, impact and economic. The process evaluation involves exploring the mechanisms through which the service is delivered. The impact evaluation examines the outcomes for the children engaging in SSBC. Through the economic evaluation the team will investigate the costs benefits of SSBC³. A mixed method approach has been adopted whereby both quantitative and qualitative data are collated and analysed.

The peer research methodology has been utilised. Three parents who live and/or work in Aspley, Bulwell, Hyson Green and Arboretum, or St Ann's have been appointed as Parent Peer Researchers. The Parent Peer Researchers are now paid members of staff at Nottingham Trent University. During the second year of the evaluation the Parent Peer Researchers worked with the evaluation team to evaluate the baby massage groups. They attended group training and one-to-one training sessions, where they were trained in evaluation methods and undertaking interviews. This involved learning about interview techniques and processes, gaining informed consent from participants, confidentiality and safe data storage, and researcher safety. They also worked with the evaluation team to develop an interview guide for parents who have participated in the baby massage groups. Following training the Parent Peer Researchers undertook interviews with parents participating in the baby massage groups and undertook thematic analysis of the findings, with the evaluation team, to identify key messages for this report and recommendations.

Further methodological details are detailed in the main section for each project evaluated.

2.3 Ethical considerations

2.3.1 Ethical approval

Ethical approval was obtained from the Nottingham Trent University College of Business, Law and Social Sciences Research Ethics Committee. The evaluation has also been registered

³ Please note the economic evaluation is under way through a cost benefit exercise and will be detailed in a future report.

with Research and Innovation, Nottinghamshire Healthcare NHS Foundation Trust with permission to proceed.

2.3.2 Informed participant consent

Verbal and written informed consent were obtained from all participants. Participants were assured that they did not have to answer any questions that they did not want to and could withdraw from the evaluation, without giving a reason, at any time up until publication of the findings.

2.3.3 Anonymity

All data was anonymised as soon as possible after collection. Participants were assigned a unique identification number and data was stored against this number rather than against the names of the participants.

2.3.4 Data security

Digital audio recordings, notes, transcripts of interviews and focus groups were saved securely in a Nottingham Trent University secure and restricted folder. Transcription of interviews and focus groups was carried out by an authorised university transcriber who is fully aware of requirements of confidentiality. All consent forms were stored in a locked filing cabinet.

Quantitative data regarding FRED and Group Triple P evaluations were saved securely in a restricted folder on an SSBC computer, which was accessed by only one of the team members with an honorary contract to conduct the analyses.

3 Evaluation of Baby Massage Groups

3.1 Baby Massage

Baby massage is a group activity delivered by Family Mentors in the following areas: Bulwell, Aspley, Hyson Green and Arboretum, and St Ann's. The courses last for five weeks and each session lasts one hour. They are available for babies from 6 weeks of age to six months. Typically, six to ten parents attend each session.

The baby massage sessions involve a series of gentle stroking, stretching, and holding techniques, which are a carefully balanced combination on each area of the baby's body. The baby massage courses aim to:

- Teach parents the skills of baby massage;
- Provide parents with an opportunity to bond with their baby;
- Help parents to better understand their baby's communication cues; and
- Provide an opportunity to engage the families into other SSBC activities.

3.2 Evaluation Aims

The aim of the evaluation of baby massage was to examine whether participation in the baby massage groups improves outcomes for parents and babies in the following areas.

Parent outcomes:

- Improvements in verbal and non-verbal communication with baby, and ability to read baby's cues;
- Improved bond between parent and baby;
- Improvements in wellbeing;
- Increased confidence in parenting;
- A good understanding of massage techniques (e.g. when to undertake baby massage (alert state), different areas, strokes etc.);
- An awareness of the benefits of baby massage for mother and baby; and
- A reduction in isolation
 - Parent meets and keeps in contact with other parents attending baby massage
 - Parent attends other SSBC group activities/services.

Baby outcomes:

- Improvements in sleep;
- Better digestion;
- Reduction in crying;
- Relief from the discomfort of colic, constipation, wind, and teething; and
- Baby is more relaxed/calmer.

The aim of the evaluation was also to examine the implementation and delivery of baby massage and key challenges and strengths.

3.3 Methodology

A qualitative approach was adopted with the aim of obtaining an in-depth understanding of parents' experiences and views of baby massage, and SSBC staffs' experiences of implementing and delivering the baby massage groups. Interviews were undertaken with parents attending baby massage and those involved in the delivery of baby massage, including Family Mentors and Members of the Family Mentor Senior Leadership Team.

3.3.1 Interviews with Parents

The evaluation team undertook face-to-face interviews with 25 mothers⁴ that had attended baby massage. Nine of these parents attended the baby massage course in Aspley, ten the baby massage course in Bulwell, three the baby massage course in St Ann's and three the baby massage course in the ward of Hyson Green and Arboretum. Participants were aged between 20 and 38 years old. Nine identified as White British, four as British, one as Black British, two of mixed heritage, one as Chinese, two as White European, two as British Pakistani, one as Indian and one as British Indian. The interviewees' babies were aged between 3 and 17 months old at the time of the interview. The majority of interviewees (n=20, 80%) had never been to a baby massage course before. The parents interviewed had attended between one and five sessions with the majority having attended between four and five sessions (n=19, 76%). All except two interviewees were also continuing with baby massage at home.

⁴ There were no fathers in attendance at the baby massage groups when we undertook the interviews and no fathers came forward to participant in a telephone interview.

The interviews explored parents' experiences and views of baby massage and in particular outcomes for parent and baby. Twenty-one parents were interviewed face-to-face on site directly after their attendance at week four or five of the baby massage course and four over the telephone⁵. Parents at the baby massage groups were made aware in advance that interviews were taking place on specific days (in accordance with baby massage timetables in each ward) and invited to take part. Once the baby massage sessions had ceased due to the COVID-19 pandemic, parents were initially approached by Family Mentors and asked whether they would be interested in participating in an interview about attending baby massage course. Those that consented to have their details passed onto a member of the NTU evaluation team were contacted by telephone and invited to participate in an interview over the telephone. On average interviews lasted for around 15 minutes.

3.3.2 Interviews with Staff

To understand the implementation and delivery of baby massage, 3 member of the Family Mentor Senior Leadership Team and 11 Family Mentors involved in the delivery of the baby massage groups participated in an interview. The focus of the interviews was to examine the implementation and delivery of baby massage and key challenges and strengths. The interviews took approximately 30 minutes. The majority of interviews took place over the telephone, with one interview undertaken face-to-face at the participant's place of work.

3.3.3 Data Analysis

Thematic analysis was undertaken to identify patterns through a process of data familiarisation, data coding, and theme development. A deductive approach was undertaken whereby data coding and theme development were directed by the research questions. Where quotes are used, parents' names have been changed or an ID number used to ensure anonymity and staff are noted as Family Mentors or member of the Family Mentor Senior Leadership Team (i.e. their names are not used).

3.4 Baby Massage Literature Review

Baby massage is a centuries old tradition practiced in many cultures, particularly India, where it is passed down from generation to generation (Glover et al., 2002). Neurodevelopment and

⁵ Due to the COVID-19 pandemic it was not possible to continue with face-to-face interviews at the Baby massage Groups; as a result, parents were invited to participate in a telephone interview instead.

physical growth are rapid during the first year of a baby's life and the processes involved in baby massage are said to facilitate development in infants (Field et al., 2004).

Previous research attributes many positive benefits of baby massage for both infants and parents. Positive benefits for infants include weight gain, motor development and coordination, improvements in sleep, a reduction of colic and wind, and baby massage is also thought to reduce infant stress (Diego et al., 2014; Juwitasari and Harista, 2017; Scafidi et al., 1990; Field et al., 1996; Ferber et al., 2002; Kelmanson and Adulas, 2006). Other studies have shown it increases the bond between parent and child and promotes positive parent-infant interaction helping parents recognise non-verbal and verbal cues (Lunnen et al., 2005; Underdown and Barlow, 2011; Bennet et al., 2013; Cullen et al., 2000; Scholz and Samuels, 1992). In addition, Cody (1996) found baby massage also benefits those performing the massage with mothers reporting an improved sense of maternal self-esteem (a parent's evaluation of their parenting ability) and wellbeing. Moreover, research has shown positive outcomes for stress and anxiety in mothers and a reduction in the symptoms of depression (Afand et al., 2016; Feijo et al., 2006).

This review explores previous research related to baby massage, reporting on the outcomes for the impacts on babies and parents.

3.4.1 Parent and Infant Bonding

Baby massage is claimed to improve psychological development, such as enhancing the bond between parent and baby (Hart et al, 2003). Bonding is a two-way interactive system between parent and baby (Dellinger-Bavolek, 1996). The process of bonding begins during pregnancy, when mothers feel their baby move, hear the heartbeat, or see their baby during an ultrasound scan (Dellinger-Bavolek, 1996). Previous research suggests that baby massage (through touch, eye-to-eye contact, voice, smell and movement) can strengthen the bond; facilitating a deeper understanding and connection between parent and baby that builds over time (Bennett et al., 2013; Lunnen et al., 2005; Chan et al., 2018). The method of baby massage also encourages parents to spend quality time with their baby, thereby intuitively encouraging the bonding process (Klaus et al., 1995). A study by Lunnen et al., (2005) reviewed the benefits of home-based baby massage. They asked parents to complete a written survey about what they perceived to be the benefits of baby massage. Parents stated that they felt a closer bond with their baby after the baby massage sessions. Furthermore, Chan et al., (2018) examined mothers' experiences of baby massage. The mothers described an enhanced

bond between them and their babies. Elements of improved bonding included: improved eye contact; more understanding of the baby's cues; and more skin-to-skin contact (Chan et al., 2008). Cullen et al., (2000) described links between baby massage and bonding of fathers with their babies. They claimed that fathers were more expressive, loving and showed signs of enjoyment when interacting with their baby during massage. Onozawa et al., (2001) demonstrated similar findings in their study. They examined the effects of a baby massage on mothers suffering from depression. Following the intervention, parents who were in the baby massage group described enhanced feelings of closeness compared to the control group.

Baby massage has also been found to improve attachment between parent and child (Gurol and Polat, 2012). Gurol and Polat (2012) looked at effects of baby massage on maternal attachment. Using the Maternal Attachment Inventory, they found the baby massage group achieved a greater increase in maternal attachment scores (Gurol and Polat, 2012). Jump (1999) investigated whether baby massage could positively affect the parent-child relationship and the formation of secure attachment. Results revealed that mothers who massaged their baby in class, and continued to do so at home, felt more securely attached to their baby than those in the control group. The author claims that mothers feel more attached to their infants because of the increased physical contact during baby massage (Jump, 1999). Similarly, Hartanti et al., 2019 claim baby massage leads to increases in parental care, leading to positive interactions between mother and baby, thereby increasing the attachment.

3.4.2 Outcomes for Infants

Sleep

Sleep patterns in new-borns can be very challenging. Baby massage has been reported to be associated with improvements in circadian rhythm and sleep (Field, 2014). It is claimed that baby massage aids the sleep-wake cycle by increasing serotonin levels and regulating melatonin secretion (regulates the cycle of light and dark) (Ferber et al., 2002). Kelmanson and Adulas (2006) reported that premature babies had improved sleep quality, a reduction in awakening during the night, and were more active during the day. The findings also suggest the babies were less likely to snore during the night. In addition, they also required less feeding during the night and were more alert during the day.

Ferber et al., (2002) examined the effect of baby massage therapy on babies' circadian system. Results demonstrated that babies (10 days of age) whose mothers massaged them for 30 minutes every day had a more organised sleep cycle than babies who were not massaged.

The control group displayed more activity at night, whereas the massaged babies' activity increased in the morning and late afternoon. Moreover, the massaged babies had higher levels of melatonin. Melatonin acts as a sleep regulator, increasing at night, supporting the regulation of circadian rhythm (Ferber et al., 2002). Kelmanson and Adulas (2006) assessed the impact of baby massage on sleep behaviour of low birth weight infants compared to a non-massage control group. Although the difference was small, babies who received the massage required fewer night-time feeds and were more alert during the day. In addition, Kelmanson and Adulus (2006) also found baby massage reduced sleep apnoea in low birth weight infants.

Relaxation and Reduced Stress in Infants

Through baby massage, parents feel more able to calm their baby when they are stressed (Dellinger-Bavolek, 1996). A study by Field et al. (1996) examined effects of baby massage on full term babies with teenage mothers suffering from depression. They found that babies in the massage group had reduced cortisol levels, improved sleep, and cried less than the babies in the control group. Chan et al., (2018) interviewed mothers, exploring their experiences of learning and performing baby massage on their 4-6-week-old babies. After analysis of in-depth interviews, mothers reported their babies were more relaxed, calmer, and slept longer (only waking up when they were hungry) as a result of the baby massage. The effects of relaxation are linked a reduction in cortisol (a stress-related hormone) and an increase in oxytocin (a relaxing hormone) that are stimulated during the process of touch when doing baby massage (Underdown et al., 2010). Exposure to high levels of the stress hormone (cortisol) can lead babies to develop behavioural problems and stress-related diseases in later life (Luby et al., 2013). Decreasing stress levels is vital for growth: high cortisol levels can have damaging effects on the developing brain and impair the development of circadian rhythms which control sleep patterns (Chungani et al., 2001). A study by Acolet et al., (1993) showed massage therapy reduced cortisol levels of premature babies (29 weeks). More recently, Hernandez-Reif et al., (2007) examined the level of cortisol in the saliva of pre-term infants. They found baby massage greatly decreased the cortisol level. Field at el., (2008) also found decreased stress levels in premature babies: they propose that massage triggers the parasympathetic nervous response which decreases cortisol levels.

Colic and Wind

Colic is a common problem in the first months of a baby's life (Sheidaei et al., 2016). The underlying causes of colic are hard to determine. Possible reasons include: milk intolerances; problems with the digestive system; and parent-child relationships (Roberts et al., 2004). Research claims that baby massage can be an effective treatment to alleviate symptoms of colic (Huhtala et al., 2000). It is claimed that baby massage aids relaxation of the gastrointestinal tract and promotes good digestion (Bahrami et al., 2016). However, infantile colic can be a biological and a behavioural symptom, suggesting that the tactile stimulation of massage contributes to a reduction in stress, improves the mother-child interaction and reduces colicky symptoms (Cetinkaya and Basbakkal, 2012). Sheidaei et al., (2016) found the symptoms of colic were alleviated by a one-week baby massage intervention compared to a control group. Following four sessions of baby massage, Chan et al., (2018) interviewed mothers to understand their experiences of baby massage. Findings suggested that baby massage was associated with the relief of wind and symptoms of colic; mothers reported feeling the sensation of the passing of wind in their infants during massage (Chan e al., 2008). Although research suggests positive effects, confounding factors have been suggested: the reduction in symptoms of colic could be due to a natural course of infant digestive development; as an infant grows colic may naturally reduce (Saleem, 2013).

Crying

Research studies on baby massage have shown a significant reduction in overall crying time in babies who receive baby massage (Saleem, 2013; Yılmaz and Conk, 2009). According to Field (1995) baby massage can have soothing benefits, linked to a reduction in crying. The production of endorphins (a pain-blocking hormone) during massage claims to relieve pain, helping the baby feel much calmer, thereby lessening their crying time (Ifalahma and Cahyani, 2019).

Saleem (2013) examined the duration of crying times in babies (less than 4 months) with colic. They observed three intervention groups: one in which babies received massage after a nappy change; a second group that only received baby massage when they showed signs of colic; and a third group where no massage intervention was performed. They compared the three groups over 21 days: crying time was significantly reduced in the group with the babies who received baby massage after every nappy change. Another study by Koc and Gozen (2015) used the Face, Legs, Activity, Cry, Consolability Pain Assessment Scale to evaluate pain, heart rate, oxygen levels and crying time of infants during vaccinations. They compared

babies who had received a foot massage to a control group. Pre and post assessments were taken. Results showed massaged babies' scores were half those of the control infants, they cried for shorter periods, and had lower heart rates and higher oxygen levels. In addition, a study by Field et al., (1996) examined babies of mothers with depression. Among the outcomes of the baby massage group were decreased salivary cortisol levels, along with a decrease in crying, compared with the control group (Field et al., 1996). Furthermore, Yılmaz and Conk (2009) reported that full-term babies who received baby massage demonstrated lower levels of stress and cried less compared to a control group.

Digestion and Constipation

Baby massage increases activity of the vagus nerve (Hartati et al., 2020). The vagus nerve is responsible for stimulating digestive hormones such as, insulin, which supports metabolism and aids digestion (Hartati et al., 2020). Stimulating this nerve can aid digestion and bowel movement (Diego et al., 2014). Field and Diego (2008) found vagal activity significantly increased during baby massage therapy. Another study by Field et al. (2011) reported stimulation of this nerve increased gastric activity and increased insulin levels, which contains the hormone responsible for some growth (IGF-1 Insulin growth factor), improving the absorption of food. In addition, it is claimed that baby massage relieves symptoms of constipation by stimulating the colon and improving bowel movements. Yanti and Astuti (2019) found the process of baby massage supported an increase in the frequency of bowel movement following a seven-day course. Baby massage also stimulates the skin, soft tissues, and muscles, promoting lymph and blood circulation. This results in stimulation of the nerve endings, causing the absorption of nutrients in the tissues and the excretion of waste products (Field, 2002).

3.4.3 Outcomes for Parents

Wellbeing

Baby massage can play an effective role in supporting the wellbeing of mothers (Chan et al., 2008). Improvements in the moods of mothers suffering from symptoms of depression is claimed to be one of the many positive, parent outcomes of baby massage. Fujita et al. (2006) evaluated the effects of baby massage in mothers with symptoms of depression. They found that mothers who practiced baby massage showed a reduction in depression and an increased energy drive. They concluded that baby massage had a positive effect on the mood status of mothers. Glover et al. (2002) considered the potential benefits to mothers of attending

baby massage classes. They assessed whether baby massage can alleviate symptoms of postnatal depression, by encouraging interaction and understanding between parent and baby. Results showed lower depression scores of mothers who attended the baby massage classes compared to the control group. They suggest that this was because the mothers gained a greater understanding of their infants (Glover et al., 2002). Feijo et al. (2006) investigated whether teaching baby massage to mothers of pre-term babies would reduce their symptoms of depression. Reduced depression was reported for mothers who massaged their infants as well as mothers who observed their babies being massaged. They suggest that this outcome from both groups could be the mother's recognition that their baby is enjoying the massage (Feijo et al., 2006). O'Higgins et al. (2008) also studied whether baby massage would support mothers with postnatal depression in reducing their symptoms. Using the Edinburgh Postnatal Depression Scale (EPDS) they found the massage groups' scores were significantly reduced.

Parents experiencing feelings of anxiety (particularly new mothers) are more likely to be tense and preoccupied and may find it more difficult to read their baby's cues (Celebi, 2013). Baby massage is associated with behaviours that can improve symptoms of anxiety, such as sleep - when a baby sleeps more, the parent also sleeps more, resulting in reduced feelings of anxiety (Celebi, 2013). Afand et al. (2016) examined the effects of baby massage on anxiety in mothers who were scheduled for discharge from a neonatal intensive care unit. They assessed the massage group and a control group using the State-Trait Anxiety Inventory Score and found that the mothers who massaged their infants prior to discharge demonstrated significantly lower scores than the control group. Feijo et al. (2006) evaluated levels of anxiety in mothers after massaging their babies or observing their babies being massaged. They found that only mothers who performed the massage reported a decrease in anxiety levels. They suggest that this correlates with the physical act of massaging and feeling more involved and less helpless (Feijo et al., 2006).

Parental Confidence

Parents who engage in baby massage report increased confidence in their abilities as a parent. Beyer and Strauss (2003) assessed the impact of baby massage on mothers of full-term healthy babies. Parents described an improved sense of competence as a result of the baby massage sessions. Similarly, parents in Delinger-Bavolek's (1996) study reported increased feelings of confidence and parental abilities as a result of baby massage. Oswald et al. (2009) investigated the impact of baby massage on teenage mothers. Their findings demonstrated an

increase in maternal confidence (a parent's perception of their ability to understand and care for their infant). They claim that because the mothers felt more knowledgeable, the baby's needs were satisfied appropriately, resulting in an increased confidence (Oswalt et al., 2009). Likewise, Clarke et al. (2002) found that parents felt more competent in communication and understanding needs, reporting an increased confidence in their abilities to calm their baby's physical needs (Clarke et al., 2002).

Communication, Interaction and Reading Infants Cues

Baby massage can enhance a parent's sensitivity to baby's cues, strengthening and improving communication between parent and child (Dellinger-Bavolek, 1996). Babies begin to show their engagement during massage in many ways e.g. smiling, a focused expression or reaching out. Disengagement cues include crying and turning away (Dellinger-Bavolek, 1996).

Babies who responded sensitively with gentle touch, eye contact and infant-directed speech, which is taught in massage groups, are more likely to form secure attachments and to have a solid foundation for positive mental health (Tronick, 1982). Early parent-infant relationships are important for normal mental and emotional development (Sroufe, 1997). The more sensitive the parent is to an infant's signals and cues at two months the better the outcomes for cognitive and emotional development (Murray, 1992).

The quality of the parent-infant interaction relies, to a large extent, on the parent's ability to read and respond appropriately to the infant's emotional state (Underdown et al., 2006). Ferber et al. (2005) explored whether baby massage improved or enhanced the mother-infant interaction of pre-term babies. They found that baby massage had a positive impact on the mother-infant interaction, claiming that mothers found interaction with their baby easier following the baby massage sessions. Beyer and Strauss (2003) found that parents reported an increased ability to read and understand their baby's cues, following a month-long baby massage program. Baby massage can therefore be an effective method in fostering early parent-infant relationships.

Mothers suffering from symptoms of depression are more likely to be less sensitive to baby's cues, less involved and therefore their child will be less responsive (Field, 1996). Kersten-Alvarez et al.'s (2011) meta-analysis examined the impact of baby massage on high risk groups, such as mothers with postnatal depression. They found evidence of baby massage as

an effective technique to enhance maternal sensitivity (a mother's ability to infer meaning and understand babies' behavioural signals) in mothers who suffer from depression.

Scholz and Samuels (1992) suggest that educating and involving fathers in baby massage can have a positive impact on the father-child relationship. Their study compared a baby massage group and a bathing group of fathers. They concluded that babies in the massage group were more interactive with their fathers, demonstrating more eye contact, more reaching out and fewer avoidance behaviours (Scholz and Samuels, 1992). Cullen et al., (2000) compared two groups of fathers: baby massage and bathing. They reported that fathers who massaged their babies daily as part of their bedtime routine, showed improved interaction behaviour with their baby compared to the bathing group.

Friendships and Peer Support

Participating in baby massage classes gives parents an opportunity to meet other parents, share their experiences and form new friendships (Adamson, 1996). The group setting of baby massage can also have benefits to parents: promoting social and emotional support to all parents, including first-time mothers (Sylvie, 2015). Chan et al., (2018) emphasised the importance of attending group sessions. They found that not only did mothers benefit from learning baby massage, they also gained support from the other parents who attended the group. It is claimed that this support network improves the wellbeing of mothers and their babies (Chan et al., 2018). Parents in Underdown and Barlow's (2011) study revealed the benefits of support from other people (peers and facilitators) in the group, enabling them to discuss issues with peers and develop support networks.

3.7 Findings

3.7.1 Delivery of Baby Massage Groups

Parental Attendance

Attendance at baby massage groups varied between wards. In some wards attendance rates were poorer than others and attrition was a particular issue, with parents not often attending all five baby massage groups. This could lead to frustration, particularly where there is a long waiting list of other parents wishing to attend the baby massage course.

“We're not getting as much people as you would like to the sessions. They may sign up alright, and then say you've signed up maybe eight people are coming to the

session but then maybe only two or three turn up. But then maybe by the end of it, there may be only two that's completed [the course]" (Family Mentor).

"And you find that you'll get six [parents attend with their babies] come one week and there's four the next, and then six again, and then three. They don't all come every week." (Family Mentor).

"But some classes I've took where you've got a few, nine, ten families that come along. It can really differ, it really can. I mean like I said, some weeks it can be quite a small group...which is quite frustrating really, because we've got such a long waiting list." (Family Mentor).

Whilst it was noted that on occasion parents attending the baby massage courses in Bulwell do not always attend every week, in general it was reported that attendance was good, as the quotes below demonstrate. Furthermore, Bulwell run two baby massage courses at a time rather than one, further illustrating parental demand.

"I'd say about 80% will [attend all sessions]; I'd say a good chunk will. You'll get the odd person... and it usually happens every few times, you'll get the odd person, just like one person who may attend for the first week, and then not attend any more." (Family Mentor).

"We do get a few drop off. Though I think we start off with ten. The last one I did, I think I ended up with eight on one [baby massage course] and seven on the other baby massage course." (Family Mentor).

Staff interviewed suggested a number of reasons why parents may not attend the baby massage groups every week. These included: parent or child illness; tiredness; parents' lack of confidence attending group activities; time of the baby massage groups; other commitments (e.g. taking older children to school); or due to the baby receiving their immunisations. It was also suggested that the weather can have an impact. For example, parents may not want to leave the house with their baby if there is heavy rain, and if the weather is nice, they may wish to make alternative plans. It was also noted that some families may have extended family visiting and staying with them during the post-partum period or might be visiting family in their country of birth and as a consequence are unable to attend the classes.

“It could be mum that's not well, it could be other siblings that's not well. There's a multitude of things like you know.” (Family Mentor).

“If the children have just had an immunisation, they have to wait three days for massage, you can't massage the area.” (Family Mentor).

“I think it's very weather dependent as well. I think if it's raining and chucking it down, I think people are less likely to come out the house. But then also you know, for some mums, I think you know, if the weather's bad they're more likely to come along than if it's sunny. Because if it's sunny, they've got other things they want to be doing. They might want to go to the park, or you know, meet their friends and have a picnic or whatever it may be. And you know, make the best opportunity of that sunny day.” (Family Mentor).

“Just raising parents' confidence as well, to actually attend groups.” (Family Mentor).

“It could be timing, particularly if they've got an older one that's started nursery in the morning, and they you know, the pickup time is, 11:45, and it's [baby massage group] running 11 till 12, or 10: 30 till 11:30, and they've got to make it back to school.” (Family Mentor).

“Because lots of things happen, and sometimes people can put themselves down for baby massage before babies born. And then they won't know sleep patterns and this and that. So, it could be they're just tired, it's too much for them to come out if it's all the time.” (Family Mentor).

“Looking at them families I'm working with, very often they will have family come over to see them. Or they will be going back to their families. So that's why they've missed that window [to attend a baby massage course].” (Family Mentor).

It was noted by two Family Mentors that missing baby massage classes can have an impact on both the course and the parents. Parents not informing staff that they will not be attending can result in delays in the baby massage group commencing, whilst the rest of the class wait for their arrival. This can mean that the course finishes late. As a result, the following week staff will need to up-date parents on what was covered in the previous class, resulting in

further delays for those that attended the previous session. Where parents miss too many classes it can be difficult for them to catch-up on all that has been taught.

“Because you’re expecting all these people, and sometimes you’re in a group, and you’ve got two parents turn up. And we’re sat there waiting for other people to come, and they haven’t come. So, you’re already late starting the session, so that’s going to make you late to finish. And then if they come the second week, they’ve got to catch up and do the paperwork. So again, the people from the first week are waiting again.” (Family Mentor).

“But if they miss two weeks then it’s too much for them to catch up.” (Family Mentor).

It was evident that Family Mentors were proactive in encouraging parents to attend all sessions and actively reminded parents of upcoming classes. A reserve list was also held in some wards so that Family Mentors could invite other parents to come along to the group sessions where other parents have cancelled.

“I mean we do message as well; we do give them [parents] a message every week as a reminder text. Either the day before or say if it’s a Monday session, we’ll message them on the Friday, and then again on the Monday morning.” (Family Mentor).

“I think what the Family Mentors do now is, obviously when they have delivered the session, and a couple of parents haven’t turned up, they do ring them up ready for the following week... you know. So, they do say you know, how are things, how are you, you know? This is a courtesy, and just try to encourage them to come back you know, the following week.” (Member of the Family Mentor Senior Leadership Team).

“We always keep like a reserve [list], because if anybody turns round say the day before and says, oh, I can’t make this baby massage course now because of X, Y and Z. We’ve obviously got somebody to invite on that reserve.” (Family Mentor).

Delivering Baby Massage at Home

Family Mentors offer to deliver baby massage at home for a variety of reasons, including where a parent feels anxious or uncomfortable attending a group activity, where parents do

not enjoy baby massage in a group setting, or where families have missed a week. It was highlighted that where families complete classes at home, it is not officially recorded and therefore it appears as if they have not completed the course, even though they have.

“But some families will not go to a group, and they wouldn’t feel comfortable doing baby massage in a group setting. But those families that go for the first one and then don’t enjoy it, if they have a [Family] Mentor, then we would carry it on in the home.” (Family Mentor).

“Whether they like being in sort of group situations, whether they you know, they might have some anxieties about that. And you know, I will always offer it in the family home, if not.” (Family Mentor).

“It’s a five-week course, if they miss one or two, the Family Mentors will do those at home.” (Member of the Family Mentor Senior Leadership Team).

Venues for the Baby Massage Groups

In general Family Mentors were happy with the venues the baby massage classes were delivered in. However, a small number of issues were identified. In one ward there was a lack of options when it came to venues suitable for the delivery of baby massage groups, in terms of availability. It was also noted that one of the venues that was available for baby massage groups was actually too small to accommodate more than six parents and their babies. Other issues identified included lighting and temperature with one venue being viewed as very warm in the summer with poor lighting. Parking was also an issue in one ward.

“Venues are a big issue, because a lot of our venues... we’ve only got a small amount of venues actually in ward. We’ve only actually got like four, five venues in ward. Two of them being Children’s Centres. One being a sports hall, which we can only have use of at the weekend or an evening. So, it only actually leaves us like two venues that we could actually work from in the daytime... We do regularly use the Children’s Centre, but the room is very small. So, by the time you've put the mats out and you’ve set up, you can’t have no more than six parents at a time with children.” (Family Mentor).

“Lighting, definitely. Because the lighting in the room isn’t great... and because it’s on a main road, if it’s really, really hot and you’re doing it in the summer, you want the windows open. But you can’t because of the noise. Obviously, the babies then getting a draft, and then the noise. And then secondly, the lighting in there, it really... you’ve got like spotlights that go round the middle.” (Family Mentor).

“I think it’s [baby massage groups] a 10 o’clock start now, it used to be a half nine. If they’ve [parent] had the school run to do beforehand, then having to find a parking space. I think that could stress some people out. And we have had people turn up like five, ten minutes late, because they’ve been trying to find a parking space. So, I think that is the main issue. The location’s brilliant because it’s central.” (Family Mentor).

“If I could change parking. Oh gosh, the parking’s terrible.” (Tiara - parent)

Older siblings attending Baby Massage Groups

It was rare for parents to attend a baby massage class with older siblings. However, it did happen on occasion. In some groups it was not an issue; the child would be given toys to play with to keep them occupied.

Interviewer: “Do you get any parents come with siblings?” Interviewee: “Yes. Luckily, their children I would say, behaved. So, for example, in [name of venue removed], there was a mum with the older baby, but we had toys and books, the baby could quietly play next to the mum.” (Family Mentor).

Interviewer: “Have you had any families bring siblings with them?” Interviewee: “Yeah, we’ve had them, and we’ve had them bring them along. We usually find a little area where they can just play in the corner.” (Family Mentor).

