An evaluation of the 'Dad Factor': A feasibility study

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Executive summary

This report presents the findings of an evaluation of the Fatherhood Institute's programme the 'Dad Factor'. The 'Dad Factor', a brief staff training programme, was designed to help schools develop strategies to engage fathers and encourage involvement in their children's learning. It has been adapted by the Fatherhood Institute for use in pre-school children's centre settings specifically to support professionals wishing to engage fathers who have recently arrived in England from another country. The involvement of fathers in their children's early years care is crucial for children's development and wellbeing. While efforts have been made to increase attendance of fathers and father figures in early years environments there is still a paucity of research on how best to deliver professional and organisational change particularly with regard to fathers newly arrived to urban cities.

The research design was quasi-experimental comparing the 'Dad Factor' training programme with a matched group of centres which received an 'Equality and Diversity' course in the same inner London borough. Centres were matched across five criteria: the number of newly arrived families in the catchment area, the socio-economic background of families in the catchment area, the number of father engagement programmes in place, the number of staff at the centre and whether there was a pre-school attached to the centre. Random allocation of professionals to both groups was not possible at this feasibility stage.

Data collection incorporating a standardized measure (Father-Friendliness Organizational Self-Assessment and Planning Tool), an assessment of warmth towards refugees, asylum-seekers and migrants (Feelings Thermometer Scale) and client tracking was conducted pre and post-training at one and two month follow ups. Qualitative interviews with professionals and the trainer were also conducted after training. The data collection for the evaluation took place between June 2012 and August 2013.

The intention was to recruit six centres at two geographically diverse locations within London, three to receive the 'Dad Factor' training and three centres to receive the Equality and Diversity training. Implementation of site selection and recruitment to training was exceedingly difficult, hampered by major restructuring and funding problems in children's centres nationally and in London. As a result of this we recruited four centres in one location: two received the 'Dad Factor' training and two centres the 'Equality and Diversity' training involving a total of eleven participants.

Assessment of programme content and delivery showed fidelity to goals. Both programmes were of the same length (2 days) and delivered by the same trainer. Immediate self-report evaluation by participants was very positive. However, in implementation, insufficient differentiation of content between the 'Dad Factor 'and 'Equality and Diversity' was achieved as both groups had expectations of receiving father-inclusive training.

Tracking data showed that the presence of a father or father figure in the child's family was not known or not recorded in 20.4% of cases. Of the 870 fathers recorded as visiting the centres, the nationality of 710 was unspecified. Of the rest the most common nationalities were British, Caribbean, Polish and Albanian. The centres were asked to provide data on the arrival dates of non-British fathers into the UK. This information is not routinely collected at children's centres,

and no data on arrival dates were provided by the children's centres.Data limitations and problems with sample size do not allow a full assessment of impact; however, some promising practice is apparent. The report includes recommendations for policy, practice and future evaluation.

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Chapter 1. Introduction

This report presents the findings of an evaluation of the Fatherhood Institute's programme the 'Dad Factor'. The 'Dad Factor', a brief staff training programme, was designed to help schools develop strategies to engage fathers and encourage involvement in their children's learning. It has been adapted by the Fatherhood Institute for use in pre-school children's centre settings specifically to support professionals wishing to engage fathers who have recently arrived in England from another country.

The 'Dad Factor' programme goals are to promote a father-inclusive family support approach so that management and staff in children's centres will:

- Feel more positive and confident about engaging with fathers and father-figures in recently arrived families
- Develop strategies to increase engagement with the men in these families
- Show greater frequency of interactions with fathers and father-figures in recently arrived families

This report is a process and impact evaluation. Process evaluations focus on whether programmes and activities are operating as planned; how the programme is delivered, whether it is reaching targeted populations (Bronte-Tinkew & Bowie, 2008). Such descriptions are particularly important at the early stages of new interventions where innovatory elements can be highlighted - what was the aim, what was done, what is the process? Impact evaluations examine whether once implemented a programme has met its goals. Therefore, the aims of the evaluation are two-fold.
- Firstly, to explore how the 'Dad Factor' programme was implemented; was it able to be delivered as planned?
- Secondly, to examine the impact of the 'Dad Factor' programme; to what extent were the goals and ambitions of the programme met?

Chapter 2. The policy and research context

2.1 Introduction

There is now a substantial body of evidence to show that fathers, and not only mothers, have a significant influence on children's psychological, social and educational well-being and outcomes (Lamb, 2010). Although fathers still tend to spend less time than mothers in direct child-caring activities, their involvement is increasing; particularly as maternal employment grows (Hook, 2006; Pleck, 2010; Ben-Galim & Thompson, 2013). In light of this evidence, there has been research interest in supporting father involvement in children's lives, especially when families undergo adverse experiences or stressful transitions (Fagan & Palm, 2004; Cowan, et al 2009; McBride & Lutz, 2010). Similarly educators and child and family practitioners are attempting to be less mother-focused in their practice and approach (e.g. Maxwell et al, 2012). However, as McBride & Lutz (2010: 468) argue parenting programmes which give attention to fathers and father figures are in "an infancy stage of development". Programmes which reach out to fathers who are newly arrived in a country, and who may encounter a number of additional stressors such as racism and discrimination, are even rarer (Strier & Roer-Strier, 2010; Haour-Knipe, 2011).

In the English context pre-school children's centres are a primary site for educators and child and family practitioners wishing to engage with fathers from diverse backgrounds. The centres originated in the late 1990s as part of the then Labour Government's Sure Start programme, a geographic area based initiative, to support under 5 year olds and their families in disadvantaged neighbourhoods (Anning & Hall, 2008). By 2014 the purpose of children's centres continues to be to provide access to a range of early childhood services, as well as advice and support for parents and carers. According to governmental guidance to parents "*The centres are open to all parents, carers and children and many of the services are free. You can get help and advice on child and family health, parenting, money, training and employment*." On 30 November 2013 there were 3055 children's centres rising from 524 in 2004 (Direct Gov 2014). The ambition of the Dad Factor training programme, is to enhance staff engagement with newly arrived fathers in this important care and educational setting for very young children.

2.2 Engaging fathers in children's centres

From the outset English children centres have tended not to set engagement with fathers as a central priority. An early assessment of Sure Start local programmes found that the importance of engaging men had got lost in the pressure to get the programme up and running "we've been inundated trying to set up services for women and children , because that's like the core business" (Lloyd, O'Brien, & Lewis, 2003:4). Of the 128 Sure Start programmes rolled out in round 1 and 2 (at the start of the initiative), 36% were classified as having 'low' provision for fathers, 52% 'as having moderate/ intermediate' provision and 12% 'high' levels of provision (Lloyd, et.al, 2003). In the original guidance to practitioners, fathers were not specifically targeted but rather a more generalised approach to involving parents, grandparents and other carers in the planning and running of the programmes was utilised (Potter & Carpenter, 2008). Evidence showed

that professionals and agencies which had committed to involving fathers often had decided on this proactive approach early in the planning process, and had developed an agreed plan to contact fathers with clear rules of engagement (Lloyd et al, 2003). Despite the emerging evidence base and a government audit progress in engaging fathers has been slow (Ghate, Shaw, & Hazel, 2000; National Audit Office, 2006). A report commissioned by the Department of Children, Schools and Families in 2008 commented that "*father inclusive practice was not seen to be routine or mainstream in family services*" but where it did occur in national policy, it was focused on a small number of services which included Sure Start (Page, Whitting, & Mclean, 2008, p. 99).

