



Evaluation of Small Steps Big Changes: Final Report 2023

Report Prepared for Small Steps Big Changes

Authors: Clare Lushey, Dr Ferhat Tura (Bournemouth University), Dr Alex Toft, Rachel Harding, Craig Bickerton, Stephanie Cassidy, Dr Simon Cooper, Kyesha Davies, Jennie Fleming, Beth Huntington, Alya Jameel, Susan Law, Kerry Newham, Dr Jason Pandya-Wood, Ghazala Rathore, Jane Slater, Dr Luisa Tarczynski-Bowles, Dr Rebecca Thompson, Lorna Wardle, Professor Clare Wood and Professor Carrie Paechter.

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Executive summary

Introduction

The Small Steps Big Changes (SSBC) programme commenced in 2015 and is hosted by Nottingham CityCare 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 co-produce 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 in May 2018. Each year SSBC selected the SSBC programmes and activity groups that they would like to be evaluated. Upon completion of these evaluations an annual report was produced (and where required an interim report). Two interim reports have been produced and four annual reports, all of which are available in the Learning Hub on the SSBC website: <https://www.smallstepsbigchanges.org.uk/knowledge-hub/learning-hub/training-and-learning-documents>

This report summarises and brings together all the evaluations that have been undertaken since 2018 and includes the evaluations of the following, listed by date of reporting:

- Small Steps at Home;
- Dolly Parton's Imagination Library;
- Fathers Reading Every Day (FRED);
- Father Inclusive Practice;
- Baby Massage;
- Cook and Play;
- Group Triple P;

- Story and Rhyme Time;
- Family Mentor Service;
- Family Mentor group activities delivered online;
- Breastfeeding Incentives Scheme for Teenage and Young Mothers;
- New Fathers' Information Pack;
- Ideas Fund;
- Experiences of having a Family Mentor;
- Vocabulary Scores of Children Who Participated in the SSBC Programme;
- Attempt to conduct a Cost-benefit Analysis of SSBC.

Details of these may be found in previous interim and annual reports on the SSBC website.

This final report also includes additional work undertaken in 2022/23 which consisted of:

- A second assessment of the vocabulary scores of children who participated in the SSBC programme carried out in Autumn 2022;
- An examination of the extent to which duration of registration with DPIL was linked to children's Ages and Stages Questionnaire (ASQ) Scores and their Early Years Foundation Stage (EYFS) early learning goals; and
- An examination of whether participating in Small Steps at Home improve children's 12 and 24 month ASQ scores and their EYFS scores.

The findings from the above evaluations have been organised into five chapters which focus on: language, communication and early literacy; social and emotional wellbeing; nutrition; father inclusive practice; and workforce.

This final report brings together findings from studies carried out at different times over the last five years. What is reported in each section therefore represents the situation at the time that the individual studies took place. In some cases, changes have subsequently been made which will only have been picked up if we have conducted a subsequent study of that service. Consequently, not all of the findings represent the situation in SSBC projects at the time of writing.

Aims and objectives of the SSBC evaluation

The overall aim of the evaluation was to:

- Examine the functions of SSBC including service description, aims, services provided;
- Identify strengths and areas of development;
- Measure changes and improvements in children in the following outcomes:
 - social and emotional skills
 - language and communication skills
 - diet and nutrition
 - other positive outcomes
- Examine how SSBC empowers parents, communities, and workforces to co-produce together; and
- Provide recommendations on how SSBC can be enhanced for the benefit of children, families, professionals, and other stakeholders.

Methods

We adopted a mixed methods approach in which both quantitative and qualitative data were collated and analysed.

We also used peer research methods. Four parents who live and/or work in Aspley, Bulwell, Hyson Green and Arboretum, and/or St Ann's were appointed as Parent Peer Researchers. The Parent Peer Researchers were paid members of staff at Nottingham Trent University and involved in all aspects of the research cycle for the aspects of the evaluation on which they worked. They received in-house training related to undertaking evaluations. This covered: ethical considerations and requirements; recruitment approaches; data collection methods and analysis techniques; and dissemination of findings through reports and presentations.

Ethical approval was obtained from Nottingham Trent University Business, Law, and Social Sciences Research Ethics Committee prior to commencement of the evaluations detailed in this report. The evaluations were also registered with the Research and Innovation Department within Nottinghamshire Healthcare NHS Foundation Trust. Verbal and written

informed consent were obtained from all evaluation participants. Parent participants were given high street gift cards worth between £10-20 as a thank you for participation in an evaluation.

Data collected by NTU during the course of the evaluations 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. With participants' consent, audio/video recordings of interviews and focus groups was undertaken. Transcription of the interviews and focus groups was carried out by an authorised university transcriber who is fully aware of requirements of confidentiality. Data from questionnaires, scales, focus groups and interviews (e.g., video/audio and transcripts) were stored in a restricted folder on the NTU drive. Consent forms from the interviews and focus groups were stored in a restricted folder on the NTU drive or a locked filing cabinet.

The Ages and Stages Questionnaire (ASQ), Early Years Foundation Scores (EYFS) data and Group Triple P findings were kept in a secure drive at SSBC which was allocated to a member of the NTU evaluation team, seconded to SSBC to analyse the data. The member who carried out the statistical analysis has an honorary NHS contract and access to NHS data was provided via a secure NHS computer provided by CityCare.

Language, Communication, and Early Literacy

In this chapter we consider the impact that SSBC provision has had on children's language, communication and early literacy outcomes. Specifically, we consider the impact of engagement with SSBC provision overall, as well as registration with Dolly Parton Imagination Library (DPIL), Small Steps at Home, Story and Rhyme Time. To evaluate the impact that these programmes have had on children's communication, language and early literacy, we identified a number of immediate and longer-term outcomes where we might reasonably expect to see an impact, and we considered these in relation to the content of the SSBC provision.

In terms of immediate outcomes, we were interested to see whether participation in SSBC would impact family behaviours and interactions in ways that would benefit children's

communication and early language and literacy skills. Specifically, we were interested to see if there was evidence of:

- Increased interest from the children in books;
- Increased frequency of parents either reading with or singing (rhymes) to their child;
- Increased frequency of parent-child interaction during shared storybook reading;
- Increased duration of reading sessions;
- Increased parental confidence in engaging their children in talk or with books.

With respect to longer-term outcomes, we would expect to see evidence of positive impact on the following outcome measures:

- Ages and Stages Questionnaire scores at 12 months;
- Ages and Stages Questionnaire scores at 24 months;
- Children's receptive vocabularies at point of school entry (British Picture Vocabulary Scales 3 standardised scores); and
- Early Years Foundation Stage (EYFS) ratings at end of Reception Year.

Impact of SSBC Participation on Children's Language, Communication and Early Literacy

The primary aim of this study was to examine the impact of SSBC engagement in general on the longer-term language and communication outcome of language development by comparing the standardised British Picture Vocabulary Scale (BPVS) scores of SSBC participants at school entry (Autumn 2021 and again in Autumn 2022) to those of other children entering reception class in the same schools (and therefore living in the same areas), but who did not participate in SSBC. For the purposes of this report, we combined the data from both years to maximise the amount of data available and increase the sensitivity of our analyses.

Key findings

- Although the mean score for the SSBC group was higher than the non-SSBC group, there was no statistically significant difference in mean scores;

- There was a statistically significant difference in BPVS scores between children who spoke English as an additional language and children who spoke English as their first language. These data suggest that, in general, children with EAL score consistently lower on receptive vocabulary than the children for whom English is their main language;
- The mean scores of SSBC children who spoke English as their first language were significantly higher than the mean scores of non-SSBC children who spoke English as an additional language. There were no other statistically significant differences between SSBC children and their non-SSBC counterparts;
- There was a statistically significant difference in BPVS scores between children with a disability and children without a disability. The mean score of the children with a disability indicates that this group would be considered at risk for language difficulties.
- Mean scores of non-disabled SSBC children were higher than the mean scores of both disabled SSBC children and disabled non-SSBC children;
- There was no statistically significant difference in BPVS scores between female and male children, irrespective of whether the children participated in the SSBC programme;
- There was no significant difference in the mean scores of children who participated in different numbers of SSBC groups, or in relation to how many sessions they attended. There were also no significant differences in the mean scores of children who did or did not participate in SSBC literacy-related groups, nor in relation to the number of sessions of these groups they participated in;
- There were no significant differences in mean BPVS scores between children who had and who had not participated in Small Steps at Home, irrespective of whether they were SSBC children. There were also no significant differences between those who did different numbers of Small Steps at Home sessions;
- While SSBC children's engagement with DPIL was high (97%), engagement with other literacy interventions was low, especially compared with attendance at non-literacy related groups.

Overall, there was no evidence from these data that SSBC participation in general was able to significantly impact children's receptive vocabulary development by point of school entry. This may be because of the additional impacts of Covid lockdowns on both child development generally and on the nature of SSBC programme delivery. Active engagement with literacy related SSBC provision was low compared to other elements of the programme, which may also explain the lack of positive effects. There was evidence of an SSBC effect on receptive vocabulary in the first cohort when analysed separately, and so each cohort of children appears to have experienced different levels of benefit from engagement with the provision. EAL children and children with a disability were more likely to be in the high-risk group for vocabulary levels. This suggests that the types of provision within SSBC need to be considered with respect to whether they are inclusive of or missing opportunities to meet the needs of these two most vulnerable groups.

Evaluation of Dolly Parton's Imagination Library

Every month, DPIL sends high-quality, age-appropriate books (selected each year by a panel of early childhood literacy experts) to children enrolled in the programme from birth to their fifth birthday. In Nottingham this is offered to children in the targeted wards, and, if registered, they receive one book a month, every month, until their fifth birthday. The books are age appropriate, and only available in English.

The aim of this part of the evaluation was to consider both the immediate and longer term impact of registration with DPIL on communication and early literacy outcomes. We were particularly interested in the impact that this book gifting service might have on the families' literacy-related behaviours (home learning environment) in the short term, as well as considering any evidence that registration with DPIL may be linked to better longer term outcomes with respect to communication and early literacy goals both before school (evidenced by the Ages and Stages Questionnaire (ASQ) and after completion of Foundation Stage (evidenced by Early Years Foundation Stage (EYFS) data).

Key findings

- The longer that families were registered with DPIL, the more likely they were to report interacting with their children during shared storybook reading, the more

likely they were to read with their children daily, and the longer they were likely to read with their children, indicating positive changes in parent-child behaviours in relation to books and early literacy activities;

- However, there was little evidence that these changes in parental behaviours and activities translated into longer term benefits for communication and other early learning goals. Specifically, we found only a modest significant association between DPIL registration and ASQ communication scores at 12 months;
- There was no evidence of an impact on the number of EYFS learning goals met, either overall or in relation to communication or early literacy more specifically;
- Although when they were initially registered with DPIL (i.e., 0-11 months) families reported reading and singing with their children less frequently than their more advantaged peers (i.e., non-DPIL group), and the children were initiating literacy-related activities less often, families who had been registered with DPIL for a year or more reported higher levels of activity which put them on a par with the non-DPIL families;
- The two most common interactions were asking children about the pictures in the book and talking about what is happening in the story. In addition, DPIL groups registered with the programme for a year or more reported more frequent interaction when sharing books than the non-DPIL families;
- DPIL book-gifting does appear to be a mechanism that can not only increase the frequency of reading-related behaviours but can also support improvements in parent-child interactions over time. In addition, more frequent interactions around sharing books are likely to enhance children's language comprehension;
- Families registered in DPIL for more than two years engaged in reading sessions that were significantly longer than those who had been registered for one year or less;
- There was no evidence of any impact of DPIL registration status on either the children's interest in books, songs and rhymes, or in levels of parental confidence;
- Parents whose children were registered with DPIL for more than one year were more likely to report that they read daily with their child. This effect remained after factoring in the influence of parents' ethnicity, employment status, marital status, the age of the child, the child's gender and whether or not English was their first

language. However, unemployed parents were less likely to read to their child than employed parents;

- There was limited evidence that these behavioural changes were translating into longer term benefits in relation to communication and early literacy. While there was some evidence (albeit modest) of an association between DPIL registration and ASQ communication outcomes at 12 months, this effect had ‘washed out’ by 24 months rather than developing further, and by the time the children had completed their Foundation stage, there was no discernible impact on EYFS scores.

Evaluation of Small Steps at Home

Small Steps at Home is a home visiting programme delivered by Family Mentors and starts at 20 weeks pregnancy and runs until the child’s 4th birthday. The programme contains advice, information and activities. Each visit focusses on a range of topics, which are relevant to the child’s age. The aim of the programme is to improve child development outcomes. Sixty-six Family Mentors deliver Small Steps at Home in the four wards and since April 2016 1,600 children’s parents have participated in Small Steps at Home.

There are two aspects to this part of our evaluation. The first involves examining whether participating in the programme improves children’s ASQ and EYFS scores. Two separate studies were undertaken using the ASQs and EYFS to address whether participating in the Small Steps at Home improves children’s 12 and 24 month ASQ scores in (1) communication (language skills), (2) gross motor (large muscle movement and coordination), (3) fine motor (small muscle movement and coordination), (4) problem-solving (focus on the child’s play with toys), and (5) personal-social (focus on the child’s interactions with toys and other children), and their EYFS scores. We compared four groups: (1) non-SSBC children who did not participate in Small Steps at Home (n=2351), (2) SSBC children who participated in Small Steps at Home for 18 or more months (n=158), (3) SSBC children who participated in Small Steps at Home for 17 or fewer months (n=129), and (4) SSBC children who did not participate in the programme (n=621).

The second aspect of this evaluation is a qualitative exploration of parents and Family Mentors experiences and views of the Small Steps at Home Programme in relation to:

- The recruitment and employment of Family Mentors;
- The content and delivery of the Small Steps at Home handbooks;
- The relationships between Family Mentors and parents; and
- Outcomes and impact of Small Steps at Home on children and parents.

Key findings

- Children from SSBC wards who participated in the programme for more than 18 months had the highest mean 24 Month ASQ (excluding problem-solving) and 'overall' scores. In particular, their scores were always higher than the scores of those who live in SSBC wards but did not participate in the programme at all. However, there were no statistically significant differences in 24-month ASQ scores between the four groups of children;
- There was no difference between the groups of children in terms of 12 month communication scores. However, there was a strong, positive association between the number of Small Steps at Home visits and 12 month communication scores. The more visits, the higher the 12 month communication scores;
- There was a statistically significant difference in terms of 12-month fine motor scores between non-SSBC children and SSBC children who did not participate in the Small Steps at Home programme. However, there was not a statistically significant association between 12 month fine motor scores and the number of Small Steps at Home visits children had in the first year. That means, participating in SSAH did not result higher 12-month fine motor scores for SSBC children.
- There was a statistically significant difference between the SSBC and non-SSBC children in terms of gross motor scores. These differences were between (1) SSBC children who did not participate in SSAH and non-SSBC children, and (2) SSBC children who participated in Small Steps at Home and non-SSBC children. Also, there was a strong, positive association between the number of Small Steps Big Changes visits and 12 month gross motor scores. More visits is therefore correlated with higher 12-month gross motor scores.
- Overall, it seems that participating in Small Steps at Home in the first 12 months improves children's communication and gross motor scores in the first year.

- There was no difference between SSBC and non-SSBC children in terms of 24 month fine motor scores. However, there was a strong, positive association between the number of visits and 24 month fine motor scores. That means, an increase in the visits is correlated with an increase in the 24-month fine motor scores. Overall, it seems that participating in SSAH helps children's fine motor scores.
- There was not a statistically significant difference between children who participated in Small Steps at Home and who did not. This finding was supported by the fact that there was not a statistically significant association between EYFS scores and the number of Small Steps at Home visits children had until they went to school. This suggests that participating in Small Steps at Home did not result higher EYFS scores for SSBC children.
- Staff and parents believed that participating in Small Steps at Home had led to developments in children's confidence, social skills and language and communication, as well as outcomes in other areas such as sleeping routines, healthy eating and weaning, and toilet training. They also felt that it improved parents' confidence in raising their children;
- Family Mentors were seen as an important source of social contact and support, improving parental wellbeing;
- Family Mentors wanted to be viewed as a skilled workforce, given the additional training and responsibility involved in their work;
- The Family Mentors being a community workforce was seen as a key strength of the programme, both from the point of view of reaching parents and in providing employment for local people;
- Family Mentors used the Small Steps at Home handbook and programme in flexible ways to suit different families, such as those with a second or subsequent child, or having more urgent needs that might take priority over delivering the programme. However, they would have welcomed greater flexibility in this, including the ordering of activities;
- While many parents found the ASQ useful, others worried that their child might be behind developmentally;

- Relationships between parents and Family Mentors were strong. Family Mentors considered that they were more trusted than other professionals, due to their peer status;
- This close relationship could bring problems if a Family Mentor took long-term sick or maternity leave, as parents wanted to defer the programme until their Family Mentor returned;
- Family Mentors living in the same neighbourhood as the parents they are supporting through Small Steps at Home was seen as a particular issue when safeguarding concerns arise. Family Mentors also felt under pressure to act as a role model to parents.

Evaluation of Story and Rhyme Time

Story and Rhyme Time is a reading, rhyming and singing programme delivered via community group sessions. It is designed to provide parents with an opportunity to spend time with their child developing positive interactions through stories and rhymes. It is proposed that these interactions can then be adopted at home, supported by providing parents with materials to use in their home. The underlying hypothesis is that a programme based upon practitioners modelling speech, language and communication to parents via Story and Rhyme Time, leads to improved outcomes for children, particularly in terms of school-readiness.

Story and Rhyme time is delivered through sessions lasting between 60 and 90 minutes which are led by a least two practitioners who are trained to deliver the sessions. Each session is supported with a session plan which details the resources and songs that could be used. Throughout, there is a focus upon signposting parents to the books available via Bookstart and DPIL.

The rationale for Story and Rhyme Time revolves around several assumptions:

1-The focus upon the specific wards is purposeful. This is taken from the Bercow report (Rogers, 2008) which found that children from socially disadvantaged backgrounds have significantly lower speech and language development than other children of the same age.

2- Language development at the age of two predicts whether children are ready for school (Roulstone et al., 2011). This is pushed further to suggest that children who read regularly are more successful readers (Mol et al., 2008).

3- The long-term goal of Story and Rhyme Time is to encourage parents to introduce home learning, which has been identified as having a positive impact upon learning (Sylva et al., 2004). Roulstone et al., 2011 also specifically noted teaching songs/rhymes and reading with children as being beneficial in the home.

As a result, SSBC hope that Story and Rhyme Time will lead to:

- Understanding of the importance of parents reading with their child;
- Increased parental confidence to read/sing with their child;
- Regular attendance at Story and Rhyme Time;
- Parents reading regularly with children;
- Increased visits to the library;
- Development of language rich home learning environments; and
- Children have improved language and communication skills during pre-school and in EYFS.

We carried out a qualitative evaluation of Story and Rhyme Time in relation to these potential outcomes, as perceived by Family Mentors and Parents.

Key findings

- While Story and Rhyme Time is designed to have a specific structure, what actually happened in the sessions varied, as they were adapted by Family Mentors delivering them. This led to them being less focused on children's learning and more on free play, sometimes with just a story at the end of the session. Some Family Mentors wanted to change the name of the sessions to reflect this;
- Only some sessions included discussion of stories – in some cases a book was simply read to children;
- Both parents and Family Mentors thought that the sessions increased children's language skills;

- Family Mentors and parents believed that the sessions benefitted children's social and emotional development, especially after the lockdown period when children had experienced less or no interaction with other children;
- Family Mentors believed that the sessions helped children's concentration, as they were encouraged to listen to an entire story;
- Parents valued the social elements of the sessions and the chance to meet other parents;
- Parents told us that they carried on with the rhyming and singing activities with their children at home – this is supportive of children's language development;
- Parents also learned different ways of sharing books with their children;
- Because of the variation in what was actually delivered, it was difficult to us to evaluate Story and Rhyme Time as a specific intervention – different approaches might be expected to have different outcomes, and those sessions which were mainly free play are less likely to have had the anticipated effect on children's language development.

Social and Emotional Wellbeing, and Nutrition

This chapter of the report includes findings from the evaluations of Group Triple P, Baby Massage, Cook and Play, and the Breastfeeding Incentives, specifically those aimed at improving children's outcomes related to social and emotional wellbeing, and nutrition.

Evaluation of the Group Triple P programme

The Positive Parenting Programme (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, p. 72). Triple P incorporates five levels of intervention with Group Triple P at level 4. All of the levels from 1-5 are on a tiered continuum of increasing strength for parents of children from birth to age 12 (Sanders, 1999).

Group Triple P is an intensive eight-week programme for parents whose children have more severe behavioural difficulties than those participating in the lower levels of the Triple P.

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 one-to-one telephone consultations providing additional support to parents as they practice at home the new skills that they learned in the group sessions. The programme finishes with a final group session in week eight. Group Triple P aims to improve child behaviour, parenting skills and parental mental health.

There were two main aims to the evaluation. The first was to assess the extent to which the Group Triple P programme achieved its aims – whether severe behavioural, emotional, and developmental problems in children were prevented by enhancing parenting skills and supporting parents' mental health. To this end, we used the following three questionnaires: Strengths and Difficulties Questionnaire (SDQ); Parenting Scale (PS); and Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). These were completed by parents before and after the programme's delivery. We then used the SDQ to compare parent-reported child outcomes before and after participating in the programme, in terms of emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behaviour. In addition, we compared self-reported parent outcomes before and after participating in the programme of parenting skills using PS, and parental mental wellbeing using WEMWBS. The second aim of the evaluation was to understand the experiences of staff who were involved in the programme's delivery. We used telephone interviews to do this.

Key findings

- 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 Group Triple P sessions. In addition, children's SDQ Prosocial scores significantly increased after their parents participated in Group Triple P sessions.
- However, there were no statistically significant differences in mean SDQ Emotion and SDQ Peer scores between pre- and post-intervention.

- Parents' problems in parenting skills significantly reduced after they participated in Group Triple P sessions. This was shown in the statistically significant differences in mean PS laxness, over- reactivity, and total scores between pre- and post-intervention; and
- Parents' mental wellbeing significantly improved after they participated in Group Triple P sessions. This was shown in the statistically significant differences in mean WEMWBS scores between pre- and post-intervention.

Evaluation of the Baby Massage Groups

Baby massage is a five-week group activity delivered by Family Mentors. Each session lasts one hour, and they are available for babies from six 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.

The aim of the evaluation was to examine the implementation and delivery of baby massage and its key challenges and strengths, and 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; and a reduction in isolation (i.e., parent meets and keeps in contact with other parents attending baby massage and attends other SSBC group activities).
- 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.

Key findings

- Twenty-two parents out of 25 said that engaging in baby massage had helped to strengthen the bond between them and their baby;
- 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 them to fall asleep right after the session and to longer periods of sleep for some babies;
- Eighteen parents out of 25 reported that their baby was more relaxed after baby massage;
- Some parents also reported that baby massage helped their baby to feed better and digest their food more easily, and that baby massage had helped to relieve constipation, colic, wind and teething discomfort;
- Thirteen out of 25 parents reported that baby massage had helped them to feel calmer;
- Sixteen out of 25 parents revealed that attending the baby massage groups had led to increased levels of confidence. For some this was due to knowledge gained from the groups, for others it came from interactions with other parents;
- Some parents reported that since attending baby massage their ability to communicate and read their baby's cues had increased;
- A small number of parents reported that their infant had become much more vocal during baby massage;
- All parents interviewed (except two attending their first session) were continuing with baby massage at home. They felt that they understood the baby massage techniques and the benefits it brought;
- Parents experienced a reduction in isolation from attending the groups.

Evaluation of the Cook and Play Groups

Cook and Play is a group activity in which adults cook healthy meals and then try them with their child. It is delivered by Family Mentors and is for parents with children aged under four 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 SSBC, free of charge. 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.

The aim of the evaluation was to explore the experiences of Family Mentors and members of the Family Mentor Senior Leadership Teams who were 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.

Key findings

- It was evident that Cook and Play had been consistently delivered, across all wards, in the way it was designed. Additional volunteers beyond the Family Mentor leading the activity were crucial to this;
- Venue quality and layout were essential for success of the programme;
- Family Mentors felt that Cook and Play recipes need constant review, development and adaptation to the needs of their communities;
- Although Cook and Play is designed for a six-weekly rotation of parents, some attended all year, which could result in new arrivals feeling excluded. For other families, a six-week commitment is challenging;
- Positive outcomes for parents reported by Family Mentors included: improved skills, e.g., cooking healthy meals at home, improved culinary skills (chopping and slicing, etc.) and budgeting knowledge; and increased socialisation;
- Family Mentors reported positive outcomes for children as a result of attending the Cook and Play sessions and participating in eating and playing with other children, including: trying new foods; and improved social skills and confidence;

- The social aspect of dining together was reported as a positive influence on the children involved.

Evaluation of the Breastfeeding Incentives Scheme

The Small Steps Big Changes Breastfeeding Incentives Scheme aims to ‘test and learn’ the use of financial incentives as a means of improving breastfeeding rates.

The project’s anticipated outcomes include:

- More children receiving breast milk at birth and for a longer duration;
- Mothers who breastfeed feeling valued for their efforts; and
- Showing how important breastfeeding is for babies, mothers and society.

The one-year pilot was delivered in partnership with the Nottingham CityCare Family Nurse Partnership (FNP). Family Nurses offer a home visiting service for first time young mothers and families offering support on pregnancy and parenthood including breastfeeding. The scheme offers £20 vouchers at 6 time points in the baby’s first year (2 days, 10 days, 6-8 weeks, 3 months, 6 months and 1 year) to all families providing their baby any breast milk. It is available to all young mothers on the FNP caseload including but not exclusive to those in the four SSBC wards.

Our research sought to understand:

- Parents’ perceptions and experiences of the Breastfeeding Incentives Scheme;
- Original feeding intentions and those who influenced this/these decision/s;
- Thoughts and feelings about the Breastfeeding Incentives Scheme, e.g., timings of the vouchers, monetary value and whether the Incentives supported the breastfeeding ‘journey;’ and
- Any other influences on decision to breastfeed/continue to breastfeed or not.

Key findings

- Three of the four mothers interviewed had decided to breastfeed before their baby was born, believing it to be best for the baby;

- Combination feeding, where a baby has both breast- and bottle-feeding, was used so that others could join in with holding and feeding the baby;
- Those who have experienced trauma or feel shy about their bodies need particular support in both starting and continuing to breastfeed;
- The mothers had little family support to breastfeed, with some families actively trying to put them off doing so;
- Support from the Family Nurses proved invaluable in encouraging the mothers to start and continue breastfeeding;
- The incentives were viewed positively by all the mothers interviewed. While those who had already chosen to breastfeed did not need an incentive to start, they welcomed the scheme and spoke about how they felt it validated their decision, making them feel rewarded for doing so. They also experienced the incentives as a form of praise for doing the right thing for their baby;
- Mothers felt that the timing of the vouchers supported them to continue to breastfeed;
- Mothers spent the vouchers on formula milk (for combination feeding) and on treats;
- It is crucial that the Incentives Scheme continues to run alongside and as part of healthcare professional face-to-face breastfeeding support;
- The support and incentives were especially validating for those who had experienced trauma and mental ill health, and who had initially experienced body consciousness issues with the idea of breastfeeding;
- One participant was so enthusiastic that she had spoken to her peers about the benefits of breastfeeding, the incentives and the professional support available.

Father Inclusive Practice

This chapter focuses upon SSBC programmes specifically aimed at improving outcomes for fathers, which are expected, in turn, to improve outcomes for children. Three programmes are included here: Fathers Reading Every Day (FRED); Father Inclusive Practice (Think Dads Training); and A New Fathers' Information Pack (known as the Pack throughout). All the

programmes focussed upon working to improve inclusivity for fathers and encouraging engagement between fathers and their children. Individual programmes also had specific aims beyond this such as: improving speech, language, and communication (FRED); and passing important information onto new fathers (the Pack).

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 daily. FRED has three distinct phases during delivery:

- The FRED programme starts with a 1½ to 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 child every day, for four weeks (or if they have limited access, on the days they have access). Fathers 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.
- Self-directed activity – fathers who have taken the challenge spend time with their children sharing books with them as often as possible. They 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 two weeks as described above and continue for another two weeks.
- At the end of the four weeks, the fathers are invited to come back together for a celebration event (1½ to 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 four weeks. They are then encouraged to keep this habit going and become more involved long-term in their child's educational development.

FRED was designed to kick-start a habit of fathers reading with their children on a regular basis. We present findings from the evaluation of the FRED programme completed by

fathers/male carers of children aged 2-3 years, who have regular contact with their children (n=70) across the four SSBC wards. The purpose of the evaluation was to assess the extent to which the current FRED programme achieved its aims/outcomes. These included: increasing reading frequency of fathers with their child; fathers' confidence in reading to their child; improvement in father-child relationship; fathers' involvement in their child's development; and local library usage.

Key findings

- Fathers' reports of reading frequency with their child increased after they participated in the FRED programme, meaning that 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; or use of local library;
- 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. 80% of fathers felt that participating in FRED improved the quality of time that they spent with their child. Overall 98% of fathers that had taken part in FRED would recommend FRED to others;
- Four fathers (out of the 46 who offered further comment) specifically noted what they perceived as improvements in child outcomes. These particularly related to speech and communication. Fathers also noticed an improvement in children's concentration;
- Fathers reported positive changes in their children's relationships with books. They also suggested that book sharing with their children had increased children's confidence;
- Fathers also reported that their own confidence had improved, both in terms of reading with their children but also regarding parenting more generally;

- Fathers reported that FRED encouraged them to spend more time with their children and improved the father-child relationship. Reading was seen as 'quality time';
- Family Mentors found it difficult to implement FRED in groups, partly because of fathers' availability, and have since moved to one-to-one sessions. There were additional difficulties when fathers did not live with their children;
- Family Mentors found it hard to persuade fathers to engage with FRED and see the potential benefits for their children. They thought this was partly because of the poor literacy skills of some fathers;
- The number of Family Mentors trained in FRED was limited, which restricted the numbers that could participate;
- There was confusion among Family Mentors about the purpose of FRED, with some thinking it was about fathers interacting with and spending time with children, rather than specifically reading to them. This may have been partly because some fathers had difficulty reading. However, this raises questions about the fidelity of the intervention, making it hard to evaluate;
- Family Mentors considered that there was a lot of 'paperwork' involved in FRED, and thought that some of the questions were too derogatory or personal;
- Family Mentors were concerned that all the books available through the programme were in English, which excluded some fathers;
- Family Mentors felt that giving fathers a certificate at the end made the programme feel personal and focused on fathers;
- Family Mentors felt that FRED made positive improvements in: children's communication skills; attachment/bonding with fathers; social and emotional life; and confidence.. They also thought it would support a lifelong love of books, and that the fathers and children enjoyed their book sharing sessions;
- Family Mentors thought that fathers' confidence with their children, in relation to both reading and other areas, was improved by the programme.

Father Inclusive Practice (Think Dads Training)

Father Inclusive Practice is SSBC's initiative that works to engage fathers 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 good father-child relationships have several positive impacts on children's wellbeing.

Father Inclusive Practice has four strategic priorities:

1. Workforce Recruitment and Training: Recruitment processes and workforce mandatory training ensure that the children's workforce across Nottingham City demonstrates father-inclusive knowledge and practice.
2. Performance Monitoring: Children's Workforce recording systems include information about fathers, 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.

Think Dads is the first stage of Strategic Priority 1, highlighted above. It is non-mandatory but SSBC invite healthcare professionals to complete the training, and Family Mentors and Health Visitors both attend.

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' services.

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:

- 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. 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. We compared the training to the Gold standard of father inclusive practice, which describes what effective father engagement entails. It was developed by researchers in Australia, who measured fathers' engagement with and use of services working with families. Although there are some problems with this (see main report) this does give some benchmarks for assessing father inclusive practice. Our evaluation aimed to gain a deeper understanding of father engagement and measures SSBC have in place (via Think Dads Training) with regards to the Gold standard for engaging fathers.

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. We were 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.

Key findings

- The training commences with a statement about the focus of the session upon dads and male carers. This is potentially problematic as it suggests that the potential benefits 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;
- The training does much to highlight the benefits to fathers as well as to children;
- As a result of the training, the majority of the participants had shifted to being guided by fathers themselves; prior to the training only one participant mentioned talking to fathers to ascertain their opinion;
- The SSBC approach to father inclusive practice, including the Think Dads training, does include many elements of the Gold standard practice, including: the importance of treating parents equally; ensuring fathers are part of correspondence and invitations to activities; engaging fathers in activities, including talking to fathers when planning what activities to offer; considering challenges and engagement issues that may arise when engaging with fathers; supporting practitioners to feel confident when engaging with fathers.

The Information Pack for New Fathers

SSBC's 'An Information Pack for New Fathers' is a resource, delivered both online and in paper form, which aims to prepare fathers for when their baby is born. It is envisioned that the Pack will be distributed to fathers to provide them with vital information and advice about what to expect as a new father. The resource offers practical advice about caring for their new baby and also information about what fathers are entitled to in terms of rights and benefits. The resource appears to be aimed at the period before birth and shortly after birth. It does not focus beyond the first few weeks after birth, although there is information which is applicable beyond this point. The Pack concludes by offering links to organisations that might be useful for new fathers. The resource is not built upon any pre-existing Pack and is constructed using information from NHS (National Health Service) sources and SSBC's expertise.

This evaluation explores the Pack in relation to improvements in fathers' knowledge concerning their new baby. The main focus is to understand the potential positive impact that the Pack has upon fathers' knowledge, while also exploring general thoughts about the Pack itself including its design and implementation.

Key findings

- Participant fathers felt that the focus of the Pack was clear in that it aimed to provide information that would help new fathers, unlike information they had received previously, which was aimed at mothers. Some felt that it could also be useful to other family members;
- Fathers frequently shared the pack with others, because they thought it was so useful;
- Both fathers and practitioners described the Pack as a useful source of first reference, especially as it is a comprehensive single document from a trusted source;
- Fathers saw the Pack as being useful even if this was not their first baby;
- Both fathers and practitioners liked the design of the Pack and found that the graphics helped understanding. Some fathers, however, felt that the pictures gave an unrealistic portrayal of family life;
- Fathers and practitioners felt that the language of the Pack was understandable to those with basic English reading skills. Practitioners liked the fact that it could be 'dipped into' and did not have to be read all in one go;
- Although fathers liked to have the Pack as a PDF document, some would have preferred to have access to it via a mobile phone app, especially as it is a long document;
- Fathers felt that they had learned how to hold and bond with their baby, including before birth;
- Both fathers and practitioners reported that the information in the Pack helped with the participants' knowledge of the financial help available to them. Participants learned about their rights as a new father and what parental leave and benefits they could access;

- Fathers appreciated the information about emergency care and how to keep their baby safe;
- Fathers noted a lack of information about feeding their babies, particularly in relation to expressing and storing breastmilk.
- Fathers thought that the Pack should be available to parents throughout the UK;
- Professional participants thought that the Pack had the potential to engage 'hard to reach' fathers;
- Practitioners argued that the Pack should be for all new fathers, not just those who have just had their first baby;
- Practitioners thought that, where possible, the Pack should be given out as part of antenatal care;
- Practitioners highlighted how the information in the Pack was evidence-based and provided current and up-to-date guidance, and was therefore reliable and contained links to trustworthy websites;
- Practitioners noted an imbalance between information about breast and bottle feeding, and were concerned that this might make mothers unable to breastfeed feel inadequate;
- Practitioners also noticed that the Pack did not contain information on SSBCs groups or any information on Family Mentors. This was surprising given the Nottingham only rollout.

Workforce

This chapter focuses on evaluations undertaken that examine the SSBC workforce and Family Mentor Service. It includes: an exploration of families' experiences of having a Family Mentor; an examination of the role of the Family Mentor service and especially factors that need to be taken consideration when setting up a Family Mentor Service; how co-production is used within SSBC; the evaluation of the Ideas Fund; and details of our attempt to undertake a costs-benefit analysis of SSBC.

Families' experiences of having a Family Mentor

We aimed to address a lack of understanding of the experiences for families in having a Family Mentor and the implications of this for the design of social policy, as services seek to support young children in areas of socio-economic deprivation.

Our research sought to understand:

- The experience of families in Nottingham with SSBC Family Mentor support;
- How well supported parents with a child or children under four years felt by having a Family Mentor, what had been most helpful, and what could be improved;
- How parents perceived their child/children responded to having a Family Mentor, including the resources provided and the value of ASQs (ages and stages questionnaires);
- Experiences of ending the support from a Family Mentor; and
- Whether parents would recommend having a Family Mentor to another family, how they might describe the service and why.

Key findings

- Parents were positive about the relationship they had with their Family Mentors. Relationships with Family Mentors were characterised by feelings of trust and a non-judgemental personal relationship;
- Groups run by Family Mentors were important for meeting other parents and getting mutual support. Groups were also seen as important for child socialisation;
- Completing the ASQ made some parents feel uncomfortable, though others found it reassuring or identified a development need to be addressed;
- Most parents stopped having a Family Mentor when their child was old enough to go to nursery. However, if a Family Mentor left the service, some parents stopped at that point as they were reluctant to accept a replacement;
- Continuation of support during COVID-19 lockdowns (via online and telephone contact) was welcomed;

- Sensitivity is needed when introducing the service so that parents don't feel that they are seen as needing crisis intervention for child protection or health reasons. Universal provision across the ward is important to this;
- Including the whole family in the service was seen as important;
- One of the many strengths of the Family Mentor service is being distinctive from other services and professionals. It is important to parents that Family Mentors are also parents themselves;
- All the parents said they would recommend the service to a friend or member of their family with a young child if they were eligible.

Evaluation of the Family Mentor Service

This evaluation is a study of factors that require consideration when establishing a Family Mentor Service. Family Mentors are local parents and grandparents who have been employed to support children's development through the delivery of early intervention services and activities (i.e., the Small Steps at Home programme and group activities) focused on improving children's nutrition, communication and language skills, and social and emotional development. In Nottingham, Family Mentors deliver programmes and activities across Bulwell, Aspley, Hyson Green and Arboretum and St Ann's. Family Mentors are a paid peer workforce who have been employed by local voluntary and community sector organisations (i.e., The Toy Library, Home-Start and Framework HA) who were awarded the Family Mentor contracts by SSBC.

Our aim was to explore what parents, Family Mentors and members of the Family Mentor Senior Leadership Teams think are the important factors that need to be taken into consideration when setting up a Family Mentor service in terms of: educational qualifications and professional training; work experience; personal qualities; experience of parenting or caring for a child; lived experience of parenting locally; recruiting Family Mentors from a diverse range of backgrounds; continuity of Family Mentor; matching families participating in the Small Steps at Home programme to Family Mentors; and caseloads per Family Mentor.

Key findings

- Parents want and are given a choice in their Family Mentor and continuity of Family Mentor is important. There can be difficulties with continuity due to sickness absences and Family Mentors leaving, but there were systems in place to try to address the transition to a new or temporary alternative Family Mentor, sensitively.
- In case of a change of Family Mentor, the majority of parents would like to be introduced to the new Family Mentor by their current Family Mentor as a way of smooth transition.
- Recruiting Family Mentors from a diverse range of backgrounds in terms of gender, ethnicity, nationality, culture, and religion was very important to parents and Family Mentors and supports the matching process. The matching process was deemed very effective and worked well in all wards.
- Most parents preferred that Family Mentors visit them at home to deliver the Small Steps at Home. Furthermore, attendance was higher for the face-to-face groups than the online groups.
- Prior educational qualifications were not considered necessary for the role of Family Mentor by staff and most parents.
- Overall, the SSBC training was considered to be excellent and of very high quality, however it was suggested that refresher training and some additional training would be useful
- Parenting experience was considered key to the role. Most parents also felt it was important for Family Mentors to have experience of working with children aged under 5.
- It was also deemed beneficial for Family Mentors to be from the local area (as they understood the community they live in) but not essential.
- The personal qualities considered key for the role of a Family Mentor included: being a good communicator; being a friendly person; having a professional attitude; being non-judgmental; being a good listener; being supportive; trustworthiness; being knowledgeable; flexibility; being passionate and committed to mentoring; being compassionate and sympathetic; confidence; treating others equally; being

reassuring; having good organizational and time management skills; possessing the ability to work independently and as part of team; and being able to deal with stressful situations.

- Caseload appeared to be manageable due to SSBC being a well-funded programme, although there could be temporary problems caused: by sickness or maternity absence; Family Mentors leaving; and when Family Mentors take on several new families in a relatively short space of time.

Co-production and SSBC

Co-production is the approach used by SSBC to incorporate the voices of the community into the organisation. SSBC strive towards coproducing the service by working alongside the Parent Champions and Ambassadors (PC&A), who provide the community voice. PC&A are volunteers who live in and around the SSBC wards. In this section of the report we present how the co-production approach is used within SSBC, the views of those who engage in the approach, and how far they feel it is achieved.

The aims of this study were to: explore how co-production is presented within SSBC and how this is utilised within the organisation; consider why SSBC have opted to incorporate co-production into the organisation and why the PC&A want to engage in the approach; and to explore the barriers to co-production and the impact of its use.

Key findings

- There is considerable evidence from the interviews to suggest that SSBC are working with the PC&A to influence the design and function of the organisation;
- Co-production is presented as a vital aspect of SSBC, which has been a part of their organisation since its conception. Staff see it as an integral part of the service, with both staff and PC&A seeing it as parent-led;
- There is evidence that that it is common practice within SSBC to coproduce service and activity design with P&A, for example by consulting them before putting on an event or service element;

- PC&A recognise that they are able to use their 'expert by experience' knowledge to coproduce the service to help meet the needs of parents and carers within their community;
- PC&A are able to raise topics or concerns from the community which may not otherwise have been recognised by professionals;
- PC&A engage in co-production within SSBC to influence and challenge the status quo, by including parent voice to improve the service. They argued that without this, professionals do not always understand parent needs, and services therefore do not always meet them;
- All participants gave a positive view of the use of co-production within SSBC. They also believed that the level of co-production had improved during the project's duration, moving from an initially tokenistic involvement of PC&A to a fuller engagement and inclusion in decisions;
- Some SSBC professionals thought that, although co-production is high within the project, it is not being utilised to its maximum potential to improve outcomes. Others felt that it was already working to a high standard and would only continue to improve;
- Barriers to co-production included: some professionals feeling defensive about being challenged by PC&A; and some professionals valuing their own expertise above that held by P&A;
- PC&A could be particularly anxious, when they first began to engage with SSBC in co-production, that their own parenting would be criticised by professionals, both SSBC staff and others;
- Co-production was seen by participants as reducing barriers between professionals and communities. PC&A felt that their knowledge was more likely than that of professionals to be accepted by local parents, as they are already known. Consequently, coproducing the service with local parents makes SSBC provision more likely to be trusted and accepted by parents;
- SSBC professionals felt that coproducing the service with PC&A challenged their assumptions about the community and those who live within it, and understood better that they themselves might come from a place of privilege;

- Working alongside the PC&A has encouraged professionals to consider how inequality impacts on people's everyday lives, and to be more likely to ask more questions to gain a fuller understanding of the lives of those within the community.

Evaluation of the Ideas Fund

The Ideas Fund is based on the principle of community-based commissioning and launched in 2016. It was established to meet the fourth A Better Start (ABS) outcome, System Change. Its secondary intended benefits are the three ABS child development outcomes: social and emotional learning, diet and nutrition, and language and communication. The Ideas fund was £5,000 for 1 year of funding between 2016 and 2021 and up to £30,000 for three years from 2021 to 2024.

The aim of the Ideas Fund is to help services develop their grassroots projects, share their experiences and learning, and enable them to be sustainable beyond 2025. The Ideas Fund encourages local innovation and engagement in the design and delivery of activities that will help local children to: eat well and be healthy; talk and communicate; and be confident, friendly and understand their emotions and behaviour. It is also intended to: support families during pregnancy; improve access to diverse communities; and be father inclusive (SSBC, 2021).

Four projects have been included in this evaluation: New Shoots at St Ann's Community Orchard; Shifting your Mindset's BAME Dads Project; Berridge Nursery and Primary School's Let's Talk, Let's Be Healthy, and Let's Be Happy programmes; and Education FC's Grow Together. The BAME Dads Project aims to equip fathers to support their children through knowledge, activities, and emotional engagement with their children from pregnancy onwards. New Shoots is a child-centred outdoor space where children and parents play, learn, and have fun together through creative activities, singing and popcorn cooked around the campfire. Grow Together aims to support children with their feelings and aspirations to achieve their developmental milestones. Berridge Nursery and Primary School deliver three projects to pupils aged three: Let's Talk; Let's Be Healthy; and Let's Be Happy. These projects received funding in September 2021. Further information about the projects can be found on SSBC's website: <https://www.smallstepsbigchanges.org.uk/>

The aim of this evaluation is to explore the perceived impact and benefits of the Ideas Fund and subsequent projects and sustainability by exploring: the difference the projects have made to parents and children from birth to three years old; co-production in terms of how parents from the local community have been involved in the design, set up and/or delivery of the projects; further opportunities for parents who have attended the projects; the extent to which the projects have integrated into local communities and developed community connections; and the sustainability of the projects.

Key findings

- The process for applying for an Ideas Fund grant appeared to be simple, robust and supportive. However, it was also suggested that the application process could be daunting for individuals inexperienced in applying for grants;
- Support provided during the application process and throughout the delivery of the projects was considered very good;
- The amount of monitoring data required was not always clear at the start, and projects needed to factor in time to gather it. However, SSBC take a flexible approach to this;
- Co-production and peer support are key elements of the BAME Dads Project. These seem to be highly valued by participants;
- The Ideas Fund projects have been beneficial for the children and parents attending them. Benefits include improvements in children's communication and language; healthy eating; and social and emotional wellbeing.
- Benefits for parents included: enhanced mental wellbeing; reduced isolation and loneliness; and practical support (e.g., financial aid, support for fathers not living in the family home to maintain contact with their children);
- Funding from the Ideas Fund had supported the projects' integration into, and connections with, local communities by widening their reach, through: developing groups for families with younger children; outreach activities in the community; and opportunities to develop relationships with local parents;

- SSBC is supporting Ideas Fund programmes to apply for further funding to sustain their work. SSBC funding also allowed projects to build up a track record before applying for wider funding.

Attempt to apply cost-benefit analysis

This section sets out our findings from an attempt to apply cost benefit analysis (CBA) to Small Steps Big Changes. CBA is a method that is used by economists to determine the effect that a project has on social welfare. It is based on assigning monetary values to relevant economic costs and benefits associated with a project and if the benefits outweigh the costs the project is deemed worthwhile. This is clearly a difficult exercise but is nevertheless one that has been tackled elsewhere, most notably in the USA. The overall objective of a CBA is to determine whether a project contributes to social welfare.

Initially the aim was to conduct a CBA for each of the components of the Small Steps Big Changes project, along with an overall assessment. However, neither of these proved possible. Several challenges proved insurmountable to completion of a CBA study of Small Steps Big Changes. We report those here with the intention that they could be used to inform the development of any future project and its evaluation.

Key findings

We were unable to carry out a cost-benefit analysis of SSBC for the following reasons:

- There were no treatment and control groups. Establishing the impact of a project such as Small Steps Big Changes would ideally involve the establishment of a treatment group that receives support and a control group that doesn't. With an early childhood intervention there are clearly ethical concerns with this. However, one approach could use comparable (socio-economic) areas and administrative data. In most cases we were unable to do this;
- Take up of multiple interventions. Many participants in Small Steps Big Changes have taken part in several of the component projects. This makes it difficult to untangle which outcomes can be attributed to which component. This is one of the reasons why we were unable to estimate impact for most of the component projects of Small Steps Big Changes;

- We were unable to obtain cost data either for the individual components of the Small Steps Big Changes project or in aggregate, despite considerable effort by SSBC staff;
- Implementation of project as described: For various reasons, not all SSBC interventions operated as originally planned, and in some cases there were variations between wards;
- Timescales: while it is possible that a CBA can be conducted at any stage of a project, once the project starts it is better to wait until completion. At this point the maximum amount of data (and documented benefit) is available to establish the impact of the project and form the basis for the CBA. However, while our evaluation is over, SSBC is not.

Conclusions and recommendations

Individual conclusions and recommendations relating to the different studies have been given in the earlier sections of this report. Here we focus on our observations relating to the evaluation as a whole and make recommendations for future projects and evaluations of this kind.

We have considerable evidence that the Family Mentor relationship, and the Small Steps at Home programme, are extremely important to parents and support them well. We are aware that these have been adapted during the evaluation period, including in response to our findings. The use of a peer workforce appears to engender trust from parents which is less forthcoming in relation to professionals, and may well be important to take-up of different aspects of the programme. Family Mentors were also able to support parents to approach professionals when they needed to. The use of the ASQs as part of Small Steps at Home also prompted parents to consult professionals about their children's development where appropriate.

Similarly, the deep involvement of parents in co-producing every aspect of SSBC seems to have been highly successful. Parent Champions and Ambassadors felt fully included in the SSBC's work. Staff generally valued and respected their input, though some staff felt that co-production could still be improved. Family Mentors also seemed to feel that they had a

reasonable degree of trust and autonomy, though some would have liked more. SSBC's work to gain accreditation for the expertise gained by Family Mentors is also important.

However, there are tensions between having a local peer workforce with the autonomy to adapt things to local circumstances, and fidelity to what may be well-designed, research-based interventions. For example, Family Mentors made changes to both FRED and to Story and Rhyme Time which took away from their focus on literacy and gave more emphasis to play and relationships between parent and child. This had two effects: first, the children and their families did not get the input that had been designed for them; and second, it made the interventions difficult to evaluate as different families or groups of families had done quite different things. The specific lack of fidelity to literacy interventions may be one reason why literacy outcomes were not as strong as had been hoped. Overall, it would have been helpful to have more data about how the staff run the programmes and why they run them in that way, and to what extent individuals participate in different programmes.

The evaluation as a whole would have benefitted from the evaluation team being involved at a much earlier stage rather than coming on board a couple of years into the programme. This would have enabled us to work with SSBC to set up some of the projects in such a way that they could easily be evaluated, and relevant data collected, and might have made some form of cost-benefit analysis possible. Evaluation was not usually designed into the projects, and even when data on things like attendance were collected, this was not always done either accurately or consistently. In retrospect, the approach that was agreed between us and SSBC, in which we evaluated different projects each year, chosen by SSBC, has also made it harder to give an overarching evaluation of the programme as a whole. We are also aware that we have only evaluated a proportion of the projects that SSBC provides or funds. It might have been better to establish key focus areas from the start and to work with SSBC to ensure consistent collection of and access to data in these. However, some data had been collected before we even started.

Lack of access to relevant data has been a problem throughout the evaluation. Acquiring accurate health service data, even when working with a local health authority, seems to be a particular problem, and prevented us doing some analyses which we would have liked to

carry out. There were 11 000 cases missing from the EYFS data; having these cases available for analysis would have considerably strengthened the evaluation. We could also have done more comparison analysis if GDPR issues for non-participating families had been considered and dealt with at an early stage. In some cases, data collection was inconsistent, such as with Group Triple P, where different families were given different forms of the same questionnaire, including one version designed for those with much older children. This makes our findings less reliable.

We also note that SSBC did not always use fully validated interventions, even when these are available, although this was done in some cases. For example, the Baby Massage programme is fully validated, but others are not. Using fully validated interventions saves programmes such as SSBC from having to devise their own. For example, Story and Rhyme Time was put together by a member of SSBC staff, but there are other similar validated programmes available that could have been used, and which might have been easier for staff to implement.

COVID-19 and the resultant lockdown had a considerable impact both on the work of SSBC and on our evaluation. Specifically, it meant that we did far less individual assessment of young children's development than we had intended, as it was impossible to go into people's homes for a considerable time, even after the initial lockdown. Face to face interviews and focus groups had to be moved online, and we sometimes had to rely on historically collected data due to particular programmes being suspended for long periods. On the other hand, the experience of the COVID-19 lockdown did bring to the fore the importance of Family Mentors as part of a key support strategy for parents, and we were able to examine the effects of a rapid pivot to online and telephone delivery. We also discovered that the latter was preferable to face to face for some families.

Overall recommendations for future programmes and evaluations of this kind

- Evaluators should be appointed as part of the initial set-up of the programme and, if possible, be involved in programme design to ensure that interventions are established in such a way as to have clear outcome targets against which evaluation is possible;

- Identification of comparison groups should take place from the start, with GDPR issues in obtaining relevant data identified and overcome at this stage. This might also involve setting up intervention and comparison groups, or having only some aspects of the intervention available to some groups;
- Where there are multiple overlapping interventions, clear protocols should be put in place from the start to ensure that reliable records are kept of who takes up which intervention, at what point, how consistently, and for how long;
- Where aspects of an intervention are considered likely to deliver specific desired outcomes (for example improvements in literacy or health), SSBC and other future providers should prioritise encouraging or even incentivising target groups to participate in these and regularly review whether participation is happening;
- Projects and evaluators should establish between them, and at an early stage, which interventions need to be implemented with fidelity and which can be changed by the workforce delivering them. Staff should receive training in delivering interventions as designed and understand why it is important that this should happen;
- Data gathering should be consistent, for example, using the same data gathering instrument (and in the same version) consistently for all groups and ensuring that it is completed fully;
- Co-production with representatives of those who are targeted by an intervention is likely to be beneficial in terms of take-up and trust in the innovation.

Recommendations in relation to language, communication, and early literacy

- SSBC should investigate the reasons for low attendance at literacy-related groups and communicate the value of participation in these activities with parents;
- SSBC could embed literacy activities into non-literacy orientated groups where there is good engagement from families;
- SSBC should encourage attendance at literacy-related groups with a focus on children with disabilities, and those who speak English as a second language to increase the effect of programme on children's vocabulary scores;

- There is a need for SSBC to consider developing new provision or tailoring existing provision to better suit the needs of EAL and disabled children in particular, as they present as the most vulnerable with respect to communication needs;
- The SSBC team could consider examining the content of literacy-related sessions to enhance progression across sessions, and to examine the extent to which the content of sessions being delivered is true to the planned intention of those programmes, as it may be that implementation fidelity has been compromised;
- There is scope to review provision with respect to embedding other evidence-based approaches to enhancing communication outcomes and home learning environment for low income families. Consideration of parental literacy levels is important, as this may be an unaddressed barrier to engagement for many families within the wards being targeted;
- SSBC should continue encouraging families to register with DPIL, starting children as young as possible. The mechanisms for engaging families with DPIL from birth may benefit from a review to identify additional opportunities for raising parental awareness of this service;
- SSBC should consider targeting children identified as 'at risk' (i.e., EAL and disabled) for bespoke DPIL registration campaigns, and for campaigns emphasising the value of engaging with communication and early literacy activities with their children;
- Consider supplementing DPIL with activity sheets that can be picked up in the new central library rather than relying on families to resource downloads of PDFs from the SSBC website;
- SSBC should explore why unemployed parents do not read to their children as much as employed parents in detail via interviews and that unemployed parents are targeted with information about the benefits of daily shared reading;
- SSBC should review the nature and location of its provision for older pre-school children in relation to communication and early literacy outcomes with parent stakeholders to understand barriers to engagement and what sort of support might be beneficial;
- SSBC should consider whether there is more that SSBC can do as children approach the transition to school, in terms of supporting both children and parents;

- SSBC should review methods for compiling central data on mandatory assessments such as EYFS, in order to support future internally-led evaluations. Specifically, consider establishing a data sharing agreement and putting a set of procedures in place that would enable these scores to be held centrally for the purposes of anonymised evaluation of partnership services and programmes. This would enable SSBC to use EYFS data from schools to conduct comparisons between children who have participated in SSBC programmes and activities and those who have not;
- The Small Steps at Home programme visits and its content could be reviewed to see if it possible to have a greater and more consistent impact on ASQ's and support improvements in EYFS scores;
- SSBC should consider introducing a transition period when a Family Mentor is leaving the service and new Family Mentor is being introduced to a family;
- SSBC should explore the possibility of formally introducing the opportunity for Family Mentors to spend time discussing and meeting family's other needs;
- SSBC should support Family Mentors and parents to recognise the importance of the aspects of Story and Rhyme Time which must be delivered to achieve the desired outcomes. For example, Story and Rhyme Time needs to include stories (from books), nursery rhymes/singing and mark making, as these have all been shown to be effective in supporting children's developing language and literacy;
- Additional training sessions should be provided for Family Mentors in the delivery of the sessions to ensure they are interacting well with the stories. Dialogical reading was highlighted as an aspect of Story and Rhyme Time that is evidenced in research, and Family Mentors need to ensure that this is always pursued.

Recommendations in relation to Social and Emotional Wellbeing, and Nutrition

- SSBC and future evaluators of this programme should establish a mechanism to track whether the programme is delivered by trained staff according to the original Group Triple P instructions;
- Future evaluators should ensure that the staff who deliver the programme use the age-appropriate versions of the questionnaires;

- Future evaluators of this programme should ensure that staff record how many sessions parents attend throughout the eight weeks of the programme;
- Future evaluators should collect (more) data on socio-demographic characteristics of parents/children who participate in 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;
- Future evaluators should record whether, while attending Group Triple P programme, parents participate in any other programmes that might affect their outcomes measured in the evaluation;
- Providers of baby massage sessions should endeavour to provide creche facilities for older children, and should explore having sessions in evenings and weekends to encourage more fathers to attend;
- Providers of Cook and Play programmes might wish to consider whether the Cook and Play programme could be adapted to invite children to cook alongside their parents;
- SSBC and others should continue to offer support and incentives to promote both the initiation and continuation of breastfeeding, including the timing of vouchers offered and monetary value, as this is greatly appreciated and gives validation to those who breastfeed;
- SSBC and others should provide this support be face to face wherever possible, though other methods of communication such as phone and video can be considered if necessary;
- SSBC and others should continue to offer resources about the benefits of breastfeeding, including online and app resources, so that there is access to detailed practical advice about breastfeeding, to minimise worry that there is something wrong should breastfeeding be a difficult experience for a new parent;
- SSBC and others should continue the respect and support with incentives for those who choose 'combination feeding';
- SSBC and others should provide training if necessary, so that those supporting breastfeeding are trauma informed, to help meet the needs of those whose past

experiences might impact on their feeding choices due to body consciousness, shyness or anxiety;

- SSBC and others should ensure that breastfeeding support continues to include support for those who might be too shy to breastfeed in public, as this can be a source of anxiety;
- SSBC and others should ensure that breastfeeding support staff are aware that comments from significant members of family and friends can have a negative impact on infant feeding choices;
- SSBC and others should utilise the enthusiasm of those who breastfeed for the breastfeeding support and incentives scheme, as peer influences are significant in promoting breastfeeding rates in the UK;
- SSBC and others should increase efforts to involve those feeding their infants in decision-making processes about breastfeeding support schemes and promote their rights to be heard.

Recommendations for Father Inclusive Practice

- SSBC and any future implementation of FRED should consider whether the programme is being introduced to encourage fathers to spend more time with their children, or specifically as a literacy intervention, and train staff to implement it consistently according to the focus. This would make future evaluations more robust.
- If there is an intention that FRED have a longterm effect on children's literacy, then it should be focused on reading, not just spending quality time together;
- Books provided in connection with FRED should be available in community languages, not just English;
- To reach the (demanding) Gold standard for father inclusive practice, we recommend that practitioners are continually trained and supported in engagement with fathers, to increase SSBC's practitioners' confidence;
- Practitioners should return to Think Dads training after engaging with fathers, to evaluate how they put into practice the skills and knowledge that they have learnt during Think Dads training;

- SSBC should give the Gold standard questionnaires to practitioners to complete. This would give SSBC the tools to assess how they were meeting the Gold standard of father engagement, highlighting any improvements needed;
- The title of the New Fathers Information Pack could be revised to be more inclusive. Perhaps changing this from 'New Fathers Information Pack' to 'Fathers of a New Baby Pack' so that all fathers are included and not just first-time fathers;
- The Pack should contain a more diverse range of images of families and babies (such as fathers/babies with disabilities). Fathers also expressed concern that only happy babies and fathers were portrayed in the Pack;
- SSBC should consider the balance of some of the information, particularly in relation to feeding.