“So, they [older children,] when they come along... You either give them a doll so they can practice [baby massage] on the doll, or they want to get involved and practice on their sibling. So, they will help mum or dad, so that’s what we do. So, they all get involved.” (Family Mentor).

Only two parents had attended a baby massage group where older children were in attendance. Both parents were not concerned about older siblings being in attendance.

Interviewee: “There was two women that came to one session, and they had their baby and I think either one or two children with them.” Interviewer: “And what was your thoughts on that, on having other siblings around?” Interviewee: “Didn’t bother me because they sat quite nicely.” (Hannah – parent).

At other times bringing older children to baby massage groups was problematic for both the Family Mentor trying to deliver the session and the parent, who would be simultaneously massaging their baby whilst looking after an older child.

Interviewer: “Do you get any families attend with siblings?” Interviewee: “No, I would prefer not to. At the beginning we had like a mum and a toddler [attend] that wasn’t quite ready for nursery yet. So, they’re a nightmare trying to do the session and mum trying to keep the other one entertained.” (Family Mentor).

“We do obviously explain to them [parents] that we can’t [accommodate older children], you know you obviously can’t bring siblings along. Because it’s not really, it’s not calm is it if you’ve got other children wandering about.” (Family Mentor).

To address this issue, some families were offered baby massage at home. It was also suggested that having additional support staff and larger rooms would help when parents need to bring older siblings with them to the baby massage groups.

Interviewer: “When parents go along, do they bring other children with them?”
Interviewee: “No. It’s not allowed.” Interviewee: “Does that cause any problems?”
Interviewee: “It’s never really been mentioned as a problem, because if that’s the case, we’d probably do it [baby massage class] at home. So, it’s... you can’t get childcare, we’ll do it on home visits.” (Member of the Family Mentor Senior Leadership Team).

“It’s just the circumstances where the parent really either misses the class, or they bring the child. So definitely, probably having extra volunteers and maybe a space on the side of the room, just in case.” (Family Mentor).

3.7.2. Parent and Infant Bonding

Parents were asked whether they felt that engaging in baby massage had helped to strengthen the bond between them and their baby and 22 out of 25 parents said that it had. Some parents described how they felt that their connection with their baby had increased and that they felt

closer to their baby. Others described bonding in terms of spending special one-to-one dedicated time with their baby, where they were able to interact with their baby through skin on skin contact, and eye contact.

“That bond together, having that little bit of time together has really been beneficial.” (Bernadette – parent).

“If I could have done this eight years ago [with older child], I’d most probably have done. I feel like it’s bonding time.” (Shanice – parent).

“I’m very happy to say that we have a beautiful bond anyway. But for me, I bathe with her every night, and I love that skin on skin [contact]. So, this is another thing that I can do that is skin on skin, and like that eye contact. And she loves it, she loves looking at my face, smiling when I’m looking down at her. And even when she’s wriggling you know, I’m still massaging her, and she’s enjoying it. So, it’s that one to one time for me and her... I just think it’s such a beautiful way to bond with your baby.” (Amy – parent).

“I feel like we have a better bond between us, the biggest one.” (Adriana – parent).

“Because now I do know how to massage him, and we have that bonding time at home.” (Jasmine - parent).

“It’s made our bond a lot stronger, he’s more attached.” (Mariah - parent).

Two parents described how they had found it difficult to bond with their baby initially and that attending the baby massage groups had helped them to bond. One of these parents explained that she had been encouraged to read to her baby at baby massage, something she previously found difficult, but found comfort and reassurance in seeing other parents doing it.

“I think bonding will be better. I’ve always struggled with bonding, because I have postnatal depression. Every time I’ve... I’ve got three kids, so I’ve had postnatal depression every time. So, I find it hard to bond with my children. But with him, I feel I’ve got a stronger bond with him. And coming here has made that better.” (Eve – parent).

“And it is just a better bond, not feeling so frustrated when he's not falling asleep... I just find it difficult reading a story to him, because I thought... I don't think he can even stand sort of listening; he's just doing his own thing. But now... Sometimes you think you're reading it to yourself. Yeah, I'm just sitting there thinking... like when I was pregnant, I used to struggle with kind of bonding and things. I thought, I talk to myself. But yeah, it has helped a lot, it has helped a lot. I think it's good to see other mothers doing it as well, so I don't look... don't feel weird doing it.” (Tiara – parent).

3.7.3 Benefits for Babies

Parents acknowledged a number of different ways in which the baby massage course had improved outcomes for their baby. This included improvements in sleep, digestion, constipation, wind, and colic. Some parents also noted that their baby appeared more relaxed and calmer after baby massage and noted a reduction in crying.

The most common outcome from baby massage was improvements in sleep. Eighteen parents out of 25 revealed that baby massage had helped their baby sleep. Parents often described how baby massage relaxed their baby, which led to them feeling sleepy and falling to sleep right after the session.

“He'll fall asleep straight after the session, every week, without fail.” (Tiara – parent).

“I feel like it does calm her down, like she will have a nap after and she's not a nappy baby, she doesn't really nap, but she will do on a Wednesday after baby massage.” (Bella – parent).

“He doesn't really nap in the day, but when he's had baby massage, he will have a good nap after... Just tends to tire him out afterwards, and he's like more relaxed.” (Hannah – parent).

“After the massage, he sleeps in the day for a bit longer. So, his like mid-day nap is a bit longer, which is quite nice. Because I can do a bit more at home.” (Eleanor – parent).

In addition to helping their child fall asleep baby massage also led to longer periods of sleep for some babies, which the quotes below illustrate:

“He sleeps a lot longer; he falls asleep straight after... He used to go to sleep, like two o’clock in the morning would be when he finally falls asleep, but now he goes to sleep at 9 o’clock at night, and he will sleep throughout the night. And I do think that’s thanks to baby massage.” (Jasmine – parent).

“I don’t know if that’s coincidence, or she just... because she never used to sleep through, she would wake every two to three hours for a bottle. Which is quite normal for a new-born? But the last couple of weeks, she’s started sleeping straight through, for a good eight, nine hours. Which was a nice shock!” (Jen – parent).

“She sleeps through now, completely. She started sleeping though when I started massage. I don’t know if it’s a coincidence or... but...” (Bella – parent).

Many parents had incorporated baby massage into their night-time routines and disclosed that massaging their baby before bed helped not only to get them to sleep but also resulted in them sleeping for longer during the night.

“I sometimes used to struggle, he was going to sleep 2 o’clock before, 2am. And now, now I’ve put it [baby massage] into the [night-time] routine, by 10 he’s ready to go to sleep straight after. So, it has helped, I’m not as stressed out in the night, trying to get him to sleep and you know, giving him bottles and stuff like that. Now he doesn’t really need a bottle to be honest, he will just go straight to sleep. So, where we used to put a bottle in, I’m now massaging him. So, I feed him prior to the massage, and about an hour later, massage, and then he can just go straight off.” (Tiara – parent).

“She loves her legs being massaged and her feet, it sort of sends her to sleep. That’s how we get her to sleep most nights.” (Bella – parent).

We do it, we usually do it [baby massage] just after his bath, that’s usually when we do it at home. And he goes down a lot quicker, so that’s helpful for us.” (Eleanor – parent).

Eighteen parents out of 25 reported that their baby was more relaxed after baby massage, reflecting on how it calmed them down and helped their baby to settle.

“She is more relaxed, and also, it’s the fact that like I know certain massage will relax her. Although like certain like massage, maybe they don’t necessarily treat anything, but it just generally relaxes her.” (Mayleen – parent).

“It’s [baby massage] just another way of getting him calm, which is never a bad thing. Especially when he’s teething and trying out new things when we’ve had a busy day. It’s another way of getting him calm. And anybody can do it with him.” (Eleanor – parent).

“He enjoys it [baby massage], and like I said, the benefits of him sleeping and feeling more relaxed, and you can see that it actually works.” (Shanice – parent).

In addition to parents’ perceptions that their babies were more relaxed and slept better after baby massage, some parents also reported that baby massage helped their baby to feed better and digest their food easier, and that baby massage also relieved constipation, colic, wind and teething discomfort.

Interviewee: “Kind of the stomach area as well, because that’s helped relieve the wind and things like that... And I find that he’s actually going, like he’s emptying his bowels as well after the [baby massage] session as well. So, I do normally have to do a nappy change. Where before it could be two/three days before he was actually doing anything. When we first started, he did have a bit of constipation, and now I find that he is actually going regular.” Interviewer: “And you think that’s due to the massage?” Interviewee: “Yeah, I believe it is, yeah. Because you’ll hear him passing wind, and every night he’ll kind of go now, where he wouldn’t. But no, it’s really helped.” (Tiara – parent).

“And it’s [baby massage] been really helpful, because Ben suffers with reflux, so baby massage for his stomach; it was new things that I’d never learnt before... Initially, due to his reflux and some other issues, he was always very unsettled, and a bit of a crier. But I found as the weeks have gone on, it does help to relax him, and he seems to be much more at ease... Because as I say, one of the things that he’s had with his reflux, he’s been taking medication, and I find that tends to block him up a little bit. But I find after the massage is, it definitely does help to keep things moving. And I feel as if he looks like he’s not struggling... because he’s breast fed, he’s kind of been one of those babies with his reflux, he would kind of arch his back a lot, and

almost like he's in pain a fair amount. But since the massage, and we can relax him and relieve him of some of his gas and stuff beforehand, he does tend to be much better.” (Natasha – parent).

“I do the tummy [massages] especially when they little bit, they have a little constipation, when I do the massage, they help the baby. They help. I don't give any medication, just do the massage, since the time I started to do the massage.” (Jada – parent).

“She takes her time a bit more now, I think she's a bit more relaxed when she's feeding. She used to guzzle her milk really quickly.” (Phoebe – parent).

“Has helped with teething and massaging gums, which means that [I] don't need to rely on gels.” (Judy – parent).

“I gave her like all those like anti colic medicines. Sometimes they help, sometimes they just [do] not. And she's sometimes still in pain, and [there's] not much I can do. But I know there's [massage] moves like normally, within five to ten minutes it would work.” (Mayleen – parent).

Parents were asked whether they felt that baby massage had led to reductions in their baby crying and the majority said that their babies did not cry much anyway and as a result baby massage had made no difference in this area. Those that did notice a reduction in crying suggested that this was often a result of baby massage helping relieve the discomfort of gas or colic.

“Just generally would not cry after she get the gas out [during baby massage].” (Mayleen – parent).

“Yeah, she... like I say, when she suffered with colic, she would just cry and cry and cry, but now she doesn't, she only cries if she's tired or wants... she doesn't really, she's not a crie-y baby now.” (Bella – parent).

3.7.4 Benefits for Parents

Wellbeing

Parents were asked whether attending baby massage had been beneficial for them. A common theme to emerge was how attending baby massage had helped parents to feel more relaxed,

with 13 parents out of 25, reflecting on how it had led to them feeling calmer. For some parents, baby massage helped to calm their baby down which in turn led to them feeling more relaxed, as the quotes below illustrate:

“I feel more relaxed, since the time I started to do the massage, because the baby likes it a lot, and see I’m relaxed now.” (Jada – parent).

“It helped me to calm down, helped him to calm down, and I just think it was all just really nice.” (Natasha – parent).

“It helped me to see other new mums with their baby, so maybe relax me a little bit more. And you know, I just looked around and gave me more tips” (Irena – parent).

Other parents reflected on the calming environment of the baby massage groups and the reassurance they got from other parents in attendance which in turn made them feel relaxed:

“I come out feeling quite relaxed. So, if I have a stressful morning, obviously I come here, and then afterwards, it’s quite nice and it’s more relaxed afterwards as well.” (Shanice – parent).

“I think it relaxes you as well as baby. So, when there is a problem, you’re not as panicky and sort of anxious to get her to stop crying. Because there’s other mum’s [at the baby massage group] with other babies who are also crying. So, it’s like, well it’s part and parcel isn’t it?” (Jen – parent).

“With the baby massage, it’s also calming for us, like I think for me as a parent to do the baby massage. So, when I’m massaging him, it feels a lot calmer.” (Bernadette – parent).

Sixteen out of 25 parents revealed that attending the baby massage groups had led to increased levels of confidence. For some, their confidence as a parent had increased due to the knowledge, they had gained through attending the baby massage groups, in particular massage techniques to help soothe and calm their baby:

“I think it’s [baby massage] definitely helped confidence like when they are teething, you know something’s going to help... you’re helping them soothe it. If they have belly ache, it’s wind. You know the different [baby massage] movements now that

you can do to help relieve that. Yes, you feel a bit more confident that you're helping, and do it the right ways." (Toni – parent).

"So, I feel a bit more confident with him I suppose is a better word for it. When he starts crying and kicking up, I'm a bit more confident that I can get him calm [using baby massage techniques]." (Eleanor – parent).

"It's helped me a little bit because I know about his body part, what can I help him, and like I understand I can put the pressure, so it help me a bit." (Adriana – parent).

Going to a group with other parents in attendance improved parental confidence amongst some parents, as it reassured them that they were not alone in their experiences and that their baby's development and behaviour was perfectly normal.

"I think it sort of just reassures you that you're doing like other people are doing, and kind of stop that wondering you know, when's she going to sit up, when's she going to do this? Because there's babies her age, at the same stage... There's that sense of community I suppose, with other mums, and get reassurance that you're not doing too bad." (Jen – parent).

"I think going back to what I said before, about being around other new mums. You kind of realise that you are doing everything right." (Phoebe – parent).

"Because you see around you that all babies cry, it's not just your baby. And you think those people understand that sometimes it's not easy. But there definitely is a lot more confidence and know that he's happy and healthy enough." (Natasha – parent).

In a similar vein, some parents revealed that going to groups with other parents had increased their self-confidence due to being around and socialising with other parents:

"I do feel a lot more confident because, at first when they suggested coming to like baby groups and... I was quite... I get quite anxious when I come out. Like before I started coming to the classes, I was quite anxious. I didn't like coming out on my own with the baby. But now I've tried it and I've met people; it has made me a lot more confident." (Mariah – parent).

“It’s made me feel more confident to meet people and I wouldn’t be afraid to join another course kind of thing.” (Hannah – parent).

“So, with me having post-natal depression, it’s made me more confident coming here. I feel like I’ve made a big step.” (Eve – parent).

Verbal and Non-Verbal Communication Between Parent and Baby

Some parents found that since attending baby massage their ability to communicate and read their baby’s cues had increased. This included interacting and communicating more with their new-born baby and understanding their baby’s needs, wants, likes, and dislikes through reading and recognising their facial expressions and movements, as the quotes below demonstrate:

“I think it’s made me realise that there are certain types of touch that he really enjoys which I never knew before. So, like, on his legs and on his hands, I never realised that actually he liked... if I massage his hands, he goes quite still, which I never even realised before.” (Bernadette – parent).

“When he’s had enough [of baby massage], because you can see, he’s got a look on his face when he’s had enough.” (Natasha – parent).

“I’d say it’s helped with like knowing what he does and doesn’t like, the facial expressions and stuff, and then obviously sounds.” (Shanice – parent).

“I never used to interact with him. I mean to look at his face and to sing a song. But then with this, I’ve learned how to communicate with him. I know how important the communication is. Because he used to, he started reacting to that” (Prisha – parent).

A small number of parents revealed that their infant had become much more vocal during baby massage, with some interpreting this as their baby’s way of trying to communicate with them during the massage, as the select quotes below illustrate:

“I have noticed he makes more facial expressions. He... what’s the word? He blows a lot of raspberries during the massage, and he like babbles. So, he like tries to talk though the massage.” (Mariah – parent).

“Oh, he’s definitely much more chatty. Obviously, he doesn’t talk yet, but he makes a lot more noises, gurgles a lot. Let’s me know when he wants something.” (Natasha – parent).

“He makes a lot more noise... his favourite bit is his legs, when you play with his legs. There's a lot more laughing and like he just says a bit more to you. Yeah making it known he doesn't like something. Doesn't like his hands being fiddled with.” (Eleanor – parent).

Some parents felt that it was being around other babies that had had an effect on their baby’s verbal communication, rather than the baby massage techniques or their own communication with their baby:

Interviewer: “Has attending baby massage resulted in improvements in verbal and non-verbal communication between you and your baby?” Interviewee: “I would say he's changed a bit. I think... I don't think it's the massage though, I think it's more being around the other babies. So [he] watch them and then learn from that.” (Jasmine – parent).

“I’ll tell you what it has done, since we’ve been coming, she's been more vocal. I think that's because she's been around other babies and hearing them. Before we came, she wasn't that vocal at all. So that's improved, so her communication’s improved in that way.” (Phoebe – parent).

Parents’ Understanding of Baby Massage

All parents interviewed (except two parents who were attending their first session) were continuing with baby massage at home and parents understood the baby massage techniques and the wide-ranging benefits.

“Certain moves help with like colic, certain moves help with teething, they [Family Mentors] explain it all, so I can know which [massage] move works for which symptom. They also give handouts as well, because I’m not able to remember everything.” (Mayleen – parent).

“Going back to digestion again, I could obviously see the benefits that, if you did circular motions on the stomach that goes in the direction of the way the intestines

are, so it helps with aiding digestion, and helps with passing wind. Also stroking across the forehead and things like that, helped with calming baby down, and putting her to sleep. (Sabeena – parent).

“It’s been really interesting, I’ve found out lots of different information about his body and how it works, and things not to do and things to do. Feeling like I understand why we’re doing it. So, I can like cherry pick the bits that we might need for that day. So, like I say, if he’s teething, or if his tummy hurting, I can use those.” (Bernadette – parent).

“I mean I know like when he’s very cranky, I mean I know what strokes I should do. And if I believe he’s colicky, like what stroke I should do to get him relieved. And we were told like when there some sinus or some headache kind of thing with a baby, you should massage their nose and head, that will give him more relaxation” (Prisha – parent).

Interviewer: “Overall, what do you think you have gained from the baby massage?”

Interviewee: “I’d say the massage skills and different things, different ways of massaging the baby. And how to be gentle at the same time, because I did say, it’s like when you press your eyes down, that amount of pressure you should be applying. So that was good to know actually, how much pressure the baby’s body can actually take. Where you probably wouldn’t get that from a YouTube video or something online, they may not give that information. And it’s good to actually be able to ask questions to the ladies leading the massage group. You know, reading a book or anything like that, you can’t really ask the questions that you need to ask.” (Tiara – parent).

Friendships and Reductions in Isolation

Many parents had made friends with other parents at the baby massage groups. Whilst some only saw each other at the baby massage groups, but reported that they were on friendly terms, others had made friends with other parents on social media, and others saw parents outside of the baby massage groups, either at other parent-child groups or more socially:

“There’s mums that I see at other groups as well, so that’s always nice. You start to know everyone as so and so’s mum. It’s nice to actually talk to mums sometimes.” (Jen – parent).

Interviewer: “Have you made any friends whilst at baby massage?” Interviewee: “Yeah, definitely.” Interviewer: “Do you see any of them outside of baby massage?” Interviewee: “One in particular, yes, I do. We go to another group on a Tuesday, and we do keep in touch.” (Tiara – parent).

Interviewer: “Have you made any friends whilst at baby massage?” Interviewee: “Yeah, yeah, I have. Last, not last week the week before, I went for coffee with two of the mums.” (Amy – parent).

Interviewer: “Have you made any friends whilst at baby massage?” Interviewee: “Yes, yeah, everybody.” Interviewer: “Do you see them outside baby massage?” Interviewee: “No, but I have got them all on Social Media now.” (Bella – parent).

Whilst some parents had not yet spent time with other parents outside of the baby massage group, they had made plans to do so in the future, once the course finished.

Interviewer: “Have you made any friends whilst at baby massage?” Interviewee: “Yeah.” Interviewer: “Do you meet them outside of baby massage?” Interviewee: “Not yet, because we’ve still had baby massage, but I feel like I will once... because it’s come to an end now. We’ll meet up outside.” (Jasmine – parent).

“I have made a new friend, but no we don’t really see each other outside. We’re meeting up on Tuesday to go to the Play and Run group.” (Mariah – parent).

Interviewer: “Have you made any friends whilst at baby massage?” Interviewee: “Yes.” Interviewer: “And do you see them outside of baby massage?” Interviewee: “I think that’s what we’re all going to plan on doing now to be honest.” (Pamela – parent).

A small number of parents mentioned that attending baby massage had helped them to get out of the house with their new-born baby, meet new people and attend other groups, essentially contributing to reducing their isolation in the first few months of having a baby.

“I think you can get stuck sometimes, especially if the baby’s upset, or sleeping a lot, you can get stuck in the house a lot. And to have something you know, is booked and ready to come to is good to have.” (Jen – parent).

“I feel more confident to go out and about with him, and to meet new people. Because I think it’s quite daunting to start with, so it’s nice that it’s a long course to get to know them.” (Hannah – parent).

Parents Participation in Other SSBC Activities and Programmes

Most of the parents interviewed were accessing other services and groups commissioned by Small Steps Big Changes including: Dolly Parton’s Imagination Library; Small Steps at Home; and the following groups: Baby Play, Boogie Tots, Buggy Push, Messy Play, Tots Play, Play Group, and Stay and Play:

“So, I’ve got a [Family] Mentor and we go to Baby Play, I’ve been to Boogie Tots” (Bernadette – parent).

“So, we go to the Baby Play, and we’ve been on the Buggy Push a couple of times.” (Jen – parent).

“Yeah, we go to Baby Play on a Tuesday, and we will start going to another group - now that this one’s finished, I can fit another one in.” (Tiara – parent).

3.7.5 Suggested Improvements

Overall, the parents were very happy with the baby massage course and very few made recommendations for improvements. Those that did tended to focus on the length of baby massage with two parents wishing some of the sessions were slightly longer, and two parents revealing that they would like the course to be longer.

“I wish the first session was a bit longer” (Hannah – parent).

“I might do it for over six weeks or seven weeks. No, the only thing I would say is, maybe make it a bit longer, but that's just because I really enjoy it. It goes quite quick, the five-week course.” (Amy – parent).

Staff delivering baby massage made a number of recommendations for improvements and this included: providing parents with information prior to the baby massage course commencing; having venues with more space; putting on baby massage groups in the evenings or at the weekends so that more fathers have an opportunity to attend; drop in sessions/refresher courses; providing a creche so that parents can bring older siblings with them; more dolls used as part of the baby massage course; and encouraging parents to bring a

friend or relative with them for support, if they are anxious about attending the groups on their own.

“So, I think maybe for the parents having a little bit to know what they expect on the session, or what they have to bring with them.” (Family Mentor).

“I think the venue could be improved. We could have more space. And I think having either back to back sessions, or on another day would benefit, because... or even in an evening because you know, and then you could get dads coming. I think five weeks is enough for the course, but it would be nice to offer them drop-in sessions. So, every couple of months, just do a drop-in so they could come and meet up with friends they’ve met up with before, and just run through it all.” (Family Mentor).

Interviewer: “Do you think there could be any improvements?” Interviewee: “Improvements, yeah, more dolls, definitely more dolls. We’ve got four dolls, but they’re just not enough sometimes.” (Family Mentor).

“A refresher course, like even if it’s just once a month, I don’t know, once a month where you’re going to put on like a baby massage meeting group where you come in, you meet some of the parents that have been before. We put a few mats down, a few toys and yeah, share what they’ve been up to and how they’re finding things.” (Family Mentor).

“I mean I’d like to see the numbers a bit higher. Again it, I think it’s reaching those... there is the childcare problem. And without putting a crèche on, which makes it expensive, that’s impossible to... obviously a lot of people do have babies closer together. So, if you’ve got a one year old, you can’t come unless you’ve got childcare.” (Member of the Family Mentor Senior Leadership Team).

“We do get one or two dads coming, but sometimes they’ll just come to the first one, they can’t make all five. And I have thought about offering a dads baby massage group at weekends.” (Member of the Family Mentor Senior Leadership Team).

“I’ve had a request from Health Visiting actually, to put her [parent] on the list. But I’d already got her on the list. And she said to me, can I bring a friend with me, because I’m too anxious to come on my own? So it’d be nice to see a few more

people come into... if that's what's putting people off, they don't want to come on their own... that acknowledgement, maybe I should push that a bit more actually, you can bring somebody along with you.” (Member of the Family Mentor Senior Leadership Team).

3.8 Discussion

3.8.1 Delivery of Baby Massage

In general, there were very few issues with regards to the delivery of baby massage. The main concern was attendance, with numbers being low in some wards. Various reasons for parents missing baby massage groups were identified and Family Mentors were proactive in encouraging and reminding parents of upcoming classes. There were also instances of Family Mentors offering baby massage classes at home where parents missed a group session, and also if they were uncomfortable or anxious attending group activities. There were some minor problems with the venues, including limited options, small venues and concerns about lighting and temperature. There were mixed experiences with regards to older siblings attending baby massage with their parents. In some instances, the attendance of older siblings did not affect the baby massage class, however in other instances their presence was disruptive.

3.8.2 Parent and Infant Bonding

In line with previous studies (Clarke et al, 2002; Hart et al., 2003; Hartanti, 2019; Kassim, 2004; Bennett et al., 2013; Lunnen et al., 2005; Chan et al., 2018) baby massage was found to have helped to strengthen the bond between parent and baby. Parents emphasised how massaging their baby had brought them closer together, enhancing their connection and developing the relationship they have with their baby. Some parents attributed this to the skin on skin contact and eye contact that baby massage involves, and the dedicated one-to-one time they got to spend with their baby during the baby massage groups. Babies that respond to gentle touch and eye contact are more likely to form secure attachments, which is important for wellbeing (Tronick 1982), demonstrating the importance of interventions designed to improve the bond between parent and child.

3.8.3 Benefits for Babies

Parents in this study acknowledged a number of different ways in which the baby massage course had been beneficial for their baby's physical and mental wellbeing. The most common benefit parents noted was how certain massages soothed their baby; helping them to relax and to fall asleep for longer periods. This supports previous research that shows that massage can calm babies when stressed and improve their sleep patterns, including leading to longer durations of sleep and decreased number and length of night-time awakenings (Field, 1996, Clarke et al., 2002; Ferber et al., 2002; Kassim, 2004; Kelmanson and Adulas, 2006; Hartanti, 2019; Ifalahma and Cahyani, 2019). Effect). This had a positive impact on parents who were less stressed at night as a result. Sleep patterns in new-borns can be very challenging. Parents of new-borns experience sleep disturbances and deprivation which can cause fatigue leading to implications for parents' physical and mental health, relationships, employment, and parenting (Gay et al., 2004). Data from this evaluation (and previous research) suggests that baby massage can improve babies sleep patterns and this may therefore help to reduce parental fatigue and associated outcomes during the postpartum period.

Parents articulated how they felt that baby massage had benefited their baby and explained how massage had helped to alleviate the symptoms and discomfort of colic, wind, constipation; and improve digestion. Parents revealed how going to the baby massage groups had equipped them with massage techniques designed to relieve these conditions. Other studies have found similar findings. Previous research has found that baby massage is an effective treatment to alleviate the symptoms of colic (Clarke et al., 2002, Huhtala et al., 2000, Cetinkaya and Basbakkal, 2012); Sheidaei et al., 2016; Kassim, 2004). Studies undertaken by Chan et al. (2008) and Kassim (2004) support the view that baby massage helps babies to pass wind through softening the abdomen. Underdown and colleagues' (2006) systematic review found that there is evidence to suggest that massage increases vagal activity which promotes the secretion of gastro-intestinal hormones that are important for digestion and can support bowel movement. It is claimed that it relieves the symptoms of constipation by stimulating the colon, improving bowel movements (Yanti and Astuti, 2019). Therefore, data from this evaluation supports previous studies in terms of baby massage aiding the relief of common baby issues.

3.8.4 Benefits for Parents

Parents revealed that attending the baby massage sessions had helped them to relax and that they felt calmer after attending. Some parents attributed this to the calming environment that the baby massage groups provided and the reassurance they received from other parents. Dellinger-Bavolek (1996) suggests baby massage groups offer parents the chance to “*relax and unwind from the busy pace of life*” which may explain why parents in this study found the groups relaxing. For some parents, the massage helped to soothe and calm their baby which in turn led to them feeling more relaxed. Knowing how to soothe and calm their baby (and reduce discomfort from colic, constipation, poor digestion, and wind) had also led to increases in confidence with parents feeling more competent as parents. This supports previous data that has found that baby massage increases parents’ confidence in handling and helping their baby, and observing how they respond to different massage techniques (Adamson, 1996; Dellinger-Bavolek, 1996; Clarke, 2002; Glover et al., 2002; Hart et al., 2003; Kassim, 2004; Vicente et al., 2017; Feijo et al., 2006). Being able to respond to their baby’s needs and ease symptoms from common baby complaints (e.g. colic) through appropriate baby massage techniques, can boost parents’ confidence (Glover et al., 2002; Clarke et al., 2002; Beyer and Strauss 2003). Parental confidence was also increased as a result of spending time with other parents who offered reassurance. Attendance at baby massage classes has been found to provide a means of postpartum peer support (Clarke et al, 2002).

A number of parents in this study reported that their ability to read their baby’s cues had increased since attending the baby massage sessions, and that their babies had become more vocal since attending the groups. This supports previous research that has found that baby massage can help parents recognise their baby’s cues (Bennet et al., 2013; Dellinger-Bavolek, 1996; Beyer and Strauss, 2003; Kersten-Alvarez, 2011). Sensitivity to a baby’s cues, developed during baby massage, can strengthen communication during other parent-child interactions (Dellinger-Bavolek, 1996), improve baby’s cognitive and emotional development (Murray, 1992) and support the development of secure attachments (Tronick, 1982). This demonstrates the importance of baby massage.

Friendships had been formed at the baby massage groups and this included socialising outside of the groups. For some parents attending the classes had also helped to reduce isolation during the postpartum period. Coming to a baby massage group creates

opportunities to share experiences with other parents and to develop new friendships (Adamson, 1996; Glover, 2002). Baby massage groups have been found to offer valuable social and emotional peer support networks (Sylvie, 2015; Chan et al., 2018; Underdown and Barlow, 2011).

3.9 Summary

3.9.1 Delivery of Baby Massage

Attendance at baby massage can be low in some wards despite Family Mentors being proactive in reminding parents of upcoming classes. There were some minor problems with the venues including limited options, small venues and concerns about lighting and temperature. Experiences with regards to older siblings attending baby massage with their parents were mixed; in some instances, their attendance did not affect the baby massage class, but in others their presence was disruptive.

3.9.2 Outcomes for Parents and Babies

Participation in the baby massage groups has resulted in improvements in outcomes for both babies and parents. For babies the most common improvement was sleep and relaxation followed by improvements in conditions common in new-borns such as constipation, wind, poor digestion and colic. For parents, attending baby massage groups had helped them to relax and led to improvements in parental confidence and reading their baby's cues. All parents (except two parents who was attending their first session) were continuing with baby massage at home and understood the various massage techniques and their benefits.

3.9.3 Recommendations

- Undertake a consultation to explore why the baby massage groups in some wards are less well attended than those in others;
- All the parents attending the baby massage course were mothers on maternity leave. Consider how the course could be offered to those parents that return to work;
- Explore whether the venues currently used for baby massage are appropriate and whether there might be other more suitable options;
- Investigate whether offering baby massage classes in the evening or at the weekends would encourage fathers to attend; and

- Parents with older children may not be able to attend the baby massage classes. Exploring the option of having a creche available or additional staff to supervise older children, whilst their parent takes part in the baby massage groups, is recommended.

