'IT'S NOT WHAT YOU DO, IT'S THE WAY THAT YOU DO IT!'

Small Steps Big Changes'
Review of Groups

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SSBC

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EXECUTIVE SUMMARY

Background

This report was researched and written by Small Steps Big Changes (SSBC) as part of its commitment to improving outcomes for children 0-4 years across Nottingham. The report explores the role that groups can play in improving outcomes for parents and young children, and considers the question of 'who do groups work for and when'.

The report aims to support local operational decisions in relation to parent and baby and toddler groups. At the time of compiling this report, face-to-face groups had been paused in response to the Covid-19 pandemic, however some services had moved to a virtual online offering. This report does not include local evidence related to online groups, as at the time of writing, the new virtual models were embedding and evaluations had not been undertaken. Work to gather this learning is ongoing.

Method

Sources of Current Research

There is a lack of robust academic literature in this area. Where evidence does exist, it is often of low methodological quality. The literature summarised in this report, where possible, is drawn from review articles including: a systematic review; a scoping review which combined qualitative and quantitative evidence; and two realist synthesis reviews, which utilise a review methodology suited to lower quality evidence, allowing "nuggets" of information to be gathered together to formulate a hypothesis to explain an outcome(s). Smaller qualitative studies, which were particularly relevant, were included. It does not represent a systematic review of the evidence.

Sources of Local Data, Evidence and Learning

Several sources of local intelligence and data were received and reviewed. These included discussions with local partners who kindly shared their thoughts in relation to group work and their thoughts on what worked well, what the challenges were, and options that might be considered moving forward. Written service reports, including SSBC Reach Report, Bump Birth, Baby (BBB) Improvement Science Report and the Children's Public Health Nutrition Team CityWide weaning evaluations, which offered some commentary on group work, were also reviewed. Parent feedback provided following attendance at a Family Mentor Group was also reviewed and common themes identified. The SSBC-commissioned Fathers Consultation, undertaken by Coram Family and Childcare, was also included.

A draft of the report summary was circulated via Coram Family and Childcare to our local Parent Champions. They were asked to review the report and provide their views, based on their experiences, of the findings and the recommendations. Four parents provided their views and anonymous quotes from parental feedback has been included as part of the local learning summary.

The local evidence was considered in light of the academic evidence enabling a set of recommendations to be made. These recommendations consider what we and other partners currently do well with groups, and potential opportunities to do some things differently to further support parents and their children in improving child outcomes.

Summary of Findings from Current Research
Sources of support

- Transition to parenthood is difficult and parents benefit from support[1]. Different forms of support exist. Some are supported by family[1], some are supported by their existing networks[2], some are supported by services, whilst others are isolated[3] and may seek connections.

- Those seeking connections do so in different ways. Some seek support via online chat rooms and parenting forums[1,4].

- Others may access groups formal or informal groups for support[2,4-5].

- Fathers are under-researched, but may view groups as mother-centric. Other forms of support like online support may work well for fathers[4].

Social connections

- Social connections as and in themselves appear beneficial and should be prioritised and supported as part of groups[4-6].

- Group leaders can support and should actively encourage social connections within groups[4,6].

- Peer-to-peer support improves parental confidence and self-efficacy and has a protective function in relation to mental health[5-6].

- Social support provided by playgroups and other groups is often overlooked in evaluations and not prioritised as an outcome[4].

- Parents looking for social connections are looking to have something in common with others beyond having a child[1,5,6].

- Social connections developed through groups can be more challenging when there is not a shared cultural background or development stage of child[1,5,6].

The role of the group leader

- The role and personal qualities of the group leader(s) of any group are key [5-9].

- Relationships are enabled when parents feel listened to; perceive group leaders to be friendly, supportive, genuine, non-judgmental,

respectful, friendly, welcoming, strength-based and trustworthy[6,9].

- Strong relationships between attendees and group leaders support engagement[9].

Structured groups

- A predetermined structured programme may not necessarily support the information needs of parents[8].

- In terms of information seeking, parents are more likely to seek information when it is relevant to them[8].

- Parents value peer knowledge[6].

- Tailoring the intervention content to ensure it matches participant needs, for example ensuring that the content is culturally relevant for engaging ethnic minorities[9,10].

Co –production

- Groups which are co-produced with parents, meeting unique parent, cultural and community needs and considering any specific barriers these groups may have, support greater engagement, compared with top-down groups[4,9].