Like its predecessors, the new Coalition Government, formed in 2010, acknowledged that fathers have a role in in their children's early years. In a policy review about how governments can best support the early years of children's lives, it stated that "*Government and the sector have a role to play in setting the right tone and expectation, and helping professionals to think about how better to engage fathers in all aspects of their child's development and decisions affecting their child*" (Department for Education, 2011, p. 37). In particular, the report focused on: involving fathers during pregnancy and child birth, providing relationship support to prevent relationship breakdown, using family support and outreach services to engage with fathers, including non-resident fathers, and strategies to increase father involvement in children's centres. Legislation through the Children and Families Act 2014 has provided an enabling framework for some of these ambitions to be supported, for example the new offer of unpaid leave of absence for fathers-to-be to attend an antenatal appointment. In terms of children's centres, one recent approach has been for inspectors to heighten expectations of father engagement. In 2013, the Ofsted framework for children centre inspection identified the need for centres to focus services on target groups, defined as those that may require "perceptive intervention and/or additional support", which includes fathers and those from minority ethnic groups (Ofsted, 2013b, p. 25).

2.3 Promoting and hindering father engagement with children centres

Existing research has helped provide an understanding about why fathers of young children are less likely than mothers to attend children's centres and why further training could facilitate greater practitioner engagement of fathers.

Studies suggest that early years practitioners and educators experience a degree of ambivalence about working with fathers. Enthusiasm about engaging fathers in children's lives sits alongside reservations about how to deal with fathers who have personal problems or difficulties with parenting (Daniel & Taylor, 2001). Since mothers remain core business, staff, usually female themselves, may remain more comfortable working alongside mothers and more experienced in dealing with maternal personal problems and parenting difficulties (Macleod, 2008). Staff may also hold feelings of mistrust towards fathers. As McBride and Rane (1997: 13) have commented, "*the apparent lack of father/male involvement and "responsible" fathering behaviours is often cited as a major reason for young children being classified as at-risk for later school failure. Many people will question why resources should be targeted at these fathers/men when they are viewed as the primary cause of the problems facing children*".

In addition, there is a paucity of men working in education and care, and in particular early years and primary settings, despite a push to encourage men into these roles (Cameron, Moss, & Owen, 1999; Evans & Jones, 2008; Honig, 2008). The absence of male workers in these settings has implications for fathers' engagement with children's centres (Farquhar, 2008). Those men that do work in early years settings face a complex set of competing views(and this is particularly the case for men from non-Western backgrounds, Honig, 2008). On one hand, they face questions both about their ability to care for children and their masculinity. It is sometimes assumed that women are more naturally able carers of young children (Evans & Jones, 2008).

Men's motivations for engaging in the caring professions can also be called into question. Care in an emotional and physical sense is still not readily labelled as a masculine trait, and yet "touching children and being touched by them is part of the daily professional practice of educators" (Buschmeyer, 2013, p. 300). As such, men may be subject to increased suspicion and considered 'high risk' (Evans & Jones, 2008; Farquhar, 2008). This emotional climate is also a factor in influencing fathers' decisions to attend children's centres as they can often fear being seen as a predator (Macleod, 2008). On the other hand, male practitioners in early years and primary settings are often praised for filling a gap in some children's lives left by absent fathers, and are positioned as role models, a status that carries with it considerable pressure (Jones, 2007). These men can be expected to act as a substitute father and a model of masculinity, both complex and demanding positions (Cameron et al., 1999).

Research also shows that practitioners need to be aware of the mediating role of mothers and couple relationships in shaping the relationship between children and fathers (Lamb, 2010; Cowan, Cowan & Knox, 2010). Mothers can influence whether fathers participate in children's centre programmes, either directly or implicitly (Palm & Fagan, 2008). Some research has shown instances when mothers prefer fathers not to attend groups, for example to avoid bringing couple issues into the group (Macleod, 2008) or because they do not want the children's fathers to be involved in their care (Roggman, Boyce, Cook, & Cook, 2002). However, Lloyd et al (2003: 48) found that "encouragement and in some cases reported coercion by a female partner was often an important reason for them becoming involved" in Sure Start programmes.

The personal characteristics of fathers are a further dimension for practitioners to consider when examining how to engage fathers. Roggman et al. (2002) have found that fathers were more likely to be involved in the care of their young children and in early years programmes when they were better educated, more likely to use social support and were not suffering from depression. Parenting styles and beliefs also play a part in shaping fathers' attendance at and involvement with children's centres. Fathers' beliefs about fathering and parenting responsibility are shaped by moral, religious and cultural influences. Fathers with a stronger commitment to parenting tend to be more involved in their children's lives (Coley, 2001).

Studies have suggested ways in which a centre environment can be de-feminised, even when female staff predominate, through for instance diversifying visual imagery in posters and routinely including men as well as women in parenting information leaflets or arranging flexible delivery of services that fit around work schedules (Berger, 1998;

Honig, 2008; Potter & Carpenter, 2008). Tailoring groups to suit the local cultural or leisure interests of fathers in areas where centres are sited requiring information gathering about neighbourhood characteristics.

Sensitivity to gender composition in group activity is important although there is no clear evidence about the relative efficacy of all-male or mixed parent groups activities in early years settings (Burgess, 2009; Zanoni, Warburton, Bussey & McMaugh, 2013). An example of one of the first culturally targeted early years programme is Men as Teachers, set up by Head Start in the US to provide a forum for low-income African American men to discuss parenting concerns (Fagan & Stevenson, 1999). The programme was empowerment-based, aiming to facilitate fathers to bring about change in their lives and to develop greater self-esteem, confidence, knowledge and skills in relation to parenting. Thirty-five men attended to groups over a 12 month period, and many expressed the desire to continue to meet outside the project to talk about parenting issues. The fathers described how they had developed better parenting skills and relationships with their children and attributed these changes to the group experience, although the design of the study did not allow causation pathways to be examined.

Finally, research evidence suggests that father-inclusive work can be supported if the general ethos of centres is founded in a commitment and explicit strategy to increase father attendance (Ghate et al., 2000; Lloyd et. al, 2003; Potter & Carpenter, 2008). Several studies point to the importance of a father's first visit to a Centre, and the positive impact of contacting fathers after their first visit to encourage them to come again.

2.3.1 Training staff to engage with fathers

"Interventions and programs that target service providers have the opportunity to create a lasting effort to increase paternal involvement" (McBride & Lutz, 2010, p. 461).

Although aspirations are high, the research base on the benefits of training the trainers working on promoting father involvement is not extensive (Zanoni et al, 2013). McBride, Rane and Bae (2001) undertook a study in the US looking at the impact of an intervention programme designed to encourage and facilitate fathers involvement in preschool programmes by training teachers. Two state-funded pre-schools were recruited, an intervention and comparison site, and a total of 21 teachers were involved (14 from the intervention site and 7 from the comparison). Data collection measures included the Attitudes toward Father Involvement (ATFI), and adapted version of the General Attitudes toward Parent Involvement (GATPI), and demographic information was also collected on staff. In addition, the parental involvement in activities and contact with teachers was tracked. Types of information recorded included: gender of the parent, method of contact, the reason for the contact, and who initiated the contact. Whilst the study was small and exploratory in nature, it found that "a greater proportion of the parent involvement activities and contacts were with fathers/men at the treatment site program than that reported at the comparison site program" (McBride et al., 2001: 90).

Similarly, as part of a UK-based project to engage fathers and male carers during the crucial period of their children's transition from nursery to reception class, children

centre staff received a very brief intervention, a one hour training session delivered by the organisation, Fathers Plus (Potter, Walker, & Keen, 2009). Following this, the staff reported having an increased knowledge of the benefits of father involvement, an increased awareness of effective approaches for working with men, increased confidence in how to work with men, and said they welcomed the refocus on fathers work within the centre. The present evaluation of the 'Dad Factor' programme builds on these projects. The programme aims to increase father involvement in early years programmes by training staff members in the knowledge base of father-friendly practice.

2.4 Specific issues facing newly arrived fathers

Migrant, asylum-seeking and refugee fathers encounter a number of stressors that impact on their roles as fathers. Newly arrived fathers, in particular, asylum-seekers can face hostility from their host nation. Reasons for this hostility include the assumption that their claims for asylum are bogus, the belief that there were too many asylum-seekers and refugees in Britain, the belief that government policy is too lenient, and the belief that asylum-seekers and refugees diminish resources for British people (Blinder, 2013; Finney & Peach, 2004).