4 Evaluation of Fathers Reading Every Day (FRED)

FRED is an intervention that encourages fathers of children aged 2-11 years, to read with their children on a daily basis. The FRED programme starts with a launch event, where fathers pledge to read to their children every day, for four weeks. FRED has three distinct phases during delivery (service design):

1. The FRED programme starts with a 1½ - 2 hour launch event, delivered by trained facilitators. Fathers are given statistics which show the impact their involvement can have for their children. They are encouraged to take on the challenge of reading/sharing books with their toddler every day, for four weeks (or if they have limited access, on the days they have access). They receive a free welcome pack and a reading log to record their reading sessions. Fathers commit to read/share books with their children for 15 minutes a day for the first two weeks and 30 minutes a day for the second two weeks. Fathers are encouraged to talk about the pictures and get their child involved in the book, e.g. by lifting flaps, etc.
2. Self-directed activity – fathers who have taken the challenge spend time with their children sharing books with them as often as possible and use their reading log to record the time they have read as well as the titles of the books they have shared. Fathers will increase the time they read to their children after 2 weeks as described above and continue for another fortnight.
3. At the end of the 4 weeks, the fathers are invited to come back together for a celebration event (1½ - 2 hours), with their children, again hosted by trained facilitators. The event shines a light on their success and encourages fathers to reflect on the successes of the previous 4 weeks. They are then encouraged to keep this habit going and become more involved long-term, in their child's educational development.

The intervention is therefore designed to kick-start a habit of fathers reading with their children on a regular basis. Expected outcomes are (service design):

- The intervention will directly affect the amount of time each week that fathers spend with their children, sharing books with them;
- Children will have improved language and communication skills from fathers' role-modelling reading, sharing stories with their child and introducing them to a wider vocabulary;

- Fathers will have a greater understanding of their importance and the impact they have and become more interested and involved in their child's education and development in general;
- Fathers will have greater confidence to fully participate in their role as a parent; and
- Fathers will develop a closer bond and relationship with their child, through experiencing this shared activity on a regular basis.

The current evaluation presents findings from the evaluation of the FRED programme that was completed by fathers/male carers (who have regular contact with their children) of children aged 2-3 years (n=70) across the four SSBC wards (i.e. Hyson Green and Arboretum, Aspley, Bulwell, and St Ann's) by the SSBC Specialist Team or Family Mentors (service design). The purpose of the evaluation was to assess the extent to which the current FRED programme achieved its aims/outcomes that included increasing reading frequency of fathers with their child, fathers' confidence in reading to their child, father-child relationship, fathers' involvement in their child's development, and local library usage. For this, this evaluation used a questionnaire that was completed by fathers before and after the programme's delivery. We therefore compared parent-reported aforementioned outcomes before and after participating in the programme.

The intervention is estimated to be open to around 2,000 fathers within SSBC. Since inception, SSBC has changed the delivery of FRED and it is now run on a one-to-one basis with fathers, where launch events and celebration events have been replaced by meetings with Family Mentors. It is envisaged that this will improve completion rates.

The original evaluation of FRED intended to do the following:

- Explore and analyse data held by SSBC (previous FRED cohorts);
- Interview parents (before and after);
- Use the WellComm test to assess the children (before and after); and
- Undertake interviews with staff.

However, in light of the global COVID-19 pandemic, interviews with parents and the WellComm test were not possible. As a result, the evaluation team accessed SSBC's data of previous FRED cohorts (2017-2019). Further details are provided in the methodology section.

The next section summarises previous evaluations of the FRED, followed by the methodology of the evaluation and findings. Thereafter, limitations of the evaluation are noted. Discussions of the findings end the evaluation.

4.1 Previous evaluations

During the past few years, Fathers Reading Every Day (FRED) has been implemented throughout the UK. To our knowledge there have been two evaluations of FRED that have been conducted in the past few years. These reports will be reviewed and evaluated to form part of this report:

- i. Boys Development Project (Forrest and Lloyd, 2014). This highlights the results of outcomes and impacts for FRED. This evaluation is based on a total sample of 309 children, with 56.8% and 34.6% drawn from Year 1 (ages 5-6 years) and Year 4 (ages 8-9 years), respectively. A small number of other participants were drawn from years 2,3,5 and 6. The overall participation rate for FRED was 49.5%. The results focused on the children's reading, writing and numeracy.
- ii. Fathers Reading Every Day: an outcome evaluation by the Fatherhood Institute (2016). This evaluation consisted of a small-scale quantitative study of a sample of 124 children at Foundation Stage 2 (ages 4-5 years), whose fathers had signed up to take part in FRED in one of the 16 participating settings. The results focused on the following aspects of the children's development: reading and literacy; listening and attention managing; feelings and behaviour; and making relationships.

Both evaluations show positive results for the children who had taken part in the FRED initiative compared to children who did not take part. The Fatherhood Institute (2016) results show that more than 90% of the children who had taken part in FRED exceeded or achieved expected attainment. Results from the same evaluation also show that those that had taken part in FRED outperformed the children that did not participate, on all outcome measures, highlighting the positive results from the FRED initiative. In addition, the results were equally positive for the children participating in FRED during the Boys Development Project evaluation (2014). These results identified a marked improvement at above expected levels in reading, writing and numeracy, when compared to those who did not participate in FRED. Furthermore, of those children participating in the intervention, 42% made progress to a greater than expected extent in their reading compared to only 10.7% among those children

who did not participate in FRED. Therefore, the results from these two evaluations show positive achievements for children who participated in FRED. The evaluations illustrate the positive impact that FRED has on a child's development.

Although both evaluations highlight the positive influence the FRED initiative has on children, there are some concerns regarding the results from the evaluations. The results from the Boys Development Project evaluation, for example, include other parental figures that read to their children and thus are not limited to fathers. The evaluation identifies that 73.9% of the participants were fathers, a further 4.1% described themselves as stepfathers, and 1.4% as grandfathers. Moreover, 11.5% of participants were mothers. Therefore, this could suggest it is the reading and time spent with a child that produces positive results rather than the emphasis on the fathers. The results from the Fatherhood Institute (2016) evaluation do only include fathers that had taken part in the FRED initiative, which does show FRED has a positive impact on children. Furthermore, the evaluations do not take into consideration the mother's input in their child's development. In both evaluations, there is no evidence about whether mothers also read to their children, and the affect this may have on their child's development.

The Boys Development Project (2014) evaluation highlights that the fathers who participated in the FRED initiative were already highly actively involved in their children's lives. The study identified a vast majority of fathers who are living in the same household with their children. Amongst fathers that were not living in the family home, over half of the fathers were in regular weekly contact with their children. The study identified high levels of paternal involvement in their children's education, specifically reading with them prior to taking part in FRED, suggesting a highly engaged and involved group of fathers.

Additionally, the evaluation found that the vast majority of participating fathers reported regular engagement in care, nurture, and education of their children. Finally, the study identified that 90% of fathers who participated in FRED reported reading to their children at least once a week, signifying that reading is a frequent activity in most households.

Therefore, the results are not clear on whether the positive aspects of the child's development were a result of FRED or the result of having highly involved fathers.

The aim of FRED is to target fathers that are less frequently engaged with their children, thus, encouraging them to become actively involved fathers. Future recruitment for FRED could therefore be focused on reaching fathers that are less frequently engaged in their children's

development. Although the FRED initiative is directed at fathers reading to their children, the initiative could also include other male role models, mothers, grandparents etc., that are interested in engaging with reading to their children. In sum, FRED is a positive initiative which does produce positive results in a child's development. However, we cannot conclude from these evaluations that the results are specifically down to input from the father. Nevertheless, the evaluations do suggest that highly engaged fathers/parental figures produce positive results in a child's development.

4.2 Methodology

The original evaluation of FRED intended to do the following:

- Explore and analyse data held by SSBC (previous FRED cohorts);
- Interview parents (before and after);
- Use the WellComm instrument to test the children (before and after); and
- Undertake interviews with staff.

However, in light of the global COVID-19 pandemic, interviews with parents and the WellComm test were not possible. As a result, the evaluation team accessed SSBC's data of previous FRED cohorts (2017-2019).

As the evaluation team could not access families' homes and carry out the WellComm test, the revised evaluation focussing upon previous FRED cohorts evaluated the following father-based outcomes:

- Reading rates;
- Father confidence;
- Relationship improvement (bond/attachment); and
- Father involvement.

4.3 Data Collection

4.3.1 Literature Review

Literature reviews answered the following questions:

1. What can the literature tell us about the effectiveness of FRED?
2. How can evaluation findings be located within the literature?

3. How can practice develop?
4. How can we contribute to knowledge?

The literature review has adopted an interpretivist stance valuing descriptive studies, action research and studies that provide qualitative depth (Evans 2003:6). The team also undertook an extensive web-based search of local authority, third sector, NHS, charity, and campaign groups to identify any literature that may address the questions of the literature review.

4.3.2 Parent experience

Data was collected by SBCC via the Family Mentors using a pre and post programme questionnaire.

In total, the sample consisted of 70 fathers of children aged 0-10 years who completed the pre- and post-questionnaires. Demographic information was limited to ethnicity and employment. The majority of the fathers were White (54.2%) while fathers with ‘Other’ background consisted of 8.6% of the total sample (see Table 1.1 for details). The majority of the fathers were in a full-time job while 10.0% of them were self-employed (see Table 1.2 for details).

Table 1.1: Descriptive statistics for fathers’ ethnicity

		N	%
White (54.2%)	White British	33	47.1
	White Other	5	7.1
Black (12.9)	African	3	4.3
	Caribbean	3	4.3
	Black or Black British Other	3	4.3

Asian (12.8)	Bangladeshi	2	2.9
	Indian	1	1.4
	Pakistani	5	7.1
	Asian or Asian British Other	1	1.4
Mixed (11.5%)	White and Asian	2	2.9
	White and Black African	1	1.4
	White and Black Caribbean	3	4.3
	Mixed Other	2	2.9
Other (8.6%)	Other	6	8.6
	Total	70	100.0

Table 1.2: Descriptive statistics for fathers' employment status

	N	%
Full time	39	55.7

Part time	10	14.3
Self employed	2	2.9
Unemployed	7	10.0
Other*	12	17.1
Total	70	100.0

Notes:

*Other group includes academic visitor, carer, casual, full time stay at home, unable to work, shared parental leave, and student

The learning outcomes of the programme were noted in Section 2.1. The measure of the current evaluation was a questionnaire completed by parents before and after the programme’s delivery. There were five dependent variables of this evaluation derived from the questionnaire: fathers’ reports of reading frequency with their child; levels of fathers’ confidence in reading to their child; father-child relationship; fathers’ involvement in their child’s development; and use of the local library.

We used paired-samples t-tests to understand whether there was a difference in parent reported outcomes (see Section 2.2.2, except for use of local library) before and after the FRED programme. If the assumptions of paired-samples t-test were not met, we used nonparametric equivalents to the paired-samples t-tests (i.e. Wilcoxon signed-ranked test or Sign test). We used McNemar’s test⁶ to understand whether there was a difference in the use of local library before and after the FRED programme.

4.3.3 Staff experience

Seven Family Mentors volunteered to participate in the interviews. The interviews were around 30 minutes in duration. Due to the lockdown situation in the UK at that time

⁶ This test can be considered to be similar to the paired-samples t-test, but for a dichotomous rather than a continuous dependent/outcome variable.

(COVID-19) the interviews were conducted through Skype for Business, where they were audio recorded. The interviews were structured using questions regarding the implementation of FRED, but the participants were able to speak freely about their experiences. The interviews worked well as participants were in the comfort of their own home during the interview and a time that was convenient for them. The recording of the interview was later transcribed by a member of the research team. All data was thematically analysed.

Recruitment for the interviews was carried out with Family Mentors that had delivered FRED. The interview participants were recruited via an email to Family Mentor Managers at three different groups in the Nottingham area: Toy library, Framework, and Home Start. The email contained an information sheet regarding the aims of the research, along with a consent form for the participants to complete. The participants who were interested in taking part in the research, emailed the interviewer with dates and times of their availability.

4.4 Literature Review

4.4.1 Background

Reading, it is suggested, is an essential activity that is linked to children's cognitive development, academic skills, and future employment opportunities (Palm and Fagan, 2008). FRED is built upon a range of additions assertions regarding reading and the role of fathers. For example, it is suggested that children often become interested in reading by watching and mimicking their parents or participating in child-parent reading routines. It is also noted that there can be positive benefits for fathers engaging in literacy activities, such as telling stories, as it helps fathers' model positive parenting and improves children's developmental outcomes. An evaluation of the FRED programme in the USA found that fathers who participated in the 4-week reading programme were more involved in their children's education, felt like better parents, and reported a better relationship with their child than before they participated in the programme. (Texas AandM AgriLife Extension, 2015).

4.4.2 Rationale

Parents reading to their child is considered an important activity in Western culture to promote children's language, literacy, and cognitive development (Mol and Bus, 2011). Research suggests that the age at which parents begin reading to their children was correlated with children's language development, therefore, children who are read to from an early age tend to have higher scores on language measures (Pancsofar, Vernon-Feagans, and the

Family Life Project Investigators, 2010). Thus, reading early to children is considered to be highly beneficial for a child which is why FRED promotes reading from an early age. Research suggests children's language skills in the early years are widely considered to be predictive of their later reading success and literacy skills (Shanahan and Lonigan, 2010). Rowe (2008) found that young children respond to rich stimulation such as parents reading to them, suggesting that, as children learn to develop language, the quality of language interaction with parents is crucial. Conversely, low quality language inputs can lead to delayed language achievements and reduced academic achievement (Topping et al., 2011). Furthermore, research has revealed that reading with children helps them identify letters and words, and helps children read simple words, key indicators of the early language skills necessary for successful transition to schooling and early academic performance (LoCasale-Crouch et al., 2008; Wolf and McCoy, 2019).

4.4.3 Positive benefits of father-inclusivity

Recently, there has been an increase in father-inclusive programmes whose aim is to target fathers in book reading and storytelling. This involves varying levels of language input during joint participation, and each of these activities is associated with children's language skills (Duursma, 2014). Kuhl (2010) suggests the reason father-child reading benefits young children's language development is because it is in-person and interactive, with younger children learning language through in-person interactions. Fathers reading to a child can hold young children's attention through gaze and gestures, such as pointing to a book's pictures, which facilitates learning (Kuhl, 2010). Furthermore, reading to a child along with playing are understood to be positive parenting characteristics which are viewed as crucial in promoting early language skills (Roopnarine and Dede Yildirim, 2018). Furthermore, having a father who is highly involved with their child (as measured by reading, disciplining, taking on trips) is associated with fewer child behaviour problems and lower criminality and substance misuse (Sarkadi et al., 2008; Flouri, 2005).

Some research suggests that a father's positive involvement with their children is not just beneficial for the child, but it also benefits the fathers too. Research has shown that fathers who engage more often in activities such as playing and book reading with their children, report improvement in their own literacy skills and better outcomes than fathers who are less frequently or not positively involved (Palm and Fagan, 2008). When fathers positively engage with their child by reading to them, research suggests their children read better, have

more advanced vocabularies and communication skills, and are more prepared to begin school compared with children whose fathers who are less involved. (Baker and Vernon-Feagans, 2015; Tamis-LeMonda et al., 2014). Furthermore, children who read at young ages are likely to continue to read as they get older (Whitehurst and Lonigan, 2001). Therefore, a father's positive engagement with their child is shown to have a positive impact on their child's development. Fathers who are actively involved in their children's lives are more likely to have children with fewer disruptive behaviour problems over time (Ramachandani et al., 2013). Moreover, fathers who are sensitive and attuned have children who are better adjusted socially, even when taking into account the mothers' parenting behaviour (Grossman et al., 2002).

Traditionally it has been perceived as the mother who is the one reading to a child and typically mothers overall who provide more literacy activities, at home than fathers do (DeBruin-Parecki and Krol-Sinclair, 2003). However, research has identified when fathers do provide such activities, it has been found to be particularly important for the academic development of children, especially those whose mothers' own education is below degree level (Foster et al., 2016). Previous parent-child reading studies have traditionally focused on mothers with family literacy programmes only recently making specific efforts to involve fathers, and globally the issue remains relatively under-researched (Malin et al., 2014; Pattnaik, 2013). However, Foster et al., (2016) suggest that when fathers do provide literacy activities, they find them to be particularly important for the academic development of children. Nevertheless, programmes which focus on father-child involvement in the development of their child's literacy have had varying degrees of success. However, they have found recruiting fathers to be most difficult aspect (Green, 2003).

Previous research on fathers that actively read to their children has shown excellent results, Whitehurst and Lonigan (2001) identified that children who read at a young age are more likely to continue reading when they get older. The same study also found that older children who read more frequently compared with their peers have a tendency to do better in school and have much better employment opportunities when they reach adulthood (Whitehurst and Lonigan, 2001). Additionally, there is also evidence that suggests it is the quality of fathers' involvement that is more important rather than the quantity of time they spend with their children (Fagan and Iglesias, 1999; Goldman, 2005). There is also evidence that language and pre-literacy skills can develop as children hear language; therefore, a child hearing more

varied words during play or other activities, like book reading, improves their vocabulary (Rowe, 2008).

4.4.4 Parental/carer influence

FRED is based purely on fathers that read to their children and does not consider the effects of a mother reading to their child. Research has shown that when parents are interested in reading themselves, they are more likely to read to their children; therefore, improving their own literacy skills may also benefit children's language and literacy development (Bracken and Fischel, 2008). Anderson et al (2018) identified that parents who had remained in education for longer were more likely to read to their child than parents with lower levels of education. Upfront (2013) found that parents with larger families spent less time reading with their children. Additionally, where both parents worked the child was read to less compared to where one adult was not working. Therefore, the major factor determining which parent reads to their child may be working hours. Several studies have found little or no difference between mothers' and fathers' reading with children, helping with homework, helping in classrooms or feeling involved in schooling, once the parents' working hours are taken into account (Peters et al., 2008; Williams et al. 2002).

When parents share care more equally, research suggests that fathers engage more in early literacy activities such as reading to their young children than in families where childrearing tasks are divided traditionally by gender (Ortiz, 1996). However, other research suggests that mothers have appeared to have more confidence in supporting their children's reading (Lynch, 2002) and have not always encouraged fathers' involvement (Bonney et al., 1999; Lamb 1997). On the other hand, this may be because many more UK fathers than mothers work full time. Research by Baker (2018) studied the effect of preschool engagement by non-resident fathers on their child's school achievement. The results show that mothers are more involved in their child's academic environment than fathers. However, Baker's research identified that when fathers are present the child attains higher levels in reading and maths, suggesting the importance of father-child involvements.

In recent times, it has become apparent that young children are more likely to succeed in school when their parents are actively involved in their learning (Goodall and Vorhaus, 2011). There has been a wealth of research which shows children's word-reading accuracy and fluency is linked to aspects of the family environment where children grow up in. This includes a parent's educational achievement, plus the frequency that parents read themselves

and to their children (Johnson et al., 2008; Kiuru et al., 2017). Furthermore, research suggest that joint parent-child activities, such as book reading and telling stories, are associated with literacy skills in preschool-aged children (Christie and Roskos, 2015; Duursma, 2014; Mol and Bus, 2011; Roskos, 2019).

Research suggests that fathers reading with their children and involvement in children's literacy activities has a positive impact upon children's literacy (Nutbrown, Hannon, and Morgan 2005). However, studies on fathers reading to their children have shown that fathers' involvement in their children's literacy remains limited (Swain et al., 2017). However, fathers do read with their children and act as important 'literacy resources' in the home learning environment (Saracho, 2007). Research conducted by Swain et al., (2017) identified that only one in four fathers read with their child less than a few times a week and 95% of those who read do so for more than 5 minutes at a time. Nevertheless, the findings confirm that fathers read less, and are less likely to be the main reader, than the mother. In sum, reading to a child is a positive activity for both parents and children to become involved with, when it comes to father's involvement, research is consistent in that there are lots of positive outcomes for children as well as for the father.

4.5 Findings

4.5.1 Parent experiences - quantitative analysis

SSBC collected data from FRED participants before and upon completion of the programme. The data was both quantitative and qualitative in nature and was gathered using questionnaires. The questionnaires sought to capture whether fathers had noticed any improvements in parent confidence, parent child relationship, parent involvement in child development, and child outcomes (such as confidence and speech/communication). A quantitative analysis has been conducted to show any significant increases. Additionally, the questionnaire allowed fathers to record their thoughts about any improvements as a result of FRED. These will be presented thematically in this main section.

To test whether there would be improvements in father outcomes (n=70) from pre intervention to post-intervention, we conducted statistical analyses, such as paired-samples t-tests. If the assumptions of paired-samples t-test were not met, Wilcoxon signed-ranked test or Sign test were conducted (all these analyses check whether father reported outcomes improved after they participated in the programme).

According to all types of statistical analyses, fathers' reports of reading frequency with their child increased after they participated in the FRED programme (see Table 1.3), meaning the FRED programme in Nottingham achieved one of its aims. There was no statistically significant increase in the levels of fathers' confidence in reading to their child, father-child relationship, fathers' involvement in their child's development (see Table 1.3) or use of local library (see Table 1.4).

However, the qualitative results regarding the reported benefits of FRED showed that 62.9% of the fathers (n=44) reported that the FRED challenge improved their relationship with their child. In addition, 74.3% of the fathers (n=52) reported that FRED made them more involved in their child's learning and development (see Table 1.5 for more benefits of FRED reported by the fathers). These results mean that although fathers reported some improvements in father-child relationship and involvement in child development, the pre- post-intervention difference was not statistically significant.

Table 1.3: Pre- post comparison in reading frequency, parent confidence, parent child relationship and parent involvement in child development

	Mean Post (SD)	Mean Pre (SD)	Mean diff (SD)	t	df	Median Post	Median Pre	Median diff	z Wilcoxon signed rank test	Significance (p)			
										z Sign test	Paired- samples t-test	Wilcoxon signed- rank test	Sign test
Reading Frequency	3.17 (.742)	2.43 (.957)	.743 (1.073)	5.795	69	3	2	1	4.742	4.571	<.005	<.005	<.005
Father Confidence in Reading to Their Child	4.37 (.995)	4.14 (1.094)	.229 (1.218)	1.570	69	5	5	0	1.565	1.741	.121	.118	.082
Father Child Relationship	4.77 (.685)	4.81 (.519)	-.043 (.600)	-.597	69	5	5	0	-.557	1.000	.552	.577	1.000
Fathers' Involvement in Child Development	6.31	6.21	.100	.634	69	7	7	0	.974	.348	.528	.330	.728

(1.097) (1.153) (1.320)

Table 1.4: Pre- post comparison in use of local library

	Post		Pre		χ^2 McNemar's test	Significance (p)
	Yes	No	Yes	No		
Use of Local Library	21 (30%)	49 (70%)	17 (24.3%)	53 (75.7)	.343	.344

Table 1.5: The FRED challenge has...

Question	N=70	%
Helped me get to know my child better	47	67.1
Helped me to read to my child every day	45	64.3

Improved my relationship with my child	44	62.9
Improved my relationship with nursery / school / Health Visitor / Children's Centre	14	20.0
Improved the quality of the time I spend with my child	57	81.4
Increased my satisfaction as a parent	47	67.1
Increased the number of words that my child can say	39	55.7
Increased the time I spend with my child	48	68.6
Led to improvements in my child's ability to count	24	34.3
Made me more involved in my child's learning and development	52	74.3

Table 1.6: Would you recommend FRED?

	Yes N (%)	No N (%)
I would recommend FRED	69 (98.6)	1 (1.4)

Table 1.8: How did you find out about the FRED challenge?

	N=69	%
Family Mentor	54	78.2
At a group (Please provide details)	6	8.6
Library	3	4.4
School	3	4.4

Other (Please provide details)	3	4.4
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Although the quantitative data showed there is not a lot of significance in the statistical findings, fathers did identify the following:

- Seventy-four per cent of fathers who participated in FRED said it made them more involved in their child’s learning and development;
- Eighty percent of fathers felt that participating in FRED improved the quality of time that they spent with their child;
- It was the family mentors that introduced fathers to the FRED programme, with over 78 per cent of fathers being introduced to FRED in this way; and
- Overall 98 percent of fathers that had taken part in FRED would recommend FRED to others.

4.5.2 Parent experiences- Qualitative analysis

As part of the implementation of FRED, SSBC collected participants’ (fathers’) thoughts about the perceived benefits it provided, both prior and post taking part in FRED. As these were largely unguided responses, participants were free to explore any aspect they chose. However, several themes and common thoughts are predominant. This section will explore these themes to identify how the participants reflected more openly about their experience with FRED. It is important to clarify that the original evaluation of FRED intended to measure its effectiveness using validated instruments (WellComm). The global COVID-19 pandemic meant that going into people’s houses to carry out such testing was impossible. However, these qualitative results give an indication of the perceived effectiveness from the perspective of the father who participated in FRED. Additionally, it allowed fathers to explore benefits to themselves and also benefits to their child.

4.5.2.1 Improved speech/communication/concentration

Four fathers (out of the 46 who offered further comment) specifically noted what they perceived as improvements in child outcomes. Indeed, research suggest that fathers who read to their child show more advanced communication and vocabulary skills (Baker and Vernon-Feagans, 2015). These particularly related to speech and communication:

“I have seen great improvement in my child’s speech since taking part in FRED. I would highly recommend this.” (Father 21).

“She tries to say and repeat names and numbers in the book which is a good benefit for my child.” (Father 125).

“[Child’s name removed] has started saying lots of new words e.g. squirrel and frog.” (Father 55).

The above quotations highlight the improvements in speech perceived by fathers, relating to general improvement in speech, enhanced repetition, and an increase in known words.

One father also noted what he thought to be an improvement in concentration as a result of FRED. It was suggested that the reading activity had honed the ability to concentrate and spot changes:

“Improved child's concentration and spotting the things. Improved learning ability and it's on upward climb.” (Father 127).

4.5.2.2 Increased love of books

Fathers noted a change in their child’s relation towards books, suggesting that FRED had encouraged a positive relationship with reading and books in general. This related to more awareness that books are a beneficial part of learning and enjoyment:

“[Child’s name removed] now goes and picks books out to read himself. It's really brought his development on and I have enjoyed taking part.” (Father 58).

This was echoed by another father who went on to suggest that such awareness was shown through the recognition of books and knowledge about ownership:

“He is more aware and interested in books especially his own. He knows the books that he has got, and which belong to him.” (Father 32).

4.5.2.3 Increased child confidence

Some fathers suggested that the act of reading to their child had resulted in increases in confidence, untapping and releasing parts of personality through the exploration of fictional stories. Fathers explained how their children had tangibly changed through FRED:

“Reading has also increased her confidence, which has helped bring out a different side to her I never knew she had before.” (Father 45).

Not only did FRED make the child more confident, it brought them out of their shell. Another father also highlighted this, specifically noting how books had become outlets for their child to express feelings:

“Reading to [child’s name removed] has literally changed his behaviour, made him more confident and has given him the opportunity to express his feelings and personality. My son gets really excited when going to bed knowing that story-time is coming.” (Father 135).

4.5.2.4 Improved father confidence

The fathers also reflected on improvements they noticed in themselves, particularly in relation to their levels of confidence. FRED re-affirmed that fathers were doing the correct thing in reading to their child and that they were also doing it correctly:

“I am happy that the program has started. I was reading to my children before the program appeared but now, I feel much more confident that I do the right thing.” (Father 92).

Another father noted particularly how it was important to him that FRED showed him how valuable reading is:

“The FRED reading gave me confidence, the information I was given regarding reading to my children and how important it is. Has given me courage and a closer bond.” (Father 140).

Fathers also highlighted how FRED helped to improve their confidence in actual reading skills. A number of fathers were open about how they found reading difficult but how the act of reading with their child had improved this for them:

“Reading was a bit nerve racking for me, when reading to my son, but I felt he liked looking at the pictures. And the more I read I think he was beginning to get use to us reading together.” (Father 148).

Another father also noted their reading skills, suggesting that FRED had increased their confidence:

“I would definitely encourage more fathers to take part in FRED. I can't read very well, and I don't normally look at books but looking at the books with [name removed] has definitely helped me and I feel more confident to pick a book up with them now.” (Father 105).

4.5.2.5 Joint enjoyment

Most fathers highlighted what they thought were improvements in the relationship between father and child, and the remaining sections here clearly reflect this. Most broadly this is represented in what fathers referred to as joint enjoyment, where both gained pleasure from reading together:

“I really liked reading to my children and telling stories and describing the animals. The children have enjoyed sitting next to me and listening to me read.” (Father 113).

Fathers highlighted how reading would result in immediate physical changes such as smiling. Such positive effects led to reading, as part of the bedtime routine, becoming a time to be cherished for fathers:

“The bedtime routine is a real highlight of our day. [Child's name removed] looks forward to it and sits with me to read the story. Sometimes she reads along. This has only recently started.” (Father 112).

The above quotation highlights the important place that reading holds in families lives as a result of FRED.

4.5.2.6 Improved Bond

It was noted by a number of fathers that FRED led to spending more time with their children.

“FRED has encouraged me to spend more time with my child to aid learning and development.” (Father 21).

“FRED has helped me to take extra time to spend with my daughter.” (Father 104).

Reading was noted as being ‘quality time’ in line with the Oxford dictionary definition in which ‘one's child, partner, or other loved person receives one's undivided attention, in such a

way as to strengthen the relationship'⁷. One father reflected upon this, noting that reading allowed them to relax together:

“[Reading] helped me to spend more quality time with my boys. It's given us more time to relax together.” (Father 116).

The assertion that the time spent was ‘quality’ is important because it contributes to the claim that FRED can help to strength relationships between fathers and children. Indeed, research does suggest quality time fathers spend with their child is of significant importance as opposed to quantity of time (Goldman, 2005). Although such assertions are the father’s own perceptions, it is interesting to note the link between time spent and an increase in relationship closeness:

“FRED is important because it has given me quality time with my child when I work shifts full-time. This time is precious.” (Father 102).

“I have really enjoyed FRED and spending even more time with my son. We read 2-4 books every night before bed.” (Father 40).

Fathers gave examples of how their children had begun to anticipate their reading time, potentially reflecting a positive impact upon their relationship:

“It has made a big difference; [child’s name removed] has started waving books at me to let me know when it's our time to sit and read together. I have enjoyed it because I have felt that for at least 5 minutes out of my day, when I am not working or doing the house up, I sit and spend quality time with my son.” (Father 51).

“FRED has definitely improved my relationship between my daughter and myself. She now tends to ask me to read to her before she goes to bed.” (Father 45).

For some fathers, this increased bond had led to children wanting to be with them and resulted in specific time spent together:

“I didn't have much of a bond with my youngest 2 as they were all mum. Now I look forward to story time and enjoy that 2 hours daddy time just to relax with them.

⁷ See https://www.lexico.com/definition/quality_time

Loved that I had something to show at the end and [name removed] now comes to dad with a book at 11am and 6pm.” (Father 20).

Fathers also noted that this increased bond was shown in their child’s reaction to them, specifically in relation to the way that the child looked at them:

“I enjoy the eye contact from [name removed] when I read to him. He looks at me lovingly.” (Father 108).

“I enjoy that my child sits and looks at my face while I read to her. Giving me satisfaction and happiness. I get a sense of pride when I read to my child.” (Father 19).