- Groups are often not co-produced and are delivered in a 'top-down' way[8].

Attendance at groups and outcomes

Parents attending playgroups had higher health ratings, home learning and activities, and verbal responsivity to their children. Compared with parents not attending playgroups, parents attending groups had fewer mental health symptoms and viewed parenting more positively. Parents also reported significant improvements in child outcomes, communication and social skills[6].

Summary of Findings from Local Data, Evidence and Learning

Elements associated with positive groups

- Enthusiastic, welcoming and engaging group leaders were key to successful groups and may support on-going engagement.

- Families attending groups valued the opportunities for fun and enjoyment.

- Attention to the atmosphere and the environment of the group can improve parent experiences.

Benefits to groups

- Groups offer the opportunity for social development of children through being able to interact with other children.

- Parent evaluations reflect that value of local groups in relation to role modelling.

- Parents recount enjoying participating in activities known to support child development, such as singing.

Social connectivity

- Parents who attend groups locally are looking to make social connections.

- Improving social connections is not currently reflected in the aims and objectives of groups, and as such is not currently well evaluated.

Service improvement considerations

- Groups are unlikely to hold universal appeal to all families.

- Low uptake and poor reach was a common theme amongst providers. This is despite sometimes extensive efforts to improve attendance.

- Alongside low uptake, some services reported parents not attending regularly. Regular attendance was less routinely reported or considered.

Information needs

Feedback from some groups, particularly those run where the objective of increasing parent's knowledge, suggests that whilst addressing some information needs, some needs remained unmet. It was unclear whether the feedback gathered from parents in relation to unmet need was used to inform future groups.

Summary of Recommendations

The academic literature and the local data, evidence and learning have been considered together and the following recommendations are suggestions for SSBC and its partners to consider when setting up, running and evaluating groups.

Social connectivity

It is important to value social connectivity as an outcome for groups.

Social connectivity may be easier to achieve if attention to similar demographics, e.g. age range of children or ethnicity is considered.

If families stop attending groups, but have successfully made social connections, then this is likely to be a positive outcome from the group. A key evaluation question and measure of success for groups may therefore wish to include how well it allowed for social connections.

Although increasing "reach" of groups may be a service priority, this should not be considered in insolation from retention or supporting regular attendance. Regular attendance at groups increases opportunities for building social connections. Attending a group six or more times is associated with improving outcomes[6]. Gathering further timely and more detailed information about why families stop attending groups, may be useful to support service development. It would be useful to share relevant learning across the partnership.

Group Delivery

It is important to consider the aims and objectives of the group or

intervention, and critically assessing whether group delivery adds anything additional to the intervention.

It is important to distil the benefits more broadly of attending groups, from the benefits and importance of sharing information. In some cases, particularly where group attendance is good, it may be additive, but other times, it may be necessary to consider how else to deliver the evidence-based intervention or information to parents and families. Services may wish to consider supplementary other 'just in time' ways to ensure this information is available to parents. Services could explore their digital offer, to ensure parents can access or are signposted to accurate evidence-based information in a timely way.

Prioritising informal "fun" groups developed in response to community need may be beneficial. They are likely to be lower cost and may be better attended. They offer the opportunity for social connections, which can indirectly support development outcomes.

Group facilitation should be viewed as a skill and when groups are offered, ensure that they are offered by enthusiastic, experienced or well-trained group leaders.

New groups may benefit from being co-produced to ensure that the information needs are met.

Structured groups which aim to support improving knowledge amongst families may benefit from being responsive and adaptive based on parent feedback.

Sharing the Learning
Further opportunities exist to share the learning around what works in relation to groups, reach and regular attendance between partners. This may lessen the duplication of effort(s) and may support increased engagement reach and regular attendance.

1. BACKGROUND

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2. METHOD

Sources of Current Research

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3. KEY FINDINGS: ACADEMIC LITERATURE

Although the findings below use the word 'parent', the majority of the literature reports on mothers. As the majority of the evidence is review articles, granular demographic details were not available; however, evidence that specifically related to ethnicity has been included where relevant and available.

Transition to parenthood

Transition to parenthood can be difficult for parents[1, 2]. New parents may experience a sense of isolation, and loss of their identity [11]. The difficulties and challenges associated with becoming a parent may increase parental stress [12] and the need for support.