 Migrant, asylum-seeking and refugee fathers encounter new cultural expectations of childrearing. In some cases, fathers' belief systems about acceptable behaviour, valued characteristics in children and appropriate childrearing encounter a number of stressors that impact on their roles as fathers. Techniques can be challenged, both by the host society and by their children, who tend to integrate more quickly into host cultures (Hwang & Wood, 2009; Renzaho, McCabe, & Sainsbury, 2011). In addition, in the case of fathers who have traditionally held the role of disciplinarian and provider within their families, this status can be challenged as mothers take on more responsibility inside and outside the household (Renzaho et al., 2011). In some countries, migrant parents were also found to fear state intervention in their parenting, which can undermine relationships with professionals (Este & Tachble, 2009; Renzaho et al., 2011).

Migrant, asylum-seeking and refugee fathers are also likely to encounter poverty, unemployment and underemployment (Datta et al., 2012). Research conducted in the UK has found that when migrant men first find work, they earn on average 30 percent less than their British counterparts, and it can take up to 20 years before they receive fair pay levels, (Dickens & McKnight, 2008). In London, migrant men often work in low paid jobs, such as care work, cleaning and hospitality (Batnitzky, McDowell, & Dyer, 2009; Datta et al., 2008). They are often required to accept offers of work for which they are overqualified in order to provide for their children and this leads to feelings of humiliation and a loss of self-esteem (Este & Tachble, 2009). Refugee fathers also face similar difficulties in gaining appropriate employment (Este & Tachble, 2009). For asylum-seekers, the picture is even bleaker; asylum-seekers are not permitted to work until they are granted leave to remain in the UK, and are given a small amount of money by the government to live on. Per week, couples received £72.52, lone parents receive £43.94, and for each children, parents are given £52.96 (United Kingdom Border Agency, 2013a).

Additional stressors that impact on fathers role include separation from children who are residing in the father's countries of origin (Nobles, 2011; Parreñas 2008) and the increased likelihood of intimate partner violence. Violence against women has been

recognised as a special risk for migrant, refugee and asylum-seeking women, who are particularly vulnerable due to cultural attitudes towards women in their countries of origin and resettlement stressors (Bhugra & Ayonrinde, 2004; Erez, 2002; Menjivar & Salcido, 2002).

As a consequence of these experiences, newly arrived to UK men are likely to suffer from mental health difficulties. Research indicates migrants can suffer from depression and low self-esteem as a result of social, economic and acculturation stressors (Bhugra & Ayonrinde, 2004). Asylum-seekers experience trauma in their countries of origin and en route to the UK, and these experiences are exacerbated by their experiences of living in England and negotiating the asylum process (Pitman, 2010). Additionally, fathers must manage their children's mental health problems. In a study using the Strengths and Difficulties Questionnaire (SDQ), migrant children were found to show greater psychological distress compared to their UK-born peers (Leavey et al., 2004). Diler and Avci (2002) also found that migrant children had significantly lower self-esteem and higher depression and anxiety than UK-born children in the sample. Asylum-seeking and refugee children have often been exposed to traumatic experiences and may experience long-term mental health problems such as Post-Traumatic Stress Disorder (Lustig et al., 2004).

2.4.1 *Mapping newly arrived fathers*

Mobility between county borders is becoming common in many countries of the world influencing patterns of family formation. For instance in England and Wales 24 per cent (171,702) of babies born in 2011 had fathers who were themselves born outside the UK. Pakistan was the most common country of birth for non-UK born fathers, followed by Poland, India, Bangladesh, Nigeria, Somalia, South Africa, Germany, Sri Lanka and Ghana and these countries, and their rankings, have not changed since 2009 (Office for National Statistics, 2013a). In this study the term 'newly arrived fathers' is an operational one referring to those who have been in England fewer than four years, and is inclusive to include migrants, asylum-seekers and refugees (see Box 1).

According to the Office for National Statistics (ONS), for the majority of the 2000s the most common reason for migration to England was work-related (Office for National Statistics, 2013b). In 2008, the most common reason for migration was study, and whilst 2012 saw a decrease in the number of migrants coming to the UK to study, education has remained the most common reason stated for migrating to England since. The third most common reason for migration since 2004 has been to accompany or join relatives. In the year to September 2012, an estimated 190,000 long-term migrants arrived to the UK for formal study, 175,000 for work related reasons and 62,000 to accompany or join relatives.

The Migration Observatory's analysis of the 2011 Census gives a useful picture of the numbers of migrants living in England and London (Rienzo & Vargas-Silva, 2012). It reported that London has the largest number of migrants among all regions of the UK. London's foreign-born population has increased by 54% since 2001 to 2,998,264. In 2011, 36.7% of London's total residents were born outside the UK, and this figure rose to 42.2% for inner London. Forty-eight percent of London's foreign-born were men and 47% of all London's foreign-born were aged between 20 and 39 years of age, and were of child-

rearing age. A quarter of residents in inner London do not speak English (or Welsh) as their main language.

Newham is the borough with the highest share of foreign-born residents in inner London, followed by Westminster, and Kensington and Chelsea. Residents born in India represent the most numerous foreign-born group in London, followed by residents born in Poland and Ireland. Other populous foreign born groups include Nigeria, Pakistan, Bangladesh, Jamaica, Sri Lanka, France and Somalia. In the selected inner London borough of the study, the most common foreign-born groups were from Nigeria, Ireland and Poland.

BOX 1 Definitions

A **migrant worker** is "a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national".

A **refugee** is someone who, "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country".

Refugees' claims for asylum have been accepted and have successfully obtained the legal right to stay in the UK.

An **asylum-seeker** is someone who "makes a request to be recognised as a refugee under the Geneva Convention on the basis that it would be contrary to the United Kingdom's obligations under the Geneva Convention for him to be removed from or required to leave the United Kingdom"

(United Kingdom Border Agency, 2013b).

2.5 The recent policy context around children's centres

This study was conducted fifteen years after the development of children's centres in England. The Sure Start Local Programmes (SSLPs) were initially set up in 1998 as part of an early intervention scheme to help families in the most disadvantaged areas of England (Rutter, 2006; Anning & Hall, 2008). Within these neighbourhoods access to activities and programmes were universal and available to all, irrespective of financial status. The objectives of the SSLPs were to "transform education, health and family support services for children under five and their families, increase the availability of high quality childcare for all age groups whose parents need it, and meet the needs of the most disadvantaged" (Sure Start, 2004, p. 5). An analysis of implementation showed that there was no set curriculum in how services were designed to meet the needs of local families (National Evaluation of Sure Start, 2012). In 2003, these programmes were relabelled as Sure Start Children's Centres, and the service was rolled out to offer early years services across the country (Lewis, 2011).

There has continued to be significant variation among Local Authorities in the way the new children's centre model was implemented (National Evaluation of Sure Start, 2012). An assessment of impact has shown a mixed but generally positive set of benefits for children and mothers living in SSLP neighbourhoods in comparison to those living in matched neighbourhoods which did not offer services (National Evaluation of Sure Start,

2012). For instance, the five year and seven year follow up studies (National Evaluation of Sure Start, 2010, 2012) found that mothers living in SSLP areas reported engaging in less harsh discipline of their children, provided a more stimulating home learning environment for them, had greater life satisfaction (in the 7 year follow up study, this finding was only relevant to lone parents or living in workless households), and provided a less chaotic home environment for their children (in the 7 year follow up study, this was only significant for boys).

Since the economic down-turn there has been a substantial financial reduction by central government for local authority funding of children's centres and their services. In response local authorities have merged some centres to create clusters of several centres under one management team. Between April 2010 and November 2012, the number of children's centres in England have been reduced from 3631 to 3,230 (a reduction of 401) (Truss, 7 January 2013). Twenty-five of these centres were formally closed. The remainder were merged with other children's centres to create strategic partnerships. London has seen the greatest reduction in autonomous children's centres during this time, losing a total of 126.