The findings that emerged from the fathers seemed to be extremely positive. The fathers spoke about the improvements that they saw in their children concerning their speech, communication, and concentration skills. Additionally, the fathers highlighted the following:

- Children learned to love books;
- Improved confidence in both children and fathers;
- Improved the fathers’ bond with their child; and
- Improved quality time together.

4.6 Staff experiences with FRED

In addition to evaluating the impact of FRED on fathers and providing an analysis of SSBC’s application of FRED in relation to current research, the evaluation team also explored the experiences of those delivering FRED. Family Mentors are trained to deliver FRED as part of their daily work and highlighted how they believe FRED is a positive initiative. However, the Family Mentors discussed how there are challenges associated with the delivery of FRED and have suggested ways in which FRED could be improved.

The interviews with Family Mentors explored: the Implementation of FRED in relation to training; the roll-out of FRED; and the difficulties of implementing FRED and ways that these were overcome. There was also exploration of the challenges of delivering FRED and how FRED could be improved. The interviews also collected the Family Mentors’ thoughts about what makes FRED a good programme and what outcomes FRED has improved (e.g. communication skills, attachment).

4.6.1 Implementation

The first major theme that emerged from the interviews related to the implementation of FRED. Family mentors discussed the aspects of implementation that worked well and those they found challenging.

4.6.1.1 Training

Training was highlighted as the family mentors discussed how they first started delivering FRED. Overall, it appears that the family mentors have positive experiences of the training they received. Several of the family mentors discussed how there was ‘a lot’ of statistics involved during the initial FRED training, and how they thought such an approach was suited well to working with fathers. One family mentor agreed that the focus on statistics and tangible results was effective:

“The 2 day training erm, it was very long, erm they give you a lot of statistics but none of it is actually on paper erm and I find working with the males they like to see the statistics in front of them, they want to know, why is my child going to be better at maths if I read to them.” (Family Mentor).

No negative experiences of the training were reported, beyond the length of the training programme itself. Another family mentor suggested that the statistical approach seemed to be an integral part of the training as the family mentors could see why FRED was important. Furthermore, the statistics helped the family mentors to deliver FRED to fathers because fathers could see how it helped their child:

“Quite intense erm and there was only a couple of us who were trained to deliver the FRED at the time err yeah so it was getting our heads around it yeah but all in all it was pretty good so to get our head around it, to get our head around the statistics and everything err but yeah all in all I would say it was pretty good.” (Family Mentor).

4.6.1.2 Group Sessions

Throughout the interviews the family mentors highlighted how implementing FRED became difficult because of the group settings that were used to deliver FRED. They explained how they ‘struggled’ to gather fathers to participate in FRED:

“...We have always seemed to struggle to get numbers for the groups but for the one to ones it seems to be so much easier that way plus it’s more of a targeted audience sometimes if you do it as a group you can get people out of area signing up and it’s just a matter of signing you up and we can’t do nothing with your details...” (Family Mentor).

“When it was in a group setting we had to invite fathers to come to a venue that was really, they didn’t want to know and a lot of them were working or probably not living at the house so it was hard...” (Family Mentor).

The group settings became a problem for the family mentors as fathers generally did not want to participate in group sessions. Family mentors noted in particular the fathers’ work commitments, which meant that several fathers were busy and unable to attend. Also, there were some fathers who were not living in the family home which made it ‘hard’ for the family mentors to gather participants for group sessions:

“Once you’ve got hold of them it was then trying to get them coming into a community venue, that was quite difficult because some were quite happy where others were more reticent about coming in erm unless you said you know bring your family so that was hard and it was finding the right time...” (Family Mentor).

The quotation highlights how when the Family Mentors did manage to gather fathers to participate in FRED, the fathers did not want to come to community settings. It was suggested that fathers do not feel comfortable going into a community setting with other fathers. On the other hand, several of the family mentors identified how they worked around the group settings by offering one -to-one sessions to fathers. It was suggested that this worked better than the group sessions as it offered ‘flexibility’ and it enabled more fathers to participate in FRED:

“...I think doing it at home and doing it over the phone work quite well I don’t think the groups work particularly well as I have outlined erm I think maybe expending it and having some flexibility in it, it seemed at the beginning it was quite an inflexible programme and we all sort of commented that we couldn’t do it in homes and yet we were engaging with these men, these dads yet we weren’t able to do it we missed some opportunities I think to do it erm and making it more flexible...”(Family Mentor).

4.6.1.3 Obtaining Participants

Another challenge highlighted by the family mentors were gathering fathers to take part in FRED. As noted above, several of the family mentors discussed how one-to-one sessions worked well when compared to group sessions as highlighted by one family mentor:

“Group wise challenges is of course getting the numbers and making sure that those numbers that do sign up are in ward and erm one to one there isn’t any challenges.”
(Family Mentor).

Obtaining fathers became a challenge for the family mentors. There were several reasons put forward for the lack of fathers that could participant in FRED. Firstly, there was a lack of fathers to choose from because of the way in which family mentors work with a case load:

“...I think the problem lies with you’ve got a fairly closed audience because we work with a case load as I’ve said I’ve exhausted my case load, I’ve signed over 122 in the 3 years that I’ve been doing this but they are the dads that I actually interact with them and see and because we actually have to see the dads in person you can’t leave the information with mum, mums say ‘oh yes so and so will do it, just leave it with me’ but that isn’t good enough that’s not how it happens...”(Family Mentor).

Secondly, the promoting of FRED seemed to be particularly challenging for the family mentors, as highlighted in the extract below:

“...And one time I mean at a school we promoted it every day for 2 weeks and it came to the launch and we had all these names and we messaged them and we gave them all calls and invited them all to it and we got 3 people turn up so then as a staff member that’s a bit deflating on you cos you’re a bit frustrated with that because you’ve put all this time and effort it and it would have been just easier to sign them up on the spot...”(Family Mentor).

There was also uncertainty as to how the family mentors could actively promote FRED, as one family mentor suggested they could obtain a role model for fathers such as a sports person who could show potential participants the positive aspects of FRED:

“I think we need to market it more, I think we need to do a big drive a big marketing I think they need to get something special in where men, football, a football player or

somebody you know so they know or even boxing so you know somebody that can, a common ground...” (Family Mentor).

Finally, there was a lack of family mentors who were trained in the delivery of FRED, therefore limiting the number of fathers who could participate in FRED:

“...I think we had 3 dads come to that and they all saw it through and then we did the exit party in the woods as well so that was great in that respect however, we only got 3 uptakes I think so then we looked at other ways that we were erm able to engage really with the dads really on our case load and the difficulty lay there that we only had 3 trained operative so to speak so it wasn’t the same...”(Family Mentor).

4.6.1.4 The focus of FRED

The interviews with family mentors highlighted some confusion surrounding the aim of FRED. Family mentors had differing views about what they were actually implementing. Several of the family mentors explained how FRED was about fathers spending quality time with their children. As one family mentor stated:

“So I say to them it’s not about teaching them to read it’s about spending quality time with them and erm teaching them how like spending time with you obviously they are males and they read stories different to females do erm obviously they do lot of role play as well erm while they are reading erm and it teaches them about the world...” (Family Mentor).

The family mentor went on to suggest that in fact, FRED is not about reading but talking and spending time together:

“...If they can’t read I always say to them look out the window, talk about what is happening outside, if you’re on a bus talk about what is going by, look for yellow cars look for red cars because it’s not always about reading a book, it’s not about reading anything, it’s mainly about spending the time together and I try and get that over to the parents about what time you are spending together...”(Family Mentor).

These quotations highlight how some family mentors thought that FRED is not specifically about ‘reading’ but is about ‘spending time together’. However, such an opinion was not

universal as other family mentors explained that FRED was indeed about the reading and reading was the focus of FRED:

“...Some families may say that I don’t have any books, you know so then we discuss the fact that it don’t need to be a book, it can be a made up story, it can be a take way menu, it can be a manual, it can be anything...”(Family Mentor).

Story telling was seen as something that was important in FRED and not necessarily reading words from a book. Family mentors explained that they would encourage fathers to tell stories to their child about their lives or tell stories from pictures. However, storytelling coincides with ‘having a moment’ with their child, and spending time together, not specifically about reading:

“Cos there was one guy that couldn’t read and it doesn’t matter and I said “it doesn’t matter, you’ve got a life story, you can see the pictures, you know what you want to convey so do it in your own style, in your own way” you know which I thought was important to you know let him know that you haven’t got to be a scholar to read, it’s that being together, taking that time you know to bond, to get to know your child and having that moment...”(Family Mentor).

Therefore, it remains unclear as to whether family mentors see the main focus of FRED as ‘spending time together’ or ‘reading’. The implementation of FRED, in this regard, appears unfocussed and unclear. Interestingly there were no family mentors that stated FRED was about both, it appeared to be that it was one or the other.

4.6.2 Challenges of delivering FRED

There were several challenges that were highlighted by the family mentors regarding the delivery of FRED. Overwhelmingly, it appears that the main challenge was persuading fathers to participate in the first instance.

4.6.2.1 *Convincing fathers*

FRED is based around encouraging fathers to read to their child. This seemed to be a challenge for the family mentors as convincing fathers to participate in FRED proved to be difficult:

“...It’s very difficult you can’t push something down somebody’s throat, you can only offer and say this will benefit you, it will benefit your child but its great fun, all of these things but if the dads aren’t going to come to the group...” (Family Mentor).

Convincing fathers to participate was a challenge to the family mentors as some of the fathers were not ‘interested’ in taking part because they did not see any benefit to FRED. Family mentors gave out information to try and help fathers understand the benefits of participation but often fathers were just not that ‘interested’. Some of the fathers did not believe in the benefits of participating in FRED and were sceptical of what the family mentors were saying:

“I think it’s like anything isn’t it erm you can lead a horse to water but you can’t necessarily make them drink and you can say all you want but there are always going to be some fathers that would think this is just a piece of paper and you know it’s all a load of waffle and how can it really or they are just not interested they are just you know mean anything to them.” (Family Mentor).

However, several mentors found that convincing fathers to take part became ‘easier’ if they explained the literature to them:

“So it was easier with the literature that I had to put to them and explain the importance of why and that’s how I got through to signing them up and I think because we had that time to talk they let me in and gave me the time and err struck up a conversation where it was mutual...” (Family Mentor).

Another family mentor noted the importance of explaining why fathers reading was beneficial:

“...It’s really easy to do, you just sort of need a bit of knowledge of why you know erm dads reading, male role models reading as well as mums actually is a beneficial thing for your child and it is to do with their language...”(Family Mentor).

The above quotation highlights how the family mentors recruited fathers through persistence and by using their knowledge of the benefits of fathers reading. It seems that if there was ‘information’ and ‘explanation’ surrounding the implementation of FRED, then this helped the fathers understanding and made them more likely to participate in FRED.

4.6.2.2 Embarrassment

During the delivery of FRED, family mentors identified that some fathers were not particularly 'good' at reading. The family mentors discussed how they have spoken to some fathers who have difficulty with reading and some fathers who are illiterate:

“...There is a huge part...we are teaching our child to read erm and that is a big stigma and obviously its fathers reading every day so sometimes the dads are like I can't read erm so erm and they think that we're teaching them to read when we're not erm they think they are teaching their child to read and it's not about that...”(Family Mentor).

Another family mentor highlighted how schemes exist in Nottingham to support reading:

“...I know there is reading scheme for people who erm are illiterate in Nottingham so we had somebody who came and talked to us it would be good to erm it would be good to link the two with the parents who are struggling...(Family Mentor).

There seemed to be a 'stigma' attached to fathers that could not read, and this caused barriers in gaining participants to take part in FRED. Furthermore, not being able to read was a source of embarrassment for some fathers because they thought FRED was about teaching their child to read:

“...Some dads that I've got on my case load who haven't signed up I know they do have literacy issues around I know one dad who is dyslexic and one dad who can't read full stop and that does put some people off and I think that's more of a thing and as a group you don't get to know the dads as well as you do on a one to one cos you're going into the house as a one to one so you get to know the family and you get to know the ins and the outs and you get to know so my dads are quite open...”(Family Mentor).

The family mentors mitigated the father's embarrassment by 'getting to know' fathers and the families. This enabled the fathers to 'open up' to the family mentors thus alleviating embarrassment.

4.6.2.3 Availability

The availability of the fathers was highlighted as a challenge that family mentors regularly faced. Fathers' working patterns influence when fathers will be at home and this could prove challenging for the family mentors as to when they would be able to visit them. The timings could affect availability of family mentors as highlighted by one family mentor:

“...So there is a lot of time we do the one to one visits and the dad isn't at home, so you've got to sell it to the mum to sell it to the dad erm so that is a big barrier erm obviously some parents will just give you dad's number where you can contact dad and then again it can sometimes be out of our working hours.” (Family Mentor).

Another family mentor highlighted the difficulty of working around father's working patterns:

“...The group visits are really difficult because like I say you know you just don't know who's going to be available and you get people saying well I might try and come but then they can't so I think men's working erm patterns affect those groups quite a lot so we were very pleased when we were able to because we weren't able to do it face to face...” (Family Mentor).

Work patterns affected availability, and sometimes the working patterns of the family mentor did not match the fathers working patterns:

“I can contact them so it's that thing of actually getting to see the dad if that makes sense because they often work and the hours are too late for me I can only work certain hours so yeah that's probably more challenging you know we've tried to do events in the past we've targeted schools and things but yeah that can be pretty hard.” (Family Mentor).

There were other issues surrounding the availability of fathers, as fathers did not always live with their children. This was highlighted by several of the family mentors as being a 'big barrier' in accessing fathers to participate in FRED:

“...They were saying oh sorry I don't live with them I'm just collecting and there is that barrier and that is a big barrier, I'm sorry I only have my child you know once a week, I'm picking up from nursery and they are going back to mum's, it's up to mum

I'll put you in touch with mum but I'm sorry it's not mums that I am trying to get in touch with so I think there's also this element of everything goes to mum..."(Family Mentor).

Another family mentor highlighted this as a potential barrier to accessing FRED:

"Getting the time suitable for them to come, having that contact with them and then ringing and them changing and work cos obviously work comes first and if they are not actually living at the house it depends on their relationship with mum." (Family Mentor).

The above quotations highlight challenges faced by the family mentors where the family dynamics impacted on the delivery of FRED.

4.6.2.5 Paperwork

One of the challenges noted by several family mentors was the issue of paperwork. They suggested that the delivery of FRED involves 'a lot' of paperwork:

"...That's a big issue the paperwork actually the amount of paperwork that you have to fill out actually erm we do erm we have asked if we can have tablets so you know it can go straight into the system erm because most people work with technology now erm instead of writing erm so we do find that works a lot better erm if we were allowed them but erm obviously because of the cost and pricing were no so erm but we have asked if we can shorten..."(Family Mentor).

Such an opinion was not unique as another family mentor noted the reliance on paper rather than digital recording:

"Probably with the challenges there is a lot of paperwork because we didn't have access to it, wasn't on a laptop or anything so there was a lot of paperwork for filling in with the parents, that was the hardest thing." (Family Mentor).

Having access to a laptop or a tablet was highlighted as being a way in which the paperwork burden could be lightened, thus, 'making it easier' for both family mentors and the fathers. However, family mentors noted that purchasing such technology would be expensive.

4.6.3 Criticisms of FRED

Following on from the challenges of FRED, the family mentors emphasised different ways in which FRED could be improved. There were a number of criticisms of FRED, but these were often counteracted as the family mentors pointed out how to improve FRED.

4.6.3.1 *Inappropriate Questions*

Several family mentors noted that there are several inappropriate questions on the FRED log books and FRED paperwork. They highlighted that some of the questions were ‘not nice’ and were ‘not friendly’ as emphasised in the following quotation:

“That’s the log book they get given, well the registration form there is a word on there a question on there and it says ‘do you have a close bond with your child?’ and number 1 is I have a close bond with my child and number 5 is I don’t have a close bond with my child so what parent no matter what situation is no matter the background, the family whether they are split up or anything you, it’s not the sort of question that you want to ask and put out there and the way its worded it’s not really a nice question to ask...”(Family Mentor).

Another family mentor noted how some questions were ‘unfriendly:

“Because there is a lot of paperwork to FRED err and then you go back after they have completed it and you have to do you know then complete that, some of the questions if I remember were not very friendly, they wasn’t very nice but that’s the challenges the paperwork.” (Family Mentor).

Some of the family mentors pushed this further by suggesting that some of the questions were ‘derogatory’. Furthermore, the questions were seen as too ‘personal’, so that the father may not want to answer the question because they are embarrassed. This was emphasised if the father lacked ‘confidence’:

“...I find it a little bit derogatory to be honest so I think some of the questions, I think if they were reworded, I mean obviously with some families you can reword them but because they are the questions they are asking then they need to know the honest answer to them so, it’s like we ask if they are working err when it says err not able to work its asking why are you not able to work so erm sometimes that might be a personal matter why they are not able to work...”(Family Mentor).

Another family mentor suggested the fathers could potentially feel patronised by the questions:

“It’s very wordy, I don’t know it just doesn’t, if you lack a bit of confidence some fathers may not put that erm I don’t know if that should be on there or if it could be worded different err I just think I don’t know I just these questions could be worded a little better, I can’t explain does that make sense? Some are a bit patronising, some are a bit you know this thing confidence, tick box yeah keep it simple but I do believe that is what me and some of my colleagues have said how the questions are worded are not very user friendly and they are a little bit like you know how do you rate your confidence to read to your child?” (Family Mentor).

The wording of the FRED questions was highlighted by the family mentors as an issue that could be solved with the re-wording of several of the questions. This was noted as a way to make the FRED questions more ‘user friendly’ by keeping the questions ‘simple’.

4.6.3.2 Flexibility

The FRED program was seen as something that could be flexible so that it fitted in more families’ lives. The quotation below highlights how family mentors incorporated fathers who were non-English speakers and those fathers who found reading difficult to engage with FRED:

“...Make it more flexible so I think they have done that now but for us to be able to engage with more dads we need to look at what there issues are so for example you might have the non-English speakers so that’s one, so there’s those that are illiterate so maybe creating a spin off class where dads can come and engage with reading or parents in general can come and engage with reading in a non-sort of shameful way if that makes sense...” (Family Mentor).

The family mentors suggested that using FRED flexibly could transform a short-term program into a long-term activity:

“...I think I mentioned earlier its very much dads reading in addition to and not instead of anyone else and we mustn’t be prescriptive of saying its 5 minutes leading up to 10 minutes, its quick 10 minutes ok let’s set the timer, in the middle of a

sentence stop and some parents do take it absolutely like that erm I've read for 10 minutes and I'm not doing it again, I've read for a month and that's it, I've done it and I'm not doing it again, it has to be very, very clear that this is the introduction to hopefully a life time of reading that dads will enjoy rather than find a chore and to be absolutely honest I think that if a dad is already reading to a child then that will continue and they are doing it because they enjoy it." (Family Mentor).

Reading to children could also be enjoyed by the rest of the family. The family mentors delivered FRED in such a way that reading to a child was accessible for other family members to enjoy too. The idea of reading as a 'chore' was something that the family mentors were careful not to encourage, and they tried to ensure that it was an enjoyable activity for all:

"I know this is FRED and is specifically aimed at fathers reading to their children but we mustn't alienate anyone in any capacity, any other family members that want to read, we mustn't make it only for 10 minutes that dad is off the hook for the rest of his life it can't be that prescriptive and it's got to be realistic, it's got to be accessible and it mustn't be seen as a chore and it's got to be something that the whole family enjoy doing and the one of the dads that I've just spoken to now said that he enjoyed it much more than he thought he would do and by the end of it..." (Family Mentor).

4.6.3.3 Translation

One area of improvement that was a cause for concern from one of the family mentors was that the books that were generally available through the FRED programme were all in English. This proved to be quite difficult for some fathers who were non-English speakers as highlighted by one family mentor in the extract below:

"...It would be wonderful to have them in other languages like Spanish for example as well that we can give to people from different countries, we have a really multicultural case load in Bulwell and I know for example in the Arboretum they have 24 different languages over there so I would be surprised if they didn't have any books in other languages, we don't have the same access as they do, I mean I'm not saying that they should just have them in their own language clearly they are living here and they are going to go to school and learn English, just a peppering of books like you know like the advice for bilingual children is for them to get completely

immersed in their mother tongue and get them introduced to another language and then introduce them to English because they need a base of just one language absolutely perfectly in order to for instance absorb the next one for example...”(Family Mentor).

4.6.3.4 Closer working with Mothers – Working with the family?

In order to recruit fathers to participate in FRED, the family mentors need to speak with fathers and ‘physically’ see them. Therefore, as family mentors tended to see mothers more often than fathers, the family mentors found it quite difficult to speak with fathers face to face. This resulted in others agreeing to take part in the programme on the father’s behalf. However, family mentors cannot sign the father up to FRED without the father’s consent. Family mentors suggested that this would often result in ‘missing’ some fathers:

“I think it might be an idea If we can introduce the programme to mum and then mum can pass the information on to dad erm because as I mentioned earlier one of the hurdles that we face is that we can’t actually sign a dad up unless we physically see him and discuss it with him erm lots of mums say ‘yes, yes he will do this’ but were missing out on that element of dad because we don’t get to see them or speak to them...” (Family Mentor).

It was noted that FRED could be improved if they did not have to physically see fathers face to face:

“...I understand why obviously it’s important to speak to someone face to face and introduce the programme but I feel that we are being a bit too prescriptive and a little bit narrow and it could be reaching a wider audience if we can introduce it through a third party erm but it’s still dads that reads to the child...” (Family Mentor).

Although FRED is actively about encouraging fathers to read, the family mentors were aware that reading should be something that mothers could do too. The below extract highlights how FRED should be an ‘inclusive service’ to all family members:

“I do but I also feel that we should be pushing mums to do it as well, reading isn’t just for dads so I know the whole point of it is to try and engage with the dads and include

them which is what we do we are an inclusive service and engage with dads where we possibly can but I think reading in general needs encouraging.” (Family Mentor).

4.6.4 Successes of FRED- What is good about FRED?

The family mentors noted a number of aspects of FRED which they thought worked particularly well. Although there is clear overlap here with the previous sections (for example, how the family mentors resolved challenges by working in a flexible manner), these aspects were specifically suggested as positives.

4.6.4.1 *Certificates*

The family mentors noted how they found the giving of certificates at the end of FRED was a ‘good thing’. Giving fathers their certificates made FRED personal and something that was just for ‘dads’:

“...Obviously giving out the certificate I find that’s a good thing because it’s quite personal because the dads don’t really get them.” (Family Mentor).

This was echoed by another family mentor who stated how fathers ‘love’ getting their certificates. One father had framed his certificate, suggesting that he was very proud of his achievement and that taking part in FRED was a positive experience:

“...The dads all love the certificate at the end, they get their certificate, I’ve had one dad who I am so gutted now they have just come off my case load he went out and got a frame so the next time I went around to see them he had got it in a nice little frame he was so proud of it.” (Family Mentor).

4.6.4.2 *Informal/flexible working*

The family mentors discussed how they aim to keep FRED informal by informing the fathers that ‘it was ‘5 minutes’ reading time. Therefore, by explaining how ‘easy’ it was for fathers to participate in reading each day, reading could be something that fathers could do long-term:

“We want people to enjoy doing it, we need to keep it optional, we need to keep it light hearted, we need to keep it interesting and we need to keep it as easy as possible so you know as enjoyable as possible, that why it works when you say ‘look it’s 5 minutes’ that’s literally 5 minutes over a day there are no boundaries really so we’re

not making it difficult so they can run with it for the rest of the child's life.” (Family Mentor).

FRED was often delivered in an informal way by the mentors. This allowed fathers that were ‘not so good’ at reading to fully participate in the program. This made the experience more ‘enjoyable’ for fathers and had positive impact on families:

“Some are not so brilliant at reading but they can point at pictures, sounds you know and have that time with your child you know whatever works it's just a case of yeah starting somewhere, yeah it is a great program and I absolutely love it and I've seen some families and what a difference it has made to them.” (Family Mentor).

4.6.4.3 Helping with routine

There were other important factors that developed as a result of participating in FRED. The family mentors noted how fathers who regularly read to their children developed ‘structure’ and routine whilst building up their ‘confidence’ and improving the father-child bond:

“I know that they do read to their children but it's the importance, the underlying pinning of why you know the importance of it and the err and structure and you know the self-confidence and you know erm their time is precious and their children's time is precious but that bonding session you know keeping a routine going...(Family Mentor).

The family mentor noted how reading fit with existing routines:

“I do speak to my parents when I do ring so I say “ooh what's dad read tonight” just to check if they are reading, you know like one said that said you know thank god for reading because its routine because once they've had their bath they know its read time and then bed and it helps to settle them down and he said sometimes he's done it in the daytime just to settle them down cos sometimes it's not all about activities and playing, sometimes it's just about finding that quiet time.” (Family Mentor).

The above quotation highlights how fathers who were reading to their child built up a routine that was based around FRED. The family mentors explained how this helped the child ‘settle’ and how it helped the father and child find that ‘quiet time’.

4.6.5 Outcomes- How has FRED made a difference?

Although challenges exist in terms of the implementation and delivery of FRED, and it is true that at times there is confusion over its focus, the family mentors were very positive about outcomes. Family mentors identified where FRED had made a difference to both fathers and children.

4.6.5.1 Communication Skills

The family mentors noted how improved communication skills were ‘seen’ in children who had taken part in FRED. One family mentor explained how a child developed their communication and language skills following their father reading to them:

“I signed a dad off yesterday and he was saying his child is only 10 months old so she’s not actually speaking but when he’s reading he said he was reading a book with colours in the other day from the imagination library and he was reading the colours and because he kept repeating them he said her mouth was shaping the word but the sound wasn’t coming out and then like a couple of hours later she just shouted blue out of nowhere so it is helping them with their language development.” (Family Mentor).

Other family mentors highlighted how they had seen improvements in children’s speech and vocabulary since engaging with FRED. Children were ‘excited’ about stories and grew to love books. It seems the more a child engages with books the greater the child’s understanding of pictures, words, and language:

“Erm it makes a huge difference in terms of sort of language and communication obviously because it improves their speech and their vocabulary and the children tend to be really excited for the story books and I think from where you’ve got a lot of books it can be really infectious.” (Family Mentor).

This was not a unique perspective, as another family mentor noted how reading led to improved understanding:

“Some fathers have said that they noticed that they are sort of they are saying more erm so there are specific books that they read over and over again and they are just like pointing now to their pictures so their understanding is greater erm so that another

thing that's communication and language that's improving, their understanding anyway and I think those have been the main thing..."(Family Mentor).

Communication and language skills were highlighted throughout the interviews, as the family mentors emphasised how engaging in FRED has made a difference to children. Furthermore, it seems that the family mentors noticed a difference between the children who had engaged in FRED and those children who had not engaged. This was highlighted by the family mentors in the quotations below. They explain how children who are familiar with books had learnt how to 'listen' 'focus' and 'concentrate' which ultimately helped the children become 'school ready':

"I think it will definitely improve their communication and language and I think that at erm school and nursery I think really you will see the difference between those that have been read to on a regular basis to those that haven't, I think that they will be ready to sit and listen to the books, they will have better concentration and focus erm and I think that they will look forward to it..."(Family Mentor).

"I just think that the ability to learn to read, loving a book, you know when a book comes, having a book erm I think it's getting them ready for school erm because you know if they are being read to and they are picking a book up." (Family Mentor).

4.6.5.2 Attachment/Bonding

The family mentors believed that the fathers who engaged with FRED formed a greater attachment with their child, suggesting that participating in FRED helped fathers to bond with their child. The quotations below highlight how FRED has impacted on some fathers with the family mentors discussing incidents where they believed FRED had helped create a bond between father and child:

"...With the attachment and bonding I think it's great for the dads so and also it's a service for dads cos obviously when people have babies the dads go back to work after two weeks so they are not really there are they? So, it's a great time for dads to spent time with their children..." (Family Mentor).

"Like I said earlier some of my families are like I say the bond between them, they had a good bond before but now it's just their reading time and erm he's thoroughly enjoyed doing FRED but yeah he absolutely loves it and he said what did he say, he

said it gives him time with his daughter because it's just their time do you know what I mean it's just their time and it gives them that time.” (Family Mentor).

The family mentors noted that engaging in FRED helped some fathers ‘bond’ with their child. This was thought to be important when fathers were separated from the mother of their child:

“...The outcomes I am hoping will help give that bond with the father so they do get that more sense of belonging and I know a lot of the dads, I know a couple of the dads that I see who have done FRED are separated from the mums so it helps keep that bond and the family unity even though they are not together...”(Family Mentor).

Another family mentor noted how taking part had impacted on the mother’s attachment to the father in the sense that it made her ‘love him more’:

“I’ve got another Chinese mum; she can’t speak very good English but she says for here to see her husband to sit and read with the kids its nice because it makes her love him more because he’s showing an interest.” (Family Mentor).

It seems that family mentors believed that fathers spent ‘quality time’ with their children through the engagement with FRED, which led to a closer bond:

“I think being around quality time with their little ones and the feeling that they have got to know them a bit more, which is great...” (Family Mentor).

4.6.5.3 Emotions

Along with language and communications skills, the family mentors highlighted how fathers felt that FRED had a positive impact upon their child’s understanding of emotions. The books that are available as part of the FRED programme are often about emotions which helps the child learn:

“...And a lot of the books that we buy are about emotions so like they will just be about emotions or everyday things so obviously books learn children a lot anyway erm and we always stress that to them and say to them, this is how it is books teaches these things...”(Family Mentor).

Another family mentor also noted that emotional development has ‘increased’ in children through participating in FRED:

“Social and emotional development you know has definitely occurred because they’ve all commented about how the children now choose a book and run to them at specific times erm that they’re used to it and they look forward to it so I think the bonding and the social and emotional development of the children has definitely increased...”(Family Mentor).

4.6.5.4 Father confidence

The family mentors suggested that father’s confidence has increased due to engaging with FRED. Not only have family mentors witnessed how FRED has made a difference in a father’s confidence to read but they have seen an increase in a father’s confidence in other activities with their child:

“The families that I see it has made a massive difference with the dads’ confidence I think is made the big difference, because the dad feel more confident to read to his child it might only be for 5 -10 minutes a day a few times a week but just that confidence in doing it has made them more confident to do other things with their child as well” (Family Mentor).

Another family mentor noted this in relation to how fathers read to their children:

“...That the main thing that I’ve noticed really it’s the dad’s confidence just goes up because they are not afraid to do the silly voices by the end of it and do the daft silly things...” (Family Mentor).

These quotations above highlight the difference that family mentors have seen in the sense that they have witnessed how a father’s confidence has grown through participation in FRED.

4.6.5.5 Love of Books

The family mentors noted how they believe that participating in FRED can give children a lifelong love of books, suggesting that FRED encourages a positive relationship with reading and books in general. It seems that something as simple as reading can plant a seed in the mind of a child that can develop into a lifetime of inspiration and curiosity:

“Well I hope it gives them a lifelong love of books and learning and reading and obviously through reading you develop imagination and language and love of books and reading, you know wanting to travel, wanting to learn, wanting to do things so I hope it’s the key that unlocks that really and it just sets the seed really and makes them want to carry on reading and not just stories...”(Family Mentor).

Another family mentor noted how the love of books can build a child’s esteem, suggesting that reading books is an enjoyable experience even for babies because they can see objects and pictures while listening to their parent’s voices:

“I think it will help to build the child esteem and open err their curiosity through their love of books, yes I think it’s really important and yeah like when I say to mums with babies at so many weeks old to show the their first book and circles and faces and erm remind the mums that they are the first faces you know the objects that they see.”
(Family Mentor).