Recommendations in relation to workforce provision

- SSBC Family Mentor Service should be treated nationally and internationally as an example of good practice;
- There should be contingency plans to resist gaps in provision caused by temporary withdrawal of the service in order to adapt in times of national emergency;
- SSBC and others providing Family Mentors should make every effort to provide cultural and ethnically sensitive Family Mentor matching, especially for both parents and young children from black and Muslim families, and to include families, including children, in this;
- Paperwork and other communications should be inclusive of same-gender partnerships;
- Where possible, further research should evaluate the impact of Family Mentors on parents' decisions regarding their child's health and well-being e.g., vaccinations, healthy eating, trips out etc. particularly in relation to those families experiencing poverty;
- Providers should consider additional training for Family Mentors in time management and organisational skills, resilience and signposting to other services;
- The Family Mentor service remains a universal service;

- Where a change of Family Mentor is required, the delivery provider should continue to ensure the current Family Mentors arrange a meeting with families to introduce their new Family Mentor;
- In addition to the practical experience of Family Mentors, delivery providers should also look for key characteristics in Family Mentor candidates or encourage current Family Mentors to consider these attitudes when interacting with families.
- Professionals should receive adequate training on how to work best with the PC&A and service users;
- There should be more consideration as to how the PC&A are recruited, to ensure that they are and remain representative of the community, and especially of those who are least likely to engage;
- SSBC should be clearer about the amount of monitoring data required of projects receiving grants from the Ideas Fund.

Recommendations in relation to cost-benefit analysis

- Future projects should be set up with clear objectives with associated measures: appropriate indicators that allow the objectives of the project to be quantified should be clearly identified before the implementation of the project;
- Future projects should have treatment and control groups set up, comparable (socio-economic) areas and administrative data established at the start. An alternative might be to offer two levels of support with the 'low intensity' support as the control group and the 'high intensity' support as the treatment group. This would allow clear comparisons;
- Future projects should at least monitor take up of multiple interventions by participants. At a minimum it should be established from the start which activities participants in treatment/control groups have access to and this should be adhered to throughout delivery, and take-up of the different components should be monitored on an individual basis;
- In any future project we recommend identifying the cost data required for a CBA and the means of data collection put in place before delivery begins;

- in any future project these changes from planned delivery should be kept to a minimum;
- In any future project our recommendation is to conduct the *analysis* required for a CBA at the end of the project, but with the organisation carrying out the CBA involved from the start.

Table 1: Outcome table for all the individual studies comprising the evaluation

Programme or group activity	Outcome(s)	Aim and data collection methods	Findings	Year of publication
Dolly Parton's Imagination Library (DPIL)	Communication and language	<p>Aim: to explore the impact of DPIL registration on parent–child reading-related behaviours.</p> <p>Data collection method: Questionnaire administered to parents Parent questionnaire.</p> <p>Sample:</p> <ul style="list-style-type: none"> • 197 children from Nottingham that had not participated in DPIL. • 286 children that had participation in DPIL (77 were registered with DPIL for 11 months or less, 100 for 12 yo 24 months, and 109 for 25 months or more). 	<p>Overall finding: The longer families participated in the programme, the more parents had interactions with their children whilst reading a book, the longer reading sessions they had, and the more they read to their children on a daily basis.</p> <p>Key findings:</p> <ul style="list-style-type: none"> • When they were initially registered with DPIL (0–11 months) families reported reading and singing with their children less frequently than their more advantaged peers (non-DPIL group), and the children were initiating literacy-related activities less often. The two groups of families who had been registered with DPIL for a year or more reported higher levels of activity which put them on a par with the non-DPIL families. • DPIL groups registered with the programme for a year or more reported more frequent interaction when sharing books than the non-DPIL families. In other words, DPIL registered parents engaged their children with the content of the story or focused their attention on concepts about print. 	2020

			<ul style="list-style-type: none"> Families registered in DPIL for more than two years engaged in reading sessions that were significantly longer than those who had been registered for one year or less. There was no evidence of any impact of DPIL registration status on either the children's interest in books, songs and rhymes, or in levels of parental confidence. 	
Dolly Parton's Imagination Library (DPIL)	Communication and language	<p>Aim: the extent to which duration of registration with DPIL is linked to the Ages and Stages Questionnaire (ASQ) scores, specifically, in the areas of communication and literacy.</p> <p>Data collection method: ASQ</p> <p>Sample:</p> <ul style="list-style-type: none"> ASQ scores at 12 months: 7,378 children (834 children living in SSBC but not in receipt of DPIL, 2702 SSBC children in receipt of DPIL, and 3842 children not in SSBC wards and not in receipt of DPIL). ASQ scores at 24 months: 2195 children (225 children living in SSBC but not in receipt of DPIL, 1184 SSBC children in receipt of DPIL, and 786 children not in SSBC wards and not in receipt of DPIL). 	<p>ASQ scores at 12 months:</p> <ul style="list-style-type: none"> There were no significant differences between the groups with respect to their 12-month ASQ scores and how many DPIL books had been received. However, there was a small but statistically significant correlation between the number of books received and ASQ scores for communication outcomes. <p>ASQ scores at 24 months:</p> <ul style="list-style-type: none"> There were no significant differences between the groups with respect to communication and personal-social 24-month ASQ scores, but there was however a significant difference with respect to problem solving outcomes, which was the result of DPIL children in the SSBC Wards scoring lower than the children who lived outside of the targeted wards. There was also a significant negative relationship between 24-month ASQ scores for problem solving and duration of DPIL registration (number of books received). 	2023

Dolly Parton's Imagination Library (DPIL)	Communication and language	<p>Aim: the extent to which duration of registration with DPIL is linked to the Early Years Foundation Stage (EYFS) scores, specifically, in the areas of communication and literacy.</p> <p>Data collection method: EYFS</p> <p>Sample: 419 children (381 SSBC children in receipt of DPIL, 29 SSBC children not in receipt of DPIL, and 9 children who were not in SSBC wards and not in receipt of DPIL.</p>	<p>EYFS:</p> <ul style="list-style-type: none"> There were not statistically significant correlations between the number of books received from DPIL and the following measures: total EYFS scores, communication and language scores, personal social and emotional scores, literacy scores, understanding the World scores. DPIL registration duration is unable to explain a significant amount of the variance in EYFS scores on its own. SEN status, EAL status and ethnicity are the only factors able to explain a significant amount of the variance in EYFS scores in this sample of children. 	2023
Vocabulary scores of children who participated in the SSBC programme (Academic year 2022/23)	Communication and language	<p>Aim: to investigate differences in vocabulary scores between children who participated in the SSBC programme in general and various SSBC groups, and those children who did not participate in the programme</p> <p>Data collection method: comparison of the standardised British Picture Vocabulary Scale (BPVS) scores of SSBC participants at school entry to those of other children entering reception class in the same schools, but who did not participate in the SSBC programme.</p> <p>Sample:</p> <ul style="list-style-type: none"> 74 SSBC children 150 non-SSBC children 	<p>BPVS scores:</p> <ul style="list-style-type: none"> There was a statistically significant difference in mean vocabulary scores between SSBC children and non-SSBC children. This finding suggests that overall engagement with the SSBC programme is linked to better vocabulary scores. There was a statistically significant difference in mean vocabulary scores between non-SSBC children who spoke English as an additional language and non-SSBC children who spoke English as their first language. There was no difference between SSBC children. This finding implies that participating in the SSBC programme might have improved bilingual SSBC children's vocabulary scores. Although there was a statistically significant difference in mean vocabulary 	2023

			<p>scores between non-disabled and disabled children, there was no difference between non-disabled SSBC and non-disabled non-SSBC children, and SSBC children with a disability. This finding implies that participating in the SSBC programme might have improved disabled SSBC children's vocabulary scores.</p> <ul style="list-style-type: none"> • Data indicated that language scores were very similar for boys and girls who participated in SSBC programmes, whereas boys showed lower language scores than girls in families who had not participated (although this difference was not statistically significant). • Vocabulary scores increased in line with number of SSBC programmes and activities the SSBC children participated in. However, the results were not significant. • There was no difference in vocabulary scores in relation to attendance at language related groups. • There was no difference in vocabulary scores in relation to participating in the Small Steps at Home programme. • With regards to the characteristics of SSBC children who were in the high-risk group in terms of vocabulary scores, the only statistically significant finding revealed that SSBC children with a disability were more likely to be in the high-risk group than SSBC children without any disabilities. 	
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Vocabulary scores of children who participated in the SSBC programme (Academic years 2022/23 and 2023/24 combined)	Communication and language	<p>Aim: to investigate differences in vocabulary scores between children who participated in the SSBC programme in general and various SSBC groups, and those children who did not participate in the programme</p> <p>Data collection method: comparison of the standardised British Picture Vocabulary Scale (BPVS) scores of SSBC participants at school entry to those of other children entering reception class in the same schools, but who did not participate in the SSBC programme.</p> <p>Sample: 166 SSBC children 193 non-SSBC children</p>	<p>BPVS scores:</p> <ul style="list-style-type: none"> • The mean vocabulary score for the SSBC children was higher than the non-SSBC children, however it was not statistically significant different. • The mean vocabulary scores of SSBC children who spoke English as their first language were significantly higher than the mean scores of non-SSBC children who spoke English as an additional language. This finding implies that participating in the SSBC programme might have improved bilingual SSBC children's vocabulary scores. • The mean vocabulary scores of non-disabled SSBC children were higher than the mean scores of disabled SSBC children and disabled non-SSBC children. • There was no statistically significant difference in mean scores between female SSBC children, male SSBC children, female non-SSBC children and male non-SSBC. • Vocabulary scores increased in line with number of SSBC programmes and activities the SSBC children participated in. However, the results were not significant. • There was no difference in vocabulary scores in relation to attendance at language related groups. • There was no difference in vocabulary scores in relation to participating in the Small Steps at Home programme. 	2022 and 2023
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			<ul style="list-style-type: none"> With regards to the characteristics of SSBC children who were in the high-risk group in terms of vocabulary scores. Those who spoke English as an additional language were more likely to be in the high-risk group than those who spoke English as their first language; and those who had a disability (60%) were more likely to be in the high-risk group than those who did not have a disability. 	
Small Steps at Home	<p>Social and emotional</p> <p>Communication and language</p>	<p>First study:</p> <p>Aim: The evaluation examined whether there were differences in 24-month ASQ scores in communication, fine motor, gross motor, personal-social and problem-solving between those who had participated in Small Steps at Home and those that did not.</p> <p>Data collection method:</p> <ul style="list-style-type: none"> Ages and Stages Questionnaire (ASQ) <p>Sample:</p> <ul style="list-style-type: none"> Children from SSBC wards who participated in the programme for 18 months or more (n=158); Children from SSBC wards who participated in the programme for 17 or fewer months (n=129); Children from SSBC wards who did not participate in the programme (n=621); and 	<p>Overall, it seems that participating in Small Steps at Home in the first 12 months improves children's communication and gross motor scores in the first year and participation for 24 months improves children's fine motor scores.</p> <p>Key findings, first study:</p> <ul style="list-style-type: none"> Children from SSBC wards who participated in the programme for 18 months or more had the highest mean 24-Month ASQ scores (excluding problem-solving domain) and 'overall' scores. However, there were no statistically significant differences in ASQ scores between the four groups of children. Children who participated in Small Steps at Home live in deprived areas in Nottingham, therefore participation in the Small Steps at Home programme may have narrowed the gap between these children and their peers who may live in affluent areas and households. <p>Key findings, second study:</p>	2020 and 2023

		<ul style="list-style-type: none"> Children who were from 'comparison' wards and did not participate in the programme (n=2351). <p>Second study</p> <p>Aim: to determine if there were differences between three groups of children in terms of their both 12 and 24 month ASQ scores and whether there was a correlation between the 12- and 24-month ASQ scores and the number of Small Steps at Home visits children had in the first and the second year.</p> <p>Data collection method: ASQ</p> <p>Sample:</p> <p>12-month ASQ scores</p> <p>(1) non-SSBC children who did not participate in Small Steps at Home (n=4,864), (2) SSBC children who participated in Small Steps at Home (n=1,866), and (3) SSBC children who did not participate in Small Steps at Home (n=1,670) (see table 1 for sample sizes).</p> <p>24-month ASQ scores</p> <p>(1) non-SSBC children who did not participate in Small Steps at Home (n=981), (2) SSBC children who participated in Small Steps at Home (n=619), and (3) SSBC children who did not participate in Small Steps at Home (n=790).</p>	<ul style="list-style-type: none"> There was no difference between the groups of children in terms of 12 month communication scores. However, there was a strong, positive association between the number of Small Steps at Home visits and 12 month communication. That means, an increase in the visits led to an increase in the 12 month communication scores. There was a statistically significant difference between the SSBC and non-SSBC children in terms of 12-month fine motor scores. This difference was between non-SSBC children and SSBC children who did not participate in the Small Steps at Home programme. This finding was supported by the fact that there was not a statistically significant association between 12 month fine motor scores and the number of Small Steps at Home visits children had in the first year. That means, participating in SSAH did not result higher 12-month fine motor scores for SSBC children. There was a statistically significant difference between the SSBC and non-SSBC children in terms of gross motor scores. These differences were between SSBC children who did not participate in SSAH and non-SSBC children, SSBC children who participated in Small Steps at Home and non-SSBC children. There was a strong, positive association between the number of Small Steps Big Changes visits and 12 month gross motor scores. That 	
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			means, an increase in the visits led to an increase in the 12-month gross motor scores.	
Small Steps at Home	Social and emotional Communication and language	<p>Aim: to examine if there is a difference in EYFS scores between children who participated in Small Steps at Home and those who did not, and whether there was a correlation between the total EYFS scores and the number of Small Steps at Home visits.</p> <p>Sample size: 418 children</p> <ul style="list-style-type: none"> • 328 children who participated in Small Steps at Home • 90 children who did not participate in Small Steps at Home 	<p>Overall, participating in Small Steps at Home did not result higher EYFS scores for SSBC children.</p> <p>Key findings:</p> <ul style="list-style-type: none"> • There was not a statistically significant difference between children who participated in Small Steps at Home and who did not. • There was not a statistically significant association between EYFS scores and the number of Small Steps at Home visits children had until they went to school. 	2023
Small Steps at Home	Social and emotional Communication and language Nutrition	<p>Aim: To examine outcomes for children and their parents participating in the Small Steps at Home Programme.</p> <p>Data collection methods: Interviews and focus groups.</p> <p>Sample:</p> <ul style="list-style-type: none"> • 17 parents • 31 Family Mentors • 7 Members of Family Mentor Leadership Team • 4 four other members of staff (roles anonymised to ensure anonymity) 	<p>Parent reported findings:</p> <ul style="list-style-type: none"> • Parents reported improvements in the wellbeing and confidence of both parents and children, children eating healthier food options, and improvements in children's sleeping routines and behaviours. <p>Staff reported findings:</p> <ul style="list-style-type: none"> • There was a perception that the programme had led to developments in children's confidence, language and communication, and improved English for children whose parents first language is not English. • There was a view that participation in the Small Steps at Home programme 	2019

			had led to better relationships between children and parents and more interactions, and parents being more safety conscious.	
Cook and Play	Nutrition	<p>Aim: To explore the impact on parents' confidence and knowledge in relation to cooking healthy meals according to staff's perceptions.</p> <p>Data collection methods: Interviews and focus groups with staff.</p> <p>Sample: 4 members of the Family Mentor Senior Leadership Team 15 Family Mentors.</p>	<p>Findings:</p> <ul style="list-style-type: none"> Some parents improved their cooking skills and as a result cooked healthier low-cost meals at home. The social aspect of Cook and Play helped some parents build friendships and this led to a reduction in 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 encouraged some other children to sit at the table and try new foods. 	2020
Experiences of having a Family Mentor	<p>Social & Emotional</p> <p>Communication & Language</p> <p>Nutrition</p>	<p>Aim: to understand the experience of families in Nottingham with SSBC Family Mentor support.</p> <p>Data collection methods: Telephone interviews</p> <p>Sample: 26 parents.</p>	<p>Findings:</p> <ul style="list-style-type: none"> The parents were positive about having a Family Mentor, highlighting the trust they had with their mentors, as well as appreciating the reassurance the mentors offered within non-judgemental and consistent support. Service delivery was good, and especially welcome during lockdown; however, some parents were confused about the initial contact, and others disliked any change from one mentor to another; overall, the ASQs were seen positively, although some parents disliked the programmatic approach. 	2022

			<ul style="list-style-type: none"> The parents preferred being mentored by other parents using personal knowledge and experience; the service was seen as inclusive especially for dads, however, some of the paperwork could be more inclusive of gay partners; it was also thought more could be done to recruit minority ethnic mentors. All of the parents (100%) said they would recommend the Family Mentor service to other parents; it was particularly appreciated that the Family Mentors were offered due to postcode, rather than as a needs/crisis based intervention. 	
Fathers Reading Every Day	Communication and language	<p>Aim: to assess the extent to which the FRED programme increases reading frequency of fathers with their child, fathers' confidence in reading to their child, father-child relationship, and fathers' involvement in their child's development.</p> <p>Data collection method: Pre and post parents questionnaires and interviews with Family Mentors.</p> <p>Sample: 70 fathers 7 Family Mentors</p>	<p>Parents pre and post questionnaire:</p> <ul style="list-style-type: none"> Reading frequency increased following participation in FRED. There was no statistically significant increase in the levels of fathers' confidence in reading to their child, father-child relationship, and fathers' involvement in their child's development) Additional findings reported by fathers in the free text section of the pre and post questionnaire: improved relationship with their child (80%), and more involved in their child's learning (74%). Some fathers felt that their child's language and communication had improved as a result of FRED, that FRED had helped to increase confidence in both children and fathers; and that spending time reading led to an improved bond between father and child. 	2020

			<p>Interviews with Family Mentors:</p> <ul style="list-style-type: none"> Family Mentors reported that FRED had improved child and father outcomes including improved speech and language, bonds, emotions, and confidence. 	
Baby Massage	Social and emotional	<p>Aim: To examine whether participation in the baby massage groups improves outcomes for parents and babies.</p> <p>Method: Interviews with parents</p> <p>Sample: 25 parents</p>	<p>Findings:</p> <ul style="list-style-type: none"> Baby massage was found to have helped to strengthen the bond between some parents and babies (attributed to the skin on skin contact and eye contact that baby massage involves, and the dedicated one-to-one time). Some parents reported that certain massages soothed their baby; helping them to relax and to fall asleep for longer periods. Some parents reported that Baby massage techniques helped to alleviate the symptoms and discomfort of colic, wind, constipation; and improved digestion. Attending the baby massage sessions helped some parents to relax and feel calmer (due to the calming environment; reassurance from other parents; and calmer babies which led to them feeling more relaxed). Knowing how to soothe and calm their baby (and reduce discomfort from colic, constipation, poor digestion, and wind) led to some parents feeling more competent as parents. 	2020

			<ul style="list-style-type: none"> • Parental confidence increased amongst some, as a result of spending time with other parents who offered reassurance. • A number of parents reported that their ability to read their baby's cues had increased and that their babies had become more vocal. • Friendships had been formed amongst some parents, with some socialising outside of the groups. • Attending the classes had helped to reduce isolation during the postpartum period for some parents. 	
Group Triple P	Social and emotional	<p>Aim: to examine Group Triple P's impact on the following outcomes:</p> <ul style="list-style-type: none"> • 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. <p>Data collection methods: Administration of the Strength and Difficulties Questionnaire</p>	<p>SDQ scores:</p> <ul style="list-style-type: none"> • There were statistically significant differences in mean SDQ scores for Conduct, Hyperactivity and Prosocial scores. Thus, children's Conduct and Hyperactivity problems significantly reduced after their parents participated in the Group Triple P sessions. In addition, children's Prosocial scores significantly increased after their parents participated in the Group Triple P sessions. There were no statistically significant differences in mean Emotion and Peer scores between pre- and post-intervention. <p>Parenting scale scores:</p> <ul style="list-style-type: none"> • There were statistically significant differences in mean PS Laxness, Over- reactivity, and Total scores between pre- and post-intervention. Therefore, parents' problems in parenting skills significantly 	2020

		<p>(SDQ), Parenting Scale (PS), and Warwick-Edinburg Mental Wellbeing Scale (WEMWBS) to parents before and after taking part in the Group Triple P programme.</p> <p>Sample: 77 parents whose children were aged 2-10 years.</p>	<p>reduced after they participated in the Group Triple P sessions.</p> <p>WEMWBS:</p> <ul style="list-style-type: none"> There were statistically significant differences in mean WEMWBS scores between pre- and post-intervention. Therefore, parents' mental wellbeing significantly improved after they participated in the Group Triple P sessions. 	
Story and Rhyme Time	<p>Communication and language</p> <p>Social and emotional</p>	<p>Aim: To explore the impact of Story and Rhyme Time in relation to the improvement in children's and parents' outcomes including speech, language and communication; and social and emotional development.</p> <p>Data collection method: Interviews</p> <p>Sample: 14 parents 7 Family Mentors.</p>	<p>Family Mentors suggested that:</p> <ul style="list-style-type: none"> Children's speech, language and communication was improved during sessions. Children's social and emotional development was improved as a result of the sessions, particularly in terms of the confidence they gained. Sessions also improved children's interaction with others and concentration skills developed by listening to stories. Parents social and emotional lives were positively affected and it gave them confidence to read with their children. Parents became less isolated because of attendance at the sessions. Parents gained tools to help them develop their children's outcomes at home, particularly in relation to modelling and reading techniques. <p>Parents suggested that:</p> <ul style="list-style-type: none"> Children's communication skills had been developed through engagement with books. However, this did not occur 	2022

			<p>in all sessions as Family Mentors sometimes read the stories without any discussion.</p> <ul style="list-style-type: none"> • Children's language had been improved by attending the sessions, this was particularly noted by parents for whom English was not their primary language. • Children's emotional development had benefitted from session attendance. This was noted in terms of the relaxed atmosphere created at sessions and also interaction with others which children had missed as a result of the pandemic lockdowns. • Children had become more confident and more willing to explore during sessions. • Children's fine motor skills improved as a result of the interactions during sessions such as using shakers and rattles. • Children learned about the importance of books. Parents found this valuable due to the learning benefits from books at an early age including associating words with images. • Parents learned skills during sessions which were useful for home learning including singing and reading skills. • Parents' own speech, language and communication skills have been improved, particularly for those who don't speak English as their first language. • Attending sessions had reduced parents' social isolation, provided them with an 	
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			opportunity to make new friends and allowed them to build their confidence in reading whilst being with other parents.	
Family Mentor Group Activities Online	<p>Communication and language</p> <p>Social and emotional</p> <p>Nutrition</p>	<p>Aim: To explore parents' and staffs' perceptions of the online activity groups delivered by Family Mentors, including outcomes for children.</p> <p>Data collection methods: Interviews and focus groups with parents and staff.</p> <p>Sample: 12 parents 10 Family Mentors 4 members of Family Mentor Senior Leadership Teams</p>	<p>Findings:</p> <ul style="list-style-type: none"> • The online groups provided families with a connection to other families. However, communication and interaction was minimal during online groups, and thus it was difficult for parents to develop friendships during online groups • Generally, the Family Mentors and members of the Family Mentor Senior Leadership team perceived the online groups to be less effective in developing children's outcomes, when compared with face-to-face groups. • Children's communication and language development was deemed to have deteriorated as a result of their limited social interaction with other children and families. • Baby Massage classes were deemed to have been effective with parents reporting that they used the techniques learned to help ease their babies colic, stomach ache, teething and constipation, and aided to relax and calm their babies. • Some parents reported making healthier choices and repeating the recipes they had learned during the Cook and Play sessions. • 	2022

Breastfeeding Incentives Scheme	Nutrition	<p>Aim: To understand mothers' perceptions and experiences of the scheme and whether the Incentives supported the breastfeeding 'journey'.</p> <p>Data collection method: Interviews</p> <p>Sample: 4 mothers</p>	<p>Findings:</p> <ul style="list-style-type: none"> • Support from the Family Nurses proved invaluable in encouraging the women to start and continue breastfeeding. • The Incentives were viewed positively by all the women interviewed. While those who had already chosen to breast-feed did not need an incentive to start, they welcomed the scheme and spoke about how they felt it validated their decision. • The Incentives were also seen as an encouragement to keep breastfeeding, and here the timing of the vouchers was viewed very positively, drawing attention to achieving weeks and months of breastfeeding. • The value of the vouchers was considered to be a good amount, going towards the cost of for example, formula milk, healthy food and treats. 	2023
New Fathers' Information Pack	<p>Nutrition</p> <p>Social and emotional wellbeing</p>	<p>Aim: to explore improvements in fathers' knowledge concerning their new baby.</p> <p>Data collection method: Interviews and focus groups</p> <p>Sample: 20 fathers 8 Family Mentors</p>	<p>Findings</p> <ul style="list-style-type: none"> • Fathers felt they had gained knowledge regarding preparing for birth, baby safety, feeding (although there was an uneven focus upon breastfeeding), fathers' rights, financial benefits, and bonding. • Overall, the Pack improved fathers' confidence. • Family Mentors felt that the fathers would gain important knowledge from the Pack and shared important experiences where fathers demonstrated new understanding about their rights. The 	2023

			Pack made fathers feel more included in the whole process.	
Ideas Fund Evaluation	<p>Communication and language</p> <p>Social and emotional wellbeing</p> <p>Nutrition</p>	<p>Aim: To explore the perceived impact and benefits of the projects funded by the Ideas Fund and in particular the difference the projects have made to parents and children from birth to three years old.</p> <p>Data collection methods: Interviews and focus groups with parents and staff.</p> <p>Sample: 24 parents, 2 childminders 7 members of staff</p>	<p>Findings:</p> <ul style="list-style-type: none"> • New Shoots was perceived to benefit children's physical and emotional well-being, support their socialisation, and increase their confidence, enhance their communication and language skills, and encourage healthy eating. In addition, some parents reported that New Shoots had helped them to develop connections with other parents, reducing isolation and loneliness. • Benefits of the BAME Dads Project included: improved emotional wellbeing as a result of peer support from other fathers and opportunities to share their experiences and difficulties; practical support and signposting which had led to financial support; peer support and advice that had resulted in contact and a relationship with their children; the provision of food; and stress release and therapeutic benefits from working in the dads' garden. • Berridge Nursery and Primary School: The Let's Talk programme had supported children's communication and language development. The Let's Be Healthy programme had encouraged healthy eating and exercise and it was suggested that the programme may have contributed to fewer children at the school being considered overweight 	2023

			<p>or obese. The Let's Be Happy Programme had encouraged children to talk about their emotions with teachers and develop empathy for others.</p> <ul style="list-style-type: none"> • Grow Together: Tiny Talk had supported parents and babies to communicate via baby sign language, developing communication between parent and child and helping parents understand their baby's needs. It had also supported babies' socialisation and helped to develop their confidence. Tiny Talk offered parents the opportunity to support and socialise with other parents and this had led in some cases to reducing feelings of isolation. The Sport and Movement sessions were seen to have supported children in developing their language and numeracy skills and benefited their physical fitness and fine motor skills. The Parent Led sessions encouraged healthy eating, and the craft activities supported children to be creative and express themselves and gave them a sense of achievement. 	
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Introduction

The Small Steps Big Changes (SSBC) programme commenced in 2015 and is hosted by Nottingham CityCare 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 co-produce 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 in May 2018. Each year SSBC selected the SSBC programmes and activity groups that they would like to be evaluated. Upon completion of these evaluations an annual report was produced (and where required an interim report). Two interim reports have been produced and four annual reports, all of which are available in the Learning Hub on the SSBC website: <https://www.smallstepsbigchanges.org.uk/knowledge-hub/learning-hub/training-and-learning-documents>. For logistical reasons, there was no annual report produced in 2021.

This report summarises and brings together all the evaluations that have been undertaken since 2018 and includes the evaluations of the following, listed by date of reporting:

- Small Steps at Home and Dolly Parton's Imagination Library;¹

¹ Further details can be found in:

Lushey C, Tura F, Paechter C, Pandya-Wood J, Thompson R, Wood C, Huntington B, Wardle L, Fleming J, Cassidy S, Jameel A, Law S and Rathore G. (2019). *Evaluation of Small Steps Big Changes: First Annual Report: 2019*. Nottingham: Nottingham Trent University.

Tura F, Wood C, Lushey C, Paechter C and Pandya-Wood. (2020). *Evaluation of Small Steps Big Changes: Interim Report: January 2020*. Nottingham: Nottingham Trent University.

Tura F, Wood C, Thompson R and Lushey C. (2021). *Evaluating the impact of book gifting on the reading behaviours of parents and young children*. *Early Years*, 43(1), 75–90.

- Fathers Reading Every Day (FRED), Father Inclusive Practice, Baby Massage, Cook and Play, and Group Triple P²;
- Story and Rhyme Time, Family Mentor Service, and Family Mentor group activities delivered online³;
- Breastfeeding Incentives Scheme for Teenage and Young Mothers, New Fathers' Information Pack, and the Ideas Fund⁴;
- Experiences of having a Family Mentor⁵;
- Vocabulary Scores of Children Who Participated in the SSBC Programme⁶;
- Attempt to conduct a Cost-benefit Analysis of SSBC⁷.

This final report also includes additional work undertaken in 2022/23 which consisted of:

- A second assessment of the vocabulary scores of children who participated in the SSBC programme carried out in Autumn 2022;
- An examination of the extent to which duration of registration with DPIL was linked to children's Ages and Stages Questionnaire (ASQ) Scores and their Early Years Foundation Stage (EYFS) early learning goals; and
- An examination of whether participating in Small Steps at Home improve children's 12 and 24 month ASQ scores and their EYFS scores.

² Further details can be found in:

Toft A, Lushey C, Tura F, Newham K, Slater J, Jameel A, Law S, Rathore G, Cooper S, Fleming J, Pandya-Wood J and Paechter C. (2020). *Evaluation of Small Steps Big Changes*. Nottingham: Nottingham Trent University.

³ Further details can be found in:

Lushey C, Tura F, Toft A, Newham K, Slater J, Law S, Jameel A, Rathore G and Paechter C. (2022). *Evaluation of Small Steps Big Changes: Annual Report 2022*. Nottingham: Nottingham Trent University.

⁴ Further details can be found in:

Lushey C, Harding R, Toft A, Slater J, Newham K, Jameel A, Law S and Carrie Paechter C. (2023). *Evaluation of Small Steps Big Changes: Annual Report 2023*. Nottingham: Nottingham Trent University.

⁵ Further details can be found in:

Harding R and Paechter C. (2022). *Experiences of SSBC families in having a Family Mentor*. Nottingham: Nottingham Trent University.

⁶ Further details can be found in:

Wood C, Tura F, Newham K, Lushey C and Paechter C. (2022). *Evaluation of Small Steps Big Changes: Examining the Impact of Small Steps Big Changes Provision on Children's Receptive Vocabulary Scores on Entry to Reception Class*. Nottingham: Nottingham Trent University.

⁷ Further details can be found in:

Bickerton C, Lushey C, Paechter C and Tura F. (2021). *Evaluation of Small Steps Big Changes: Report on Attempt to Apply Cost-Benefit Analysis*. Nottingham: Nottingham Trent University.

The findings from the above evaluations have been organised into five chapters which focus on: language, communication and early literacy; social and emotional wellbeing; nutrition; father inclusive practice; and workforce. Each chapter contains summary literature reviews, methods, results, conclusions and recommendations. However, these have necessarily been reduced in order to make this report of a manageable size: further details (especially more detailed literature reviews) can be found in the relevant annual and interim reports.

This final report brings together findings from studies carried out at different times over the last five years. Areas studied were chosen by SSBC in negotiation with us and it was unusual for us to evaluate the same aspect of provision from year to year. What is reported in each section therefore represents the situation at the time that the individual studies took place. In some cases, changes have subsequently been made which will only have been picked up if we have conducted a subsequent study of that service. Consequently, not all of the findings represent the situation in SSBC projects at the time of writing.

Aims and objectives of the SSBC evaluation

The overall aim of the evaluation was to:

- Examine the functions of SSBC including service description, aims, services provided;
- Identify strengths and areas of development;
- Measure changes and improvements in children in the following outcomes:
 - Social and emotional skills
 - Language and communication skills
 - Diet and nutrition
 - Other positive outcomes
- Examine how SSBC empowers parents, communities, and workforces to co-produce together; and
- Provide recommendations on how SSBC can be enhanced for the benefit of children, families, professionals, and other stakeholders.

Methods

We adopted a mixed methods approach in which both quantitative and qualitative data was been collated and analysed.

We also used peer research methods. Four parents who live and/or work in Aspley, Bulwell, Hyson Green and Arboretum, and/or St Ann's were appointed as Parent Peer Researchers. The Parent Peer Researchers were paid members of staff at Nottingham Trent University. Peer researchers are members of the researched group who adopt the role of the researcher. Key to being a peer researcher is having shared experiences with the researched group. The peer researchers, working on the SSBC evaluation, were parents who had experiences of parenting in the areas where the SSBC programme is being delivered. They received in-house training related to undertaking evaluations. This covered: ethical considerations and requirements; recruitment approaches; data collection methods and analysis techniques; and dissemination of findings through reports and presentations. The peer researchers worked on the evaluations of the Small Steps at Home programme, the Baby Massage groups, the Family Mentor Service and the Ideas Fund. They have been involved throughout the research cycle, including: developing evaluation questions and data collection tools (i.e., interview and focus group schedules, and a questionnaire); undertaking data collection through face-to-face and online interviews and focus groups; analysing data from the interviews and focus groups; and contributing to the dissemination of findings through reports and presentations⁸.

We also experimented with using sibling researchers as part of our evaluation of the Imagination Library book-gifting scheme. This involved devising a recording system with a small group of children aged 8-11 at Sycamore School in St Ann's, which they used to record book-sharing events in their homes for a period two weeks. We then analysed the findings with them at a subsequent meeting. While this was an interesting project which engaged the children, it did not provide useful data due to variations in how the children used and

⁸ Further details on their involvement in the SSBC evaluation are available in: Lushey C, Jameel A, Law S and Rathore G. (2022). Peer Researchers Working Remotely Online: Experiences and Challenges. SAGE Research Methods: Doing Research Online, SAGE Publications, Ltd. Available at: <https://methods.sagepub.com/case/peer-researchers-working-remotely-online-experiences-challenges>

completed the record booklet. Consequently we have not discussed this further in this report.

Ethical approval was obtained from Nottingham Trent University Business, Law, and Social Sciences Research Ethics Committee prior to commencement of the evaluations detailed in this report. The evaluations were also registered with the Research and Innovation Department within Nottinghamshire Healthcare NHS Foundation Trust.

Verbal and written informed consent were obtained from all evaluation participants. Participation was voluntary and participants were assured that they did not have to answer any questions that they did not want to. Parent participants were given high street gift cards worth between £10-20 as a thank you for participation in an evaluation.

Data collected by NTU during the course of the evaluations 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. With participants' consent, audio/video recordings of interviews and focus groups was undertaken. Transcription of the interviews and focus groups was carried out by an authorised university transcriber who is fully aware of requirements of confidentiality, or by a member of the research team. Data from questionnaires, scales, focus groups and interviews (e.g., video/audio and transcripts) were stored in a restricted folder on the NTU drive. Consent forms from the interviews and focus groups were stored in a restricted folder on the NTU drive or a locked filing cabinet.

The Ages and Stages Questionnaire (ASQ), Early Years Foundation Scores (EYFS) data and Group Triple P findings were kept in a secure drive at SSBC which was allocated to a member of the NTU evaluation team, seconded to SSBC to analyse the data. The member who carried out the statistical analysis has an honorary NHS contract and access to NHS data was provided via a secure NHS computer provided by CityCare.

Further information on methods, data collection and analysis for the individual studies is provided throughout this report.

Language, Communication, and Early Literacy

Authors: Professor Clare Wood, Dr Ferhat Tura, Clare Lushey, Dr Alex Toft, Jane Slater, Stephanie Cassidy, Alya Jameel, Susan Law, Kerry Newham and Ghazala Rathore.

Introduction

In this chapter we consider the impact that SSBC provision has had on children's language, communication and early literacy outcomes. Specifically, we consider the impact of engagement with SSBC provision overall, as well as registration with Dolly Parton Imagination Library (DPIL), Small Steps at Home, Story and Rhyme Time. To evaluate the impact that these programmes have had on children's communication, language and early literacy, we identified a number of immediate and longer-term outcomes where we might reasonably expect to see an impact, and we considered these in relation to the content of the SSBC provision.

In terms of immediate outcomes, we were interested to see whether participation in SSBC would impact family behaviours and interactions in ways that would benefit children's communication and early language and literacy skills. Specifically, we were interested to see if there was evidence of:

- Increased interest from the children in books;
- Increased frequency of parents either reading with or singing (rhymes) to their child;
- Increased frequency of parent-child interaction during shared storybook reading;
- Increased duration of reading sessions;
- Increased parental confidence in engaging their children in talk or with books.

It seems reasonable to expect that registration with DPIL (which increases the number of age-appropriate storybooks in the home), engagement with Family Mentors through Small Steps at Home, and attendance at Story and Rhyme time sessions should impact the above outcomes.

With respect to longer-term outcomes, we would expect to see evidence of positive impact on the following outcome measures:

- Ages and Stages Questionnaire scores at 12 months;
- Ages and Stages Questionnaire scores at 24 months;
- Children’s receptive vocabularies at point of school entry (British Picture Vocabulary Scales 3 standardised scores); and
- Early Years Foundation Stage (EYFS) ratings at end of Reception Year.

This is because there is an empirical basis from prior research (detailed in the sections that follow) to suggest that changes to the family behaviours and home learning environment such as those indicated as immediate outcomes are linked to longer term growth in both receptive and expressive vocabulary levels, which in turn can impact performance in other areas of child development, including (but not limited to) early literacy skills.

In the next section we will begin by examining the impact of SSBC participation overall on children’s communication and language related outcomes, before examining the impact of DPIL, Small Steps at Home and Story and Rhyme Time, specifically. The evaluation of Story and Rhyme Time, and Small Steps at Home also include exploring outcomes related to social and emotional wellbeing, and nutrition and diet, and examines their implementation and delivery.

Impact of SSBC Participation on Children’s Language, Communication and Early Literacy

Introduction

Small Steps Big Changes comprises multiple activities and interventions intended to positively impact child development from multiple perspectives between the ages of 0 and 3 years. Although there are some individual programmes that are intended to explicitly impact children’s language and communication, we were first interested to see if there was any evidence of a positive impact resulting from engagement with any aspect of SSBC. That is, some elements intended to target parent-child relationships, nutrition or other elements will necessarily support and foster improved communication between parents and children as a by-product. By examining the extent to which families engaged with SSBC overall, we

are able to capture evidence of any cumulative benefit arising from broad engagement with the programme as a whole.

Aim of the study

The primary aim of this study was to examine the impact of SSBC engagement in general on the longer-term language and communication outcome of language development by comparing the vocabulary scores of SSBC children at school entry to those of other children based in the same schools and wards who did not participate in any elements of SSBC. We did this comparison twice: once at the start of the 2021-22 academic year, and again the following year (2022-23). For the purposes of this report, we combined the data from both years to maximise the amount of data available and increase the sensitivity of our analyses.

Literature review

Research highlights the importance of children's early language experiences in terms of language development (Demir-Lira et al., 2019; Gottfried et al., 2015; Mendelsohn et al., 2018). Language development depends on the amount and nature of language exposure (Hoff, 2013). In particular, the child's environment (the home learning environment) is significant in supporting children's language development - promoting school readiness and long-term academic success for children (Kluczniok et al., 2013; Linberg et al., 2020; Totsika and Sylva, 2004; Rodriguez and Tamis-LeMonda, 2011; Wheeler and Hill, 2021). The quantity and quality of parent/caregiver interaction plays a vital role in language development (Barnes and Puccioni, 2017; Linberg et al., 2020; Price and Kalil, 2019; Rodriguez et al., 2009; Wade et al., 2018; Wheeler and Hill, 2021). For example, parent-child shared reading in the early years has been associated with language development in the child's later years (Baker, 2013; Hamilton et al., 2016; Karrass and Braungart-Rieker, 2005; Flack et al., 2018; Fernald et al., 2013; Mol et al., 2008; Rodriguez and Tamis-LeMonda, 2011; Sénéchal, 2015; Vaknin-Nusbaum and Nevo, 2017; Wood, 2002).

The differences in the quantity and quality of children's language experiences are strongly associated with children's home socioeconomic status (SES) (Neuman et al., 2018). Research has demonstrated that children from low SES families are more at risk of poor language

skills, compared to their more advantaged peers by the time they start school, with the achievement gap widening further from as early as 18 months old (Baker, 2013; Fernald et al., 2013; Hoff, 2003; Hoff, 2013; Hurtado et al., 2008; Mol et al., 2008; Neuman et al., 2018; Niklas et al., 2021; Ramey and Ramey, 2004; Shonkoff and Phillips, 2000). Studies have highlighted factors that may hinder language development in low SES families (Fung et al., 2005, Kluczniok et al., 2013; Mol et al., 2008; Neuman et al., 2018; National Literacy Trust, 2019; Rodriguez and Tamis-LeMonda, 2011; Totsika and Sylva, 2004). For example, parents with lower levels of education may not recognise the importance of language development in early years or may not have the time or resources (e.g., books) to support reading in the home.

Likewise, disparities have been found in language development in children from minority language families (Marchman et al., 2010; Vagh et al., 2009; Thordardottir et al., 2006; Hoff et al., 2012). Research suggests that bilingual minority language speaking children acquire each language at a slower rate than children acquiring only one (Hoff et al., 2012), and many children from language minority homes will not have had sufficient exposure to English to achieve the same level of language skills as monolingual English-speaking children by the time they enter school (Hoff, 2013). However, where children from minority language homes are supported (i.e., given educational interventions) they can achieve academic success, thus reducing the achievement gap between them and their monolingual peers (Hoff, 2013).

Furthermore, the recent pandemic has impacted on children's language development (Charney et al., 2021; Davies et al., 2021; Hendry et al., 2022). Research has shown that the lockdown period (i.e., the closure of playgroups and playgrounds) has impacted on the social-interaction experiences that are essential for language development (Charney et al., 2021; Davies et al., 2021; Hendry et al., 2022). This has further widened the achievement gap for school readiness in children from low SES backgrounds (Pascal et al., 2020). Studies (Bergmann et al., 2022; Lee et al., 2021; Garbe et al., 2020; Pascal et al., 2020) found that parents were more stressed and fatigued because of the extra responsibilities during lockdown, leaving less time for parent-child quality time such as shared reading and an increase in screen time, impacting negatively on language development (Adams et al., 2021;

Bergmann et al., 2022; Wheeler and Hill, 2021). Conversely, for some families, lockdown encouraged more quality family time (i.e., they engaged in regular reading activities) during this period, and that this had a positive impact on children's language development (Kartushina et al., 2022).

However, research evidence supports the potential of several strategies that can support children from low SES and minority language families which may help close the achievement gap. High-quality interventions can strengthen and promote the home learning environment in minority language and low SES homes. They can help build language skills which can lead to positive language developmental outcomes in later life, closing the achievement gap between low SES families and their more advantaged peers. For example, research on book gifting schemes (Demack and Stevens, 2013; O'Brien et al., 2014; O'Hare and Connolly, 2010; Tura et al., 2021) suggests that families who participate in the schemes often have a strengthened enthusiasm for reading, improved reading routines and improvements in their children's language development. However, some intervention techniques (e.g., dialogic reading) may be harder to implement, particularly for families from less educated backgrounds (Fung et al., 2005, Mol et al., 2008). Overall, research underlines the importance of effective early targeted intervention to promote language development in children, highlighting both quality and quantity as key factors (Demack and Stevens, 2013; Dowdall et al., 2020; O'Brien et al., 2014; O'Hare and Connolly, 2010; Tura et al., 2021) which should be aimed at children from minority language and low SES families. That way, we can reduce the barriers to learning, support language skills of children from disadvantaged backgrounds and help them achieve their full potential (Hoff, 2013).

This previous research suggests that participation in language and literacy enrichment activities provided as part of the SSBC programme should positively impact children's language development, and their receptive vocabularies in particular (i.e., the words they understand, but may not use in their own speech). However, it should be noted that the benefits of such initiatives may currently be difficult to determine, given the negative impact that the lockdown period will have had on these children's language development.

Methodology

To assess whether there was any evidence that participation in SSBC activities may have positively impacted children's language abilities, we undertook a 'natural' experiment: comparing the standardised British Picture Vocabulary Scale (BPVS) scores of SSBC participants at school entry (Autumn 2021 and again in Autumn 2022) to those of other children entering reception class in the same schools (and therefore living in the same areas), but who did not participate in SSBC. We have combined these two cohorts of data in the analysis presented in this report, as individual analyses of the two cohorts have been conducted and reported previously.

It should be noted that this approach to assessment only provides a single snapshot of progress and on its own is used as an indicator of whether children who engage with SSBC programmes experience better receptive language abilities than those who have not. To determine whether any observed effects on the children's language scores are attributable to different levels of engagement with the programme, or different elements within it, we have also examined how many sessions the SSBC children participated in and which ones those were. We also examined the characteristics of the SSBC children who presented as most at risk, given low standardised language scores at school entry.

Receptive language ability was assessed using the BPVS III (BPVS III; Dunn and Dunn, 2009). The assessment consists of 14 sets of 12 test items in each set, which increase in difficulty. Each test plate consists of four images (one correct and three distractors). One image is selected by pointing to the image (item) that depicts the word spoken by the assessor. The words cover a range of subjects which include: verbs; emotions; animals; toys; and attributes. The BPVS III provides a standardised score for children aged 3 to 16 years. It has excellent internal reliability, reported as 0.91 and strong criterion validity with the Wechsler Intelligence Scale for Children (2005) ($r = 0.76$; Dunn and Dunn, 2009).

Data collection methods

Schools who wished to take part in the evaluation were contacted by the research team. The schools were then asked to distribute information sheets and consent forms to the

families of all the children in Reception. Once consent was obtained, five schools across four wards in Nottingham took part. In three schools the assessments were carried out by a member of the research team; two schools were trained to administer their own assessments. Using BPVS III, the assessor, and schools who conducted their own assessments, assessed children's (n = 359) receptive vocabulary scores. The children in each school were tested individually in a quiet room, free from distraction, which was allocated by the school. Assessment sessions lasted approximately 10-15 minutes. Prior to the assessment, the test was explained clearly to each child, to allow full understanding of the assessment. The test plates were administered as per the manual instructions, starting with the training plates. The test was then scored in accordance with the manual instructions. For confidentiality, each child and school were assigned a unique anonymous identifier. The BPVS was administered and scored the same way for all children, regardless of subgroup. However, it should be noted that the BPVS III technical information indicates that in the standardisation sample, they found that children with SEN had mean scores 11.7 points lower than the sample norm, and that children with EAL typically scored 7 points lower than the sample norm. The assessors were blind to whether the children were SSBC children at the time of the assessment and no adjustment has been made for children who speak English as an additional language when scoring the BPVS III.

Initially, 387 children completed the BPVS III assessment. However, 22 children did not have age-adjusted/standardised scores on the BPVS III due to having very low raw scores. Also, one child did not have a record of first language spoken. Further, five children who were not registered to SSBC (henceforth non-SSBC children) participated in SSBC groups. Therefore, we excluded them from the analyses. Finally, 11 children who were registered to SSBC (henceforth SSBC children) did not participate in any SSBC groups or receive Imagination Library books. Therefore, we recoded them as non-SSBC children. The final sample size was 359, consisting of 166 (46.2%) SSBC children and 193 (53.8%) non-SSBC children.

Out of 359 children who were included in the analyses 50.1% (n = 180) were male and 49.9% (n = 179) were female. There was no significant association between whether a child is an SSBC child or not and the children's gender⁹. There was a small but significant

⁹ $\chi^2(1, N = 359) = 1.227, p = .268$

difference in mean age between SSBC children (Mean = 55.33 months, SD = 3.83, Standard Error Mean = 0.297) and non-SSBC children (Mean = 53.96 months, SD = 3.91, Standard Error Mean = 0.281)¹⁰.

With respect to home language, 60.7% (n = 218) of the children spoke English as their first language, and 39.3% (n = 141) spoke English as an additional language (EAL). There was no significant association between whether a child is an SSBC child or not and whether English was their first language or not¹¹. Ninety-three percent of the children (n = 334) did not have any disabilities. There was no significant association between whether a child is an SSBC child or not and whether they had a disability or not¹².

Data analysis

The data analysis conducted addressed the following research questions:

1. Are the vocabulary scores associated with children who participated in SSBC higher than those of children who did not?
2. Do children who participated in SSBC and have EAL, have higher or lower vocabulary scores than EAL children who did not?
3. Do children who participated in SSBC and have a disability, have higher or lower vocabulary scores than children with a disability who did not?
4. Do boys or girls benefit more from SSBC participation?
5. Are vocabulary scores related to how many different SSBC groups and sessions children participated in?
6. Are vocabulary scores related to how many different literacy related SSBC groups and sessions children participated in?
7. Does participating in the Small Steps at Home programme affect children's vocabulary scores?
8. To what extent did SSBC children participate in literacy and non-literacy related groups?

¹⁰ $t(357) = -3.338, p < .001$

¹¹ $\chi^2(1, N = 359) = 3.157, p = .076$

¹² $\chi^2(1, N = 359) = 0.421, p = .517$

9. What are the characteristics and literacy-related group attendance of SSBC children in the high-risk group in terms of vocabulary scores?

To address the first research question, we performed an Independent Samples T-test to compare SSBC children ($n = 166$) and non-SSBC children ($n = 193$) in terms of their scores. To address the research questions 2-4, we performed a series of two-way ANOVA and one-way ANOVA tests to compare the mean score differences between groups that have been split on two independent variables, such as SSBC children or not, and EAL children or not, and their interactions, respectively. To address research questions 5-7, we performed a series of one-way ANOVA tests to compare the mean score differences between various groups. Finally, to address research questions 8-9, we present descriptive statistics.

Findings

Are the vocabulary scores of children who participated in SSBC higher than those of children who did not?

We expected SSBC children to have higher vocabulary scores at school entry compared to their non-participating peers. Although the mean score for the SSBC group (Mean = 98.78, Standard deviation [SD]¹³ = 12.32) was higher than the non-SSBC group (Mean = 96.91, SD = 13.83), there was no statistically significant difference in mean scores¹⁴. It should be noted that the mean scores for both groups place the children in the 'normal' range (i.e., 85-115) for their receptive vocabulary skills.

Do children who participated in SSBC and have EAL have higher or lower vocabulary scores than EAL children who did not?

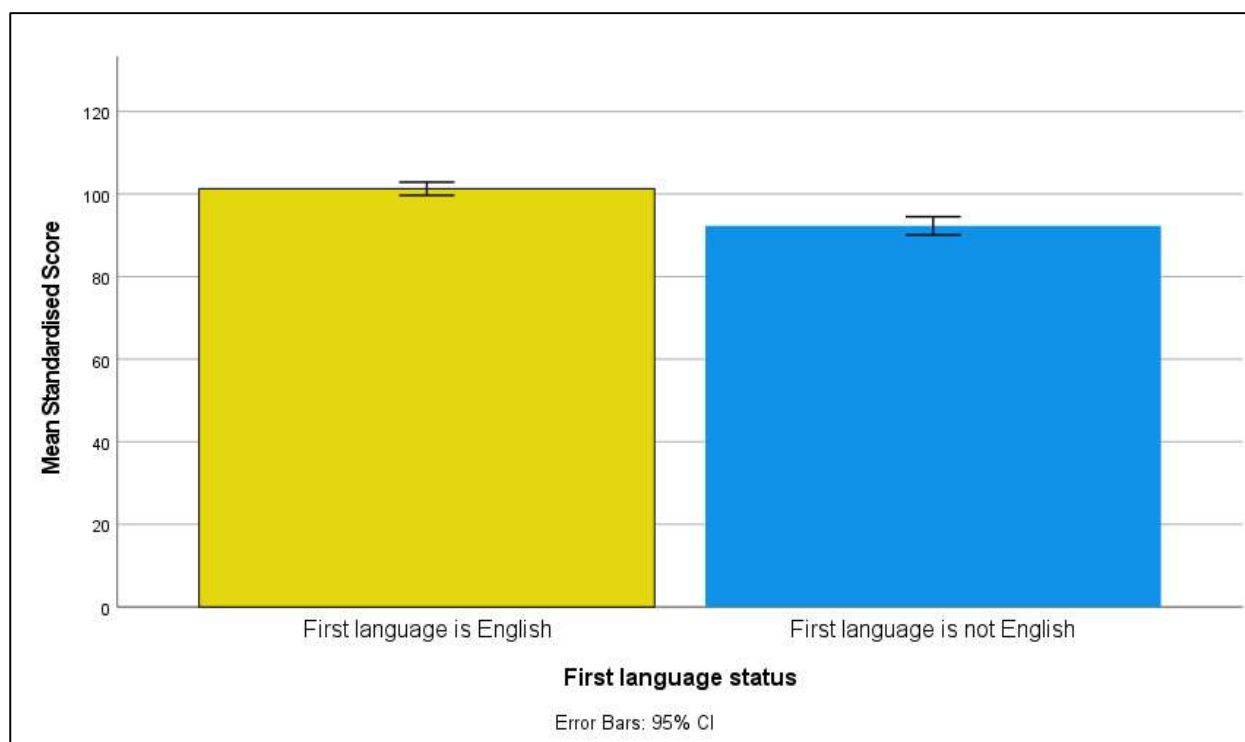
We first tested the relationship between EAL status and BPVS scores (irrespective of whether the children participated in the SSBC programme). Findings revealed that there was a statistically significant difference in BPVS scores between children who spoke English as an additional language (Mean = 92.31; SD = 13.22) and children who spoke English as their first

¹³ Standard deviation is a quantity expressing by how much the members of a group differ from the mean value for the group

¹⁴ $t(357) = -1.343$, one sided $p = .090$.

language (Mean = 101.30; SD = 11.9; See Figure 2)¹⁵. These data suggest that, in general, children with EAL score consistently lower on receptive vocabulary than the children for whom English is their main language.

Figure 1: Comparing EAL children with no-EAL children in terms of BPVS scores



To address research question 2, we categorised the children into one of four groups: (1) SSBC children who spoke English as their first language, (2) SSBC children who did not speak English as their first language, (3) non-SSBC children who spoke English as their first language, and (4) non-SSBC children who did not speak English as their first language. Table 2 shows the mean BPVS scores (and SDs) for each of these groups.

Table 2: Descriptive statistics for BPVS standardised scores by SSBC and EAL group status

	N	Mean	Standard Deviation
Non-SSBC, no EAL	109	101.12	12.61
Non-SSBC, EAL	84	91.44	13.5
SSBC, no EAL	109	101.49	11.21
SSBC, EAL	57	93.60	12.79
Total	359	97.77	13.17

¹⁵ $t(357) = 6.691$, both one-sided and two-sided $p < 0.001$, Cohen's d [Point Estimate] = .723

We then performed a test¹⁶ to compare mean scores between these four groups. The test revealed that there were statistically significant differences in mean scores between the groups¹⁷; namely, the mean scores of SSBC children who spoke English as their first language were significantly higher than the mean scores of non-SSBC children who spoke English as an additional language (Mean difference = 10.046)¹⁸. There were no other statistically significant differences between SSBC children and their non-SSBC counterparts (e.g., SSBC children who spoke English as their first language versus non-SSBC children who spoke English as their first language).

Do children who participated in SSBC and had a disability have higher or lower vocabulary scores than children with a disability who did not?

We first tested¹⁹ the relationship between disability status and BPVS scores (irrespective of whether the children participated in the SSBC programme). We found that there was a statistically significant difference in BPVS scores between children with a disability (Mean = 85.84; SD = 10.78) and children without a disability (Mean = 98.66; SD = 12.91; See Figure 2)²⁰. The mean score of the children with a disability indicates that this group would be considered at risk for language difficulties.

Figure 2: Comparing children with disability with children without disability in terms of BPVS scores

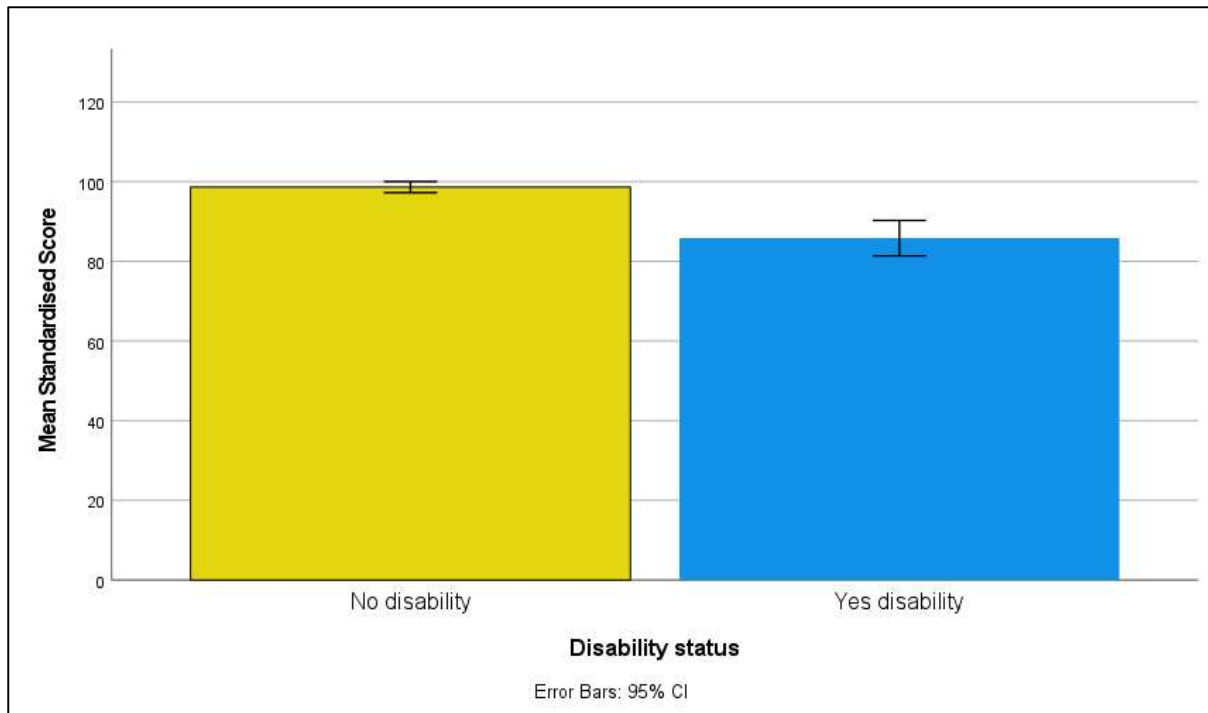
¹⁶ One-Way ANOVA

¹⁷ Welsh's F (3, 171.488) = [14.437], $p < 0.001$; Eta = 0.338, Eta-squared = 0.114

¹⁸ $p < .001$, 95% C.I. = [5.25, 14.84]

¹⁹ Independent Samples T-test

²⁰ $t(357) = 4.841$, one-sided $p < 0.001$, two-sided $p < 0.001$, Cohen's d [Point Estimate] = 1.004



To address research question 3, we classified the children into four groups: (1) SSBC children who were disabled, (2) SSBC children who were not disabled, (3) non-SSBC children who were disabled, and (4) non-SSBC children who were not disabled. Table 3 shows the mean BPVS scores (and SDs) for each of these groups.