Sources of Support

Meaningful social support when transitioning to parenthood can increase well-being and reduce stress. Mothers with less support are more susceptible to loneliness, isolation and mental health concerns. This in turn can contribute to increased parental stress and subsequently have an impact on parental care [1,4].

Traditional family structures often are a good source of support for new families[1]. However, for a variety of reasons, traditional family support structures may not be as available to all. Migration away from one's area, either within-county or between countries, may limit the ability to access these networks. For some new parents, they have existing support networks[2].

For those seeking to make social connections, different avenues exist. In the digital age, two-way interactive communications between

participants, within an online platform, web based message boards or through an online closed group, provides opportunities for parents' interaction [4]. In-person connections can be established or grown through parents' own social networks. For others, community groups provide opportunities to connect[5]. These may be semi-formal connections; community groups and social events organised within a community and voluntary organisation; or formal, professional or needs-based services [4]. Although attending a group for some parents offers welcome support, for others, a sense of being overwhelmed with transitioning to parenthood has been reported as a reason not to attend groups[1].

Engagement with disadvantaged or vulnerable parents

Multiple barriers can be experienced by disadvantaged and vulnerable parents which can impact on access to groups. A range of strategies are more likely to support engagement. Multiple communication channels, well-integrated services and a personal offer targeted at disadvantaged and vulnerable groups are all seen as good methods for driving participant recruitment[9].

Development of relationships and social connections in groups

Effectively building social connections between parents is thought to reduce social isolation, protect against mental health concerns, promote a sense of parental self-efficacy, and through sharing experiences, build parents' confidence in parenting [6]. Parents also build up connections with the local communities via interactions with group leaders and other parents helping them feel connected to their community [6].

Opportunities to build social connections within health-based prenatal groups, new parent and playgroups, may be enhanced by proactive attention to relationship development and social connections [4,6]. Regular meetings, which encourage interaction and utilise interactive teaching methods, such as working in pairs or mini discussions, assist with the formation of friendships [5]. Providing attendees with each other's contact details may be useful [5].

Despite its clear value, the vast majority of evaluative literature around groups does not consider the development of social connections in groups as an important goal in and of itself [4]. When parent and baby and toddler groups are developed and offered based on the premise of building community connections, communities are able to create flexible and diverse offers that reflect the unique needs of parents in their particular localities[4]. Developing groups on this premise may reduce the expense or resource needs of such groups [4].

Challenges to development of relationships and social connections

For some that access groups, opportunities exist to build networks; evidence suggests that the development of relationships and social connections is more likely to happen if, on top of either being pregnant and/or having a baby or child of a similar age, there is a similarity of background and lifestyle [1,5,6,9,10]. Similarities need to extend beyond being pregnant at the same time or a shared transition to parenthood.

Challenges in developing social connections, as reported by Armstrong et al [6], found that parents felt they differed from others in regard to cultural background or children's developmental abilities. Some parents reported fear of or feeling socially excluded or judged by groups [1,6]. Bonds were difficult to form in a varied group with no similarities. For some women who choose not to attend groups, they perceived differences in personalities that may exist when large numbers of women come together [1]. This perception of social difference was a more powerful factor than sharing aspects of parenthood.

Role of the group leader

Armstrong et al[6] propose that effective groups result from a complex interplay of factors between the group providers and those accessing the group. For groups to be effective, parents and families need to have an emotional connection to the group. The group leader, through providing hope and support, plays a key role in building emotional connection to the group. Emotional connections to the group encourage relationships, connections and support[6].

Evidence supports the role of the group leader being key [5,6,7,8]. If the group leader can create an environment where parents felt comfortable sharing their experiences and accessing needed support, social relationships and connections are more likely to be made. This is supported when parents felt listened to; and perceived group leaders to be friendly, supportive, genuine, non-judgemental, respectful, and actively worked to enhance relationships between participants[6].

Key skills and qualities for an effective group leader were identified which included group leaders being friendly, good interpersonal and communication skills, trustworthy, respectful, strengths-based, and culturally appropriate[6]. The modelling of good parenting skills, as opposed to didactic teaching or direct intervention, was favoured[6]. The nurse facilitation style and modelling of family partnership skills impacted positively on the group atmosphere and outcomes for the mothers and their infant[8].

Furthermore, having group leaders from a similar background to attendees, who can support with recruitment, has been associated with improved access [9,10].