Family mentors believed that FRED enables children to build on their imagination from a young age, suggesting that books are a beneficial part of lifelong learning and enjoyment.

4.6.5.6 Enjoyment

Throughout the interviews it was clear the family mentors did believe that FRED was a positive initiative and highlighted lots of positive results for both fathers and children. However, it was ‘enjoyment’ that was highlighted as important:

“I can’t tell you that from a measurement point of view because I’ve no idea but the people that I’ve done a one to one with have all enjoyed it so as an outcome to me is equally important as ticking a box really...” (Family Mentor).

4.6.6 How SSBC support FRED

SSBC have identified several ways in which family mentors can support fathers who would like to take part in FRED. As part of their job role, family mentors offer continual support and advice for those that participate in FRED.

4.6.6.1 Teaching/Giving examples

The family mentors actively help fathers to read to their child by participating in storytelling to children when visiting family homes. This helps fathers to see how their children react

when being told a story. The hope is that fathers will see the interactions and want to be a part of it:

“I would read to the children and the fathers would be there with them and sometimes their children were there so they would sit with them and they could actually see the kids’ interaction with me, and that helped a lot I think because you can show how you can make the story more engaging and how you can use props. Erm we are now, if I’m out with FREDs, erm doing a FRED sign up in the home erm I will recommend, I will go through the crib sheet, I try and recommend err I try and recommend certain link sites on the web like.” (Family Mentor).

The family mentors offer support to fathers throughout participation in FRED, such as actively going through crib sheets with fathers and supporting fathers by giving advice, support, and encouragement:

“Well we do a lot of obviously try and support them with that and also tell them the benefits of reading with the TV off having some reading and starting from even when they’re in the room erm we advocate the library a lot to go to the library if they can, try and spend some time with them and read erm we are very much on top of that...” (Family Mentor).

4.6.6.2 Reading is present throughout SSBC’s programmes

Encouraging families to read is a core part of the family mentors’ role in which they actively promote the importance of books from birth:

“Well we encourage reading right from the beginning. It’s an integral part of the SSBC visiting programme with the Small Steps at Home we encourage books from birth.” (Family Mentor).

Encouraging reading is something that the family mentors do on a regular basis, showing parents how children react positively to books:

“It’s part of the communication and language outcome for the SSBC and we have different words attached to different activities, we’ve got information on the wall saying why words are so important and how play can encourage taking and reading etc., etc. so even through the groups although it’s not a sitting down reading through

books group, there are always words and we are talking about reading and language which there are always books available for children to look at...”(Family Mentor).

Several of the family mentors suggest that they are not ‘teaching’ fathers how to read, rather they are ‘teaching’ and actively promoting fathers to engage with their child to ‘love’ books and to essentially ‘love’ reading:

“I recommended if they get the chance to go to the story and rhyme times to see some of the family mentors reading there but I have told them that it’s not about teaching your child to read, it’s about the love of books and it’s just about having the time.” (Family Mentor).

4.6.6.3 Signposting

Part of the family mentor’s job role is to actively signpost fathers and family members to other services that may be useful in helping families. This was highlighted in this quotation from one family mentor:

“Well we do signpost to other services when it’s needed, we had a meeting with someone from the Literacy Trust, I think it was a couple of weeks ago just before lockdown and trying to get more dads who can’t read to read so I was actually speaking to one of my dad’s about it and asked him if he would like to do this and he was like he really would love to do it and then lockdown happened.” (Family Mentor).

4.6.7 COVID-19 changes

Many of the family mentors reflected on the changes that had taken place since the pandemic hit the UK. The lockdown situation caused the family mentor groups to be closed which meant that family mentors had to come up with new ways of working.

It was highlighted that FRED was still taking part in family homes, as the lockdown did not have any negative implications for fathers that were previously reading to their children:

“They are trying to get more sign-up while Dads are at home.” (Family Mentor).

“People are just carrying on with it.” (Family Mentor).

It was noted by several of the family mentor how during the lockdown, there was ample opportunity to recruit more fathers for FRED since many fathers who would have been at work were now at home. Family mentors took this opportunity to recruit fathers for FRED:

“We are hoping we can get hold of a few more lads during lockdown because they may be furloughed, they may have reduced hours, they may be working from home you know all these things so we are trying our best to engage the dads in a sort of static situation where they can’t escape from but without thinking ‘oh no its her again, don’t answer the phone’ so its finding that balance really so we’re using the situation to our advantage so hopefully we can maybe access someone that we wouldn’t normally be able to access otherwise...” (Family Mentor).

“It’s something that we’re pushing now is to get family mentors while we are in this position and a lot of dads are at home is to connect their details so that we have got them on a child’s records and also to start and get them engaging so we are showing them that we are interested in them” (Family Mentor).

However, several of the family mentors did note that it was more ‘challenging’ in the sense that they lacked face to face contact which was important when recruiting fathers for FRED. Furthermore, due to the pandemic it became more of a challenge for the family mentor to ‘finish’ FRED with fathers because the lack of contact meant the fathers could not receive their certificates and book at the end of the programme, as one family mentor highlighted:

“It’s harder over the phone but the thing is you’ve got to then be able to, you normally would give a book at the end of their programme to say thank you so now it’s that we’ve got to post that or we keep it or do we keep a list of all the dads that I’ve got to go back out to when things go back to normal.” (Family Mentor).

The findings from the family mentor interviews were extremely positive. It appears that FRED is a highly thought of initiative that the family mentors believed to be very valuable for the fathers and their children who had taken part. The main findings that were highlighted throughout the interviews were:

- Training was ‘pretty good’ and focused on statistics to show the benefits of FRED.
- One to one sessions were found to be the best way to deliver FRED;

- There was difficulty in recruiting fathers to participate in FRED due to fathers' working hours.
- Fathers were not always forthcoming in participating in FRED and they took some convincing; and
- Family mentors supported fathers in the implementation of FRED and encouraged reading throughout.

Although the key findings were positive, over half of the family mentors appeared unaware of the main focus of FRED. This was an important finding as it seemed that some of family mentors either did not implement FRED as a reading intervention or chose to focus on FRED as a method of fathers spending more time with their children.

However, the family mentors highlighted improvements in the following:

- The bond between father and child;
- Children's communication and language skills;
- Improvements in child's concentration.;
- Enhanced emotional development in children;
- Confidence in both father and child; and
- A child's love of books.

4.7 Limitations of the evaluation

There are some limitations of using self-report questionnaires, such as 'social desirability bias' and 'response bias'. 'Social desirability bias' is a tendency to answer questions that will be viewed favourably by others. 'Response bias' is respondents' tendency to answer questions in a certain way regardless of the question. As a result, respondents might provide invalid answers or exaggerate the answers (Arnold and Feldman, 1981, Bryman, 2016). In our case, it was difficult to measure the possibility of 'social desirability bias' in response to the questions asked in the questionnaire. With regards to 'response bias', parents saw the questionnaire a second time as we used a pre-test post-test model. Therefore, this model might have increased the inflation of fathers' reports of reading frequency with their child, levels of fathers' confidence in reading to their child, father-child relationship, fathers' involvement in their child's development, and the use of local library. A final note is that we can never know the full extent of other services and activities that parents, and their child

participate in and their possible effects on their outcomes. Consequently, it is difficult to say for sure that the FRED programme was solely responsible for any improvements in parent and child outcomes presented in this report.

4.8 Discussion and summary

4.8.1 Quantitative results

This present evaluation examined whether there was a difference in fathers' reports of reading frequency with their child, levels of fathers' confidence in reading to their child, father-child relationship, fathers' involvement in their child's development, and the use of local library before and after the FRED programme. The results suggested that fathers' reports of reading frequency with their child significantly increased after they participated in the FRED programme. This finding is in line with previous studies (e.g. Forrest and Lloyd, 2014) that reported that for fathers who read very little to their children before participation in the FRED programme, the time that they spent for reading with their child increased. Therefore, this present study concludes that with the limitations noted in Section 4.5 in mind, the FRED programme had an effect on the amount of time fathers and their child spend on book reading. This increase might improve children's reading, numeracy, and writing skills/scores in the future. However, it is difficult to conclude a causal effect owing to the FRED programme.

4.8.2 Qualitative results- Understanding SSBC's FRED

As previously stated, FRED is an initiative regarding fathers that read every day to their children. SSBC's FRED is very similar to other FRED initiatives in the sense that it provides fathers with support in reading to their children. The two previous evaluations of FRED (Fatherhood Institute evaluation of FRED and the Boys Development Project evaluation of FRED) highlight the positive influence that taking part in FRED has on a father and child. The previous evaluations also indicate that there were mothers who were included in their findings; thus, their findings were not specifically based on fathers who read every day to their child. However, SSBC's findings were based on fathers only, and therefore, could indicate a more accurate picture of FRED because of this. The previous FRED evaluations have highlighted that the majority of fathers who had taken part in FRED were already highly involved in their child's lives (The Boys Development Project, 2014). In SSBC's evaluation, we do not know whether the fathers were highly involved in their children's lives before or during taking part in the FRED initiative.

Previous research reveals that fathers reading to their children has been positively documented (Nutbrown et al, 2005) with positive outcomes for the child's learning (Goodall and Vorhaus, 2011). Although this evaluation of FRED did not notice any significant increase in children's development, three quarters of the participants identified that taking part in FRED made fathers more involved in their child's learning and development. Furthermore, fathers spoke about the improvements they witnessed in their child's 'speech' as well as their communication skills, which resulted in their child 'saying a few new 'words'. Indeed, previous research does suggest that fathers reading to a child can hold a young child's attention, which facilitates learning (Kuhl, 2010). Furthermore, some of the participants expressed how reading with their child became something of a cherished time that the father and child spent together.

Research has identified positive outcomes for fathers (Palm and Fagan, 2008) who take part in FRED in the sense that spending quality time with their child improves father-child relationships. Our evaluation has identified similar findings to the literature with over 60% of fathers who participated in SSBC's FRED stating that it improved their relationship with their child. Several fathers also claimed that FRED 'helped' fathers to spend 'quality time' with their child. The participants also express how taking part in FRED 'improved' father-child relationships. Furthermore, some participants spoke about how FRED helped with the bond between father and child when they read together. It was also noted that the children liked to 'listen' and enjoyed the 'routine' of bedtime stories.

The family mentors highlighted similar outcomes, arguing that FRED improved the father-child bond and gave the fathers quality time with their child. They recalled instances of positive interactions between father and child. Nevertheless, there was some confusion surrounding the aims of FRED with several of the family mentors believing FRED to be an initiative that is about fathers spending quality time with their children, although others believe that FRED is about reading. Furthermore, several of the family mentors regarded FRED as an initiative where it was the 'love of books' was the focus. Overall, the family mentors believe that FRED is a positive initiative as they regularly commented throughout the interviews regarding how reading impacted on a child's language and vocabulary skills. This is a major finding in the sense that the family mentors 'see' the impact of FRED through regularly working with families.

Our evaluation has highlighted several key points. Several fathers enjoyed reading with their child and deemed FRED as something ‘positive’ and ‘worthwhile’. The evaluation does highlight several ways that show that FRED works extremely well for fathers and their child.

While our quantitative evaluation of FRED found only one statistically significant improvement in father reported outcomes (i.e. fathers’ reports of reading frequency with their child increased after they participated in the programme) the qualitative aspects are encouraging as both family mentors and fathers claimed positive outcomes for both father and child. As previously mentioned, the data supplied by SSBC to conduct the evaluation do not allow us to understand whether the fathers who participated in their evaluation were already highly involved in their child’s life. This may explain why the quantitatively study found no significant increase in parental confidence or father involvement in their child’s development. Future research could try to take account of a father’s involvement with their child before taking part in FRED initiative to identify, if at all, this has an impact on the findings.

4.8.3 Recommendations

We recommend that:

- FRED paperwork is examined to see if the questions could be reformulated to become more ‘user friendly’;
- There is flexibility in the delivery of FRED to enable family mentors to access fathers in the best/easiest way. This could be either in group settings or one to ones, whichever way works best for fathers and family mentor;
- A flexible approach is maintained to approach fathers in a way that promotes FRED with the aiming of reaching ‘hard to reach’ fathers;
- Consideration is taken into account for flexibility surrounding working patterns of both family mentors and fathers;
- Re-evaluation of whether FRED is a reading intervention or a method for increasing time-spent with children - with family mentors being trained in line with this; and
- Post COVID-19, more family mentors are trained to deliver FRED to ensure a wider audience is reached.

5 Evaluation of Father Inclusive Practice

5.1 Father Inclusive Practice

Father Inclusive Practice is SSBC's initiative that works to engage dads and male carers. The Practice is built upon the 'A Better Start Nottingham' strategy (2014) which set out the need to engage fathers across services and local agencies. It is proposed that positive father-child relationships have a number of positive impacts on children's wellbeing.

Father Inclusive Practice has four strategic priorities:

- 1- **Workforce Recruitment and Training:** Recruitment processes and workforce mandatory training ensures that the children's workforce across Nottingham City demonstrate father-inclusive knowledge and practice.
- 2- **Performance Monitoring:** Children's Workforce recording systems include information about fathers in order to both promote their inclusion and to measure progress.
- 3- **Service Development:** Fathers' are considered in all projects and service developments and are actively encouraged to participate in co-design; and
- 4- **Communication, Publicity and Outreach:** Communications are produced in line with best practice, ensuring that fathers are portrayed as an equal partner in parenting their children.

We had originally planned to conduct a short before and after study, aiming to examine the effect of the Think Dads training upon professionals' practices. It was envisioned that this would provide insight into the effectiveness of the training and any improvements in working in a father inclusive manner. The proposed structure of the study was as follows:

As part of the data collection phase of the evaluation we will:

- Collect questionnaires (3) Pre, post and after 1 month of training; and
- Conduct a focus group at the end of training.

However, with the outbreak of the COVID-19 pandemic, the follow up training sessions were cancelled. This resulted in the post training, one month after training, and the focus group research also being cancelled. It goes without saying that this situation is unprecedented, and all decisions were made in line with government recommendations. As a result, the

evaluation had to shift towards an evaluation in relation to the first stage of the training only, in order to capture the professionals' thoughts on the training directly after the first session. In effect this measures the effectiveness of the training in relation to knowledge only (as opposed to any changes in professional practice). The evaluation team also undertook a more detailed Literature Review to enable us to assess whether the goals of the training are in line with current research recommendations. This will be detailed further in the methodology section.

5.2 Think Dads Training

Thinks Dads is the first stage of Strategic Priority number one, highlighted above. It is non-mandatory but SSBC invite healthcare professionals to complete the training. Family Mentors and Heath Visitors are two well-represented groups of professionals that attend. The training takes place over 2 days. Day one aims to cover the benefits of the training, expected outcomes and engage the participants in a series of activities. At the end of the day SMART objectives are set to encourage the participants to work in a father inclusive manner. Day two focuses upon examining the participants' actions to address their SMART objectives.

The training hopes to enable participants to:

- Understand more about the reasons to work with fathers and male carers;
- Understand the benefits of a positive father-child relationship and the impact this has on the child, the mother, and the father themselves; and
- Further develop confidence, skills and knowledge when engaging with fathers and male carers.

By the end of the training the attendee is expected to be able to highlight some key areas and actions to increase father inclusive practice within participants' service.

5.3 Methodology

The research used questionnaires (with both open and closed questions) to elicit data, supported by a literature review.

Questionnaires: (See appendix 1.1 for more information)

Day 1 (January)- Pre-training questionnaire, to measure expectations of the training.

Day 1- Post-training questionnaire, to explore potential impact of training and learning.

The following stages were not completed as a result of the Coronavirus outbreak:

Day 2 (April)- Questionnaire to evaluate the impact of training on daily practice.

Focus Group:

Day 2- After the second day of training, participants were to be invited to take part in a focus group to explore the impact of the training in a more detailed fashion.

5.3.1 Aims and Objectives

The revised evaluation of the Think Dads training examined:

- The suitability of the Think Dads training in relation to existing research. (Literature Review); and
- The impact the Think Dads training has upon professionals' (family mentors, key workers) knowledge of working in a father inclusive manner. (Questionnaires)

4.3.2 Data Collection

5.3.2.1 *Survey of professionals*

In order to understand the impact of Think Dads training, the evaluation team collected questionnaires from those who took part in the training. Nine completed questionnaires have been used. The short questionnaire asked the following:

- The participants' occupation and involved with fathers;
- How much time the participant spends with fathers;
- The participants' levels of confidence in engaging with fathers;
- How important they view engaging with fathers;
- The benefits of engaging with fathers; and
- How the Think Dads training has affected their views of the above.

5.3.2.2 *Data Analysis*

The thematic analysis was undertaken on the qualitative data to identify patterns through a process of data familiarisation, data coding, and theme development. A deductive approach

will be undertaken whereby data coding and theme development are directed by the research questions. Where quotes are used, names have been changed to ensure anonymity.

5.4 Findings

5.4.1 The suitability of Think Dads training in relation to existing research: A literature review

It is believed that having a positive father-child relationship has a wide range of long-term, positive impacts on children's wellbeing. The Small Steps Big Changes (SSBC) Dads Engagement Strategy (2018) was developed in partnership with colleagues from across early years in Nottingham city with the aim of bringing together the wider objectives. The priority highlighted by SSBC contributes directly to SSBC's priority outcomes areas, social and emotional development, communication and language, and nutrition. SSBC proposed that positive father-child relationships have a number of positive impacts on children's wellbeing. The aim of this literature review is to gain a deeper understanding of the importance of parent-child relationship with regards to child development. The reasoning behind this research comes from Small Steps Big Changes that works to engage dads and male carers in taking an active role in their child's development. The 'A Better Start Nottingham' strategy (2014) sets out goals for SSBC for "father inclusive practice to be embedded across services and all relevant local agencies that work together to systematically engage with fathers".

5.4.2 Father Involvement

Positive father involvement improves outcomes for children in many areas including education, behaviour, health and emotional and social functioning (Sarkadi et al, 2008, Opondo et al., 2017). There have been numerous studies which show that father involvement in child-rearing can have a positive influence on a variety of child developmental outcomes. For example, children with more involved fathers have been observed to exhibit fewer behavioural problems (Amato and Rivera, 1999; Carlson, 2006; Dex and Ward, 2007), have a lower tendency to engage in risky behaviour such as teenage smoking (Menning, 2006), a lower delinquency rate (Carlson, 2006) and less contact with law enforcement (Flouri and Buchanan, 2002a). There have been studies which follow families and fathers' involvement with their children which have linked increased involvement with children's higher educational achievements (Sarkadi et al, 2008; Flouri, 2005; Pleck and Masciadrelli, 2004). (Sarkadi et al, 2008; Flouri, 2005; Pleck and Masciadrelli, 2004). Other studies have shown that children with father involvement have better cognitive (Nugent, 1991) and educational

outcomes (Flouri and Buchanan, 2004) and experience better peer relationships (Pruett et al., 1997) and better partner relationships (Flouri and Buchanan, 2002b).

Research has shown that engaging fathers regardless of age and social circumstances increases the likelihood of positive changes to lifestyle and subsequently the health and well-being of mother, baby and father himself (Bottorff et al., 2006, Flouri and Buchanan, 2003). Conversely, poor relationships between fathers and their children have been associated with an increase in child behavioural problems (Ramchandani et al 2013). The association between father's involvement and the positive impact on their child's development has been consistent throughout the literature. Therefore, research into father involvement shows some evidence to suggest positive outcomes for children. However, there have been several studies which do not show positive effects of a father's involvement with his child (Aldous and Mulligan, 2002; Cabrera and Tamis-LeMonda, 2000; Sandstrom and Huerta, 2013; Brown et al., 2010).

There has been support for father's involvement with their children that identifies a relationship between a father's involvement and the child's development, even after controlling for a mother's involvement (Flouri, 2005; Flouri and Buchanan, 2004). Research has revealed positive effects of a father's involvement on their child's cognitive and personality development (Sarkadi et al., 2008), even after other influences such as socioeconomic status were taken into consideration (Lamb and Lewis, 2013). There is nothing in the literature regarding a child's development that suggests they need something different from their father or mother, although it may be important to note that how the information is received by children may be influenced by who (e.g. father or mother) is passing on the information (Roggman, Bradley, and Raikes, 2013).

5.4.3 Parental Influence

Focusing on one parent's contribution to a child's development is too simplistic and does not take into account other parent's involvement. There have been studies which support the proposition that both mothers and fathers make a unique contribution to the development of their children (Belsky et al., 2008; Tamis-LeMonda et al., 2004). Research suggests that the different relationships between each parent and their child may influence different aspects of child development (Boldt, et al 2014, Bretherton, 2010). Steele and Steele (2005) stated that it is the mother who provides comfort and security and it is fathers who provide exploration

and age-appropriate challenges. However, there has been some debate about the possibility that each parent gives their child a different experience, with some suggesting there are more similarities than differences in the parents' roles and behaviours (Fagan et al., 2015; McDowell and Parke, 2009).

There is empirical evidence that shows that parental engagement is a key factor in advanced student engagement and improvements in school (Desforges and Abouchaar, 2003; Harris and Chrispeels, 2006). Sylva et al (2004) identified that parents who engage in their children's schooling at an early age have a positive effect on their children's learning process. Indeed, Doyle et al (2009) found that it is the home influence that is crucial to a child's language development, particularly in the early years. Additionally, Yeung (2004) suggests that a father's own education is important and that this is linked to the father's income, suggesting that better educated fathers tend to provide a child with better educational resources. However, a study in the UK suggests that the mother's education level is more predictive of a child's academic success than the father's (Harlow and Roberts, 2010). There is also evidence that better educated parents results in better educated children (Pleck, 2010). Therefore, this suggests that the mothers' and fathers' levels of education are important in children's development.

5.4.4 'Traditional' Family

The traditional family according to Watson and Amgott-Kwan (1984) is the social unit that intersects two generations in which the child recognises that they have two different parents, a mother and father. However, the belief that children need both a mother and father to provide a child with the greatest chances of positive child development is considered outdated. There has been a culture shift in the past few decades with diverse family units being formed rather than the traditional married mother and father. Popenoe (1996) studied other family forms such as single mothers, gay parents and divorced parents and identified that research has not shown that families headed by married, biological parents are best for children. Another research study which compared children's outcomes in both male-female parent families and same-sex parent families and found there was no difference in outcomes for children, including in respect of emotional difficulties and learning behaviours (National survey of Children's Health, 2016).

Traditional family roles have often been associated with the mother and father performing to traditional gender roles when it comes to parenting. It has been argued that fathers are problem solvers, and playmates who provide crucially masculine parenting (Popenoe, 1996; Wilson et al., 2002), whereas mothers are there to provide support, security, and caretaking of children (Parke, 1996; Lamb, 2004). These understandings of gender roles in parenting are taken from studies that have focused on traditional married mothers and fathers. Research on traditional married mother/father couples have identified that the mother spends more time with childcare duties and interactions with their children (Hall, Walker, and Acock, 1995; Hawkins et al., 2006), whereas fathers' tasks involves playing with children, breadwinning and stereotypical masculine tasks (Hawkins et al, 2006). Furthermore, it has been found that fathers generally spend more time with their sons than their daughters (Marsiglio, 1991; Harris, Furstenberg, and Marmer, 1998) and express greater interest in children's gender conformity (Pruett, 2000). However, there has been a change in recent years regarding the traditional family unit. As Rushing and Sparks (2017) identified, there has been an increase in dual income families, and those in which women have assumed the role of breadwinner. Consequently, with more mothers are working full-time, this has given fathers the opportunity to become a stay at home parent, traditionally seen as the mother's role. Changes in the traditional family role suggest that what is most important to a child is the parental/carer influence rather than the gender of parents/carers (Lamb, 2010).

5.4.5 Family Stability

Family stability refers to whether children grow up with the same parent(s) that were present at their birth. There is the assumption that children will do better (developmental, educational), on average, with stable parents, because change can be disruptive to children and families (Fomby and Cherlin, 2007).

Research has shown that children living in stable single-parent families do better than those living in unstable two-parent families (Heiland and Liu, 2006). A child that has the consistency of parent(s) will develop well because there will be fewer disruptions, whereas a changing family structure and instability are often linked to poorer outcomes (Osbourne and McLanahan, 2007). Furthermore, previous empirical research has suggested that family instability is often linked with lower child cognitive scores, increased behavioural problems, and poorer health (Carlson and Corcoran, 2001; Osborne and McLanahan, 2007; Magnuson and Berger, 2009). Moreover, poor outcomes for children may be explained by the stress that

accompanies changes in family structure for both parent and child (Fomby and Cherlin, 2007). Further research has found that it is family stability that is more crucial than family structure for early cognitive development (Cavanagh and Huston, 2006; Fomby and Cherlin, 2007).

Waldfogel, et al (2010) identified that children living in stable cohabiting homes, where two parents cohabit throughout the child's life, do just as well as children living with cohabiting parents who eventually marry. Furthermore, Lamb (2010) suggests there are few differences between fathers' and mothers' interactions with their child, but it is the importance of family context that matters. What is important in a child's life is that they have supportive parents, whether this is a one parent family, same sex parent family or two parent family. The emphasis therefore should be on support for the parent(s) to help them provide a positive connection with their child.

Having a positive father-child relationship is important to a child. In addition, it is equally important that children have positive parent relationships generally. Research conducted on children and their development suggests that it is the support of their parents and the stability of the family that matter most in a child's development (Lamb, 2010, Fomby and Cherlin, 2007). Although it is important for a child's father to be included in all aspects of their children's lives, what is important is that the child has both parents' support. However, as families are changing (e.g. increasing numbers of same gender parents) there should be emphasis on supporting a child's parents and implementing inclusion strategies for all parents and carers of children.

5.5 Gold Standard of Father Inclusive Practice: A literature Review

It is believed that having a positive father-child relationship has a wide range of long-term positive impacts on children's wellbeing. Small Steps Big Changes (SSBC) has put into place training for their staff named Think Dads which aims to improve SSBC's engagement with fathers (including stepfathers and non-residential fathers). There has been an increase in research on understanding father engagement in parenting interventions. Evidence-based parenting interventions have been shown to have immediate and long-term positive effects on child wellbeing (Kaminski and Claussen, 2017; Nores and Barnett, 2010). However, research that is presently available on father's engagement around interventions remains limited in quality and quantity (Panter-Brick et al., 2014).

The Gold standard of Father inclusive practice describes what effective father engagement entails, developed by researchers in Australia, who measured fathers' engagement and the use of services working with families, resulting in the Father Engagement Questionnaire (Jiang, et al., (2018). The questionnaires consist of five factors relating to areas of competence for practitioners in five areas which are:

1. Confidence in working with fathers;
2. Competence in using engagement strategies;
3. Perceived engagement strategies;
4. Frequency and strategy use; and
5. Organisational practices for father engagement.

These five competencies are thought to enhance a father's engagement in parenting strategies (Lechowicz, et al., 2019). However, at present there have been few randomised controlled trials of the Gold standard in research design. Additionally, father engagement literature tends to be dominated by descriptive research involving narrative reviews (Maxwell et al., 2012; Tiano and McNeil, 2005). Therefore, there has been little evidence to suggest the Gold standard of father inclusive practice is achievable for practitioners. Furthermore, there is little evidence to suggest that achieving the Gold standard does indeed increase father's engagement in family activities. Therefore, the following literature review aims to gain a deeper understanding of father engagement and measures SSBC have in place with regards to the Gold standard for engaging fathers.

5.5.1 Father Engagement

There have been several recommendations for increasing a father's involvement such as: engaging equally with both parents; involving fathers early on; and being flexible with timing and location of services (Panter-Brick et al., 2014). The timings of services on offer could potentially be a barrier for father engagement which may be due to work constraints. Fathers are more likely to be in full-time employment and therefore are less active in childcare (Aldous et al., 1998). Therefore, the timings of activities highlight an important consideration when planning activities as providers may need to run the sessions outside of 'normal' working hours. Furthermore, research suggests that flexible working hours are associated with greater father engagement (Lazar et al., 1991).

Research has indicated that fathers, like mothers, prefer fewer, more intensive, engagement activities, such as internet-based programs and short parenting programmes (Frank et al., 2015; Morawska et al., 2011; Tully et al., 2017). Therefore, it is important for organisations to consider the programmes they are running in relation to levels of fathers' engagement. There have been several research studies on fathers' preferences for program content. Tully et al. (2017) identified three preferences for supplementary topics: dealing with bullying on social skills development and problem-solving without aggression. Additionally, Frank et al. (2015) also identified that social skills development was a preferred topic for fathers. These findings highlight the importance of adapting programmes to meet the needs of fathers which could result in higher father engagement levels.

5.5.2 Co-Parenting

There are indications that if both parents are engaged in parenting programmes, this could lead to enhanced parent and child outcomes (Lundahl et al., 2008). Additionally, there is evidence to suggest that co-parent programmes can be more effective than father-only programmes. In a research study where families were assigned to either a co-parent programme, a father-only programme, or a control group, Cowan et al. (2009) identified that fathers' engagement with their children increased in both the father-only and co-parent programmes relative to the control group, furthermore, the co-parent group experienced significant reductions in parenting stress. Similar research has found that father only programmes do not contribute to increased father involvement, whereas when both parents are involved, the family-based programmes were most successful (Pruett et al., 2017b). Furthermore, there has been some suggestion that fathers would be more willing to engage in parenting programmes if they were with their partners rather than in father-only programmes (Fletcher et al., 2014; Salinas et al., 2011). Additionally, a study of a fathers only programme identified that there were some fathers would have preferred to have the child's mother more involved in the parenting programme that was directed at fathers only (Chacko et al., 2018). Therefore, engaging both parents equally in all services could increase father engagement. It is important that organisations collect family information from both parents to obtain information about the family as a whole and involve both parents.

5.5.3 Practitioners

There are several potential barriers to a father's involvement which could impact on father engagement. Davidson et al (2016) has suggested low rates of father engagement happen

because fathers were not directly invited by the practitioners. Research has identified that low rates of father participation could be attributed to the lack of skills and knowledge of the practitioner in engaging fathers in activities (McBride and Rane, 2001). There are other issues recognised such as practitioners' attitudes in gender stereotyping and staff training that impact on the barriers to fathers' engagement (McAllister et al., 2004). Furthermore, research suggests that training practitioners in skills to enhance a father's engagement is associated with increased rates of father engagement (Scourfield et al., 2012). Therefore, training practitioners has been highlighted as a key component in providing an excellent father inclusive practice strategy.

Evidence from evaluated training programmes highlight that professional training in father engagement strategies is associated with enhanced practitioner confidence and skills and is also linked to an increase of father engagement (Humphries and Nolan, 2015; Scourfield et al., 2012; Scourfield et al., 2015; Tully et al., 2018). Therefore, it is crucial to recognise the importance of father inclusive training for all practitioners, as a way to increase father engagement. There are many practitioners who believe that father participation in activities is extremely or very important in treatment of children's problems (Tully, et al., 2018). However, there have been some concerns surrounding practitioners' views of fathers. For example, Ewart Boyle, et al., (2015) found that some practitioners have low expectations of the father's role, whereby practitioners hold negative beliefs and they have assumptions about a father's commitment and interest (Storhaug, 2013; Campbell et al., 2015). Furthermore, research suggests that training programmes that focus on increasing a practitioner's confidence also lead to increased rates of father engagement (Scourfield et al., 2012). Similarly, Tully et al, (2018) identified it was the practitioners' competence that was a factor in how often fathers engaged. Therefore, it seems that training practitioners in father inclusive practice is important as practitioners need to believe in the programme and have confidence in their engagement with fathers.