Table 3: Descriptive statistics for BPVS standardised scores by SSBC and disability group status

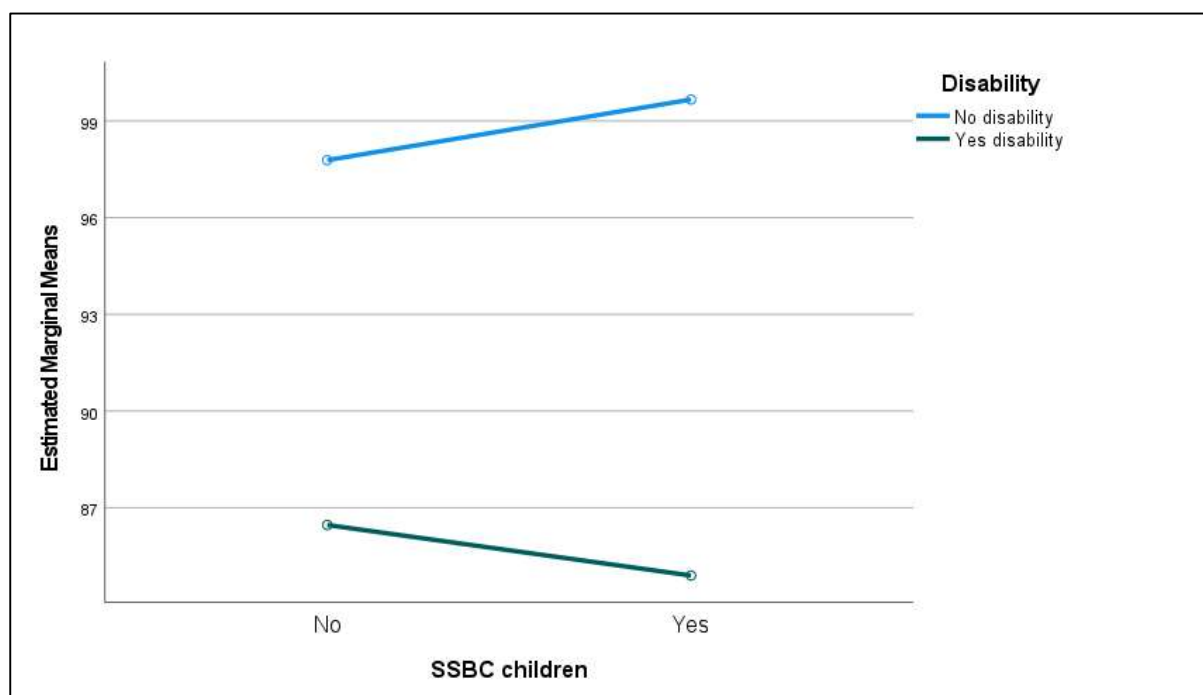
	N	Mean	Standard Deviation
Non-disabled, Non-SSBC	178	97.79	13.66
Disabled, Non-SSBC	15	86.47	11.8
Non-disabled, SSBC	156	99.67	11.96
Disabled, SSBC	10	84.90	9.574
Total	1359	97.77	13.17

Following that we performed a test²¹ to compare mean scores between these four groups. The test revealed that there were statistically significant differences in mean scores

²¹ One-Way ANOVA

between the groups²². We found that mean scores of non-disabled SSBC children were higher than the mean scores of disabled SSBC children (Mean difference = 14.767)²³ and disabled non-SSBC children (Mean difference = 13.200)²⁴ (see Figure 3).

Figure 3: BPVS standardised scores by SSBC and disability group status



Do boys or girls benefit more from SSBC participations?

There was no statistically significant difference in BPVS scores between female (Mean = 98.83; SD = 13.07) and male children (Mean = 96.72; SD = 13.22)²⁵, irrespective of whether the children participated in the SSBC programme.

To address research question 4, we categorised the children into four groups: (1) female SSBC children, (2) male SSBC children, (3) female non-SSBC children, and (4) male non-SSBC. Table 4 shows the mean BPVS scores (and SDs) for each of these groups. Following that we performed a test²⁶ to compare mean scores between these four groups. However, there

²² Welsh's F (3, 29.577) = [11.364], p < 0.001; Eta = 0.258, Eta-squared = 0.067

²³ p = 0.003, 95% C.I. = [3.71, 25.83].

²⁴ p < 0.001, 95% C.I. = [4.03, 22.37].

²⁵ t (357) = -1.525, p = 0.064, Cohen's d [Point Estimate] = -0.161

²⁶ One-Way ANOVA

were no statistically significant differences in mean scores between the four groups²⁷ (see Table 4), suggesting no interaction at all between gender and SSBC participation.

Table 4: Descriptive statistics for BPVS standardised scores by SSBC and gender group status

	N	Mean	Standard Deviation
Male, Non-SSBC	102	95.81	13.22
Female, Non-SSBC	91	98.13	14.46
Male, SSBC	78	97.90	13.21
Female, SSBC	88	99.56	11.5
Total	359	97.77	13.17

Are vocabulary scores related to how many different SSBC groups and sessions the children participated in?

In this section of the report, we focus on the relationship between children’s vocabulary scores and the total number of groups they participated in, including: Cook and Play; Fathers Reading Every Day (FRED); Dolly Parton’s Imagination Library (DPIL); Infant Massage; Small Steps at Home; Story and Rhyme Time; Group Triple P; Chatterpillars; Family Mentor Stories, Songs, and Rhymes; Family Mentor Story Time; and other Family Mentor community groups. We grouped the children into four groups: (1) non-SSBC children (who therefore did not participate in any SSBC groups), (2) SSBC children who participated in one group, (3) SSBC children who participated in two groups, (4) SSBC children who participated in three or more groups. Table 5 shows the mean BPVS scores (and SDs) for each of these groups. It can be seen that, broadly speaking, mean vocabulary scores increased in line with the number of activities participated in. We therefore performed a test²⁸ to compare mean scores between these groups. The test revealed that there were no statistically significant differences in mean scores between the groups.²⁹

²⁷ Welsh’s F (3, 193.761) = [1.453], p = 0.229

²⁸ One-Way ANOVA

²⁹ Welch’s F (3, 125,91) = [.894], p = 0.446

Table 5: Descriptive statistics for BPVS standardised scores by number of different activities engaged with

Total number of activities	N	Mean	Standard Deviation
Non-SSBC (0)	193	96.91	13.83
1	52	97.71	11.01
2	47	99.87	11.44
3 or more	67	98.84	13.89
Total	359	97.77	13.17

Next, we examined whether BPVS scores were related to the total number of sessions (including number of books received) that children did for the above groups. We grouped the children into four groups based on quartiles of the total number of sessions. The three groups are as follows: (1) non-SSBC children (who therefore did not do any SSBC sessions), (2) SSBC children who did 1-58 sessions, and (3) SSBC children who did 59-234 sessions. Table 6 shows the mean BPVS scores (and SDs) for each of these groups. There were no statistically significant differences in mean scores between these groups³⁰.

Table 6: Descriptive statistics for BPVS standardised scores by number of ‘sessions attended’

Total number of sessions	N	Mean	Standard Deviation
Non-SSBC (0)	193	96.91	13.83
1-58	81	98.23	12.11
59-234	85	99.29	12.57
Total	359	97.77	13.17

Are vocabulary scores related to how many different literacy related SSBC groups and sessions children participated in/did?

In this section of the report, we first focus on the relationship between children’s BPVS scores and the total number of different literacy and language related groups that they participated in, including: FRED; DPIL; Story and Rhyme Time; Family Mentor Stories, Songs and Rhymes; Family Mentor Story Time; and Chatterpillars. We grouped the children as

³⁰ Welch’s F (2, 180.476) = [1.046], p = 0.353

follows: (1) non-SSBC children (who did not therefore participate in any SSBC groups), (2) SSBC children who participated in one literacy-related group, and (3) SSBC children who participated in two to four literacy-related groups. Table 7 shows the mean BPVS scores (and SDs) for each of these groups. There were no statistically significant differences in mean scores between the groups³¹.

Table 7: Descriptive statistics for BPVS standardised scores by number of literacy related groups attended

Total number of literacy related activities	N	Mean	Standard Deviation
Non-SSBC (0)	195	96.91	13.8
1	126	99.28	11.70
2-4	38	97.18	14.33
Total	136	97.77	13.17

Second, we examined whether BPVS scores were related to the total number of sessions that children did for the above literacy-related groups. We grouped the children into four groups based on quartiles of the total number of sessions as follows: (1) non-SSBC children (who therefore did not do any SSBC sessions), (2) SSBC children who did 1-53 sessions, and (3) SSBC children who did 54-130 sessions. Table 8 shows the mean BPVS scores (and SDs) for each of these groups. There were no statistically significant differences in mean scores between the groups³².

Table 8: Descriptive statistics for BPVS standardised scores by number of total literacy related sessions

Total number of literacy related activities	N	Mean	Standard Deviation
Non-SSBC (0)	195	96.91	13.8
1-53	81	98.67	12.37
54-130	83	98.92	12.38
Total	359	97.77	13.17

³¹ Welch's F (2, 100.622) = [1.407], p = 0.250

³² Welch's F (2, 177.390) = [1.255], p = 0.397

Does participating in Small Steps at Home programme affect children's vocabulary scores?

Here we focus on the relationship between children's BPVS scores and whether they received the Small Steps at Home programme. We grouped the children as follows: (1) non-SSBC children (who did not therefore participate in the programme), (2) SSBC children who did not participate in the programme, and (3) SSBC children who did participate in the programme. Table 9 shows the mean BPVS scores (and SDs) for each of these groups. There were no statistically significant differences in mean scores between the groups³³.

Table 9: Descriptive statistics for BPVS standardised scores by participation in Small Steps at Home status

Small Steps at Home participation status	N	Mean	Standard Deviation
Non-SSBC	193	96.91	13.83
SSBC did not participate in the programme	87	97.22	11.33
SSBC participated in the programme	79	100.49	13.19
Total	359	95.74	13.17

Second, we examined whether BPVS scores were related to the total number of Small Steps at Home sessions that children did. We grouped the children as follows: (1) non-SSBC children (who did not therefore do any sessions), (2) SSBC children who did not do any sessions, (3) SSBC children who did 1-14 sessions, and (4) SSBC children who did 15-56 sessions. Table 10 shows the mean BPVS scores (and SDs) for each of these groups. There were no statistically significant differences in mean scores between the groups³⁴.

Table 10: Descriptive statistics for BPVS standardised scores by number of total Small Steps at Home sessions

Number of Small Steps at Home sessions	N	Mean	Standard Deviation
Non-SSBC	193	96.91	13.83
SSBC (0)	87	97.22	11.33
1-14	46	100.17	13.4
15-56	33	100.94	13.08

³³ Welch's F (2, 179.655) = [2.155], p = 0.119

³⁴ Welch's F (3, 100.123) = [1.439], p = 0.236

Total	359	97.77	13.17
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To what extent did SSBC children participate in literacy and non-literacy related groups?

In this section of the report, we focus on only the SSBC children (n = 166) to explore their attendance at SSBC group activities using a Yes/ No format. Table 11 presents the descriptive statistics about literacy-related group activity attendance and non-literacy related group activity attendance. While SSBC children's engagement with the Dolly Parton Imagination Library programme is high (97%), engagement with the other literacy-related groups were low: FRED (0.6%), Story and Rhyme Time (17.5%), Chatterpillars (5.4%), Family Mentor Stories, Songs, Rhymes (2.4%), and Family Mentor Story Time (4.8%). This compares non-favourably with attendance at non-literacy related groups, 17.5 % of the children attended Infant Massage, 47.6% Small Steps at Home, 4.8% Triple P (Positive Parenting Programme), 10.2% Cook and Play, and finally 39.8% at other Family Mentor groups. Overall, almost all children received books from DPIL during their time with SSBC, but their attendance at other literacy-related groups were low. While participating in non-literacy related groups, especially Small Steps at Home, might have supported them in terms of their language development, it seems that that possible support did not result in a statistically significant result, as demonstrated in previous sections.

Table 11: Descriptive statistics for SSBC group activity attendance

Literacy-related groups			Non-literacy related groups		
DPIL			Infant Massage		
	Frequency	Percentage		Frequency	Percentage
No	5	3	No	137	82.5
Yes	161	97	Yes	29	17.5
FRED			Small Steps at Home		
No	165	99.4	No	87	52.4
Yes	1	0.6	Yes	79	47.6
Story and Rhyme Time			Triple P		
No	137	82.5	No	158	95.2
Yes	29	17.5	Yes	8	4.8
Chatterpillars			Cook and Play		
No	157	94.6	No	149	88.8
Yes	9	5.4	Yes	17	10.2

Family Mentor Stories Songs Rhymes			Other FM Community Groups		
No	162	97.6	No	100	60.2
Yes	4	2.4	Yes	66	39.8
Family Mentor Story Time					
No	158	95.2			
Yes	8	4.8			

What are the characteristics and literacy-related group attendance of high-risk SSBC children?

We finally looked at the characteristics and attendance at literacy-related groups of SSBC children who were in the high-risk group in terms of BPVS scores. We grouped SSBC children into three groups: (1) those who scored between 70-84 (i.e., high-risk group; 13.9%), (2) those who scored between 85 and 115 (i.e., scoring in the normal range; 78.3%), and (3) those who scored between 115 and 121 (i.e., high-achiever group; 7.8%). Those who spoke English as an additional language (26.3%) were more likely to be in the high-risk group than those who spoke English as their first language (7.3%; $p < 0.001$); and those who had a disability (60%) were more likely to be in the high-risk group than those who did not have a disability (10.9%; $p < 0.001$). We also report descriptive statistics literacy related sessions children did, but we do not report statistical test results for these due to small sample sizes (see Table 12).

Table 12: Descriptive statistics for BPVS score groups by total number of literacy related sessions

			Total number of literacy related sessions			Total
			0	1-53	54-130	
BPVS scores	70-84	Count	0	12	11	23
		%	0%	14.8%	13.3%	13.9%
	85-114	Count	2	63	65	130
		%	100.0%	77.8%	78.3%	78.3%
	115-131	Count	0	6	7	13
		%	0%	7.4%	8.4%	7.8%
Total		Count	2	81	83	166
		%	100.0%	100.0%	100.0%	100.0%

Conclusion

We first compared SSBC children and non-SSBC children in terms of their vocabulary scores taking into account their gender, first language, and disability status. We then looked at the characteristics and attendance to literacy-related groups of SSBC children who are in the high-risk group in terms of vocabulary scores (< 85). The findings from this evaluation are that there was no evidence from these data that SSBC participation in general was able to significantly impact children's receptive vocabulary development by point of school entry. This is true for the sample overall, and for each of the subgroups considered. This may be because of the additional impacts of Covid lockdowns on both child development generally (as noted in the literature review) and on the nature of SSBC programme. Active engagement with literacy related SSBC provision was low compared to other elements of the programme, which may also explain the lack of positive effects reported here. Registration for DPIL was almost universal across SSBC families however, and merits further investigation to ascertain whether engagement with the books delivered was active or passive. It should also be noted that receptive vocabulary is likely to be influenced by a range of different factors, and the children in the non SSBC group may have been drawn from more affluent families (relatively speaking) in the same wards (thereby explaining non-engagement with the programme). It is also noted that there was evidence of an SSBC effect on receptive vocabulary in the first cohort when analysed separately (see earlier report), and so each cohort of children appears to have experienced different levels of benefit from engagement with the provision. With regards to the characteristics of SSBC children who were in the high-risk group in terms of vocabulary scores, EAL children and children with a disability were more likely to be in the high-risk group for vocabulary levels. This suggests that the types of provision within SSBC need to be considered with respect to whether they are inclusive of or missing opportunities to meet the needs of these two most vulnerable groups.

Recommendations

Based on the above findings, our recommendations can be summarised as follows:

- SSBC should investigate the reasons for low attendance at literacy-related groups and communicate the value of participation in these activities with parents;
- SSBC could embed literacy activities into non-literacy orientated groups where there is good engagement from families;
- SSBC should encourage attendance at literacy-related groups with a focus on children with disabilities, and those who speak English as a second language to increase the effect of programme on children's vocabulary scores;
- There is a need for SSBC to consider developing new provision or tailoring existing provision to better suit the needs of EAL and disabled children in particular, as they present as the most vulnerable with respect to communication needs;
- The SSBC team could consider examining the content of literacy-related sessions to enhance progression across sessions, and to examine the extent to which the content of sessions being delivered is true to the planned intention of those programmes, as it may be that implementation fidelity has been compromised; and
- There is scope to review provision with respect to embedding other evidence-based approaches to enhancing communication outcomes and home learning environment for low income families. Consideration of parental literacy levels is important, as this may be an unaddressed barrier to engagement for many families within the wards being targeted.

Evaluation of Dolly Parton's Imagination Library

Introduction

In the previous section we noted that one of the language and literacy-related elements of SSBC, where there was almost universal uptake across the four wards, was registration with DPIL. Every month, DPIL sends high-quality, age-appropriate books (selected each year by a panel of early childhood literacy experts) to children enrolled in the programme from birth to their fifth birthday. In Nottingham the local health service calls every family expecting a baby in the targeted wards to inform them about free activities available, including DPIL, and asks if they want to register. Families are not informed in detail about the benefits of shared book reading, but they can find brief information (e.g., FAQs) on the local service's

website about DPIL and its benefits (e.g., its impact on education and literacy levels). If they want to register, they receive one book a month, every month, until their fifth birthday. They can register any child up to four years-old to receive the books, so siblings receive a book each. However, if the siblings are the same age, they receive the same book. They are not able to choose the books they receive, but the books are age appropriate, and only available in English. Finally, families can also sign up via their health visitors, who might explain the benefits of participating in DPIL programme.

Aim of the study

The aim of this part of the evaluation was to consider both the immediate and longer term impact of registration with DPIL on communication and early literacy outcomes. We were particularly interested in the impact that this book gifting service might have on the families' literacy-related behaviours (home learning environment) in the short term, as well as considering any evidence that registration with DPIL may be linked to better longer term outcomes with respect to communication and early literacy goals both before school (evidenced by the Ages and Stages Questionnaire (ASQ) and after completion of Foundation Stage (evidenced by Early Years Foundation Stage (EYFS) data).

Literature review

Shared storybook reading has been shown to be a critical activity for parents to engage with prior to school entry (Sénéchal, 2015). It has been linked with vocabulary development, listening comprehension, phonological awareness, morphological knowledge, and concepts about print, as well as motivation to read (e.g., Sénéchal, 2006; Hamilton et al., 2016; Vankin-Nusbaum and Nevo, 2017; Wood, 2002). Research has shown that both the frequency and variety of shared reading are related to both expressive and receptive vocabulary development (Sénéchal and LeFevre, 2002, 2014) either at school entry or during the school years. Parents also report enjoying shared storybook reading as an activity that enables them to spend quality time with their children (Audet et al., 2008).

Early exposure to books via shared reading is therefore critical in supporting vulnerable children's early language development (Anderson et al., 2019) and later academic outcomes

(Duff et al., 2015), as well as being important in cementing relationships between parents and children (Funge et al., 2017). However, children from disadvantaged backgrounds typically own fewer books than their better off peers. Recent figures from the National Literacy Trust (2019) have shown that 9.3% of disadvantaged children do not own any books, compared to 6% of their peers (also see Clark and Picton, 2018), and book ownership is linked to reading ability in international studies (Park, 2008; Evans et al., 2010). Moreover, there is some evidence that children from low-income homes are exposed to a more limited range of spoken vocabulary in the home (e.g., Hart and Risley 1995, 2003; Gilkerson et al., 2017) although Sperry et al. (2019) have questioned such claims. We do know that the variety of language that children are exposed to in the early years is related to their vocabulary size by the time they start school (Cartmill et al., 2013). One approach to addressing the disadvantage that children from low-income homes face with respect to language and literacy has been the introduction of book gifting schemes for pre-school children.

Two noteworthy examples of book gifting schemes in the UK are the Book Trust's Bookstart programme, and DPIL. There is some evidence that DPIL provision can positively impact shared storybook reading frequency: a small number of studies have compared frequency of storybook reading before and after receiving DPIL books and these have shown self-reported increases (e.g., Fong, 2007; Harvey, 2016; Funge, et al. 2017). However, no comparison groups were included in these studies. Importantly, according to the latest meta-analysis on book gifting programmes (including Reach Out and Read, Bookstart and DPIL) by De Bondt et al. (2020), there are no studies on DPIL from the UK that had a control group. Gordon (2010) found that parents from lower income families increased the frequency with which they read to their children after registering with DPIL, with 98% increasing the frequency with which they read to their child, compared to 69% of middle-to-upper income households, although no explanation for the reasons behind this increase are offered. There is also some evidence that the length of time families was registered with DPIL had an impact on frequency of reading (Ridzi et al., 2014), with parents whose children were registered with DPIL for more than four months being more likely to read to their child daily than those whose children were registered for less time. This was the case even after

controlling for child's age, parental education level, ethnicity, gender, and whether English was the parents' first language.

Only a small number of previous DPIL studies asked questions about how the parents shared books with their children, but there is some evidence that DPIL may benefit parent-child interactions when reading together. Ridzi, et al. (2014) found that only 36% of parents whose children were registered with DPIL for four months or less 'usually' talked about the story and asked their child questions about the story, compared to 55% of parents whose children were registered with the book scheme for longer. Similarly, Thompson et al. (2017) found that parents whose children were registered with DPIL had significantly higher literacy interaction scores (i.e., combination of frequency of parent reading with child, age when parent first read to child, number of minutes parent read to child yesterday, number of books in home for child's use, and how often parent takes child to library; see Bracken and Fischel, 2008 for details of the Family Reading Survey that Thompson et al. 2017 used) compared to parents whose children were not receiving DPIL books. These studies suggest that duration of participation in DPIL could influence parent-child interactions over time. This may be because repeated interactions with the same texts over time stimulate parents to engage their children with the story in new ways with each repeated exposure, in order to maintain their own interest in the reading activity (Martinez and Roser, 1985). Similarly, Fagan and Hayden (1988, 47) found that 'favourite stories appear to serve a function of allowing the children to become more involved in the story and attend to the print'. More recently, De Bondt et al. (2020, p. 351) hypothesised that 'books "nudge" parents to initiate and maintain book reading routines' to explain 'how the presence of a few age-appropriate books for young children could be an incentive for an early start with book sharing' (see also Thaler and Sunstein, 2008).

Methodology

This study had a between groups design, which compared the language and literacy-related behaviours of four groups of parents and their children. These were: 1) those families who received books from DPIL for less than one year; 2) those who were registered with DPIL for 12-24 months; 3) those who were in the programme for more than two years; and 4) those

not receiving DPIL books. These groups were compared on the following outcomes: the child's level of interest in books, songs and rhymes; the frequency of reading and singing activities in the home; the frequency of child-initiated literacy activities; the frequency of parent-child interactions when sharing books, parental confidence when reading or singing with their preschool children, the duration of typical reading sessions, number of books at home and the frequency of visits to the local library. We also examined whether there was an association between length of registration with DPIL and whether or not the parents read to their children every day, as the theorised goal of the programme was daily reading (Ridzi, et al., 2014).

A text message with a link to an online questionnaire (see Data Collection section below) was sent to all parents whose children were registered with DPIL, who had consented to being contacted. DPIL-registered parents along with non-DPIL parents were also invited to participate in this project via links posted on Facebook and Twitter. Some of DPIL-registered parents were asked to complete the online questionnaire in person when attending local activity sessions or meeting with Family Mentors. Parents whose children were not registered with DPIL were mainly recruited from other areas of the city, but some parents who lived in the intervention areas were also recruited for this group.

In total 557 questionnaires were completed; 355 by parents whose children were registered with DPIL and 202 by parents whose children were not. However, after excluding inappropriately completed questionnaire and duplicates this was reduced to 512 families: 315 questionnaires completed by DPIL-registered parents, and 197 questionnaires completed by parents whose children were not registered with DPIL. Of DPIL-registered families, 77 were registered with DPIL for 11 months or less, 100 were registered for between 12 and 24 months, and 109 were registered for 25 months or more. A further 29 cases included missing data which meant it was not possible to allocate them to one of the four groups.

Typically, DPIL-registered parents were in part-time work (35.1%), married (40.1%), were White British (64.6%), aged between 25 and 34 (57.2%) and spoke English as their first language (80.9%). All DPIL children were under five years old with most aged under three

years (88.2%). There was an even split between male (51.8%) and female (48.2%) children in the DPIL-registered group. A slightly higher proportion of the parents who were not registered with DPIL were in part-time work (43.3%), married (66.8%), and were White British (85.4%) and spoke English as their first language (93.0%). In this group 54.5% were aged between 25 and 34 years. All the children from the non-DPIL group were under five years old with most aged under three years (77.2%). There was also an even split between males (50.8%) and females (49.2%) in the non-DPIL children group (see Appendix 1).

As anticipated, there were differences between DPIL-registered families and the non-DPIL families in terms of socio-demographic characteristics (see Appendix 1 for chi-squared tests). Parents whose children were registered with DPIL were more likely to be unemployed (10.1% vs 2.7%) and were more likely to be single than parents whose children were not (28.5% vs 5.3%). Parents whose children were registered with DPIL were more likely to be Black/African/Caribbean/Black British than parents whose children were not (11.2% vs 0.5%) and were more likely to speak English as an additional language (19.1% vs 7.0%).

Data collection methods

As noted earlier, a questionnaire was developed based on surveys designed by Fong (2007), Ridzi et al. (2014); Harvey (2016); and Funge et al. (2017). The aim was to explore the reading routines of parents with their children. In order to measure child interest in books, songs and rhymes, parents were asked two questions: 'how much does your child enjoy reading and looking at books?' and 'how much does your child enjoy joining in with songs and rhymes?' (not at all; a bit; quite a lot; or very much). Frequency of songs and rhymes was assessed with two questions: 'how often do you read to your child?' and 'how often do you and your child sing together?' (not at all; one to two times a month; one to two times a week; three times a week; every day or nearly every day; or more than once a day). To measure frequency of child-initiated reading, parents were asked: 'how often does your child ask you read to them?' and 'how often does your child spend looking at books by themselves?' (not at all; one to two times a month; one to two times a week; three times a week; every day or nearly every day; or more than once a day). To explore parent-child

interactions during book sharing, parents were asked six questions: ‘do you ask your child to read with you?’, ‘do you ask your child questions about the pictures in the book?’, ‘do you talk about letters?’, ‘do you talk about what specific words in the book mean?’, ‘do you talk about what is happening in the story?’, or ‘do you ask your child questions to see if they understand the story?’ with possible responses: always; usually; sometimes; or never. Parents were also asked to state their confidence in sharing books and singing songs and rhymes with their child (strongly agree; agree; neither agree nor disagree; disagree; or strongly disagree). Parents were asked ‘if you do read to your child, how long does a reading session usually last?’ to measure length of a reading session (under 15 minutes; 15 to 30 minutes; or over 30 minutes). Parents were also asked how many non-DPIL books they had at home (none; one to five; six to 10; 11 to 20; more than 20) and how often they visited local libraries (not at all; once or twice a year; once or twice a month; once or twice a week) (see Appendix 2).

Data analysis

One criticism of previous research into the impact of DPIL has been the relative lack of appropriate comparison groups that would support claims surrounding the benefits of DPIL book gifting. We therefore initially recruited two groups of families – one that was registered with DPIL and another that was not. To counter the difference between DPIL-registered and non-DPIL families in terms of socioeconomic characteristics (see Appendix 1), and to enable an exploration of the impact that length of participation in DPIL might have on key outcomes, DPIL-registered group of families were split into three groups: those registered for less than one year; those registered for between 12-24 months; and those registered for more than two years. By comparing these four groups of families, we would be able to better understand the impact of DPIL participation on reading routines and behaviours of DPIL-registered families relative to a ‘better off’ demographic comparison group, as well as to examine whether consistent participation in DPIL is associated with a positive change in reading-related behaviours of families (see Ridzi et al. 2017 for a similar method). Therefore, our study was intended to particularly compare the outcomes of those registered with DPIL for more than two years with non-DPIL group. Being in DPIL for at least two years was deemed to be sufficient to narrow the possible gap between DPIL-registered

group and the 'better off' group, as previous research (Ridzi et al., 2014) found that participants who enrolled in DPIL for longer than four months reported significantly higher frequencies of reading than those enrolled for four months or less (see also Ridzi et al. 2017).

In terms of outcomes, the individual questions asked in the questionnaire (see Appendix 2) were first combined to provide overarching scores which indicated the relative performance of the families in relation to: the children's interest in books, songs and rhymes; frequency of parents reading and singing with their child; frequency of child-initiated reading activity; the frequency of the parent-child interactions during shared book reading; parental confidence in reading and singing with their child; duration of reading sessions; how many (non-DPIL) books were owned; and, how often the family visited the local library. Details of which items were combined and the internal reliability estimates of these scores based on this study are in Appendix 3. The rationale for focusing on these outcomes was because they have been shown in previous studies to be linked to developmental outcomes for children in relation to language and academic skills (e.g., Park, 2008; Wood, 2002). The items related to songs and rhymes were included because previous research (e.g., Sylva et al., 2008) found that teaching children songs or nursery rhymes showed a significant positive impact on their language scores at school entry after controlling for other factors.

We used Kruskal-Wallis tests to determine whether there are statistically significant differences between the four groups on the aforementioned variables. We used this method because normality and homogeneity of variance assumptions of one-way ANOVA were not met. We did not use Bonferroni correction for original Kruskal-Wallis tests because the present study is restricted to planned comparisons in which case no correction is suggested (Armstrong, 2014). In addition, after each Kruskal-Wallis test, Dunn's post hoc tests were carried out on each pair of groups where we reported Bonferroni adjusted p-values to avoid Type I error.

We were interested in whether or not duration of participation in DPIL was associated more specifically with the parents' tendency to read with their children every day as the theorised goal of the programme was daily reading (Ridzi et al., 2014). To address this, we divided the DPIL-registered parents into two groups: those enrolled for 11 months or less (n=71) and

those enrolled for more than a year ($n=192$). We then adopted logistic regression to explore whether duration in the programme was associated with parents' tendency to read with their children on a daily basis whilst controlling for socio-demographic characteristics of parents and children such as: parent ethnicity, employment and marital status; child age and sex; and whether English is the first language.

Finally, to consider longer term impacts, we compared the ASQ scores of children who were SSBC and registered with DPIL, with those in SSBC and not DPIL registered, and with non-SSBC, non-DPIL families, using one way ANOVA. We also ran a regression analysis to consider whether length of DPIL registration could explain individual differences in EYFS scores overall, and as before we also considered the contributions of key demographic details.

Findings

Frequency of reading and singing with child and child-initiated reading

The present study examined whether there were differences between the four groups of families in terms of frequency of reading and singing with child and child-initiated reading. It will be recalled that the non-DPIL families appeared to be more socio-economically advantaged than their DPIL-registered peers. We found that non-DPIL children were more likely to initiate reading activities ($p=.01$) and had parents who read and sang to them more frequently ($p=.034$) compared to the families who had received DPIL books for just 0-11 months. There were, however, no significant differences between the non-DPIL families and the families registered with DPIL for a year or more, perhaps indicating that continued registration brought DPIL families more in line with their better-off counterparts with respect to these behaviours. In particular, the longer the children were registered with DPIL, the more frequently the children were reported to initiate reading activities with their parents (see Table 13).

Table 13: Comparison of four groups of children/parents in terms of reading routines and behaviours, with Post hoc analyses

Reading routine and behaviours	Group	N	Median (IQR)*	H	Post hoc analysis with Bonferroni adjusted p-value
Child interest in books, songs and rhymes	Non-DPIL	186	8 (7-8)	$H=2.221$	
	0-11 months	74	8 (6-8)	$df=3$	
	12-24 months	100	8 (6-8)	$(p=.528)$	
	25 + months	109	8 (7-8)		
Frequency of reading and singing with child	Non-DPIL	185	11 (9-11)	$H=8.119$	0-11 months vs Non-DPIL, $p=.034$
	0-11 months	75	10 (9-11)	$df=3$	
	12-24 months	99	10 (9-11)	$(p=.044)$	
	25 + months	105	10 (9-11)		
Frequency of child-initiated reading	Non-DPIL	185	10 (9-11)	$H=17.436$	0-11 months vs Non-DPIL, $p=.010$ 0-11 months vs 12-24 months, $p=.007$ 0-11 months vs 25 + months, $p<.0005$
	0-11 months	70	9 (5-10.25)	$df=3$	
	12-24 months	98	10 (8-11)	$(p=.001)$	
	25 + months	104	10 (9-11)		
Interactions when sharing books	Non-DPIL	181	15 (13-18)	$H=39.881$	0-11 months vs 12-24 months, $p=.001$ 0-11 months vs 25 + months, $p<.0005$ Non-DPIL vs 12-24 months, $p=.017$ Non-DPIL vs 25 + months, $p<.0005$
	0-11 months	70	14 (10-19)	$df=3$	
	12-24 months	98	17 (14-21)	$(p<.0005)$	
	25 + months	105	19 (15-22)		
Parent confidence in reading and singing	Non-DPIL	187	10 (9-10)	$H=2.103$	
	0-11 months	76	10 (8-10)	$df=3$	
	12-24 months	97	10 (9-10)	$(p=.551)$	
	25 + months	108	10 (9-10)		
Length of a reading session	Non-DPIL	187	1 (1-2)	$H=9.231$	0-11 months vs 25 + months, $p=.049$
	0-11 months	67	1 (1-2)	$df=3$	
	12-24 months	76	2 (1-2)	$(p=.026)$	
	25 + months	91	2 (1-2)		
Number of books at home	Non-DPIL	187	5 (5-5)	$H=33.856$	0-11 months vs Non-DPIL, $p<.0005$ 25 + months vs Non-DPIL, $p=.011$ 12-24 months vs Non-DPIL, $p=.016$
	0-11 months	74	5 (3-5)	$df=3$	
	12-24 months	99	5 (4-5)	$(p<.0005)$	
	25 + months	108	5 (4-5)		
Frequency of local library visit	Non-DPIL	187	3 (2-3)	$H=10.186$	No statistically significant adjusted p-values
	0-11 months	75	2 (1-3)	$df=3$	
	12-24 months	99	2 (1-3)	$(p=.017)$	
	25 + months	108	2 (1-3)		

* *IQR: Interquartile range*

One of the aims of this study was to examine whether there were any differences between the four groups in terms of parent-child interactions during shared storybook reading. First, we present descriptive statistics on each of the interactions identified in the questionnaire. Table 14 suggests that asking children questions about the pictures in the book was most common among parents (always: 55.5%) followed by talking about what is happening in the story (always: 39.7%).

Table 14: Percentage Distribution of answers about parent-child interactions during reading sessions

	Always	Usually	Sometimes	Never
Do you ask your child to read with you?	32.7	22.6	32.1	12.6
Do you ask your child questions about the pictures in the book?	55.5	27.0	13.9	3.6
Do you talk about letters?	27.9	21.0	31.8	19.3
Do you talk about what specific words in the book mean?	22.8	18.1	38.1	20.9
Do you talk about what is happening in the story?	39.7	24.7	23.8	11.8
Do you ask your child questions to see if they understand the story?	29.3	22.6	29.7	18.4

We then checked whether there were statistically significant differences between the four groups of families in relation to parent-child interactions during reading sessions. We found that parents whose children were not registered with DPIL reported interacting with their children significantly less than parents whose children received DPIL books for more than 12 months ($p=.017$) and for more than two years ($p<.0005$). There were also significant increases in interaction scores across the three DPIL-registered groups, suggesting that duration of registration was linked to the frequency of the parent-child interactions during shared book reading (see Table 13).

Length of reading session

The present study also aimed to assess whether length of reading sessions differed between the groups. Our results suggested that children who were registered with DPIL for more than two years had longer reading sessions than children who were registered for less than a year ($p=.049$).

Number of books at home and frequency of library visit

We found that the non-DPIL families had significantly more books at home than all three DPIL-registered groups ($H(3)=33.856$, $p<.0005$). Conversely, we found a significant main effect of DPIL registration status on library visits ($H(3)=10.186$, $p=.017$), but post-hoc analyses were not significant, suggesting that this effect was not reliable.

Effect of duration of participation in DPIL on daily reading

The final aim of the study was to examine whether duration of participation in DPIL was associated specifically with the parents' tendency to read with their children every day as the theorised goal of the programme was daily reading (Ridzi et al., 2014). Chi-squared analysis found a statistically significant association between length of registration with DPIL and frequency of reading. In other words, parents whose children were enrolled in DPIL for a year or more were more likely to read to their children on a daily basis than parents whose children were enrolled in DPIL for 11 months or less (see Table 15).

Table 15: Contingency table for registration duration in DPIL and frequency of reading

Duration in the programme	11 months or less		12 months or more		Chi-square test*
Frequency of reading	Sample Size	% Within Group	Sample Size	% Within Group	$p=.007$ $\Phi=.165$ Adjusted residuals in parentheses
Less than every day	23 (2.7)	32.4	33 (-2.7)	17.2	
Every day	48 (-2.7)	67.6	159 (2.7)	82.8	
Total	71	100.0	192	100.0	

* Preliminary Chi-square analysis of frequency of reading and length of registration with DPIL variables resulted that 15 cells (50.0%) had expected count less than 5. Therefore, we collapsed the categories of these two

variables and eventually had frequency of reading variable with two categories (Every day and less than every day) and length of registration with DPIL variable with two categories (11 months or less and 12 months or more).

To examine whether the aforementioned association persisted when socio-demographic characteristics of parents and children (i.e., parent ethnicity, employment and marital status; child age and sex; and whether English is the first language) were controlled, we conducted a logistic regression analysis. We found that parents whose children were registered with DPIL for more than a year were more likely to read to their child daily than parents with shorter registrations, even after controlling for socio-demographic characteristics of parents and children (see Table 16). Further, unemployed parents were less likely to read to their children daily compared to parents who had a full-time job (χ^2 (8) = 22.469, p = .004, $-2 \log \text{likelihood}$ = 249.899).

Table 16: Logistic regression analysis considering factors which influenced whether or not the children were read to every day

Explanatory variables	β	S.E.	Wald	df	p-value	Exp (β)	95% C.I. for Exp (β)	
							Lower	Upper
Duration in the programme (11 months or less)	1.053	.377	7.813	1	.005	2.867	1.370	6.002
Parent ethnicity (White)	-.350	.413	.718	1	.397	.704	.313	1.584
Parent employment status (Full time)								
Part time	-.243	.545	.198	1	.656	.785	.270	2.284
Unemployed	-1.079	.496	4.737	1	.030	.340	.129	.898
Parent marital status (Married)	-.318	.339	.881	1	.348	.727	.374	1.414
Child age (3 and over)	.501	.367	1.864	1	.172	1.650	.804	3.387
Child sex (Female)	-.270	.328	.675	1	.411	.764	.401	1.453
English is a first language (Yes)	-.116	.503	.053	1	.817	.890	.332	2.385

Examination of Long Term Outcomes

If we accept that the data reported above suggest that receiving books from DPIL enhances frequency of desirable parent-child reading behaviours, then it is possible to further argue that we should also be able to observe benefits in relation to children's early language and literacy outcomes. For example, research has shown that frequency of shared storybook reading in the early years is related to improved vocabulary outcomes (Flack et al., 2018; Saracho, 2017). Shared book reading may also be linked to improvements in self-regulation in this age group (Perry et al., 2002), largely because of the improvement in language development is implicated in self-regulation ability (Dickinson et al., 2019). For these reasons we examined the extent to which duration of registration with DPIL was linked to the children's ASQ Scores and their EYFS early learning goals. Specifically, we were

interested in the children's outcomes on the communication and early literacy related outcomes on each measure, but also examined other areas assessed, as language development should facilitate the ability to self-regulate, which in turn should benefit other areas of child development, such as problem solving and social skills.

12 Month ASQ scores and DPIL Registration Status

There were 12,552 children in the ASQ dataset. First, we wanted to investigate whether these children's address (i.e., ward) changed while they participated in the programme. 138 of these did not have a record of initial ward and were therefore excluded. After that, 97 of them did not have a record of latest ward, and were therefore excluded. 313 of them moved to an SSBC ward from a non-SSBC ward, and 241 of them moved from an SSBC ward to a non-SSBC ward, and were thus excluded. Thus left 11,793 children in the dataset.

We then looked at whether children had their ASQ scores when they should have. 1,900 children did not have a record of 12-month ASQ scores and were therefore excluded. 1,444 of 11,763 children had their scores outside of the 12-month window and were therefore excluded. Finally, 8,419 children had valid 12-month ASQ scores.

Then, we investigated the number of DPIL books they received. We identified that 1,041 non-SSBC children received DPIL books, therefore they were excluded (see Table 17 for details).

Table 17: 12 Month ASQ Summary Statistics for Children in Each of the DPIL registration Groups

	Frequency (N)	Mean ASQ (12 Mth) Communication Score (SD)	Mean ASQ (12 Mth) Personal / Social Score (SD)	Mean ASQ (12 Mth) Problem Solving Score (SD)
SSBC Ward no DPIL	834	53.07 (9.2)	50.10 (11.6)	50.29 (10.2)
SSBC Ward DPIL	2702	52.93 (9.7)	49.96 (11.4)	50.33 (10.7)
Non-SSBC Ward no DPIL	3842	52.54 (9.2)	50.31 (10.9)	50.70 (10.0)
Total	7378			

We then analysed whether there was a difference between the four groups of children in terms of their 12-month ASQ communication score, personal social score, and problem-solving score, respectively.³⁵ We also tested whether there was a correlation between the 12-month ASQ scores and the number of books received in the first year.³⁶ There were no significant differences between the groups with respect to their 12-month ASQ scores and how many DPIL books had been received. However, there was a small but statically significant correlation³⁷ between the number of books received and ASQ scores for communication outcomes.

24-month ASQ and DPIL Registration Status

We next looked at whether children had their 24 month ASQ scores when they should have. 5,514 children did not have a record of 24-month ASQ scores, and were therefore excluded. 3,851 of 11,763 children had their scores outside of the 24-month window, and were therefore also excluded. Finally, 2,397 children had valid 24-month ASQ scores. Then, we investigated the number of DPIL books they received. We identified that 202 non-SSBC children received DPIL books, therefore they were excluded from the analysis (see Table 17 for details).

Table 17: 24 Month ASQ Summary of Children in Each of the DPIL registration Groups

	Frequency (N)	Mean ASQ (24 Mth) Communication Score (SD)	Mean ASQ (24 Mth) Personal / Social Score (SD)	Mean ASQ (12 Mth) Problem Solving Score (SD)
SSBC Ward no DPIL	225	48.93 (16.2)	50.75 (12.5)	51.21 (10.8)
SSBC Ward DPIL	1184	48.65 (16.4)	51.52 (10.7)	50.32 (10.6)
Non-SSBC Ward no DPIL	786	48.57 (17.3)	51.46 (11.5)	51.75 (10.6)
Total	2195			

³⁵ One-way ANOVA.

³⁶ Spearman's rho

³⁷ Spearman's Rho= .029(p=.012)

We then analysed whether there was a difference between the four groups of children in terms of their 24-month ASQ communication score, personal social score, and problem-solving score, respectively.³⁸ We also tested whether there was a correlation between the 24-month ASQ scores and the number of books received in the first two years.³⁹ At this point in the children's development there were no significant differences between the groups with respect to communication and personal-social ASQ scores, but there was however a significant difference with respect to problem solving outcomes⁴⁰, which was the result of DPIL children in the SSBC Wards scoring lower than the children who lived outside of the targeted wards (50.32 vs 51.75 respectively). We also found a significant negative relationship between 24-month ASQ scores for problem solving and duration of DPIL registration (number of books received)⁴¹.

Understanding the Impact of DPIL registration on EYFS scores

We next looked at how many children had their EYFS scores. 11,341 of 11,763 children did not have their EYFS scores and were therefore excluded. This left 422 children who had EYFS scores. We then investigated the number of DPIL books they received as an indicator of how long they had been registered for DPIL. From this we had a final sample of 381 SSBC children who were registered for DPIL, 29 SSBC children who were not registered for DPIL, and 9 children who were not in SSBC wards and who were also not registered for DPIL.

We then tested whether there were any correlations between the number of books received from DPIL and the following measures: total EYFS scores; communication and language scores; personal social and emotional scores; literacy scores; understanding the world scores. None of these correlations were found to be statistically significant.

Finally, we investigated whether there was a relationship between the number of books received during their period of DPIL registration and number of EYFS early learning goals met using regression analyses, in which we examined how much DPIL registration could predict the total number of EYFS met both individually, and in comparison to other

³⁸ One-way ANOVA.

³⁹ Spearman's rho

⁴⁰ Welsh's F (2, 612.490) = [4.333], p = .014, Eta = .063, Eta-squared = .004

⁴¹ Spearman's rho -.071(p<.001)

demographic factors, such as: ethnicity; special educational need; free school meal eligibility; English as an additional language; and gender. The results of this analysis are summarised in Table 18. This table shows that in Model 1, DPIL registration duration is unable to explain a significant amount of the variance in EYFS scores on its own. In Model 2 we can see that SEN status, EAL status and ethnicity are the only factors able to explain a significant amount of the variance in EYFS scores in this sample of children.

Table 18: Summary of Regression Analyses Examining Relationships between Total EYFS scores, Number of Books received and Socio-Demographic Characteristics

		Unstandardized Coefficients		Sig.	Model Summary			
		B	Std. Error		R	R ²	Adjusted R ²	Sig
Model 1	(Constant)	29.481	1.007	<.001	.008	.000	-.002	.867
	Number of DPIL Books Received	.003	.019	.867				
Model 2	(Constant)	15.201	2.246	<.001	.618	.382	.373	<.001
	Number of DPIL Books Received	0.012	0.015	.429				
	Ethnicity (Ref: White)	1.318	0.625	.036				
	SEN (Ref: Yes)	9.792	0.716	<.001				
	FSM Eligible (Ref: No)	-0.787	0.524	.134				
	EAL (Ref: No)	-1.941	0.635	.002				
	Gender (Ref: Male)	-1.872	0.493	<.001				

Note: Dependent variable is Total EYFS score

Conclusions

Overall, we can see that the longer that families were registered with DPIL, the more likely they were to report interacting with their children during shared storybook reading, the more likely they were to read with their children daily, and the longer they were likely to read with their children, indicating positive changes in parent-child behaviours in relation to books and early literacy activities. However, there was little evidence that these changes in parental behaviours and activities translated into longer term benefits for communication and other early learning goals. Specifically, we found only a modest significant association between DPIL registration and ASQ communication scores at 12 months. There was no

evidence of an impact on the number of EYFS learning goals met, either overall or in relation to communication or early literacy more specifically. These findings are discussed below.

Impact on Family Literacy Behaviours

We found that although when they were initially registered with DPIL (i.e., 0-11 months) families reported reading and singing with their children less frequently than their more advantaged peers (i.e., non-DPIL group), and the children were initiating literacy-related activities less often, the two groups of families who had been registered with DPIL for a year or more reported higher levels of activity which put them on a par with the non-DPIL families.

The two most common interactions were asking children about the pictures in the book and talking about what is happening in the story. In addition, DPIL groups registered with the programme for a year or more reported more frequent interaction when sharing books than the non-DPIL families. In other words, DPIL-registered parents engaged their children with the content of the story or focused their attention on concepts about print. This result might be related to parents' knowledge about the influence of shared reading on their child's education and language skills (De Bondt et al., 2020). These findings are in line with those of Thompson et al. (2017), who reported that parents scored significantly higher on literacy interactions when their children were registered with DPIL than parents whose children were not registered (see also De Bondt et al., 2020).

These findings suggest that DPIL book-gifting does appear to be a mechanism that can not only increase the frequency of reading-related behaviours but can also support improvements in parent-child interactions over time. In addition, more frequent interactions around sharing books are likely to enhance children's language comprehension. One likely mechanism for these results could be the impact of repeated reading. That is, in households with relatively few books, it is likely that DPIL texts will become children's particular favourites. Although they receive a new book every month, the limited frequency of those new books means that repeated reading is likely to occur. This, in turn, is likely to stimulate parents to engage their children in more of a discussion about what is happening in the story, and aspects of the vocabulary covered within the book, in order to make book sharing more interesting for the adult. Previous research on repeated reading also noted

that “favourite stories appear to serve a function of allowing the children to become more involved in the story” (Fagan and Hayden, 1988, p. 47). More recently, De Bondt et al. (2020) argued that even a few age-appropriate books in the home may serve as a “nudge” for improving reading-related behaviours of families. Moreover, previous research suggests that the language used in books or during shared reading is more complex than the language used during normal conversation or free play (Hayes and Ahrens, 1988; Crain-Thoreson et al., 2001).

The study also aimed to test whether there were differences between the four groups in relation to length of reading sessions. Families registered in DPIL for more than two years engaged in reading sessions that were significantly longer than those who had been registered for one year or less. This difference in duration of reading sessions also supports the earlier interpretation that parents are engaging their children in more discussion around the texts during shared storybook reading, rather than simply reading the book from beginning to end, and then ending the activity.

There was no evidence of any impact of DPIL registration status on either the children’s interest in books, songs and rhymes, or in levels of parental confidence. This would suggest that regardless of background all the children in the study had broadly comparable levels of interest in literacy-related pre-school activities and resources, even though some of these children had less access to books, as another finding was that the children in the non-DPIL group had significantly more books at home than all three of the DPIL-registered groups. This underscores the importance of capitalizing on children’s early interest in books and language by supplying them with resources and showing parents how to best use them with their children, before differences in abilities become established.

Specifically, the study aimed to examine whether duration in the programme affected reading frequencies of DPIL-registered families. We found that being registered with DPIL for more than one year was able to predict whether or not a parent reported that they read daily with their child, and this effect remained after factoring in the influence of parents’ ethnicity, employment status, marital status, the age of the child, the child’s gender and whether or not English was their first language. Ridzi et al. (2014) similarly found that parents whose children were registered with DPIL for more than four months were more

likely to read to their children daily than parents whose children were registered with the book gifting scheme for four months or less. However, whether or not the parent was unemployed was an influence on the data, with unemployed parents being less likely to read to their children everyday than employed parents. This finding is similar to that reported by Anderson et al. (2019), who reported that parents from higher income households were more likely to read to their children more often than those from lower income households. It would be worth exploring why unemployed parents do not read to their children as much as employed parents in detail via interviews or ethnographic methods.

It is noteworthy that the results reported in this study are more positive than those reported for other book gifting schemes in the UK. For example, Mooney et al. (2016) evaluated the Letterbox Club that ran in Northern Ireland to improve literacy skills amongst children aged 7-11 years in foster care. Unlike DPIL, the programme sends six parcels of books (each including two books) over a six-month period. This much shorter time frame might be one of the reasons why Mooney, et al. (2016) found no evidence that the programme had an effect on the children's literacy skills or enjoyment of reading. A process analysis of that study revealed a lack of carer/child levels of engagement with the programme as the main reason for no effect (Roberts et al., 2017). Another important difference between our study and that of Mooney et al. is the age of the children being targeted; in the city we studied DPIL sent books to children from birth to their fifth birthday, whereas the Letter Box Club targeted those aged 7-11 years. A more comparable programme in the UK is that of Bookstart. In this Booktrust run scheme, the Bookstart pack is delivered to parents/carers at the first-year health check, and the bookstart+ pack at the second. These packs include two books. Receiving two books once in a year compared to one book each month over a four-year period (i.e., DPIL) might explain why there was no significant effect of Bookstart+ on parental attitudes to shared book reading (O'Hare and Connolly, 2014), whereas we did find an effect on this during the DPIL evaluation.

Overall, DPIL appears to have advantages over other book-gifting schemes. Particularly, the fact that children receive books over an extended (up to four-year) period seems to be the most important mechanism underlying the significant relationships between the programme and the outcomes measured here. We found that the longer families

participated in the programme, the more parents had interactions with their children whilst reading a book, the longer reading sessions they had, and the more they read to their children on a daily basis.

Limited Longer-Term Impact

Notwithstanding the encouraging findings in relation to transforming parent-child reading behaviours, there was limited evidence that these behavioural changes were translating into longer term benefits in relation to communication and early literacy. It was particularly interesting to note that although there was some evidence (albeit modest) of an association between DPIL registration and ASQ communication outcomes at 12 months, this effect had ‘washed out’ by 24 months rather than developing further, and by the time the children had completed their Foundation stage, there was no discernible impact on EYFS scores. This may be indicative of a need to provide support for families in the form of language / communication orientated programmes beyond the first 12 months. We note our earlier finding that engagement with literacy-related aspects of the SSBC offer was low, and this may hold the clue to understanding the absence of longer-term transfer to communication outcomes. That is, on its own book gifting is somewhat limited, and SSBC parents may need support in engaging their children in more varied language activities. When we look at the regression analysis in Table 18, we can see that the three variables that could explain EYFS outcomes were SEND status, EAL status and ethnicity, in that order. These would suggest that parents with low or limited literacy in English may need additional support and more tailored offers that either support their language development or offer approaches to developing communication and literacy skills in ways that are less dependent on the literacy or linguistic levels of the parents. Similarly, coping with a child with a special educational need or disability presents parents with additional challenges and pressures as those children develop and especially once the children reach school age.

However, it should be remembered that the longer-term outcomes data used in this analysis is likely to have been contaminated by the impact of Covid 19 lockdowns in particular. It is also important to note the high proportion of ‘missing’ EYFS data that prevented a larger scale analysis of the impact of DPIL. If the EYFS data can be inputting into

the central records system for all children, this would enable the SSBC to evaluate the impact on EYFS with greater statistical power.

Recommendations

We recommend that SSBC:

- Continue encouraging families to register with DPIL, starting children as young as possible. The mechanisms for engaging families with DPIL from birth may benefit from a review to identify additional opportunities for raising parental awareness of this service;
- Consider targeting children identified as 'at risk' (i.e., EAL and disabled) for bespoke DPIL registration campaigns, and for campaigns emphasising the value of engaging with communication and early literacy activities with their children;
- Consider supplementing DPIL with activity sheets that can be picked up in the new central library rather than relying on families to resource downloads of PDFs from the SSBC website;
- Explore why unemployed parents do not read to their children as much as employed parents in detail via interviews and that unemployed parents are targeted with information about the benefits of daily shared reading;
- Review the nature and location of its provision for older pre-school children in relation to communication and early literacy outcomes with parent stakeholders to understand barriers to engagement and what sort of support might be beneficial;
- Consider whether there is more that SSBC can do as children approach the transition to school, in terms of supporting both children and parents; and
- Review methods for compiling central data on mandatory assessments such as EYFS, in order to support future internally-led evaluations. Specifically, consider establishing a data sharing agreement and putting a set of procedures in place that would enable these scores to be held centrally for the purposes of anonymised evaluation of partnership services and programmes. This would enable SSBC to use EYFS data from schools to conduct comparisons between children who have participated in SSBC programmes and activities and those who have not.

Evaluation of Small Steps at Home

Introduction

Small Steps at Home is a home visiting programme delivered by Family Mentors and starts at 20 weeks pregnancy and runs until the child's 4th birthday. The programme contains advice, information and activities. Each visit focusses on a range of topics, which are relevant to the child's age. The aim of the programme is to improve child development outcomes. Sixty-six Family Mentors deliver Small Steps at Home in the four wards and since April 2016 1,600 children's parents have participated in Small Steps at Home.

Aims of the study

There are two aspects of this evaluation. The first involves examining whether participating in the programme improves children's ASQ and EYFS scores. Two separate studies were undertaken using the ASQs and EYFS to address whether participating in the Small Steps at Home improves children's 12 and 24 month ASQ scores in (1) communication (language skills), (2) gross motor (large muscle movement and coordination), (3) fine motor (small muscle movement and coordination), (4) problem-solving (focus on the child's play with toys), and (5) personal-social (focus on the child's interactions with toys and other children), and their EYFS scores. It should be noted that it is not clear to us whether Small Steps at Home has been specifically designed to have an impact on these aspects of child development.

The second aspect of this evaluation is a qualitative exploration of parents and Family Mentors experiences and views of the Small Steps at Home Programme in relation to:

- The recruitment and employment of Family Mentors;
- The content and delivery of the Small Steps at Home handbooks;
- The relationships between Family Mentors and parents; and
- Outcomes and impact of Small Steps at Home on children and parents.

Methodology

Data collection and analysis

The effect of participating in Small Steps at Home on children's ASQ and EYFS scores

Small Steps Big Changes routinely collects Small Steps at Home attendance data and children's ASQ scores that are recorded by Family Mentors (at 2nd, 4th, 6th (optional) and 18th months in SSBC wards) and Health Visitors (at 12th and 24th months in all wards of Nottingham). For the two studies, we used the ASQ data that were recorded by Health Visitors and provided by SSBC (i.e., 12- and 24-month ASQ scores). EYFS data were also provided by SSBC.

The first study conducted statistical tests⁴² to determine whether there were statistically significant differences between four groups of children in terms of their 24 month ASQ scores: (1) non-SSBC children who did not participate in Small Steps at Home (n=2351), (2) SSBC children who participated in Small Steps at Home for 18 or more months (n=158), (3) SSBC children who participated in Small Steps at Home for 17 or fewer months (n=129), and (4) SSBC children who did not participate in the programme (n=621).

The second study conducted statistical tests⁴³ to determine whether there were statistically significant differences between three groups of children in terms of both their 12 and 24 month ASQ scores: (1) non-SSBC children who did not participate in Small Steps at Home, (2) SSBC children who participated in Small Steps at Home, and (3) SSBC children who did not participate in Small Steps at Home (see table 19 for sample sizes). The second study then conducted other statistically tests⁴⁴ to investigate whether there was a correlation between the 12- and 24-month ASQ scores and the number of Small Steps at Home visits children had in the first year, and the second year, respectively. Finally, the second study examined whether there was a difference between children who participated in Small Steps at Home (n=328) and who did not in terms (n=90) their total EYFS scores⁴⁵. We also tested whether

⁴² Kruskal-Wallis H test

⁴³ One-way ANOVA

⁴⁴ Non-parametric tests: Kendall's tau_b and Spearman's rho

⁴⁵ T-test

there was a correlation between the total EYFS scores and the number of SSAH visits children had until they went to school⁴⁶.

Table 19: Sample sizes for the tests used in the second study

	Sample sizes for the tests used 12-Month ASQ scores				
	Communication	Personal Social	Problem Solving	Fine Motor	Gross Motor
	N	N	N	N	N
SSBC Ward no SSAH	1670	1651	1666	1669	1670
SSBC Ward SSAH	1866	1845	1861	1864	1864
Non-SSBC Ward no SSAH	4864	4810	4846	4854	4859
Total	8400	8306	8373	8387	8393
	Sample sizes for the tests used 24-Month ASQ scores				
	N	N	N	N	N
SSBC Ward no SSAH	790	779	789	790	790
SSBC Ward SSAH	619	608	615	616	617
Non-SSBC Ward no SSAH	981	959	976	979	979
Total	2390	2346	2380	2385	2386

Parents' and Family Mentors' experiences and views of the Small Steps at Home Programme

Seven members of the Family Mentor Senior Leadership Team and two other members of staff (roles anonymised to ensure anonymity) took part in a face-to-face interview. Four focus groups and one group interview were undertaken with 31 Family Mentors, and two other members of staff (roles anonymised to ensure anonymity) involved in the Small Steps at Home programme. These interviews and focus groups were approximately one hour long.

Parents were informed about the evaluation by Family Mentors who asked if they were interested in being invited to take part in an interview. Parents interested provided their contact details which were then passed onto the evaluation team.

Seventeen parents participated in an interview. The interviews explored parents' experiences of Family Mentors and Small Steps at Home. The interviews were mainly

⁴⁶ Non-parametric tests: Kendall's tau_b and Spearman's rho

undertaken in the parents' homes except for one interview that took place in one of the buildings where the Family Mentors are based. These interviews took no longer than 45 minutes. Most participants were mothers (n=15) with two fathers⁴⁷ also participating in interviews with two of the mothers. Parents were aged between 21 and 41 years old. Seven parents identified as White British, three of mixed heritage, six other ethnicities (not listed to ensure anonymity), and the ethnicity for one participant was not recorded.