The ring-fencing of funding for children's centres was ended in 2011. In place of this, the coalition government implemented the new Early Intervention Grant, designed to provide sufficient funding for local authorities to continue services with the hope of creating more flexibility about how money is spent locally (Department for Education, 2012). However, in 2012 the government announced that it needed to hold back £150 million of the Early Intervention Grant from local authorities in 2013-14 and 2014-15 for another project, a move which has been condemned by the Local Government Association (LGA) stating "*Councils will now face significant additional cost pressures and it is imperative that any current discussion around children's centres must take into account the context of the wider funding landscape*" (LGA, 2013).

The statutory nature of the service provided by children's centres does offer some protection against government funding reductions, as the Child Care Act 2006 requires that there is a sufficient provision of early childhood services and that there are consultations before services are changed or children's centres are closed.

At the same time as funding reductions, the demand for the services provided by children's centres is reported to be increasing in the UK (4Children, 2013). In a sample of 501 children's centres across 127 local authorities, this study has found that 72.5% of centres reported an increase in the number of families using their services, while two-thirds reported that they would be operating with a decreased budget in the forthcoming year (4Children, 2013). Survey responders in the census report that the reduction in funding means that some services are likely to be cut: the most likely service to be cut was Stay and Play (58.2%). Fathers' groups were listed as the sixth most likely service to be cut (28.4%) (4Children, 2013).

All four centres who participated in this evaluation were part of a strategic partnership. The change from being an autonomous children's centre to being part of a strategic partnership can involve changes in staffing, changes in management and changes in programme, and therefore the process represents a significant upheaval for staff.

2.6 Summary

The involvement of fathers in their children's early years care is important for children's development and wellbeing. While efforts have been made to enhance family support to fathers, fathers' engagement with services at children's centres is still at a low level. This pattern is also the case for newly arrived fathers to the UK, who encounter a high number of stressors and for whom support from children's centres is likely to be particularly beneficial. Some programmes have been implemented in which early years staff have been trained to improve their father-friendly practice, but this work has not been conducted specifically with newly arrived fathers in mind.

Chapter 3. Methodology

3.1 Research design

The research design was quasi-experimental comparing the 'Dad Factor' training programme with a matched group of centres which received an 'Equality and Diversity' training in the same neighbourhood setting. Random allocation of professionals to both groups, was not possible at this feasibility stage. Data collection incorporating standardized measures, and client tracking were conducted pre and post-training at one and two month follow ups. Qualitative interviews were also inducted after training.

The data collection for the evaluation took place between June 2012 and August 2013. Ethical approval was sought and obtained from the Department of Psychology Research Ethics Committee at the University of East Anglia in December 2012 (see section 3.6).

3.2 The purpose and content of the comparison training

The comparison group received training on Equality and Diversity delivered by the Fatherhood Institute. The topic was selected by the Fatherhood Institute in consultation with Children Centre managers and the evaluation team as being of use to the professional development of the staff but not being specifically focused on fathers. It was planned that the training would be the same length as the intervention training and delivered by the same trainer.

The purpose of the comparison group was to assess the impact of the 'Dad Factor' training on outcomes. The same data were collected from the comparison group as the intervention group (professional attitudes to father engagement and the frequency of professional contact with fathers before and after the training was delivered). The groups were then compared before and after the training on relevant indicators in order to ascertain whether the 'Dad Factor' training programme met its goals. The use of a comparison group in training evaluations helps to reduce the possibility that changes found in the outcome measures are due to factors other than training. Using a comparison group is also useful in avoiding the placebo effect, in which participants in an evaluation study show positive outcomes simply because of the attention they have received, rather than the content of the training itself.

The aims of the Equality and Diversity training as outlined by the Fatherhood Institute were to:

- Promote an inclusive approach to engaging with families
- Enable management and staff in children's centres to develop strategies to engage more effectively with families from diverse backgrounds
- Ensure that their engagement with families is informed by equality and diversity issues

With this in mind, the training programme included the following topics:

- What diversity means to you and how it will benefit your centre
- Language exercise using traffic lights – acceptable and non-acceptable terms
- Marginalised groups in the children's centre community – who's accessing your services and who's not?
- Exploring the representation of a particular marginalised group in the media
- Promoting Equality and Diversity - what this means in practice? Looking at your Centre's policy and ethos it reflected
- What helps inclusive practice and what hinders inclusive practice? Identifying areas in which the centre can move the agenda forward

Appendix H gives a more detailed description of the training. The Fatherhood Institute were advised that the comparison training should avoid content involving father engagement in order, to differentiate content from the Dad Factor training.

3.3 Sample and comparison group: site recruitment and selection

When site recruitment commenced in December 2012, the Fatherhood Institute planned to conduct the evaluation across two inner London boroughs with one centre from one borough receiving the 'Dad Factor' training, and one centre in another similar borough receiving the Equality and Diversity training. The two boroughs were selected due to their high levels of deprivation and large migrant populations. However, through discussions with the managers at the sites, it became clear that only one of the two boroughs contacted had the capacity to take part in the evaluation. It was also clear at this stage that due to small numbers of staff working in each centre, it would be necessary for more than two centres to take part in the evaluation. Therefore, in order to recruit the sample, a greater number of centres were needed.

Ten centres were contacted by the Fatherhood Institute and a manager from one of the centres in the borough helped to coordinate the engagement of other children's centres in the study. The centres were given verbal information about the evaluation by the Fatherhood Institute, and asked if they would like to take part. All ten sites demonstrated interest in being part of the evaluation.

At this point, the research team took over liaison with the children's centres. Each centre manager received an information sheet (Appendix D) explaining the purpose of the study and training. Both the intervention and comparison group were given the same information, that the training was concerned with promoting parental involvement in children's centres. In order to select children's centres within the borough to receive the 'Dad Factor' and comparison training, a range of information was gathered. Data were then gathered by the research team in order to match the intervention and comparison groups across a range of relevant factors that might influence the outcome of the training. A large amount of data were collected on seven indicators (see Appendix C):

- The Indices of Multiple Deprivation (IMD) of the centres catchment areas, and more general information on the socio-economic background of the families in the catchment area
- The ethnicity of the families in the catchment area
- Engagement with fathers at the centre

- Engagement with newly arrived mothers and fathers at the centre
- The job titles and number of staff at the centres
- The existence of a pre-school attached to the centre
- Any other relevant information (including initiatives to engaged with newly arrived mothers)

Each of the ten children's centres were emailed and asked specifically to provide information on the following:

- Demographics of the families that attend the centre (for example, socio-economic status, immigration status)
- Staff demographics and roles
- Existing monitoring strategies for families who attend the centre,
- Information about existing initiatives in the children's centre around engaging fathers
- The centre's most recent Self-Evaluation Form (SEF)

SEFs and Ofsted reports were also collected via online searches. Additional information on the socioeconomic background and ethnicity of families living in the catchment areas was obtained from the Children and Young People's Service at the inner London borough. Information regarding the centres' engagement with fathers was obtained from programme schedules on the centres' websites as well as SEFs and correspondence with the centres' managers. Information regarding engagement at the centres with newly arrived mothers and fathers was obtained through an online screening questionnaire completed by the centre managers. Managers were asked for information on the attendance of newly arrived mothers or fathers at their centre. They were asked to identify from which countries newly arrived mothers and fathers attending their centres originated. In addition, they were asked to provide details of the number of newly arrived fathers attending their centre over the last year (and were given the option to estimate if this information was not available).

After inspection of this data, six of the potential ten sites were selected to be part of the evaluation. These particular sites were selected by the research team in order to ensure the comparison group and the intervention group were matched in relation to factors that may affect the outcome of the study. The children's centres were matched across five criteria (see the table below for further information).