Role of the environment

Linked with the role of the group leader, a welcoming, non-judgemental atmosphere, where parents are encouraged to share their ideas, is important [4,6]. Parents were reported to like predictable play groups, which included a range of activities.

Consideration also needs to be given to the practicalities of attending a play group, which includes: physical location and accessibility; venue, transport, and cost[6] . Greater engagement may be seen if groups are offered at suitable and flexible times, as well as in convenient locations. Consideration to providing transportation, childcare and free or subsidised support may be key access barriers for some target population groups[9].

Knowledge and Peer support

Gilmer et al[7] narrative review highlighted that universal parent education groups are often formed on the basic assumption that there is a knowledge gap, and that by improving knowledge you will improve outcomes. Rather than being responsive to parents or communities needs, some groups were found to adopt a top-down approach to knowledge transfer, as opposed to a co-production approach with parents and communities. Playgroups designed in a top-down way are often structured to allow for information exchange between professional or trained group leader and parent.

The relevance and timeliness of topics often predicts parent's engagement. One of the facets of successful group interventions is parents' perception of needs for information. What parents want should be a starting point[7]. A top-down approach often sees topics or information shared in line with how the programme is set up, as opposed to the needs of the families[7]. Parenting programmes designed for parents to attend a series of classes covering broad topics may not meet parents' needs at that time. If the purpose of the group is to provide information, consideration should be given to making relevant specific resources available more frequently, allowing parents to access the services or resources when they need them in more of a 'just in time' model[7]. For those that don't access groups, gaining parenting advice and support from online sources was key [1].

Informal and formal groups benefit from considering the needs and concerns of the communities when considering how a group should be structured and run. Tailoring the intervention, for example ensuring that the content is culturally relevant for engaging ethnic minorities will ensure it matches participant needs.[9] Parents engaged with these community resources because they were based on their identified need [4].

Peer learning and support is an important aspect of increasing parents' perceived knowledge, confidence, and skills[6]. Groups offer the opportunity for reassurance; an opportunity to view one's parenting and experience; and one's baby and children in the context of others, and to share ideas and solutions. When the group offered this, through social

-connections, it contributed significantly to a mother's wellbeing [6]. Finding answers to problems from a peer group of women who had just had babies, rather than professionals, added to their sense of self-efficacy[6].

Specialist programmes

Many programmes are theoretical, or developed by academics and implemented by others. It is important to consider fidelity of these programmes[7].

Fathers and groups

The literature points to some specific considerations around fathers and groups.

The rate of male attendance at early-years' service settings, including groups, is significantly and consistently lower than female attendance. The reasons for this are poorly understood largely due to a lack of evaluation[13,14,15]. Lack of attendance it often attributed to typical working patterns of fathers[16]. There is a reported failure of organisations to focus on fathers, and a lack of funding[4].

The perinatal period (pregnancy to one year postpartum) is the most opportune time for engagement. This has proven to be the period in which fathers most readily engage with services, if at all [17, 18].

Fathers report poor awareness of existing groups[19]. Fathers value hearing about available groups through word-of-mouth, reporting to trust recommendations from other fathers [20]. Fathers report that a barrier to group attendance is being unaware/unclear of the projected potential positive outcomes of attending, as well as being unsure of what participation would entail [20].

Social connectivity was also considered important for fathers, but this was largely under-considered in the offerings[4]. Similar challenges to building social connections were found in the limited father-related literature. The importance of shared background has been identified as important for

relationship building, yet fathers in one study reported perceived barriers to groups as they were 'mother-centric'. There is a perception amongst fathers that early years' services, particularly group sessions, are facilitated for mothers both in terms of design and advertisement[19]. Targeted services for fathers elicit mixed views[21]. Engaging dads may be enhanced by the use of a male group leader[7], and one study highlighted that fathers enjoyed the opportunity to connect online[4].

Child Development Outcomes – How do playgroups support child development?

A longitudinal study in Australia showed playgroup attendance for disadvantaged families was associated with significantly higher learning competence[21].

Armstrong et al's (2018) scoping review[6] included a narrative synthesis of six methodologically weak quantitative studies and found that attending six or more playgroup sessions was associated with better outcomes for families. Specifically, parents attending playgroups had higher health ratings, home learning and activities, and verbal responsivity to their children. Parent-reported measures also suggested improved parent irritability, parental mental health, and increased activities with their child. Parents also reported significant improvements in child outcomes, communication and social skills.