5.5.4 Programme Delivery

Investigations into father inclusive practice have indicated a number of recommended training targets for practitioners. These targets include knowledge about the important role that fathers play in child outcomes; positive attitudes and beliefs about fathers; self-reflection to assist practitioners to recognise the link between their own attitudes and behaviour; skills to positively engage fathers; and skills to promote father inclusive practice within

practitioners' own organisations (Fletcher et al., 2014; Humphries and Nolan, 2015; Scourfield et al., 2015). Therefore, for continued successful father inclusive practice it is important to monitor father inclusion rates and practice the recommendations to improve these. SSBC's training programme highlights concepts that encourage fathers to engage which involve: the inclusion of the whole family; letters of invitation to fathers; and the possibilities of being flexible with timings of their activities. These measures ensure that father participation is a priority. However, research suggests that it is the practitioner's confidence in engaging with fathers that is the key. Therefore, continuous training and increasing experience in father inclusive practice could result in higher father engagement. The utilisation of the Father Engagement Questionnaire (Jiang, et al., 2018) on a regular basis could help with the organisation's and practitioners' confidence in ensuring continued father inclusive practice.

5.6 The impact of Think Dads on professionals' knowledge of father inclusive working.

5.6.1 Introduction

The first session of the Think Dads training is focused upon helping professionals to better understand the importance of engaging with fathers in their everyday practice. The training focuses upon three main aspects: why professionals should engage with fathers; how to engage; and imparting skills, confidence and knowledge about engaging. The three-hour session is split across a number of activities and participants are encouraged to ask questions and to participate through role-playing activities. The training takes place in a relaxed environment, with an emphasis on learning together. Several practical issues are discussed, such as the importance of including fathers in visits, letters and everyday engagement. Theoretical perspectives are also discussed, particularly with regard to the potential benefits of engaging fathers in relation to children's outcomes. The session's second half explores working with fathers and issues that may arise. The participants explore collaboratively, identifying potential challenges and ways that they might be overcome.

The evaluation of SSBC's approach to Father Inclusive Practice, using the example of the Think Dads training, has suggested that it is not primarily the issue of including fathers that is open to debate. The literature review has clearly shown that the engagement of fathers, where possible and when it is to the benefit of the children, is positive. However, the review suggests that there are other aspects that need to be considered and perhaps are even of more importance (e.g. the stability of the family home). Furthermore, the gender of the co-

parent/carer appears to be of limited importance. It is important to re-iterate this here in relation to understanding the focus of the Think Dads training and the research that SSBC apply in the training. As a result, this section will first explore the focus of the training in summary form, in order to make this clear. The report will then move to examine the data collected from the participants in the training. Although the second training session did not take place (due to COVID-19) before and after data was collecting during the first training session. The data sought to understand whether professionals' knowledge of father inclusivity and its potential benefits improved as a result of the training session.

5.6.2 The ethos of Think Dads training

The training commences with introductions, ground rules and aims, followed by a statement about the focus of the session upon dads and male carers. The statement is an important one as it shifts the session away from other family members. This aspect is potentially problematic as it suggests that the potential benefits (listed below) are somehow unique to father engagement. It further suggests that any family arrangement without this set-up is going to be somewhat deficient as it is missing a male influence. Field notes and training materials provided highlight the following:

Why engage:

- Inclusivity/equality of the family;
- Practical issues (money);
- Improved child outcomes (wide-ranging claims- see below);
- Improved father outcomes (e.g. mental health, confidence, involvement, reduced testosterone); and
- More chance to identify postnatal depression.

Benefits of engaging fathers: (see Flouri, 2005; Pleck and Masciadrelli, 2004)

- Increased support and love in the family;
- Positive male role models;
- Better academic achievement;
- Financial stability;
 - Reduced behavioural problems (Sarkadi et al, 2008, Dex and Ward, 2007, Opondo et al., 2017);

- Managed/rounded emotions (including empathy) (Sarkadi et al, 2008, Opondo et al., 2017);
- Improved attitude to gender roles;
- Less gang/drug involvement (Flouri and Buchanan, 2002a);
- Better relationships throughout life (Flouri and Buchanan, 2002b);
- More educated fathers (in terms of their role);
- Bonding (babies); and
- Reading to unborn baby (deeper tones can be heard by babies).

The training also clearly articulates that poor and abusive parenting by fathers can have a detrimental effect on the family and child outcomes.

Challenges of engagement, and practical solutions

- Separation;
- Working commitments;
- Cultural differences;
- Generational challenges;
- Flexibility around visits;
- Work to engage all male figures;
- Engage and talk with fathers early to build relationships; and
- Whole family approach.

5.6.3 Participants

Nine professionals took part in the Think Dads training. This included family mentors (4) along with professionals working in Marketing, Business Support, Project management, Contracting, and Data. The evaluation was able to capture whether the training increased knowledge of father inclusivity and its benefits (and what such knowledge was) alongside an understanding of what the training improved in relation to the professionals' everyday practice and what they feel would help in the future.

5.6.4 Benefits of engaging with fathers

Before the training, in general, the professionals felt that engaging fathers was beneficial for the family and the children involved. One family mentor noted that engaging fathers would result a closer-knit family unit, whilst another suggested that having a father present would

result in a ‘more rounded approach to parenting’. The majority of the participants noted improved outcomes for children in some regard. However, before the training this was somewhat broad, with participants suggesting better outcomes in general or suggesting improvements to child development.

After the training session, it is noticeable that the participants paid more attention towards the benefits for the fathers. The participants particularly highlighted the importance of engagement for the father’s wellbeing, suggesting that better engagement would help with depression. Furthermore, engagement could also ‘empower’ fathers and encourage them to attend groups what would be beneficial for them and their child(ren). Post-training, the professionals were more specific about the impact that engagement has upon child outcomes. One family mentor suggested that the training had taught them that engagement leads to better social development. Another highlighted a link between engagement and child development based upon positive role models, suggesting that fathers have a role in providing additional support and guidance that cannot be provided by mothers.

It appears that the training did much to highlight the potential benefits to fathers (wellbeing, depression) and also benefits in child development (socialisation, brains, role-modelling behaviour). Although the majority stated that they were confident in working with fathers already, two participants added this post-training, suggesting a tangible positive effect of the training.

5.6.5 Practices to engage with fathers

The participants highlighted practical methods of engaging fathers such as including both mothers and fathers on letters and addressed envelopes. One professional noted that they tried to produce materials that included pictures of both. Those who worked closely with mothers (the family mentors) noted how they would ask if the father could be present during home visits and try to include them by talking to them, rather than focussing entirely upon the mother. For example, one family mentor stated that they would now: ‘Talk to Dad directly [and] arrange visits for when Dad is not working’.

The major change with regard to practice to enhance engagement with fathers is that as a result of the training, the majority of the participants had shifted to being guided by fathers themselves. The participants, post-training, suggested that getting the opinions of fathers should guide their practice. Prior to the training only one participant mentioned talking to

fathers to ascertain their opinion. Post-training this changed significantly as participants suggested that the most important aspect was to ‘keep talking to fathers’ or in the first instance, participants suggested about the training: ‘It’s made me think to keep asking about Dad and encouraging their involvement’. Now, in order to engage, the participants suggested talking to them ‘as you would a mother’ or trying to ‘listen to Dad’. The emphasis moved to trying to ‘talk to Dad[s] directly’. As a result of the training a number of the participants noted that it is important that moving forward their practice should be informed by the needs of fathers and that a more collaborative approach should be taken. One family mentor stated that it ‘would be helpful to have more input from Dad’s in terms of co-production’. Furthermore, participants felt that on reflection they had been too focused upon mothers and ‘made assumptions as a woman about what men want’. The participants called for information about ‘what Dad’s want [and] how Dad’s feel’, suggesting that there needs to be more research/engagement in this area.

5.6.6 SSBC Think Dads training in relation to Gold Standard Practice

The previous sections of this report highlighted the Gold standard father inclusive practice and how it could be implemented by practitioners. Furthermore, SSBC’s approach to father inclusive practice has been explored to identify how they meet the Gold standard (GS) father inclusive practice. Indeed, the SSBC’s approach to father inclusive practice does include many elements of the Gold standard practice. The importance of treating parents equally has been highlighted as important (Lundahl et al., 2008) such as, including the father in all correspondence and inviting the father along with the mother to all activities. At present, SSBC do include the fathers in correspondence and seek to engage both parents in activities as well as treating both the mother and father with equal importance. Research has highlighted that obtaining assessment data from fathers as well as mothers is an important aspect of engaging fathers (Tully et al. 2018). Therefore, the findings suggest that it is important to train practitioners to treat fathers and mothers as equally important in their child’s lives.

There has been increasing research and practice that focuses on the importance of father participation and engagement in parenting interventions for child wellbeing; Kaminski and Claussen (2017) suggest that there are both immediate and long-term positive effects on parent and child outcomes. Lundahl et al. (2008) have shown that father participation improves short-term outcomes for parenting and child behaviour. However, the rates of father

attendance and engagement in these programs have been found to be very low (Panter-Brick et al. 2014). Indeed, SSBCs practitioners have highlighted that father participation and engagement is low, especially when it involves a group setting. There has been research that has identified that low levels of practitioners' skills and knowledge can be a barrier to father engagement, McBride and Rane (2001) identify that where there were low rates of father participation, there were also low levels of practitioner knowledge and skills, regarding engaging fathers. Similar research was carried out by McAllister et al. (2004) who identified that it was practitioners' attitudes, such as gender stereotyping, practitioners' experiences with their own fathers, and resources such as training that were potential barriers to father involvement. Furthermore, there is evidence that training practitioners in skills to enhance father engagement is associated with greater practitioner competence as well as increased rates of father engagement (Scourfield et al. 2012). The Think Dads training does include aspects of challenges and engagement issues that may arise when engaging with fathers and families. After the training sessions, practitioners were more likely to highlight the importance of father inclusivity than prior to the training. This suggests that that training is indeed important in giving the practitioners knowledge and competence, something that has been shown to increase the rates of father engagement.

Engaging fathers in activities has been highlighted as a vital part of the Think Dads training. There has been the suggestion there is a lack of fathers' awareness of the services available due to advertising that targets mothers only (Bayley et al. 2009). However, McBride et al (2017) suggest that the lack of father engagement could be because many of the activities are mother-oriented programmes with regard to delivery and content. Indeed, following Think Dads training several of the family mentors became aware of how they interacted with the fathers prior to training. It appears that there was a lack of communication between the fathers and family mentor, with only one family mentor asking fathers their opinion. However, after the training sessions it seems that the family mentors were more inclined to 'encourage fathers to become involved', as there appeared to be a shift in the family mentors understanding of the importance of father involvement.

There has been research which suggested that inflexible service hours of activities (McBride et al. 2017) that are a major barrier to father participation. There have been several recommendations for increasing father participation such as advertising that a service or activity is for fathers, and, in addition, offering sessions outside of normal working hours

(Tully et al. 2018). These recommendations aim to increase father participation by overcoming the barriers that could have the potential to hinder father engagement. However, there was no mention of working hours from the participants who had taken part in SSBCs Think Dads training. It was suggested by one family mentor that they would ‘arrange visits for when dad is not working’ however, it was unclear about the time of the visits or if this would be outside normal working hours. Therefore, it is unclear whether there is scope for activities to take place outside of normal working hours or if indeed, activities do already take place outside of normal working hours.

Gold standard practice suggests that it is important to plan, where possible, activities that are of interest to fathers (Panter-Brick et al., 2014). There has been the suggestion there is a lack of participation from fathers is because there is a culture of devaluing father involvement and/or not engaging the whole family (Potter and Carpenter 2008). SSBC’s practitioners have acknowledged the importance of talking to fathers directly, as well as considering how fathers ‘feel’ when participating in activities. Indeed, SSBC’s practitioners have shown that they ‘keep talking’ and they ‘listen’ which could help in engaging with fathers. However, the family mentors mentioned how they believe that they focused on the assumptions of what a mother wants and not the father. The Gold standard highlighted the importance of activities that appeal to fathers (Tully et al, 2017) which could increase fathers’ engagement in activities. Therefore, as the family mentors have highlighted, the need for gathering more information of what ‘fathers want’ could result in increased father engagement.

The Gold standard highlights practitioner qualities and competencies that contribute to successful father engagement practice. However, there is limited research to suggest what the specific qualities and competencies are. In one research study it was found that increased self-efficacy or confidence after participating in a two-day father engagement training course was related to an increase in caseload engagement (Scourfield et al. 2012). The same research also suggested that practitioners’ confidence in working with fathers may be linked to their success in engaging fathers. Therefore, it could be suggested that the more a practitioner regularly engages with fathers this in turn increases the practitioner’s confidence leading to an increase in father engagement. The Gold standard questionnaires also highlight that practitioners’ confidence may be a key factor when promoting father engagement practice. Tully et al. (2018) found that two-thirds of practitioners who delivered parenting interventions reported being confident in working with fathers. As part of the Think Dads

training, practitioners are taught how to engage with fathers and build up their confidence and knowledge regarding this. Furthermore, it was found that the majority of SSBCs practitioners stated they were confident with working with fathers, although not all the practitioners stated they were confident. However, these results were taken after the training session, so it could be argued that the practitioners' confidence was high after training, but that this could falter when engaging with fathers in real life situations.

SSBCs approach to father inclusive training shows how they have incorporated 'thinking about fathers' and encouraging fathers to engage. However, the Gold standard practice highlighted that it was the practitioner's confidence and skills (Scourfield et al., 2015) that was thought to be of high importance for how successfully fathers engage with activities. Confidence of the practitioner has been highlighted as being of high importance in the engagement of fathers. Indeed, research by Scourfield et al. (2012) has suggested confidence may be relevant to engaging fathers in parenting interventions for child wellbeing more generally. It appears the Gold standard of father inclusion is set at a very high standard, suggesting this may be the reason that SSBCs practitioners do not quite hit the Gold standard. Similarly, SSBCs father inclusive practice is in its infancy with a small number of practitioners who have been trained in father participation. Therefore, to reach the Gold standard set out in the suggestion competencies, it is recommended that practitioners are continually trained and supported in engagement with fathers which would increase SSBC's practitioner's confidence. It would be recommended that the practitioners return to Think Dads training after engaging in fathers to evaluate how they put into practice the skills and knowledge that they have learnt during Think Dads training. It would also be recommended that the Gold standard questionnaires are given to practitioners to complete, therefore SSBC would gain a sense of how well the training was received by the practitioners. Engaging with the questionnaires would give SSBC the tools to assess how they were meeting the Gold standard of father engagement highlighting improvements that could be made to enable SSBC to meet the Gold standard of father engagement.

6 Evaluation of Cook and Play

Cook and Play is a group activity where adults cook healthy meals and then try them with their child. The group is delivered by Family Mentors in Bulwell, Aspley, Hyson Green and Arboretum, and St Ann's and is for parents with children aged under 4 years old. Cook and Play sessions last 1.5 hours and consist of the parents participating in practical cooking, informal learning about healthy eating and assertive feeding practices, followed by eating or tasting the resulting meal with their child. A short food sensory activity is also facilitated with the children to increase familiarity with ingredients used in the recipes. All food for the sessions is provided by Small Steps Big Changes (SSBC), free of charge, for the participants to cook enough for a meal for themselves and their child. Cook and Play groups include information regarding: food hygiene and safety, healthy eating recommendations, increasing fruit and vegetable consumption, healthy cooking methods, making food suitable for babies and toddlers, appropriate portion sizes, assertive feeding practices, budgeting, food labels and behaviour change.

We present findings from the evaluation of the Cook and Play programme. The first aim of the evaluation was to explore whether Cook and Play increases parents' knowledge around healthy eating and gives parents' the skills and confidence to cook healthy low-cost meals that are suitable for their child. More specifically the aim was to examine the following short-term outcomes:

Parent:

1. Increased knowledge of healthy foods and drinks
2. Increased confidence to buy and cook basic ingredients to make healthy meals
3. Learned new practical healthy cooking skills
4. Tried new foods
5. Meet new people and make friends

Child:

1. Tries new foods

However, due to the COVID-19 lockdown, Cook and Play sessions were halted. Therefore, we could not collect sufficient data to examine whether the above short-term outcomes were

met (see the next section for details). The report therefore focuses on the second aim of the evaluation.

The second aim of the evaluation was to explore the experiences of staff (i.e. members of the Family Mentor Senior Leadership Teams and Family Mentors) who are involved in the delivery of Cook and Play programme. In particular, the aim of the interviews and focus groups with the staff was to examine the implementation and delivery of Cook and Play, key challenges and strengths, and whether they perceived that it impacted on parents' confidence and knowledge in relation to cooking healthy meals.

The next section summarises the methodology of the evaluation, followed by the findings from the interviews. Thereafter, limitations of the evaluation are noted. Discussions of the findings end the evaluation.

6.1 Methodology

6.1.1 Survey of parents

The NTU evaluation team developed pre- and post-questionnaires to examine the impact of Cook and Play on parents' confidence to buy and cook healthy meals, knowledge of healthy foods and drinks, trying new foods and meeting new people. These questionnaires were administered at the start of and the end of Cook and Play sessions by Family Mentors. Family Mentors were asked to administer the baseline questionnaire before the Cook and Play session commenced and the follow-up questionnaire immediately after the session. The questionnaires took no longer than 10 minutes to complete. The NTU team provided the questionnaires alongside information sheets, consent forms and guidance in terms of administration. In total, 23 parents completed the questionnaires prior to Cook and Play sessions being halted due to COVID-19. The evaluation team aim to administer the questionnaires to 75 to 100 parents (this is dependent on the number of people attending Cook and Play) when the Cook and Play sessions commence again.

6.1.2 Interviews and focus groups with staff

To understand the implementation and delivery of Cook and Play, Members of the Family Mentor Senior Leadership Team and Family Mentors from the Toy Library, Frameworks and Home-Start were invited to participate in an interview or focus group. Interviews took place over the telephone and were approximately 30 minutes. Only one focus group took place as it

was held before COVID-19 restrictions were put in place. This focus group lasted approximately one hour. Four interviews were undertaken with Members of the Family Mentor Senior Leadership Teams, seven Family Mentors participated in a face-to-face focus group and eight Family Mentors participated in a one-to-one telephone interview.

6.1.3 Data Analysis

Since the number of questionnaires completed by parents was not enough to conduct a statistical analysis, here we report the details of the analysis of the interviews. Thematic analysis was undertaken to identify patterns through a process of data familiarisation, data coding, and theme development. A deductive approach was undertaken whereby data coding and theme development were directed by the research questions. Where quotes have used names are changed to ensure anonymity.

6.2 Findings

6.2.1.1 Implementation and Delivery of Cook and Play

Cook and Play has been well received by the Family Mentors across all wards. The training offered a solid foundation for the Family Mentors to build upon and develop over time. They described a varied, informative training approach to Cook and Play, which offered practical examples and nutritional advice, along with easy-to-follow recipes. It was also evident that Cook and Play has been consistently delivered, across all wards, in the way in which was designed. Staff interviewed were very positive about the organisation of the initial training and the straightforward structure of Cook and Play, commenting:

“And having [SSBC Cook and Play facilitator name removed] actually sort of kick it all off, and do the training and everything, was really, really good. I really liked [name of SSBC Cook and Play facilitator removed] and I just think she’s, she put across her nutritional stuff so well, and it was practical as well as, you know, she would give us practical things to do.” (Family Mentor).

“I think it’s [Cook and Play sessions] done amazing; I think they’ve [Cook and Play] been implemented well.” (Family Mentor).

“I feel like the sessions themselves [Cook and Play] go really well. They’re very... it’s all very well thought out and planned. It’s very easy as like a facilitator to follow and you know, to present it to parents and to run it...Out

of the groups that we do, I feel that it's got the most sort of structure to it. So that side of it, it's all very well thought out and planned." (Family Mentor).

Family Mentors have also stated how much they enjoy the Cook and Play sessions. They report that although there is a lot of planning, cleaning and preparation involved, the positives outweigh the negatives.

"Oh, I do, I enjoy yeah, I love the way the families enjoy also." (Family Mentor).

"Yeah, I do love that group, even though some days you can be cleaning up forever, it is one of my favourite groups." (Family Mentor).

"It's really worthwhile. It's a really, really worthwhile thing." (Family Mentor).

6.2.1.2 Volunteers

Volunteers are considered a vital member of the Cook and Play support team. Family Mentors rely on the good will of volunteers to support the sessions and state that without them, the sessions could not run. The volunteers help set up the Cook and Play sessions, support the activities and some will often stay at the end and help clean the venue.

"And I [Family Mentor] would not be able to run that group [Cook and Play] without the volunteers...and what helps is, the parents [volunteers], they get involved, they help tidy up, they help. And they look... it's like they're looking after each other." (Family Mentor).

"We also have some volunteers in our group [Cook and Play] which are fantastic...And we [Family Mentors] wouldn't be able to run that session without them [volunteers], because it is quite full on." (Family Mentor).

6.2.1.3 Training

It was noted by Family Mentors and members of the Family Mentor Senior Leadership Team that the initial training of Cook and Play was delivered well. However, subsequent training for new or additional Family Mentors proved to be more of a challenge. In particular, the limited availability of SSBC Cook and Play facilitators to deliver the training was a problem.

Consequently, only a small number of Family Mentors trained to deliver Cook and Play groups. One member of the Family Mentor Senior Leadership Team recalled an occasion when the majority of trained Family Mentors were on leave, resulting in only one trained mentor to cover all three wards. Others have also reported a delay in the Cook and Play training because of the limited availability of an SSBC Cook and Play trained facilitator to deliver the training to the Family Mentors.

“We’ve [Members of the Family Mentor Senior Leadership Team] got to give them [Family Mentors] this time off, it’s really important to them, but that leaves us with one person [to deliver Cook and Play groups]. And we have two Cook and Play’s, so for us, we don’t have one ward, we have two wards. So that was a struggle. And the person that delivers the Cook and Play training, she was on maternity leave at SSBC. So, it was a little bit, I think it was a little bit like they didn’t know what to do. But we have more [Family Mentors] trained now. They literally just got trained before the [COVID-19] lockdown.” (Member of the Family Mentor Senior Leadership Team).

“When we get new Family Mentors, there is... there does seem to be some sort of delay or whatever of trying to get them onto Cook and Play training. So yes, that is a definite you know, something what needs to probably be looked at more.” (Member of the Family Mentor Senior Leadership Team).

“Some challenges is the fact that we had to do a big recruitment of additional Family Mentors. And this coincided with the SSBC training lead, who facilitated the training, actually going on maternity leave. But it was a lot of juggling and it was very you know; it was difficult to manage. But there was open dialogue with SSBC; they were very open to different suggestions and ideas.” (Member of the Family Mentor Senior Leadership Team).

Based on the Family Mentors’ suggestions, SSBC are currently training mentors as ‘champions’ of Cook and Play, enabling them to provide in-house training of Cook and Play to other Family Mentors. This has been a welcome improvement to the facilitation of Cook and Play.

“We now may have in house training – so don’t have to rely on SSBC to deliver [Cook and Play] training.” (Member of the Family Mentor Senior Leadership Team).

6.2.1.4 Planning Cook and Play sessions

The Family Mentors carefully plan all their Cook and Play sessions in advance. Planning is considered a positive aspect of Cook and Play. Planning varies slightly across wards: for example, some Family Mentors prefer to do a six-week plan. Similarly, other wards implement a six-week plan and work together to also formulate six-week blocks into a yearly plan; providing Family Mentors with a yearly overview of recipes, play activities and resources required. From this yearly plan, a more detailed six-week plan is formulated. This forward planning enables Family Mentors to support staff absences and other wards, as they all understand and follow the same plan.

Alternatively, one ward trialled a weekly planning format: Family Mentors asked parents for any food preferences for the following week and where possible offered to use the preferred ingredient, for example, fish or chicken. Offering a more relaxed approach to planning came with some challenges. After trialling the weekly plan, some Family Mentors preferred the original six-week plan, suggesting it was easier to prepare for and less time consuming. A more structured plan enabled the Family Mentors to adapt the plan, if needed, to accommodate individual family needs, such as allergies. In addition, they could also incorporate any feedback from the families into the six-week plan.

“So, what we do, we have group [planning] sessions amongst all Family Mentors. And we do group planning... We’ve developed... yeah, so like say like if I was off, they’d only have to look at say like week 22, and everything is step by step. The food, the menus, the activities, the resources.” (Member of the Family Mentor Senior Leadership Team).

“We sort of like went down the route of actually asking for parents, like when they’re [Cook and Play sessions] on a Monday afternoon, is there anything in particular that somebody [parents] would like to cook the following week. Within reason, you know, is it a fish dish, do you want to do a chicken dish, or, you know, something. Just, just to try and bring them [parents and families] in a bit more and try and get them a bit more involved. It was..... rather than just saying like, this is what we’re doing...” (Family Mentor).

6.2.1.5 Cook and Play Venues

The venue appears to be instrumental in the delivery and running of Cook and Play. The success of this program appears to centre in part around the location, layout of the venue and the quality of equipment (cookers, pans, etc).

For some wards, the venue for Cook and Play is excellent: Family Mentors in Arboretum stated that their venue has a practical layout and is very spacious. The layout at Arboretum enables parents to observe their children playing whilst in the kitchen cooking, putting both the parent and child at ease during the session. The venue has an open kitchen, enabling parents to see their children and vice versa. Furthermore, the venue is situated in the heart of the community and is pushchair friendly.

“Yeah, and I think why that [Cook and Play] works is because of the actual venue we’ve got... Because it’s really spaced out really well... And those of us that are cooking, we’re in a different area, but we can still see the kids.” (Family Mentor).

“And the [venue name removed] is a lovely venue. In terms of families, it’s their local community centre; they can get in there with their pushchair and whatnot.” (Family Mentor).

Family Mentors described another venue with restricted viewing from the kitchen to the children’s play area; parents are unable to see their children. Subsequently, extra staff were required to facilitate the Cook and Play sessions to support the children with play activities and the parents in the kitchen.

“The kitchens are quite separate to where the children are. You know, it’s like a big ... well they’re in a Community Centre, so you’ve got your kitchen, big serving hatch, and the room. So, it’s quite difficult for the parents whilst they’re cooking, to keep an eye on their children. So that’s why we had to put in extra members of staff really, to look after them [children].” (Member of the Family Mentor Senior Leadership Team).

Another member of the Family Mentor Senior Leadership Team also expressed the importance of parents being able to see their children during the Cook and Play sessions. They considered it a priority and changed the venue, listening to and

accommodating the needs of the parents. They stated that the parents and children appear more relaxed when they can see each other when involved in Cook and Play.

“We changed the venue because the parents couldn’t see their children whilst they were cooking. So, we changed the venue to a more open space.”

(Member of the Family Mentor Senior Leadership Team).

Family Mentors in Aspley have had a few issues with previous venues. For example, too small, poor hygiene and problems with the cooker. There appears to be a limited number of suitable venues available within the area, but Family Mentors continue their search for a more suitable venue.

“I think our venue is one of our biggest things, because the venue we use is very small. We used to use another venue, but there was always issues with the cooker, gas leak... Cleanliness was the main issue. But we don’t use it any more...And we haven’t got many venues in our ward... that are accessible.” (Member of the Family Mentor Senior Leadership Team).

Furthermore, finding a suitable location that is considered ‘in ward’ (within the catchment area for intended families) is challenging for Family Mentors within Aspley. Concerns were voiced about the number of ‘out of ward’ attendees. This respondent explained that potentially the ratio of families who are considered ‘out of ward’ families could be higher because of the location of the venue, though the funding provided for the Cook and Play sessions is primarily for families within ward:

“Most of our venues are, for these wards, for this ward, is out of our ward. So, then you’ve got to think oh, how many out of warders are we going to get.”

(Member of the Family Mentor Senior Leadership Team).

6.2.1.6 Equipment for Cook and Play Groups

All the Family Mentors purchase their own resources, using funds from petty cash provided by SSBC. Some may also use the equipment provided at the venue. However, in some venues Family Mentors voiced concerns over the quality and age of the equipment they use at the Cook and Play groups. The Family Mentors identified issues with the cooker and equipment, such as pans being worn and the cooker being slow to heat, which had an impact on the delivery of the Cook and Play sessions:

“Well at the moment we [Family Mentors] ... but I don't know if... the cooker we have there is quite slow when we want to... sometimes the time we have is not enough to cook.” (Family Mentor).

“Even the pans that we [Family Mentors] use, they're a bit thin, and there is sometimes things have been sticking to it.” (Family Mentor).

“And yeah, and what else is ongoing, yeah, the kitchen's small, the oven is absolutely, the cooker is actually rubbish.” (Family Mentor).

6.2.1.7 Transporting Cook and Play Equipment

Transportation of Cook and Play equipment (e.g. food, toys and play equipment) from the main offices to the Cook and Play venues can be physically challenging for Family Mentors and in some cases as parking for the Cook and Play is not within close proximity of the venue. However, to resolve this issue, at certain venues the Family Mentors have been able to store some of the Cook and Play equipment at the venue. Furthermore, some Family Mentors have articulated the challenges of transporting all the equipment as particularly difficult for those who do not drive as they may require support from a Family Mentor who is able to drive.

“I'll say the only difficulty that... not even a difficulty, but just sort of like a struggle that we have is, when one of our [Cook and Play] groups is in the venue that we work in, that's great, the other one is outside. So, it's a lot of equipment that we have to take. So, that includes, not just the kitchen and the food, and all you know, sort of boxes of you know, herbs and spices as well as the rest of the things. On top of that is the toys and the equipment for the children, for the play side of the session... So, I don't drive, so there's you know, there always has to be a driver [Family Mentor] on the session.” (Family Mentor).

“It [transportation of equipment] was quite hard because you'll have to park quite far from the venue, then when I'm lugging like all your teddies... all the equipment. But it's worth it. It is sometimes hard, but they've [venue proprietor] tried to like let us store some stuff [Cook and Play equipment] there now.” (Family Mentor).

6.2.1.8 Recipes

Feedback from the staff interviewed, revealed that the recipes for the Cook and Play are easy-to-follow. However, some of the original recipes were considered bland and not representative of the diverse community of the attending families. They found that the addition of more herbs and spices and offering recipes from different cultural backgrounds, which the original recipes did not appear to offer, was more appealing to the families. Some Family Mentors indicated that the lack of diversity in the original recipes may also be connected to low attendance rates: suggesting parents were not returning because the recipes were not meeting their needs or enticing the parents to come back. In response, the Family Mentors asked parents for ideas on how they could improve the recipes to offer more diversity and taste.

Over time, valuable feedback from parents and the Family Mentors has been shared with SSBC and new recipes have been introduced, suiting the needs and diversity of the families attending the Cook and Play sessions. Staff interviewed stated that SSBC have responded to the feedback positively and are making gradual changes. However, Family Mentors feel the recipes are an evolving process, and require constant review and development. The Family Mentors have adapted (where possible) existing recipes to provide more variation for parents. However, some updating is required to meet the requirements of families who eat only vegetarian or vegan meals.

“The recipes and the meals, they was really bland, and particularly in the South, we work with a lot of different cultures.... that's not the kind of food that they [families] eat, they'd have lots of spices in their food...and we [Family Mentors and Members of the Family Mentor Senior Leadership Team] didn't know if that was one of the reasons why we didn't have a big uptake for Cook and Play in our areas. So, that was a big problem for us. So, we'd asked some of our families that did attend if they would look at recipes that they use at home. Give us some recipes so we can send them into SSBC, for them to be adapted and used within Cook and Play. Which they did, and SSBC did adapt the recipes. So now we do have quite a varied lot of recipes that can be used for all over the wards.” (Member of the Family Mentor Senior Leadership Team).