- The number of newly arrived families in the catchment area
- The socio-economic background of families in the catchment area
- The number of father engagement programmes in place
- The number of staff at the centre
- Whether there was a preschool attached to the centre

Table 3.1: Site selection

Intervention groups	Comparison groups	Matching rationale
Ash Grove Children's Centre*	Bluebell Children's Centre	• Similar IMD (20/30%) • Similar number of newly arrived families (around 20 per year) • Neither have preschools attached • Both have father engagement programmes • Similar staff numbers (around 7 members of staff)
Stepping Stones Children's Centre	Millfields Children's Centre	• Similar IMD (below 20%) • Similar number of newly arrived families (around 20-30 per year) • Both have preschools attached • Both have father engagement programmes, but of a different nature
Park End Children's Centre	Little Oaks Children's Centre	• Similar IMD of around 20/30% • Similar low records of newly arrived (under 10 per year) • Both have preschools attached • Discrepancy in presence/type of father engagement programmes • Different staff numbers sizes (but comparison led across groups)

*Note these names are pseudonyms.

As the table 3.1 shows, the presence and type of father engagement programmes in the centres differed. At Millfields Children's Centre and Park End Children's Centre, regular groups especially for all dads and male carers, including uncles and grand dads, were held. At Stepping Stones Children's Centre, there was a fathers' fitness programme and father and child sessions. At Little Oaks Children's Centre, there was no father-specific programme in place but it was stated that attempts were made to encourage fathers specifically to attend the Teen Friday sessions.

Staff members at these centres received an information sheet (Appendix E) explaining the purpose of the study and training. Staff members in the intervention and comparison group were given the same information, that the training was concerned with promoting parental involvement in children's centres.

3.4 The 'Dad Factor' programme

In order to ascertain whether the 'Dad Factor' programme had operated and was delivered as planned, a range of data were collected from both the Fatherhood Institute and the children centre staff who took part in the training.

Data provided by the Fatherhood Institute comprised:

- The goals of the training programme
- The proposed scheduling of the training
- The number of centres expected to take part in the training and evaluation
- The number of professionals expected to receive the training and take part in the evaluation (participants were invited to take part in the study based on their job title; those eligible to attend the training were those who had direct contact with families at the centre)
- Copies of the training materials (including the PowerPoint slides used by the trainer and training notes)
- An interview with the trainer immediately after the training event, with the aim of:
  - Ascertaining the trainer's professional and educational background and training experience
  - Ascertaining the trainer's understanding of the values and model underpinning the training
  - Verifying how the training was delivered on the day, with the trainer asked to give a step-by step account of events and any changes to the schedule
  - Ascertaining the trainer's views on whether they felt the programme goals were achieved

Data collected from the children's centre staff who took part in the training and evaluation comprised:

- Participant evaluation forms, completed after the training event. The participants were asked to give their overall rating of the course, the trainer, the venue and the resources. They were also asked to comment further on the trainer, to outline their plans for further action as a result of this workshop, to comment on ways to make the training for useful, and to outline further support they would like from the Fatherhood Institute.

3.5 Data collection measures for conducting the impact evaluation

A mixture of measures were adopted to assess the impact of the programmes.

- An online Father-Friendliness Organisational Self-Assessment and Planning Tool for Early Childhood Education Programmes, completed at three time points
- A Feelings Thermometer scale, completed at three time points
- A Family Tracking Attendance Spreadsheet (FATS), completed at three time points
- Interviews with the two children centre managers, conducted after the final FATS was completed

3.5.1 The Father-Friendliness Organisational Self-assessment and Planning Tool

The first data collection tool, the Father-Friendliness Organisational Self-assessment and Planning Tool (Vann & Nelson-Hooks, 2000) was a self-report measure, (see Appendix F).

This tool was developed by The National Center for Strategic Non-profit Planning and Community Leadership (NPCL). This questionnaire was adapted to suit a British audience. The questionnaire was available online for the participants to complete via Survey Monkey. They were asked to complete the questionnaire at baseline, and follow ups at one and three months. This questionnaire measured:

- Staff attitudes to/confidence in engaging fathers and father figures
- Staff attitudes to/confidence in engaging with BAME fathers
- Staff attitudes to/confidence in engaging with refugee/asylum seeking fathers
- Strategies to increase engagement with the men in these families

The Father-Friendliness Organisational Self-assessment and Planning Tool assesses father-friendly practices within organisation. Each professional were asked to rate their organisation through 69 questions on the following seven topics (with a total of eleven subsections):

- Organisational support: the support within the organisation for providing services to fathers/father-figures
- Position and reputation in the community: the way in which the community views the organisations with respect to fathers/father-figures
- Policies and procedures: the extent to which the organisation's policies and procedures are father-inclusive
- Staffing and human resources: the extent to which staff members are prepared to provide services to fathers (consisting of two sections on general staff and specific staff)
- Programme services: the extent to which a programme has been clearly articulated for fathers (consisting of three sections on the organisation's approach to mothers, fathers and couples)
- Physical environment: the extent to which the physical environment in the organisation is inviting and welcoming for fathers/father-figures
- Communication and interaction: the way in which fathers are treated and communicated with inside the centre (consisting of two sections on staff attitudes towards fathers)

Participants were asked to rate their organisation on a number of areas in relation to father-friendly practice using a scale from 1 to 4.

1 = Haven't even thought about this/completely disagree with statement.
2 = We've started to think about this but haven't made much progress.
3 = We've made some good efforts but still have some work to do.
4 = We have successfully completed this step/completely agree with statement.

It has been observed that in effect the participant has the possibility of six, not four, possible responses, as point 1 and 4 on the scale include two possible answers. However, since the Father-Friendliness Tool is a validated instrument, it was necessary to replicate it in its original format.

Participants were also given space to make comments at the end of the questionnaire. Participants responses to the constituent questions at each point in time were summated and divided by the total number of questions in the section to produce the means.

3.5.2 The Feelings Thermometer scale

The second data collection tool aimed to explore the feelings of the participants towards refugee, asylum seeking and economic migrant families. The feelings thermometer scale was completed online at the same time as the Father-Friendliness Organisational Self-assessment and Planning Tool. Feeling thermometers have been widely used to determine attitudes towards a variety of individuals and groups (Coenders & Lubbers, 2008; Norton & Herek, 2013). The scale was adapted to include the groups of interest to the study.

The participants were asked to rate their feelings towards refugees, asylum-seekers and migrants from five broad areas of the world. The groups were:

- Africa
- Asia
- Caribbean
- Eastern Europe
- South America

These five areas were chosen to reflect the most populous foreign-born groups in London and the appointed borough (India, Nigeria, Pakistan, Bangladesh, Jamaica, Sri Lanka, France, Somalia, Ireland and Poland) (Rienzo & Vargas-Silva, 2012). In terms of European neighbours, Eastern European was selected to represent one of the largest groups of migrants.

In addition to rating their feelings towards refugees, asylum-seekers and migrants from these parts of the world, the participants were also asked to rate their feelings towards difficult family types of refugee, asylum-seeking and migrant families. These were:

- Mother and father families with children
- Mother with children
- Father with children

Participants were asked to answer the relevant questions for this section of the questionnaire on a scale from 0 degrees (extremely unfavourable) to 100 degrees (extremely favourable). 50 degrees was marked as neither favourable nor unfavourable. Participant responses to the constituent questions at each point in time were summated and divided by the total number of questions in the relevant section to produce means. These means were then entered into the analysis of variance. As such an increase in scores represents an overall improvement in feelings towards the international groups or family types in question.