It is important to acknowledge that these findings are largely based on parent self-report, which may be problematic for the following reasons;- data included only those attending the final class; data was collected by the group leader, which may have resulted in social desirability bias; satisfaction was measured rather than parent pre/ post-test and behaviour change.

As playgroups are a 'complex intervention', it is difficult to decipher the actual ingredients that may support improved outcomes; however, the following factors may contribute:

- Playgroups offer the opportunity for children to develop peer relationships

- Caregivers attending playgroups experience increased social networks and peer support (see above) which can support improved parenting skills.
- Playgroups offer a range of structured and unstructured play opportunities with the benefits of play for child development being widely acknowledged. Playgroups provide opportunities for parents to interact and play with their child, which supports a strong relationship between parent and child[6].

3.1 Summary of academic literature

Parents and families with young children benefit from having good support networks. This support comes in many forms, and groups may be one way parents can access this support.

Groups are not right for everyone. Where people do access groups, the role of the group leader is key in building parents' own confidence and self-efficacy, but also supporting the development of social connections.

Limited non-robust evidence suggests that regular attendance at groups may support improvements in child development outcomes.

3.2. Key Findings: Local Data, Evidence & Learning

The local data, evidence and learning was reviewed in light of key findings from the academic literature review. This enabled any potential explanatory mechanisms for some of the local data, evidence and learning to be explored. This was interpreted in light of the academic literature enabling a series of recommendations to be made.

Elements associated with positive groups

Services designing groups should specifically consider who runs it, what they do and where it is offered.

Role of group leader

View group facilitation as a skill; and when groups are offered, ensure that they are offered by enthusiastic, experienced or well-trained group leaders.

The role of the group leader in groups is of fundamental importance and requires a particular set of skills and competencies. Across a variety of groups and across different wards a consistent finding related to the key role that the group leader or staff involved in group delivery play. Staff were described as "helpful", "friendly", "welcoming" "supportive" and "engaging".

Feedback from a Parent Champion in response to the draft report highlights the potential impact of not having the right group leader.

"With extra emphasis on the group leader being enthusiastic and well-trained. There has been many occasions we have not gone back to a group or disliked a particular session due to who was running it especially over half terms when staff changes are more liable to occur" – Parent Champion.

Enjoyment and Fun

Informal groups, potentially low cost, developed in response to community need, which aim to promote social connectivity as an indirect means to improving development outcomes may be more beneficial than groups designed specifically to improve a specific outcome.

Across a variety of groups another key theme related to how the group offered the family fun and enjoyment.

"I thoroughly enjoy this session, my kids are very happy, my kids fully enjoy" –Parent FM group.

Atmosphere/Environment

Attention to the atmosphere and the environment of the group setting is important. Feedback suggested these elements can have both a positive and negative impact on parents' group experiences.

Many commented on the "relaxed environment" that the groups offered. Offering groups in venues known to families may support uptake, as can working in partnership with other services, such as baby weighing clinics. However, other feedback suggested that paying more attention to the atmosphere and environment may improve parents' experiences, with even small gestures such as offering biscuits likely to improve experiences.

Benefits to groups

Role modelling
Parents reflected on the informal opportunities offered by the groups for role-modelling. Parents were exposed to behaviours and activities which support children's development.

"Her favourite songs are the hello, goodbye and wind the bobbin up and it's always good to sing new nursery rhymes she can learn too"
-Parent FM group

Development for children
Some parents reflected in their feedback about the opportunities groups offer for the social development of the children. Parents commented on the children learning from each other through social interactions.

"It provides a lovely environment for my baby to play and interact with the other children." Parent FM group