Focus group and interview data was thematically analysed to identify patterns through a process of data familiarization, data coding, and theme development.

Findings

The effect of participating in Small Steps at Home on children's ASQ and EYFS scores

The first study found that children from SSBC wards who participated in the programme for more than 18 months had the highest mean 24 Month ASQ (excluding problem-solving) and 'overall' scores. In particular, their scores were always higher than the scores of those who live in SSBC wards but did not participate in the programme at all. However, there were no statistically significant differences in 24-month ASQ scores between the four groups of children.

The findings from the second study are summarised below and findings related to the 12 month ASQ scores are as follows:

- There was no difference between the groups of children in terms of 12 month communication scores (Welsh's $F(2, 3545.149) = [2.144]$, $p = 0.117$). However, there was a strong, positive association between the number of Small Steps at Home visits and 12 month communication scores ($\tau_b = .020$, $p = .034$). That means, an increase in the visits led to an increase in the 12 month communication scores.
- There was a statistically significant difference between the SSBC and non-SSBC children in terms of 12-month fine motor scores (Welsh's $F(2, 3410.634) = [5.512]$, $p = 0.004$, $\eta^2 = .037$, $\eta^2\text{-squared} = .001$). This difference was between non-SSBC children and SSBC children who did not participate in the Small Steps at Home

⁴⁷ All parents called were asked if they had a partner who wished to participate in an interview.

programme (mean difference = .672 (Confidence interval: .16-.1.18), $p = .005$).

However, there was not a statistically significant association between 12 month fine motor scores and the number of Small Steps at Home visits children had in the first year. That means, participating in SSAH did not result higher 12-month fine motor scores for SSBC children.

- There was a statistically significant difference between the SSBC and non-SSBC children in terms of gross motor scores (Welsh's $F(2, 3632.599) = [16.958]$, $p < 0.001$, $\eta^2 = .062$, $\eta^2\text{-squared} = .004$). These differences were between (1) SSBC children who did not participate in SSAH and non-SSBC children (mean difference = 1.556 (Confidence interval = .51-2.60), $p = .001$), (2) SSBC children who participated in Small Steps at Home and non-SSBC children (mean difference = 2.203 (Confidence interval = 1.20-3.21), $p < .001$). Also, there was a strong, positive association between the number of Small Steps Big Changes visits and 12 month gross motor scores ($\tau_b = .042$, $p < .001$). That means, an increase in the visits led to an increase in the 12-month gross motor scores.

Overall, it seems that participating in Small Steps at Home in the first 12 months improves children's communication and gross motor scores in the first year.

Findings related to the 24-month ASQ scores from the second study are as follows: There was no difference between SSBC and non-SSBC children in terms of 24-month fine motor scores (Welsh's $F(2, 1500.731) = [2.365]$, $p = .0.94$). However, there was a strong, positive association between the number of visits and 24-month fine motor scores ($\tau_b = .040$, $p = .022$). That means that an increase in the visits led to an increase in the 24-month fine motor scores. Overall, it seems that participating in SSAH helps children's fine motor scores.

Findings related to the EYFS scores from the second study are as follows: There was not a statistically significant difference between children who participated in Small Steps at Home (mean = 29.20) and who did not (mean = 30.43) ($t(416) = 1.685$, one-sided $p = .046$, two-sided $p = .093$, Cohen's d [Point Estimate] = .200)). This finding was supported by the fact that there was not a statistically significant association between EYFS scores and the number of Small Steps at Home visits children had until they went to school ($N=418$) ($\tau_b =$

-.023, $p = .537$). That means that participating in Small Steps at Home did not result higher EYFS scores for SSBC children.

Parents and Family Mentors experiences and views of the Small Steps at Home Programme

Outcomes for children and parents

There was a perception that the Small Steps at Home programme had led to developments in children's confidence, social skills and language and communication - including earlier language development and improved English for children whose parents first language is not English.

"And the nursery in which they [one of the families] attend, who are seeing lots of their children, had actually commented and said look, you know, I'm pretty sure it's probably the work that you guys do at home [Small Steps at Home programme], but the difference in this child to their other children has actually been amazing, you know. That the communication and the language development, their social skills" (Family Mentor).

"Children's improvement in English where it is not their parents first language" (Family Mentor).

"Their language skills are maybe starting to develop a bit earlier, a bit earlier than what they would" (Family Mentor).

"Like her confidence or her emotional growth and things like that. So obviously having that, it kind of... I can kind of see that growing" (Parent).

Data from the interviews suggests that participating in Small Steps at Home had also helped to improve their children's outcomes in other areas such as sleeping routines, healthy eating and weaning, and toilet training. There were many examples of testing out what had been learnt during their interactions with the Family Mentor, including trying out techniques to assist with sleeping routines, feeding and weaning:

“I was really struggling about how to make this boy sleep at night...So every time I leave his teddy bear with him, hug, and then yeah, he falls asleep. I point at him. There’s a little fight and then he goes to bed” (Parent).

“Food and nutrition, because all added things like carrots, your broccoli and everything, but there’s a lot more food that I could give to my child that I didn’t know I could give. So that really helped. Because now she eats better than my 2½ year old eats” (Parent).

“The weaning was good, she was really helpful. We’re just starting to talk about the sleeping, like moving onto a bigger bed. And I think my husband talks to her a lot about toilet training. The kind of just stuff to do with her is always helpful because I was a bit clueless at the beginning on what I’m meant to do with a new-born” (Parent).

The programme had also led to improvements in parent’s confidence. Parents felt reassured that what they were doing was the right approach and learning new techniques and approaches to addressing aspects of child development or behaviour had led to increases in confidence amongst some parents.

“I’m not doubting myself for no reason. So that’s where I think it’s the best, they encourage you and they support you. They make you a more confident mum” (Parent).

“They feel more manageable and more informed, you know, as to where to go for additional support. They feel more confident, not everybody engages with other services well, so they feel more confident, especially when they can come back and have another conversation with their Family Mentor about how things have gone” (Family Mentor).

Regular visits from a Family Mentor had led to improvements in wellbeing for some parents. One parent reflected on how her visits from her Family Mentor had supported her wellbeing during a period of depression. In some cases, Family Mentors provided an important source of social contact, helping parents to overcome social isolation.

“I was quite bad with depression at the beginning, and it was just a bit of a lifeline for me for someone to come around and just be there for an hour, once a week is just... I couldn’t even put a price on how much that made a difference to me” (Parent).

“When I first had my daughter and when I was pregnant, I did not want to leave the house. So, it was nice to have somebody to come and to talk to, other than my two-year-old” (Parent).

Recruitment and Employment of the Family Mentors

Recruitment

There was a perception that the advert for the Family Mentor position is vague and potentially more suited to a befriending role. Some staff perceive their actual role to be very different to the Family Mentor position advertised. Furthermore, some staff believe the advert does not convey the full extent of the role, particularly in terms of safeguarding children, administrative tasks and the expectation that Family Mentors are also be required to organise and deliver group activities.

Participant 1: “I think the job description is somewhat stretched... sort of like what we actually do, and what is in the job description, sort of like, sometimes don’t really match”. Participant 2: “It’s a bit basic, isn’t it?” (Family Mentors).

“It doesn’t mention anything about any potential, there’s a lot of safeguarding and things like that, and it doesn’t mention sort of like, dealing with that” (Family Mentor).

“We didn’t know about the groups, did we” (Family Mentor).

The previous and current adverts do mention that Family Mentors are expected to run groups and they refer to ensuring the safeguarding of children and the completion of reports. However, the level of detail with regards to groups, safeguarding and administration tasks is minimal.

Staff were positive about the Family Mentor interview and assessment days as part of the recruitment process; however, two issues were raised: the length of the interview and assessment days and group interviews. The assessment days, which range from three to four days and were considered a lot to commit to if you have work and/or childcare responsibilities. In terms of the group interviews, some members of staff would have liked the opportunity to participate in a one-to-one interview so they could convey their personal qualities and experiences in more detail.

“It is a commitment, particularly if you’re already working or have got childcare”
(Family Mentor Senior Leadership Team).

Responsibilities and Salary

It was apparent that Family Mentors had taken on additional responsibilities during delivery of the Small Steps at Home Programme. This included supporting families around additional needs such as issuing food bank vouchers, supporting families around housing issues, and making referrals to other services where required. The Family Mentors wished to be viewed as a skilled workforce due to the amount of responsibility they had in relation to the families they supported.

“So, it’s going out there [visiting families to deliver the Small Steps at Home handbooks] and it’s finding families that have other priorities. And I say other priorities, they are priorities, so they have, you know, we could enter a home and they might have housing issues, they might have just been served an eviction, they may not have any food. So, it’s not really a challenge, it’s a wonderful opportunity because then we can signpost them, and we can refer them to food banks” (Family Mentor).

“We’re constantly told we’re not professionals, and I think a lot of the jobs, a lot of the things we’re doing with families, are professional roles” (Family Mentor).

Some staff questioned whether the salary of Family Mentors reflects their responsibilities, and the complex needs of the families they are working with. For some the level of

responsibility in terms of the additional support they provide to families and referrals they make regularly to other services merited higher pay.

“I think if it was a case of just delivering the Handbook and that was it, yeah, then possibly not [a higher salary]. But everything else that comes with it... [the additional needs of families]” (Family Mentor).

However, it was highlighted by a member of staff that the salary is based on the understanding the Family Mentor role is a peer role. Yet during the course one focus group it was noted that the role of the Family Mentor has changed and there was a view that the salary should reflect this.

“And I think as the [Family Mentor] role has evolved as well, it’s not what it was. It’s changing massively, and circumstances [salary] have to adapt to take that into consideration. Or I think staff will continue to be lost” (Family Mentor).

It should be noted that this study took place early in the evaluation period and, as a result, SSBC has put in place a salary scale for Family Mentors to reflect their development in the role, and is pursuing accreditation for their training.

Community Workforce

The Family Mentors being a community workforce was recognised as a key strength of the programme. It was deemed particularly important that the Family Mentors were recruited from the community rather than professionals being brought in. There was an emphasis on parents being supported by their peers and not by professionals that are viewed by parents as part of the ‘authorities’.

“I am hugely of the opinion that community-based provision is the way to make a difference. That it is motivating and building capacity of people within the community to support each other that is the answer. It is not parachuting in professionals” (Family Mentor Senior Leadership Team).

“And for people [parents] saying, well yeah, you’re one of us, you’re not you know, somebody coming in.... They didn’t want professionals and they wanted peer relationship and you know” (Family Mentor Senior Leadership Team).

Providing employment opportunities in local communities was also identified as a key strength of the Small Steps at Home programme along with opportunities for training and development of knowledge and skills. Several parents have gone onto to deliver the Small Steps at Home programme as an employed Family Mentor after receiving the service themselves previously.

“Obviously, it’s mostly local people on the team. So, it’s employment, its’ building you know, the knowledge of the community” (Family Mentor Senior Leadership Team).

“We’ve had two families who’ve come through, who applied and have been given a Family Mentor role” (Family Mentor Senior Leadership Team).

Initially there were challenges introducing the Family Mentor service, and in particular the Small Steps at Home programme, into the existing workforce (e.g., health service, children’s services). The issue apparently centred on their view that the Family Mentors were not experienced and trained sufficiently to work with families. There was also discontent due to the introduction of this new workforce at a time when there were financial cuts across other services which had led to uncertainties around job security. However, this has since been rectified through engaging with the wider workforce to improve their understanding of the Family Mentor service, establish a good working relationship and stressing that the Family Mentor service is a complementary service to support the wider workforce.

“There were conversations that the existing workforce understandably, both health visitors and children’s centres at that time who had faced cuts. They were demoralised, they were insecure and in comes this well paid you know, big pot of money with lots and lots of new people who weren't qualified, and they weren’t trained, potentially in their eyes, taking over and putting them out of a job. So, you had an awful lot of resistance” (Family Mentor Senior Leadership Team).

“We’ve worked through them by talking... by just talking to people and reassuring people and trying to bring workforces together to... and stressed all along, we’re a complementary service, we’re not taking it over. This is to support and enhance the work that you’re doing” (Family Mentor Senior Leadership Team).

[Small Steps Big Changes handbooks](#)

[Content of the handbook](#)

Topics in the Small Steps at Home handbooks that the parents particularly liked and found useful, were: weaning and dealing with fussy eating; sleeping routines; toilet training; managing behaviours; household safety; interactive play; baby massage; bathing; keepsakes and hands on activities; facts and statistics included throughout the handbooks; and the tips sheets.

“It’s, the thing that come up are sleep, fussy eating, weaning, toilet training, and disobedience, socioemotional development” (Family Mentor).

“Brilliant weren’t they [tip sheets], because it’s something that you can refer back to as well” (Parent)

Concerns were raised by Family Mentors about a small number of topics covered in the handbooks. The ‘tips for dad’s’ section was considered by some as sexist towards the male sex and stereotypical in terms of father’s behaviours and circumstances. It was also deemed irrelevant to single parents.

“Tips for dad is sexist... Help mum clean, praise her... he could be a stay-at-home dad” (Family Mentor).

The section on arguments was considered as not realistic in terms of the examples provided and there were concerns that it could be viewed as patronising. There were mixed feelings about the relationship section with some Family Mentors of the opinion that it was not their place to approach parents about their relationships and others finding it useful.

“Do you know when I read it [section on arguments], I always feel the parents are looking and thinking well my arguments sound nothing like this” (Family Mentor).

“You’ve got to be careful not to be patronising and condescending as well, because you say how do you argue, do you argue nicely, you know” (Family Mentor).

“I don’t think they feel it’s our place to come in and say to them about relationships” (Family Mentor).

“I did it not too long ago, and I was really dreading it because this family had had particular problems at this time. And actually, it worked really, really well” (Family Mentor).

There were mixed opinions about discussing diet with mothers who have only recently given birth. Some Family Mentors felt it was not the right time and others stressed that it depends upon how the topic is delivered:

Participant 1: “I always feel really crap saying that to mothers because they’ve like, given birth about six weeks ago, they’re probably already feeling really crappy about the size that they are, and everything changing in their body. And then I’m sitting there telling them how they should be eating a bit healthier and, you know like, it is a bit of a, you know, it could be a really touchy subject for some women. And one of the ladies in particular that I visit, and she’d like talked about how she’s always sort of struggled with her weight. I could tell when we were talking about things, she was finding it like, a bit uncomfortable” Participant 2: Maybe it’s about how it’s delivered, how it’s put down. It could be like changed from what are you eating, to how are you looking after yourself?” (Family Mentors).

The ‘three kittens’ scenario’ and the ‘temperament quiz’ were divisive topics. Whilst one Family Mentor valued the ‘temperament quiz’, another did not and another Family Mentor did not fully understand the quiz. There were varied views about the ‘three kittens’ scenario. Some Family Mentors liked using this scenario to explain attachment styles whereas others found it patronising. There were also issues around getting across the message behind the ‘three kittens’ scenario to parents from different cultures and where English is not their first language.

“It is language, linguistical barrier I think, but also cultural barrier. For myself, sometimes I cannot understand the subtlety of English culture. It’s not as straightforward as my culture. And it’s hard to read, so I think there is that as well. So, we know what the story’s about, but it, in some cultures like mine, you’re told as it is. Yeah, black and white. You don’t have these sort of metaphor” (Family Mentor).

There was a perception that some of the topics covered were not relevant to all families. A few Family Mentors were of the opinion that they were telling some parents what they already knew. As a result, some Family Mentors took the decision to tailor the delivery of the Small Steps at Home handbooks according to the parent’s level of understanding, whether they already had children, and their circumstances at the time.

“The activity sheets within the handbooks, you know, they can be a little bit tongue in cheek when you’re like, am I seriously delivering this to somebody that’s on their sixth baby... And it can be that, where they [parents] will just say, do you know what, I don’t need this” (Family Mentor).

A streamlined second set of Small Steps at Home Handbooks were suggested for parents who already had children prior to accepting the Small Steps at Home programme. This may also be useful for those that have already participating in the Small Steps at Home programme with their first child but have accepted the service for their second child.

“Because we visit, I visit personally myself, somebody with six, seven children, you know. I’m sitting there, sort of like, with my little handbook thing, thinking she probably knows more than what I do, through the six, seven, children” (Family Mentor).

“They’ve had one child, and then the next year they’ve had another child, and you go back you’re going back... you’re going over the same... But I suggested that, can you remember, a couple of years ago. I said they could have done with a handbook for a second child” (Family Mentor).

Completing activity sheets during visits are optional and some parents do not particularly like completing tasks that require them to record information and it was likened to 'homework'. It was also highlighted that parents whose first language is not English do not complete forms.

"Sometimes she'll like sit there, and she'll have to ask these questions. And then I'm trying, I'm answering and I'm trying to think like, oh, what should the answer be. And it's like 'I'm not at school (Parent).

Many parents found the ASQ useful as they felt reassured them that their child's development was on schedule. However, a small number of parents worried when their child did not meet the stages of development for their age.

"Brilliant [ASQs]. It is that peace of mind I think, knowing that she's doing all the right things and where she should be" (Parent).

I they they're ok [ASQs]. I think in some bits, if she doesn't meet them, I'm like "oh god what am I doing wrong?" (Parent).

It was suggested by several participants that some information contained in the Small Steps at Home handbooks is out of date and that the handbooks require updating. A need for an electronic copy of the Small Steps at Home handbook and having it on tablet when visiting families was also suggested. Forms could then be completed online, and Family Mentors would not have to carry a set of heavy handbooks with them on each visit. It was also suggested that the tip sheets be available in other languages.

"I think there's a sense that the handbook needs updating. We need to get, we need to... I think there's been some evaluation, but literally it's the same handbook from three years ago. It's just about keeping it up-to-date in the experience" (Family Mentor Senior Leadership Team).

"I just think having the Handbook in some kind of digital format would be amazing especially for people that walk. The handbooks can be quite heavy, particularly if you've got three visits in a day, and you've got the handbook, and you've got all the

sheets that you need to take as well, and you're carrying ASQs, and all your other bits from your groups" (Family Mentor).

"With handbooks is not being available in different languages. Even if it was just perhaps some tip sheets" (Family Mentor Senior Leadership Team).

Delivery of the Small Steps at Home Programme

An issue raised by some parents and Family Mentors was how families' other needs often take priority over delivery of the content of the Small Steps at Home handbooks, particularly where families are in crisis.

"There was one point I was struggling, I know, through benefits. I had to, there was a, there was a gap where there was just no, no income. So, they supported me, support, they pointed me in the right direction for food bank, to get food bank vouchers... they now work, I believe, with other charities who offer food parcels, which they steered me to as well. They've helped me to get a referral to [Place], because with the amount of clothing I will need for all of them" (Parent).

Family Mentors would like the freedom to use their judgment in relation to when some of the topics included in the handbooks are discussed, tailoring visits to according to families' circumstances. The section on relationships was a prime example of a topic Family Mentors would like the flexibility to introduce at a later point. In this instance the opportunity to introduce it to coincide with the length of time they have been working with the family.

"I think some of the things, we need the freedom to drop in where we feel it's appropriate. So, it's not so structured. Flexible" (Family Mentor).

"Sometimes, if that's the first visit, or whatever, if we've received the referral late, to actually go in on a first visit and say oh, by the way, I'm here to talk about your, what your relationship's like?" (Family Mentor).

Some participants saw the home as a relaxed environment for the delivery of Small Steps at Home. For some, this was about the convenience of not having to venture out during inclement weather, or with a new-born baby. The privacy afforded was also

considered a benefit of receiving Small Steps at Home in the home. Participants also appreciated the frequency of visits and recognised the need for visits to reduce as time went on, and examples were offered where the reduced contact was seen as beneficial to parents.

“That was the most comfortable thing because before that I didn’t have a car, and like sometimes it’s really cold and wintry weather. So, you can’t take out the kids, and you have to make up your mind before leaving the house” (Parent).

“Especially with a newborn, because you don’t always want to leave the house. And you probably wouldn’t get to the appointments on time, and yeah, much easier than coming here. Even for just things like feeding her, because I’m not that confident feeding her out in public at the minute” (Parent).

“I prefer it [at home] because I don’t like to be around... how people... and everybody’s listening to your business, I don’t like it” (Penny).

“I think they’re just right actually. Because at the beginning, it was nice to have someone every week, because ... well I had loads more questions. And now it’s monthly, you can kind of get your own routine with life, and it’s not too invasive now” (Parent).

At the time this study was carried out, not many families had withdrawn from the programme. Where families had disengaged from the Small Steps at Home programme it was for several reasons including: When a Family Mentor has gone on long-term sick leave and parents do not wish to have a different mentor, when a child has started nursery, when a mother returns to work, when a family move out of ward and when parents feel they no longer require additional support.

“We definitely have those that withdraw, but I think the retention is far more, we don’t have that many withdrawing, not really” (Family Mentor).

“I think that becomes an issue, trying to fit the visits in when they’re at nursery” (Family Mentor).

“I think, when she’s gone back to work, I’m not going to say your priorities change. Your baby’s still your priority, but you’ve got different... your entire focus is that you’re trying to fit everything in” (Family Mentor Senior Leadership Team).

“They start on the Small Steps at Home programme and then move out of ward” (Family Mentor Senior Leadership Team).

“Some people feel as though they’ve had enough support, and so they are ready to just move on” (Family Mentor).

Support over the telephone or support groups were suggested as alternatives where families wished to remain involved but struggled to find the time⁴⁸.

“So, mum’s going back to work, or taking up the two year offer of child care. So, one of the things that we looked at was doing phone support, to do the ASQs and things. And having a group set, like a little taster session of one of our groups and have Family Mentors involved in that. So, then the parents will come, and they’ll be able to ask off the cuff questions and things, and have it delivered in that way” (Family Mentor).

Relationships between Family Mentors and Parents

The feedback about relationships between Family Mentors and parents was very positive. Parents described their Family Mentors as ‘nice’, ‘lovely’, ‘down-to-earth’, trustworthy’, ‘respectful’ and ‘helpful’ and the relationships as ‘really good’:

“My Family Mentor’s great, she’s awesome. Like I look forward to when she’s coming, and she’s ever so like... I don’t know if she’s just happy, like her persona. It’s like when she comes, she’s just happy. Like she just makes me feel happy just being there, do you know what I mean? So, I do look forward to it” (Parent).

The importance of being able to simply ‘talk to someone’ was highlighted by a high proportion of participants as the cornerstone of the relationship. Parents described the

⁴⁸ During the Covid-19 lockdown, Family Mentors did move to giving telephone support, and this was an important source of contact for sometimes isolated parents.

value of having someone affirm their daily experience of parenting, offering reassurance and ultimately building their confidence.

“She's been brilliant. If I need any advice and you know, and just to, yeah, just to chat about things in generally. Yeah, she's been really good” (Parent).

“I was struggling, they were daily helping me and encouraging me, and telling me ‘oh, you're doing a great job’, that was something ... every mother wants that, yeah. And they're telling you ‘yeah, you're doing a great job, look, the baby's all right, everything's is perfect’” (Parent).

Parents described their relationships with Family Mentors as being different from those they had with other professionals. They described the contact with Family Mentors as akin to having someone ‘like us’ to give advice and be on hand in a more informal way. Family Mentors were of the view that parents trust them more than other professionals and staff from other agencies.

“You know you've got that support, whether it's like a text message away, or anything like that. Like sometimes it's hard to go to the doctors and stuff that you don't really want to go to anyone too official” (Parent).

“They trust us. They trust us more than they would possibly trust another agency” (Family Mentors).

Parents like to have a consistent Family Mentor throughout receipt of the Small Steps at Home programme. Where a parent in receipt of Small Steps at Home has another child they often wish to retain the same Family Mentor that they have for their current child. Long-term sick leave proved to be a problem in terms of the importance of having consistent Family Mentor. There were instances of parents, whose Family Mentor was on sick leave, deferring involvement in the programme until their Family Mentor returned, or ceasing involvement all together.

“It's a familiar bond... because I know her now, and I'd love to have her, she's just part of my family, let's say. And especially for my son, because I'd like to see people that he's familiar with, to see around him, instead of changing” (Parent).

“We’ve had a couple of our Family Mentors who have been on long term sick leave. Very unfortunate. And it’s been quite interesting that their families have either said I don’t, you know, I don’t want anybody else, so I’ll decline the service. Or, I’ll wait until they come back. And that is a testament to the relationship they’ve built with that individual” (Family Mentor Senior Leadership Team).

The situation of Family Mentors living in the same neighbourhood as the parents they are supporting through Small Steps at Home was seen as a particular issue when safeguarding concerns arise. Family Mentors also felt under pressure to act as a role model to parents. The difficulty Family Mentors face when having to make a referral to social services, due to child safeguarding concerns, was mentioned in terms of how it is difficult not to continue to worry about the family when living in such proximity.

“One of our Family Mentors live a few streets away. And she did tell her [parent], we had to make a safeguarding referral. And she stated that she, she didn’t feel as though she could you know, shut off. And she’s actually started to think about moving away... She’s living in the mist of it. And she said she just didn’t feel, she didn’t feel like she could shut off from that” (Family Mentor).

The pressure for Family Mentors to act as role models to families was apparent. This pressure appeared to cross over into their personal life and affected their daily routines. It was also acknowledged that this was in some ways a two-way street with families also potentially concerned that their Family Mentor may judge them and their child’s behaviour if they see each other outside of the programme:

“We talk a lot about healthy eating, so when she [Family Mentor] goes shopping she goes to the local supermarket. She says that if she buys a bottle of wine, or she buys food that is not healthy, she hides it, she hides it, and she’s always very conscious” (Family Mentor).

“Their child has been having a tantrum in a supermarket and you can tell they feel awkward. And I’ve avoided them so I don’t make them feel uncomfortable, because we’ve all been in that situation where our child has had a tantrum in the supermarket” (Family Mentor).

Despite these complexities, Family Mentors being local to the area was a key strength of the programme in terms of the relationship between the Family Mentors and parents who saw them as 'one of their own'.

"You've been seeing somebody for that period of time; you become a friend, don't they. So it's very, very difficult. I think we're all, we all keep a very professional boundary when we're in there. But obviously, it's a professional boundary, but you've, you've got to give a certain amount to gain that person's, and that family's, trust" (Family Mentor).

"But then the flip side to them living in the area that we work in is that some parents love it, and they... she's a normal person, she's not come... [in from another area]. Her children have tantrums too" (Family Mentor).

Conclusion

The Small Steps at Home programme seems to be welcomed by parents and seen by both staff and parents as effective in supporting children's development and parental confidence. However, it has not resulted in the statistically significant results that were expected in terms of its effect on children's 12 and 24 month ASQ and total EYFS scores. Nevertheless, parents and Family Mentors perceived the programme to have improved children's confidence, social skills, communication and language, sleeping routines, nutrition and toilet training. Small Steps at Home was also deemed to have enhanced parental confidence and wellbeing.

Several strengths and challenges were identified through parent and staff interviews. The interview and assessment days were viewed very positively but recognised as a big commitment for those people in work or with childcare responsibilities. There was a perception that the adverts for Family Mentor roles and their salary did not fully convey the responsibilities and role of the Family Mentor, which has evolved, and Family Mentors wished to be recognised as a skilled workforce. The Family Mentors being a community workforce was recognised as a key strength of the programme. Parents were happy with the frequency of visits from their Family Mentor and pleased that the programme was delivered at home, and it was rare for families to disengage from the Small Steps at Home

programme. Family Mentors were very positive about the Small Steps at Home Handbooks overall. Some suggested improvements were made including updating the handbooks and creating an electronic version. All parents were extremely positive about their relationship with their Family Mentor, and a consistent Family Mentor throughout receipt of the Small Steps at Home programme was identified as of key importance.

Recommendations

- Investigate whether the Small Steps at Home programme visits and its content could be designed or implemented to have an effect on children's ASQ and EYFS scores;
- Consider reviewing The Small Steps at Home programme visits and its content to see if it possible to have a greater and more consistent impact on ASQ's and support improvements in EYFS scores.
- Consider discussing the Family Mentor advert with Family Mentors and the Family Mentor Senior Leadership Team to explore whether it requires revising;
- Examine whether the current Family Mentor salary reflects their role, skills and responsibilities;
- Consider introducing a transition period when a Family Mentor is leaving the service and new Family Mentor is being introduced to a family;
- Explore the possibility of formally introducing the opportunity for Family Mentors to spend time discussing and meeting family's other needs;
- Ensure that Family Mentors reiterate to parents that completing activity sheets is optional. Where parents would like to complete the activity sheets - offer support particularly where their first language is not English;
- Explore whether the Small Steps at Home handbooks require up-dating and the possibility of providing as electronic versions; and
- Consider having the Small Steps at Home tip sheets available in other languages.

Evaluation of Story and Rhyme Time

Introduction

This section presents the evaluation of Story and Rhyme Time, a reading, rhyming and singing programme delivered via community group sessions. It is designed to provide

parents with an opportunity to spend time with their child developing positive interactions through stories and rhymes. It is proposed that these interactions can then be adopted at home. This is supported by providing parents with materials to use in their home. The underlying hypothesis is that a programme based upon practitioners modelling speech, language and communication to parents, via Story and Rhyme Time, leads to improved outcomes for children, particularly in terms of school readiness.

Story and Rhyme time is delivered through sessions lasting between 60 and 90 minutes which are led by a least two practitioners who are trained to deliver the sessions. Each session is supported with a session plan which details the resources and songs that could be used. Throughout, there is a focus upon signposting parents to the books available via Bookstart and DPIL.

The rationale for Story and Rhyme Time revolves around several assumptions:

1. The focus upon the specific wards is purposeful. This is taken from the Bercow report (Rogers, 2008) which found that children from socially disadvantaged backgrounds have significantly lower speech and language development than other children of the same age.
2. Language development at the age of two predicts whether children are ready for school (Roulstone et al., 2011). This is pushed further to suggest that children who read regularly are more successful readers (Mol et al., 2008).
3. The long-term goal of Story and Rhyme Time is to encourage parents to introduce home learning, which has been identified as having a positive impact upon learning (Sylva et al., 2004). Roulstone et al., 2011 also specifically noted teaching songs/rhymes and reading with children as being beneficial in the home.

As a result, SSBC hope that Story and Rhyme Time will lead to:

- Understanding of the importance of parents reading with their child;
- Increased parental confidence to read/sing with their child;
- Regular attendance at Story and Rhyme Time;
- Parents reading regularly with children;
- Increased visits to the library;

- Development of language rich home learning environments; and
- Children have improved language and communication skills during pre-school and in EYFS.

Aim of the study

The evaluation explores the impact of Story and Rhyme Time in relation to the improvement in children's and parents' outcomes from the perspective of Family Mentors and parents.

We explore both the online programme and face-to-face sessions pre-COVID, examining the outcomes of this phase of the programme including delivery of sessions; speech, language and communication; and social and emotional lives. We focus on perceived changes and improvements in children and parents according to the following indicators:

- Improved understanding of the importance of reading with children (parents);
- Increased confidence to read/sing with children;
- Increased reading regularity with children;
- Increased library visits;
- Improvement in home learning environments;
- Regular attendance at Story and Rhyme Time; and
- Improved language and communication skills.

Literature review

Rhyming incorporating play

Previous research suggests that nursery rhymes and songs can provide an environment in which children can have an interactive learning experience (Mullen, 2017). Children have been found to benefit greatly when adults interact with them using the nursery rhymes and songs of language play (Cobb, 2007). In addition, children learn well in environments "rich in language, joy, and playfulness" (Makovichuk et al., 2014, p. 105). Research has indicated that the playfulness aspect of nursery rhymes does play an important part by providing an enjoyable environment for gaining language skills, as children 'spend a great deal of their time producing or receiving playful language', and that, for them, 'a good deal of language remains primarily driven by sound rather than meaning' (Cook, 1997, p. 228). Equally, nursery rhymes provide the children's love of playful interaction with language that contains

‘an element of fun, of playing with the language’ (Scott and Ytreberg, 1991, p. 27). Therefore, integrating nursery rhymes into the early childhood curriculum has been demonstrated to contribute to a linguistically rich environment contained within the English language (Harper, 2011).

Nursery rhyme games and activities are likely to be beneficial to most children but are especially important for young children with disabilities (Boudreau, 2005; Peeters et al., 2009). There have been several intervention studies of children with disabilities that indicate that rhyme-related interventions are associated with positive literacy outcomes, and Blondel and Miller (2001) state that nursery rhymes exist in sign language just as they do in oral language. The repetitive feature that appears in rhymes is similar in both spoken and signed language (Valli, 1990).

Rhyming and song

Research suggests there is a connection between music and language development. For example, Tallal and Gaab (2006) have shown that music and speech functions have many aspects in common and are similarly involved in speech and music. Indeed, songs contain rhymes within a solid scaffold of melody and rhythm, which caregivers express through various multi-modal cues (Bergeson and Trehub, 2002; Delavenne et al., 2013; Longhi, 2009). These structural cues potentially enable children to attend longer to children-directed song compared to children-directed speech (Costa-Giomi, 2014). In fact, research has repeatedly identified children-directed singing as a tool for children’s arousal regulation (Trehub and Nakata, 2002). This suggests that prolonged attention to song might enable children to extract information from song that is otherwise inaccessible to them. However, there are very few studies exploring children’s linguistic processing abilities in song, and none focused on the processing of rhyme (Hahn et al., 2018).

There has been some research that indicates children process songs by using song stimuli that have shorter phrases, and with melodies and lyrics that are repeated in several trials of the experiment (Corbeil et al., 2013; Lebedeva and Kuhl, 2010; Thiessen and Saffran, 2009). Indeed, the nursery rhymes and songs that children encounter may be the earliest media through which children encounter rhymes in their language input (Burling, 1966; Rubin,

1995). As children's songs and rhymes have a clear and repetitive structure, children may benefit from this when detecting complex phonological patterns (Hahn et al., 2018). Read (2014) states that children benefit from rhyming stories when learning new words because they are better able to learn new words if they rhyme with the phrase-final word of the previous verse. In the early learning setting, music's engaging nature encourages children to attend during reading activities, and in addition encourages children to be active listeners, which in turn promotes comprehension and dialogue (Wiggins, 2007).

Mark making

It is unclear whether Story and Rhyme Time as designed specifically includes mark making. As will be discussed, it was a feature present at several of the sessions during free play. However, most Family Mentors actively discouraged its inclusion in sessions. With this proviso in mind we outline what the literature has said about the benefits of mark making.

Mark making is an activity that can help children develop a love of both drawing, but also help develop and support their writing skills (Early Years Careers, 2016). When children are given the opportunity for mark making, they are using visible thinking which is fundamental to their learning and development (Department for children, Schools and Families, 2008). Coates and Coates (2006) suggest that mark making is important for children in their development of writing skills and literacy development (Price et al., 2015). Nonsense poetry, such as nursery rhymes, can provide exciting stimuli for imaginative play, artwork, writing, and mark making and discussion (McCormack, 2020).

Phonological awareness

The role of phonological awareness in the development of learning to read has been established as part of the attainment in understanding that the letters of the alphabet represent phonemes in speech (Dickinson and Tabors, 2001). There has been some suggestion that one of the most important skills for children is phonemic awareness, or the awareness of the individual sounds (called phonemes) that make up spoken words, implying the understanding of phonemes helps a child's ability to hear sounds, and to spell phonetically (Harper, 2011). MacLean et al., (1987) identified that knowledge of nursery rhymes played a role in children's phonological development. Using nursery rhymes can be

a way of combining tactile- kinaesthetic activities in which language is explored, and can enhance children's phonological awareness, which may stimulate phonemic skill development (Harper, 2011). Custodero et al. (2003) argue that singing rhyming songs is also an activity that can promote young children's phonological-related abilities.

Dialogic book reading

Dialogic reading is a method of reading picture books with children in which parents/caregivers are shown how to encourage the child to actively participate in the reading of a book (Zevenbergen and Whitehurst, 2003). The aim of dialogic reading is that the child eventually takes over the role of narrator. The dialogic reading model has been shown to help develop children's growing literacy, language, and linguistic skills (Reese et al., 2010). The importance of dialogue during reading is shown as parents respond to comments from the child about the pictures or text and hence adapt the discussion to the child's level of understanding (Bus et al., 1995; Mol et al., 2009; Nyhout and O'Neill, 2013). In addition, Barratt-Pugh and Rohl (2016) suggest that the type of interaction that takes place around the reading of books with children is highly important in the shared book experience. To become strong readers, children first need a strong foundation of oral language as their language skills play a larger role than cognitive ability in literacy acquisition (McGinty and Justice, 2010). Exposure to rhyming is an excellent strategy to help children develop phonological awareness (Bryant et al., 1989; Dunst et al., 2011).

Methodology

Data collection and analysis

The parents were recruited via an email to the Family Mentor Managers at three different groups in the Nottingham area: Toy library, Framework HA, and Home-Start. The Family Mentors discussed the interviews with the parents in the Story and Rhyme Time sessions. The volunteers who were interested in taking part gave their email address/phone number to the Family Mentor Manager and these details were passed on to the evaluation team. A poster advertising the evaluation and seeking participants was also put on display. In addition, a member of the evaluation team attended two Story and Rhyme Time groups to recruit participants. Fourteen parents participated in an interview. The parents and their

children had been attending different Story and Rhyme Time groups for between two weeks and two years. There were three parents from Aspley, two from Bulwell and eight from St Ann's.

The Family Mentors were recruited via an email to the Family Mentor Managers at the Toy library, Framework HA and Home-Start. The email contained an information sheet regarding the aims of the evaluation, along with a consent form for each of the participants to complete. Those who were interested in taking part gave their email address/phone number to the researcher. An appointment was made for either a telephone interview or an interview via video through Microsoft Teams (due to the Covid-19 lockdown in place at the time). There were seven Family Mentors who currently undertake the Story and Rhyme Time sessions and their time delivering these sessions ranged from 18 weeks to three years. Also, as part of this study, a Family Mentor who had initially set up the Story and Rhyme Time sessions, and had been a Mentor with SSBC since 2018, also agreed to be interviewed.

The interviews were structured using questions about the implementation of Story and Rhyme Time, but the participants were able to speak freely about their experiences. The interviews were around 30 minutes in duration.

Data from the interviews were thematically analysed.

Findings

The Purpose of Story and Rhyme Time

Family Mentors suggested that the purpose of the Story and Rhyme Time sessions is for parents and children to interact through stories and rhyme. The sessions aim to help parents to read to their children through demonstration. It is envisioned that skills learnt at sessions could be transferred to the home environment where parents could use things they have at home to bring their books and stories to life.

“Part of the Story and Rhyme Time group was for Family Mentors to be trained in how to role model to parents, what they could do at home, and to give them like ideas and activities, which would be either low cost or no cost” (Family Mentor).

Overall, the purpose of the sessions was to help parents and children come together and have fun.

“So, it was really getting parents to come together in a group where their children could play, but they went home with some sort of ideas that they could keep doing at home” (Family Mentor).

Many of the parents believed that the sessions were focussed upon rhymes and that these were beneficial to their children because of the repetitiveness of the words. As one parents stated, such repetition led to better understanding of the story.

“I think it is more of the rhyming than the story, obviously a lot of the rhymes are repetition and that sort of thing and they can kind of tell stories as well because they kind of know the way of the rhymes and things so it's easier for them to tell a story, it helps them with speech as well so obviously when they are hearing words that are repeated” (Parent).

Parents were unsure on the focus on the stories in the sessions. Although the Family Mentors read a story during the session, it appears that reading was not seen as the main focus of the session, as one parent stated.

“Yes, it is, it's not the reading, it's more like showing them and telling them, this is the thing, this is, and this is a flower, where the cat and things like that it improves their skill as well, and they are quite like, it's not all about the reading its more about they learn stuff from” (Parent).

Delivery: Session Structure

A Story and Rhyme time session should involve a number of activities, including: a welcome song, prop play (toys for example), movement/dancing, nursery rhymes, take home activities, reading, book discussion, goodbye songs. However, in reality, Story and Rhyme Time sessions varied and were dependant on where the sessions were delivered. Family Mentors highlighted how when they first started to deliver the Story and Rhyme Time sessions, they were very structured with the emphasis on the children learning. However,

the Family Mentors found because the focus was so much on the structure towards learning, the sessions were less fun.

“Children were really encouraged to follow that structure and there were feedback from parents that I had got personally that it was too much like a nursery setting and learning was forced upon them” (Family Mentor).

Family Mentors were given the flexibility to adapt the Story and Rhyme Times sessions to fit with what the parents and children wanted.

“I set up, set them up and did the training. But actually, the individual Family Mentors will have adapted or made the sessions their own depending on their communities and the need in the community” (Family Mentor).

The sessions have changed over time to meet the needs of the community as well as the Family Mentors. This flexibility was seen as being positive. However, it does raise the question whether the Family Mentors were actually delivering Story and Rhyme Time and whether the session would be able to meet the desired outcomes.

Parents highlighted how the sessions differed at each centre. Two parents did note that the Story and Rhyme Time sessions were combined with Jiggle and Wiggle and Mini Movers sessions. These sessions consisted of around 30 minutes to one hour of free play where the children could play with toys, read books, or craft. At the end of the session, in the last 15-30 minutes, the children were called together and the Family Mentors read the children a story and sang rhymes to them.

“We do the Mini Movers playing bit first and then we will do the singing and then it is the story at the end, maybe a couple more songs if they have time, it must be about half an hour, with half an hour playing and then half an hour singing and story” (Parent).

During some of the Story and Rhyme Time sessions, there is an element of free play which varies throughout the groups, as discussed previously. However, some groups focussed almost solely on free play.

“In the very structured session that we did, we felt like we were always telling the parents, no you can't do that, no you can't have that whereas when you are having a free play and just the story at the end, they know that it is the end, and they are bought back into the session” (Family Mentor).

Therefore, such sessions were free play with a story at the end of the session. This sharply contrasts with the official definition of Story and Rhyme Time.

Use of songs, nursery rhymes and props

The Family Mentors did sing songs during the session and encouraged the children to join in. They started the session with few warm-up songs and followed this with songs that could relate to the book that they were reading.

“Do like a couple of warm-up songs and then we sort of introduce the book and it's normally one from the Imagination Library and yeah, we'll do sort of like what we, what we've been trying to do is a song for almost every page of the book, so whether it be a picture on that book that we can relate to a nursery rhyme, or you know” (Family Mentor).

During the Story and Rhyme Time sessions Family Mentors use an assortment of props to enhance the interactive nature of the sessions.

“They've got a pompom, and a scarf and it just makes it easier for us to wash, disinfect, and then be ready for use again for the next sessions and so, but we will encourage sort of shaking of the shaker egg you know could do lots of different things with the scarf and pompoms” (Family Mentor).

Drawing/mark making

During the interviews, Family Mentors were asked if the children had the opportunity to draw or mark making during the session. It appears that there were no sessions that encourage the children to draw during the part of the sessions allocated for stories or rhymes.

“No- It takes the focus away from Story and Rhyme. What we found was children were coming or parents are bringing children and the majority of them enjoyed the activity side of it, then either messed around and weren't focused on the story bit” (Family Mentor).

There were instances however, when mark making was encouraged during free play and Family Mentors sent out materials such as crayons and paper. As noted, it is unclear whether mark making is supposed to be an aspect of Story and Rhyme Time, and its implementation appears to be inconsistent.

Benefits to Language and Communication skills

The children's language skills are developed by repeated reading of books along with rhymes and singing. In addition, the Family Mentors also highlight how talking to incredibly young children who have recently started talking helps with their communications skills because they try and imitate the language that is being spoken to them.

“Once they are starting to talk, they will babble along with the books or feel more confident kind of reading the pages even if it is just describing what is going on in the pictures” (Family Mentor).

Although the Family Mentors can see that the children develop and enhance their communication skills by engaging with the Story and Rhyme Time session, Family Mentors were unsure at this stage whether a difference was being made.

“So, we started our baseline on what people's language and communication and literacy scores were when they started in reception, and those kids haven't yet got to that age because it's open from, I think it's 2-year-olds, so, we're still waiting to collect whether it's made any difference to language” (Family Mentor).

One key aspect of Story and Rhyme Time sessions is the discussion of stories. It is felt that this aspect is beneficial to speech, language and communication skills. However, this was not always encouraged and did not occur in all sessions. One parent explained how ‘the lady just reads the book and that's it and then puts it away’ (Parent).

Some of the parents highlighted how the Story and Rhyme Time sessions helped with their English language skills, particularly with those parents for whom English is their second language. It was noted how their children benefitted from the stories as it gave the children the opportunity to hear and speak English.

“My little boy he always struggled with his speech erm and then obviously when we started going to group when we were singing songs and things like that erm he tries to sing them because they are quite fun to sing rather than just having a conversation with a child I think rhymes stick more and they try to say the rhymes themselves, it gets them talking more” (Parent).

Parents suggested that the sessions were useful for learning new words, and the meaning of such words. After going to the sessions some of the children began to say the words that they had heard during the Story and Rhyme Time sessions.

“Yeah, I think quite, like now he starting like pointing to something and then he’s trying to say words but maybe not clear enough but like he pointing at shoo and he said ‘shoo’ I don’t know if it’s right or wrong, but we’ve just found out he knows something....they can learn from the picture; they can see so like every time I see a plane or if there is a helicopter passing by our place and I say helicopter and he say plane so every time I say plane, he is pointing at the sky so yes exactly” (Parent).

Benefits of Social and Emotional Development

Family Mentors suggested that children develop their social and emotional lives during Story and Rhyme Times sessions. They painted a picture of children not wanting to leave their parents during the sessions. This was exacerbated by the pandemic as many of the children have not had the chance to interact with other children. Attending the sessions could help the children's social skills develop as they learn how to interact with other children as well as the Family Mentors.

“And you know lots of children come, especially sort of since lockdown and probably not really experienced other children, groups, etc...and it's like. mum, I'm not leaving your side. You know very clingy. But after a few sessions in and they start that, you

know, it might just be likely to get off mums' knee and another little go with a shaker egg. And before you know it, you're crowded by children that just, you know, they were marching around the room" (Family Mentor).

The Story and Rhyme Time session also benefitted attention and concentration skills too. During the stories they are encouraged to listen to the entirety of a story.

"We encourage children when we're reading the stories, to sit down quietly and pay attention to this story, which in time help them when they go to school to pay attention to the teacher, to be quiet and listen generally, then developing these skills and listening in school as well" (Family Mentor).

The listening skills of the children are developed through the Story and Rhyme Time sessions because they are encouraged to sit and listen while the Family Mentors read the story. The Family Mentors encourage the children to join in with the story and the children will need to listen to know what the mentor is saying and when the mentor is asking questions about the story.

Several of the parents highlighted how the sessions helped the children with their emotional development. This was mainly due to the fact that children found the sessions enjoyable and relaxing.

"Especially for her emotional development, she is happy when we can sing together erm she find it relaxing, soothing, when we sing the song... I will sing it with my second daughter but not that much before the session so after attending the session I did sing songs, every day we will sing a song because of her she wants me to sing a song, she makes me sing it" (Parent).

It is clear that parents felt that sessions were particularly important after the isolation of lockdown. There are some children that have never met or perhaps not seen another baby because of the pandemic. By attending the Story and Rhyme Time sessions, the children have the opportunity to interact with other children and play with other children.

"Because my son has going to be two this month, he was born in 2019 and after that is COVID and everything he didn't got chance to go out at all and after that, this is

the first club that I attend with him and he really enjoyed it, they do stories and after that they sing nurse rhymes and it is all really nice, he's enjoying it and I'm enjoying it as well" (Parent).

Parents suggest that such interaction has had a positive impact upon children's confidence. This was reflected in their interaction with others and their playing. One parent discussed how the sessions had improved their child's behaviour with other children.

Benefits for Parents: Social and emotional development

One of the most important aspects of the sessions was the opportunity for the parents to socialise with other parents as well as the Family Mentors. Socialising with other parents was suggested as being key to increasing confidence.

"I would say it's really good for social because obviously they are coming out to the group and I think it builds their confidence as well so what I have learnt is actually a lot less parents than you think are confident in reading whereas actually coming to this group and having to read the stories and really encouraging them to be silly with us and to sing along with us and to be loud it actually builds their confidence which I think will then improve their story telling" (Family Mentor).

The parents may not have a wide network of family and friends or may have become isolated, something that was exacerbated by COVID lockdown restrictions.

It was evident from the parents' interviews that an important aspect of the Story and Rhyme Time sessions was the social element, particularly making new friends and spending time with other adults. Story and Rhyme Time sessions were seen 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.

"A bit of time out really for me, erm yeah it just makes my life a little...it kind of gives me a little bit of a breather and I get to meet other parents and have a natter and yeah there are a lot of families that are there that are happy to chat and its nice just to be able to talk to other mums and share obviously experiences and things like that so yeah" (Parent).

Parents stated the importance of Story and Rhyme Time session in supporting them and their family by reducing social isolation, even just by getting them out of the house and into a different environment.

Benefits for Parents: Home Learning

Family Mentors saw one of the key benefits of Story and Rhyme Time as the ability to pass skills to parents to put into practice at home.

“Parents learn a lot from coming to Story and Rhyme Time, especially when we are creative with the stories that we are telling, I think it does have an impact and it just makes them feel a little bit more confident in doing it as well at home” (Family Mentor).

Alternatively, the Family Mentors may give the parents some resources that they can take home. This gives the parents ideas of how they can entertain and interact with their children at home, helping support parents at home too.

Parents noted how the rhyming and singing aspects of the Story and Rhyme Time sessions were enjoyed by the children. This was an aspect that continued within the home.

“Oh yes, definitely we do singing for him he like singing, he likes singing and trying to imitate dance as well” (Parent).

Several parents highlighted how they learned different reading techniques from watching the Family Mentors read. They could see how the children reacted when they were told a story and they could use these reading techniques when reading at home.

“I watch the ladies how they do it like they hold the book up and they turn it the other way and stuff so I have started doing it that way instead of just sitting it on my knee and then they follow their fingers round through the writing as well which is good so I have started to do that, I know how to read a book but it has learnt me a different way how to read it to a child” (Parent).

Improving Story and Rhyme Time

Family Mentors were critical of the length of the sessions, as engaging children for such a long period was seen as being very difficult. A number of Family Mentors suggested that one hour was too long.

“Sometimes I think the length is difficult, I think sometimes an hour is quite long but I think that is for most groups anyway because children that we work with, cos of their ages their attention span is quite short still and having an hour when you are kind of expected to just have to read one story and then accompany it with nursery rhymes sometimes that can feel like it's not working as well because you can see the children starting to fidget and be less into the session” (Family Mentor).

One parent suggested that the story the Family Mentors were reading could be broken down into smaller sections. By having smaller sections of story, the Family Mentors could sing songs and rhymes in between the sections.

“Probably breaking it down into little snippets and have like songs in between and break stories up” (Parent).

There were also calls for more sessions each week. At present, sessions only ran once per week. However, as parents and children enjoyed the sessions, they would have liked the opportunity to attend more.

Family Mentors were keen to adopt a flexible approach with regard to what the sessions would focus on. As noted previously, a number of Family Mentors downplayed the importance of stories and rhymes and called for more free play. Family Mentors wanted to adjust the name of the sessions to reflect this.

“I was going to say to change we would do is change the name of this group to, I don't know family fun session for instance and then the Story and Rhyme Time would be just the Story and Rhyme and maybe just for half an hour...I think it's quite overwhelming for children to be told you're doing this, you're doing this, do this, do this, so unless you've got a blank canvas where you only have stories out and props

for singing it is very difficult to stop children from playing and why would you want to" (Family Mentor).

As with Family Mentors, parents suggested a more flexible approach to the sessions. For parents, this related to the ability to read more books during sessions.

"I wouldn't change anything, maybe they could do two books because they only do one book because they do singing then do one book and then singing that means that they could add another book into it" (Parent).

Overall, parents were happy with how Family Mentors engaged with the children, and there is evidence of Dialogical reading during the sessions.

Conclusion

In general, there were very few issues with regards to the delivery of Story and Rhyme Time. The main concern was attendance, with numbers being low in some wards. This was mainly due to the booking system that had been implemented as a result of the current pandemic. Places for Story and Rhyme Time during this period were limited and parents needed to book their place before the session took place.

The focus of Story and Rhyme Time differed greatly, dependent upon where it was being delivered. All of the Family Mentors that were interviewed delivered Story and Rhyme Time differently and although there was standardised Story and Rhyme Time session, this is not often replicated. Some sessions involved the Family Mentors reading a story and singing rhymes throughout the whole session, whereas there were other sessions that consisted of free play for the majority of the session, with a Story and Rhymes for the last 10-15 minutes of the session. Moreover, there was some confusion surrounding the aims of Story and Rhyme Time. Family Mentors made the case that the sessions should be adapted to what works best for parents, and that certain aspects of Story and Rhyme Time do not work for all children. However, this does raise questions about the implementation of the programme and whether this evaluation does indeed evaluate Story and Rhyme Time.

Although, there was variation in the structure and approach, it is likely that for Story and Rhyme Time to be effective it needs to include stories from books and rhymes to enhance

vocabulary. Both parents and Family Mentors were clear that the rhyming during sessions was beneficial. Not only was it a fun activity, but it clearly helps children to recognise and use words. Rhyming and repetition has been shown does make words more memorable (Read et al., 2014). The repetition of rhymes is also important as research shows that children have to hear a word 14 times before it becomes part of their vocabulary (Arnold, 2005). Additionally, there are links between music and language development (Tallal and Gaab, 2006) which singing and rhyme can help to enhance.

For some parents, attending the classes had helped to reduce social isolation which was particularly important during the current pandemic. Many of the parents as well as the children had spent a considerable amount of time in lockdown where they did not interact with people outside of their family home. By attending the Story and Rhyme Time sessions this gave the parents and children the opportunity to interact with other adults and children.

Recommendations

We recommend that:

- The Story and Rhyme Time sessions become more uniform if they are to be delivered as Story and Rhyme Time. Sessions that resemble free play should perhaps be reframed to reflect this as they will not lead to the same outcomes as a Story and Rhyme Time session;
- Related to point one, both parents and Family Mentors need to be supported to recognise the importance of certain aspects of Story and Rhyme Time which must be delivered to achieve the desired outcomes. For example, Story and Rhyme Time needs to include stories (from books), nursery rhymes/singing and mark making, as these have all been shown to be effective;
- Family Mentors need to be supported to communicate to parents the importance of reading to young children and how this helps their development; and
- Additional training sessions should be provided for Family Mentors in the delivery of the sessions to ensure they are interacting well with the stories. Dialogical reading

was highlighted as an aspect of Story and Rhyme Time that is evidenced in research, and Family Mentors need to ensure that this is always pursued.

Social and emotional wellbeing, and nutrition

Authors: Rachel Harding, Clare Lushey, Dr Ferhat Tura, Alya Jameel, Sue Law, and Ghazala Rathore.

Introduction

This chapter of the report includes findings from the evaluations of Group Triple P, Baby Massage, Cook and Play, and the Breastfeeding Incentives, specifically those aimed at improving children's outcomes related to social and emotional wellbeing, and nutrition.

Evaluation of Group Triple P programme

Introduction

The Positive Parenting Programme (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, p. 72). Triple P incorporates five levels of intervention with Group Triple P at level 4. All of the levels from 1-5 are on a tiered continuum of increasing strength for parents of children from birth to age 12 (Sanders, 1999).

Group Triple P is an intensive eight-week programme for parents whose children have more severe behavioural difficulties than those participating in the lower levels of the Triple P. 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 one-to-one telephone consultations providing additional support to parents as they practice at home the new skills that they learned in the group sessions. The programme finishes with a final group session in week eight. Group Triple P aims to improve child behaviour, parenting skills and parental mental health.

Aim of the study

There were two main aims to the evaluation. The first was to assess the extent to which Group Triple P programme achieved its aims – whether severe behavioural, emotional, and developmental problems in children were prevented by enhancing parenting skills and supporting parents' mental health. To this end, we used the following three questionnaires: Strengths and Difficulties Questionnaire (SDQ); Parenting Scale (PS); and Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). These were completed by parents before and after the programme's delivery. We then used the SDQ to compare parent-reported child outcomes before and after participating in the programme, in terms of emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behaviour. In addition, we compared self-reported parent outcomes before and after participating in the programme of parenting skills using PS, and parental mental wellbeing using WEMWBS. The second aim of the evaluation was to understand the experiences of staff who were involved in the programme's delivery. We used telephone interviews to do this. Unfortunately, due to Covid-19 restrictions at the time, planned face to face interviews with staff and parents had to be cancelled.

Literature review

There are over 500 publications that report positive effects of the Triple P and Group Triple P interventions on child behaviour, parenting skills and parental stress (Marryat et al., 2017; Thomas et al., 2007; de Graaf et al., 2008; Nowak and Heinrich, 2008; Sanders et al., 2014). In contrast, 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, Sanders et al. (2014) found positive results for each level of the Triple P, including Group Triple P. They claimed that, on undertaking a comprehensive examination on all outcomes, Triple P was a positive influence on: children's social, emotional and behavioural outcomes; parenting practices; parenting satisfaction and efficacy; parental adjustment; parental relationship; and child observational data.

We also found positive results from individual studies and programmes in the UK. In England, the Parenting Early Intervention Programme (PEIP, 2008-2011) provided

government funding to all 152 local authorities to deliver parenting programmes for families with children aged 8-13 years. These included: Families and Schools Together; Strengthening Families Programme; Strengthening Families Strengthening Communities; Incredible Years; and Triple P. Lindsay and Strand (2013) evaluated these programmes and found large positive effects on both parent and child outcomes for Group Triple P. 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 Group Triple P, as the improvement in the results for Group Triple P and comparison groups was roughly the same. Little et al. (2012) also reviewed three other evaluations of Group Triple P, by Gallart and Matthey (2005), Hahlweg et al., (2010), and Malti et al., (2011), combining this with their own study in Birmingham. They argue that “when these four studies are reviewed together, the evidence of impact on child development is equivocal” (2012, p. 268), suggesting that evidence for a positive impact of Group Triple P is inconclusive.

Another evaluation of 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 used control groups while Fives et al.’s (2014) study did not, suggesting that Little et al., were methodologically more robust. Finally, Marryat et al. (2014) conducted an evaluation of Group Triple P in Scotland and suggested that families that completed the intervention reported high level of satisfaction with Triple P and improvements in parenting behaviours, emotional wellbeing and child behaviour. However, they also noted that “It is not possible to be sure whether these improvements were a result of the intervention or whether they represent the passage of time or ‘regression to the mean’. This uncertainty, coupled with low completion rates, renders assessment of the effectiveness of interventions impossible” (Marryat et al., 2014, p. 6).

To summarise, UK-based studies are limited, and their results are mixed due to using different methods. Importantly, most of the children involved in these studies were not in the target age for SSBC.

Methodology

Data collection methods

Our evaluation used secondary analysis of data collected by the staff who delivered Group Triple P sessions in Nottingham funded by SSBC. In total, 77 parents of children aged 2-10 years attended Group Triple P sessions at six different locations in Nottingham. Two parents attended the sessions in Heathfield, 21 in Southglade, 28 in South 2, 12 in Central 2, 5 in Hyson Green Children's Centre, and 9 in Broxtowe Children's Centre. As parents could travel to these locations from anywhere in Nottinghamshire and we did not have reliable data regarding where they live, we were not able to identify whether they lived in an SSBC ward.

Four different types of Group Triple P programme were completed by the parents:

- Group and Teen Triple P with 2 parents at Heathfield and 12 at Southglade;
- SSBC Group Triple P with 9 at Southglade;
- Positive Parenting with 28 at South 2 and 12 at Central 2; and
- Nottingham Parenting Team with 5 at Hyson Green Children's Centre, and 9 at Broxtowe Children's Centre.

Staff who delivered Group Triple P programme used different questionnaire versions:

- Two parents at Heathfield and 12 at Southglade completed 25-item SDQ, a 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), and
- Of those in the Positive Parenting group, 28 parents at South 2 and 12 parents at Central 2, and of those in the Nottingham Parenting Team, 5 parents at Hyson Green Children's Centre and 9 parents at Broxtowe Children's Centre completed 25-item SDQ, 13-item version of the original PS, and 14-item WEMWBS.