3.5.3 Family Attendance Tracking Spreadsheet (FATS)

The third data collection tool was the Family Attendance Tracking Spreadsheet (FATS) (see Appendix G). This spreadsheet asked centre staff to self-audit on their engagement with families, fathers and newly arrived fathers. Contemporaneous data collection on fathers' attendance is still quite rare so this was an innovative data collection technique. Centres recorded key information on the frequency and type of contact they had with families and men in these families over a month-long period. The managers completed spreadsheets at three points during the evaluation: baseline data were collected prior to the training, post-training data were collected one month after the training event, and further data were collected three months after the training event. The data for the FATS were gathered either by the centre manager or by administrative staff at the centre on each day, or was completed using information already collected on Synergy. The FATS did not require centres to track specific families visiting their centres. Therefore, the data collected captures the number and individual characteristics of each client visiting the centre. At each time point, for each visit episode, they were asked to track:

- The individual's type of family using the centre (options given were lone parent with a child/children, a couple with a child/children or extended family members)
- The reason for the visit to the centre (open response)
- The presence of a male carer or father figure (open response)
- The nationality of the male carer or father figure if present (open response)
- The arrival date in the UK of father if not born here if present (open response)

In addition, a considerable numbers of fathers were recorded as attending an "unspecified activity".

3.5.4 Interviews with managers

Interviews were also conducted with one strategic partnership manager from the intervention group (Park End Children's Centre) and one strategic partnership manager from the comparison group (Millfields Children's Centre), both at the point of the three month follow up. The purpose of these interviews was to collect data on range of issues, including the managers' own professional background and experience, the centre's overall ethos, the manager's views on the training they received, their views on the evaluation itself and the centre's approach to working with fathers. Topics on the centre's work with fathers included the physical environment of the centre, record keeping, referral patterns, staff approach to fathers, methods in place for engaging fathers and the manager's views on what helps and hinders work with fathers in early years settings. Both centre managers were female, and professionally qualified in the National Professional Qualification for Integrated Centre Leaders.

3.6 Ethical practice

Ethical approval for the evaluation was obtained from the Research Ethics Committee in the School of Psychology at the University of East Anglia, which operates under the principles of the British Psychological Society. The participants were provided with information sheets about the project (see Appendices D and E). Informed consent was obtained from the participants via a signed consent form prior to the commencement of

data collection. They were informed that their participation in the project was voluntary and that they were free to withdraw their participation at any time during the project.

The participants were also informed that their participation in the project would be anonymous. The names of staff members, children's centres and the inner London borough in which the project was conducted were changed to protect the identity of participants. To maintain confidentiality, non-managerial staff were reassured that their managers would not see their responses. Non-managerial staff were contacted directly via email to complete the online questionnaire, as were managers. All data were stored on a password controlled file and in locked filing cabinets.

The participants were debriefed following each stage of data collection via email. This email updated them on the progress of the evaluation and explained the next steps. Copies of the published research report will be sent to each centre. The participants were informed that the evaluation findings would be presented at conferences and published in academic journals.

Chapter 4. Implementation and delivery of the 'Dad Factor' programme

This chapter comprises the process-orientated evaluation findings. The implementation of the 'Dad Factor' training programme is described, tracked and assessed. The chapter begins by describing the design of the 'Dad Factor' training programme, as set out by the Fatherhood Institute, and goes on to examine the delivery of the training programme in practice. Comparisons are made with the Equality and Diversity training implementation.

4.1 The design of the 'Dad Factor' training programme

The 'Dad Factor' is a staff education programme, aimed at training management and staff in children's centres to increase their confidence and engagement with newly arrived fathers. The training programme is a brief intervention, lasting two days.

The 'Dad Factor' training was scheduled to be held in September 2012. The Fatherhood Institute planned to recruit six centres to take part in the training and evaluation, with three centres in the intervention group and three centres in the comparison group. The Fatherhood Institute aimed to recruit at least six members of staff from each centre to participate in the training and evaluation, including centre managers, resulting in an expected minimum total of thirty-six participants. The training was designed to be carried out by one trainer over a two day period.

This was the first time the 'Dad Factor' had been delivered in the context of children's centres and with an emphasis on newly arrived fathers. The training materials provided by the Fatherhood Institute to the evaluation team prior to the delivery of the training were:
- The training PowerPoints
- Training notes to accompany the PowerPoints
- A training schedule, outlining the content and timings of each session (see below)

Below is an outline of the training schedule for the 'Dad Factor'.

Table 4.1: The 'Dad Factor' training schedule outline

DAY ONE

Welcome and Overview: Group Agreement, Introductions, Expectations
• Introduction of trainer, participants and the Fatherhood Institute, and hearing participants' expectations of the training
• Summary of learning outcomes
  - Increase participant's knowledge of research and policy related to fathers
  - Increase knowledge of the challenges that newly arrived fathers experience adjusting their paternal role to a changed context
  - Increased understanding of the impact of separation on families and the value for their children of services maintaining a relationship with fathers
  - Increase participant's knowledge of strategies they can use to target, engage and involve fathers in their children's early years

Break
Session 2: Understanding Fatherhood: Fathers & Men: Images, Attitudes • Challenging perceptions – looking at stereotypes and assumptions around fathering

Lunch
Session 3: Understanding Fatherhood: Our Fathers • Exploring the group's experiences of being fathered

Session 4: Understanding Fatherhood: Why Work with Fathers?
 	
• Why does father inclusive practice matter? Exploring the changing nature of fatherhood
  - increased sharing of childcare between fathers and mothers, increased presence of fathers at births
  - leading to increased wellbeing among parents
  - increased involvement of fathers in children's upbringing after separation from mother

Break
Session 5: Understanding Fatherhood: Who are your local fathers? • Looking at fathers from different communities: young fathers, elderly fathers, working fathers, unemployed fathers – what might the experiences be like of these fathers and their children? What are their needs and what barriers might they face to getting those needs met?
Session 6: Homework • Three tasks set: 1. Speak to a dad and ask him about his experiences as a father 2. Look through the tool kit 3. Look through case studies for following day
DAY TWO
Session 7: Welcome back, Issues, Homework: A chance to reflect on the training so far • Feedback on home tasks • Reflections so far
Break
Session 8: Understanding Fatherhood: Separated Families/Non-Resident fathers • Practical and emotional implications for mother, father and child • Government policy requires engagement with non-resident fathers
Session 9: Developing systematic processes: Mapping our services • Looking at ways to create or improve father-inclusive services, focusing on registration of data, referral in & onwards, first contact/visit
Session 10: Engaging with Fathers from newly arrived families • Who are your local refugee and asylum-seeking families? What families are in the centres' catchment areas? What challenges do they face? • Issues facing these fathers, including under/unemployment, social isolation and discrimination, barriers to services, role-reversal issues, trauma • Advice for professionals to increase successful engagement
Lunch
Session 11: Planning Father-Inclusive Services: Identifying and Engaging Fathers • Mapping services – what are the challenges the participants' face to father-inclusive? Who can help you?
Break
Session 12: Next steps • Completing a form outlining what support the participants' centres need, what barriers there may be, what strategies might be implemented first
Session 13: Final Plenary

There were no clear guidelines given by the Fatherhood Institute regarding the required qualifications for delivering the training. Despite the emphasis in the training aims on newly arrived fathers, rather than fathers more generally, there was only one session that focused specifically on this group.

4.2 The delivery in practice of the 'Dad Factor' training programme

This section explores how the training was delivered in practice.

4.2.1 The logistics of the training in practice

The delivery of the training was delayed by five months. The delay in delivering the training was in part a consequence of the evaluation process. It took five months to obtain the required information for site selection from the centres. Additionally, once the process of site selection was completed, setting a date for both the training programmes was a complex and lengthy process. The training date was altered a number of times due to low numbers of participants able to attend on the agreed dates. These changes influenced attendance as there was confusion in some centres about when the training was taking place, and some who had been able to attend on the original date were no longer available of the revised date. One manager commented:

> *One thing I would like to say how slow it was in getting started. It's all coming back to me now. I initially started talking about this over a year ago now. I had hoped to deliver that while I was in my previous setting. We started talking about it in February, and it took such a long time. And I realised I was leaving.* Intervention group centre manager

Of the three centres selected to receive the 'Dad Factor' training and the three centres selected to receive the Equality and Diversity training, one site from each group was not able to participate in the evaluation. In the intervention group, this was because no staff members from that centre were able to attend training due to sickness. In the comparison group, staff from the third centre attended the training but had to be withdrawn from the evaluation after they failed to complete the online baseline questionnaire prior to receiving the training. Therefore in total, only two centres in the intervention group and two centres in the comparison group were finally included in the evaluation.