Service improvement considerations
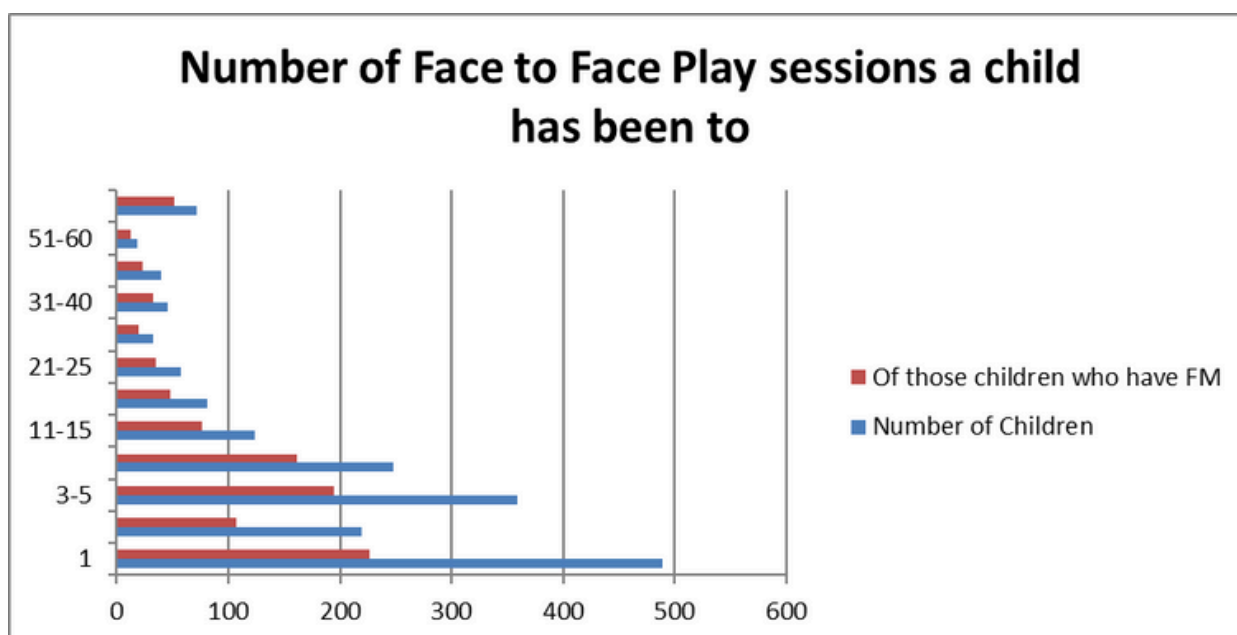
Reach and Regular Attendance
A consistent theme across providers of groups was concern about low uptake and lack of regular attendance. The initial evaluation partner for A Better Start, Warwick University, required a reach of 66% to enable robust evaluation. However local Q2 data in 2019 showed that the percentage of children aged 0-4yrs living in the SSBC wards who have

attended at least one Family Mentor group ranged from 16.9% to 33.9%.

Several attempts across services have been made to increase the reach of groups, with mixed results. As part of their Reach project, SSBC did leaflet drops and invite letters, with limited success. Some success was found when new venues were used, or where the age range was changed to offer a group within a narrower age range. Both of these changes were implemented at the same time, so it is not possible to determine which factor contributed to the increase in attendance. The Bump Birth and Baby (BBB) improvement science project found that the most effective way to increase attendance was promotion via an enthusiastic staff member.

Regular attendance across SSBC groups was calculated. Only 40% of families who attend groups do so regularly, classed as attending six or more sessions. Those who attended regularly were more likely to have a Family Mentor. (Fig 1)

Fig. 1

Number of Face to Face Play sessions a child has been to

For some groups, concerns about reach and attrition were compounded by the time and resource involved in delivering the group, with some groups taking much more time than the allocated time to set up.

The Reach report showed that attendance at groups was supported by collaboration between partner agencies. Where services knew and trusted each other, they endorsed the activities of each other, supporting attendance and assumed improved outcomes.

Little is currently known about why families may not continue with groups. This insight from a Parent Champion shared to the draft report, points to the need to proactively work with parents, empowering and enabling them to make service improvements to support regular attendance.

"As *the groups were being offered for free, quite a few mums didn't want to complain or say anything, but then would drop out because of this and that.*" Parent Champion 2

Feedback from a Parent Champion suggests some practical ways to support retention at groups.

"*I also know that the more popular attended groups offered free hand outs, books, goody bags and things to do, and one of the most popular groups I attended, (not SSBC but peeps) offered free photos of your child. They were only printed on paper off a cheap printer, but a lot of the mums loved them, as they either didn't have that facility, or couldn't afford to have pics printed out at Boots and the like, so that went down really well. But yeah it was nice when we attended something and had something material to take away with us.*" Parent Champion 3

Social connectivity

It is important to value social connectivity as an outcome for groups.