“SSBC have been very open to individual needs of our communities. Like I've said about the changing in menus.” (Member of the Family Mentor Senior Leadership Team).

Family Mentors in St Ann's and Aspley have welcomed some of the gradual changes to the menus but feel the options for vegans and vegetarians could be broadened.

“When I first started, there wasn't that many choices of recipes, but they've [SSBC and Family Mentors] really developed a wide range you know, culturally and so forth. So, you know, it's wonderful. Very wide range of food we cook there. African, Indian, all sorts, Chinese, all sorts, Caribbean... What I am pleased about as I say, the range of recipes that's available now. But I think we could probably do with some more, possibly vegan [recipes].”

(Family Mentor)

“We've got no vegan ones [recipes]... We've had to adapt some of them wanting, you know, a vegan dish, because obviously, you know, times change and we had a few families a week ago, we did a vegan dish. But we tweaked it.” (Family Mentor).

In addition to a wider variety of vegan and vegetarian options, the quantity of recipes on offer within each category (breakfast, mains, dessert etc.) could also be increased. For example, choices of recipes for breakfast and dessert could be expanded as they have become slightly monotonous. Family Mentors have tweaked the existing recipes to support the needs of the attending families but would welcome some new additions to the bank of recipes currently on offer.

“The breakfasts for example, because we've only really got, I think, two or three recipes for breakfasts... So, what we've done is... because, I, I make a very low sugar granola at home, so I've introduced that to Cook and Play.”

(Family Mentor)M

“We've had them [recipes] now for, how old is the SSBC now, five, five years?... and whatever, and we keep recycling and recycling them. And we're just in them, trying to tweak them to make them more interesting. But, yeah, boring.” (Family Mentor).

“And you don’t have much choice either, like, because you’re... Especially the desserts as well. Yeah, the recipes. We need a whole new batch.” (Family Mentor)

Family Mentors have stated they would like more ownership and control over adaptations and additions to new and existing recipes and delivery. They feel this would be a more effective and efficient way to support the needs of families in their wards. A suggestion made by the Family Mentors was to be part of the planning process.

“All the groups, we run the groups, we do this day in, day out, and it’s, yeah, you just, yeah, I think we need to be, have, have more say in that, more control. Particularly because, you know, we’ve got team leaders, speak to them. But, you know, instead of waiting around for answers from SSBC, and recipes, can we sit down with them with recipes?” (Family Mentor)

“Or even be part of the planning... .. of the next, if they’re updating it, get the mentors to be part of it.” (Family Mentor)

“I suppose what would be good is, if the facilitators, so our Family Mentors, were trained in being able to review recipes themselves. So, when we talked about that timescale, actually, if there was something there where them being trained would actually expedite that process. So whatever recipe comes to us, we know that our Family Mentors are trained, and that they can do that changing of the recipe. That would be really good.” (Member of the Family Mentor Senior Leadership Team).

6.2.2 Challenges

A few challenges faced by Family Mentors regarding Cook and Play included: the allocated time frame of one and a half to two hours, issues with the parental forms and the misconception around the title ‘Cook and Play’. Further details are provided below.

6.2.2.1 *Time constraints*

A running theme across the wards was the time window (1 ½ to 2 hours) for Cook and Play. Many Family Mentors described the difficulties of completing all the activities in the

allocated time. Family Mentors said they often arrive early to the Cook and Play session, to: set up information boards for parents; display parental forms or registers, prepare the kitchen area; and set up the play and dining equipment (toys, tables chairs etc.). At the end of the Cook and Play session, the Family Mentors and volunteers clean and tidy all the areas, this can be more time consuming, depending on how many volunteers are able to stay and help and how many families attend. It was also mentioned that the weather can sometimes impact on the time needed: when it is raining or cold, families may need more time upon arrival, as they may be removing outer garments from their children or themselves.

“When we first started the group, it was specifically SSBC said, run it for an hour and a half...Running that group [Cook and Play], logistically you cannot run it in an hour and a half, so we upped it to two hours... So, some weeks, it depends on staffing numbers as well, on how many families turn up. Sometimes we finish that group at 12 o'clock; I've still been cleaning up gone 1 o'clock. Because they haven't had enough people to help clear up...it's just the odd occasion, you're going to be stuck cleaning up for a lot longer than you thought.” (Family Mentor).

“We get an hour and a half... And its rush, rush, rush...And it would be nice if we could go on till at least one, two full hours. Or 2½ hours, then you see... especially in the winter when the parents come, they're taking off their coats and you know, it's cold out there!” (Family Mentor).

“We have to take everything out, set all that up again. And then again obviously, at the end of the day, we need to put all that back, put the tables back how the community centre want them, leave everything as it was an you know, so it is a lot. So that's why mainly, we'll probably start two hours before, an hour before I think...” (Family Mentor).

6.2.2.2 Paperwork and Administration

Paperwork was voiced as a frustration by one group of family Mentors. They stated that they value the feedback from parents; however, the initial forms are very lengthy (15-20 minutes) and require an extra Family mentor to support parents to complete the forms. The Family Mentors said that when parents attend six or more sessions the feedback forms can also become monotonous for the parents and that they question whether the feedback is genuine.

“It’s 20 minutes to complete the [registration] forms. So, that’s a member of staff just checking that you’re okay [completing the forms], because you know, it can be daunting. We don’t mind, we do it.” (Family Mentor).

“If they have been to say, six sessions, and they filled that out [feedback form] every week, you can see that because we give them every week, they’re just bored with them now, so they just put whatever.” (Family Mentor).

Family Mentors suggested the introduction of tablets to save on time and paperwork, explaining that this would also make the forms more parent-friendly.

“Well, we did ask for tablets, didn’t we, for things like that. Because obviously it would be quicker.” (Family Mentor).

6.2.2.3 Cook and Play Title

A number of Family Mentors voiced some confusion surrounding the title ‘Cook and Play’. They explained that parents occasionally assume their children will also be cooking during the Cook and Play session, rather than playing whilst their parent(s) cooks.

“Participant 1: The thing is the title as well, Cook and Play... Now how many people come and think their children are going to be involved in the cooking?
Participant 2: It’s [the title] a bit misleading, they [families] get quite... yeah.
Participant 3: Because then it’s they come for the one session, oh, well where’s the children, you know, and whatever, where’s the children’s cooking, I thought children, can children come in the kitchen and help? And we don’t see some of the people again because it’s not what they want to do... the title [Cook and Play] doesn’t imply that.” (Family Mentors).

“The name of the session ‘Cook and Play’, I think it almost does sound like perhaps a cooking session with their child. You know like I think sometimes people come along to it and think that as well, that..... the children are going to be cooking... the children are going to be cooking...and playing.” (Family Mentor).

One member of the Family Mentor Senior Leadership Team suggested that parents’ misconceptions about Cook and Play could stem from other groups (with similar

titles) that have been implemented in some Children's Centres: In these groups the children do cook with their parents.

“Because when you say Cook and Play, you think it's going to be parents cooking with their children, and sort of bringing that play element into the cooking. But the way that it was designed is, no it's not that way. The parents are going to cook; the kids are just going to play. And when we looked at the Children's Centres, they've had Cook and Play, a similar Cook and Play; I don't know what they call it. But they was having children cooking with their parents.” (Member of the Family Mentor Senior Leadership Team).

Family Mentors told us that within the current time frame (around 1 ½ to 2 hours) it would be difficult to involve the children in the cooking during Cook and Play groups. The current recipes are designed by SSBC to be taught to the parents and then eaten as a family together, with the intention the families will continue to cook the recipes at home. Involving the children would require a longer time frame, as the children would also require an age-related cooking activity. Family Mentors stated that Cook and Play would need to be redesigned to incorporate children and parents in the cooking process.

“Participant 1: But a lot of people who come want the children to mix the bowl, they want their children to sit at a table and, I think that would be a whole day's job. Participant 2: Be difficult in a few hours. Participant 3: It [Cook and Play session] would be a whole different ball game. You can't, it's impossible. Well you've got, get the kids to do some chopping, and do the mixing, and get the dinner in the oven, you need a day, not two hours.” (Family Mentors).

However, although it may pose difficulties, one ward is currently in discussions with SSBC, following parent feedback, to pilot a future Cook and Play session that will involve the children being more 'hands on' in the kitchen.

“When we'd [Family Mentors] been given permission [by SSBC] to redesign, and this is what we were doing in it was, from feedback. And so, we were going to make one session that was a little bit more hands on, and actually

included some sort of cooking with your child.” (Member of the Family Mentor Senior Leadership Team).

6.2.2.4 Parental Attendance

Although the Family Mentors have regular attendees to the Cook and Play session, all wards experienced fluctuations in attendance rates. They described attending numbers as sometimes as low as two or three families and sometimes as high as fifteen. Family Mentors noted that school holidays were a popular time, with most wards noticing an increase in numbers. Decreases in numbers of attendees were much harder to understand because of their unpredictability.

“I would say on average, gosh I mean I haven’t got the figures at hand really. Probably on average, five, six parents [attend a Cook and Play group]. That could vary though, you know you could get some sessions where one person just turned up.” (Member of the Family Mentor Senior Leadership Team).

“It depends, sometimes we have six families, sometimes it could be 12, sometimes could be two, it depends. Honestly, I have no idea why it changes that much... sometimes we don’t know what to expect, sometimes if we expect three or four families, it turns up six, seven, eight families, it all depends. Unpredictable anyway.” (Family Mentor).

“Yeah, we are quite busy some weeks. Some weeks it can be... one week I had 25 [families attend a Cook and Play group], ... that might have been including staff actually, for Easter... No, and yet the following week, we had none... Which was heart-breaking.” (Family Mentor).

Additional reasons for the varying attendance numbers were identified, such as, parent or child illness, and parents returning to work after being on maternity leave or when children begin to go to school or nursery.

“I would say we probably get about six to eight families [attend Cook and Play] on a Monday. And sometimes as low as three, depending on illness and those kinds of things. And then the Thursday group, we were getting absolutely loads, and then people started slowly going back to work. That was the biggest drain on our Thursday group.” (Family Mentor).

Family Mentors have found the same group of families attend the Cook and Play sessions throughout the year. They reported that the intended six-week rotation of families has been difficult to implement. Family Mentors expressed how welcome all families are to the group and that they would not be comfortable turning families away, no matter how many sessions they have attended. This has resulted in some positive and negative outcomes, such as parents forming cliques, causing others to feel less confident to join, but also that by having regular attending families they also build strong relationships with each other and the mentors.

“For me, the issues were, it was the same families going all the time. And the danger with that, is that with regular families, they do form a bit of a clique. And that... I mean it’s the same in most groups. But with the Cook and Play, with it being such a small group, such few families, if you were a new person coming in, it could have been a bit off putting I think.” (Member of the Family Mentor Senior Leadership Team).

“I think yeah, I think so, I think it was yeah... I mean group cookery, the kitchen is... if you’re not confident, and they’re the people you want to get in actually, because it’s the non-confident ones that are probably living on convenience food, and they’re the people you’re trying to attract in.” (Member of the Family Mentor Senior Leadership Team).

In contrast, Family Mentors stated that having regular attendees can have positive aspects. Staff interviewed explained how this can aid communication and build relationships with the families.

“The lovely thing about that session [Cook and Play] is because you know, we’re there every week, that these things do pop up. And we become, like I say, because the families tend to attend quite regular, we become you know, it makes it easier to have those conversations. Because you’re [Family Mentors are] familiar with those families, and you, you know that they sort of understand and appreciate what you’re saying to them.” (Family Mentor).

“I think that parents... the delivery of it is good, it’s like a little community, and that’s especially for our [Place]. [Name of Family Mentor removed] who delivers it; she really had made a little community within that group. And you

get people coming back time after time after time.” (Member of the Family Mentor Senior Leadership Team).

Family Mentors also noted that, for some families, making a commitment to attend the Cook and Play sessions for six consecutive weeks is a challenge. Offering a more flexible approach to attendance, instead of the intended six-week block of sessions, suits the needs of some families.

“People [attending families] in, in this particular area don’t want pinning down and committing to the, the five weeks. They like it that they can come [to Cook and Play] one week and miss... you know what I mean, the next five weeks, this is what I’m committed to doing. Because they’ve got far, far too much going on in the background to think oh, I’m going to commit to this on a Monday afternoon. ... and we’ve tried it [for parents to attend six consecutive sessions] twice now, and twice it’s, it, those numbers have fallen off a cliff. Yeah, they’ve got young children as well, so you never know, illnesses...yeah. And they let us know. We’ve never had anyone who actually came for the full five weeks.” (Family Mentor).

Some Family Mentors suggested offering an incentive to parents who attend all six sessions. They stated that they have been in discussions with Members of the Family Mentor Senior Leadership Team and will hopefully be able to implement an incentive in future sessions.

“Well this is what we’re working on now. We [Family Mentors and Members of the Family Mentor Senior Leadership Team] met this morning and this is what we’re working on, an incentive. We’re going to have a bit of a reward, you know, like you go to Costa and get a few stamps. And then at the end, it’s just in discussion, as to a small incentive sort of... to keep coming for their five, six weeks [to Cook and Play].” (Family Mentor).

Family Mentors described constantly reviewing attendance rates at Cook and Play and looking for ways of improving numbers. Staff interviewed have asked for parental feedback, inviting parents to suggest which days of the week and time are more suitable. In addition, Family Mentors also send texts to reach families who have not attended a group for a while, offering information about the next session. Other Family Mentors have used social media. However, there were drawbacks to this. As the Family Mentors stated previously, they

prioritise families within ward and their target audience. The Family Mentors voiced concerns regarding the audience, when promoting groups [Cook and Play] on social media, explaining that other families, who may not be within ward, may also see the post and attend the group, when priority should be given to those funded within ward.

“Family Mentors are constantly talking to their families on their case load [for Small Steps at Home] about our group sessions. You can put lots out there on Social Media, but you’ve got to be very careful that we don’t end up with lots of people that don’t live in the ward.” Member of the Family Mentor Senior Leadership Team).

In some wards, Family Mentors reported using more traditional methods to promote groups, such as handing out fliers in schools and local supermarkets.

“What we used to do, what we’ve done in the past is, obviously we’re in the community, and we do local handouts, handing out fliers outside schools, outside local supermarkets which you know we’ve done. Probably just get back to what we used to do when we first started, getting people aware of who we are in the community. You know, we’ve got timetables of not just, we don’t just publicise Cook and Play, we publicise all the sessions that we deliver.” (Family Mentor).

“We need to get more families in [attending Cook and Play] ... Well okay, we do, when we get to the, especially my families, I send them message when the group is on... And deliver leaflets to the schools and yeah, things like that, we do promote quite a lot.” (Family Mentor).

Staff interviewed also proposed targeting antenatal classes and working with Health Visitors to promote the Cook and Play groups.

“I suppose they [Family Mentors] could go out to midwives and health visitors as well, that obviously when they do a pre-birth visit, or when they come to the midwife’s clinic. Obviously because they’re talking about weight gain, healthy eating, all through the pregnancy, that could be something that obviously whoever deals with it actually takes over to the antenatal clinics or

whatever to say, this group, you can come and learn about healthy eating whilst...you're pregnant.” (Family Mentor).

6.2.2.5 Booking system

Family Mentors reported some issues surrounding the current booking system. They highlighted that attendance numbers rarely or never reached venue capacity limit, leaving the booking system redundant. The attendance rates also meant there was not a waiting list for the Cook and Play sessions, and as a result parents were free to attend the session without booking a place. Another consequence of the booking system was that families may also forget to book on the system or may decide on the day if they are coming.

“It was very hit and miss. So, they [families] didn't have to register for ours at all because we [Family Mentors] decided that there was no point in having people to register, they could just turn up. So, then we could see how many people were coming.” (Member of the Family Mentor Senior Leadership Team).

“They [parents] were supposed to book on as well. But in the end we had you know, people just turned up really if they wanted to. There was never a reason to book on because there was never a waiting list.” (Member of the Family Mentor Senior Leadership Team).

“People don't book on a course because they forget, or they decide on the day that they want to go to a group.” (Family Mentor).

Family Mentors are constantly trying to implement the booking system, but current attempts have been unsuccessful. They explained that families do not use it, or they simply forget to book prior to attending.

“We did implement the booking system again recently. And it was complete flop. So, we've had to scrap that again, and now it's just open, open door policy.” (Family Mentor).

6.2.2.6 Out of Ward Attendees

Family Mentors expressed frustrations about being unable to include 'out of ward' attendees on the recording system. Although, the 'out of ward' attendees are recorded, those numbers

are logged separately to the 'in ward' attendees. They stated that they welcome all families and would not turn anyone away, 'in ward' or 'out of ward'. They value all families and believe if a family has endeavoured to come to a session of Cook and Play, then they are deserving of a place.

“And we [Family Mentors], that’s a struggle for us because, you know, you might have somebody who is really, really desperate and is in [place name removed] but lives just outside of the postcode area. And so, we sort of have to talk to [member of the Family Mentor Senior Leadership Team’s name removed] about that and say what do we do. This family is, if they’re benefitting from coming to the group ...We can’t really put, well, we can record them if their child’s, if the child’s on System One for example, for some reason. If they move, they might move out of area. And then they might continue to come to groups because they’ve got friends there. We tend to put them on System One as a textual appointment. We record everybody that’s come. Those people who, I mean we have little like, you know, Mexican wave sort of joyous cheering sessions when everybody in the group is from in, in the ward. But most groups you’re going to get somebody coming in that’s seen the advert somewhere, on Facebook or somewhere else, and they don’t realise that they’re not eligible for the group ...and come anyway.” (Family Mentor).

“Yeah, I think they [SSBC] should definitely include them. Because the fact that they don’t live in ward, yet they come in...They come all the way to, you know...all this way, surely that’s a, a credit in itself, that they’re actually coming in, that they want to be here.” (Family Mentor).

6.2.3 Parental Outcomes

Family Mentors identified a number of positive outcomes for parents, stemming from the Cook and Play Sessions. These included improved skills, e.g. cooking healthy meals at home, improved culinary skills (chopping and slicing, etc.) and budgeting knowledge.

6.2.3.1 *Cooking Healthy Meals at Home*

Some Family Mentors told us how parents are using what they have learned in the Cook and Play sessions and continue to cook the recipes at home, sharing their new skills with other

members of their family. Staff interviewed commented on how they had seen changes in attitudes towards cooking. For instance, after attending Cook and Play, parents (who would normally order a take-away meal for ease) begin to recognise the simplicity, healthiness, and affordability of cooking at home. Family Mentors mentioned that parents also enjoy taking the recipe home, where it becomes part of their routine diet.

“You know, that will come. Initially it doesn’t need a lot of confidence, it just needs a few good recipes that you can follow, and that you enjoy eating. We’ve got a few parents that, one particular, she, every week, she takes the recipe home, because we give out the printed copies... And she takes the recipe home, and she does it with her daughter who I think is about five or six. She doesn’t come to group. So, she’ll go home, she’ll cook it for her husband and her daughter, and the daughter helps with the cooking as well, she’s a star, she is. She’s just taking it and run with it, yeah. And then it becomes part of their life. And yeah, then it becomes part of their, their whole routine and that.” (Family Mentor).

“Yes, we have families now, going home, with pea soup, never made soup before, posting it on Facebook.” (Family Mentor).

“We had a young mum a few weeks back, and we were cooking, and I said, do you cook at home? She said, no. I said, why? Because my mum does it. I said, have you tried to... she said, I don’t know, I think it’s hard. And when she sees how we do it, simple way, and she says, oh I didn’t know you see I was getting take always and things like that. And it builds their confidence.” (Family Mentor).

“Yeah, I just thoroughly, I do thoroughly enjoy delivering it. I love it when the parents haven’t had something before, and they try it and they love it. And they text us, or come back next week and say, oh we tried that dish, and we like it, at home.” (Family Mentor).

6.2.3.2 Budgeting

Budgeting was considered an improved parental skill gained by parents during the Cook and Play sessions. Family Mentors ensure that all the ingredients are sourced as cheaply as

possible, from local supermarkets. This knowledge is then shared with the parents during the Cook and Play sessions. Family Mentors expressed the surprise of some families when they explain the cost of the recipes.

“Budgeting for the week and planning your menus you know. Some parents didn’t know that you know, it’s easy for them to do that, and to see where their money’s going.” (Family Mentor).

“Yeah, it has made people [families] more aware of budgeting and you know, what you can cook. You don’t have to buy all these fancy things, actually you can make your own and you can cook it from start to finish. I’ve even been doing that in lockdown, I printed off quite a few of the recipes.” (Member of the Family Mentor Senior Leadership Team).

6.2.3.3 Improved Culinary Skills

Across the wards staff reported an improvement in parents’ culinary skills (chopping, cutting, slicing and preparation) as a positive parental outcome of Cook and Play. Staff interviewed said that parental knowledge of different foods and textures improved, and that, by following demonstrations of chopping, slicing etc. by the Family Mentors, parents were given the tools to use the skills at home, as well as in the Cook and Play sessions.

“If it’s an aubergine or something they’ve never tried, then they can feel comfortable to try it, how you peel it, cook it, prepare it. Because you don’t know a certain new food, because you’ve never tried them. How would you know how to prepare them, and chop them, and season them or whatnot? So, it is quite nice, and we all gather around the table.” (Family Mentor).

“Yeah, I mean one of my mum’s, one mum that came; she’d never chopped an onion in her life... And she was chopping onions like a pro by the end of it. That’s going back a while. She always bought the ready chopped onions ... No, because she didn’t like chopping onions. And most of the stuff she bought was pre chopped. So, for her to come out and just actually have the confidence to chop some veg, was good for her.” (Family Mentor).

6.2.3.4 Enhanced Wellbeing in Parents

Family Mentors pointed to the importance of Cook and Play in its wellbeing support for families, in particular lone-parent families, by reducing social isolation. Staff interviewed explained how they build good relationships with the families, particularly with those attending over six sessions, sometimes extending to a period of a year or more. The Family Mentors suggested that for some parents the Cook and Play session offers much more than nutritional advice - stating that it offers a place to meet and socialise, and the Cook and Play session may be the only time in the week they have that opportunity. Some of the parents who attend Cook and Play do not always have the support of other family members and may live alone; Cook and Play offers a welcoming social atmosphere for parents to gain advice, support and friendships from other adults and Family Mentors. In addition, the parents get time to spend with other adults, while their children participate in a play activity with a Family Mentor, offering 'time for them' and a small 'respite' from parenting.

“It’s not necessarily me [Family Mentor] giving advice or you know that person to talk to, because they you know, are spending you know, an hour or so, and adults being able to talk to each other. So, between themselves, they support each other as well.” (Family Mentor).

“But also, not just around the diet and nutrition, it’s about the social isolation as well. Because in [Place name removed], one particular parent that came, she doesn’t have family here, she's on her own, she's not with her partner anymore. And she has like built a little family within the Cook and Play session... So much so that she turned up on her daughters first birthday with a birthday cake, balloons and banners, and sweets, and she just wanted to share that experience with all her friends.” (Member of the Family Mentor Senior Leadership Team).

“That parents actually get to go in and... you know, concentrate onto doing something for themselves, and learning new skills without having to you know, be occupied with a child at the same time.” (Family Mentor).

6.2.3.5 Making New Friends

It was evident from staff interviews that an important aspect of Cook and Play was the social element, particularly making new friends and spending time with other adults. Family Mentors told us how parents often share advice and worries during the Cook and Play sessions. They described Cook and Play as a safe space for parents to meet and connect with other families who live locally and may have children who are similar in age.

“I think they [parent(s)] come back for the company, the enjoyment of being with other people.” (Family Mentor).

“And they do actually make nice friendships, you know other parents. Because they get to talk between themselves without you know the children there. So actually, it’s you know, that works well as well. You find that quite a lot of strong friendships between parents have been made through Cook and Play.” (Family Mentor).

“And they make friends as well, I think they make friends. They’ll stay afterwards, and they’ll feed their baby and all sorts of things, and we’ll have a little natter. And then when she came to the Cook and Play group she goes, oh I really like this, because she met other people that she didn’t know. And she says, oh there’s a bit more socialising here, and I like... she says it’s a lot different from all the other groups.” (Family Mentor).

“And then you know again, the social side of it is, if you’ve got women that are in the community, they haven’t got no family, or they’re a single mum, so they’re on their own and they’re lonely, it’s just them meeting and connecting with other people. And then they’ll probably... like one mum was like... I know two mums have made good friends.” (Family Mentor).

6.2.4 Unintended Parental Outcomes

Amidst the many intended Cook and Play outcomes, there were a few reported unintended ones. These included supporting the reduction of language barriers and volunteering and employment opportunities.

6.2.4.1 Reducing Language Barriers

Some families attending Cook and Play have English as an Additional Language (EAL). Family Mentors have developed methods of reducing any language barriers for families attending Cook and Play. For instance, Family Mentors and parents exchange everyday words (i.e., hello) in their first language and Family Mentors offer pictorial images of kitchen utensils and foods to aid understanding where there are some barriers to language. In some Cook and Play groups, songs are used to improve English language skills and simply conversing during the activity as helped everyone (Family Mentors and families) share and learn new words in many different languages

“They’re learning new words of things that we use and things that we cook with. ... I think also, some of the ladies, you know because they don’t speak English very well as well...or not 100%, you know sometimes not understanding. So, I think the pictures and that kind of thing can help as well.” (Family Mentor).

“But it is also your social interaction and your language. So, it incorporates it all. And I think, dependent on who’s there at what time, in terms of families attending, you’ll get a weighted you know... the nutrition outcome one week might be absolutely brilliant, and another week, not so. But the social interaction and the language is improved. And especially for us, ESOL, so English as a Second or Other Language is a huge thing for us in the South.” (Member of the Family Mentor Senior Leadership Team).

6.2.4.2 New Opportunities

As a result of attending Cook and Play, some parents have become volunteers for the Cook and Play session. Moreover, improved confidence and language skills has also led to job opportunities within the community. A Family Mentor explained how attending the Cook and Play sessions had given one parent the confidence to apply to be a school midday supervisor. Another Family Mentor described their personal journey of becoming a volunteer for Cook and Play and then a Family Mentor.

“And do you know what, we’ve even had some parents that have come, and they’ve [parents] become volunteers... And you know, like me myself, I’ll tell you my story, I used to volunteer with training works with Cook and Play,

with that group mainly... for, almost two years. And then you know, the job came up... I got a job then; I got a job as a Family Mentor...And I got placed in the group [Cook and Play] that I used to enjoy doing. I love being part of it, I love cooking, so what more could you get? And then you're sharing that with other people." (Family Mentor).

"A few of the mums have gone on to do midday supervisor roles within the school. So, you know like the dinner lady thing. So that's like again, improving their English, their confidence is lifted." (Family Mentor).

6.2.5 Outcomes for Children

Family Mentors reported positive outcomes for children as a result of attending the Cook and Play sessions. The most reported outcome for Cook and Play was children trying new foods: Family Mentors observed initially reluctant children tasting and enjoying lots of different foods. Improved social skills and confidence was also noticed by Family Mentors. Over time, they observed children grow in confidence and engage more in the play activities.

6.2.5.1 *Trying New Foods*

Family Mentors stated that they all observed children trying new foods during the Cook and Play session. They said that parents often reported the reluctance of their children to try new foods, particularly vegetables, at home. However, in the presence of other children and the group environment of the Cook and Play session, the children would willingly sit and engage in the eating and trying of new foods, which varied in texture and taste.

"Oh yeah, because there's one woman, she's told me that her child does not eat vegetables, no shape, no form. Now the child's eating vegetables. You know, or my child doesn't eat anything. Well they do when they come to Cook and Play." (Family Mentor).

"If we [Family Mentors and families] all get together, you can guarantee a couple of the kids...they're fussy eaters... And you'll see them try and eat new foods, and sometimes they'll like it, sometimes they won't." (Family Mentor).

"And so, some [parents] of them are doing... using foods, tasting things they haven't tasted before, it's not part of their culture...So we're raising their

awareness to try different things, as well as their children trying it, for them as well.” (Family Mentor).

6.2.5.2 Improved Social Skills in Children

Cook and Play incorporates a play activity provided and planned by the Family Mentors. The play activity varies from week to week. They include play dough, pasta shakers, colouring, singing, and dancing and will often link to the recipe being cooked in the kitchen. As mentioned earlier, the social interaction plays a major part during Cook and Play, not only for the parents, but equally for the young children involved. Family Mentors have witnessed the benefits of these activities, explaining how children can often be reluctant to join in at the beginning, but over time become more confident to join in the activity.

“We had one child ... she came, she was so quiet, she wouldn’t get involved with [Cook and Play activities] anything, just watching from a distance. Now she just runs in!” (Family Mentor).

“I think probably one of the positive ones was you know, obviously the social interaction. You know, via parents obviously interacting with other parents, and the children as well you know. I think they was obviously interacting with the children, getting involved with whatever they could get involved with. So yeah you know, I mean that’s to me, probably an additional outcome, that it was probably more of a social as well.” (Member of the Family Mentor Senior Leadership Team).

6.2.5.3 Positive Peer Influences for Children

Staff interviewed stated that observing other children eating different foods has impacted positively on the children within the group. Family Mentors have witnessed children, initially unwilling to try new cuisines, but then doing so once they see other children trying them. The social aspect of dining together was reported as a positive influence on the children involved in Cook and Play. Family Mentors said that enjoying a meal together, social etiquette and table manners are some of the influences and aspects of the Cook and Play sessions.

“Because children get that social interaction then with other children, and it’s more likely to get them to eat something different, seeing other people eat.” (Family Mentor).

“So, they can all sit round the table, so we all sit together and eat. And we sit round this table, enjoying that meal, enjoying that food, talking about what’s in there... And it’s just a nice little social thing. And also teaching children to sit at the table.” (Family Mentor).

6.3 Summary

6.3.1 Implementation of Cook and Play

Implementation of Cook and Play was well received and was delivered consistently across all wards. Training was informative and well structured, although gaining access to additional training was difficult due to a limited number of SSBC Cook and Play facilitators. In response, SSBC are training Family Mentors as facilitators, enabling them to conduct ‘in house’ training where needed.

The venue for Cook and Play is very important. The location, layout and equipment affect the delivery, running and attendance rates of Cook and Play. From the findings the venue features proving the most successful are central to the local community, pushchair friendly, and have an open-plan kitchen and fully functioning cooking equipment.

The recipes have been reviewed and adapted over time by Family Mentors and SSBC. The findings suggest that recipes still require some updating and additions, for example more vegan and vegetarian options. The Family Mentors also mentioned that they would prefer more ownership and control over the adaptation of the recipes.

6.3.2 Challenges

A recurring theme across wards was the time involved in the implementation of Cook and Play. Most Family Mentors stated it took much longer than the allocated two hours. Reasons given ranged across setting up the equipment; transporting equipment; cleaning the venue; and administration forms for parents.

Another theme that developed was the title ‘Cook and Play’. Family Mentors described how this could often be ambiguous, so that some parents would attend with the understanding their children would be cooking. A suggestion was made that the confusion may stem from a similar named group, which did involve children cooking, being run in other Children’s Centres.