In addition, accessing an adequate number of participants and retaining those participants throughout the evaluation was problematic. In total, only eleven participants received the training and took part in the evaluation; seven participants in the intervention group and four in the comparison group. This was from an approximate potential sample of ten for the intervention group and 26 for the comparison group.

Participants who received the 'Dad Factor' training included two strategic partnership managers, two outreach workers, two early years educators and one family support worker. Six participants were employed at Park End Children's Centre and one at Stepping Stones Children's Centre. All but one of these participants were female.

Participants who received the Equality and Diversity training included one strategic partnership manager, two outreach workers and one children's centre practitioner (the second strategic manager was unable to attend the training). Three participants were employed at Millfields Children's Centre and one at Little Oaks Children's Centre. All participants were female. The eventual sample of participants in each training condition was small in size and voluntary in nature. However, the sample was typical of the staffing profile of children's centres.

The policy context within which the evaluation occurred played a key role in contributing to the low rate of participation. The evaluation took place at a turbulent time for the centres, all of which had recently undergone significant restructuring to become strategic partnerships. Several centres were in a period of reconsolidation following recent restructuring. At Stepping Stones Children's Centre, there were three different managers employed sequentially over a seven-month period during the evaluation, and this resulted in the absence of data at the three month follow ups for this centre. At Park End Children's Centre during the preliminary stages of the evaluation, the manager was moved from managing one centre in the borough to a strategic partnership management post in which she was responsible for two different centres. Significant restructuring of the centres and cuts in funding contributed to staff being less able to commit to the project (see Chapter 5 for further discussion).

4.2.2 The content of the 'Dad Factor' training in practice

In order to evaluate whether the training was implemented as planned, the trainer was asked to give a step-by step account of events and any changes to the schedule. The trainer reported that training had been delivered as envisioned in the training schedule, with the exception of one minor change (session five overran by ten minutes and therefore the plenary for this session was held the following day, in session seven).

4.2.3 The trainer's understanding of the 'Dad Factor' training programme

The trainer had experience of delivering a variety of training in roles in the third sector including father inclusion training, equality and diversity training and supporting Early Years and Children Centre settings to develop pre-school practice. It was the first time she had delivered the 'Dad Factor' training programme in either a children's centre or school setting.

This trainer, female and British Asian, delivered both programmes. The trainer's understandings of the model of fathering underlying the training were in keeping with that aims and objectives set out by the Fatherhood Institute, for whom she was employed as a consultant. She described the overall approach to fathering being encouraged in the 'Dad Factor' as "to improve children's outcomes" by promoting "positive behaviour and challenge negative behaviour" and "encouraging services to engage with fathers". The trainer spoke about how the concept of diversity had been threaded throughout the training programme, during which she had spoken about identifying the specific and particular needs of different groups of fathers that are likely to be in the children's centres catchment area.

She described the training's aims as to help children's centres find ways to support asylum-seeking and refugee fathers, to highlight the difficulties that negotiating a new culture can pose for newly arrived fathers, and to signpost these fathers to services outside the centres where necessary.

4.3 The experience of the participants receiving the 'Dad Factor' training

The participants' evaluation of the training was collected via participant evaluation forms circulated by the trainer following the training events, and this is also supplemented here by data from the interview held with the manager who received this training. The participants were asked to mark (5 being 'excellent', 4 'very good', 3 'good', 2' fair' and 1 being 'poor') four areas relating to the training: their overall rating of the course, the trainer, the venue and the resources. They were also asked to comment further on the trainer, to outline their plans for further action as a result of this workshop, to comment on ways to make the training for useful, and to outline further support they would like from the Fatherhood Institute.

The feedback was positive across all areas. Figure 4.1 and the following discussion show the responses of the participants. As the graph shows, of the seven participants, three gave the course an overall rating of 'excellent' and four participants gave it a rating of 'very good'.

Figure 4.1: The participants' overall evaluation of the 'Dad Factor' course
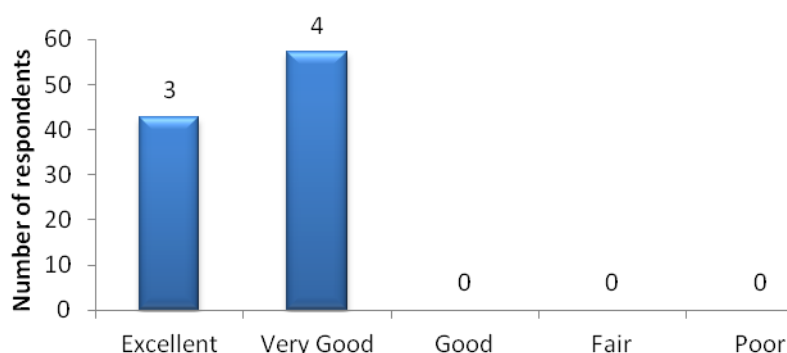
Three participants gave the trainer a rating of 'excellent', whilst four gave the trainer a rating of 'very good'. Some praised the trainer for delivering site-specific training that met their needs as children centre staff. Participants also praised the trainer for encouraging them to reflect on their own practice in relation to fathers. One participant commented:

> *I particularly found the session on stereotype and attitudes to fathers very helpful as it helps me to reflect on myself. I have been given lots of resources and strategies to encourage more with dads and this has given me the confidence to go out and do more work with them.* Intervention group staff member

Another commented:

We all have different roles to play within the centre but to explore our own understandings of who we are and what our parents did and what our fathers did to make us who we are, and who we are as parents and possibly fathers now. It did, I think, awaken a sense of responsibility as professionals, which was lovely to see. Intervention group centre manager

Others noted that the trainer's approach was inclusive and made the training accessible and relevant to the different types of professionals attending. Some commented that the trainer created an environment in which they felt able to voice their experiences and knowledge. One manager commented:

[The trainer] did really well to tailor it to our needs. The pace was perfect. She herself was very engaging and very honest and open with us. Sharing her own experiences as well with us […] From myself as partnership manager, outreach workers, family support workers, crèche workers, all having very different areas of responsibility, but we were all able to gain something from it and all able to contribute. Intervention group centre manager

The venue was rated as 'excellent' by three participants, 'very good' by three participants, and 'good' by one participant. Finally, the resources provided for participants through the training were rated by five participants as 'very good' and two as 'excellent'.

All the participants demonstrated the desire to increase engagement with fathers at their centre, and many commented that the training had given them greater confidence to engage with fathers.

A well planned and organized course. I now feel more confident that I am actually doing a good job with fathers and how I can develop my practice to include more dads in the groups and confidence to do this. Intervention group staff member

One manager commented:

Where we originally started, having a very vague and basic idea of why we need to work with fathers and the significance that it has on the child, who is at the centre of everything, I think we've made a massive step forward, in terms of understanding it better and implementing strategies better. It's win win. Intervention group centre manager

Another commented on the value of the training in bringing fathers to the attention of children's centre staff.

[The training] has been a valuable reminder of the importance of engaging Dads in our services, and valuable contribution they can make to others. Intervention group centre manager

Both managers and others attending the training commented that it had encouraged team building through training and learning together.