"*I have very definitely made friends for life at some of the SSBC groups I attended. The networking and social connections was one of the main*

things for me, especially being a single parent without close family living near me". Parent Champion 3

The literature suggested strongly that the value of social connectivity should be considered an important element of groups. The evidence supports that social connections are an important element of groups and indirectly impact upon outcomes.

A review of the Family Mentor run groups in both Bulwell and Aspley, looked at the reasons that parents attended groups. In Aspley, 23/30 (77%) of those that attended groups noted they did so to meet new people or see their friends and 26/40 (65 %) in Bulwell. The opportunity for groups to support parent connections was also a finding from the Nottingham Trent University (NTU) qualitative evaluation of Baby Massage and Cook and Play. However, only a very limited number of parents who provided feedback as part of the on-going evaluation of Family Mentor run groups highlighted the benefits of "meeting other mums". The relative lack of reflection on how well local parent groups may have been a function of how feedback is currently collected. Improving social connections is not currently reflected in the aims and objectives of service run groups; and as a result, not actively evaluated as part of SSBC's on-going evaluation.

Nearly 50% of group attendance was from out of ward attendees. Although SSBC groups have previously been set up to service in-ward attendees, having rigid ward boundaries may hinder the ability to form social connections.

Some local evidence supports that similarities between group members is important. Although not conclusive, as two changes were introduced at the same time, the SSBC Reach report potentially pointed to the narrowing of the age range of children invited to groups as being beneficial for attendance.

Information Needs/Co-Production

Groups are often seen as a means by which to offer service efficiencies. The goals of the service, in terms of providing information to families in an efficient way, and the information needs of families do not always align. For some groups designed with a primary purpose of sharing information with families, feedback suggested that although some information needs for parents were met, some remained unmet. Although this feedback was collated, it was unclear whether this was used to inform future groups.

As previously discussed, groups will not hold universal appeal for all families. In addition to providing information through groups, services may wish to consider alongside 1:1 offers, their digital offer, to ensure parents are directed towards evidence-based advice in a timely way. It is important when offering a group which seeks to provide information to families, that it is responsive to the information needs of those who are attending. There is potential value in co-producing groups as they are more likely to contain information parents want to know. If information needs are not met, this potentially can impact on word-of-mouth associated with groups and impact upon attendance.

Fathers and Groups

In 2020, SSBC commissioned a consultation with fathers. The aim of the consultation was to obtain insight into the lived experience of Nottingham's fathers and to better understand their expectations of services.

The overwhelming majority of fathers stated full-time working hours as the major obstacle to attending community sessions and engaging with services. With most activities taking place during the working day, many fathers felt both unwelcome and unable to attend.

Fathers were most proactively seeking support and information in the weeks and months immediately before and after the birth of their child. Many fathers expressed that they did not know where to find information about local services and resources to support their parenting role.

Fathers shared that they lacked the valuable peer support networks that their baby's mother had, whilst also recognising that peer support is effective in improving parental confidence.

Eighty eight percent of surveyed fathers stated that they would attend male-only father groups; however, there was a clear preference across all components of the consultation for mixed-group sessions that are consciously designed with the needs of both mothers and fathers in mind.

-One father/father-figure voiced that a lack of diversity within local services was a barrier.

4. CASE STUDY 1 - FATHERS READING EVERY DAY (FRED)

FRED is a programme that aims to encourage Dads of 2-11 year olds to read with their child on a daily basis. The aims and objectives of the intervention are for fathers to become more involved with their child's education; spend time with their child sharing books; for children's language and communications skills to improve via role-modelling; and to improve the bond and relationship between father and child.

The initial iteration of FRED programme in Nottingham involved offering FRED as a group intervention. However, due to poor recruitment and low completion rate, it was moved to a 1:1 offer. Since moving to the 1:1 offer there has been a greater completion rate.

The Nottingham Trent University (NTU) evaluation of FRED involved interviews with Family Mentors, who reported that fathers did not want to attend groups. The following factors were thought by Family Mentors to contribute to low group attendance.

- Did not see the benefit of participating in FRED
- Fathers do not feel comfortable going into a community setting with other fathers
- Work commitments
- Embarrassment/Stigma
- Availability
- Flexibility

For this intervention, the intended outcomes for the FRED programme were not reliant upon or enhanced by effective group delivery.

This case study highlights the importance of considering the aims and objectives of the intervention and critically assessing whether groups add anything additional to the intervention.