In addition, not all 77 parents completed all post-questionnaires:

- 76 parents reported both their children’s pre- and post SDQ prosocial scores;
- 75 parents reported both their children’s both pre- and post SDQ emotion, SDQ conduct and SDQ hyperactivity scores;
- 74 parents reported both their children’s pre- and post SDQ peer scores;
- 74 parents reported both their children’s pre- and post-PS ‘laxness’, and PS ‘over-reactivity’ and PS total scores; and
- 65 parents reported both pre- and post WEMWBS scores to measure their mental health status (see Table 20 for the final sample sizes for parents who completed the questionnaires).

Table 20: Sample sizes

Number of parents reporting both pre- and post SDQ prosocial scores for their children	76
Number of parents reporting both pre- and post SDQ emotion scores for their children	75
Number of parents reporting both pre- and post SDQ conduct scores for their children	75
Number of parents reporting both pre- and post SDQ hyperactivity scores for their children	75
Number of parents reporting both pre- and post SDQ peer scores for their children	74
Number of parents reporting both pre- and post PS ‘laxness’ scores for themselves	74
Number of parents reporting both pre- and post PS ‘over-reactivity’ scores for themselves	74
Number of parents reporting both pre- and post PS total scores for themselves	74
Number of parents reporting both pre- and post WEMWBS scores to measure their mental health	65

It should also be noted that we included nine parents who had used the original 30-item PS by extracting 13 items for our analysis. This was to increase our sample size. However, regarding parental mental health questionnaires, we did *not* use DASS completed by 9

parents from the SSBC Group Triple P at Southglade, and there were also three parents who did not complete the WEMWBS questionnaire, leaving 65 parents who had both pre- and post WEMWBS scores to measure their mental health status (see Table 20).

Finally, the data regarding socio-demographic characteristics of families was limited. Although the sample size was 77, only 37 parents reported their child's date of birth, with 40 missing these data. Some who reported the date of birth for their child aged under five years also reported the date of birth for an older child as well. Of those who reported their child's date of birth, 36 parents had a child aged less than 5 years, one did not. Ethnicity was reported for 40 parents and their 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. Fifty two reported as mothers, 11 as fathers, and 14 did not say. Unfortunately, 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.

Data analysis

To assess whether Group Triple P programme achieved its expected outcomes, we used data that had already been collected by SSBC staff using the following questionnaires:

- SDQ (parent's view of their child);
- PS (measures parenting style, based on three criteria: 'Laxness', 'Over-reactivity', 'Parental Monitoring'); and
- WEMWBS (mental wellbeing of parents).

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. This was to help indicate whether Group Triple P had made a positive difference from the scores provided. 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). This was to help provide reliable results when there are different amounts of data from different groups (see Table 21).

Table 21: 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 Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS):	Paired-samples t-test Wilcoxon signed-ranked test Sign test Paired-samples t-test Wilcoxon signed-ranked test Sign test

Findings

Parent reported child outcomes

We first examined whether parent-reported child outcomes of emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behaviour showed a significant improvement from pre- to post-intervention. To do this we used paired-samples t-test, Wilcoxon signed-rank test (when the assumptions of paired-samples t-test were not possible) or Sign test (when the assumptions of Wilcoxon signed-rank test were not possible). This was because we wanted to be as confident as possible in the results. The outcome variables for this analysis were for the SDQ as follows:

- 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

Group Triple P sessions. In addition, children's SDQ Prosocial scores significantly increased after their parents participated in Group Triple P sessions.

- However, there were no statistically significant differences in mean SDQ Emotion and SDQ Peer scores between pre- and post-intervention.

Self-reported parent outcomes

Second, we assessed whether self-reported parent outcomes of parenting skills and parental mental wellbeing showed a significant improvement from pre- to post-intervention. To do this we used paired-samples t-test, Wilcoxon signed-rank test (when assumptions of paired-samples t-test were not possible), or Sign test (when assumptions of Wilcoxon signed-rank test were not possible). The outcome variables for this analysis were the two subscales of the PS for 'laxness' and 'over-reactivity', total PS scores for the sum of 'laxness', 'over-reactivity' and 'parental monitoring' scores, and WEMWBS scores. The results were as follows:

- Parents' problems in parenting skills significantly reduced after they participated in Group Triple P sessions. This was shown in the statistically significant differences in mean PS laxness, over- reactivity, and total scores between pre- and post-intervention; and
- Parents' mental wellbeing significantly improved after they participated in Group Triple P sessions. This was shown in the statistically significant differences in mean WEMWBS scores between pre- and post-intervention.

Table 22: Pre- post comparisons in SDQ components

Components	SDQ emotion	SDQ conduct	SDQ hyperactivity	SDQ peer	SDQ pro social
mean post (SD)	3.13 (2.5)	3.63 (2.43)	5.83 (2.52)	3.30 (2.19)	6.29 (2.50)
mean pre (SD)	3.32 (2.7)	4.53 (2.570)	6.56 (2.440)	3.59 (2.08)	5.62 (2.83)
mean diff (SD)	-.187 (1.93)	-.907 (2.26)	-.733 (2.20)	-.297 (1.73)	.671 (1.74)
t value	-.838	-3.473	-2.885	-1.482	3.364
df (degrees of freedom)	74	74	74	73	3.364
median post	3	3	6	3	7

median pre	3	4	6	3	6
median diff	0	-1	0	0	1
z Wilcoxon signed rank test	-.348	-3.374	-2.910	-1.343	3.226
z sign test	-.560	-2.404	-2.697	-1.010	2.817
Significance/ p-value - paired samples t-test	.405	.001	.005	.143	.001
Significance/ p-value - Wilcoxon signed-rank test	.728	.001	.004	.179	.001
Significance/ p-value - sign test	.575	.016	.007	.312	.005

Table 23: Pre- post comparisons in PS and WEMWBS Questionnaire components

Components	PS laxness	PS over reactivity	PS total	WEMWBS
mean post (SD)	2.59 (.89)	2.44 (1.04)	2.47 (.79)	50.88 (11.03)
mean pre (SD)	3.32 (1.20)	3.23 (1.20)	3.21 (.93)	46.35 (11.56)
mean diff (SD)	-.734 (1.11)	-.795 (1.20)	-.738 (.91)	4.523 (9.75)
t value	-5.717	-5.682	-6.982	3.722
df (degrees of freedom)	73	73	73	64
median post	2.67	2.33	2.46	52
median pre	3.42	3.25	3.35	47
median diff	-1.75	-.92	-.89	5
z Wilcoxon signed rank test	-5.038	-4.881	-5.538	3.240
z sign test	-4.002	-3.909	-4.575	3.283
Significance/ p-value – paired samples t-test	<.005	<.005	<.005	<.005
Significance/ p-value - Wilcoxon signed-rank test	<.005	<.005	<.005	.001
Significance/ p-value - sign test	<.005	<.005	<.005	.001

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).

Conclusion

This evaluation examined whether there were any differences in child and parent outcomes before and after Group Triple P programme. The results suggested:

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

These results are in line with the findings from a 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), others suggested that there were no significant improvements or the effect of Group Triple P was inconclusive (Little et al., 2012).

To summarise, UK-based individual studies are limited, and their results are mixed, largely due to 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 below.

There are several limitations to this evaluation which are to be noted. Firstly, we used self-report questionnaires to assess the programme. There are some limitations in using self-report questionnaires. These include 'social desirability bias', a tendency to answer questions in ways that will be viewed favourably by others, and 'response bias', 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 regard 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 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 were limited. For example, there were 40 missing cases for child age; 37 missing cases for parent and child ethnicity; and 14 missing cases for the adult relationship to the child such as mother or father. The data on disability status of children was not reliable, and the dates indicating when the sessions took place were also missing for 10 cases.

Thirdly, the staff who delivered Group Triple P sessions in Nottingham did not administer the correct versions of the questionnaires to the right 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 designed for parents of middle school students aged 11-14 years (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. This was due to an administrative decision taken by SSBC and Nottingham CityCare.

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 the parents and their children participated in, and the possible effects of this for the outcomes measured here. Consequently, it is difficult to say for sure that 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.

Recommendations

In light of the findings/discussion of our evaluation, we recommend that SSBC and future evaluators of this programme ensure the following:

- SSBC and future evaluators of this programme should establish a mechanism to track whether the programme is delivered by trained staff according to the original Group Triple P instructions;
- Future evaluators should ensure that the staff who deliver the programme use the age-appropriate versions of the questionnaires;
- Future evaluators of this programme should ensure that staff record how many sessions parents attend throughout the eight weeks of the programme;
- Future evaluators should collect (more) data on socio-demographic characteristics of parents/children who participate in 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
- Future evaluators should record whether, while attending Group Triple P programme, parents participate in any other programmes that might affect their outcomes measured in the evaluation.

Evaluation of the Baby Massage Groups

Introduction

Baby massage is a five-week group activity delivered by Family Mentors. Each session lasts one hour, and they are available for babies from six 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.

Aim of the study

The aim of the evaluation was to examine the implementation and delivery of baby massage and its key challenges and strengths, and 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; and a reduction in isolation (i.e., parent meets and keeps in contact with other parents attending baby massage and attends other SSBC group activities).
- 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.

Literature review

Parent and Infant Bonding

Previous research suggests that through touch, eye-to-eye contact, voice, smell and movement, baby massage can strengthen the bond between parent and baby, facilitating a

deeper understanding and connection that builds over time (Bennett et al., 2013; Lunnen et al., 2005; Chan et al., 2018). Research with parents has found that they feel that baby massage enhances the bond with their baby (Lunnen et al., 2005; Chan et al., 2018; Onozawa et al., 2001; Cullen et al., 2000). Elements of improved bonding include: improved eye contact; more understanding of the baby's cues; and more skin-to-skin contact (Chan et al., 2018).

Outcomes for Infants

Sleep and Relaxation

It is claimed that baby massage aids the sleep-wake cycle by increasing serotonin levels and regulating melatonin secretion (Ferber et al., 2002). Ferber et al., (2002) examined the effect of baby massage therapy on babies' circadian systems and found that babies whose mothers massaged them for 30 minutes every day had a more organised sleep cycle than babies who were not massaged. Kelmanson and Adulas (2006) assessed the impact of baby massage on sleep behaviour found that babies who received baby massage required fewer night-time feeds and were more alert during the day.

Through baby massage, parents feel more able to calm their baby when they are stressed (Dellinger-Bavolek, 1996). Several studies have shown that baby massage reduces cortisol levels (a stress-related hormone) in babies receiving this therapy (Field et al., 1996; Field et al., 2008; Acolet et al., 1993; Hernandez-Reif et al., 2007).

Colic and Wind

Previous research has shown that baby massage can be an effective treatment to alleviate symptoms of colic (Huhtala et al., 2000; Bahrami et al., 2016; Cetinkaya and Basbakkal, 2012; Sheidaei et al., 2016; Chan et al., 2018). It is claimed that baby massage aids relaxation of the gastrointestinal tract and promotes good digestion (Bahrami et al., 2016). It has been suggested 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). Chan et al., (2018) interviewed mothers and found that baby massage was associated with the relief of wind and symptoms of colic, with mothers reporting the passing of wind by their infants during massage.

Crying

Research studies have shown a reduction in overall crying time in babies who receive baby massage (Saleem, 2013; Yilmaz and Conk, 2009; Field, 1995; Ifalahma and Cahyani, 2019; Koc and Gozen, 2015; Yilmaz and Conk, 2009). According to Field (1995) baby massage can have soothing benefits, linked to a reduction in crying. It has also been suggested that the production of endorphins during massage relieves pain, helping the baby feel much calmer, thereby lessening their crying time (Ifalahma and Cahyani, 2019).

Digestion and Constipation

Baby massage has been found to aid digestion through increasing the activity of the vagus nerve (Hartati et al., 2020; Field and Diego, 2008; Field et al., 2011). 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).

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 supports an increase in the frequency of bowel movement following a seven-day course.

Outcomes for Parents

Wellbeing and parental Confidence

Improvements in the mood 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; Glover et al., 2002; Feijo et al. 2006; O'Higgins et al, 2008). Glover et al. (2002) suggest that this could be due to the interaction and understanding between parent and baby. Feijo et al. (2006) suggest, however, that it could be due to the mother's recognition that their baby is enjoying the massage (Feijo et al., 2006). It has also been suggested that the physical act of massaging, and feeling more involved and less helpless can help to reduce anxiety in mothers (Feijo et al. 2006).

Parents who engage in baby massage have reported increased confidence in their abilities as a parent (Beyer and Strauss, 2003; Delinger-Bavolek, 1996). Increases in confidence has been found to be due to: mothers feeling more knowledgeable; enhanced competence in communication; having a greater understanding of their baby's needs; and their baby's needs being satisfied appropriately (Oswalt et al., 2009; Clarke et al., 2002).

Communication, Interaction and Reading Infant's Cues

Baby massage can enhance a parent's sensitivity to their baby's cues, with previous research finding that baby massage can strengthen communication between parent and child, improving the parent's ability to read and respond appropriately to their infant (Dellinger-Bavolek, 1996; Ferber et al., 2005; Beyer and Strauss, 2003; Underdown et al., 2006; Kersten-Alvarez et al., 2011). Involving fathers in baby massage can have a positive impact on the father-child relationship, with babies being more interactive with their fathers, including demonstrating more eye contact, more reaching out and fewer avoidance behaviours (Scholz and Samuels, 1992; Cullen et al., 2000).

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). Studies have found that parents benefit from the support of both facilitators and other parents attending baby massage through being able to discuss issues and develop support networks (Sylvie, 2015; Chan et al., 2018; Underdown and Barlow, 2010).

Methodology

Data collection methods and analysis

Interviews were undertaken with parents attending baby massage and those involved in the delivery of the course, including Family Mentors and Members of the Family Mentor Senior Leadership Team.

Interviews were undertaken with 25 mothers⁴⁹, aged between 20 and 38 years old, who had attended baby massage (either face to-face at the site or over the telephone). 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 majority (n=20, 80%) had never been to a baby massage course before. The parents interviewed had attended between one and five sessions with most having attended between four and five sessions (n=19, 76%). All except two were also continuing with baby massage at home.

The interviews explored parents' experiences and views of baby massage and in particular outcomes for parent and baby. Parents at the baby massage groups were made aware in advance that interviews were taking place on specific days and invited to take part. Once the baby massage sessions had ceased due to the COVID-19 pandemic, parents were approached by Family Mentors and invited to participate in an interview. Those that consented to have their details passed onto a member of the NTU evaluation team were contacted by telephone. On average interviews lasted for around 15 minutes.

To understand the implementation and delivery of baby massage, three 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 interviews took approximately 30 minutes. Most interviews took place over the telephone, with one interview undertaken face-to-face at the participant's place of work.

Data collated through the interviews with parents and staff were analysed thematically.

Findings

Delivery of Baby Massage Groups

Attendance

Attendance at baby massage groups varied between wards and sometimes attrition was an issue, with some parents not attending all five baby massage groups. This could lead to

⁴⁹ 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.

frustration, particularly where there is a long waiting list of other parents wishing to attend baby massage. 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’d say about 80% will [attend all sessions]; I’d say a good chunk will” (Family Mentor).

“Maybe by the end of it, there may be only two that's completed [the course]” (Family Mentor).

“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).

“If it’s a Monday session, we’ll message them on the Friday, and then again on the Monday morning” (Family Mentor).

“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 [list]” (Family Mentor).

Staff interviewed suggested several reasons why parents may not attend the baby massage groups every week, including: parent or child illness; tiredness; parents’ lack of confidence attending group activities; time of the baby massage groups; weather, other commitments (e.g., taking older children to school or family visiting); or due to the baby receiving their immunisations.

“It could be mum that's not well, it could be other siblings that's not well” (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).

“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).

"Sometimes people can put themselves down for baby massage before baby's born. And then they won't know sleep patterns and this and that. So, it could be they're just tired" (Family Mentor).

Venues for the Baby Massage Groups

A small number of problems were identified with some of the venues. In one ward there was a lack of options in terms of availability. Other issues identified included: rooms that are too small; poor lighting; unsuitable temperatures; and problems with parking.

"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).

"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" (Family Mentor).

"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" (Family Mentor).

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: "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).

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

“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).

“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).

Parent and Infant Bonding

Twenty-two parents out of 25 said that engaging in baby massage had helped to strengthen the bond between them and their baby. Some parents described how they felt more connected and 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. 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.

“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” (Parent).

“I’ve always struggled with bonding, because I have postnatal depression... 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” (Parent).

Benefits for Babies

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 them to fall asleep right after the session and to longer periods of sleep for some babies. Many parents had incorporated baby massage into their night-time routines.

“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” (Parent).

“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” (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” (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.

“It's 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” (Parent).

Some parents also reported that baby massage helped their baby to feed better and digest their food more easily, and that baby massage had helped to relieve constipation, colic, wind and teething discomfort.

Interviewee: “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” (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” (Parent).

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

“I gave her like all those like anti colic medicines. Sometimes they help, sometimes they just [do] not... But I know there's [massage] moves like normally, within five to ten minutes it would work” (Parent).

“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” (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.

“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 cry-ey baby now” (Parent).

Benefits for Parents

Wellbeing and Parental Confidence

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 massaging their baby helped them to feel more relaxed. 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.

“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” (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 mums [at the baby massage group] with other babies who are also crying” (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” (Parent).

For some parents, going to a group with other parents in attendance improved their confidence, as it reassured them that they were not alone in their experiences and that their baby’s development and behaviour was perfectly normal. 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 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” (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.

"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" (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.

"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" (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 they understood the baby massage techniques and the wide-ranging benefits.

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's hurting, I can use those" (Parent).

Friendships and Reductions in Isolation

Many parents had made friends with other parents at the baby massage groups. Some only saw each other at the baby massage groups but reported that they were on friendly terms. Others saw parents outside of the baby massage groups, either at other parent-child groups or more socially and some were friends on social media. 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, yeah, I have. Last, not last week the week before, I went for coffee with two of the mums" (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" (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, 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" (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.

"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" (Parent).

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 saying that they would like the course to be longer.

“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” (Parent).

Staff delivering baby massage made a number of recommendations for improvements. These 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).

“We could have more space.... In an evening because you know, and then you could get dads coming” (Family Mentor).

“Improvements, yeah, more dolls, definitely more dolls” (Family Mentor).

“A refresher course, like even if it's just once a month” (Family Mentor).

“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).

“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).

Conclusion

Attendance at baby massage was 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.

Participation in the baby massage groups 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 attending their first session) were continuing with baby massage at home and understood the various massage techniques and their benefits.

Recommendations

We recommend that SSBC:

- Investigate whether offering baby massage classes in the evening or at the weekends would encourage more fathers to attend and those in employment who cannot make day groups;
- Explore 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.

Evaluation of the Cook and Play Groups

Introduction

Cook and Play is a group activity in which adults cook healthy meals and then try them with their child. It is delivered by Family Mentors and is for parents with children aged under four 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 SSBC, free of charge. 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.

Aim of the study

The aim of the evaluation was to explore the experiences of Family Mentors and members of the Family Mentor Senior Leadership Teams who are involved in the delivery of Cook and Play⁵⁰. 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.

Methodology

Data collection methods and analysis

To understand the implementation and delivery of Cook and Play interviews and a focus group were undertaken with Members of the Family Mentor Senior Leadership Team and Family Mentors from the Toy Library, Framework and Home-Start. Interviews lasted approximately 30 minutes and the focus group an hour. Staff were recruited via an email to relevant professionals. Four Members of the Family Mentor Senior Leadership Teams took part in a telephone interview, eight Family Mentors participated in a telephone interview and seven Family Mentors participated in a face-to-face focus group.

Thematic analysis of interview and focus group data was undertaken.

⁵⁰ Please note: A pre and post study was designed to examine whether Cook and Play had increased parents' knowledge around healthy eating and given them the skills and confidence to cook healthy low-cost meals that suitable for their child(ren). However, due to the COVID-19 lockdown, Cook and Play sessions were halted. This made it impossible to collect these data to examine short-term outcomes.

Findings

Implementation and Delivery of Cook and Play

Delivery and training

It was evident that Cook and Play had been consistently delivered, across all wards, in the way it was designed. Staff interviewed were positive about the initial training and the straightforward structure of Cook and Play. 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, which has resulted in only a small number of Family Mentors trained to deliver Cook and Play groups, and delays in the provision of training. One member of the Family Mentor Senior Leadership Team recalled an occasion when most trained Family Mentors were on leave, resulting in only one trained mentor to cover all three wards.

“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” (Family Mentor).

“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” (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 have 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).

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).

Cook and Play Venues

The nature of the venue seems to be important to the delivery and running of Cook and Play and in particular the location and layout of the venue. For some wards, the venue for Cook and Play is excellent: Family Mentors in Hyson Green and Arboretum stated that their venue has a practical open layout and is very spacious; it enables parents to observe their children playing whilst they are in the kitchen cooking. The venue is also 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 [name of venue 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).

It is essential that parents can see their children whilst cooking during the session in order to be able to observe and take care of them. Where there is restricted viewing from the kitchen area, extra staff are then required to support and care for the children in attendance.

“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).

Family Mentors in Aspley have had a few problems with previous venues, including small venues, poor hygiene and problems with a cooker. There appears to be a limited number of suitable venues available within this area. Furthermore, finding a suitable location that is considered ‘in ward’ (within the catchment area for intended families) has been a challenge 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 can be higher because of the location of the 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).

“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).

Equipment for Cook and Play Groups

Equipment and resources are mainly purchased using SSBC funds. Some Family Mentors 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).

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 parking 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. Transporting the equipment is particularly difficult for those who do not drive, as they have to rely on support from Family Mentors who do.

“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).

“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).

Recipes

Feedback from staff 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 diets 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 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. In response, the Family Mentors asked parents for ideas on how they could improve the recipes to offer more diversity and taste, and new recipes have been introduced. Family Mentors were of the

perception that recipes require constant review and development, and suggested further changes to meet the requirements of families who eat only vegetarian or vegan meals. They also suggested expanding the breakfast and dessert recipes which were deemed repetitive and boring.

“The recipes and the meals, they was really bland, and particularly in the South [of the city], we work with a lot of different cultures.... that's not the kind of food that they eat, they'd have lots of spices in their food...and we 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).

“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)

“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).

The Family Mentors would like more ownership and control over adaptations and additions to new and existing recipes and to be part of the planning process. They felt this would be a more effective and efficient way to support the needs of families in their wards.

“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).

Challenges

There were challenges faced by Family Mentors regarding Cook and Play. These included: the allocated timeframe of one and a half to two hours; issues with the parental forms; attendance rates; and misconception related to the title ‘Cook and Play’.

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.

“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).

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. Furthermore, when parents attend six or more sessions the feedback forms can also become monotonous, which raised questions about the genuineness of feedback. Family Mentors suggested the introduction of tablets to save on time and paperwork.

“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” (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).

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

Some 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. Involving the children in the cooking would require a longer timeframe, 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: 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” (Family Mentors).

“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).

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. Additional reasons for the varying attendance numbers were parent

or child illness, and parents returning to work after being on maternity leave or when children begin to go to school or nursery.

“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. One week I had 25 [families attend a Cook and Play group], ... that might have been including staff actually, for Easter... and yet the following week, we had none” (Family Mentor).

“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 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. 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. However, whilst there are positives, i.e., building strong relationships with families that attend the group regularly, cliques can form, causing others to feel less confident to join. Family Mentors 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.

“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. 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).

“People 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).

Family Mentors described constantly reviewing attendance rates at Cook and Play and looking for ways of improving numbers. Staff interviewed have Invited parents to suggest which days of the week and times are more suitable; sent texts to families who have not attended a group for a while, offering information about the next session; and handed out fliers in schools and local supermarkets. Some Family Mentors suggested offering an incentive to parents who attend all six sessions. Staff interviewed also proposed targeting antenatal classes and working with Heath Visitors to promote the Cook and Play groups.

“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).

“We 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” (Family Mentor).

“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).

Issues with attendance caused problems with the booking system. Attendance numbers rarely or never reached venue capacity limit, leaving the booking system redundant. Family Mentors are constantly trying to implement the booking system, but to date attempts have been unsuccessful. They explained that families do not use it, or they simply forget to book prior to attending.

“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).

Outcomes for parents

Family Mentors identified several positive outcomes for parents. These included improved skills, e.g., cooking healthy meals at home, improved culinary skills (chopping and slicing, etc.) and budgeting knowledge; and increased socialisation.

Cooking Healthy Meals at Home

Some Family Mentors told us that 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 recognised 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.

“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 aways and things like that’. And it builds their confidence” (Family Mentor).

“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).

Improved Culinary Skills

Across the wards staff reported an improvement in parents’ culinary skills (chopping, cutting, slicing and preparation). 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?” (Family Mentor).

“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).

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” (Member of the Family Mentor Senior Leadership Team).

Increased socialisation

It was evident from staff interviews that an important aspect of Cook and Play was the social element, particularly opportunities for parents to make new friends and spend 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.

“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 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).

Outcomes for Children

Family Mentors reported positive outcomes for children as a result of attending the Cook and Play sessions, including trying new foods, and improved social skills and confidence.

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.

“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” (Family Mentor).

Improved Social Skills

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. 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 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).

Positive Peer Influences

The social aspect of dining together was reported as a positive influence on the children involved in Cook and Play. Family Mentors witnessed children, initially unwilling to try new cuisines, but then doing so once they see other children trying them. 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).

Conclusion

Implementation and delivery

Cook and Play was delivered consistently across all wards and training was informative and well structured. Gaining access to additional training could be difficult due to a limited number of SSBC Cook and Play facilitators, however in response, SSBC are training Family Mentors as facilitators, enabling them to deliver ‘in house’ training when needed.

The venue for Cook and Play is very important. The most appropriate venues were central to the local community, pushchair friendly, with an open-plan kitchen and fully functioning cooking equipment.

Whilst recipes were regularly reviewed and updated by Family Mentors and SSBC, the findings suggest more vegan and vegetarian options were required. The Family Mentors would also prefer more ownership and control over the recipes.

Attendance fluctuations could be a challenge. However, it was clear that the Family Mentors, members of the Family Mentor Senior Leadership Teams and SSBC were collaborating to address attendance rates across all wards. It was common for the same families to regularly attend Cook and Play sessions despite the intention for it to be a six-week program.

A recurring theme across wards was the time involved in the delivery of Cook and Play. Most Family Mentors stated it took much longer than the allocated two hours. Another theme was the ambiguous nature of the title 'Cook and Play'. Some parents attended with the assumption their children would be cooking with them.

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. The social aspect of Cook and Play helped parents to build friendships.

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.

Recommendations

- 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; and
- Reflect on whether the Cook and Play title requires amending to avoid confusion over its purpose.

Evaluation of the Breastfeeding Incentives Scheme

Introduction

The Small Steps Big Changes Breastfeeding Incentives Scheme aims to 'test and learn' the use of financial incentives as a means of improving breastfeeding rates.

The project's anticipated outcomes include:

- More children receiving breast milk at birth and for a longer duration.
- Mothers who breastfeed feeling valued for their efforts.
- Showing how important breastfeeding is for babies, mothers and society.

The one-year pilot was delivered in partnership with the Nottingham CityCare Family Nurse Partnership (FNP). Family Nurses offer a home visiting service for first time young mothers and families offering support on pregnancy and parenthood including breastfeeding. The scheme offers £20 vouchers at 6 time points in the baby's first year (2 days, 10 days, 6-8 weeks, 3 months, 6 months and 1 year) to all families providing their baby any breast milk. It is available to all young mothers on the FNP caseload including but not exclusive to those in the four SSBC wards of Aspley, Bulwell, Hyson Green and Arboretum, and St. Ann's. The pilot was launched in March 2022.

Aim of the Study

Our research sought to understand:

- Parents' perceptions and experiences of the Breastfeeding Incentives Scheme;
- Original feeding intentions and those who influenced this/these decision/s;
- Thoughts and feelings about the Breastfeeding Incentives Scheme, e.g., timings of the vouchers, monetary value and whether the Incentives supported the breastfeeding 'journey;' and
- Any other influences on decision to breastfeed/continue to breastfeed or not.

Literature review

This review explores: UK breastfeeding rates; parents' feeding decisions; experiences and perceptions of financial incentives and their impact on initiation and continuation of breastfeeding; and alternative breastfeeding interventions. Areas where literature is lacking are also highlighted.

Breastfeeding

Breastfeeding is associated with a wide range of benefits (Santoso et al, 2019; Gunderson et al., 2018; Victora et al., 2016; Rollins et al., 2016; Bowatte et al, 2015; Chowdhury et al., 2015; Horta et al., 2015; Horta et al., 2013; Luan et al., 2013) and the benefits increase with breastfeeding duration (Department of Health, 2007). Breastfeeding also enhances bonding due to the close contact during feeding (Moore and Anderson, 2007; Moore et al., 2012). Exclusive breastfeeding is recommended for the first six months after birth by The World Health Organisation (WHO, 2003), but there are few studies about decisions to combination feed (mixed breast and bottle).

Breastfeeding rates in the UK

Despite the benefits, breastfeeding rates in the UK are among the lowest in the world, even with the numerous information campaigns about the benefits of breastfeeding (Srivastava et al., 2021). Financial incentives have been successfully implemented (McNamara, 1995; Saurel-Cubizolles et al., 1993; Washio et al., 2017), but previous evidence examining the effectiveness of financial incentive programmes in increasing the prevalence of breastfeeding have been weak (Bassani et al., 2013; Moran et al., 2015), with ethical concerns raised (Becker et al., 2018).

Breastfeeding decisions

Feeding decisions are often made during pregnancy (Condon et al., 2013). However, the initial decision to breastfeed and the decision to continue to breastfeed should be viewed as separate, given that after birth, feeding decisions are based on individual experiences (Sheenan et al, 2013). There can be many influences on feeding decisions (Johnson et al, 2018), and family members can be extremely influential in the decision both to initiate and continue breastfeeding (Davidson and Ollerton, 2020; Negin et al, 2016). Teenagers were more likely to choose breastfeeding if they were breastfed as a child or had seen their siblings or other babies being breastfed (Giles et al., 2007; Giles et al., 2010; Goulet et al., 2003; Greene et al., 2003; Juliff et al., 2007). However, the literature does not appear to

include how feeding decisions are made when faced with conflicting opinions about breastfeeding, such as negative views from family and positive support from professionals.

Breastfeeding support from health professionals

Health professionals such as Family Nurses can be instrumental in facilitating, promoting, and supporting the initiation and continuation of breastfeeding (Fraser et al, 2020; Simpson and Creehan, 2007). However, health professionals can strongly promote exclusive breastfeeding, with less support for mixed feeding and formula feeding (Ahishakylie et al., 2019; Chang et al., 2021; Hoddinott et al., 2012). Formula feeding tends to be seen as the antithesis of breastfeeding rather than a complement (McFadden et al, 2019), although Appleton et al (2018) do not see formula feeding decisions as undermining breastfeeding promotion. Given the disruption to in-person services due to COVID-19, Vazquez-Vazquez et al (2021) also recommend phone and video contact to support breastfeeding choices.

Other breastfeeding influences

Teenagers were influenced by the experiences of their peers who breastfeed rather than health professionals' information (Nelson, 2009; Juliff et al., 2007; Greene et al., 2003; Leffler, 2000). Grandparents and partners were instrumental in influencing both initiation and duration of breastfeeding (Negin et al, 2016). However, some fathers stated that breasts were viewed as sexual objects that should only been seen in private (Sihota et al, 2019), and some grandparents viewed breastfeeding in public as inappropriate (Hounsborne and Dowling, 2018; Mitchell-Box and Braun, 2012). The literature does not cover in any depth the utilisation of peer advocates of breastfeeding, and this is an area that could be investigated further.

Breastfeeding and financial incentives

Financial incentives for breastfeeding should be regarded as complementing rather than replacing professional support (Hoskins and Schmidt, 2021; Relton et al, 2018; Washio et al, 2017). However, breastfeeding incentives can provoke debate. Clear information and further support for those who could not apply, through choosing to bottle feed or being

unable to breastfeed, is important (Johnson et al, 2018). Others regard the decision to breastfeed as a personal choice and suggest that it should therefore not be incentivised (Giles et al., 2015; Whelan et al., 2014).

Alternative interventions

Various other interventions have been tried in order to encourage the continuation of breastfeeding (Kim et al., 2018). This can range across: attending courses (Brodrigg et al., 2013); education rates (Voramongkol and Phupong, 2010); peer counselling; online support; and telephone support (Scott et al., 2017). However, trauma informed support does not feature much in literature about breastfeeding decision-making processes. Sobel et al (2018) discuss the need for sensitivity from health care professionals in supporting feeding decisions for those who have experienced trauma, but this is an area requiring further study.

Methodology

Data collection methods and analysis

Our research took a mainly qualitative approach using a semi-structured interview schedule to capture the lived experiences and views of those in Nottingham who had been offered Breastfeeding Incentives. We also recorded the demographics of the participants, their households, and their babies.

The parents interviewed were recruited by the Family Nurses who run the incentives scheme, with individual contact details being passed to the interviewer with their express permission. We then phoned to have an initial chat, and if interest in taking part was expressed, we emailed the information and consent forms, which were returned completed. All interviews were completed by phone, and audio recorded using Microsoft Teams.

In total, four interviews were undertaken. All respondents lived within Nottingham City, with two in an SSBC ward. All identified as female and were aged either 19 or 20 years old (their babies ranged from 6 to 14 months old). All described their ethnicity as mixed White and Black Caribbean.

Data from the digitally recorded telephone interview transcripts was analysed thematically to explore how the women interpreted their breastfeeding incentives experiences. Time was taken to read and re-read the transcripts before carefully coding themes in the dataset which were then grouped to form an overview about the breastfeeding experience, support and comments, and the incentives.

Findings

The breastfeeding experience

Three of the interviewees had chosen to breastfeed before giving birth having researched different feeding methods. As one mother commented,

“Breastfeeding...it’s just named to being the healthiest, and I mean, not easiest, but convenient, it’s really convenient.” (Mother).

For another mother the decision to breastfeed her second baby was different to that of choosing to bottle feed her first, due to her being more mature and having more confidence with her second baby.

Confidence was also crucial to a mother who had been body conscious:

“[breastfeeding] it’s a weird sensation...it freaks me out a little bit, because I thought, oh no, this is my daughter, and like a private part of my body do you know what I mean, somewhere that she shouldn’t necessarily be...having my daughter be on my breast, it just, it didn’t feel right in my head” (Mother).

Mental ill-health and trauma experiences resulted in a lot of reservations for one mother, but she still wanted to breastfeed as she considered this best for her baby.

A couple of the mothers were worried about breastfeeding in public, but another said,

“To be fair, even if I did have like negative comments for example, I wouldn’t listen to it, because it’s my body, it’s my child, I will do what I think is best for my child.” (Mother).

For two of the mothers, their babies wanting to breastfeed was very important. Other than food, the babies got comfort from breastfeeding. One mother said of her baby,

“She wanted to breast for more things than feeding...because she wanted it for comfort in the end. So, a bit like a dummy, but she was wanting my breast. And she'd always work her way to my breast, and she'd want it all the time, sort of thing, when we was out, when we was at the house, she didn't care.” (Mother).

Combination feeding, where a baby has both breast- and bottle-feeding, was used so that others could join in with holding and feeding the baby. While one mother had original plans to bottle feed and now mixed both breast and bottle, another's combination feeding was also a practical contingency plan in case she was unavailable. However, there seemed to be a lack of information about breastfeeding, as one mother was combination feeding because she was worried about the amount her baby was getting from the breast.

In addition to the benefits of breastfeeding for her baby, one mother also noticed improvements to her own nutritional intake which in turn meant a healthier lifestyle.

“It's actually like, obviously when you're breastfeeding, you have to be healthy, like obviously...buy like fruit and the veg, and just stuff like that... because it makes me feel a lot better, and like a lot more awake...yeah, I just feel so much better.” (Mother).

The breastfeeding experiences were therefore very different and suggest that those who have experienced trauma or feel shy about their bodies need particular support in both starting and continuing to breastfeed.

Support and Comments

The support and comments came from two main groups: family; and professionals such as Family Nurses and Midwives. Comments from family tended to be negative towards breastfeeding, and the mothers did not find that they had much support. One spoke about how her family had been discouraging about her breastfeeding her baby:

“Most of the people in my family who have had children, they’ve always bottle fed, they haven’t breastfed, so it was new to me... everyone was saying like, they haven’t done it, they don’t feel it’s right that a baby should be on the breast.” (Mother).

Similarly, one mother had been attempting to stop breastfeeding her 14-month-old son because of the comments and jokes she had received from her family. Another commented that even though her family had engaged in breastfeeding, their stories about difficulties with breastfeeding in public from her family had been initially off putting.

However, support from the Family Nurses proved invaluable in encouraging the mothers to start and continue breastfeeding. For one, the professional input persuaded her to breastfeed when she had originally planned to bottle feed her baby:

“I will tell you the truth, I wanted to bottle feed, because I didn’t feel comfortable with my daughter being on my breast. I had this argument with my family worker. And she said, just try it [breastfeeding] and see what you feel... my family worker she said, well, do you think you could try it again? And I said, well I will try it again. And since then, I just kept on sort of talking myself into it, and then it came to me doing it naturally.” (Mother).

One mother commented that the Family Nurse and midwife were the only other adults giving her positive information about breastfeeding. Another spoke about the practical support in understanding breastfeeding:

“The Family Nurse helped me understand more about it...Yeah they’re helpful, because they teach you how to actually... it’s easy to just say like, oh I want to breastfeed, but they teach you how to actually you know, like get the perfect grip, and like...Because it’s hard for a baby to like latch.” (Mother).

However, one mother thought the difficulties of breastfeeding were deliberately downplayed by some professionals, and that there should be more honesty about how hard

and uncomfortable it can be. Even though she was adamant breastfeeding was the best thing she did for her baby, she felt that she was not given essential knowledge.

The incentives

The incentives were viewed positively by all the mothers interviewed. While those who had already chosen to breastfeed did not need an incentive to start, they welcomed the scheme and spoke about how they felt it validated their decision, making them feel rewarded. As one commented,

“Yeah, it just makes me feel validated, like the fact that you’re doing something right...it’s like rewarding. So, it makes you - obviously breastfeeding can be really hard, so it makes you, it just reminds you and reassures you that you know, you’re doing something good, and you’re doing a good job.” (Mother).

One mother also felt the incentives were a form of praise for doing the right thing with her baby. Another felt that the incentives were an encouragement to keep going with breastfeeding, commenting on the timing of the vouchers being given as another positive aspect.

“I just felt like people were actually you know encouraging me to keep doing what I’m doing...because she knew I didn’t want to breastfeed in the first place, but I still did it. And I feel like she was just giving me like, like praising me in a way, it praises you for what you’re doing, although you don’t want to do it, you’re still doing it.” (Mother).

One mother thought the timing of the vouchers helped her to keep going with the breastfeeding.

“Yeah, yeah, I think that’s, they’re good times [timings]. Because obviously some people would stop after a certain time, and stuff like that. I think like the spaces in between them [the vouchers] are just right.” (Mother).

There was some uncertainty about the details for the incentives, with one woman initially saying she'd not heard of the scheme, and another that she had already been breastfeeding for some time before she was offered any vouchers. However, the value of the vouchers was considered to be a good amount, going towards the cost of for example, formula milk and treats. One commented,

“Especially because I’m combination feeding, also with my son, because he's quite older now as well, he doesn’t rely on breastfeeding for you know, his main source of food, he just kind of has it for comfort...So yeah, he still like, likes to have his few bottles a day. So obviously getting the vouchers, it can obviously help me pay for them, the milk, because that's expensive.” (Mother).

Another was so enthusiastic about breastfeeding and receiving the incentives that she told her friends and answered any questions they might have had. She was proud to tell others about the benefits of breastfeeding and share her experiences.

Conclusion

Our findings provide clear evidence of how much the Breastfeeding Incentives Scheme was valued. The mothers found that the validation of breastfeeding was significant. However, it is crucial that the Incentives Scheme continues to run alongside and as part of healthcare professional face-to-face breastfeeding support. The support and incentives were especially validating for those who had experienced trauma and mental ill health, and who had initially experienced body consciousness issues with the idea of breastfeeding. Those who breastfeed can choose to combination feed - complementing their breastfeeding with bottle feeds for their babies. We note that one participant was so enthusiastic that she had spoken to her peers about the benefits of breastfeeding, the incentives and the professional support available. We have highlighted the implications of trauma on breastfeeding choices, combination feeding preferences, and peer advocates as these were raised by the participants. These features have implications for the development and delivery of the breastfeeding incentives scheme.

Recommendations

We recommend that Nottingham CityCare, SSBC and others:

- Continue to offer support and incentives to promote both the initiation and continuation of breastfeeding, including the timing of vouchers offered and monetary value, as this is greatly appreciated and gives validation to those who breastfeed;
- Provide this support be face to face wherever possible, though other methods of communication such as phone and video can be considered if necessary;
- Continue to offer resources about the benefits of breastfeeding, including online and app resources, so that there is access to detailed practical advice about breastfeeding, to minimise worry that there is something wrong should breastfeeding be a difficult experience for a new parent;
- Continue the respect and support with incentives for those who choose 'combination feeding';
- Provide training if necessary, so that those supporting breastfeeding are trauma informed, to help meet the needs of those whose past experiences might impact on their feeding choices due to body consciousness, shyness or anxiety;
- Ensure that breastfeeding support continues to include support for those who might be too shy to breastfeed in public, as this can be a source of anxiety;
- Ensure that breastfeeding support staff are aware that comments from significant members of family and friends can have a negative impact on infant feeding choices;
- Utilise the enthusiasm of those who breastfeed for the breastfeeding support and incentives scheme, as peer influences are significant in promoting breastfeeding rates in the UK; and
- Increase efforts to involve those feeding their infants in decision-making processes about breastfeeding support schemes and promote their rights to be heard.

Father Inclusive Practice

Authors: Dr Alex Toft, Jane Slater and Dr Ferhat Tura.

Introduction

This chapter focuses upon SSBC programmes specifically aimed at improving outcomes for fathers, which are expected, in turn, to improve outcomes for children. Three programmes are included here: Fathers Reading Every Day (FRED); Father Inclusive Practice (Think Dads Training); and A New Fathers' Information Pack (known as the Pack throughout). All the programmes focussed upon working to improve inclusivity for fathers and encouraging engagement between fathers and their children. Individual programmes also had specific aims beyond this such as: improving speech, language, and communication (FRED); and passing important information onto new fathers (the Pack).

Literature review

Due to the overall ethos of the programmes, a grouped literature review is presented here, covering these broad similarities and the specific focuses noted above.

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, Redshaw and Quigley 2017). There have been numerous studies which show that father involvement in raising children 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 2007), have a lower tendency to engage in risky behaviour (Menning and Stewart 2008), a lower delinquency rate (Carlson, 2006), and less contact with law enforcement (Flouri and Buchanan, 2002b). There have been studies which follow families and father's involvement with their children that have linked involvement with children's higher educational achievements (Sarkadi, et al. 2008; Flouri 2005; Pleck; 2010). Other studies have shown that children with father involvement have better cognition (Nugent 1991),

educational outcomes (Flouri and Buchanan, 2004), experience better peer relationships (Pruett et al. 2017) and have 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 fathers' involvement and the positive impact on their child's development has been dominant throughout the literature. However, there have also been several studies which do not show the positive effects of a father's involvement with his child (Aldous and Mulligan 2002; Cabrera et al. 2000; Sandstrom and Huerta 2013; Brown, et al. 2010).

There is empirical evidence that shows parental involvement is a key factor in advanced student engagement and improvements in school (Desforges 2004; Harris and Chrispeels 2006). Sylva, et al. (2004) noted that having parents who engage in their children's schooling at an early age has a positive effect on their children's learning process. Indeed, Doyle, et al. (2009) found that the home influence is crucial to a child's language development, particularly in the early years. Additionally, Yeung (2004) suggests a father's own education is important and that this is linked to the father's income, suggesting better educated fathers tend to provide a child with better educational resources. Conversely, a study in the UK showed it is the mother's education level that is more predictive of a child's academic success and not the father's (Harlow and Roberts 2010). There is also the notion that better educated parents lead to better educated children (Pleck, 2010), and suggestions that mother's and fathers' levels of education are important in a child's development.

Traditional family roles have often been associated with the mother and father performing traditional gender roles when it comes to parenting. For example, it has been argued that fathers are problem solvers and playmates who provide crucially masculine parenting (Popenoe 1996; Wilson and Gottman 2002), whereas mothers are there to provide support, security, and caretaking of children (Lamb, 2010). These understandings of gender roles in

parenting are taken from studies that have focused on traditional married mothers and fathers. These tend to show that mothers spend more time with childcare duties and have more interaction with their children (Hall et al., 1995; Hawkins et al., 2006). Fathers' tasks, have been found to involve 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 et al., 1998) and express greater interest in children's gender conformity (Pruett and Greenfield, 2000). However, there has been a shift in recent years with regard to the traditional family unit. As Rushing and Sparks (2017) identified, there has been an increase in dual income families, where women have assumed the role of breadwinner. Consequently, with more mothers 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 structure suggest that what is most important to a child is the influence of parental characteristics, rather than these being gender-related (Lamb, 2010). The literature does not suggest that children need something different from their father or mother (Roggman et al., 2013), as will be explored in the next section.

The role of fathers in family stability

The role of fathers in the very early life of their children has changed considerably in recent years. For example, historically, men were actively barred from entering the delivery/labour room during childbirth because this was considered the responsibility of women alone (Shia and Alabi 2013). Some fathers have experienced hospital policies that have excluded them from postpartum care and have not encouraged them to become involved with their baby (de Montigny and Lacharité 2004). Additionally, fathers have generally been excluded from maternity care policies as the focus tends to be on the mother and baby (Burgess and Russell 2004), with many maternity services being predominantly centred around the person who is giving birth (Freeman, 2006). However, fathers are now encouraged to participate in antenatal care and to become part of the process of becoming a parent (Ekelin et al., 2004) and want to be involved in the childbirth experience, both during birth and beyond the labour room (Draper, 2003). Lee and Schmied (2001) found that fathers want to be recognised as having a unique role, arguing that 'men are not present at the birth solely

to support women—they are there in their own right, as father of the child’ (Lee and Schmied, 2001, p. 560). Despite fathers’ extended involvement in antenatal care, both parents report that fathers are often given a secondary role during childbirth education and antenatal care (Hildingsson and Rådestad 2005). The marginalization of fathers during pregnancy, birth, and the postnatal period has been commented on extensively by the Fatherhood Institute (2008) whose overview of existing research on fatherhood concludes that high paternal involvement at all stages of the childbearing years and in the early years of parenting may correlate with greater family stability.

Fathers who are actively involved during pregnancy are also more engaged with their infant during the first years of life (Cabrera et al., 2008). When fathers are involved in their babies’ and children’s development, this can also have a positive influence on their own physical and mental health (Dermott 2008; Plantin 2007) and has been shown to have a potentially positive effect on their children’s cognitive and social development and partners’ health. In the Oxford Fathers Study, there were fewer behavioural and emotional problems reported in two-year-olds whose father had made largely positive comments about them at age three months (Butler, 2012). Other research suggests that three-to-six-month-old babies whose father was actively engaged in playing with them performed better in cognitive tests at age two (Malmberg, et al. 2007). Research also suggests that father engagement has a positive impact upon mothers’ relationships with their children (Alio, et al. 2011).

Information for fathers

One response to the disparity between fathers’ and mothers’ role has been to provide fathers with tailored information. Research suggests that fathers do not regularly receive information from healthcare professionals, particularly regarding breastfeeding (Earle and Hadley 2018; Merritt, et al. 2019). New fathers are eager to support their partners with breastfeeding but are actively excluded from breastfeeding education which makes them feel helpless. As a result, fathers called for a more father-centric education around breastfeeding (Brown and Davies, 2014). Moreover, research does suggest that there are better rates of breastfeeding initiation, duration, and/or exclusivity if fathers are included (Abbass-Dick, et al. 2019; Mahesh, et al. 2018). Additionally, where fathers have been

included in breastfeeding initiatives, it has been identified that the mothers had a better understanding of the benefits of breastfeeding (Mahesh, et al. 2018).

Fathers and reading

As previously noted, FRED specifically focusses upon improving speech, language, and communication (via reading) and suggests that fathers have a unique role in this. Research shows that reading to children is an important activity in Western culture as it promotes children's language, literacy, and cognitive development (Mol and Bus 2011). Research suggests that the age that parents begin reading to their children correlates with children's language development, and children who are read to from an early age tend to have higher scores on language measures (Pancsofar and Vernon-Feagans, 2010). Reading early to children is considered to be highly beneficial for a child, and is why FRED promotes reading from an early age. Shanahan and Lonigan (2010) suggest that children's language skills in the early years are predictive of their later reading success and literacy skills. 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 in identifying letters and words, and helps children read simple words, which are key indicators of early language skills necessary for successful transition to schooling and early academic performance (LoCasale-Crouch, et al. 2008; Wolf and McCoy, 2019).

Recently, there has been an increase in father-inclusive reading programmes which involve varying levels of language input during joint participation, and each of these activities is associated with developing children's language skills (Duursma, 2014). Research suggests that father-child reading benefits young children's language development because it is in-person and interactive, supporting young children's language learning (Pancsofar, et al. 2010). Fathers can hold young children's attention through gaze and gestures, such as pointing to a book's pictures, which facilitates learning (Kuhl, 2010). Reading and playing together are understood to be positive parenting characteristics which are viewed as crucial in promoting early language skills (Roopnarine and Dede Yildirim 2018). Furthermore, a

father who is highly involved with their child (as measured by reading, disciplining, taking 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 benefits the father as well as the child. 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, their children read better, have more advanced vocabularies and communication skills, and are more prepared to begin school when compared with children whose fathers who are less involved (Baker and Vernon-Feagans; The Family Life Project Investigators, Lynne 2015; Tamis-LeMonda, et al. 2004). Fathers who are actively involved in their children's lives are more likely to have children with fewer disruptive behaviour problems over time (Ramchandani, 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 (Grossmann, et al. 2002).

Traditionally, mothers are perceived as being the parent who provides literacy activities, as they are at home more than fathers (DeBruin-Parecki and Krol-Sinclair 2003). However, 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, only recently making specific efforts to involve fathers (Malin et al., 2014; Pattnaik 2013). However, Foster, et al. (2016) suggest that when fathers do provide literacy activities, they are 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, and all have found recruiting fathers to be the most difficult aspect (Green 2003).

Previous research on fathers who 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 tend to do better in school and have much better employment opportunities when they reach adulthood. Language and pre-literacy skills can develop as children hear language, therefore, a child hearing more varied words during play or other activities, such as book reading, improves their vocabulary (Rowe, 2008). However, it is the quality of fathers' involvement with their children that is most important factor when it comes to fathers reading to their children, rather than the quantity of time they spend with their children (Fagan and Iglesias, 1999; Goldman 2005).

Evaluation of Fathers Reading Every Day (FRED)

Introduction

FRED is an intervention that encourages fathers of children, aged 2-11 years, to read with their children daily. FRED has three distinct phases during delivery:

1. The FRED programme starts with a 1½ to 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 child every day, for four weeks (or if they have limited access, on the days they have access). Fathers 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. They 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 two weeks as described above and continue for another two weeks.
3. At the end of the four weeks, the fathers are invited to come back together for a celebration event (1½ to 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 four weeks. They are then encouraged to keep this habit going and become more involved long-term in their child's educational development.

Aim of the study

FRED was designed to kick-start a habit of fathers reading with their children on a regular basis. Expected outcomes are:

- 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.

In this section we present findings from the evaluation of the FRED programme completed by fathers/male carers of children aged 2-3 years, who have regular contact with their children (n=70) across the four SSBC wards. The purpose of the evaluation was to assess the extent to which the current FRED programme achieved its aims/outcomes. These 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. 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.

Methodology

Due to the COVID-19 pandemic, planned interviews with parents and child testing (using the Wellcomm test) were not possible. As a result, the evaluation team accessed SSBC's previously collected data from earlier FRED cohorts (2017-2019), and interviewed staff involved in implementing FRED. 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.

Data collection methods and analysis

Data was collected by SSBC 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. Most of the fathers were White (54.2%) while fathers with 'Other' background consisted of 8.6% of the total sample (see Table 24 for details). The majority of the fathers were in a full-time job while 10.0% of them were self-employed (see Table 25 for details).

Table 24: 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 25: 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 instrument used for the current evaluation was a questionnaire completed by parents before and after the programme's delivery. There were five dependent variables 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 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 test⁵¹ to understand whether there was a difference in the use of local library before and after the FRED programme.

Seven Family Mentors volunteered to participate in the interviews. The interviews were between 30 and 60 minutes in duration. Due to the COVID-19 lockdown situation in the UK at that time, 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 at 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 HA; 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.

Thematic analysis was conducted on the qualitative data. The quantitative data was analysed using a variety of tests. See Table 26 for more information.

Findings

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

⁵¹ 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.

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 changes resulting from their participation in FRED. These will be presented thematically.

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 fathers 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 26), meaning that 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 26) or use of local library (see Table 27).

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 28 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 26: 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	z Sign test	Significance (p)		
											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 (1.097)	6.21 (1.153)	.100 (1.320)	.634	69	7	7	0	.974	.348	.528	.330	.728

Table 27: Pre- post comparison in use of local library

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

Table 28: 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 29: Would you recommend FRED?

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

Table 30: 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

Although the quantitative data showed that there is not a lot of significance in the statistical findings, fathers did identify the following:

- 74% of fathers who participated in FRED said it made them more involved in their child's learning and development;
- 80% 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% of fathers being introduced to FRED in this way; and
- Overall 98% of fathers that had taken part in FRED would recommend FRED to others.

Parent experiences- Qualitative analysis

As part of the implementation of FRED, SSBC collected participants' (fathers') thoughts about the perceived benefits it provided, both prior to and after 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 fathers who participated in FRED. Additionally, this process allowed fathers to explore benefits to themselves and to their child.

Improved speech/communication/concentration

Four fathers (out of the 46 who offered further comment) specifically noted what they perceived as improvements in child outcomes. These particularly related to speech and communication (in line with (Baker and Vernon-Feagans et al., Lynne 2015)).

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

Fathers also noted an improvement in concentration as a result of FRED:

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

Increased love of books

Fathers noted a positive change in their child’s relationship with books as a result of FRED. 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).

Increased child confidence

Some fathers suggested that the act of reading to their child had resulted in increased confidence, untapping and releasing parts of personality through the exploration of fictional stories. Fathers explained how their children had observably 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).

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

Fathers also highlighted how FRED helped to improve their own confidence in actual reading skills. Some 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).

Enjoyment and an improved bond

Most fathers highlighted what they thought were improvements in the relationship between father and child. 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).

Fathers noted 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).

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’⁵². 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).

The assertion that the time spent was ‘quality’ is important because it contributes to the claim that FRED can help to strengthen relationships between fathers and children. Indeed, research does suggest that quality time fathers spend with their child is of significant importance as opposed to quantity of time (Goldman 2005). Although such assertions are

⁵² See https://www.lexico.com/definition/quality_time

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).

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. 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).

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 also discussed 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; the difficulties of implementing FRED and how these were overcome; 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).

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.

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...it was very long, they give you a lot of statistics but none of it is actually on paper, 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.

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).

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.

Obtaining fathers became a challenge for the Family Mentors. There were several reasons put forward for the lack of fathers that could participate 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).

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:

“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 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).

Purpose/Aim 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 teaching them how like spending time with you. Obviously they are males and they read stories different to females do, obviously they do lot of role play as well while they are reading, 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, but is 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 that FRED was about both, it appeared to be that it was seen as one or the other.

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 engaging with fathers and convincing them of the importance of FRED.

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, 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).

During the delivery of FRED, Family Mentors noted that some fathers had difficulty reading 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 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, so that is a big barrier. 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).

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).

Family Mentors also 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 we do...we have asked if we can have tablets so you know it can go straight into the system, because most people work with technology now instead of writing so we do find that works a lot better if we were allowed them - but obviously because of the cost and pricing were no so, but we have asked if we can shorten..." (Family Mentor).

Improving FRED

Following on from the challenges of FRED, the Family Mentors emphasised different ways in which FRED could be improved.

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':

"Because there is a lot of paperwork to FRED, 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, some of the questions were seen as too 'personal', so that fathers may not want to answer the question because they were 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 not able to work its asking why are you not able to work so sometimes that might be a personal matter why they are not able to work..."(Family Mentor).

The FRED programme 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).

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.

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” (Family Mentor).

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, 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. 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).

What is good about FRED?

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).

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:

“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 programme and I absolutely love it and I’ve seen some families and what a difference it has made to them.” (Family Mentor).

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 structure, and you know the self-confidence and you know their time is precious and their children’s time is precious but that bonding session you know keeping a routine going” (Family Mentor).

How has FRED made a difference?

According to Family Mentors, FRED made positive improvements in: communication skills; attachment/bonding, social and emotional life, confidence, and overall enjoyment.

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 that the more a child engages with books the greater the child's understanding of pictures, words, and language:

"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).

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).

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 and we always stress that to them and say to them, this is how it is books teaches these things" (Family Mentor).

The Family Mentors suggested that fathers' 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).

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. They felt 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).

Throughout the interviews it was clear the Family Mentors believed 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).

Conclusion

This 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, for fathers who read very little to their children before participation in the FRED programme, that the time they spent when reading with their child increased. Therefore, we conclude that 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.

The two previous evaluations of FRED (Fatherhood Institute 2008; Forrest and Lloyd 2014) 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 (Forrest and Lloyd, 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 evaluated (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.

Previous research has identified positive outcomes for fathers who take part in FRED in the sense that spending quality time with their child improves father-child relationships (Palm and Fagan, 2008). Our evaluation has identified similar findings, 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 expressed 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 quantitative 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 the FRED initiative to identify to what extent, if at all, this has an impact on the findings.

Recommendations

- 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.

Father Inclusive Practice (Think Dads Training)

Introduction

Father Inclusive Practice is SSBC's initiative that works to engage fathers 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 good father-child relationships have several positive impacts on children's wellbeing.

Father Inclusive Practice has four strategic priorities:

1. **Workforce Recruitment and Training:** Recruitment processes and workforce mandatory training ensure that the children's workforce across Nottingham City demonstrates father-inclusive knowledge and practice.
2. **Performance Monitoring:** Children's Workforce recording systems include information about fathers, 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.

Think Dads is the first stage of Strategic Priority 1, highlighted above. It is non-mandatory but SSBC invite healthcare professionals to complete the training. Family Mentors and Health Visitors are two well-represented groups of professionals that attend. The training takes place over two 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' services.

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 several 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 regarding 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.

Aim of the study

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:

- 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. 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.

Methodology

Data collection methods and analysis

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 involvement 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.

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. We were 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.

A thematic analysis was undertaken on the qualitative data.

Findings

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 in 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:

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

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 in a closer-knit family unit, whilst another suggested that having a father present would result in a 'more rounded approach to parenting'. Most 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 improvements to child development.

After the training session, it was 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 that 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) as well as 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.

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 regarding 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, as participants suggested that the most important aspect was to keep talking to fathers: '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 several participants

noted that it is important that in future 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 dads want [and] how dads feel', suggesting that there needs to be more research/engagement in this area.

SSBC Think Dads training in relation to Gold Standard Practice

It is believed that having a positive father-child relationship has a wide range of long-term positive impacts on children's wellbeing. The Think Dads Training package 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. It was developed by researchers in Australia, who measured fathers' engagement with and 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. These 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. Father engagement literature tends to be dominated by descriptive research involving narrative reviews (Maxwell, et al. 2012; Tiano and McNeil 2005). There is also little direct evidence to suggest that achieving the Gold standard does indeed increase fathers' engagement in family activities. Furthermore, there is little evidence to suggest that the Gold standard of father inclusive practice is achievable for practitioners. Our evaluation aimed to gain a deeper understanding of father engagement and measures SSBC have in place (via Think Dads Training) with regard to the Gold standard for engaging fathers. Nevertheless, the Gold Standard does give some benchmarks for assessing father inclusive practice.