6.3.3 Attendance

Attendance at Cook and Play indicated that the same families regularly attend. The intention of Cook and Play was to run a six-week program and subsequently to offer Cook and Play to a new group of families. Advantages and disadvantages of having regular attendees were identified. These included: building strong relationships; and cliques discouraging new families.

Frustrations arose regarding the booking system. Family Mentors offered reasons such as, parents were not currently using the system or parents simply forgetting to book onto Cook and Play.

6.3.4 Outcomes for Parents and Children

Attending Cook and Play has resulted in some positive outcomes for parents and children. Parents improved their cooking skills and as a result, cooked healthier meals at home. They also learned how to cook on a budget and improved their culinary skills. Enhancing parents' wellbeing was described as a parental outcome by a number of Family Mentors. The social aspect of Cook and Play helped build friendship and reduce social isolation. Some parents improved their English language skills and for others it led to volunteering and employment opportunities.

For the children, a reoccurring theme that emerged was trying new foods. The social aspect of Cook and Play was also important for the children, particularly when it came to positive peer influences encouraging other children to sit at the table and try new foods.

6.3.5 Conclusion

Overall, the findings reveal many positive aspects of Cook and Play. All staff involved reported the pleasure and enjoyment they gained from planning and delivering Cook and Play. Whilst it was noted that the recipes still require some improvements, Family Mentors are working hard with SSBC to deliver any changes needed. Attendance fluctuations can be a challenge. However, it was clear that the Family Mentors, members of the Family Mentor Senior Leadership Teams and SSBC are collaborating to address attendance rates across all wards.

6.3.6 Recommendations

- Consider training additional family Mentors as Cook and Play facilitators to enable them to train further mentors when required;
- Explore more successful venues with regard to layout, equipment and location and pursue similar venues in other wards;
- Review the current bank of recipes in relation to diversity and variety and consider offering more ownership of adaptation to the Family Mentors;
- Establish whether the Cook and Play programme could be adapted to invite children to cook alongside their parents;
- Reflect whether the Cook and Play title is misleading or conflicting with similar named groups offered in Children’s Centres; and
- Explore modification of the current booking system to track ‘out of ward’ attendees in a similar way to ‘in ward’ attendees.

7 Evaluation of Group Triple P Programme

The Positive Parenting Programme (Triple P) was developed by Professor Matt Sanders and colleagues at the University of Queensland/Australia in 1999 (Sanders, 1999) and now is applied across the world. The Triple P “aims to prevent severe behavioural, emotional and, and developmental problems in children by enhancing the knowledge, skills, and confidence of parents” (Sanders, 1999: 72). It incorporates five levels of intervention (i.e. Universal Triple P (Level 1), Selective Triple P (Level 2), Primary Care Triple P (Level 3), Group Triple P (Level 4) and Enhanced Triple P (Level 5)) on tiered continuum of increasing strength for parents of children from birth to age 12 (Sanders, 1999).

The Group Triple P is part of the Triple P (Level 4). It is an intensive eight-week/session programme for parents whose children have more severe behavioural difficulties than those participating in the lower levels of the Triple P (i.e. Universal Triple P, Selective Triple P and Primary Care Triple P) (Sanders, 1999). Ideally, it is conducted in groups with no more than 12 parents. It consists of four group sessions where parents learn new knowledge and skills in parenting with the help of trained facilitators including discussion, practice, and feedback. Parents also complete homework tasks to reinforce what they learn in the group sessions. The group sessions are supported with three 15-30 minute follow up telephone consultations (one-to-one) to provide additional support to parents whilst they practice their new skills that they

learn in the group sessions at home. The programme finishes with a final group session in week eight.

The following outcomes can be expected when parents finish the Group Triple P programme:

- Increase in parental confidence and efficacy;
- Increase in the use of positive parenting practices;
- Decrease in parents' use of coercive, harmful, or ineffective parenting practices;
- Decrease in emotional distress experienced by parents including stress, depression, anger;
- Decrease in parental conflict over raising children, and
- Reduction in the prevalence of early onset behavioural and emotional problems in children

To assess whether the Group Triple P programme has achieved its aforementioned expected outcomes, a number of measures are used, such as:

- Strengths and Difficulties Questionnaire (SDQ, parent's view of their child)
- Parenting Scale (PS, measures parenting style, based on three criteria: 'Laxness', 'Over-reactivity', 'Parental Monitoring')
- Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS, of parents).

The process to evaluate the programme is as follows. Parents receive a home visit before the eight-week course starts and are supported to complete the above three questionnaires. With these questionnaires, the facilitators understand the family's situation and relationships before the course starts. Parents complete the same questionnaires again in the final week of the course, so the effectiveness of the programme can be examined.

The first purpose of the present evaluation was to assess the extent to which the current Group Triple P programme achieved its aims (i.e. preventing severe behavioural, emotional, and developmental problems in children by enhancing parenting skills, and mental health of parents). To this end, this evaluation used three questionnaires (i.e. SDQ, PS and WEMWBS) that were completed by parents before and after the programme's delivery. We therefore compared parent-reported child outcomes (i.e. emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behaviour, using SDQ) before and after participating in the programme. In addition, we compared self-reported parent outcomes

(i.e. parenting skills, using PS, and parental mental wellbeing, using WEMWBS) before and after participating in the programme. The second purpose of the evaluation was to understand the experiences of staff who were involved in the programme's delivery, through telephone interviews.

The findings of the present evaluation could not be attributed to specific SSBC work because the data was derived from parents of children aged 2-10 years living in *Nottingham* (n= 77). In other words, there were children who were not in the age range of SSBC and it was not possible to accurately identify whether these families lived in the SSBC wards due to data limitations. However, the evaluation team were informed that SSBC funded training in Group Triple P delivery for 44 Children's Centre staff in Nottingham, which took place in September/October 2017, October 2019, and January 2020. As the staff work across multiple Children's Centres, this was deemed to be the best approach by SSBC to ensure delivery. Furthermore, due to the current COVID-19 lockdown, planned interviews with staff and parents had to be cancelled.

The next section reviews previous evaluations of the Group Triple P followed by the methodology of the evaluation and findings. Thereafter, limitations of the evaluation are noted. Discussions of the findings end the evaluation.

7.1 Previous evaluations

There are over 500 publications (Marryat et al., 2017) including a number of meta-analyses (e.g. Thomas et al., 2007; de Graaf et al., 2008; Nowak and Heinrich, 2008; Sanders et al., 2014) that report positive effects of the Triple P and the Group Triple P on child behaviour, parenting skills and parental stress. However, the most recent *independent* meta-analysis (Wilson et al., 2012) concluded that despite evidence showing significant positive effects of Group Triple P interventions on maternal reports of child behaviour, there are concerns about these effects due to investigator bias, inadequate reporting and conflicts of interest. However, a few years later, Sanders et al. (2014) claimed that previous meta-analyses focused on one outcome while their paper was the first one that comprehensively examined the impact of the programme on all outcome variables (e.g. children's social, emotional and behavioural outcomes, parenting practices, parenting satisfaction and efficacy, parental adjustment, parental relationship and child observational data) that the Triple P aims to influence. They found positive results for each level of the Triple P, including the Group Triple P.

We also need to look at individual studies/programmes that were applied in the UK to be able to relate findings from this current evaluation. In England, the Parenting Early Intervention Programme (PEIP, 2008-2011) provided government funding to all 152 local authorities (LAs) to deliver a number of parenting programmes, such as Families and Schools Together, Strengthening Families Programme (10-14), Strengthening Families Strengthening Communities, the Incredible Years, and the Triple P. Lindsay and Strand (2013) evaluated these programmes and found large effects on both parent and child outcomes for the Group Triple P (Lindsay and Strand, 2013). It should be noted though that all these programmes were for parents of children aged 8-13 years. In contrast, a study in Birmingham (Little et al., 2012) that involved parents of 146 children aged 4-9 years with potential social-emotional or behavioural disorders found no effects for the Group Triple as the improvement in the results for both the Group Triple P and comparison groups were roughly the same. The same authors reviewed three other independent evaluations of the Group Triple (Gallart and Matthey, 2005; Hahlweg et al., 2010; Malti et al., 2011) and concluded that “when these four studies are reviewed together, the evidence of impact on child development is equivocal” (Little et al., 2012: 268). A few years later, an evaluation of the Group Triple P that was administered to parents of children aged 3-8 years in Ireland showed significant improvements on all outcomes of parents and children (Fives et al., 2014). However, Little et al.’s (2012) study was methodologically more robust than Fives et al.’s (2014) study (i.e. with control groups versus without control groups). Finally, Marryat et al. (2014) conducted an evaluation of the Group Triple P in Glasgow using a pre- and post-design and comparing the results for parents who completed both pre- and post-questionnaires with non-completers). They concluded that all scores improved to some extent without conducting a statistical analysis (i.e. reporting and discussing improvements in mean scores for outcomes only).

To summarise, UK-based studies are limited, and their results are mixed due to largely implementing different methods. Importantly, most of the children involved in these studies were not in the target age for SSBC. With these in mind, the Group Triple P seems to be a promising programme to improve parent and children outcomes. This study is the evaluation of the Group Triple P in Nottingham, which aims to improve child behaviour, parenting skills and parental mental health.

7.2 Methodology

7.2.1 Participants

In total, the sample consisted of 77 parents of children aged 2-10 years who attended the Group Triple P sessions at six different locations in Nottingham: Heathfield (n=2), Southglade (n=21), South 2 (n=28), Central 2 (n=12), Hyson Green Children Centre (n=5), and Broxtowe Children Centre (n=9). Since parents could travel to these locations from various parts of Nottinghamshire and we did not have a reliable data regarding where they live, we were not able to identify whether they lived in an SSBC ward.

There were also four types of the Group Triple P programme which were completed by the parents and named as follows: Group and Teen Triple P (Heathfield (n=2), Southglade (n=12)), SSBC Group Triple P (Southglade (n=9)), Positive Parenting (South 2 (n=28), Central 2 (n=12)), and Nottingham Parenting Team (Hyson Green Children Centre (n=5), Broxtowe Children Centre (n=9)).

The data regarding socio-demographic characteristics of families was limited. Although the sample size was 77, there were 37 parents who reported their child's date of birth (missing=40). It should be noted that some parents reported date of birth for their older child, but they also had a younger child aged less than 5 years. With this in mind, 36 parents had a child aged less than 5 years. Ethnicity was known for 40 parents/children. Twenty-six were White British; two were African, ten were Asian (Asian British Indian or Asian British Pakistani), and two were from any other backgrounds. The data on disability status of children was not reliable. Finally, of those parents who attended the Group Triple P sessions, 52 were mothers, while 11 were fathers (missing=14). However, there might have been more than one parent present in the sessions as this was not clear according to the data collected by the staff who delivered the sessions.

7.2.2 Measurements and outcomes

This section and the following sections detail the questionnaires/measurements used for the present evaluation. To assess whether the Group Triple P programme achieved its expected outcomes noted in Section 1.1, we used the following questionnaires:

- Strengths and Difficulties Questionnaire (SDQ, parent's view of their child)

- Parenting Scale (PS, measures parenting style, based on three criteria: ‘Laxness’, ‘Over-reactivity’, ‘Parental Monitoring’)
- Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS, of parents).

Before explaining these questionnaires in detail in the following sections, it should be noted that the staff who delivered the Group Triple P programme used different versions of the questionnaires to record parent reported answers. That is, those parents who attended the sessions at Heathfield (n=2) and Southglade (n=12) completed 25-item SDQ, 13-item version of the original PS, and 14-item WEMWBS (Group and Teen Triple P group) before and after the programme’s delivery. Nine of those who attended the sessions at Southglade completed 25-item SDQ, the original 30-item PS and 42-item DASS (Depression Anxiety Stress Scale) (SSBC Group Triple P group). Those who were in the Positive Parenting group (South 2 (n=28), Central 2 (n=12)) and Nottingham Parenting Team (Hyson Green Children Centre (n=5), Broxtowe Children Centre (n=9)) completed 25-item SDQ, 13-item version of the original PS, and 14-item WEMWBS.

In addition, not all parents completed all post-questionnaires. That is, there were 75 parents who reported their children’s both pre- and post SDQ emotion, SDQ conduct and SDQ hyperactivity scores; 74 parents who reported their children’s both pre- and post SDQ peer scores; 76 parents who reported their children’s both pre- and post SSQ prosocial scores; 74 parents who reported their both pre- and post-PS ‘laxness’, and PS ‘over-reactivity’ and PS total scores (see Table 2.1).

Table 2.1: Sample sizes

SDQ Emotion	75
SDQ Conduct	75
SDQ Hyperactivity	75
SDQ Peer	74

SDQ Prosocial	76
PS Laxness	74
PS Over reactivity	74
PS Total	74
WEMWBS	65

It should be noted that we extracted 13 items from the original 30-item PS (i.e. we used 13-item versions of the original PS) for those who completed the 30-item PS (n=9) to make sure they could be included in the analysis to increase our sample size. With regard to parental mental health measurement, we did not use DASS questionnaires that were completed by 9 parents (from the SSBC Group Triple P (Southglade) group) and there were three parents who did not complete the WEMWBS questionnaire. That is, there were 65 parents who had both pre- and post WEMWBS scores to measure their mental health status (see Table 2.1). These questionnaires/scales are explained in detail in the following sections.

7.2.3 Strength and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) is behavioural screening questionnaire that asks parents about 25 attributes (some positive and some negative, see Appendix 1.1) of their children aged 4-16 years over ‘the last six months or this school year’ (Goodman, 1997). Parents indicate whether certain attributes were not true (coded as 0), somewhat true (coded as 1), or certainly true (coded as 2) of their child. The SDQ consists of five subscales (i.e. outcomes/dependent variables): emotional symptoms (5 items), conduct problems (5 items), hyperactivity (5 items), peer relationship problems (5 items), and prosocial behaviour (5 items). The items concerned with the same outcome (e.g. 5 items for emotional symptoms) were described here together with an indication of their internal validity (Cronbach’s alpha) estimated from all parents’ answers in the pre- and post-intervention questionnaires, separately (See Appendix 1.1 for Cronbach’s alpha scores).

It should be noted that the staff who delivered the Group Triple P programme in Nottingham had preferred to administer this questionnaire to parents with children aged 2-10 years although the original questionnaire was developed for children aged 4-16 years.

7.2.4 Parenting Scale

The original Parenting Scale (PS) is a 30-item instrument that was developed to assess the discipline practices of parents of preschool children aged 18-48 months (Arnold et al., 1993). There is also the Adolescent version of the PS with 13-items, which was originally administered to parents of middle school students aged 11-14 years by Irvine et al. (1999). The three subscales of the Adolescent version of the PS were 'laxness' (6 items), 'over-reactivity' (6 items), and 'parental monitoring' (1 item). Laxness (LX) refers to permissive and inconsistent parenting; over-reactivity (OR) indicates harsh and punitive discipline; and parental monitoring (PM) asks parents what they do/think when their child is out of sight.

All 13 items were scored on a 7-point Likert scale, with low scores indicating good parenting and high scores indicating dysfunctional parenting. These items were listed in Appendix 1.2 by subscale and it was noted whether the "ideal" anchor was on the left (L) or the right-hand (R) side. If the "ideal" anchor was on the left, the left anchor was scored 1. If the "ideal" anchor was on the right, scoring was reversed, and the right anchor was scored 1 rather than 7. For example, item 20 had a right anchor, so if the caregiver circled 6, it was scored as 2. The total score was the sum of all items divided by 13 (Arnold et al., 1993; Rhoades and O'Leary, 2007; Irvine et al., 1999). The items concerned with the same outcome (e.g. 6 items for laxness) were described here together with an indication of their internal validity (Cronbach's alpha) estimated from all parents' answers in the pre- and post-intervention questionnaires, separately (See Appendix 1.3 for Cronbach's alpha scores).

It should be noted that the staff who delivered the Group Triple P programme in Nottingham had preferred to administer the Adolescent version of the PS to 66 parents with children aged 2-10 years in Nottingham although the Adolescent version of the PS was developed for children aged 11-14 years. They probably chose the 13-item version of the PS because it was easy to use and saved time for them as was suggested by the staff member at SSBC who is in charge of delivering Group Triple P programme.

7.2.5 Warwick-Edinburgh Mental Wellbeing Scale

The Warwick-Edinburgh Mental Wellbeing Scale is a 14-item scale, which covers “the majority of the range of concepts associated with positive mental health, including both hedonic and eudaimonic aspects, positive affect, satisfying interpersonal relationships and positive functioning” (Tennant et al., 2007: 9). Parents completing the scale were required to score the items/questions using a 5-point Likert scale (none of the time, rarely, some of the time, often, all of the time) that went from 1 to 5 (See Appendix 1.4 for Cronbach’s alpha scores).

7.2.6 Statistical analysis

We used paired-samples t-tests to understand whether there were differences in child and parent outcomes before and after the Group Triple P programme. If the assumptions of paired-samples t-test were not met, we used nonparametric equivalents to the paired-samples t-tests (i.e. Wilcoxon signed-ranked test or Sign test) (see Table 2.2).

Table 2.2: The tests used for the analysis

Outcomes	Measures	Analysis
Child-related outcomes	Strength and Difficulties Questionnaire (SDQ): <ul style="list-style-type: none"> • Emotional symptoms • Conduct problems • Hyperactivity • Peer problems • Prosocial behaviour 	Paired-samples t-test Wilcoxon signed-ranked test Sign test
Parent-related outcomes	Parenting Scale (PS): <ul style="list-style-type: none"> • Laxness • Over reactivity • PS total score 	Paired-samples t-test Wilcoxon signed-ranked test Sign test

	WEMWBS	
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7.3 Results

We first examined whether parent-reported child outcomes (i.e. emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behaviour) showed a significant improvement from pre- to post-intervention, using paired-samples t-test, Wilcoxon signed-rank test (when the assumptions of paired-samples t-test were violated) or Sign test (when the assumptions of Wilcoxon signed-rank test were violated). Although paired-samples t-test is robust to violation of normality assumption⁸, particularly when there are 50 paired observations, we wanted to be more confident in the results and also reported results of Wilcoxon signed-rank and Sign tests. The outcome variables for this analysis were the five subscales of the SDQ (i.e. emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behaviour). The results of these tests were as follows:

- There were no statistically significant differences in mean SDQ Emotion and SDQ Peer scores between pre- and post-intervention.
- There were statistically significant differences in mean SDQ Conduct, SDQ Hyperactivity and SDQ Prosocial scores. In other words, children’s Conduct and Hyperactivity problems significantly reduced after their parents participated in the Group Triple P sessions. In addition, children’s SDQ Prosocial scores significantly increased after their parents participated in the Group Triple P sessions.

Second, we assessed whether self-reported parent outcomes (i.e. parenting skills and parental mental wellbeing) showed a significant improvement from pre- to post-intervention, using paired-samples t-test, Wilcoxon signed-rank test (when assumptions of paired-samples t-test were violated) or Sign test (when assumptions of Wilcoxon signed-rank test were violated). The outcome variables for this analysis were the two subscales of the PS (i.e. ‘laxness’ and ‘over-reactivity’), total PS scores (sum of ‘laxness’, ‘over-reactivity’ and ‘parental monitoring’ scores), and WEMWBS scores. The results of these tests were as follows:

⁸ A normal distribution is sometimes informally called a **bell curve**. This means that violations of this assumption can be somewhat tolerated, and the test will still provide valid results. See notes below Table 2.3 for details.

- There were statistically significant differences in mean PS Laxness, PS Over-reactivity, and PS Total scores between pre- and post-intervention. In other words, parents' problems in parenting skills significantly reduced after they participated in the Group Triple P sessions.
- There were statistically significant differences in mean WEMWBS scores between pre- and post-intervention. In other words, parents' mental wellbeing significantly improved after they participated in the Group Triple P sessions.

Table 2.3: Pre- post comparisons in Strength and Difficulties Questionnaire components

Components	Mean Post (SD)	Mean Pre (SD)	Mean diff (SD)	t	df	Median Post	Median Pre	Median diff	z Wilcoxon signed rank test	z Sign test	Significance (p)		
											Paired- samples t-test	Wilcoxon signed- rank test	Sign test
SDQ Emotion	3.13 (2.585)	3.32 (2.747)	-.187 (1.929)	-.838	74	3	3	0	-.348	-.560	.405	.728	.575
SDQ Conduct	3.63 (2.432)	4.53 (2.570)	-.907 (2.261)	-3.473	74	3	4	-1	-3.374	-2.404	.001	.001	.016
SDQ Hyperactivity	5.83 (2.522)	6.56 (2.440)	-.733 (2.202)	-2.885	74	6	6	0	-2.910	-2.697	.005	.004	.007
SDQ Peer	3.30 (2.188)	3.59 (2.080)	-.297 (1.726)	-1.482	73	3	3	0	-1.343	-1.010	.143	.179	.312

SDQ	6.29	5.62	.671	3.364	75	7	6	1	3.226	2.817	.001	.001	.005
Prosocial	(2.497)	(2.828)	(1.739)										
PS	2.59	3.32	-.734	-5.717	73	2.67	3.42	-1.75	-5.038	-4.002	<.005	<.005	<.005
Laxness	(.889)	(1.201)	(1.105)										
PS	2.44	3.23	-.795	-5.682	73	2.33	3.25	-.92	-4.881	-3.909	<.005	<.005	<.005
Over reactivity	(1.037)	(1.199)	(1.204)										
PS	2.47	3.21	-.738	-6.982	73	2.46	3.35	-.89	-5.538	-4.575	<.005	<.005	<.005
Total	(.788)	(.934)	(.909)										
WEMWBS	50.88	46.35	4.523	3.722	64	52	47	5	3.240	3.283	<.005	.001	.001
	(11.033)	(11.556)	(9.749)										

Notes:

Higher scores indicate greater difficulty for SDQ (except prosocial behaviour subscale) and PS

Bonferroni adjusted probability was set at $p < .05/9$ or $p < .005$

Assumptions of paired-samples t-test (normality of differences and absence of significant outliers) were met only for PS over reactivity and PS total. However, it should be noted that paired-samples t-test is robust to violations of normality, particularly when there are 50 paired observations. To be more confident in the results, Wilcoxon signed-rank test and Sign test results were reported. Where the assumption of Wilcoxon signed-rank test (symmetrical-shaped distribution of differences) is violated, Sign test results were reported (see p-values in bold).

7.4 Limitations of the evaluation

There are a number of limitations to this evaluation to be noted here. Firstly, we used self-report questionnaires to assess the programme. There are some limitations of using self-report questionnaires, such as ‘social desirability bias’ and ‘response bias’. ‘Social desirability bias’ is a tendency to answer questions in ways that will be viewed favourably by others. ‘Response bias’ is respondents’ tendency to answer questions in a certain way regardless of the question. As a result, respondents might provide invalid answers or exaggerate the answers (Arnold and Feldman, 1981, Bryman, 2016). For this evaluation, it was difficult to measure the possibility of ‘social desirability bias’ in response to the questions asked in the questionnaires. With regards to ‘response bias’, parents saw the questionnaires (i.e. SDQ, PS and WEMWBS) a second time as we used a pre-test post-test model. Therefore, this model might have influenced parents’ reports of their children’s behaviours, parenting skills and parental mental health.

Secondly, there are a few limitations to the data used for this evaluation. We were not able to correctly identify where the parents lived in Nottingham. Furthermore, although it is important to control for socio-demographic characteristics of participants in a study when conducting a statistical analysis, such data was limited. For example, there were 40 missing cases for child age; 37 missing cases for parent/child ethnicity; and 14 missing cases for the adult relationship to the child (e.g. mother or father). The data on disability status of children was not reliable. The dates indicating when the sessions took place were also missing for 10 cases.

Thirdly, the staff who delivered the Group Triple P sessions in Nottingham did not administer the correct versions of the questionnaires to correct participants. That is, although the SDQ was designed for parents with children aged 4-16 years, it was administered to parents with children aged 2-10 years. Further, the Adolescent version of the PS with 13 items was originally administered to parents of middle school students aged 11-14 years by Irvine et al. (1999), but again it was administered to parents with children aged 2-10 years. In addition, while the majority of parents completed WEMWBS, some completed DASS for mental health measurement which was due to an administrative decision taken by SSBC/City Care.

Fourthly, there was no mechanism to track whether the staff delivered the sessions according to the original Group Triple P instructions, and whether the parents completed all eight sessions of the programme.

Finally, we can never know the full extent of other services and activities that parents, and their children, participate in and the possible effects on their outcomes measured here. Consequently, it is difficult to say for sure that the Group Triple P programme was solely responsible for any improvements in parent and child outcomes presented in this report. Therefore, the results need to be read with caution due to the limitations noted above.

7.5 Discussion and summary

This present evaluation examined whether there were any differences in child and parent outcomes before and after the Group Triple P programme. The results suggested that

- Children's problems in conduct, hyperactivity and prosocial behaviour significantly reduced, and
- Parents' problems in parenting skills and mental health significantly reduced.

The above results are in line with the findings from a current meta-analysis (Sanders et al., 2014). However, when we look at the individual studies conducted in the UK, their results are mixed. While some reported significant improvements in child and parent outcomes (Lindsay and Strand, 2013; Fives et al., 2014; Marryat et al. 2014), some reported that there were no significant improvements or the effect of the Group Triple P was equivocal (Little et al., 2012).

To summarise, UK-based individual studies are limited, and their results are mixed due to largely implementing different methods and having different samples (e.g. children aged 8-13 years (Lindsay and Strand, 2013) versus children aged 4-9 years (Little et al., 2012)). Importantly, most of the children involved in these studies were not in the target age of SSBC. Therefore, discussion of the findings from the current evaluation in light of previous studies would be limited. The Group Triple P programme in Nottingham seems to be working and promising but the results need to be read with caution due to the limitations noted above.

7.5.1 Recommendations

In light of the findings/discussion of the present evaluation, recommendations for the future of the Group Triple P programme in Nottingham include:

- Establishing a mechanism to track whether the programme is delivered by the trained staff according to the original Group Triple P instructions;
- Making sure the staff who deliver the programme use the age appropriate versions of the questionnaires;
- Recording how many sessions parents attend throughout eight weeks of the programme;
- Recording (more) data on socio-demographic characteristics of parents/children who participate in the Group Triple Programme (e.g. ethnicity, gender, age, household income, socio-economic status of parents/head of household, area of residency, education level of parents) and when sessions take place; and
- Recording whether they participate in any other programmes (while attending the Group Triple P programme) that might affect their outcomes measured in this evaluation.

8 Next steps

This report has provided the findings from the evaluations of Baby Massage, Cook and Play, FRED, Father Inclusive Practice and Group Triple P. A number of elements have been paused due to COVID-19 guidelines and the evaluation team are liaising with SSBC to explore when and how we continue the evaluations of Cook and Play and Group Triple P.

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10 Appendices

Appendix 1.1: Internal reliability: Strength and Difficulties Questionnaire

Component	Questions	Cronbach's Alpha Pre	Cronbach's Alpha Post
SDQ Emotion	Often complains of headaches, stomach-aches or sickness	.765	.757
	Many worries, often seems worried		
	Often unhappy, down-hearted or tearful		
	Nervous or clingy in new situations, easily loses confidence		
	Many fears, easily scared		
SDQ Conduct	Often has temper tantrums or hot tempers	.696	.701
	Generally obedient, usually does what adults request [1]		

	Often fights with other children or bullies them		
	Often lies or cheats		
	Steals from home, school or elsewhere [2]		
SDQ Hyperactivity	Restless, overactive, cannot stay still	.694	.740
	Constantly fidgeting or squirming		
	Easily distracted, concentration wanders		
	Can stop and think things out before acting [1]		
	Sees tasks through to the end, good attention span [1]		
SDQ Peer	Rather solitary, tends to play alone	.451	.642

	Has at least one good friend [1]		
	Generally liked by other children [1]		
	Picked on or bullied by other children		
	Get on better with adults than with other children		
SDQ Prosocial	Considerate of other people's feeling	.851	.804
	Shares readily with other children (treats, toys, pencils etc)		
	Helpful if someone is hurt, upset or feeling ill		
	Kind to younger children		
	Often volunteers to help others (parents, teachers, other children)		

Notes: [1] Reversed coded, [2] For the SDQ for 2-4 year olds, replace 'lies' with 'argues'; Source of questions: Goodman (1997)

Appendix 1.2: Anchor and score calculation notes for Parenting Scale

ANCHOR

L = Score item by using the scale on instrument 1-7 from left to right

R = Score item by reversing the scale on instrument so that scale is 7-1 from left to right

Right Anchor Items: 20, 30, 19, 26, 10, 17, 06, 03, 13

LAXNESS (LX)		
<u>Item</u>	<u>Anchor</u>	<u>Score</u>
20	R	----
30	R	----
19	R	----
26	R	----
21	L	----
16	L	----
LX Sum=		----
Factor score =		----
(Sum ÷ 6)		

OVER-REACTIVITY (OR)		
<u>Item</u>	<u>Anchor</u>	<u>Score</u>
10	R	----
22	L	----
17	R	----
28	L	----
06	R	----
03	R	----
OR Sum=		----
Factor score =		----
(Sum ÷ 6)		

PARENTAL MONITORING (PM)		
<u>Item</u>	<u>Anchor</u>	<u>Score</u>
13	R	----
PM Sum =		----

TOTAL SCALE SCORE	
Total of Sums (LX Sum + OR Sum + PM Sum) =	---
Total Scale Score =	----
(Total of Sums ÷ 13)	

Appendix 1.3: Internal reliability: Parenting Scale

Component	Questions	Questions	Cronbach's Alpha Pre	Cronbach's Alpha Post
Laxness	When I give fair threat or warning... I often don't carry it out	I always do what I said [1]	.792	.680
	If my child gets upset when I say 'no'... I back down and give in to my child	I stick to what I said [1]		
	When my child doesn't do what I ask... I often let it go or end up doing it myself	I take some other action [1]		
	When I say my child can't do something...I let my child do it anyway	I stick to what I said [1]		
	If saying 'no' doesn't work... I take some other kind of action	I offer my child something nice so he or she will behave		

	When my child does something I don't like...I do something about it every time it happens	I often let it go		
Over reactivity	When my child misbehaves... I raise my voice or yell	I speak to my child calmly [1]	.802	.763
	When my child misbehaves...I handle it without getting upset	I get so frustrated or angry that my child can see I'm upset		
	When there is a problem with my child... things build up and I do things I don't mean to do	Things don't get out of hand [1]		
	When my child does something I don't like, I insult my child, say mean things or call my child names... Never or rarely	Most of the time		
	When my child misbehaves...I usually get into a long argument with my child	I ignore the pestering [1]		
	When I'm upset or under stress...I'm picky and on my child's back	I'm no more picky than usual [1]		

Parental Monitoring	When my child is out of sight... I often don't know what my child is doing	I have always a good idea what my child is doing [1]	-	-
Total			.793	.796

Notes : [1] Re-coded ; Source of questions : Irvine et al. (1999)

Appendix 1.4: Internal reliability: Warwick-Edinburgh Mental Wellbeing Scale

Component	Questions	Cronbach's Alpha Pre	Cronbach's Alpha Post
WEMWBS	I have been feeling optimistic about the future	.940	.947
	I have been feeling useful		
	I have been feeling relaxed		
	I have been feeling interested in other people		
	I have had energy to spare		
	I have been dealing with problems well		
	I have been thinking clearly		
	I have been feeling good about myself		

	I have been feeling close to other people		
	I have been feeling confident		
	I have been able to make up my own mind about things		
	I have been feeling loved		
	I have been interested in new things		
	I have been feeling cheerful		

Notes : Source of questions : Tennant et al. (2007)