5. CASE STUDY 2 - BABY MASSAGE

Baby massage is a group activity delivered by Family Mentors across the four SSBC wards. Each session lasts for one hour and the courses run on five consecutive weeks. They are available for babies from six weeks of age to six months.

The recent NTU evaluation found evidence for the benefits of baby massage for both the parents and the baby's. Benefits included weight gain, improvements in sleep, reduced wind and colic, reduced stress, and improved attachment and recognition of baby's verbal and non-verbal cues. For mothers, baby massage was associated with improved maternal self-esteem and wellbeing, improvements in stress and anxiety and reduction in the symptoms of depression.

The clear evidence of impact of baby massage offers a useful starting point for an intervention.

The critical question for services then becomes: is the group the best and only way to offer baby massage?

The NTU evaluation highlighted some additional benefits for parents of attending baby massage group, beyond learning the massage itself. It was reported by some parents to improve their wellbeing. 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. 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. Going to a group with other parents in attendance improved parental confidence

amongst some parents, as it reassured them that they were not alone in their experiences and that their baby's development and behaviour was perfectly normal. It was found to increase self-confidence due to being around and socialising with other parents and many reported to making friends.

To enable the direct benefits of baby massage, the groups are reliant upon recruitment and retention. Attendance in some wards was good, however, in other wards attrition was an issue, with parents not attending all five sessions. The impact of this attrition in terms of gaining benefits from doing the massage itself is difficult to determine as it is unclear whether the massage was continued at home.

Groups, however, may not suit all parents. Given the clear benefits of baby massage, consideration should be given to an offer which includes one-on-one support for families. Family Mentors do offer to deliver baby massage at home for a variety of reasons; including where a parent feels anxious or uncomfortable attending a group activity, where parents do not enjoy baby massage in a group setting, or where families have missed a week. Offering the information about baby massage as part of 1:1 home visits and also potentially via virtual instruction, is likely to improve reach and attrition allowing more families to benefit from the intervention.

This case study highlights that it is important to distil the benefits of group attendance, from the benefits of the intervention itself. In this case they appear additive. Where attendance is good at a group, baby massage appears a useful group intervention, which supports maternal wellbeing. However, for the benefits of baby massage itself to be realised by a greater numbers of parents, different ways to offer massage tutorials to parents should be considered.

6. SUMMARY OF RECOMMENDATIONS

The academic literature and the local data, evidence and learning have been considered together, and the following recommendations are suggestions for SSBC and its partners to consider when setting up, running and evaluating groups.

Social connectivity

It is important to value social connectivity as an outcome for groups. Social connectivity may be easier to achieve if attention to similar demographics e.g. age range of children or ethnicity is considered.

If families stop attending groups, but have successfully made social connections, then this is likely to be a positive outcome from the group. A key evaluation question and measure of success for groups may therefore wish to include how well it allowed for social connections.

Although increasing 'reach' of groups may be a service priority, this should not be considered in insolation from retention or supporting regular attendance. Regular attendance at groups increases opportunities for building social connections. Attending a group six or more times is associated with improving outcomes[6]. Gathering further timely and more detailed information about why families stop attending groups, may be useful to support service development. It would be useful to share relevant learning across the partnership.

Group Delivery

It is important to consider the aims and objectives of the group or intervention and critically assessing whether group delivery adds anything additional to the intervention.

It is important to distil the benefits more broadly of attending groups, from the benefits and importance of sharing information. In some cases, particularly where group attendance is good, it may be additive, but other times, it may be necessary to consider how else to deliver the evidence-based intervention or information to parents and families. Services may wish to consider supplementary other 'just in time' ways to ensure this information is available to parents. Services could explore their digital offer, to ensure parents can access or are signposted to accurate evidence-based information in a timely way.

Prioritising informal 'fun' groups developed in response to community need may be beneficial. They are likely to be lower cost and may be better attended. They offer the opportunity for social connections, which can indirectly support development outcomes.

Group facilitation should be viewed as a skill and when groups are offered, ensure that they are offered by enthusiastic, experienced or well-trained group leaders.

New groups may benefit from being coproduced to ensure that the information needs are met.

Structured groups which aim to support improving knowledge amongst families may benefit from being responsive and adaptive based on parent feedback.

Sharing the Learning

Further opportunities exist to share the learning around what works in relation to groups, reach and regular attendance between partners. This may lessen the duplication of effort(s) and may support increased engagement reach and regular attendance.

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22.NTU Evaluation

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