The SSBC 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) including ensuring fathers are part of correspondence and invitations to 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 programmes 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. Research that has identified that low levels of practitioners' skills and knowledge can be a barrier to father engagement (McBride and Rane, 2001). Similar research was carried out by (McAllister et al., 2004) who identified that practitioners' attitudes, such as gender

stereotyping, practitioners' experiences with their own fathers, and resources such as training 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 and Rane (2001) 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 had previously interacted with the fathers. It appears that there was a lack of communication between the fathers and Family Mentors, 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.

Research has suggested that inflexible service hours of activities are a major barrier to father participation (McBride and Rane, 2001). 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 SSBC's 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 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 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. 2018) 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 engages with fathers, the greater the increase in the practitioner's confidence, ultimately 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.

Conclusion

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 the practitioner's confidence and skills are of high importance for how successfully fathers engage with activities (Scourfield et al., 2015). Indeed, research Scourfield, et al. (2012) suggest that confidence may be relevant to engaging fathers in parenting interventions for child wellbeing more generally. It appears that 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 reach it. 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 suggested competencies, it is recommended that practitioners are continually trained and supported in engagement with fathers which would increase SSBC's practitioners' confidence. It is also recommended that the practitioners return to Think Dads training after engaging with fathers, to evaluate how they put into practice the skills and knowledge that they have learnt during Think Dads training.

Recommendations

We recommend that the Gold standard questionnaires are given to practitioners to complete. Through this, 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 needed.

The Information Pack for New Fathers

Introduction

SSBC's 'An Information Pack for New Fathers' is a resource, delivered both online and in paper form, which aims to prepare fathers for when their baby is born. It is envisioned that the Pack will be distributed to fathers to provide them with vital information and advice about what to expect as a new father. The resource offers practical advice about caring for their new baby and also information about what fathers are entitled to in terms of rights and benefits. The resource appears to be aimed at the period before birth and shortly after birth. It does not focus beyond the first few weeks after birth, although there is information which is applicable beyond this point. The Pack concludes by offering links to organisations that might be useful for new fathers. The resource is not built upon any pre-existing Pack and is constructed using information from NHS (National Health Service) sources and SSBC's expertise.

Aim of the study

This evaluation explores the Pack in relation to improvements in fathers' knowledge concerning their new baby. The main focus is to understand the potential positive impact that the Pack has upon fathers' knowledge but to also explore general thoughts about the Pack itself including its design and implementation.

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

- Explored and analysed existing literature in this area (including similar existing Packs);
- Interviewed parents who have received and read the Pack; and
- Undertaken focus groups with practitioners.

Methodology

Data collection methods

Fathers were recruited at point of delivery of the Pack. When new fathers were given the Pack, a letter was included asking for volunteers for this evaluation. Those who were

interested in taking part gave their email address/phone number to the person delivering the Pack and these details were passed on to the research team. In addition to this, advertisements were placed on SSBC's Facebook page. All fathers were given a £20 Love2Shop voucher as a thank you for taking part. Only fathers who read and spoke English could take part in the evaluation, as the Pack was in English only at that time (it is now available in seven languages). Twenty fathers were recruited to participate in the evaluation. The interviews were conducted through telephone call or Microsoft Teams and were recorded and then transcribed verbatim using a secure transcription service.

To understand the implementation and delivery of the Pack, staff involved with this service were invited to take part in a focus group that focused on the implementation of the Pack, its delivery, challenges, strengths, and whether they perceive that it has made a difference/improved outcomes for fathers. The staff were recruited via an email to relevant professionals including Family Mentors and Midwives, who were identified as most central to the Pack's rollout. The email included an information sheet regarding the aims of the research, along with a consent form for each of the volunteers to complete. Those who were interested in taking part gave their email address to the research team, who organised the focus groups. The focus groups were conducted using Microsoft Teams and were recorded and transcribed verbatim. Professionals did not receive an incentive for participation in the focus group. Two focus groups were undertaken with eight Family Mentors (the Midwives involved in distribution did not attend the arranged focus group).

The interviews and focus groups explored any increase in knowledge perceived to be as a result of the Pack, particularly with regard to preparation for early fatherhood. It is important to note that the focus is upon understanding the impact of the Pack and general thoughts about the Pack. The focus is upon asking questions that reveal what the fathers think are the benefits/weaknesses of the Pack and not upon fathers' experiences of being new fathers.

A thematic analysis was undertaken on the qualitative data.

Findings

Parents' Experiences of the New Fathers Information Pack

This section examines new fathers' thoughts and opinions about the Pack. It focuses upon how the Pack is used, the Pack design, benefits of the Pack and how to improve the Pack.

Using the Pack

Participant fathers felt that the focus of the Pack was clear in that it aimed to provide information that would help new fathers. They spoke positively about the need for such a Pack and the approach, as they felt they were lacking such information. The information they did receive before receiving the Pack was noted as being aimed at mothers.

The fathers echoed (Alio, et al. 2011) conclusion that fathers can often be overlooked by natal healthcare services and suggested that the Pack was one way to remedy this.

"It's a really informative, a great Pack, and I must commend the people that put it up, they did a great job trying to show and expose this kind of information for the fathers. Whereas a lot of information out there, is not as, it's mainly for the mothers, the women. They are the ones who have a lot of information, and nobody really tries to look out for the father, to see how he can also be informed you know. So, putting this together for the father, I must say is the first I've ever come across" (Father).

Although the Pack is focused on fathers, some of the participants suggested that it was perhaps a better approach to include all family members, particularly in the included pictures. Some of the participants argued that the pictures in the Pack were too focused on fathers and should include pictures of the wider family such as grandparents and possibly aunties and uncles.

"I mean pictures with families'... mean like senior, I mean like family members as well, like grandmas, granddads, or uncles. In a sort of like, way to show that, look, you are not totally isolated, which we are unfortunately" (Father).

After the participants obtained the Pack they would often share it with other people such as their family or friends who were fathers or expectant fathers. The participants shared the Pack with others because they felt the contents of the Pack were of value to others.

“I got to tell a couple of my friends; I found this information. There’s my friend who is expecting a child very soon. So, I got to also share with him, he should go through it, and he found some helpful information that he could find” (Father).

The Pack was also a useful source of reference for the participants. When something happened with their new baby that was new to the participants, they used the Pack in the first instance. Although fathers can access information from a health practitioner, books, or websites (Johansson, 2012), the participants explained how the Pack was used as a valuable reference document because it had all the information that the new fathers needed to help with their new baby, and it was in a single document. The Pack was deemed more effective at finding information regarding their baby than searching on the internet.

“I’ve spent a lot of time reading at the Pack though. So far, I haven’t actually had to check Google for anything, I haven’t had to divert to anything” (Father).

Another participant noted how having such a reference document was beneficial even if the new baby was not the first in the family.

Pack design

Participants were positive about the way that the Pack looked. The pictures in the Pack were described by the participants as ‘nice’ and they found them to be appropriate for the topic that was being discussed. The participants stated that the pictures were complementary to the writing and made the Packs more enjoyable to read. The pictures were described as well placed in the text and helped the participants with their understanding of the text.

“The pictures rather, they are very nice, and they are well placed, displaying every bit of what you need to look out for. Like...about bonding with the baby, they did a pictorial presentation of a father holding the child you know, skin to skin contact” (Father).

Participants noted how the graphics enhanced understandability.

“Yes, I love the design of it, every colour that we used, and everything that was being placed was actually nice. And they made it very easy for someone to actually understand” (Father).

Additionally, participants also talked of how seeing pictures of father and baby conveyed the overall aim of the Pack.

“The pictures you know, of consistently seeing the man and the baby, the bottle and the baby, the man, and the woman. Those were nice pictures” (Father).

Some participants thought the Pack could be improved further by including more pictures. It was suggested that having more pictures in the Pack would enhance the information further.

Although the participants enjoyed the pictures, there was a suggestion that they did not represent real life and could potentially make some fathers feel like they are not doing a decent job or looking after their baby because they did not look like the families in the pictures.

The writing and the language that was used throughout the Pack was discussed positively by the participants. The words used in the Pack were easy to understand and were written in a way that was accessible to all fathers with basic English language skills, as explained by one participant:

“I found it very easy to read. The tenses, they are not very cumbersome...you can easily assimilate them, and the...simple English that could be understood by everyone, so far you just take your time to read it” (Father).

Most of the participants liked that they had received the Pack as a PDF document. This was because it gave the participants easy access via mobile phones.

“I did prefer the pdf, because it’s handy, and I can pick it up, and I can read it at any time I feel like. So whichever way the information is being able to be shared, would be perfect you know” (Father).

Although most of the participants preferred a PDF file, some also suggested that the Pack would have worked better as a mobile phone app. The participants suggested an app on their phone would enable easier access to specific sections of the Pack, due to the length of the PDF document.

“The difficulty with pdf is that I mean like...it’s crawling through from one page to another page. Like so mobile device is probably more easier to have like, I mean apps ... rather than pdfs. Unless it’s only few pages, that I mean like, it’s a bit difficult to scroll back and forth okay, to get some certain information” (Father).

The participants did have some criticisms of the Pack design. It was felt that the Pack was rather large and could be seen as overwhelming.

“Yeah, I would say the Pack is really voluminous you know. Like I said, from what I've seen, it’s 80 pages, yeah” (Father).

There was one participant who did suggest that the Pack could be shortened to a more concise, summary-type document. It was suggested that the information could be shortened and displayed as a posts on social media platforms, making it easier to engage with.

Benefits of the Pack- Improving knowledge

The participants were asked what they learned when they read the Pack. Most fathers discussed bonding and how to hold their baby.

“So, coming in contact with the Fathers’ Information Pack had certainly you know, give me another level of knowledge. Give me a whole comprehensive knowledge about fatherhood, about how to behave with my kid, how to handle my kid, and how to handle issues relating to health and all of that. How to bond with my kid, so it’s just a whole lot of positive experience” (Father).

Participants felt the Pack had given them lots of information on how to bond with their new baby even while their partner was pregnant. In addition, the participants did not realise that

they could communicate with their new baby before birth, and this was something they learned from the Pack.

“And understanding that bonding with your child actually starts during pregnancy period. I really did appreciate that part you know. And the importance of playing with your baby and all that” (Parent).

The participants highlighted how this communication continued after the birth.

“And then a lot about the communication part, it’s actually been fun you know, talking to your baby and watching her look into your eyes and all that. It’s actually a good feeling knowing that you could actually communicate with her, and you can really understand what they are saying” (Father).

Some participants made a direct link between increased understanding and being able to reduce their own anxiety.

“Well, being a first-time dad, before I had the Pack, it was a bit was a bit stressful; you know. But being able to read and understanding that there are a couple of things that you can do, and that's put your baby at ease and everything. The thing is, I've actually improved a lot, and then it actually helps in the future” (Father).

The Pack helped new fathers to prepare for the birth of their baby.

“When the baby comes, it has a different attitude, even if you had an idea having your first baby, there are still a lot of things you should know as a father you know. So going through the Pack again and again, would actually be of a good help” (Father).

Participants highlight the important practical information contained in the Pack relating to what needs to be purchased in preparation for the birth.

“I was also able to read about what the baby needs, and what the baby doesn’t need you know. There are a lot of things you might actually be very excited to buy, and they are actually not necessary at that point. So, reading the Pack, I was able to know what’s really necessary, what to get, and what to get much later when the

baby is born, or when the baby is a couple of months old, or a year old, stuff like that” (Father).

The information in the Pack also helped with the participants’ knowledge of the financial help that was available to them. Participants explain how they learned about their rights as a new father and what parental leave and benefits, they could access. Several of the participants explained that they did not even know that they were entitled to additional benefits and would not have known about these if they had not read the Pack.

“I’ll say the information I found really helpful was financial benefits that are valuable for families with young children you see. Like the tax childcare, child benefit, universal credit, free education, and all of that. It was something I didn’t know could really exist you know” (Father).

This was also the case for aspects such as parental leave:

“Right from the first page you know, that is talking about the parental leave, incentives for the father, and all of that. It’s something I didn’t know. I thought it was mostly for the women. They get all these benefits, but I didn’t know there was this for the father as well” (Father).

The participants noted how they found information in the Pack that would keep the baby safe. There was information in the Pack on emergency care for babies which the participants thought was extremely useful. There was also information regarding the safe way in which to hold a new baby and safe ways in which the baby should sleep.

“And it’s really helpful, there’s a place that talk about emergency illness, how to navigate, in case your child just shows some sign of illness and all of that. So, I’ll say the Pack, there is no favourite page for me, because every information is useful, is helpful, and it’s really great” (Father).

Several participants noted how they had never been told about safe sleeping before reading the Pack.

“I never knew that there’s a way to put your child to sleep, and the safer sleeping position and all of that. But I was able to do all those things - being able to read the Pack has actually helped” (Father).

In addition, the health and safety of a new-born baby was included in the Pack which also included information on the dangers of smoking around new babies.

“Everybody knows smoking is not really good for the child, and you shouldn’t smoke around your child; even when you smoke you know. You have a child, not do it where he is, because it could give him a lot of complication. Because he’s a new-born, he’s just coming in you know. The air needs to be fresh and all of that. Then polluting the air with a lot of smoke is something everyone should know about, you know” (Father).

Improving the Pack

The participants highlighted several ways in which the Pack could be improved. It was highlighted by one participant that they did not previously know that the Pack existed, and it would be beneficial if the Pack could be advertised more widely. This was because several of the participants had not heard of the Pack before they received it.

Several of the participants felt that there was some information that was missing from the Pack regarding feeding of a baby. This is important because previous research has identified that fathers in the UK do not get sufficient information regarding breastfeeding from healthcare professionals (Merritt, et al. 2019). The lack of information in this information Pack about feeding their babies was noted by the participants, particularly in relation to expressing and storing breastmilk.

“They just wrote a little about it...I feel should be really expanded. And one of it is, talking about the breast milk expression and all of that. For me, I would say the information provided is not enough. It should really be expanded...having the mother, trying to take out some milk from her breast to put into a bottle...I feel there should be more information to dad, because what I got to find out was that if this

milk stays...maybe some hours, five to six hours, becomes bad, and it's no good for the child consumption" (Father).

The participants expressed their desire to enable fathers from all over the UK to receive the Pack and that it should not be restricted to Nottingham Helping other new fathers was seen as being important. This was because many of the participants who read the Pack had gained lots of knowledge regarding their new baby and thought that other new fathers may be lacking in knowledge too. They saw the Pack as a reliable source of information that can help new fathers.

"It should be, it will really go a long way in helping, not just in a confined area. It should go wide you know, so you could... a lot of people understand on the information and what they do not know, because the information like I said, it's not just restricted to an area" (Father).

The participants referred to the Pack being 'withheld' from others and felt strongly about a national roll-out.

"Yes, it should be available to other places, so people could know about them. Because I think this kind of information, no need withholding it, it should be, it should spread across a whole lot of places, so that people would know. Because a lot of people like for example, checking from my own point of view, I didn't know about this kind of information" (Father).

Professionals' thoughts on the Pack

We also interviewed those who were responsible for distributing the Pack to understand their thoughts and experiences. We conducted one interview with Family Mentors (N=4) and another with a variety of professionals (Health visitor=1, Family Nurse= 5, Family Nurse/Supervisor=1). It was hoped that this would provide greater insight into how the Pack was viewed internally and also how the Pack was making a difference at this early stage.

The focus of the Pack

One of the key benefits highlighted by the professional participants was that the Pack had the potential to engage 'hard to reach' fathers.

"What I found it's been really good for is those hard to reach. So, the dads that wouldn't usually possibly sit in a visit" (Family Mentor).

Importantly, the participants highlighted a discrepancy in the focus of the Pack. It was suggested that the title of the Pack implied that it was only for first-time fathers, and this does indeed appear to be the position. However, practitioners argued that the Pack should be for all new fathers, not just those who have just had their first baby. Some of the fathers that the participants gave the Packs to initially refused to accept it, because they were already fathers and said that they did not 'need' the Pack.

"We've had a comment that there's a little bit of confusion over what is a new father. So, is it a new, a new baby or is it a first-time dad? I think there's been some feedback as from a dad saying, oh, no, I've, I've got children. I don't need it. But actually, is a new father over again, so. Is this for brand new father or is it for a new subsequent baby?" (Family Mentor).

Pack design

The participants were asked about their thoughts and opinions around the design of the Pack. Several highlighted how the Packs were easily accessible and did not have to be read all in one go. The Packs were designed for a new father to dip into for the information they needed.

"And they like how you didn't have to read it all in one go...I don't mind like picking up a magazine. I pick up a magazine, but I won't buy a book, and he felt like it was a magazine like you could just flip open. Anyway, he didn't have to have read in any particular order if that makes sense" (Family Mentor).

The language that was used in the Pack was thought to be easily accessible for all fathers. The participants explained that because the Pack contained pictures and writing, similar to a magazine rather than a book, the Pack was easy to read for new fathers.

“The thing we've said...[its] giving all that kind of...basic information in one place that's quite easy to access in terms of reading it. It's quite easy to read and it's all together...and so, I think it makes them feel included and makes them feel important”. (Family Nurse)

As with the fathers, the participants enjoyed the graphics and pictures used in the Pack.

“It's got lovely pictures in there. It's not just all, lots of writing. It's quite bright and vibrant. It's inviting. It's amazing to read” (Family Mentor).

Overall, the participants were pleased with the design of the Pack and felt it was appropriate for its purpose.

Pack delivery

There were discussions amongst the participants regarding the delivery of the Pack as there was some confusion regarding the age the baby needed to be for the father to receive the Pack. Overall, it was suggested that the Pack should be given out early in the antenatal care period because this would give fathers the chance to gain information before their baby was born. This was not always possible: several of the participants explained that sometimes they don't see the fathers until after the baby is born.

“But we've been told not to after a certain age, not to give it out for the older ones, but like ideally, so I've just had two brand new-born babies. So, I would give it out and I would give it antenatally” (Family Mentor).

However, the main confusion for the participants related to the cut-off age at which fathers no longer qualify for the Pack. What constitutes a new father is not well-defined.

“And I think there's some confusion about because it went out at the same time as a survey that had to be done within a certain amount of time. And then I think the survey was extended or something. And so, I'm not too sure of how far... is it eight

weeks, six weeks before this book should be given out to families? I'm not sure. What was it? Anytime. How, when, is a new form, what is classed as a new father? I think it's eight weeks, but I'm not sure" (Family Mentor).

The participants tried to deliver the Pack to fathers in person and thus try and arrange family visits when they know the father will be at home. However, this was not always possible due to working hours and father availability.

"Yeah, I done them both. When I know when, it's when. I've been a couple of times and I'll say ohh. You know, when do you want the next visit? Do it when dad's here sort of thing. But if you can't, then I said can you pass this to dad? And then I've sent mum a text and said can you know; can you send that to dad?" (Family Mentor).

Alternative distribution approaches appear to have been used without the knowledge of the participants, including distributing to the general public.

"I did see a pile of those books though, and it was really random, in Hucknall town centre, I see in a pile of the books on one of the tables. I think there was some kind of like health well-being stall. And as I walk past, I was like, oh, that's the fathers book. Like, what's that doing out here? They had a pile out there that was just handing out to dads as well. So, they are getting out in places not even just in Small Steps wards" (Family Mentor).

Benefits of the Pack

The Pack was a source of valuable information, and this was the main benefit highlighted by the participants.

The knowledge that was learned by those that read the Pack was invaluable. The participants highlighted several situations in which the knowledge that new fathers learned through reading the Pack was beneficial to the new baby. One example provided was knowledge about skin-to-skin contact.

"And Mum was very anti breastfeeding – then she's only young and she just thought it was...really highly embarrassed that she would be able to do it. And in the

maternity ward. Just after she giving birth, Dad took his T-shirt off. And she said, what the bloody hell are you doing? And he's like, well, you don't wanna breastfeed. But [names] book says, you know, he says I'm just having a bit of skin to skin" (Family Mentor).

There were also practical benefits of acquiring new knowledge, particularly with relation to fathers' rights.

"He said this is my book. And he said, and I've been reading so I know all about now we're not, you know, like about Dad's rights. Yeah...He was saying that it actually like really helped them in terms of social [services] and getting them off his back off the back, if you like, because it was quoting all these things in read in the book and the fact that it was out of... Oh my gosh, he is using it" (Family Mentor).

The new knowledge can be invaluable: one participant explained how some families do not know their rights or know what financial help they are entitled to.

"And yeah, there's lots of things in there, benefits and stuff like that, which actually, that gave me quite a good talking point to talk to one of my families about. And then it came to light that actually, that family didn't realise they could claim child benefit and hadn't been for the last year and a half. So, it I liked it, it helped. Because, you know, talking to families about finances, it's quite a sensitive issue, isn't it? It's personal information. But if they're...but it was quite a nice, you know, to go through it and say, ohh, making sure that you get in this, this, and this" (Family Mentor).

The participants highlighted how the information in the Pack was evidence-based and provided current and up-to-date guidance. The Pack was framed as being reliable and trustworthy because of this.

I think it just gives them the links to actual, you know reputable websites rather than them just searching for stuff on TikTok or on social media. They're actually links properly to NHS websites and things like that. They can find information that's kind of evidence based. (Family Nurse)

Additionally, this meant that all information was contained within the Pack, and fathers do not have to search elsewhere.

“I think as well it’s like reliable information where – you know, I’ve done it. I’m sure everybody else has done it, where you kind of just look on Google and find any answer to absolutely anything in the world. And then the next minute, you know, you need to go to hospital, and you’ve got a serious illness in the next 24 hours. So, I think having that reliable source that is a bit more trusted, you know where the information’s come from, you know that they know through SSBC, because obviously Family Mentors and coming to groups and things like that. So, I think it’s a bit more reliable” (Family Mentor).

The participants noted that one difficulty when providing information is ensuring the it is current, particularly in terms of contact details.

“The fact that it is up to date and the telephone numbers, there is actually an answer on the other side. Companies and things change. We were sorting out the office the other week and you find leaflets and you go on the telephone number and there is no answer anymore. And you go on search from online on their e-mail address and it’s not there anymore. So, it’s the fact that everything’s all up to date. And I think that’s a really good thing for dads” (Family Mentor).

Often new fathers get ignored because the focus tends to be on the mothers and new baby rather than the fathers. New fathers do want to be included in their new-born baby’s life, and they want to experience this period of parenthood (Fägerskiöld, 2008). To include the dads by providing an information Pack helps fathers to feel included.

“So, Dad’s had been very excluded, aren’t they from scans and everything and it was really nice to kind of you know engage them giving them something. They are shocked when you give it them. They’re like, what? For me?” (Family Nurse)

[How to improve the Pack](#)

The participants were overwhelmingly positive about the Pack. However, it was noted that the balance between information on breastfeeding and bottle feeding needed to be

addressed. The Pack includes more information on breastfeeding, which gave the message that breastfeeding is the only way to feed the baby. However, as the participants stated, some mothers do not or cannot breastfeed and thus this may leave them feeling inadequate.

“The thing that stands out for me, it’s not a negative at all, but it’s just this like nine pages on breastfeeding and two on bottle feeding. And that’s what just kind of stood out for me. So, if you’ve got an instance in like a family where Mum’s really, really struggling with breastfeeding, she’s really tired, really stressed, and the best thing to do is to put baby on that bottle because she’s sought help from everywhere. She’s really tried and the dad’s looked in here and said it says this this and he’s quite not supporting that decision, because of this so much focus on breastfeeding. In the book, it’s not a negative because we all know breast is best and that, but the fact that there’s nine pages to breastfeeding and only two for formula feeding. And if her mum is struggling. I don’t know, I’ve just not a solution” (Family Mentor).

Although the participants were keen to reiterate that breast is best, the imbalance could have an impact on some families.

“But it’s just if Mum’s really struggling and Dad’s more of a kind of like, well, look, it says to do this and it says that breast is best, and you must carry on. And that’s not going to be every family situation. But in some families, it might be...it’s just a comment, like, there’s a massive section on breastfeeding and a very small section on bottle feeding and whether that that could be an issue for some families. But I get why, I get why it’s that way round and it’s not a negative. It’s just an observation” (Family Mentor).

The participants also noticed that the Pack did not contain information on SSBCs groups or any information on Family Mentors. This was surprising given the Nottingham only rollout of the Pack. It was suggested that the Pack needs to include information on baby groups to highlight the support that is available in their local area. By including details of the baby groups and Family Mentors, this may encourage more fathers to bring their babies to the group and understand that the play groups are for fathers as well as mothers.

“Could there be any information...So we're trying to obviously encourage dads to come to groups and there's a bit on bonding and baby massage, and it encourages dads to come to baby massage. But things like our baby play groups. And I don't think I've seen anywhere in here about encouraging dads to come to groups with mum, if possible. And welcoming them to groups” (Family Mentor).

The participants highlighted issues of accessibility and how the Pack may not be suitable for every father. This was acknowledged when one participant stated that they were working with a father that could not read and thus did not have the access to the information in the Pack.

“But one of my dads can't read. So, I know this is probably...I mean this is probably just a ridiculous amount of money. So, could it be done? You get audio books and things, and we offer things in different languages, I've got quite a few dads that can't read, actually, on my caseload, and mum can, it's a bit embarrassing to, sort of, and I can get that, I do get that, but that that's just one of those things that's not anything to do with the handbook” (Family Mentor).

Conclusion

This evaluation has analysed the thoughts, opinions, and experiences of fathers who have recently received the Pack and from practitioners who gave the Pack to fathers. In general, both the fathers and the professionals spoke positively regarding the Pack. The fathers highlighted how they engaged with the information Pack by reading the Pack as and when they needed, noting its importance as a reference document. Having something that was specifically for fathers had a positive impact of feeling important for the father participants and it was a positive aspect in being included in their new-born baby. The Pack was well received by the fathers and because they thought the Pack was a valuable resource for new fathers, they emailed copies of the Pack to their friends and families of new or expectant fathers.

The Pack was positively discussed by the professionals. They noted how it was important for fathers to be included in their new baby. Generally, in healthcare settings, fathers may have been excluded because the focus tends to be on the mother and baby (Burgess and Russell 2004). The professionals found the Pack a useful resource to include fathers in the care of their new baby and a way for the fathers to improve their knowledge of fatherhood.

The Pack was highlighted by both fathers and professionals as being easy to read and containing reliable sources of information. However, there were some concerns regarding the pictures in the Pack and a feeling that they did not portray reality. The pictures were of happy babies and happy fathers but there were no pictures of crying babies or unhappy fathers. This could potentially make the fathers reading the Pack feel inadequate because their baby did not look like the ones in the Pack. In addition, there was some confusion around who gets the Pack, whether it is new fathers or fathers of new babies. There were some fathers who already had a baby, but they found the information valuable even though they had already experienced fatherhood before. The Family Mentors were unsure of which fathers to give the Pack to but to counteract this, they gave the Pack to any fathers that had a new baby regardless of how many children they already had.

Overall, the Pack was seen as a valuable document for fathers because it made them feel included in the caregiving of their new-born baby. Some fathers have stated they often feel excluded or ignored in the care of their baby while other fathers have described positive interactions of becoming a father (Baldwin, et al. 2021).

Recommendations

We recommend that:

- The title of the Pack could be revised to be more inclusive. Perhaps changing this from 'New Fathers' Information Pack' to 'Fathers of a New Baby Pack' so that all fathers are included and not just first-time fathers;
- The Pack should contain a more diverse range of images of families and babies (such as fathers/babies with disabilities);

- There needs to be some consideration about the positivity portrayed in the pictures. Fathers felt that this was unrealistic and it prompted a negative response for them; and
- There should be further thought about the balance of some of the information, particularly in relation to feeding. The disparity between amounts of information may be construed as saying that bottle-feeding is to be avoided.

Workforce

Authors: Clare Lushey, Rachel Harding, Craig Bickerton, Kyesha Davies, Ferhat Tura, Alya Jameel and Sue Law.

Introduction

This chapter focuses on evaluations undertaken that examine the SSBC workforce and Family Mentor Service. It includes: an exploration of families' experiences of having a Family Mentor; an examination of the role of the Family Mentor service and especially factors that need to be taken consideration when setting up a Family Mentor Service; how co-production is used within SSBC; the evaluation of the Ideas Fund; and details of our attempt to undertake a costs-benefit analysis of SSBC.

Families' experiences of having a Family Mentor

Introduction

We aimed to address a lack of understanding of the experiences for families in having a Family Mentor and the implications of this for the design of social policy, as services seek to support young children in areas of socio-economic deprivation.

Aim of the study

Our research sought to understand:

- The experience of families in Nottingham with SSBC Family Mentor support;
- How well supported parents with a child or children under four years felt by having a Family Mentor, what had been most helpful, and what could be improved;
- How parents perceived their child/children responded to having a Family Mentor, including the resources provided and the value of ASQs (ages and stages questionnaires);
- Experiences of ending the support from a Family Mentor; and

- Whether parents would recommend having a Family Mentor to another family, how they might describe the service and why.

Literature review

As there are few publications specifically about Family Mentors, our literature review looked at five main areas that have direct relevance to the aims of the research. We prioritised literature highlighting experiences of families with babies and children aged 0-4.

Mentoring research and defining a mentor

Mentoring research, often found in business, education, and youth studies literature, is considered relatively new (Allen et al., 2007). However, positive mentoring is helpful and encouraging (Chesmore et al., 2017; Bryant and Treborg, 2008; Rhodes, 2002), shaping attitudes (Eby et al., 2008) through knowledge and skills (Cho, 2011). Diversity in mentoring is also important (Sanchez et al, 2013; Karcher, 2006). The complex but beneficial relationship between a mentor and those being mentored has been described as reciprocal and dynamic. However, this very much depends on mentoring style (Haggard, 2011), including: trust (Griffith and Larson, 2015; Cho, 2011); empathy and support (Sears et al, 2017; Leake et al, 2012); closeness (Goldner and Mayseless, 2008); and ending a mentoring relationship well (Spencer and Basualdo-Delmonico, 2013).

Becoming a parent

Parents of young children can experience significant life changes. This can feel overwhelming, with a loss of individual identity and a demanding new skillset (Sandison, 2022; Lévesque et al, 2020). Becoming a parent can take months or even years of adjustment (Delmore-Ko et al, 2000; Grace, 1993), affecting personal confidence (Arriga et al, 2021) and often resulting in exhaustion (Martins, 2018). It is argued that all parents need support, as knowing how to parent is a huge learning curve (Kurth et al, 2016; Alexander, 2011). Parents can seek out support from various sources including: social media (Doty et al, 2016); online health information (Rathbone and Prescott, 2019); and friendships with other parents (Hughes et al, 2020). Co-parenting couples (Toombs et al,

2018; Hamilton et al, 2016; Ryan et al, 2009), and single parents (Waldfogel et al, 2010) can face additional stress, while gay and lesbian parents may also face societal prejudice and insensitivity (Lévesque et al, 2020; Wall, 2011; Wilson, 2000).

Service delivery

Support for parents of young children can be in person, online or a hybrid of both (Ferguson et al, 2021; Benedicta, 2019; Strange et al, 2018; Duppong-Hurley et al, 2016; Breitenstein et al, 2014). Whether online or in person, taking the time to offer the right parental support type is critical (Cotter et al, 2013; Cox, 2008). Empowering parents (Barimani et al, 2021) with regular visits (Morris, 2013) is essential to service delivery. However, parent-led services (Gilworth et al, 2020), and positive partnerships with parents (Smart, 2020; Van Kollenburg et al, 2018; Ward, 2018; Plantain and Daneback, 2009; Scott et al, 2006) are crucial, particularly for parents of children with special needs (Pogoloff, 2004) or mental ill health (Pidano et al, 2020). Overcoming any stigma associated with needing support is important in service delivery. For example, using ASQs can save time and money (Gollenberg et al, 2010), but offering support in the right way is critical (Squires et al, 1997). Furthermore, providing for all parents in a local area helps reduce the stigma of needing to ask for help (Smart, 2020; Toombs et al, 2018), as parents avoid seeking help for fear of being judged as inadequate (Hatton and Gargani, 2018). It is therefore important to include and engage parents of all ethnicities and cultures (Thompson et al, 2018; Sanchez et al, 2013; Shia and Alabi, 2013), and especially those experiencing poverty and disadvantage (Scott et al, 2006).

Other family members

While the Family Mentor service is careful to refer to ‘parents’ rather than exclusively ‘mothers’ (SSBC, 2021), the role of other family members especially fathers, can be significant (Backstrom, 2021; Shia and Alabi, 2013; Hudson et al, 2009). Utilising different resources to enhance parenting skills is essential (Thomas and Epp, 2019), with mutual support between parents more important than ever given the disruption of COVID-19 (Walsh, 2020). However, the role of grandparents can be complex: while some are trusted

for child rearing knowledge, and others seen as outdated and unreliable, and parents prefer the knowledge of friends who are themselves parents (O'Connor and Madge, 2004). However, ethnic minority grandparents continue to have an important role in the sharing of knowledge for parenting young children (Hirsch, 2002).

Austerity and social deprivation

Families with young children who experience poverty and social deprivation have stressors and difficulties in addition to the responsibilities of child-rearing (Edwards and Evangelou, 2019; Scott et al, 2006). Government austerity policies contribute to family poverty, with women disproportionately affected (Jensen, 2018). Furthermore, disadvantaged children with problem behaviour do not necessarily always lack quality parenting (Padilla and Ryan, 2020; Stack and Meredith, 2018). Austerity also curtails the services available to parents with young children (McLeish et al, 2020), especially impacting those with additional needs who are reluctant to ask for help (Goff and Springer, 2017). While many services switched to digital delivery during the first UK COVID-19 national lockdown, families with young children do not necessarily always have easy access to online resources, resulting in further social exclusion (Mantovani et al, 2021; Holmes and Burgess, 2020). Without regular, trusted, and established community support for families with young children, disadvantage can therefore further negatively impact those living in areas of socio-economic deprivation.

Methodology

Data collection methods

We took a mainly qualitative approach using a semi-structured interview schedule. The quantitative questions captured demographics including: (of both the parent interviewed and their child/children under four years) age; gender; ethnicity; disability; and (of parents only) marital status; sexual orientation; length of time of having a Family Mentor; how many Family Mentors they had in total; whether they currently had a Family Mentor; and the first three digits of their postcode (e.g., NG1) to identify the SSBC ward. All demographic questions were open-ended for self-description, and no options were offered from a

prescribed list. The families were contacted through SSBC, with contact details forwarded with their permission. While not all had English as a first language, all the interviewees spoke fluent English. All interviewees were asked whether other members of their family were involved with the Family Mentor, although only one father who was partner to a mother interviewed undertook his own interview. All interviews were completed by phone and audio recorded, using either Skype or Microsoft Teams. All recordings were then transcribed verbatim before being analysed.

We used thematic analysis to find common themes across the interviews and look for where the data confirmed or challenged the literature available. The demographics showed all households included in the study lived within Nottingham City, and had at least one child under the age of four years at the time of being offered a Family Mentor⁵³. 26 interviews were undertaken with 25 different families.

Findings

Relationship with parents

The parents were positive about the relationship they had with their Family Mentors. They felt reassured and supported in a way that was friendly. As one parent commented,

“it’s like having a friend that you didn’t know that you needed” (Parent).

The reassurances meant the parents felt supported in doing their best for their children,

“I feel very supported as a parent. I feel like there's backup, there's someone there that I can, if I’m like, out of my depth, there's someone that I can always like turn to, to ask for guidance. Yeah, I feel reassured by having them.” (Parent).

Regular contact with the Family Mentors meant the parents and their children were able to build up a positive relationship:

⁵³ For full demographic information, please see Harding R and Paechter C. (2022). *Experiences of SSBC families in having a Family Mentor*. Nottingham: Nottingham Trent University.

“It’s someone they’ve got to know, it’s not someone who just dips in and out of their life. The visits have been continuous. They know who they are...I like that, because, I like the fact that my children have got someone who they feel safe with as well.” (Parent).

The rapport built with Family Mentors was especially good at offsetting loneliness:

“I suppose having somebody to come round, somebody to talk to. You know it can be quite lonely sometimes when you’re a new parent, particularly at the start.” (Parent).

Prioritising parents was welcome, given how a child’s wellbeing is usually emphasised:

“I’m not sure if I’m the only mother they deal with, I don’t think so actually, but they still make it personal. Like they remember, like you feel like they’re only dealing with just you.” (Parent).

The parents also spoke about how much they trusted their mentors:

“I trusted what she was saying to me. When she was saying to me, you’re not the only one going through this, I trusted that, and she was really kind, really took the time to be there for me and for my children” (Parent).

and part of that trust was because they did not feel judged:

“the way she gives information to you, is done really well...it’s never done in a patronising way...It’s a non-judgemental ear.” (Parent).

Where extended family opinion differed, the parents preferred their mentor’s,

“I just feel like with family...there's an expectation for you to do certain things in a certain way. But a Family Mentor can give you five other options of how to do something you know, and that’s not the only way of doing it.” (Parent).

Above all, it was the personal interaction offered by the mentors that was valued, especially in contrast to internet and social media advice:

“When you’re first-time parents, and you read all the rubbish on the internet and they tell you how, how your child is supposed to behave...you just want to cry...[but]... the Family Mentor service has been great. It’s nice to speak to somebody else about your problems.” (Parent).

Interestingly, parents who were child-focused professionals such as teachers, nurses, foster parents and social workers still benefitted from having a Family Mentor,

“I always thought, I’m great with babies you know, because I work with babies. But it was such a different experience when I had *my* baby. And I don’t know, I couldn’t have done it without my mentor at the time.” (Parent).

The Family Mentors were particularly helpful when a parent was unsure if their child needed to see a health professional about health concerns or managing developmental issues, as shown in this example about language acquisition:

“She [the Family Mentor] was explaining to me, sometimes this, if you’re coming from like different cultures, obviously everyone in the household speaks different languages you might see this in your child, like a bit of like, a delayed talking, just because she’s trying to understand everything in each language.” (Parent).

Service delivery

The groups run by Family Mentors were of benefit in different ways. Meeting other parents was very important:

“I started to go to baby groups, I got that support from other mums. Because...as a first-time mum, I didn’t know, is that normal? is that okay? should they be doing that? And you just sort of want some reassurance almost and inevitably in the end, the best people I got that from was going to baby groups.” (Parent).

This had the added advantage of adapting to meeting up with other parents outdoors even with Covid restrictions. The groups also enable socialisation for children:

“So she was very sort of isolated from children her own age, if that's the right word, especially over these last 18 months...So it's been nice, because...being introduced to SSBC groups, I've been able to meet up with these, like on a park. So she's gained a lot more friends.” (Parent).

Completing the ASQs was one part of the service some parents found uncomfortable:

“I thought, is it sort of like you're being checked up on in a way of, you know, are you doing the right thing? and that sort of thing.” (Parent).

Others saw it as a reassuring measure, demonstrating how their child was meeting targets:

“We done a form the other day...yeah, her development's fine...We've just, we've done like her feeding and that, to make sure everything was fine with her, like with scores or, some paperwork. But yeah, it was reassuring.” (Parent).

Another parent found the ASQs highlighted a developmental need to be addressed:

“So I could see that from the questionnaires and how they were doing. Which was an indicator that actually, yes, I might need someone to have another look at him.”

Most parents ended the Family Mentor support when their child was old enough to go to nursery (age four), and there was a celebration to mark this transition:

“She [Family Mentor]...did a graduation thing...it was really nice...ooh let's put this dress up on. And it was like, it's graduation, kiddie's graduation gown.” (Parent).

Those who had a change of mentor could be very aware of the difference:

“I think I've had a different relationship with my first mentor because they kind of pair you with someone that you're very similar with or that has, you know, similar beliefs, interests or, you know, personality wise...Whereas this one is a bit more formal.” (Parent).

Other parents ended the support because they did not want a replacement:

“I was devastated when she moved onto a different job...So I did turn down having a new Family Mentor when [mentor name] moved on” (Parent).

and it was suggested that the parents could be actively involved in choosing their own Family Mentor according to lifestyle and culture, for example.

The service delivery during COVID-19 lockdown was very different, moving to online and phone contact, but continuation of the support was welcome:

“It was like having an extra person to talk to you know. Because everybody was so isolated...And it just helped...made you feel that bit better.”

However, the initial suspension of the Family Mentors while the service adapted from being in-person at the start of lockdown was disappointing for some parents:

“So literally everything just stopped overnight. And you're just expected to do it on your own.” (Parent).

Some parents said they preferred phone to in-person contact, especially those who had never met up face-to-face:

“I've enjoyed the phone aspect part of things, because I've been relaxed about it. But then when we start thinking of meeting up, I have to think about so many, because I've not done it yet, it's just a lot, it's just a lot to get you know, it's now like an extra thing.” (Parent).

Another area where the service delivery could improve was initial contact. Some parents were given the wrong information:

“The health visitor...she didn’t...because I had had a job, she didn’t think I qualified for the Family Mentor service at first.” (Parent).

Others were confused about what a Family Mentor was:

“Well I actually, I’d never heard of it. So I took offence to it actually...I thought it was like somebody who was a bit like from social services, coming to guide me and tell me what to do you know, because they thought I needed assistance.” (Parent).

The sensitivity of the Family Mentor service delivery also resulted in offers of practical and financial support were significant at the time of the interviews, and it is reasonable to assume they would become more important given the current cost of living crisis.

Inclusive approach

A lot of the parents praised their Family Mentors for being inclusive. Even though the priority of the Family Mentors is that of the parent who has agreed to the support and their young child or children, it was often commented how the whole family was included.

“And not just being, right, I’m a mentor, I’m only coming for the little ones, she makes it about everybody. She’ll ask about everybody all the time.” (Parent).

The father interviewed commented how he always felt included by the Family Mentor:

“I found that a lot of time when people are talking to both of us, they’re more kind of focused on just my partner. Whereas I feel like [Family Mentors]...they’re talking to me at the same time...Yeah, I just feel like they’re kind of treating us equally.” (Parent).

However, one parent did not feel included in the wording of the Family Mentor paperwork:

“Any forms we’d have to fill in, it would say mother and father for an instance. We’d always have to cross the father off, and write parent one and parent two...

Yeah, so you know, with the fact that we were both females, I would say that wasn't addressed, same sex wasn't really addressed." (Parent).

A couple of the parents suggested that the Family Mentors could represent ethnic minorities better. For example, having a Family Mentor who was black was important to help have more black families accepting the offer of having a Family Mentor:

"I didn't see a lot of black community there. So I was thinking if they could go extra mile to involve or engage the black community." (Parent).

However, a couple of parents struggled to attend the group sessions, for example during school holidays they were unable to bring older children resulting in their younger child missing out, and individual employment commitment to work hours meant some groups were missed altogether.

Distinctions from other services and professionals

One of the many strengths of the Family Mentor service is being distinctive from other services and professionals. All the parents recognised that it was important they were offered Family Mentor support because of the local authority ward in which they lived, rather than because they were seen as needing crisis intervention for child protection or health reasons:

"When people think of formal intervention, they think of social services and things like that. And because you're not able to cope. Where this is a service that's offered for everybody, because of your postcode basically...I think it's a different skill set." (Parent).

Twenty-four of the parents (92%) said they would not want to see Family Mentors replaced by for example social workers or health visitors. The main reasons given were to do with fear and stigma of being visited by social workers, and negative experiences with health visitors:

“Because sometimes when you get just a health visitor, you feel a bit like you’re not doing everything you could do. But then with these Family Mentors, they’re kind of more reassuring...Which has been really nice...because we’re first-time parents, I don’t think we had much confidence at the start.” (Parent).

It was very important that the Family Mentors were also parents themselves:

“It’s like having a mother teach you how to raise your child...it was like having another parent...And she would give real life examples to things that I was going through and in many ways she helped me more than she knows.” (Parent).

All the parents said they would recommend the service to a friend or member of their family with a young child if they were eligible. This 100% endorsement also came from those who had stopped having a Family Mentor or refused to have one. Some of the parents argued that the service should be city-wide because they thought it was so valuable for parents of young children to have access to Family Mentor support.

Conclusion

There is evidence of how much some parents value and appreciate the Family Mentor support they have received. This includes the hugely positive impact of the Family Mentor service on parent confidence and parent choice, as well as child and parental mental wellbeing. The difference between Family Mentors and other professionals including social workers and health visitors is a strength. However, parents do not always perceive the Family Mentor service to be inclusive. We suggest that addressing these issues for families with young children will promote well-being and access to support provided by the Family Mentor service.

Recommendations

We recommend that SSBC and others:

- Make strong representations to Government, Local Authority and other policy makers to advocate for the support needs of all parents of very young children under the age of four years, with SSBC Family Mentors as an example of good practice;
- Improve and clarify the first contact to parents about the Family Mentor service;
- Plan to resist the withdrawal and delay of adapting services in future emergencies;
- Make an additional effort to recruit more Family Mentors from ethnic minorities;
- Make every effort to provide cultural and ethnically sensitive Family Mentor matching especially for both parents and young children from black and Muslim families;
- Find ways to include families more fully when matching Family Mentors to families, and give them some degree of choice in the process;
- Develop and adapt paperwork and other communication to be inclusive of same-gender partnerships and as an example of good practice;
- evaluate the effectiveness of telephone or video, as opposed to face-to-face, contact in delivering support to families if this is what a parent prefers, and in the event of any further lockdowns, delivering the service by offering telephone/video contact, and again continuing this after lockdown if a parent prefers;
- Evaluate the impact of Family Mentors on parents' decisions regarding their child's health and well-being e.g., vaccinations, healthy eating, trips out etc. particularly given the current cost of living crisis and those families experiencing poverty;
- Consider adapting the Family Mentor group sessions to include older children during the school holidays and running the groups on different days to promote access by working parents; and
- Increase efforts to involve the parents of very young children and the children themselves in decision-making processes and promote their rights to be heard.

Evaluation of the Family Mentor Service

Introduction

This evaluation is a study of factors that require consideration when establishing a Family Mentor Service. Family Mentors are local parents and grandparents who have been employed to support children's development through the delivery of early intervention services and activities (i.e., the Small Steps at Home programme and group activities) focused on improving children's nutrition, communication and language skills, and social and emotional development. In Nottingham, Family Mentors deliver programmes and activities across Bulwell, Aspley, Hyson Green and Arboretum and St Ann's. Family Mentors are a paid peer workforce who have been employed by local voluntary and community sector organisations (i.e., The Toy Library, Home-Start and Framework HA) who were awarded the Family Mentor contracts by SSBC.

Aim of the study

To explore what parents, Family Mentors and members of the Family Mentor Senior Leadership Team think are the important factors that need to be taken into consideration when setting up a Family Mentor service (for the Small Steps at Home programme and group activities) in terms of: educational qualifications and professional training (pre and post appointment); work experience; personal qualities; experience of parenting or caring for a child; lived experience of parenting locally; recruiting Family Mentors from a diverse range of backgrounds; continuity of Family Mentor (i.e., same Family Mentor throughout families participation in the Small Steps at Home programme); matching families participating in the Small Steps at Home programme to Family Mentors; and caseloads per Family Mentor (i.e., number of families allocated to a Family Mentor delivering Small Steps at Home).

Review of the literature

What makes a good Family Mentor Service

The structure of mentoring programmes should be a key element when considering the delivery of a Family Mentor Service, to enable mentors and mentees to gain the most benefits. For example, the type of mentoring of the programme on offer along with the nature of the mentoring sessions, the programme goals and the expected outcomes for mentors and mentees (Karcher et al., 2006).

Family Mentor Services should be well managed to promote accuracy and efficiency (Karcher et al., 2006). Family Mentor Service providers should have sufficient resources and funding to commit to training, managing and monitoring the intervention (Rainer et al., 2008). Other managerial considerations include: building an effective team; engaging in succession planning to ensure the transfer of expertise; and ensuring time for role release training (Foley, 1990).

Alberta, et al., (2012) suggest that there may be some personnel challenges when hiring Family Mentors into professional systems, as although they may have experience, this may be their only official credential. However, the value of shared experiences between Family Mentors and parents is critical in inspiring trust and hope (Drabble et al., 2016). Karcher et al., (2006) suggest that Family Mentoring programmes should include Mentors that possess characteristics such as age, gender, and ethnicity which can be effective in contributing to positive outcomes in mentoring programmes. Therefore, it appears that, to provide an inclusive service, Mentors should be of a variety genders, ages, and ethnicities, which may encourage a wider range of the community to become involved in the mentoring service. It appears that cultural engagement may play a role in whether the group mentoring experience promotes positive outcomes. However, other research found no evidence for racial or ethnic differences or the extent of group cultural diversity playing a role in the effectiveness of group mentoring (Sanchez and Colón, 2005).

What makes a good Family Mentor?

Family Mentors can be described as a peer workforce who work alongside parents and their families, so that together they can improve outcomes for children and their families (Framework, 2021). The role of a Family Mentor involves taking the lead in activities and making a commitment to meet regularly with their mentee (Karcher et al., 2006).

A Family Mentor's role includes building caring relationships with parents and engaging them in services. There are several key attributes that a Family Mentor should possess, including: being enthusiastic about their role; valuing learning; being active listeners; and treating others respectfully (Haggard et al, 2011). King et al., (2007) suggest that Mentors in general should have competencies that go beyond basic knowledge and skills and include personal qualities such as: empathy; self-awareness; emotional self-control; sensitivity; interacting with authenticity; listening effectively; facilitation skills; and interpersonal communication skills. Three of the most common characteristics identified in the literature are trust, commitment and teamwork.

Trust in Mentors may benefit those being mentored, by increasing motivation to participate and willingness to take advice and guidance from Mentors (Griffith and Larson, 2015). When Mentors and mentees develop a trusting and connected relationship, where they feel safe and express their feelings and receive feedback from their Mentors, this can contribute to positive developmental change (Rhodes, 2002).

One of the key elements for Mentors is commitment, which in turn may help them feel satisfied in their role, better performers and less likely to leave their organisation (Meyer et al., 2002). Commitment between employees and their organisation is characterised by having a strong acceptance and support of the organisation's goals and values, along with a strong desire to maintain membership in the organisation (Meyer and Allen, 1991).

Consideration is needed regarding Mentors and their commitment to their role. The early or unplanned termination of a mentoring relationship is likely to impact detrimentally on a mentee, potentially resulting in feelings of rejection and reduced sense of self-worth (Satchwell et al., 2006; Goldner and Mayseless, 2009).

The ability to collaborate and work well with others is a key factor in mentoring programmes (Briggs, 1997; Foley, 1990). King et al., (2009) suggests that theories and skills can be taught to any person who is receptive to learning, whereas the teamwork involved in Family Mentoring requires clear communication of team members' roles and responsibilities.

Methodology

Data collection and analysis

A questionnaire was designed that explored parents' views and opinions of the Family Mentor workforce. A link to the questionnaire was sent out by SSBC directly to all parents who have participated in the Small Steps at Home programme who consented to being contacted. The questionnaire link was also made available online through SSBC's Facebook page. The questionnaire took no longer than 15 minutes to complete. Details of participants' demographics and characteristics are provided below.

Fifty-eight parents were included in the analysis. The majority of the parents lived in Bulwell (31.6%)⁵⁴ followed by Aspley (24.6%), St Ann's (22.8%), Hyson Green and Arboretum (10.5%) and Other (10.5%). The majority of parents had English as their first language (66%) while 34% of the parents spoke English as their second language. Those who aged⁵⁵ between 20 and 30 years made up 40.8% of the sample, while 59.2% of the sample were aged between 31 and 44 years. Only one parent was male (1.9%) while female parents made up 98.1%. The majority of the parents were White (64.8%) followed by Asian (13.0%) and Mixed/Multiple ethnic background (13.0%), and Black parents made up 7.4% of the sample who replied to this question. One parent (1.9%) preferred not to answer this question.

⁵⁴ Throughout the report, we present percentages based on the number of parents who answered each question.

⁵⁵ The age question was an open-ended question, with no one under the age of 20 participating.

Due to the small sample size, only descriptive statistics are reported for the parents' questionnaire, without conducting a statistical analysis. A thematic analysis of the interviews and focus group transcripts was also undertaken.

Findings from the parents' questionnaire

The following findings explore the experiences of parents who had a Family Mentor, as part of the Small Steps at Home programme.

Parents were asked what would make the transition easier if they had to have a change of Family Mentor. They were allowed to select more than one option⁵⁶. The majority of parents said that they would prefer being introduced to the new Family Mentor by their current Family Mentor (39.7%) followed by having a discussion with the delivery provider as to who will be their new Family Mentor (36.2%) and receiving a phone call from the new Family Mentor prior to their first visit (34.5%). See Table 31 for further details.

Table 31: If you had to have a change of Family Mentor what do you feel would make the transition process easier?

	Number	Percentage
Discussion with delivery provider as to who will be your new Family Mentor	21	36.2
Information from the delivery provider regarding the new Family Mentor	17	29.3
Introduction to the new Family Mentor by your current Family Mentor	23	39.7
Phone call from the new Family Mentor prior to their first visit	20	34.5
Other	4	6.9
Prefer not to answer	2	3.4
Total	58	100.0

Parents were asked whether it was important to them that they see the same Family Mentor throughout their participation in the Small Steps at Home programme. The majority of parents (86%) said that it was important, with just 4% saying it was not important and 11% that it was neither important nor unimportant. Reasons for wanting the same Family Mentor included: feeling comfortable; consistency; and having someone to report on their (both parent and child) progress.

⁵⁶ Therefore, the sum of number of parents who ticked each answer does not add up to 58, which is the total sample size.

Table 32: Is it important to you that you see the same Family Mentor throughout your participation in the Small Steps at Home Programme?

	Number	Percentage
Yes	49	86.0
No	2	3.5
Neither important nor unimportant	6	10.5
Total	57	100.0

Parents were asked how important some factors, such as gender, language, culture, religion, area of residency were when being matched to a Family Mentor as part of their participation in the Small Steps at Home programme.

46% of the parents said that it is fairly or very important for them to have a Family Mentor of the same gender and 28% that it is not at all important. Those who were in favour gave the following reasons: feeling comfortable; having similar experiences; better understanding between women; being a single parent; and being able to discuss giving birth and breastfeeding⁵⁷. However, some of the parents noted that the gender does not matter, as long as the Family Mentor can give support to them and is knowledgeable.

Table 33: The Family Mentor is the same gender as me

	Number	Percentage
Very important	14	24.6
Fairly important	12	21.1
Low importance	6	10.5
Not at all important	16	28.1
Neither important nor unimportant	8	14.0
Prefer not to answer	1	1.8
Total	57	100.0

Parents were asked how important it was for their Family Mentor to speak their first language. 40% of those parents whose first language is not English said it is fairly or very

⁵⁷ It should be noted that only one parent was male, meaning that only he actually had experience of a different gender Family Mentor, considering that all Family Mentors are female. He said that it was not at all important to have a Family Mentor of the same gender.

important and 30% that it is not important at all (see Table 34 for further information). The main reason given was ease of communication.

Table 34: The Family Mentor is able to speak my first language

Is English your first language		Very important	Fairly important	Low importance	Not at all important	Neither important nor unimportant	Total
No	Number	4	3	5	6	0	18
	Percentage	22.2	16.7	27.8	33.3	0.0	100.0

Parents were asked about the importance of their Family Mentor having an understanding of their family's cultural and/or religious background. 50% of the parents said that it is fairly or very important and 14% that it is not at all important (see Table 35 for further information). Those who said it is important provided the following reasons: an understanding of the choices of families; tailored advice to families; caring for the family holistically; and concerns about colliding on issues due to cultural differences or mentors causing offence due to lack of knowledge. Some parents stated that if there is a mutual respect and Family Mentors are willing to learn their culture/religion, it is not that important to have a Family Mentor who starts off with an understanding of their family's cultural and/or religious background.

Table 35: The Family Mentor has an understanding of my family's cultural and/or religious background

	Number	Percentage
Very important	14	24.1
Fairly important	15	25.9
Low importance	11	19.0
Not at all important	8	13.8
Neither important nor unimportant	6	10.3
Don't know	3	5.2
Prefer not to answer	1	1.7
Total	58	100.0

Parents were asked how important it was for their Family Mentor to be a member of their local community. 47% of parents said it is fairly or very important and 12% that it is not important at all (see Table 36 for further information). Those who said that it is important said that if Family Mentors live/know their local area/environment or have worked in a

similar area, they can inform them about activities groups and services that are being run in their local areas. Some of the parents noted that it does not matter whether the Family Mentor is a member of their local community as long as they are interested in learning about the community and helping the families.

Table 36: The Family Mentor is a member of my local community

	Number	Percentage
Very important	7	12.1
Fairly important	20	34.5
Low importance	12	20.7
Not at all important	7	12.1
Neither important nor unimportant	10	17.2
Don't know	1	1.7
Prefer not to answer	1	1.7
Total	58	100.0

Parents were asked the importance of being involved in their choice of Family Mentor. 53% of the parents said that it is fairly or very important and 12% said that it is not at all important (see Table 37 for further information). Choice of their Family Mentor was deemed important to ensure they can get along with each other. A few of the parents that said that it is not that important, and noted that they trusted the delivery provider in choosing their Family Mentor. Some parents stated that as long as Family Mentors have an understanding of their family and can be supportive and helpful, they would not feel it important to choose a Family Mentor. However, they also said that if they felt the Mentor did not fit, they would like to be able to voice that to someone.

Table 37: I am involved in the choice of Family Mentor

	Number	Percentage
Very important	12	21.1
Fairly important	18	31.6
Low importance	9	15.8
Not at all important	7	12.3
Neither important nor unimportant	10	17.5
Don't know	1	1.8
Total	57	100.0

Parents that had experience of home visits and online/telephone visits (as a result of COVID-19 government restrictions) were asked which delivery method they preferred. The majority of parents (62.5%) said that they preferred the home visits, 5% said that they preferred remote visits and 25% had no preference. Those who preferred home visits provided the following reasons: online visits reduced interactions between Family Mentors and children; some parents found it easier to talk about their child's development face-to-face; and some found online sessions quite limited compared to face-to-face sessions. Those who preferred the remote visits provided the following reasons: concerns regarding the spread of Covid-19; easier when they have more than one child; greater flexibility; and quicker responses.

Table 38: If you have experience of both home visits and online/telephone visits, please could you indicate which statement applies to yourself

	Number	Percentage
I preferred the home visits from the Family Mentor	35	62.5
I preferred the remote visits via video/over the telephone from the Family Mentor	3	5.4
I have no preference as to whether the visits are online/over the telephone or in the home	14	25.0
Not applicable to me	3	5.4
Don't know	1	1.8
Total	56	100.0

The following findings reflect the answers of parents that have a Family Mentor through participating in Small Steps at Home, but also attended the group activities that are run by the Family Mentors.

To explore the popularity of group activities delivered by the Family Mentors, parents were asked how often they attended face-to-face groups prior to the COVID pandemic. The majority of the parents (34.1%) attended the groups once a week, followed by those who attended the groups a few times a week (13.6%) (for further information see table 39).

Table 39: Prior to COVID-19, on average how often did you attend face-to-face groups run by Family Mentors?

	Number	Percentage
Every day or almost every day	2	4.5

A few times a week	6	13.6
Once a week	15	34.1
Once a fortnight	1	2.3
Once a month	5	11.4
A few times a year	4	9.1
Never	8	18.2
Don't know	2	4.5
Prefer not to answer	1	2.3
Total	44	100.0

To explore whether there was any difference in attending groups delivered online, because of the COVID pandemic and government restrictions, we investigated the frequency of attending the online groups. The majority of parents (17.3%) attended online groups once a week, followed by those who attended the online groups a few times a year (15.4%) (see Table 40 for further information). The results suggest that the number of parents participating in the online groups is much lower than the number of parents participating in the face-to-face groups.

Table 40: On average how often have you attended online groups run by Family Mentors?

	Frequency	Valid Percent
Every day or almost every day	1	1.9
A few times a week	1	1.9
Once a week	9	17.3
Once a fortnight	3	5.8
Once a month	3	5.8
A few times a year	8	15.4
Never	21	40.4
Don't know	3	5.8
Prefer not to answer	3	5.8
Total	52	100.0

Parents were asked how important it is that the groups are run by Family Mentors and not by another person or professional. 73% of the parents said that it is fairly or very important and 4% said that it is not important at all (see Table 41 for further information). Those who said that it is important that the Family Mentors run the groups provided the following reasons: parents find Family Mentors familiar as they know the families; their children have

engaged well with the Family Mentors; and parents find the Family Mentors knowledgeable but informal, which puts them at ease.

Table 41: How important is it that the Family Mentors run these groups and not another person/professional?

	Number	Percentage
Very important	21	40.4
Fairly important	17	32.7
Low importance	7	13.5
Not at all important	2	3.8
Neither important nor unimportant	4	7.7
Prefer not to answer	1	1.9
Total	52	100.0

Parents were asked whether they thought it was important for Family Mentors to have a formal qualification. Most parents (43.9%) said that it was not important (see Table 42a for further information). Those who said that it was important for Family Mentors to have a qualification (36.8%), put the order of importance of qualifications as follows: NVQs/Vocational Qualification in Childcare/Social Care/Healthcare (32.8%); Degree in relevant subject (e.g., Childcare/Social Care/Healthcare; 17.2%); GCSEs (15.5%); and A Levels (3.4%) (they were allowed to select more than one option⁵⁸).

Table 42a: Do you think it is important for Family Mentors to have a formal qualification?

	Number	Percentage
Yes	21	36.8
No	25	43.9
Don't know	8	14.0
Prefer not to answer	3	5.3
Total	57	100.0

Table 42b: If yes, which qualifications do you feel are important for a Family Mentor to have?

	Number	Percentage
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⁵⁸ Therefore, the sum of number of parents who ticked each answer does not add up to 21, which is the total sample size for this question.

GCSEs	9	15.5
A Levels	2	3.4
NVQs/Vocational Qualification in Childcare/Social Care/Healthcare	19	32.8
Degree in relevant subject – Childcare/Social Care/Healthcare	10	17.2
Total	21	100.0

Parents were asked what training Family Mentors should have as part of their induction and continuous development. As they were allowed to select more than one option, the majority of the parents selected most of the options, with Child Development being the most popular choice (93.1%), followed by Safeguarding (87.9%) and Supporting Communication and Language Skills (86.2%) (see Table 43 for further information). Parents listed the following potential other training: mental health training; neurodiversity training or training working with parents with additional needs; respectful parenting; visible child training; safe sleep, including co-sleeping training; financial help for families training; and training in family centred care and how to provide holistic care for the whole family.

Table 43: Which of the following training do you think a Family Mentor should have as part of their induction and continuous development?

	Number	Percentage
Safeguarding Children	51	87.9
Child Development	54	93.1
First Aid	45	77.6
Breastfeeding	39	67.2
Home Safety	44	75.9
Food and Nutrition for Babies and Children	48	82.8
Play and Learning for Babies and Children	48	82.8
Supporting Communication and Language Skills	50	86.2
Total	58	100.0

Parents were asked how important certain personal qualities were. For the majority of the parents, treating others equally (94.5%), being a good communicator (90.9%), a friendly person (90.9%), a trustworthy person (90.9), a non-judgmental person (89.1%), a good listener (87.3%), a supportive person (85.5), a person passionate and committed to mentoring (80.0%), a compassionate and sympathetic person (80.0%), a reassuring person (80.0%), a knowledgeable person (69.1), a person with a professional attitude (58.2%), a

confident person (58.2%) were very important (see Table 44 for details). Some of the additional qualities parents suggested were: welcoming; energetic; being funny; having parenting experience; being patient; being respectful.

Table 44: How important is it that the Family Mentors have the following personal qualities

Good communicator	Number	Percentage
Very important	50	90.9
Fairly important	4	7.3
Low importance	1	1.8
Total	55	100.0
Friendly	Number	Percentage
Very important	50	90.9
Fairly important	5	9.1
Total	55	100.0
Professional attitude	Number	Percentage
Very important	32	58.2
Fairly important	16	29.1
Low importance	4	7.3
Not at all important	1	1.8
Neither important nor unimportant	2	3.6
Total	55	100.0
Non-judgmental	Number	Percentage
Very important	49	89.1
Fairly important	5	9.1
Don't know	1	1.8
Total	55	100.0
Good listener	Number	Percentage
Very important	48	87.3
Fairly important	7	12.7
Total	55	100.0
Supportive	Number	Percentage
Very important	47	85.5
Fairly important	8	14.5
Total	55	100.0
Trustworthy	Number	Percentage
Very important	50	90.9
Fairly important	5	9.1
Total	55	100.0
Knowledgeable	Number	Percentage

Very important	38	69.1
Fairly important	15	27.3
Low importance	2	3.6
Total	55	100.0
Flexible	Number	Percentage
Very important	21	38.2
Fairly important	25	45.5
Low importance	5	9.1
Neither important nor unimportant	1	1.8
Don't know	3	5.5
Total	55	100.0
Passionate and committed to mentoring	Number	Percentage
Very important	44	80.0
Fairly important	11	20.0
Total	55	100.0
Values learning	Number	Percentage
Very important	28	50.9
Fairly important	22	40.0
Low importance	2	3.6
Neither important nor unimportant	3	5.5
Total	55	100.0
Compassionate and sympathetic	Number	Percentage
Very important	44	80.0
Fairly important	9	16.4
Low importance	2	3.6
Total	55	100.0
Confident	Number	Percentage
Very important	32	58.2
Fairly important	19	34.5
Low importance	3	5.5
Neither important nor unimportant	1	1.8
Total	55	100.0
Treats others as equals	Number	Percentage
Very important	52	94.5
Fairly important	3	5.5
Total	55	100.0
Reassuring	Number	Percentage
Very important	44	80.0
Fairly important	8	14.5
Low importance	2	3.6
Prefer not to answer	1	1.8
Total	55	100.0

Parents were asked how important it was for Family Mentors have personal experience of parenting/caring for a child. 82% of parents strongly agreed or agreed that it was of importance and 7% said it is neither important nor unimportant (see Table 45 for further information).

Table 45: It is important that Family Mentors have personal experience of parenting/caring for a child

	Number	Percentage
Strongly agree	29	53.7
Agree	15	27.8
Disagree	4	7.4
Strongly disagree	1	1.9
Neither important nor unimportant	4	7.4
Don't know	1	1.9
Total	54	100.0

Parents were asked whether they thought that Family Mentors should have previous experience of working with families. Fifty-nine per cent of the parents strongly agreed or agreed that it was and 24% felt it was neither important nor unimportant (see Table 46 for further information).

Table 46: Family Mentors should have previous experience of working with families

	Number	Percentage
Strongly agree	8	14.8
Agree	24	44.4
Disagree	5	9.3
Neither important nor unimportant	13	24.1
Don't know	3	5.6
Prefer not to answer	1	1.9
Total	54	100.0

Parents were asked whether it was important for Family Mentors to have experience of working with children aged under five. 74% of the parents strongly agreed or agreed that it was and 15% felt it was neither important nor unimportant (see Table 47 for further information).

Table 47: It is important for the Family Mentors to have experience of working with children aged under 5

	Number	Percentage
Strongly agree	19	35.2
Agree	21	38.9
Disagree	4	7.4
Neither important nor unimportant	8	14.8
Don't know	1	1.9
Prefer not to answer	1	1.9
Total	54	100.0

Parents were asked about the importance of Family Mentors being from a wide range of backgrounds. 89% of the parents strongly agreed or agreed that it was and 2% felt it was neither important nor unimportant (see Table 48 for further information).

Table 48: It is important that the Family Mentors come from a wide range of backgrounds e.g., ethnicity, culture, religion, gender

	Number	Percentage
Strongly agree	26	48.1
Agree	22	40.7
Disagree	2	3.7
Strongly disagree	1	1.9
Neither important nor unimportant	1	1.9
Don't know	1	1.9
Prefer not to answer	1	1.9
Total	54	100.0

Parents were asked how many years parenting experience they thought a Family Mentor should possess. 41% of the parents did not answer this question. 21% said that Family Mentors should have one or two years of experience parenting and 21% that they should have more than two years of experience. Some parents noted that any experience (as a parent or not) is good, as long as they are knowledgeable about children. Some parents suggested that it depends on each family's situation, as a new mother would not be very helpful to a mother of multiple children or older children.

Table 49: How many years parenting experience do you think a Family Mentor should have?

	Number	Percentage
1-2	12	20.7
2+	12	20.7
Further comments (detailed above)	10	17.2
Did not answer	24	41.4
Total	58	100.0

Parents were asked about the importance of recruiting Family Mentors from their local communities. 73% of the parents prefer that Family Mentors are recruited from their local communities and 27% said that it is not important to them. Those who like the fact that Family Mentors are recruited from the local community said that this was so that Family Mentors can sign post them to the right services in their local areas. However, some parents noted that experience, knowledge and not being judgmental about the local area, are more important than geographical location.

Table 50: Family Mentors are recruited from the local community.

	Number	Percentage
I like the fact that Family Mentors are recruited from the local community (i.e., either Bulwell, St Ann's, Aspley, Hyson Green or Arboretum)	40	72.7
It is not important to me which areas the Family Mentors are recruited from	15	27.3
Total	55	100.0

Findings from focus groups and interviews with Family Mentors and members of the Family Mentor Senior Leadership Team

Educational qualifications and professional development training

Family Mentors and the Family Mentor Senior Leadership Team were asked whether they felt it was necessary for Family Mentors to have educational qualifications prior to appointment. Both agreed that educational qualification were not necessary for the role. They felt that personal qualities and attributes and lived parenting experience were more important. It should be noted that Family Mentors are not currently selected for

employment based on their educational qualifications or previous experience of employment.

“Well, I think it’s that lived experience. I don’t think it’s you know qualifications and indeed we don’t ask for qualifications” (Member of the Family Mentor Senior Leadership Team).

“I think you know, the kind of person you are is far, far more important than any formal qualification” (Family Mentor).

While educational qualifications were not considered necessary for the role, several Family Mentors and members of the Family Mentor Senior Leadership Team said that a certain level of literacy and numeracy, and willingness to undertake further training was necessary to be able to complete the training required to undertake the Family Mentor role.

“That they have a basic level of literacy and numeracy” (Member of the Family Mentor Senior Leadership Team).

“So it’s, somebody needs to have an awareness of learning, and be prepared to learn, and take it as part of the job as well. And then apply that learning to the role” (Family Mentor).

While both the Family Mentors and members of the Family Mentor Senior Leadership Team did not consider educational qualifications necessary for appointment to the Family Mentor role, all were agreed that the SSBC training received post appointment was essential to the delivery of the Small Steps at Home programme and the group activities delivered in the community. The majority of the participants considered the SSBC training to be excellent and of very high quality. Several Family Mentors felt that refresher training on topics would be very useful. This would be particularly useful where there has been a delay in initial training and delivery of group activities.

“And what was difficult for me, even though I had the training, but I didn’t have to practice the things I’ve learned, it has to be rehearsed before. And I would say like a

Triple P [tip sheet], or the contents of Baby Massage. So, there was a big gap between the training and actually delivering” (Family Mentor).

“So then to have that information refreshed back to you at a later stage, once you are already established and doing the job, I think it would be really beneficial” (Family Mentor).

Some Family Mentors would have liked additional training in delivering groups. In one ward new Family Mentors shadowed a Family Mentor delivering a group activity prior to delivering it themselves and it was felt that further training would have been beneficial. Having detailed plans for particular sessions, such as Cook and Play, would also be useful for when such sessions require covering as a result of staff absence. Further training suggested by the Family Mentors included: training in organisational and time management skills; resilience and the ability to deal with stress; and additional training or resources to enable Family Mentors to signpost parents to the correct place where parents need support and advice not relevant to the Family Mentor role.

“I think sometimes people will just shadow for a short while, maybe do a little bit around sort of the group planning, and then sort of later it’s like, oh you’re delivering it this week. And that can be quite scary” (Family Mentor).

“I think that boils down back to sort of the training, and you know, I think quite often we’re told you know, to be resilient, to do this, to do that. But nobody really tells us how to be. And I think you know, if we had further training on how to sort of do that” (Family Mentor).

“An extra handbook that’s a list of all that ...well if you’ve got a housing question; go to this person, signpost to here, those sort of things” (Member of the Family Mentor Senior Leadership Team).

The Family Mentors stressed the importance of external recognition of the training and development they had undertaken, especially as the role currently is potentially limited by

the length of the SSBC programme. SSBC are aware of this and have commissioned an organisation to accredit the training.

“So there's been talks previously about offering us kind of a recognised qualification. Because we've had loads and loads of training for this job. However, when this programme does come to an end, I have no childcare experience previous to this job, so is the training that we've done going to be recognised elsewhere?” (Family Mentor).

Personal qualities and skills

Both the Family Mentors and members of the Family Mentor Senior Leadership Team considered that having good personal skills and qualities were crucial to the role. The personal qualities identified as being key to the role were being personable and an effective communicator and listener, with the ability to interact with others; develop trusting relationships and imparting advice and information.

“They are approachable and have a friendly manner, that will put families at ease” (Member of the Family Mentor Senior Leadership Team).

“We recruit them on their ability to build a trusting relationship with families and to be able to pass on information that is given to them” (Member of the Family Mentor Senior Leadership Team).

Other important qualities included: being non-judgmental and being understanding; being assertive and confident; having the ability to work independently but also as part of a team, organisational and time management skills; and the ability to handle stressful situations.

“There are a number of essentials, not being judgemental, having a higher degree of respect for people from any background” (Member of the Family Mentor Senior Leadership Team).

“You need to be very organised and have very good kind of time keeping organisational skills to do that job as well” (Family Mentor).

“Confidence; you need a bit of confidence. Whether it’s delivering groups, or you know, I think within this job, we’ve all been pushed out of our boundaries” (Family Mentor).

“Being prepared to change and be flexible and consider the team as a whole. We are working individually, but we exist as a team” (Family Mentor).

“I think resilience and the ability to sort of handle stressful situations” (Family Mentor).

“It is about compassion, understanding, passion, determination, empathy, understanding sleepless nights” (Family Mentor).

Lived experience of parenting and living locally

Being a parent or having experience of parenting was thought to be a very important aspect of the role as it gave Family Mentors an insight and understanding of the challenges parents may be facing.

“The market research that had been done, the families had requested peer support, so family to family discussions rather than a health professional to a family discussion. So, it was seen that family experience of children and having raised children, or had children or you know, cared for a child was the only real thing that was absolutely necessary” (Family Mentor).

The advantage of having Family Mentors from the local area meant that they had an understanding of the communities that they live in. One member of the Family Mentor Senior Leadership Team added that if they did not live locally then it was important that the Family Mentor had experience of living in an area with a similar socio-economic background.

“They’ve got an understanding of the dynamics, the stresses and strains of living in the community they’re serving” (Member of the Family Mentor Senior Leadership Team).

“I think it is important, either locally or in an area with similar socio-economic background and factors” (Member of the Family Mentor Senior Leadership Team).

There were, however, difficulties for Family Mentors living in the same community they worked in, including not being able to switch off from work as a result of feeling they were always on duty/representing the programme. It was also challenging living near families they were working with when there were safeguarding concerns.

“Because even when you’re off duty, as you are in most jobs, you’re still representing you know, the programme and who you are and what you deliver. So, you have to be very you know, very aware” (Family Mentor).

“Safeguarding can be an issue. And if you have quite serious you know, safeguarding issues, and those families are on your doorstep, it does make you worry a little bit you know” (Family Mentor).

There are few Family Mentors who have never lived in the four wards where the SSBC programme is delivered and they did not find this disadvantageous. One felt that this was because she lived in a nearby ward and therefore knew the area well. Furthermore, she did not have the same concerns and issues as other Family Mentors living within the ward. Another felt it could be seen as positive that she did not live within the ward, as she did not have any preconceived perceptions of the area.

“But sometimes that [not living within an SSBC ward] can be quite a positive thing, because I’ve got a completely unclouded view. I don’t have any sort of personal experience of a bad experience with a teacher or you know, I’ve got nothing to sort of go in. And I look at it very practically from that point of view” (Family Mentor).

Diversity within the Family Mentor workforce

All the participants felt that it was really important to recruit Family Mentors from a diverse range of backgrounds. In many areas, the Family Mentor service was serving a diverse community and both Family Mentors and members of the Family Mentor Senior Leadership Team considered it to be important that their workforce reflected these communities in

terms of cultures, ethnicities, religion, nationalities, and languages spoken. It was felt that having a diverse workforce from different backgrounds meant that the Family Mentor service was better equipped to support the process of matching Family Mentors to families. Furthermore, having a diverse team of Family Mentors provided opportunities for Family Mentors to learn about different cultures from each other.

“When we are matching a Family Mentor to a family, it is a matching process, so we want to have you know a breadth of experiences and backgrounds from the Family Mentors” (Member of the Family Mentor Senior Leadership Team).

“All the families are extremely different, the whole team needs to be very different. If we were all the same, it just wouldn’t work” (Family Mentor).

“It gives a really good opportunity for us as Family Mentors to learn off each other and learn about cultures as well. I think that’s a massive, massive bonus” (Family Mentor).

All teams referred to the difficulty in recruiting men as Family Mentors and the importance of having male Family Mentors in terms of encouraging fathers to participate in the SSBC programmes and group activities.

“Just to have that option, because there are ...partly because of the emphasis on trying to reach fathers and make the service inclusive to fathers. I think it always helps to have a few males [in the role of a Family Mentor], or at least one male in the team to do that” (Member of the Family Mentor Senior Leadership Team).

In addition to ensuring that the Family Mentor workforce was diverse in terms of recruiting individuals from different backgrounds, participants also mentioned the importance of recruiting Family Mentors with a breadth of different parenting experiences, including first time parents, those who have larger families, parents of twins, young parents and older parents, and grandparents.

“It’s important because you know, some Family Mentors, they’ve got one child, some Family Mentors have got six children, some Family Mentors are grandparents, some Family Mentors are young parents you know. Like obviously I’ve got twins, so I get [allocated] a lot of multiple birth families” (Family Mentor).

Matching families to Family Mentors

The matching process, whereby Family Mentors are matched to families participating in the Small Steps at Home programme, was deemed to be effective across all wards. Matching is discussed with parents who are asked about what type of Mentor they would like and the qualities that are important to them. They are also shown videos of the Family Mentors. Parents are given the final say about whether or not they are happy with the Family Mentor they have been matched with and are given the opportunity to opt for a different Family Mentor if they wish. This has been identified as one of the reasons the matching process works well. It was rare for parents to request a change of Family Mentor and there were only a few instances where matching a Family Mentor to a family had not been a success.

“Parents have a choice, they’ve always got the last say in who their Family Mentor might be” (Member of the Family Mentor Senior Leadership Team).

“I think most of the time, they are matched well. We do, like, videos of ourselves, and I think when they do the initial visit, I think they used to ask like what qualities would you like in a Family Mentor? Like some have asked for like ‘oh I’d like an older Family Mentor’ some have asked ‘I’d like one my age’” (Family Mentor).

“It must be a tiny proportion of those families who request to change Mentors. I think the matching process works as well as it possibly can” (Family Mentor).

In terms of challenges when matching families to Family Mentors, the main issue was capacity. Sometimes the most suitable Family Mentor for a family was not available due to their caseload, which meant they did not have the capacity to support another family under the Small Steps at Home programme.

“When you have a particular Family Mentor that is, their caseload is just cram packed full, and then you do initial visits with another four families and you could actually give that person another two. But you can’t because they’re already full” (Member of the Family Mentor Senior Leadership Team).

Continuity of Family Mentors for families participating in the Small Steps at Home programme

Continuity of Family Mentors was identified as very important. Having the same Family Mentor throughout participation in the Small Steps at Home programme was identified as key to building the relationship between families and Family Mentors.

“But with having the same Family Mentor, they’d really build that relationship, and that Family Mentor knows that family. So, they also know if there’s a feeling that something’s not quite right when they go on a visit. And they love celebrating you know, seeing these children grow” (Member of the Family Mentor Senior Leadership Team).

There are, however, challenges to ensuring the same Family Mentors deliver the Small Steps at Home programme to the same families throughout their participation. The main issues affecting continuity occur when a Family Mentor leaves the Family Mentor workforce, is absent due to illness (particularly when this is for a long period of time) or is on maternity leave.

“We’ve had very few people actually leave. We’ve had one lady go on maternity leave, and she’s back. I think we’ve had like three people; four people leave over six years. So, it’s not been a huge problem. It does cause a problem I think, when they [families] get used to people [Family Mentors], like if people have gone off long term sick” (Member of the Family Mentor Senior Leadership Team).

Contingency measures are in place if a change of Family Mentor is required. A family will be offered another Family Mentor permanently or temporarily and steps are taken to smooth the transition through ensuring that they are matched to a suitable Family Mentor. Whilst in some instances families will accept a new Family Mentor, others will choose to wait for their

Family Mentor to return (if they are on sick or maternity leave). Whether families are willing to accept a new Family Mentor could sometimes be dependent on how long they have been receiving support from a particular Family Mentor.

“Continuity becomes a problem is when people are off on long-term sick, and we have to try and pick those caseloads up along with our own. Often it’s tried, you know, if people have attended some of our groups, or if we, you know, we know them from previous groups or you know, through Baby Massage or whatever, it’s tried to be linked that you would then contact that family. And I guess the success is sort of variable. I mean some people will just say, no I’ll wait until you know, whoever it is comes back off sick, and other people will embrace you for that short period of time” (Family Mentor)

Caseloads for Family Mentors delivering the Small Steps at Home programme

Caseloads, i.e. number of families allocated to a Family Mentor delivering the Small Steps at Home programme, appeared to be manageable across the Family Mentor services.

Caseloads remained manageable as a result of ensuring that funding obtained included the recruitment of a sufficient number of Family Mentors. Caseloads were also regularly reviewed by caseload supervisors⁵⁹.

“So, I would say that at the moment and in this service, because it’s well funded, that hasn’t been such a problem” (Member of the Family Mentor Senior Leadership Team).

“So, we have these temporary blips but generally if we were fully staffed properly fine, there’s no problem I don’t think” (Member of the Family Mentor Senior Leadership Team).

⁵⁹ Caseloads can vary as a result of the hours worked by individual Family Mentors, time allocated to deliver activity groups, time allocated to complete administrative duties, experience, and the ages of the children in the caseload as younger children receive more frequent visits. This highlights the importance of having systems in place when allocating families to the Family Mentors and regular reviews.

However, there were times when caseloads became too high, and this was when Family Mentors were allocated additional families as a result of staff leaving or absences. Caseloads can also become challenging when a Family Mentor is allocated several new families at the same time - due to the intensity of initial visits, which are weekly (and later reduce to fortnightly and monthly visits). Family Mentors also run group activities in the community and, depending on how many they are running, this can impact on their capacity to visit families participating in the Small Steps at Home programme.

“We’ve got two [Family Mentors] off ill for a month at the moment, so that’s quite an issue, you have to cover their work” (Member of Family Mentor Senior Leadership Team).

“And then all of a sudden you’ve instantly got like six new families who have a Family Mentor visit them weekly. This is too big adjustment at once. So, what I’m, trying to say, is there will be times when there is so much coming at once. But it’s just adjusting, and having those skills helps certainly. You have to adjust the situation, and then they will be covering extra groups at the same time maybe” (Family Mentor).

Several Family Mentors and members of the Family Mentor Senior Leadership Team mentioned the importance of organisation and time management in managing caseloads.

“Because you’re in charge of your own diary, it’s down to you to be in control of that. So, you can’t sort of go and visit a family and be there an hour and a half if you know you’ve got four or five to fit in that day. So, it’s down to you yourself to think, okay I need to fit in four or five visits in, I can give them all an hour, but I have to be moving on by this time” (Family Mentor).

Other considerations

It was suggested that one of the reasons for the success of the Family Mentor service is that it is a universal service and not targeted. Whether or not families participate in Small Steps at Home or attend group activities delivered by Family Mentors is their decision and

voluntary and there is no obligation for them to engage. It was felt that being universal removed any stigma associated with support and that removing the universal element would affect the uptake from families.

“That it remains as a voluntary service, and within the voluntary sector you know. That’s the reason why it has such a good uptake, and people have so much trust in the service I think, is because we are separate to the you know, other services. And I think because it’s voluntary, because it’s their choice, that helps the service run so well. Because they have a different trust and relationship with us because of that” (Family Mentor).

The way the service was funded was also deemed crucial to how well it works. One concern raised was that the service would be adversely affected if it was done on a reduced budget.

“Because into what happens to the family service, Family Mentor service after SSBC, I think that the resources put into it, need to identify those priorities that are essential, consistency and intensity... my biggest fear is something somebody says, oh it doesn’t need to be universal anymore, we can’t afford it to be universal. We’ll have less Family Mentors and they’ll just do target, work with targeted families. And that for me would lose the essence of what the Family Mentor service is” (Member of Family Mentor Senior Leadership Team).

Conclusion

Parents want and are given a choice in their Family Mentor and continuity of Family Mentor is important. There can be difficulties with continuity due to sickness absences and Family Mentors leaving, but there were systems in place to try to address the transition to a new or temporary alternative Family Mentor, sensitively. In case of a change of Family Mentor, the majority of parents would like to be introduced to the new Family Mentor by their current Family Mentor as a way of smooth transition.

Recruiting Family Mentors from a diverse range of backgrounds in terms of gender, ethnicity, nationality, culture, and religion was very important to parents and Family

Mentors and supports the matching process. The matching process was deemed very effective and worked well in all wards.

Most parents preferred that Family Mentors visit them at home to deliver the Small Steps at Home. Furthermore, attendance was higher for the face-to-face groups than the online groups. This suggests that the delivery of programmes and groups face-to-face is preferable to parents. In addition, most parents prefer that Family Mentors run the groups rather than other professionals.

Prior educational qualifications were not considered necessary for the role of Family Mentor amongst staff and most parents. Parents who said that it is important for Family Mentors to have a formal qualification did not expect them to have an advanced education. It was considered important (amongst the staff interviewed) that Family Mentors have good English literacy and numeracy skills and the ability to undertake additional training. Overall, the SSBC training was excellent and of very high quality, however it was suggested that refresher training and some additional training would be useful (e.g., time management and organisational skills, resilience and signposting).

Parenting experience was considered key to the role, as it gives Family Mentors an insight and an understanding of the experiences and challenges parents may be facing. Most parents also felt it was important for Family Mentors to have experience of working with children aged under 5. It was also deemed beneficial for Family Mentors to be from the local area (as they understood the community they live in) but not essential.

The personal qualities considered key for the role of a Family Mentor included: being a good communicator; being a friendly person; having a professional attitude; being non-judgmental; being a good listener; being supportive; trustworthiness; being knowledgeable; flexibility; being passionate and committed to mentoring; being compassionate and sympathetic; confidence; treating others equally; being reassuring; having good organizational and time management skills; possessing the ability to work independently and as part of team; and being able to deal with stressful situations.

Caseload appeared to be manageable due to SSBC being a well-funded programme, although there could be temporary problems caused by: sickness or maternity absence; Family Mentors leaving; and when Family Mentors take on several new families in a relatively short space of time (which requires weekly visits initially).

Recommendations

We recommend that SSBC and the Family Mentor services:

- Consider providing additional training in time management and organisational skills, resilience and signposting to other services;
- Explore the need for refresher training where there is a gap between initial training and commencing the role of a Family Mentor;
- Investigate whether good English literacy and numeracy skills and the ability to undertake training are detailed in job specification and description and if not whether they should be included as part of the essential or desirable criteria;
- It is advised that the Family Mentor service remains a universal service;
- Where a change of Family Mentor is required, the delivery provider should continue to ensure the current Family Mentors arrange a meeting with families to introduce their new Family Mentor;
- It is recommended that Small Steps at Home visits should, in the main, take place in the families' homes as this is parents preferred delivery method;
- It is recommended that the groups are delivered face-to-face as much as possible as they are better attending that online groups; and
- In addition to the practical experience of Family Mentors, delivery providers should also look for key characteristics in Family Mentor candidates (detailed above) or encourage current Family Mentors to consider these attitudes when interacting with families.

Co-production and SSBC

Introduction

Co-production is the approach used by SSBC to incorporate the voices of the community into the organisation. SSBC strive towards coproducing the service by working alongside the Parent Champions and Ambassadors (PC&A), who provide the community voice. In this section of the report we present how the co-production approach is used within SSBC, the views of those who engage in the approach, and how far they feel it is achieved.

Aim of the evaluation

The aims of this study were to: explore how co-production is presented within SSBC and how this is utilised within the organisation; consider why SSBC have opted to incorporate co-production into the organisation and why the PC&A want to engage in the approach; and to explore the barriers to co-production and the impact of its use.

Methodology

This section of the report is based on interviews with SSBC staff (4), Parent Champions and Ambassadors (12, and Coram staff (1), plus two focus groups involving five PC&A in total. Although Coram no longer work alongside SSBC and the PC&A, they held the tender at the point of interviews. Interviews and focus groups were audio recorded and transcribed by the researcher, then analysed thematically.

Literature review

Service user involvement has been growing within the UK since the 1980's (McLaughlin 2010), especially since its introduction in the NHS Community Care Act 1990 and Health and Social Care Act 2001 (Barnes and Cotterell 2012). Service user involvement allows those who access a service to be active in its development (Goossen and Austin 2017). Incorporating service user involvement has allowed for the quality of services to be improved and given greater clarity about the needs of the services users (Rutter et al 2004). This clarity is achieved by working with service users, as they possess specific knowledge that is formed from their experiences of using a service (Swigonski 1994). This knowledge also allows service users to challenge the 'experts' knowledge (McLaughlin et al 2020). Service users are

seen as experts by experience (Goossen and Austin 2017), with service users being experts in their own lives (Misca et al 2019).

Scourfield (2010) defines an expert by experience as a person who has specialist knowledge based on their lived experiences. Service providers are keen to have access to service user 'expert' knowledge, to inform and influence policies, practice and evaluations (Videmsek 2017). Videmsek (2017) argues that through experience, service users are much better equipped to define the problems they have, grounded in real life situations, giving them the ability to provide honest and personal responses. However, in contrast to this positive view of experts by experience, Scourfield (2010) argues that the term 'expert' is problematic due to the unclear credentials that the service user may have. In addition to this, McLaughlin (2009) also critiques the idea of expert by experience, stating that service users' experiences do not make them experts.

The model of service user involvement which is used by SSBC is co-production. Co-production is defined as an input to produce a good or a service, from those who are not a part of the organisation (Ostrom 1996). This "input" as Ostrom describes, appears to mean the 'expert' knowledge that service users have. Co-production is therefore an approach which allows for service users and service providers to work together (Bovaird and Loeffler 2012) to plan, design and manage the service (Bovaird 2007), whilst being influenced by service user expert knowledge. Co-production requires there to be a redistribution of power between the service users and service providers (Bovaird 2007). This means that the approach goes beyond engagement or participation, but actively involves service users (Pemberton and Mason 2009), giving them more control and the ability to make their own decisions (Realpe and Wallace 2010). The co-production approach continues to consider service users as experts by experience, whilst service providers are considered as facilitators and not fixers (Realpe and Wallace 2010). Adopting this approach and working together helps both groups find solutions to problems through sharing information and knowledge (Realpe and Wallace 2010). This prevents service users' needs being assumed by the professionals offering support (Bradshaw 2008). Bradshaw (2008) argues that professionals have technical

knowledge and service users have experience knowledge. Combining the two knowledges supports the success of organisations.

Arnstein (1969) developed the Ladder of Participation to measure the level of involvement service users have within a service. Throughout her work, Arnstein (1969) refers to the “have nots” which is a term she uses to describe those without power – the service users. The Ladder of Participation allows for the redistribution of power to the “have nots” (Tritter and McCallum 2006). To demonstrate the level of power redistribution, the Ladder of Participation has eight rungs (Arnstein, 1969). These rungs categorise the level of participation of service users within an organisation, ranging from no participation to tokenism, to citizen control (McLaughlin 2010). Each rung on the ladder represents an increased degree of participation than the rung before (Tritter and McCallum 2006). The assumption is that organisations aim for citizen control to enhance the quality and legitimacy of their decisions (Lanniello et al 2019).

Arnstein described the rungs as follows: The first two rungs are non-participatory, and are labelled as *manipulation* and *therapy*. These two rungs do not allow the “have nots” to participate but simply to be educated or cured (Arnstein 1969). Those who are doing the educating and curing are considered to be the powerholders (Arnstein 2019). The second two rungs are considered to be tokenistic, and are labelled as *informing* and *consulting* (Arnstein 2019). Involving service users at this level allows them to hear what service providers are contemplating. However, Arnstein (2019) argues that the “have nots” can only share their view at this level but cannot be sure they will influence the final decision (Arnstein 1969). The fifth rung on the Ladder of Participation is argued to be a higher level of tokenism, which Arnstein (2019) labels *placation*. Arnstein (2019) argues that placation allows the “have nots” to share their views. However, there are still no assurances that they can affect change. Rung six is *partnership*, which Arnstein (2019) describes as meaning that the “have nots” are able to negotiate with the service providers. This begins to show the redistribution of power between the “have nots” and the “haves”. The final two rungs are *delegated power* and *citizen control*, which Arnstein (2019) argues happens when the majority of the decision making rests with the “have nots”.

Although Arnstein's Ladder of Participation has been used for many decades as a framework for service user involvement, it is also not without its drawbacks (Tritter and McCallum 2006). Arnstein (1969) herself argues that it gives a simplistic view of service user involvement which does not highlight the conflicts between the "have" and "have nots" when working together. Tritter and McCallum (2006) also argue that the model does not present or acknowledge any conflict which may take place within each rung of the ladder. They suggest that conflict will take place between the service user and service providers, regardless of where they are on the Ladder of Participation, and argue that Arnstein does not address this within the framework. Additionally, Arnstein (2019) admits that within real life settings there could be more rungs which are much less clearly defined; Tritter and McCallum (2006) argue that the rungs are already too vague.

Findings

As mentioned, co-production is the approach used by SSBC to incorporate the voices of the community within the organisation. SSBC do this by working alongside the PC&A, who are volunteers who live in and around the SSBC wards. Through this role, the PC&A can offer a parent perspective to influence the decisions made within SSBC. By coproducing with the PC&A, SSBC are provided with an arena to sound out their initial ideas for support. This gives SSBC access to the 'expert' knowledge that services users are said to hold from their experiences of being a parent within the ward. By having access to the PC&A expert knowledge, SSBC can coproduce a service that meets the needs of the service users and not the assumed needs by professionals. This section of the report will provide an understanding of how co-production is used within SSBC from the views of the participants.

When considering how co-production is used within SSBC, it is useful to provide context as to when it was decided to include this model into the service. Co-production is presented as a vital aspect of SSBC, which has been a part of their organisation since its conception. This is because it was written into their bid for the National Lottery Funding. The importance of coproducing the service is recognised by the SSBC professionals.

“The whole bid was put together from a co-production perspective so they’ve [PC&A] always been an integral part of the programme” (SSBC Professional).

This professional is clear that the inclusion of the PC&A and co-production is a key aspect of SSBC. They suggest that SSBC have aimed to embed co-production into the organisation, and the everyday practices of professionals since the beginning. By using the word ‘integral’, they show the level of importance placed on the views and knowledge of the PC&A. This is possibly due to SSBC professionals being less likely to possess this knowledge without the use of co-production, which may impact on the success of the service (Bradshaw 2008).

One way in which SSBC present themselves as embedding co-production within the organisation, is through their strap line. The SSBC strap line is ‘children at the heart, parents leading the way, supported and guided by experts’. This identifies that SSBC want to be seen as embedding co-production into the organisation as a core value for SSBC. This is echoed by comments from participants:

“Parents in the lead, supported and guided by experts” (SSBC Professional).

“Parents leading the way but with the help from professionals” (Parent Champion).

Both participants have given different versions of the strap line, whilst presenting the same understanding, that SSBC is an organisation which promote parents as being at the forefront of the service. This presents the view that SSBC is a parent led service, with professionals offering support to implement the PC&A ideas, echoing the above definition of co-production. This reinforces the idea that co-production is a core SSBC value. However, it must be acknowledged that there will be organisational procedures that can prevent some of the changes the PC&A suggest taking place.

How co-production is used within SSBC

Whilst completing the interviews, SSBC professionals demonstrated how co-production is embedded within the service and practice of professionals. One professional presented the following comment to demonstrate that co-production is part of the day-to-day practice within SSBC.

“We go to the champions and say, you know, we are putting this event on, what do you think?” (SSBC Professional)

This comment suggests that it is common practice within SSBC to coproduce service and activity design with, in this case, parent champions. This reinforces the idea that SSBC understand that service users, namely the PC&A, have a better understanding of their own needs than professionals. It reiterates the importance of SSBC embedding co-production within the organisation and utilising this prior to launching a new idea. This then ensures that the service users’ needs are met first and not the service providers. The professional appears to be demonstrating that seeking the PC&A knowledge is common practice within SSBC, which in turn influences service design. If this level of participation is measured against Arnstein’s Ladder of Participation, SSBC would appear to be at the seventh rung – delegated power. This is due to SSBC appearing to engage in negotiations with the PC&A, with them holding a significant amount of accountability (Arnstein 2019) for the final decision and outcome.

PC&A respondents were also able to see where co-production was happening, and where they had influenced the service. The PC&A recognised that they were able to use their expert knowledge to coproduce the service to help meet the needs of parents and carers within their community.

“We say, have you tried this? Because this is what we know many mums who we know have tried” (Parent Champion)

“By telling SSBC, OK, parents want this kind of session or in this location” (Parent Ambassador)

These quotations provide two examples of when the PC&A have been able to coproduce with SSBC, to influence the service by sharing their expert knowledge. The PC&A said that they were often given the opportunity to share their views and influence decision making. By being offered this space to talk with professionals, the PC&A can use their knowledge to influence the design of the service as co-production requires. The comments made by the

PC&A again suggest that SSBC appear of the seventh rung of the Ladder of Participation, as they have specified powers (Arnstien 2019). In this instance the specified powers include raising topics or concerns from the community which may not otherwise have been recognised by professionals. PC&A have given examples of when they have shared their expert knowledge as a parent within ward, to make suggestions as to how the service could be changed or adapted to improve the quality of SSBC.

Why SSBC chose co-production

SSBC recognise that in order to create a service that meets the needs of the service users, they need to have access to the PC&A expert knowledge. Bradshaw (2008) identified that for an organisation to be successful, professional and service user knowledge need to be combined. The need for the service user expert knowledge within the organisation is something that an SSBC professional recognised within their interview.

“I think we get it wrong a lot of the time [because] we do, I think, [what we think is best, rather than what actually is best], so I think the parent champions and ambassadors is a massive step in the right direction.” (SSBC Professional)

SSBC professionals admit that for the most part, they cannot fully understand the needs of the service users, due to assumed differences in lived experiences. This professional suggests that when professionals assume they know the needs of service users, they often get this wrong. This will impact on the number of people who will access the service and how successful the service can be. Acknowledging that professionals can get it wrong suggests that there are gaps in professional knowledge that are best filled by learning from those with the lived experience ‘expert’ knowledge. This reinforces Videmsek (2017)’s argument that those with lived experiences are often better placed to identify and solve their own problems. The gap in professional knowledge appears to be reduced through the use of the co-production model and learning from the PC&A, presenting a key reason why SSBC opted to use co-production within the organisation. This also presents SSBC as being led by the PC&A which again would place them higher up the rungs of the Participation

Ladder as it suggests that the PC&A of have significant control of the decision making within the service.

Why PC&A chose to engage in co-production

A key reason for SSBC to adopt co-production is to access the 'expert' knowledge of service users, to improve their service. However, PC&A gave as one of their reasons to engage in co-production within SSBC as being to influence and challenge the status quo, by including parent voice. One parent had shared their frustrations with 'prescribed' services.

"You are in a square box and your rules and regulations, everything you follow is in that square box but families aren't, they don't fit into that square box" (Parent Champion)

This Parent Champion views their role as being to challenge professionals' thinking about services users' needs. She believes that by engaging in co-production, she is able challenge the assumptions that professionals can make by sharing her 'expert' knowledge of parenting, within the ward she lives in. The Parent Champion is explaining that by engaging in co-production, she can highlight professional misunderstandings about appropriate support. This then allows for the creation services that meet the needs of the community, rather than the presumed needs by professionals. The PC&A feel that as they have experience of being parents in their community, they are best placed to identify how to solve the issue.

"I think the knowledge parents have is invaluable" (Parent Ambassador)

" [from parents] because you know they have the experience behind them rather than just the textbook reading" (Parent Ambassador)

By describing parent knowledge as "invaluable" this Parent Ambassador demonstrates the value she places on parents' 'expert' knowledge. Although this comment was said when discussing parents sharing knowledge with each other, it still remains relevant as it shows that parents have knowledge from their own experiences and that of their peers. This again

increases their 'expert' knowledge, but also underlines the value parents place on each other's experiential knowledge. The second comment also begins to show the importance that the PC&A place on having services which combine parent and professional knowledge.

Views on co-production

All participants gave a positive view of the use of co-production within SSBC. However, some SSBC professionals have identified that more could be done. The general view is that the level of co-production taking place now has improved from the level of co-production initially.

"I have seen like a progression and things are definitely getting better and going in the right way yeah, previously [PC&A] sort of got wheeled in and do this then and then wheeled out" (Coram professional).

Some professionals and PC&A have been involved with the SSBC programme for several years. This means they have a good understanding of how SSBC has worked as a programme, from the beginning stages to where it is currently. This professional acknowledges that in the initial stages, co-production was happening but to a lesser extent. From this description, it would appear that in the early stages of SSBC, they applied what Arnstein (2019) would have described as the consulting level of participation. Arnstein (2019) describes this rung of the participation ladder as allowing the 'have nots' the ability to voice their concern but without any real ability to ensure that the changes made include their opinions. Using terms such as being "wheeled in" and "wheeled out" suggests that there was a level of tokenism with this engagement. This offers some insight into the extent of how coproduced services were and to how far the PC&A voices were used to influence decisions at this time, in comparison to now.

The acknowledgement of this incremental use of co-production has been consistent throughout the interviews and focus groups with the PC&A. The PC&A were able to reflect on their journey with SSBC and acknowledge that the level of inclusion of volunteers has increased.

“I think it [co-production] works, it means that, to me, that co-production is working so much better with SSBC then when I started, from when it first started to where we are now” (Parent Champion).

This Parent Champion had volunteered for several years at the point of the interviews. She was thus able to reflect on her time as a volunteer and the changing level of co-production that she has witnessed over time. She viewed the use of co-production at this time as being “much better”, compared to when she had first started volunteering. The Parent Champion also states how she can see the benefits of using co-production and that when this level of participation from service users is applied, it, in her words, “works”. This positive view of co-production is a theme of all the interviews and focus groups with the PC&A, suggesting that service users feel their voices are being listened to.

Although participants agree that co-production is happening, some SSBC professionals felt that this is only to an extent. These professionals suggested that co-production is not being utilised to its maximum potential to improve outcomes.

“I come from a perspective that we could always do it better, than, we could always do more ... I don’t think we work with them sufficiently to get those ideas from them” (SSBC Professional).

This professional argued that the level of co-production SSBC achieve is the best that she has seen during her career, adding that she has worked for several organisations. However, she felt more can be done to improve the level of co-production. This participant presents the view that SSBC could do more to ensure professionals are working in the best ways with the PC&A, but that they are only currently operating at a consulting level, in relation to Artstein (1969)’s ladder. By increasing co-production, she feels that SSBC will then be able to fully understand and apply service user expert knowledge to improve the service. This is because service users having an active involvement in formulating services with professionals, is a higher level of co-production (Ostrom 1996).

In contrast to the view that co-production is happening but could improve, is the view from other professionals is that co-production is already happening to a high standard and will

only continue to improve. The SSBC professionals who are of this view feel that they are coproducing the service with the PC&A and not just consulting with them. For example, this professional discussed how SSBC have collected data that identifies that there are improvements within the SSBC wards which is partly due to working with the PC&A and coproducing services.

“We’ve got information which shows that, you know, uptake of services is increasing in those areas or that we started to get data through around where, you know, certain things are improving in those areas, and that will be partly because of the parent champions advocating, championing, talking about that work alongside the services that are delivering it” (SSBC Professional)

Although this is not directly a view on co-production, it does suggest that there is evidence of the positive impact of coproducing services. This participant shares that SSBC data shows that more people in the community are opting to use the service. The professional adds that part of the reason for these improvements is that the services being coproduced with the parent champions. This professional believes that parent champions being able to advocate for the community needs has influenced service design, which then has resulted in the increase of participation and improved outcomes. This suggests that SSBC are applying the ‘expert’ knowledge gained from the PC&A through co-production. SSBC professionals also felt that as SSBC continues to provide support within the wards, they will continue to improve the level of co-production. However, they also argued that more can be done, suggesting that SSBC are not at the top tier of the Ladder of Participation but are striving for this (Lanniello et al 2019).

Barriers to co-production

So far we have demonstrated how co-production is used within SSBC and this for the most part has been positive. However, during the interviews respondents have mentioned occasions where there have been barriers to the use of co-production within SSBC.

“In terms of professionals working with the champions and volunteers some professionals find that challenging, some professionals think oh come here and tell me

how to do my job ... we do it like this, this is how we do it, this is how we have always done it, I know best kind of thing” (SSBC Professional).

This respondent is highlighting that there have been times when professionals have put up barriers when working with the PC&A. The tone of this comment suggested that some professionals did not take co-production as seriously as the organisation would encourage, with professionals feeling that the PC&A are there to tell them how to do their jobs. This also shows a lack of value that some professionals can have for the service users’ ‘expert’ knowledge. It also implies that professionals can become resistant to this ‘expert’ knowledge of service users, viewing their own professional knowledge as more important and reliable. This would appear to make the level of co-production tokenistic, moving SSBC further down the Ladder of Participation than previously suggested.

Impact of applying co-production

When creating support services within communities it can be assumed that there may be a level of resistance to the service from those within the community. Avis et al (2007) conducted a study within Nottingham exploring the factors which affected the participation levels of service users within two Sure Start centres. They found that practical, psychosocial, and organisational factors influenced a service users’ decision to opt out of engaging in a support service. One reason was the level of distrust service users had in the professionals. Part of this distrust was that parents often feared that professionals would refer what they felt to be ‘concerns’ to children’s social care. During the interviews with the parent champions, they raised that they too had an initial lack of trust in professionals and feared being referred to children’s social care.

“Certainly in the beginning there’s certain things I wouldn’t share for fear of judgement or for fear of social services I will be honest” (Parent Champion)

“I think the view that everyone has is that if they [professionals] get involved then they are going to take our kids away” (Parent Champion)

In the past, participants have been concerned about the motives of professionals who offer support, fearing that they would be reported to children's social care. For clarity, professionals as a group were being discussed and not SSBC professionals in particular; however, SSBC professionals were included. Neither of the participants quoted felt that the parenting they provided to their children would warrant a referral, but they articulate a fear of judgement and removal of their children that is real for them and many other parents. Avis et al (2007) raised within their study that this could be because support services like Sure Start, or, indeed, SSBC, tend to be in disadvantaged areas. This leads narratives to be created within communities that associate poverty with poor parenting (Avis et al 2007). This narrative is then reinforced by the experiences some parents within these areas have had with professionals.

One Parent Champion made a comment in her interview about trust and being more likely to accept knowledge from those you know rather than those you do not.

“You trust a face you’ve seen before, even if its just a mum you have said hi to at school or a mum you’ve walked past to the shops a million times a day” (Parent Champion).

This offers understanding for two things. First, it provides an understanding of why the negative narratives of professionals and services are able to circulate through the communities. People who live amongst the community will have better awareness and trust with each other, than they may have in a professional that they do not know. This is because as the Parent Champion says, “you trust a face you know”. The participant also goes on to describe her community as a place where those who live there do not often drift too far and entire families will be known within the community. Therefore, parents are more likely to believe a negative experience with a professional or the warnings about sharing information with professionals from family members and friends. This is because they trust and believe those they live with, more than a person who they do not know. This again adds a barrier between support services and the community.

Second, this quotation suggests why more people may be more inclined to access the support from SSBC, as it adopts a form of co-production. Again, “you trust a face you know”.

If there are more parents and carers from the community who are accessing, feeling the benefits, volunteering, and influencing decisions of the service, then other parents may be more inclined to participate. This is because parents and carers are seeing the positive aspects of the services for those they know and trust, particularly in relation to the PC&A. If parents within the communities see people they have known and grown with volunteering, this may reduce resistance to the support being offered and increase the likelihood of attending the service. Evidence from respondents suggests that community members trust the word of the parent more than they would that of a professional. This presents a way in which co-production can both help reduce the barriers between communities and SSBC, and also reduce the impact of negative narratives surrounding support services.

In addition to co-production reducing barriers between communities and services, it was also raised that professionals have had their thoughts challenged by engaging in this approach. By coproducing the service with the PC&A, SSBC professionals have challenged their assumptions about the community and those who live within it.

“it’s made me rethink some of the assumptions that you can make about what works, won’t work, it’s made me probably a bit more professionally curious, to ask a few more questions” (SSBC Professional).

From working within SSBC, professionals have acknowledged that they have had to challenge some of their thinking. This is encouraged by applying the co-production model. This participant admits that she has made assumptions about the communities’ needs based on her professional knowledge and personal experiences. Within this interview, the participant spoke about coming from a place of privilege and how coproducing with PC&A has challenged her thinking. Working alongside the PC&A has encouraged professionals to consider how inequality impacts on people’s everyday lives. By being made aware of these differences, the professional is now more likely to ask more questions to gain a fuller understanding of the lives of those within the community. The participant adds that she now appreciates how differences in inequality impact on people differently, therefore showing an increased knowledge of the lived experience of service users from being repeatedly exposed to their ‘expert’ knowledge.

Conclusion

There is considerable evidence from the interviews to suggest that SSBC are working with the PC&A to influence the design and function of the organisation. SSBC as a whole has worked hard to embed co-production within the organisation and promote this as a core value. This is evident within the SSBC strap line which places children and families at the heart of the organisation and professionals in the background providing guidance. This presents SSBC as an organisation high up the Ladder of Participation, as it appears that service users have a significant amount of power and control over the structure and service design of SSBC.

This higher level of participation then becomes filtered through into how co-production is used within the organisation, reinforcing SSBC's status on the Ladder of Participation rungs. Both the professionals and the PC&A can provide examples of where co-production has taken place within the organisation. This continues to support the view that the approach is at the core of the organisation and evidenced through the actions and practice of the professionals. This is reinforced by the PC&A also feeling that they can see where their views and opinions have been used within the organisation, which will encourage their positive view of the co-production being applied to SSBC.

From our research, it is clear that SSBC values co-production with the PC&A, as it provides them with access to the 'expert' knowledge that the parents possess. SSBC understand that without the PC&A, they are less likely to understand the experiences of being a parent within an SSBC ward, which may reduce the number of participants who engage with the support. By being led by the parent voice, SSBC are more able to address the actual needs of the service users, rather than their assumed needs. This reinforces the argument made previously, that service users understand their challenges best and how to solve them. Therefore, by including them in the solution, SSBC is more likely to make changes within the community which will improve the lives of the families who access the support.

From the perspective of the PC&A, they consider their role as partly being to challenge the thinking of the professionals. The PC&A have lived within their communities, in some cases

for a long period of time and have experienced the support services within them. This has caused the PC&A to have expert knowledge about what has been offered and if it has met their needs and the needs of their family. By using this volunteer role, the PC&A can challenge professional thinking and assumptions, to ensure the community's needs are met. This again evidences high levels of co-production within SSBC.

However, when professionals in particular were asked about their views of co-production, responses varied. All participants agreed that some co-production was happening. All argued that it was not enough, but from different viewpoints. Some felt that the level of co-production was high and will continue to increase, while others felt that it was happening but only to some extent. It is possible that due to SSBC appearing to provide some of the best levels of co-production within the local area, this may provide an illusion of a high level of co-production. This is because if the participants are comparing this level of co-production to a support service who offer little to no co-production, SSBC will appear to be higher up the rungs of the Ladder of Participation, even if it is not very high itself.

In addition to this view that there is more to be done to coproduce the SSBC services, it is important to ask how far co-production does happen within SSBC. Our research suggests that professionals do not always value the knowledge of the PC&A, and that some have felt that the PC&A tell them how to do their jobs. This again could place SSBC at lower levels of the Ladder of Participation if it reduces the level of co-production to tokenism.

Overall, it appears that co-production is a core value of SSBC which is embedded within their organisation. PC&A certainly felt that SSBC provide the highest levels of co-production within a support service within the local area. This is because the PC&A feel they can evidence SSBC providing models and environments for co-production to happen, where the PC&A feel they can influence service design and structure. However, some professionals feel that there are more opportunities to coproduce the service which are not being utilised, due to some professionals not fully valuing the use of co-production and the knowledge possessed by service users.

Recommendations

We recommend that:

- Professionals should receive adequate training on how to work best with the PC&A and service users; and
- There be more consideration as to how the PC&A are recruited to ensure that they are and remain representative of the community, and especially of those who are least likely to engage.

Evaluation of the Ideas Fund

Introduction

The Ideas Fund is based on the principle of community-based commissioning and launched in 2016. It was established to meet the fourth A Better Start (ABS) outcome, System Change. Its secondary intended benefits are the three ABS child development outcomes: social and emotional learning, diet and nutrition, and language and communication. The Ideas fund was £5,000 for 1 year of funding between 2016 and 2021 and up to £30,000 for three years from 2021 to 2024.

The aim of the Ideas Fund is to help services develop their grassroots projects, share their experiences and learning, and enable them to be sustainable beyond 2025. The Ideas Fund encourages local innovation and engagement in the design and delivery of activities that will help local children to: eat well and be healthy; talk and communicate; and be confident, friendly and understand their emotions and behaviour. It is also intended to: support families during pregnancy; improve access to diverse communities; and be father inclusive (SSBC, 2021).

Four projects have been included in this evaluation: New Shoots at St Ann's Community Orchard; Shifting your Mindset's BAME Dads Project; Berridge Nursery and Primary School's Let's Talk, Let's Be Healthy, and Let's Be Happy programmes; and Education FC's Grow Together. The BAME Dads Project aims to equip fathers to support their children through

knowledge, activities, and emotional engagement with their children from pregnancy onwards. It is a weekly two-hour session. New Shoots is a child-centred outdoor space where children and parents play, learn, and have fun together through creative activities, singing and popcorn cooked around the campfire. It is a weekly one hour and 30-minute session. Grow Together aims to support children with their feelings and aspirations to achieve their developmental milestones. Sessions include a weekly one-hour Sports and Movement session, a weekly one-hour Tiny Talk session, and a weekly one-hour Parent Led session. Berridge Nursery and Primary School deliver three projects to pupils aged three: Let's Talk; Let's Be Healthy; and Let's Be Happy. The projects run throughout the academic year and are embedded into children's daily routines within the Nursery. Let's Talk supports children in accumulating vocabulary. Let's Be Healthy supports children to make healthy choices by giving them opportunities in physical development and health, and self-care. Let's Be Happy concentrates on the mental well-being of the children in their Early Years classes and the impact COVID-19 has had on them. These projects received funding in September 2021. Further information about these projects can be found on SSBC's website: <https://www.smallstepsbigchanges.org.uk/>

Aim of the evaluation

The aim of this evaluation was to explore the perceived impact and benefits of the Ideas Fund and subsequent projects and sustainability by exploring: the difference the projects have made to parents and children from birth to three years old; co-production in terms of how parents from the local community have been involved in the design, set up and/or delivery of the projects; further opportunities for parents who have attended the projects; the extent to which the projects have integrated into local communities and developed community connections; and the sustainability of the projects.

Methodology

Data collection and analysis

Data were collected through interviews and focus groups. The focus groups and interviews explored: parents, childminders and staff's experiences and views of the benefits of the

projects funded by the Ideas Fund; co-production and further opportunities for parents; and community integration and connections. The staff interviews also explored the Ideas Fund application process and the sustainability of the funded projects.

The parents and child minders interviewed were recruited by a member of the evaluation team who attended the sites or recruited by staff from the projects. For the former, parents were informed of the study verbally and provided with a participant information sheet that provided further details. Those interested in participating took part on site or gave their contact details to the member of the evaluation team in order to take part via telephone. Where participants were recruited by project staff, staff informed parents of the study via an email provided by a member of the evaluation team, which included details of the study and an information sheet. Those happy to take part provided their contact details to be passed onto the evaluation team. The focus groups held at the BAME Dads Project were organised by a member staff from the project.

Twenty-four parents and two childminders participated in an interview or a focus group. This includes 10 participants from New Shoots; 10 from The BAME Dads Project; and six from Grow Together. Fifteen participants were female and eleven were male. Whilst parents from Berridge Nursery and Primary School were invited to participate in an interview, only one parent came forward and this was not deemed a sufficient sample size for this project. Focus groups took approximately one hour and interviews between 15 and 30 minutes. As a thank you for participating, parents received a £20 high street gift card. Seven members of staff participated in an interview. This comprised: two members of staff from New Shoots; one member of staff from the BAME Dads Project; three from Grow Together, and two from Berridge Nursery and Primary School. Staff were recruited via an email to relevant professionals. Six interviews took place face-to-face on site and one via video over Microsoft Teams. Interviews took approximately one hour.

Interviews and focus group data collated were thematically analysed.

Review of the literature

Introduction

Funding for grassroots community projects aims to provide communities with the opportunity to improve local services and community infrastructure and is often awarded to fund projects that might otherwise find it difficult to obtain funding from elsewhere (Local Trust, 2020). Grants can be used to fund a one-off event (e.g., a festival, concert, celebration); to pay for equipment (for example, furniture, computers); for repairs/maintenance or the hiring of space; or for longer-term project provision (Hornung, 2020; Davis et al., 2022). They can also support existing local provision, sustaining existing services (Davis et al., 2022). Key to successful grant provision is: clarity on what grants can be used for; an awareness and understanding of local needs; informative, fair, and simple grant processes; monitoring to establish outcomes; an enthusiasm to take risks and try new things; and the provision of support (Davis et al., 2022; Thomson and Caulier-Grice, 2007).

Grassroots projects are small-scale and are often run by voluntary organisations, local community groups, cooperatives, and social enterprises (Seyfang and Smith, 2007; Hornung, 2020). Grassroots projects develop from the knowledge and experiences of local communities and aim to address local needs through bottom-up decision making, i.e., decision making that involves people at the community level (Hornung, 2020; Stevens and Morris, 2001; Seyfang and Smith, 2007; Dana et al., 2021; Seyfang and Smith, 2007; Kelly and Caputo, 2005; Martin and Upham, 2016).

Benefits of grassroots community projects

The provision of community grants gives local communities the opportunity to identify and respond to local needs with appropriate services (Local Trust, 2020). Community funded projects are also a vehicle for community connectivity and cohesion due to their ability to develop social links with members of the local community and to help foster a sense of community through communities working together (Kirwan et al., 2013; Rogers et al., 2008). Community funded projects are also important to the infrastructure and resilience of

communities by supporting community regeneration, generating local job opportunities and developing the skills and confidence of those involved (Hornung, 2020; Kneafsey et al., 2016; Seyfang and Smith, 2007; Kirwan et al., 2013). Another benefit of grassroots projects is their empowerment of local communities in terms of their ability to give them control over how money is spent and what services are provided (Feola and Nunes, 2014; Davis et al., 2022; Thomson and Caulier-Grice, 2007). Community grants have also been shown to encourage local community organisations to apply successfully for larger grants to continue beyond local funding, or to set up a new service or activity (Davis et al., 2022; Local Trust, 2020).

Co-production of grassroots community projects

Including communities and service users in the co-production of services contributes to ensuring they meet the needs of communities, in terms of what services are required, for whom, where and with what desired outcomes (Bovaird and Loeffler, 2013). Co-production can include co-commissioning, co-design, and co-delivery. Co-commissioning helps to ensure that services funded are those relevant to communities and focus on the outcomes they want, meeting their needs, instead of services that the public sector are accustomed providing (Bovaird and Loeffler, 2013). Co-design involves including local communities in the design of services and is based on the premise that members of local communities know what services are best for their community and how they should be designed and delivered to meet local needs (Bovaird and Loeffler, 2013; Bovaird and Loeffler, 2013; Voorberga et al., 2015). Co-delivery of services involves members of the community delivering services with professionals (Bovaird and Loeffler, 2013). The community members bring their lived experiences to the service to support its delivery (Bovaird and Loeffler, 2013).

Challenges for grassroots community projects

Grassroot projects face a range of challenges including: financial; developing links with communities; and learning (Feola and Nunes, 2014). Grassroots projects can struggle to develop links with local communities, and this has been shown to be particularly difficult where the grassroots project does not reflect the diversity of the local community (Seyfang and Smith, 2007). Previous research has found that short term projects rarely evaluate or

document their project for the purpose of learning (Seyfang and Smith, 2007), resulting in missed learning and a failure to identify problems (Dana et al., 2021). Grassroots projects often struggle to secure funding and must rely on short-term low-level funding (e.g., grants, lotteries, donations, local authorities); and experience difficulties obtaining long-term funding due to the competitiveness of grant funding and cuts (Seyfang and Smith, 2007; Middlemiss and Parrish, 2010; Local Trust, 2020; Thomson and Caulier-Grice, 2007). There is also evidence to suggest that those more familiar with funding bids are more likely to apply and be successful than those who are not, raising concerns about reach (Local Trust, 2020).

Findings

Application process and monitoring requirements

The process for applying for an Ideas Fund grant appeared to be simple, robust and supportive. There is support available throughout the application process including: workshops; reminder, and a key contact with whom applicants can get in touch if they require further information and guidance. It was noted by one interviewee that there are opportunities to provide clarification upon submission of the application form, for example where further information is required to decide whether to award a grant. However, it was suggested by another interviewee that the application process could be daunting for individuals inexperienced in applying for grants.

“They do support you, in areas where you’re lacking, they will ask you questions. If you didn’t describe it properly, they will ask you, what is it you mean when you say this, what is it you mean when you say that? So, they give you an opportunity to think through, which makes it better” (Staff).

“I think you have to be quite experienced to actually do it... if I was 15-20 years younger, it might have been quite daunting. But you've always got someone there to get in touch with... If you don’t understand about things, you can always contact them” (Staff).

Support was provided during the application process and beyond, i.e., throughout the delivery of the projects and was considered very good. The interviewees spoke of how they received support, encouragement, and given ideas for their services.

“They’re very, very supportive, the support they give you throughout. I’ve got [name of staff at SSBC removed], she’s amazing, she’s very proactive you know, she’s always there like to help me, to say, ‘oh why don’t you do this?’ You know, like the voice of reason... And without having to worry, she has been there to help me do the project” (Staff).

“They’ve had the support days that I’ve been to, that have been beneficial, and we’ve taken ideas from. So as a whole, it’s been a good experience” (Staff).

One interviewee would have liked more information on what to expect at the initial Ideas Fund meeting. Another interviewee would have liked further information on the number of networking events so that time could be factored in to attend these events.

“When we went along to that initial meeting, probably wished I knew a little bit more about what to expect” (Staff).

“There’s lots of networking meetings, that would be, it would be great to be able to attend, that we actually haven’t yeah, possibly didn’t allocate time to that” (Staff).

Monitoring data is required of the services. The amount of data required was more than one interviewee expected. It appeared that it may have been helpful if data monitoring requirements were clearer at the start, so that time required to undertake data collection could be planned into the Ideas Fund application. However, it was apparent that there was some flexibility with regards to monitoring data, with one interviewee reflecting on how they were able to make amendments to the data set required.

“It’s interesting how much data they [SSBC] want, actually, yes. Because it’s a lot more detailed... The allocation of time required to do it, is a lot. I think if we were

looking on things again, we would possibly put more, perhaps need more time for data collection” (Staff).

“We’ve been able to make some adjustments that fit our needs around the data... Which has been helpful” (Staff).

Co-production with parents

Two of the projects included in this evaluation have included parents in the design and/or delivery of their projects: the BAME Dads Project and Grow Together.

Consultations were carried out with fathers from BAME communities prior to developing the BAME Dads Project. During these discussions it was discovered that there is very little support available to fathers from BAME communities in Nottingham. This finding was one of the reason the BAME Dads Project was established.

“They’ll be talking, they’ll be like, oh it’s a good thing that you have this, but there is nothing out here for us men, you know” (Staff).

Fathers have continued to be involved in the development and delivery of the BAME Dads Project. The fathers attending the groups are encouraged to raise awareness of the project and they lead on engagement activities. They actively raise awareness of the group and encourage fathers from BAME communities to attend, through word of mouth and via local television and radio shows, and their own podcast.

“The dads are involved in the community outreach, involved in running and delivering the activities or events. They’re coordinating things, they’re hands on. They’re involved in doing the groundwork of getting other men to come. The engagement activities, they lead on that” (Staff).

“We’ve been shouting at all these radios we’ve been on, Notts TV’s just gone. Radio Nottingham, podcast. So, the Radio Nottingham’s more for literally about the dads’ group [BAME Dads Project], and the dads’ garden” (Parent).

The fathers attending the BAME Dads Project also get involved in other activities, including a podcast, 'acts of kindness,' a WhatsApp group where fathers can chat and provide ongoing support to each other, and sourcing an outdoor space where fathers can meet in the summer. The podcast is aimed at spreading positive messages and supporting men from BAME communities around the world. The outdoor space was a neglected community garden which the dads have transformed into a place where they can meet to chat and share food. They are also planning to hold events in the garden, for example barbecues and Easter hunts and dads attending the groups have been encouraged to put forward ideas. The 'acts of kindness' involve the men from the BAME Dads Project going out into the community and carrying out acts of kindness, such as handing out food to those in need.

"The podcast is worldwide basically, it's national, international. But it's just spreading the positivity" (Parent).

"I say to him [father from the BAME Dads project], I was just in prayer, and I was just thinking, we need something you know, for the dads, and all of that, an outdoor place... He's like, 'yes I do, I know of a garden that has been abandoned'... We're growing things. It's growing things, it's gardening for flowers. We're going to put a bench for wellbeing. We do fires around it, when the men are just sitting with marshmallows and having food" (Staff).

"We was getting all the dads to come across with ideas what we could do at the garden or whatever. Some people said a barbecue, or like an Easter hunt" (Parent).

"Just was delivering food all round Nottingham... It's an experience I'll never forget. Because there were moments in there when you know, where people who were struggling, just couldn't believe that we were giving food away" (Parent).

In addition to the above, a key element of the BAME Dads Project is peer support with those attending the group supporting each other. They are also actively engaged in identifying other sources of support and professionals that could help and aid those attending the programme.

“The idea is, we all help each other. So, I think we are all kind of facilitators in a way or another. Like [name of participant removed] was saying, some are more involved than others. But really and truly, everybody gets involved, and we’re all about supporting” (Parent).

“I’ve even got other people that want to come in and offer more services and whatever” (Parent).

The initial concept of the Grow Together Parent Led session was that parents would put forward ideas for activities to do during the session. However, there have been difficulties in terms of putting this into practice. Getting ideas from parents has been a challenge and as a result the employed staff have often led on the activities instead. More recently however, one of the parents has taken a lead role, by running craft activities every week. Initially this parent attended the Parent Led sessions as a service user only. The collaboration came about after she offered to deliver some arts and crafts sessions, because she had a substantial amount of experience delivering these types of activities (having previously worked as a teaching assistant and trained as a teacher).

“I tend to have to come up with a lot of the ideas. But just recently, a parent has got involved, and she actually takes, not a massive chunk of it, she more does the arts and crafts side. So, she’ll come herself, she’ll set up a little table, and she’ll come with the idea” (Staff).

“So, I was a teaching assistant, then I did my teacher training. And it just kind of came up in conversation that way. So, when I was offering to [name of staff removed], saying you know, would you like me to do the arts and crafts” (Parent).

Further opportunities for parents

Several parents attending New Shoots had gone on to take part in: the Talks and Tours at the site; community activity and open days; workshops including Wreath Making and the Family Grow, Cook and Eat sessions; and a one-off Story and Rhyme Time session at the

orchard. Some parents and grandparents have also gone onto volunteer at The Growing to Grow Project.

“Some of the parents have gone onto Talks and Tours. They’ve been involved in volunteering. I mean some workshops that are on. They come along to our community activity days, the come along to our family Grow, Cook and Eat sessions” (Staff).

“Is it Small Steps Big Changes?... Yes, they did a sort of crossover library, reading thing at the orchard, which I think they usually do at the library” (Parent).

“I’ve done something on my own... which was the wreath making thing last year” (Parent).

Attending the BAME Dads Project had led to several opportunities for the fathers. Two of the fathers attending the BAME Dads Project help to deliver the sessions when the founder is not there. They have completed the Care for the Family’s Facilitator Training to carry out these sessions. Fathers also have access to courses including the equipped2succeed programme. Several fathers have had the opportunity to meet with local MPs to raise awareness around the difficulties and prejudices fathers from BAME communities experience when going to court to gain contact with their children.

“I’ve got two volunteers, two dads volunteers, that help me, so it’s a contingency plan you know. If I’m sick, or if I can’t be there, there are two other dads that step in... I went through parents’ facilitating course, with Care for Families... And they’ve gone through the courses as well” (Staff).

“Equipped2succeed, I’m on that course” (Parent).

“Meeting MP’s just to tell them about obviously like, when we’re going into court and stuff like that. We’ve been judged before we even walk through the door” (Parent).

Benefits for children and parents attending the projects

New Shoots

Several benefits were identified for children attending the New Shoots sessions. Being outside in nature was perceived to be beneficial for children's physical and emotional wellbeing and considered therapeutic..

"It just helps kids to relax as well. Like sort of trying to get out. There's something quite calm about it. Whereas a lot of other toddler groups, it's quite busy, and you know, sort of a lot going on. But I think because it's outside, because of the large amount of space, I think I've seen my children like be you know, like quite calm and relaxed in a very positive way... Maybe it is just being outside, it is kind of therapeutic" (Parent).

New Shoots was deemed to have supported children's confidence due to several aspects of its sessions. Singing around the campfire appeared to support children's confidence through encouraging children to select a song to sing and to sing in public with others. Interacting with others was considered to have supported children to develop their confidence, because they were meeting and communicating with adults and other children. Spending time outside in the orchard was deemed to have contributed to developing children's confidence, because it is a safe place for children to explore. New Shoots was also perceived to have support children's socialisation as they were able to meet and play with other children in a familiar environment. This was deemed particularly beneficial for children that were shy around others.

"She [child] would always sing in front of me, it was just never in public. Now she'll do it in front of adults, she'll sing on the bus. So, it [singing around the campfire] really does build that confidence" (Childminder).

"He's off with the other kids sharing, so yeah, his confidence has come out a lot more... Just being around children generally. Because he wasn't too great with new people. But then going there, because he's sort of got to know everyone there, so

he's like, sort of goes to other people now... Before he was a bit wary, but I think having loads of kids there, he's definitely come out of it... He's not as shy" (Parent).

Children learn words during the New Shoots sessions, for example the names of the fruits, vegetables, and birds they see in the orchard and the words they learn when they sing nursery rhymes around the campfire. This was perceived to have supported children's language and communication development. Socialising and interacting with other children and adults was also considered by some parents to have supported children to develop their vocabulary, as they learned new words from others.

"The birds, the bugs. So, colours, fruits, vegetables, all the words, they're learning. They will be taking that to pre-nursery school, so that's getting them ready, that's part and parcel, A, B, C, D, E, 1, 2, 3, 4, nursery thymes. I think that is so beneficial" (Parent).

"The interacting with other people, and like I say, with the adults and with the children, like just having that space again, to yeah, I guess communicate. So, he will be learning words while he's there" (Parent).

Children learn how fruit and vegetables are grown during the New Shoots session and they can eat the fruit they have picked at the orchard, which encourages healthy eating. They are also allowed to take the fruit home with them to eat as a snack or to use in recipes.

"I think it's learning about where the food comes from... If he sees a blackberry, he automatically picks it... He understands he can pick things and eat things. We take them [apples], and we cook together when we get home, sometimes... he'll help with the crumble" (Parent).

There were also benefits for parents attending the New Shoots sessions. Many parents reported that attending New Shoots gave them the opportunity to connect with other parents and some discussed how attending had helped to reduce feelings of loneliness and isolation.

“It’s really nice to know that, okay I can go, and there’ll be other people that I can talk to and connect with. Which is really nice if the alternative is, you’re just going to be on your own with your toddler. That can be quite hard” (Parent).

Grow Together

The key benefit of attending Tiny Talk was perceived to be parents and children learning to communicate with each other through baby sign language. Interviews with parents showed that their babies understood the sign language and in some instances were able to sign back. Parents reported that they used baby sign language at home and that this had helped them to understand what their babies wanted rather guessing and becoming frustrated. One parent reflected on how her daughter had attempted to say the word being signed and how Tiny Talk was subsequently supporting her baby’s early speech.

“I showed her the sign for more, made her do the sign for more, and I kept on repeating it and she did it. And she did more, and obviously I gave her a snack, and it was amazing. I was like wow, she's actually learnt... We’ve taught her the sign for finished as well. So, she can say, more food, and she can you know, she can communicate that she's finished, and she wants taking out of the highchair” (Parent).

“It’s made things a little bit easier than what it would have been. Because now, rather than [her] kind of screaming, and me not knowing what she's wanting, she's looking, she's touching for a feed you know, she is doing that little hand thing” (Parent).

“She understands eat, she understands drink, thank you, she understands in fact, actually she had the sound of thank you the other day, just at the right time” (Parent).

Some parents reflected on how their baby interacting with other babies and adults had been beneficial as it had encouraged them to interact with others. One parent reported that previously her child would not be comfortable leaving her side but since attending Tiny Talk

had developed the confidence to do so. Another spoke of how being around other babies supported her child's development, indicating that her daughter learned from the other children attending Tiny Talk.

"Like everyone's just sat there while the babies are crawling about, and it gives him a chance to approach people on his own. And like when we first went, he wouldn't move very far away from me. But now, he's quite happy to crawl around and see different people" (Parent).

"It's brought her on as well, with her confidence. She watches the other children, and the way they're moving, and what they're doing, and she takes it all in. And it's helped her with her physical development" (Parent).

Tiny Talk also had benefits for the parents attending. Tiny Talk was described as a supportive and relaxing environment where parents could socialise and interact with each other. Some parents reported that Tiny Talk offered them the opportunity to share their experiences of parenting with other parents and to give and receive advice around a range of topics including sleeping routines, feeding, and other local baby groups. It also helped to reduce feelings of isolation amongst some parents and enabled parents to meet other adults with children of similar ages. Some had made new friends at the sessions and in some instances, they provided support to each other outside of the sessions.

"I think the social aspect is good as well. Sort of being able to interact with other mums in the local area that you know, have kids similar ages, and so therefore are going through similar things. So, when we get to chat, sort of at the end you know, you're comparing stories and sharing stories, and getting tips and tricks from each other, 'like this works with mine', 'well this didn't work with mine' etc, etc." (Parent).

"Made a couple of friends down there, that I chat to you know.... Send text messages and chat over text messages and stuff... It's nice to have somebody at the other end of the phone that you can talk to, or just ask little tips" (Parent).

The Sport and Movement sessions were seen to support children prior to entry into school, by developing their language and numeracy skills. The sessions were seen to develop children's vocabulary, listening skills and numeracy. In addition to developing language and numeracy skills, the Sports and Movement classes benefited children's physical fitness and fine motor skills.

"It was very much about listening and attention skills, and taking direction from an adult, which is obviously really good in preparing them for moving up to school... Alongside other things, they even incorporated numbers, and reading and things, into the session at different points... Communication and language" (Parent).

"And then it's physical as well... It was primarily based around football skills, which they were very much into... And just help them develop some gross motor skills" (Parent).

The Parent Led sessions are an opportunity for children to be creative and to express themselves, learn to share and develop their vocabulary. Producing something to take home at the Parent Led session, through the arts and craft activities, was seen to give the children a sense of achievement. The Parent Led sessions were also seen as beneficial because they provided a variety of healthy food options, which encouraged healthy eating.

"Just being given a blank canvas with a bit of paint, and you know, they can be so expressive... And there's so many skills they can get from an arts and crafts activity you know, for the sharing, the turn taking. And then there's the vocabulary that comes along with that, your colours you know... And then it's the pride of the achievement as well. I remember one little girl [name of child removed] and it was like, 'whoa look what I've made,' and you know, it was that sense to achievement for them is valuable too" (Parent).

"There's always a snack time, so that the children can experience a variety of foods and healthy and get used to healthy eating and things like that" (Childminder).

A key benefit of attending the sessions was the peer support provided. The fathers supported each other by sharing their own experiences and providing each other with advice and information. The group was deemed to have supported the mental wellbeing of fathers as they were able to open up about their experiences and difficulties at the sessions.

“They were asking me, ‘how do you feel mentally?’ I said, ‘I’m fine,’ but I wasn’t. I wasn’t all right. It helps a lot being around these people you know, because you get to hear different stories you know. So helped me a lot to be here. I’m not alone. Hearing from their situations, I know I’m not alone, I can always talk to them, I can open up to them... We try to check everyone’s mental wellbeing, make sure everyone's good, everyone's fine. If there's any main problems, like even me a couple of weeks ago, I’ve had a main problem. So, I came in, and I just let out you know, I just wanted the group to know it, so I just let it out. And then after that, you know what I mean; I was just like, phew” (Parent).

Attending the BAME Dads Project had supported some fathers to gain contact with their children and to continue to have a relationship with them, despite separating from their mother and no longer living in the family home. In some instances, support and advice obtained at the sessions had prevented the need for fathers to go to court to obtain the right to see their child[ren], with arrangements being made in agreement with their ex-partner instead.

“They [BAME Dads Project] really were trying to push for sort of like a mediation first. Because I think they understand that nobody really wants to go down that route [court], not really... I mean it has helped, I’ve had my son stay over now, like two, three times. I’ve seen him on some like weekends” (Parent).

In addition to peer support, the fathers attending the BAME Dads Project receive practical support, including access to solicitors, information on their rights as a father, where to go for financial support (e.g., child benefits and job seekers allowance), support to complete

the C100 Form (to make arrangements for a child, or resolve disputes about their upbringing), and the provision of food.

“I was struggling financially. So, once I came here, these people showed me the right places to go. Contact this place, contact this place. And the very next day, I started contacting these places, things start happening for me, like straight away you know.... It’s like the child benefit. So last week, a week today, to job centre, and they gave me some money as well” (Parent).

“Like I was struggling for food as well, I wasn't eating properly, they helped me... I've gone to the sessions, I've been fed, I've been properly looked after” (Parent).

The community garden enabled fathers to engage in gardening, which had reportedly offered a therapeutic distraction and helped to relieve stress, and made it possible to run family events which supported fathers’ relationships with their children.

“We was getting things done in the garden. And we really transformed it you know, we got a lot more work done than usual. And yeah, it’s really good to have this. And it’s practical, stress release” (Parent).

“We’ve also got other schemes that we do where we will do like you know, day events... We did the Jubilee, events which actually help fathers get involved with their children” (Parent).

[Berridge Nursery and Primary School’s Let's Talk, Let's Be Healthy, and Let’s Be Happy programmes](#)

The Let's Talk programme had supported children’s communication and language development, with speaking, listening and understanding early years foundation scores reportedly increasing by 15%. In addition, children were apparently talking more in school and at home and it had supported children with English as an additional language to talk with more confidence.

“Our data for our speaking and listening, and understanding in nursery, went up probably about 15%” (Staff).

"I've had parents saying to me, 'they're talking a lot more now, since they've been in nursery'. But it's when parents say to you, 'are you doing work about bees?' Then you know that the language is going home" (Staff).

“You've got children who've got English as an additional language, and then all of a sudden, they're speaking to you quite confidently about magpies, pigeons, or worms, spiders, 'that's a grasshopper'" (Staff).

Let's Be Healthy had encouraged children to try different fruit and vegetables and to exercise. It was also suggested that the programme may have contributed to fewer children at the school being considered overweight or obese.

“Trying different fruits and vegetables... And talking about it you know, talking about how they keep themselves healthy. Talking about making sure you exercise all the time” (Staff).

“I have noticed a couple of the year 1's has lost quite a bit of weight, actually. I don't know if that was anything to do with it or not, but we don't have a lot of issues with obesity. So obviously, what we're doing and what we're talking to children about, is having some kind of impact hopefully” (Staff).

The Let's Be Happy Programme had encouraged children to consider how they feel and to talk about their emotions with teachers. This programme had also reportedly supported children to develop empathy for others.

"I don't think we've got any children that don't really talk to us. If they're looking sad, they will talk about why they are you know, because they know, they've had those opportunities to talk about it throughout. So, I think that's had an impact on it" (Staff).

“Another little boy fell over, hurt himself. This child, who we really wouldn’t have expected him to do it, went up and picked up the sad card, and gave him the sad card. And it was a huge moment for all the staff. Because of his empathy, that so and so’s crying, but the fact that he was crying, and recognised that” (Staff).

Community integration and connections

New Shoots

Establishing a group targeting families with younger children had integrated the orchard further into the community, by widening access and participation. Some parents reported that the New Shoots sessions have a ‘community feel’ due to its social aspect, in which families gather around the campfire at the end of the session for a song and to chat.

“I think New Shoots have really helped bring in local families with the young kids. Because that’s what we’re starting to see now” (Staff).

“Bringing everyone together and having that community feel of everyone around the fire, and then the songs... But I think for me as a mum, that community sense, and that community feel is so important... For me, like that just gathering around a fire and being together feels really lovely every week” (Parent).

As a result of their relationship with SSBC, staff at New Shoots have been able to further develop connections with families in the local community. They have done this by attending events organised in St Ann’s by the Family Mentor Service at Framework HA.

“I would say with the Family Mentor service, when they have got networking days, the idea that we would be specifically invited along as STAA to come along to these big events. Which are based down at the Chase. And it was a good opportunity for us to engage with families there, in the community” (Staff).

Grow Together

A key aim of Education FC is to build a community hub and the Grow Together sessions have supported this goal by allowing the organisation to provide group activities for children from birth. Groups for younger children was seen to support the organisation's integration into the community further as it enabled them to develop relationships with the parents. This was seen as key to encouraging families to access the different groups available to their children up to age 16.

"We're trying to build a community hub... We want to show, when you come onto the park, we can say right, you've got a kid this age, this is what we do for you... So, it's got more community cohesion than just the project itself... Providing 0-15, 16 years old long term, we've got something for you, got something for your brother and sister... It's really nice that we can provide that route all the way through [to adulthood]" (Staff).

"It [introducing groups for younger children] has probably given us an opportunity to speak to parents more. Obviously with babies, you like, you interact with them, but you speak to the parent about our experiences as parents.... We're able to build that relationship with parents much more, integrates the community to what we do" (Staff).

Two respondents mentioned how much Education FC are integrated into the local community and more specifically how much they do for the local community, including their groups for children of all ages and other outreach activities such as handing out Christmas hampers. The organisation appeared to be popular with the local community with many families attending the groups.

"I am aware that they are, for lots of different things, for the community as a whole... I mean I never frequented that park before; you know; there wasn't any facilities as such. Definitely no groups or anything. Now you see all of the things

they do, sort of like, I've seen them hand like Christmas hampers out to the local community in previous years" (Childminder).

BAME Dads Project

The dads' garden was previously a community garden that was not being used and it has been restored by members of the BAME Dads Project. The garden is used by the group to meet and for gardening but will also be open (once further work has been carried out) to the wider community in the future where events can be held.

"A community garden, helps with community development, where we develop things for the rest of the communities... And we are opening, once we've finished developing it, we're opening it up for the rest, we're doing a launch, and then the rest of the community can come in" (Staff).

The acts of kindness carried about the fathers attending the BAME Dads Project have included approaching others in the local community to get involved, including requesting a discount on fruit to be handed out. They have also provided opportunities for networking and meeting others supporting local communities. Both of these have supported community connections.

"The random acts of kindness... I was fortunate enough to be a part of that first one... We ended up as well, speaking to another person that worked, that volunteered, and just, he was sharing his story of helping people in the community and everything. So, it turned into a bit of a networking as well" (Parent).

"I've got a friend who owns a fruit market, I went to school with him.' So, I went and approached him, asked him, if I could get like a hamper of fruit at a discount price. So, I'm going out into the community, and I'm using my influence, and like people to get involved" (Parent).

Berridge School and Nursery

Berridge School and Nursery are already integrated into the local community. However, the Let's Talk, Let's Be Healthy and Let's Be Happy programmes had helped to develop relationships and connections with parents further, as they have opened up discussions about children's experiences of these programmes.

"I think, because we're a school, we're already part of the community. But I must say that it's helped in having those conversations with parents. Because when parents, at parents evening, or at the end of the school day, have made a comment 'well they [children] were telling me about this, they were talking about that,' then you can actually, you can open up a wealth of conversations. And that's where I think it's been useful" (Staff).

Sustainability of the projects

Staff at New Shoots have attended meetings with SSBC to explore funding opportunities, which have included the signposting of possible sources funding, provision of advice on the process of applying for funding, and information on how to promote existing services to potential funders. In recognition that community projects often rely on short term funding, New Shoots have a list of funders they often approach for grants. They are currently exploring other funding opportunities and have recently appointed a funder to explore this further.

"They have directed us to potential funders. And we had a conference meeting, where somebody was brought in that talked about funding strategies or ideas that would support funding... That idea of a project being able to flex and shrink as well. Or investing in ideas so that you can show funders what you've already done" (Staff).

"These sorts of projects are very hand to mouth as well. We have got various funders, or trust funds that we apply to... We've actually brought in a funder to look at our funding strategy for the future" (Staff).

Education FC are considering applying for funding to continue to deliver the programme.

“The main thing for us would be probably looking for more funding to deliver it”

(Staff)

The funding received by SSBC was considered a stepping-stone to further funding for the BAME Dads Project. It has allowed Shifting Your Mindset to build a track record and to evaluate the BAME Dads Project. Plans are in place to apply for further funding to fund the recruitment of more staff and to expand their service to include supported living for men experiencing homelessness.

“Our plan was to do an evaluation, build our track record, and then apply for funding... We want to be able to provide a service where we supported living for homeless men. So, which will then enable us to have like, apply for tenders and contracts with the councils and all of that. But we need that track record first. They [SSBC] have provided that steppingstone. Here are the tools, here’s one rod, and here’s one worm, now fish” (Staff).

The Let’s Talk, Lets’ Be Healthy and Let’s Be Happy programmes were already established prior to receipt of a grant from the Ideas Fund. The funding was used to invest in resources to enhance the programmes. Consequently, the programmes are sustainable as they are delivered by staff already employed at the school and if new members of staff join, they would be trained to deliver the programme. Furthermore, any resources lost or broken would be replaced with money put aside.

“So, the funds weren't actually paying for an extra adult, I used it to buy the resources, to enhance what we were doing, so we can carry on doing that... And if things do get broken or lost, we’ve got some money to replenish them, but it keeps going and going and going, because we’ve put those things in place. And it’s just about retraining new staff that come in, on those programmes” (Staff).

Conclusion

The application process was perceived to be simple and supportive but potentially daunting for those without previous experience of applying for grants. Improvements suggested were further information on what to expect from Ideas Fund events and data monitoring requirements. Two of organisations included parents in the co-production of their projects, which consisted of putting forward ideas for the sessions and also co-delivery. Further opportunities for parents appeared plentiful amongst three of the projects and included training courses and volunteering opportunities, and access to other groups and activities. The projects have been beneficial for the children and parents attending them. Benefits include improvements in children's communication and language; healthy eating; and social and emotional wellbeing. Benefits for parents included: enhanced mental wellbeing; reduced isolation and loneliness; and practical support (e.g., financial aid, support to see to their children). Funding from the Ideas Fund had supported the projects' integration into, and connections with, local communities by widening their reach, through developing groups for families with younger children; outreach activities in the community; and opportunities to develop relationships with local parents. All the projects were planning to continue beyond the three years they have been funded for. Approaches to sustainability varied with one organisation hiring a fundraiser; applying for further funding; and using the Ideas Fund grant to buy resources so that the project can run beyond the three years without further funds being required.

Recommendations

We recommend that SSBC:

- Provide information about future Ideas Fund events in advance; and
- Be clearer about the amount of monitoring data required of projects receiving grants from the Ideas Fund.

Attempt to apply cost-benefit analysis

Introduction

This section sets out our findings from an attempt to apply cost benefit analysis (CBA) to Small Steps Big Changes. CBA is a method that is used by economists to determine the effect that a project has on social welfare. It is based on assigning monetary values to relevant economic costs and benefits associated with a project and if the benefits outweigh the costs the project is deemed worthwhile. This is clearly a difficult exercise but is nevertheless one that has been tackled elsewhere, most notably in the USA.

Principles of Cost Benefit Analysis

The overall objective of a CBA is to determine whether a project contributes to social welfare (see Boardman et al (2018) for an introductory textbook discussion). There are several steps to conducting a CBA:

1. *Identification of costs and benefits.* CBA requires that all relevant costs and benefits associated with a project are identified. It is important to note that the requirement is for economic costs and benefits, which may differ from the more familiar concept of financial costs and benefits. At this stage it is also important to identify who incurs the costs and to whom the benefits accrue.
2. *Generation of monetary values.* Monetary values are placed on the types of costs and benefits identified in the previous step. This is typically the most challenging part of any CBA exercise because for many projects appropriate market prices that fully reflect the opportunity cost of the use of a resource or the willingness to pay for a particular benefit do not exist. Shadow prices often need to be.
3. *Discounting over time.* This process weights the value of costs and benefits over time, with smaller weights applied the further into the future we go.
4. *Presentation of results and sensitivity analysis.* The final step is to conduct sensitivity analysis and to present the findings. In the preceding three steps the CBA practitioner will make assumptions, which need to be tested to assess the

robustness of the findings. Finally the findings will be presented in terms of a net present value (NPV), a benefit-cost ratio (BCR) or internal rate of return (IRR). A positive NPV or a BCR greater than 1.0 means that the benefits outweigh the costs. The IRR is a little different. This asks what the discount rate is that means that the NPV is equal to zero. This is then compared to a market rate of return and if higher than this market rate the project is deemed as worthwhile.

CBA has been applied to publicly funded projects across a range of policy areas, including social policy. Despite it being established as a key tool in the evaluation practitioner's toolbox, it remains controversial. First, CBA is not a value-free technocratic exercise. The process of monetary valuation generally makes the very strong assumption that an additional pound of income is equally valued by rich and poor alike. This is a very difficult problem to address. This concern is clearly relevant for projects such as Small Steps Big Changes which are deliberately targeted at disadvantaged groups. Second, the process of discounting places greater weight on the value of consumption of the current generation compared to future generations. Projects with high up-front costs and a long-term stream of benefits do badly under CBA because the process places a greater weight on the up-front costs. Again, this is relevant for a project such as Small Steps Big Changes as many of the benefits from early life interventions accrue much later in life. In the UK, HM Treasury prescribes the discount rate to be used in the analysis of publicly funded projects.

Currie (2001) suggests that there are both *equity* and *efficiency* justifications for pre-school/early life interventions. The equity justification is based on the idea of addressing unequal opportunities and life outcomes. The efficiency justification is based on the presence of market failures such as liquidity constraints which prevent parents from investing in activities that will improve the human capital (and standard of living) of their children; information failures whereby parents find it difficult to assess the quality of pre-school care; and a range of externalities associated with education and development such as spillover benefits that accrue to other children.

Literature review

The aim of this review is to draw out some broad conclusions that relate to these types of intervention, which take many forms. Some are small scale model programmes while others are large scale public policy interventions. In some projects the balance of activity is centre based rather than home based and vice versa. Some projects begin with prenatal activities. The mix of activities between child and parent often varies. They all, however, share the common aim of improving the lives of children that they target.

The Value for Money of Pre-School Interventions: The Case of the USA

Two projects have been extremely influential. They were designed and implemented with specific features that made them amenable to economic analysis, including the use of treatment and control groups and longitudinal data collection (over decades in some instances). They have provided a template for the design, implementation and evaluation of pre-school/early life interventions. These fall into the category of small scale model projects.

The HighScope Perry PreSchool project was implemented in Ypsilanti, Michigan in 1962 (see highscope.org for more information on this project). It had 123 participants, all 3 or 4 year old African American children from disadvantaged backgrounds who were at risk of failing school. Children were randomly assigned to a treatment group or a control group. The treatment group received centre-based activities for 2 ½ hours per weekday, home visits and group meetings of parents. Data was collected on entry and each year up until the age of 15. In order to capture the long-term benefits of the project follow up surveys were conducted at the ages of 19, 27 and 40.

This project has been subject to several cost-benefit studies: we will focus on the most recent. Temple and Reynolds (2007) used the age 27 follow-up data and report a BCR of around 7.2. Nores et al. (2005) and Belfield et al. (2006) analysed the age 40 follow-up data and also found that the benefits of the project significantly outweighed the costs. One dollar of investment in the project generated \$12.90 (at a discount rate of 3%) or \$5.67 (at a discount rate of 7%) of benefit.

Despite raising concerns about the results from these studies, Heckman et al. (2010a) report statistically significant economic benefits from the project. In subsequent work Heckman et al (2010b) report on the rate of return and find that, even after addressing methodological issues, there is still a substantial net benefit with benefit cost ratios of 7.1 to 12.2 (3 % rate of discount) and 2.2 to 3.9 (7% rate of discount) depending on the assumptions made about some of the benefits.

The Carolina Abecedarian project began in 1972 and tracked a cohort of 112 children from disadvantaged families, mainly African American. Age of entry was around 6 weeks, and the project provided all day care over a 5 year period. The project was centre- based and in addition to the education programme, nutrition and medical services were also provided. Participants in this project were also tracked over time and in addition to data collected during participation follow up surveys were conducted at the ages of 12, 15, 21, 30 and 35. Information on the project can be found at <https://abc.fpg.unc.edu/>.

The Abecedarian project has also been extensively studied, with several researchers applying the cost-benefit analysis technique to determine its value for money. Barnett and Masse (2007) use data from the age 21 follow up and report positive NPVs of \$12,372 (7% discount rate) to \$94,802 (3% discount rate) per child. Temple and Reynolds (2007) in their study of preschool investments in education report a BCR of 2.69 for the Abecedarian project, again using the age 21 follow up data. Elango et al. (2015) make use of the age 35 follow up surveys and report a BCR of 3.2 and an IRR of 11%. Garcia et al. (2019) adopt a different approach and generate synthetic cohorts using a combination of experimental and non-experimental data to forecast the lifecycle benefits of the project. This involves using an older cohort of non-participants who are otherwise comparable to the treated and control groups to identify the treatment effects of individuals when they are older. This study generated an IRR of 13.7% and a BCR of 7.3.

The Chicago Child Parent Centers project began at more than 20 sites in the most disadvantaged parts of Chicago that lacked other preschool provision in the early 1980s. Children were eligible at age 3 and support could continue up until age 9. The preschool programme was a part day programme that supplemented educational activities with a

parent programme, home visits and health services. The Chicago Longitudinal Study has tracked participants (around 990) and non-participants (around 550) over time. Using data from this study from the age 21 follow up, Reynolds et al (2002) found a BCR of 7.14 for the preschool program. The age 21 follow up data was also used by Temple and Reynolds (2007) who reported a BCR of 6.87. Reynolds et al. (2011) find a BCR of 10.83 using the age 26 follow up data.

Head Start is a federally funded early education programme in the USA. Three and four year olds are eligible if family income is below the poverty line, focusing on: education; parental involvement; nutrition; social services; mental health services; and health services. It began in 1965 and has been the subject of many evaluation studies. Very few of these have included a full cost-benefit analysis and those that do have not capture the full range of benefits (Elango et al. 2015) that accrue from these types of project. Recent studies include: Ludwig and Miller (2007) who explore educational attainment and mortality; Deming (2009) who explores the impact on young adult outcomes; Carneiro and Ginja (2014) who explore health and behavioural outcomes; and Kline and Walters (2016) who explore the importance of alternative provision when evaluating programmes such as Head Start. Carneiro and Ginja (2014) suggest that “the internal rate of return of the program is at least 4%”, while Kline and Walters (2016) present a preferred BCR estimate of around 1.8.

The Value for Money of Pre-School Interventions: The Case of the UK

In the UK there have been several CBA studies on the impact of early life/preschool interventions. These tend to report on large scale interventions.

Cattan et al (2014) report on the economic benefits from preschool education for a cohort that did not have access to universal preschool education as part of the Effective PreSchool Primary and Secondary Education (EPPSE) project. They use educational outcomes at age 16 to estimate the likely difference in employment and earnings from preschool education and report on the costs and benefits to the exchequer of preschool education. Those children among the EPPSE sample who received an average quality preschool experience are estimated to go on to earn an average of an additional £27,000 (discounted) over their working lives compared to those with no or minimal preschool experience. The gross saving

to the treasury from this additional lifetime earnings is estimated at £11,000 per preschool attender.

Papers from the Study of Early Education and Development (SEED) project have explored the value for money of early education. Blainey and Paull (2017) reported on the cost information that was collected from 166 settings delivering early education. They use this to calculate unit costs of delivery. Paull and Xu (2017) and Paull et al. (2020) report on the benefits and provide benefit cost ratios respectively based on the same data. The BCRs reported by Paull et al. (2020) are modest, with higher ratios associated with verbal development rather than socio-emotional development.

The Sure Start project, which began in 1999 offering families with children aged below 5 a range of childcare, early education, health services and parenting support, has been the subject of several evaluation studies that have assessed its impact on a number of outcome measures (see Cattan et al. (2019) on the health impacts for example). Some of the economics of the impact of Sure Start, including the nature of the benefits, are discussed in DfE (2011). Ellison et al. (n.d.) have reported on cost effectiveness⁶⁰ in Sure Start local programmes and the difficulties evaluators have found when conducting this exercise. However, there is little research that attempts to monetize the full range of benefits and include them in a comprehensive CBA. A Nuffield Foundation funded project is currently underway that will seek to do this and is due to report in the second half of 2023 (see the following for more information: <https://www.nuffieldfoundation.org/project/evaluating-short-and-medium-term-impacts-sure-start>).

Children's Centres provide multiple services in one location and are currently the subject of major programme of evaluation, including one that addresses their value for money. Gaheer and Paull (2016) report on the results of an analysis based on twenty four centres located in the 30% most deprived parts of England. Their original intent was to report on the value for money of the centres but they note that aggregate service use had no statistically significant

⁶⁰ Cost effectiveness explores the costs involved in delivering a set of outputs. The aim of the exercise is to determine a unit cost for the output in question. This is clearly less data intensive compared to a CBA but can still be difficult to implement because the total economic cost of the intervention still needs to be calculated. See Boardman et al (2018) for an introductory discussion.

relation with better outcomes (Gaheer and Paull (2016). Instead the value for money exercise is based on individual services (baby health, child play, parent support and specialist parent/family support). The BCRs that they report are as follows:

- Baby health: depending on how the benefit is measured the BCRs for this service are 0.5 (benefit via strengths and difficulties questionnaire) and 1.38 (benefit via home learning environment score);
- Child play: a BCR of 1.81; and
- Parent support: a BCR of 3.12 or 6.49 depending upon the time frame used; and
- Specialist parent/family support: a BCR of 3.62 or 6.47 depending on the time frame used.

These results from the ECCE project show that CBA can be sensitive to the measurement of relevant benefits (baby health) and that overall, these services generate a positive net benefit. The driver of the positive net benefit is the estimated increase in future lifetime earnings.

Although not as comprehensive as the literature from the USA, these UK studies are also suggestive of the value for money of preschool/early education interventions.

Some General Principles of the Application of CBA of Pre-school/Early Life Interventions

In line with the first principle of CBA set out above, there is the need to think carefully about the nature of the costs and benefits to be included in the exercise. For the cost side of the equation we need to go beyond the financial cost associated with grants or other types of funding and to include costs such as those associated with staff time, premises and other in kind activities (Karoly, 2012). On the benefits side it is clear that a long-term perspective is crucial (Karoly, 2012). The positive CBA results reported in the previous section rely on an accumulation of benefits over time so this requires data collection that continues after the provision of support has ended (e.g., Nores et al. 2005; Belfield et al., 2006) or a model that allows us to link short term outcomes that can be observed while the intervention is taking place with the longer term benefits that account for the greater proportion of the total benefit (e.g. Cattani et al., 2014). The research has also noted the importance of good

project design with clearly identified treatment and control groups (Currie, 2001; Heckman et al., 2010) and an understanding of alternative forms of provision when quantifying the scale of the benefits (Kline and Walters, 2016).

These longer term benefits are also important in relation to the second principle, that all costs and benefits have monetary values. While it is, in principle, straightforward to generate monetary values that could be used for short term outcomes such as avoided costs of remedial education, the immediate values of educational or health outcomes for preschool children have no market value and, therefore, no way to generate a monetary value, except when the short-term outcomes generate long term benefits such as higher employment rates and earnings. Karoly (2012) notes that valuations that are consistent with economic theory are not always used in practice.

The third principle, that of discounting, also relates to the long-term nature of some of the identified benefits. Several the studies (particularly those from the USA) have demonstrated that the *scale* of the result is sensitive to the choice of discount rate. This is less of an issue in the UK where there is prescriptive guidance on how to approach this. It does, however, need to be borne in mind when interpreting and using the results given the reliance on long term benefits in generating positive assessments of value for money.

Finally, the literature reviewed above is almost entirely based upon studies of projects that are targeted at the more disadvantaged in society. If we assume that £1 of additional income is more beneficial at the bottom 10% of the income distribution than at the top 10% then a CBA that does not take this into account is incomplete (Vining and Weimer, 2010) and is likely to understate the value for money of the project.

Attempted Methodology

We were clearly unable to implement the type of long-term longitudinal exercise that has been pioneered by the HighScope Perry PreSchool and Carolina Abecedarian projects. Our proposed approach, which was based on Cattani et al. (2014) and Gaheer and Paull (2016) would nevertheless have included some of the wider benefits to society that most studies

capture but rely on estimates of future labour market outcomes as the main source of benefit.

On the cost side of the equation two sources of would need to be considered: the financial cost of Small Steps Big Changes; and other costs such as staff time, premises, project management and the like. This would give us the total economic costs of the project.

On the benefits side of the equation our starting point would be an assessment of the impact of the project on key short term educational measures used in the wider evaluation. A stream of benefits that includes the following would then have been estimated on the basis of existing secondary data :

- Reductions in special education needs;
- Reductions in truancy;
- Reductions in adult crime;
- Reductions in smoking;
- Reduced depression; and
- Increased lifetime earnings.

In line with current HM Treasury guidance discount rate of 3.5% would be applied to the first thirty years of benefit and a declining schedule of rates after that (HM Treasury, 2020).

Findings and Recommendations

Initially the aim was to conduct a CBA for each of the components of the Small Steps Big Changes project, along with an overall assessment. However, neither of these proved possible. Several challenges proved insurmountable to completion of a CBA study of Small Steps Big Changes. We report those here with the intention that they could be used to inform the development of any future project and its evaluation:

- Clear objectives with associated measures: appropriate indicators that allow the objectives of the project to be quantified should be clearly identified before the implementation of the project. It is much easier to build data collection into the delivery of the project than to attempt (costly) retrospective data collection, which is often not possible to do. In any future project our recommendation is that these

measures be agreed and the means of data collection put in place before delivery begins;

- Treatment and control groups: establishing the impact of a project such as Small Steps Big Changes would ideally involve the establishment of a treatment group that receives support and a control group that doesn't. With an early childhood intervention there are clearly ethical concerns with this. However, one approach could use comparable (socio-economic) areas and administrative data. An alternative might be to offer two levels of support with the 'low intensity' support as the control group and the 'high intensity' support as the treatment group. Either way would allow the evaluator to compare outcomes across the two groups and estimate the impact, which would then feed into the CBA. In any future project we recommend establishing the criteria for treatment/control before delivery and ensuring that as delivery begins recruitment to these groups is implemented carefully;
- Take up of multiple interventions: this follows from and is closely related to the previous point. The evaluation has found that many participants in Small Steps Big Changes have taken part in several the component projects. This makes it difficult to untangle which outcomes can be attributed to which component. This is one of the reasons why we were unable to estimate impact for the component projects of Small Steps Big Changes. In any future project, if a full CBA is required, our recommendation would be to establish which activities participants in treatment/control groups have access to is clear in advance and is adhered to throughout delivery, and to monitor takeup of the different components on an individual basis;
- Cost data: data on costs is something that an evaluator is entirely reliant on the project owner for. The challenge here is for the project owner to be able to identify the additional costs over and above the financial costs (such as staff time, premises, etc) that are required to generate an estimate total economic costs. We were unable to obtain this data either for the individual components of the Small Steps Big Changes project or in aggregate. In any future project we recommend identifying the

cost data required for a CBA and the means of data collection put in place before delivery begins;

- Implementation of project as described: there may be very good reasons for making changes to the delivery of a project as it progresses (in response to findings from formative evaluation for example or because of the impact of the COVID-19 pandemic). Making changes can have an adverse impact on data collection (identified indicators of benefit may need to change for example) and on evaluation activity so, where possible, our recommendation is that in any future project these changes should be kept to a minimum; and
- Timescales: while it is possible that a CBA can be conducted at any stage of a project (for example as an appraisal exercise before a project begins), once the project starts it is better to wait until completion. At this point the maximum amount of data (and documented benefit) is available to establish the impact of the project and form the basis for the CBA. In any future project our recommendation is to conduct the *analysis* required for a CBA at the end of the project.

Addressing these challenges to conducting a CBA requires resources which would be required up front just at the time when project management activities associated with securing funding, entering into contractual agreements etc are at their most intense. This investment would pay off, however, as it would allow for a more robust evaluation, based on better quality of data, that would be substantially more informative than an exercise that tries to retrospectively create the required data. In turn, this could lead to better decision making concerning the allocation of resources.

Conclusions and Overall Recommendations

Individual conclusions and recommendations relating to the different studies have been given in the earlier sections of this report. Here we focus on our observations relating to the evaluation as a whole and make recommendations for future projects and evaluations of this kind.

We have considerable evidence that the Family Mentor relationship, and the Small Steps at Home programme, are extremely important to parents and support them well. We are aware that these have been adapted during the evaluation period, including in response to our findings. The use of a peer workforce appears to engender trust from parents which is less forthcoming in relation to professionals, and may well be important to take-up of different aspects of the programme. Family Mentors were also able to support parents to approach professionals when they needed to. The use of the ASQs as part of Small Steps at Home also prompted parents to consult professionals about their children's development where appropriate.

Similarly, the deep involvement of parents in co-producing every aspect of SSBC seems to have been highly successful. Parent Champions and Ambassadors felt fully included in the SSBC's work. Staff generally valued and respected their input, though some staff felt that co-production could still be improved. Family Mentors also seemed to feel that they had a reasonable degree of trust and autonomy, though some would have liked more. SSBC's work to gain accreditation for the expertise gained by Family Mentors is also important.

However, there are tensions between having a local peer workforce with the autonomy to adapt things to local circumstances, and fidelity to what may be well-designed, research-based interventions. For example, Family Mentors made changes to both FRED and to Story and Rhyme Time which took away from their focus on literacy and gave more emphasis to play and relationships between parent and child. This had two effects: first, the children and their families did not get the input that had been designed for them; and second, it made the interventions difficult to evaluate as different families or groups of families had done quite different things. The specific lack of fidelity to literacy interventions may be one

reason why literacy outcomes were not as strong as had been hoped. Overall, it would have been helpful to have more data about how the staff run the programmes and why they run them in that way, and to what extent individuals participate in different programmes.

The evaluation as a whole would have benefitted from the evaluation team being involved at a much earlier stage rather than coming on board a couple of years into the programme. This would have enabled us to work with SSBC to set up some of the projects in such a way that they could easily be evaluated, and relevant data collected, and might have made some form of cost-benefit analysis possible. Evaluation was not usually designed into the projects, and even when data on things like attendance were collected, this was not always done either accurately or consistently. In retrospect, the approach that was agreed between us and SSBC, in which we evaluated different projects each year, chosen by SSBC, has also made it harder to give an overarching evaluation of the programme as a whole. We are also aware that we have only evaluated a proportion of the projects that SSBC provides or funds. It might have been better to establish key focus areas from the start and to work with SSBC to ensure consistent collection of and access to data in these. However, some data had been collected before we even started.

Lack of access to relevant data has been a problem throughout the evaluation. Acquiring accurate health service data, even when working with a local health authority, seems to be a particular problem, and prevented us doing some analyses which we would have liked to carry out. There were 11 000 cases missing from the EYFS data; having these cases available for analysis would have considerably strengthened the evaluation. We could also have done more comparison analysis if GDPR issues for non-participating families had been considered and dealt with at an early stage. In some cases, data collection was inconsistent, such as with Group Triple P, where different families were given different forms of the same questionnaire, including one version designed for those with much older children. This makes our findings less reliable.

We also note that SSBC did not always use fully validated interventions, even when these are available, although this was done in some cases. For example, the Baby Massage programme is fully validated, but others are not. Using fully validated interventions saves

programmes such as SSBC from having to devise their own. For example, Story and Rhyme Time was put together by a member of SSBC staff, but there are other similar validated programmes available that could have been used, and which might have been easier for staff to implement.

COVID-19 and the resultant lockdown had a considerable impact both on the work of SSBC and on our evaluation. Specifically, it meant that we did far less individual assessment of young children's development than we had intended, as it was impossible to go into people's homes for a considerable time, even after the initial lockdown. Face to face interviews and focus groups had to be moved online, and we sometimes had to rely on historically collected data due to particular programmes being suspended for long periods. On the other hand, the experience of the COVID-19 lockdown did bring to the fore the importance of Family Mentors as part of a key support strategy for parents, and we were able to examine the effects of a rapid pivot to online and telephone delivery. We also discovered that the latter was preferable to face to face for some families.

Overall recommendations for future programmes and evaluations of this kind

- Evaluators should be appointed as part of the initial set-up of the programme and, if possible, be involved in programme design to ensure that interventions are established in such a way as to have clear outcome targets against which evaluation is possible;
- Identification of comparison groups should take place from the start, with GDPR issues in obtaining relevant data identified and overcome at this stage. This might also involve setting up intervention and comparison groups, or having only some aspects of the intervention available to some groups;
- Where there are multiple overlapping interventions, clear protocols should be put in place from the start to ensure that reliable records are kept of who takes up which intervention, at what point, how consistently, and for how long;
- Where aspects of an intervention are considered likely to deliver specific desired outcomes (for example improvements in literacy or health), SSBC and other future

providers should prioritise encouraging or even incentivising target groups to participate in these and regularly review whether participation is happening;

- Projects and evaluators should establish between them, and at an early stage, which interventions need to be implemented with fidelity and which can be changed by the workforce delivering them. Staff should receive training in delivering interventions as designed and understand why it is important that this should happen;
- Data gathering should be consistent, for example, using the same data gathering instrument (and in the same version) consistently for all groups and ensuring that it is completed fully;
- Co-production with representatives of those who are targeted by an intervention is likely to be beneficial in terms of take-up and trust in the innovation.

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Appendices

Appendix 1: Descriptive statistics (%) for parent/child socio-demographic characteristics in DPIL study

Characteristics	DPIL group	Non-DPIL group	Chi-square test
<i>Relationship to child (n=314; 194)</i>			$p < .417^*$
Mother	94.3	96.4	*Likelihood ratio
Father	4.1	3.1	
Other (i.e. relative, friend)	1.6	0.5	
<i>Parent employment status (n=276; 187)</i>			$p = .001$
Employed full-time	18.8	27.3	Cramer's $V = .199$
Employed part-time	35.1	43.3	
Not in employment	10.1	2.7	
Student	1.8	2.7	
Homemaker (i.e. stay at home parent or carer)	34.1	24.1	
<i>Parent marital status (n=277; 187)</i>			$p < .005^*$
Married	40.1	66.8	Cramer's $V = .300$
Civil partnership	5.1	1.6	
Co-habiting	23.5	23.5	
Separated	2.2	2.1	*Likelihood ratio
Divorced	0.7	0.5	
Single	28.5	5.3	
<i>Parent ethnicity (n=277; 185)</i>			$p < .005$
Asian or Asian British	8.7	7.0	Cramer's $V = .264$
Black / African / Caribbean / Black British	11.2	0.5	
Mixed / Multiple ethnic background	4.3	2.7	
White British	64.6	85.4	
Other ethnic background	9.0	3.2	
Prefer not to say	2.2	1.1	
<i>Parent age (n= 276; 187)</i>			$p = .070$
17 or under	0.4	0.0	
18 to 24	8.0	3.7	
25 to 34	57.2	54.5	
35 to 40	22.8	32.6	
41 or over	11.6	9.1	
<i>English as a first language (n=277; 187)</i>			$p < .005$
Yes	80.9	93.0	$\Phi = .171$
No	19.1	7.0	
<i>Child age (n= 278; 197)</i>			$p = .004$
Under 1 years old	13.7	6.1	

1 years old	18.0	17.8	<hr/> <i>Cramer's</i> <i>V</i> =.192
2 years old	28.8	23.4	
3 years old	27.7	29.9	
4 years old	10.8	18.8	
5 years old	1.1	4.1	
<i>Child sex (n=274; 183)</i>			<i>p</i> =.833
Male	51.8	50.8	
Female	48.2	49.2	

Appendix 2: Dolly Parton Imagination Library Questionnaire and item scoring

How much does your child enjoy reading and looking at books?	Scores
Not at all; A bit; Quite a lot; Very Much	1-4
How much does your child enjoy joining in with songs and rhymes?	
Not at all; A bit; Quite a lot; Very Much	1-4
How often do you (or someone else in your household) read to your child?	
Not at all; 1-2 times a month; 1-2 times a week; 3 times a week; Every day or nearly every day; More than once a day	1-6
How often do you (or someone else in your household) and your child sing together?	
Not at all; 1-2 times a month; 1-2 times a week; 3 times a week; Every day or nearly every day; More than once a day	1-6
How often does your child ask you read to them?	
Not at all; 1-2 times a month; 1-2 times a week; 3 times a week; Every day or nearly every day; More than once a day	1-6
How often does your child spend looking at books by themselves?	
Not at all; 1-2 times a month; 1-2 times a week; 3 times a week; Every day or nearly every day; More than once a day	1-6
Do you ask your child to read with you?	
Always; Usually; Sometimes; Never	4-1
Do you ask your child questions about the pictures in the book?	
Always; Usually; Sometimes; Never	4-1
Do you talk about letters?	
Always; Usually; Sometimes; Never	4-1
Do you talk about what specific words in the book mean?	
Always; Usually; Sometimes; Never	4-1
Do you talk about what is happening in the story?	
Always; Usually; Sometimes; Never	4-1
Do you ask your child questions to see if they understand the story?	
Always; Usually; Sometimes; Never	4-1
How much are you agree with the following statement: I am confident reading to my child?	
Strongly Agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree	5-1
How much are you agree with the following statement: I am confident singing songs and rhymes with my child?	
Strongly Agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree	5-1
If you do read to your child, how long does a reading session usually last?	
Under 15 minutes; 15 to 30 minutes; Over 30 minutes	1-3
How many children's books that are not from the Imagination Library do you have at home?	
None; 1 to 5; 6 to 10; 11 to 20; More than 20 books	1-5
How often do you visit your local library?	
Not at all; Once or twice a year; Once or twice a month; Once or twice a week	1-4

Appendix 3: Item composition of the outcome measures, with internal reliability scores

Reading Routine and Behaviours	Merged Questions	Internal Reliability*
Child interest in books, songs and rhymes	How much does your child enjoy reading and looking at books? How much does your child enjoy joining in with songs and rhymes?	.566
Frequency of reading and singing with child	How often do you (or someone else in your household) read to your child? How often do you (or someone else in your household) and your child sing together?	.541
Frequency of child-initiated reading	How often does your child ask you read to them? How often does your child spend looking at books by themselves?	.751
Interactions when sharing books	Do you ask your child to read with you? Do you ask your child questions about the pictures in the book? Do you talk about letters? Do you talk about what specific words in the book mean? Do you talk about what is happening in the story? Do you ask your child questions to see if they understand the story?	.836
Parent confidence in reading and singing	How much do you agree with the following statement: I am confident reading to my child? How much do you agree with the following statement: I am confident singing songs and rhymes with my child?	.780
Length of a reading session	If you do read to your child, how long does a reading session usually last?	-
Number of books at home	How many children's books that are not from the Imagination Library do you have at home?	-
Frequency of local library visit	How often do you visit your local library?	-

* Only the reliability of 'interactions when sharing books' is based on Cronbach's Alpha reliability, the others are based on Split-Half reliability and Spearman-Brown coefficients.

Appendix 4: Benefits included in the various CBA studies of preschool interventions

Intervention	Study	Benefits Included
HighScope Perry PreSchool project	Nores et al (2005)	Earnings Tax Contributions Reduced Crime Reduced Welfare Payments Childcare Reduced Education Costs
HighScope Perry PreSchool project	Belfield et al (2006)	Earnings Tax Contributions Reduced Crime Reduced Welfare Payments Childcare Reduced Special Education Needs
HighScope Perry PreSchool project	Temple and Reynolds (2007)	Childcare Child and Adult Education Savings Earnings Reduced Crime Reduced Welfare Payments
HighScope Perry PreSchool project	Heckman et al (2010b)	Child and Adult Education Savings Reduced Crime Earnings Reduced Welfare Payments
Carolina Abecedarian project	Barnett and Masse (2007)	Child Care Earnings Child and Adult Education Savings Reduced Crime Reduced Welfare Payments Health Benefits Maternal Earnings
Carolina Abecedarian project	Temple and Reynolds (2007)	Child Education Savings Earnings Health Benefits Reduced Welfare Payments

		Maternal Earnings
Carolina Abecedarian project	Elango et al (2015)	Child and Adult Education Savings Earnings Health Benefits Reduced Crime Reduced Welfare Payments
Carolina Abecedarian project	Garcia et al (2019)	Earnings Parental Earnings Reduced Welfare Payments Health Benefits Alternative Preschool Savings Reduced Crime Education Savings
Chicago Child Parent Centers	Reynolds et al (2002)	Reduced Remedial Education Costs Earnings Reduced Crime Reduced Welfare Payments Childcare
Chicago Child Parent Centers	Temple and Reynolds (2007)	Childcare Child Education Savings Child Welfare Savings Earnings Reduced Crime
Chicago Child Parent Centers	Reynolds et al (2011)	Reduced Remedial Education Costs Earnings Reduced Crime Child Welfare Savings

		Health Benefits
Head Start	Carneiro and Ginja (2014)	Health Benefits Reduced Crime
Head Start	Kline and Walters (2016)	Earnings Costs of Alternative Provision
Effective PreSchool Primary and Secondary Education project	Cattan et al (2014)	Earnings Savings to the Exchequer
Study of Early Education and Development project	Paull et al (2020)	Earnings
Evaluation of Children's Centres in England project	Gaheer and Paull (2016)	Reduced Costs of Truancy Reduced Special Educational Needs Costs Reduced Crime Reduced Smoking Reduced Depression and Mental Health Costs Earnings



Nottingham Centre for Children, Young People and Families



*Nottingham Centre for Children, Young People and Families
School of Social Sciences
Nottingham Trent University
50 Shakespeare Street
Nottingham
NG1 4FQ*