In addition to the fact that we've got this clearer understanding of the significance of working with fathers, it did bring us together as a team. We were a newly formed team, the two centres coming together, and it did help us to bond with the team and have a shared understanding of who we are, who we want to be as a team, and what our aims and objectives are for the families we're working with. For me, that was a big bonus. Intervention group centre manager

The participants outlined a number of strategies they hoped to put in place following the training to increase their engagement with fathers:

- Displaying positive images of fathers in the centre
- Improving marketing strategies to encourage fathers to attend centre
- Including fathers more in home visits
- Working with mothers to encourage fathers to attend the centre
- Implementing new policies to measure the impact of work at centres on fathers and families
- Disseminating knowledge throughout the staff team
- Setting up a fathers' reflective workshop

Suggestions from the participants about improving the training were mostly centred on lengthening the training to three days, in order to allow for more detailed discussion and reflection. Other suggestions included a greater number of resources and a list of recommended reading. When asked what further support they would like from the Fatherhood Institute, some participants asked for more resources for practitioners, invitations to future events and updates on current work and policy in this area. Another commented:

Just knowing they are there if we need them is more support than I could ever have imagined. Intervention group staff member

While the feedback from the participants was overwhelmingly positive, there was a notable absence of references made by the participants to an increase of confidence or knowledge of strategies in relation to working with newly arrived fathers. This could indicate that a greater emphasis could have been placed on this message in the training.

4.4 The comparison training feedback

The participants' feedback on the Equality and Diversity training was collected in the same way as the intervention training. The feedback was positive across all areas. All four participants gave the course an overall rating of 'very good'. One participant commented:

Fantastic, accessible and informative with a wealth of knowledge. Comparison group staff member

The trainer was rated as 'excellent' by three participants and 'very good' by one.

[The trainer] was exceptionally positive and informative, presenting the various topics clearly. She was very open to allowing the trainees to voice their concerns and

opinions. She addressed everything objectively, which personally elated further thought. Comparison group staff member

Another participant commented:

I think the trainer was fantastic. [...] I just liked it, as an eye opener again, about equality and diversity. Comparison group centre manager

The venue was rated as 'excellent' by two, 'very good' by one, and 'good' by one. Finally, the resources were rated as 'excellent' by two, 'very good' by one, and 'good' by one. It was, however, clear from the feedback that the participants had been expecting training on father-inclusive practice. Comments included:

A bit of a slow start, was expecting it to be more in relation to fathers and engaging fathers. Comparison group staff member

My expectation of the course was very different, I filled out the online questionnaire which was only about dads. Comparison group centre manager

When asked what further support from the Fatherhood Institute they would like, one replied:

Information relating to engaging fathers, grandfathers etc. Comparison group staff member

The expectation of receiving father-inclusive training in the comparison group is further discussed in the following chapter. However, from a research design perspective, evidence that participants in the comparison group were ambivalent about content suggests that differentiation between groups was insufficiently de-marcated.

Chapter 5: Evaluating the impact of the 'Dad Factor': tracking fathers and families

This chapter presents the findings from the tracking data. It firstly sets the scene by presenting data from across the two groups and three data collection periods, focusing on the number of family visits to the centres, the family types visiting the centres, whether the visits involved men, and the nationality of men visiting the centres. The chapter then goes on to compare the differences in the tracking data between the intervention and comparison group to explore the impact of the 'Dad Factor' training. Before examining the findings from the tracking data, difficulties regarding data collection are discussed.

5.1 Ascertaining impact: barriers to data collection

5.1.1 Limited resources

Some children centre managers struggled to dedicate the required time to the project, due to significant time and resource constraints. The turbulence of the political and economic context in which this evaluation occurred was clear. Managers did not have the spare time to read the information leaflets about the evaluation procedure and this led to misunderstandings about what was required of them. It was difficult to maintain frequent contact with some managers about the project and to gather up-to-date information about the centres, including staff lists. Some participants commented that the data collection measures were time-consuming and inconvenient.

> *The tracking took time, quite a few time…[The administrative staff] said it's too much, but she has loads to do as well, but it did take time.* Comparison group centre manager

Numbers of participants involved in the evaluation were also reduced because some eligible staff members failed to fill out the online survey prior to receiving the training meaning that they could no longer be involved in the evaluation. Additionally, encouraging staff to participate in the data collection measures over the four-month period proved difficult. At Stepping Stones Children's Centre, there were three different managers employed sequentially over a seven-month period, and this resulted in the failure to collect tracking data at the three month follow up stage. At baseline, only two weeks of tracking data were provided by Little Oaks Children Centre.

5.1.2 Quality of tracking in children's centres

The evaluation process highlighted issues about the quality and regularity of tracking data in children's centres. The Family Attendance Tracking Spreadsheet (FATS) required the centres to provide a daily account of who was attending the centre and information about those attendees. Specific information requested comprised: who was present at the centre, the reason for the family's visit, whether a male carer or father figure was present at the centre, the nationality of that father, and the arrival date in UK for non-British fathers.

The centres reported that they are required by Ofsted to routinely monitor how many families use services and continue to use them until their needs have been effectively met (Ofsted, 2013a). They do this by using "local data/compiling centre data that identifies the number of families living in the local area, using the centre, attendance at activities and follow up monitoring of children and adults to determine whether there has been any longer term impact of their engagement with the centre" (Ofsted, 2013b, p. 26). All the centres in the evaluation reported that they entered service user information onto an online database called Synergy. They complete the database from information gained from families. This information is collected from registration forms families are asked to complete when they use the services provided by the centres for the first time. The database is then updated each time a family uses a service. Data collected includes the service user's country of origin, ethnicity and languages spoken. A second section on the form asks for this information on a 'second parent/carer'. More detailed information is also requested on this form, including whether the service user is an asylum-seeker.

The centres were able to provide information on the reason families attended their centres. However, the data most commonly cited as unknown by the children's centres was the nationality of fathers attending the centres. The centres do not collect information regarding the arrival dates in England of migrant fathers. However, in addition to the absence of information on these topics, some centres were also unable to confirm who had visited the centre and whether a father or father figure had been present. This finding suggest that some children's centres are finding it difficult to both collect data on fathers when families initially use the centres services, and to track and monitor the attendance of fathers.

One manager commented:

> *The mum normally fills it in, but the information is quite delicate, and lots of people don't want to disclose everything. And we know quite a little about the people. What their stories are. They never talk about the war or…what they went through. Once they're here, they're here. But I would like to ask hundreds of questions.* Comparison group centre manager

5.1.3 Extraneous factors

By matching the sites according to the socio-economic background of families in the catchment area of the centres, the ethnicity of the families in the catchment area, knowledge of previous programmes for engagement with newly arrived mothers and fathers at the centre, and fathers more broadly, and staff numbers, the evaluation design attempted to counter to some degree the effect of extraneous factors on the findings of the evaluation. However, whilst every attempt was made to match according to the above factors, extraneous influences are likely to affect the findings on the impact of the 'Dad Factor' and Equality and Diversity training programmes. The centres represent a "wealth of diversity", and this must be taken into account when assessing the impact of the training programmes (Ghate, 2001).

5.2 Overview of families and fathers[1] visiting the centres

This section presents general patterns across both the groups. It presents the number of family visits to the centres, the family types visiting the centres, whether the visits involved men, and the nationality of men visiting the centre. As discussed in the methodology chapter, these data were collected over three one month periods: at baseline and two follow up periods at one and three months.

5.2.1 Number of family visits at the centres

The two groups both had around 300-400 visits from families during each of the month-long period, as shown in table 5.1[2].

Table 5.1: The number of family visits to the centres during a one month period in the intervention and comparison groups at the three time points

Group	Baseline	1 month follow up	3 months follow up
Intervention (2 centres)	317	315	149 (with data from one centre missing)
Comparison (3 centres)	427 (with data from one centre covering two weeks)	308	395

In the intervention group, the number of families visiting the centres stayed relatively constant at baseline and at the one month follow-up (the number of visits at three months is substantially lower, owing in part to the absence of tracking data from one centre at that stage). In the comparison group, the number of family visits to the centres decreased, with a substantial dip in the number of families attending the centres at one month.

These figures were compared with data provided by the appointed borough's council for the six months prior to the start of the evaluation. Data collected by the council is categorised into numbers of children visiting centres, and numbers of adults visiting. In the two centres in the intervention group, the average number of contacts with children over last 6 months in 2012 was 370, and with adults was 392. In the two centres in the comparison group, the average number of contacts with children over last 6 months in 2012 was 676, and with adults was 519.

Therefore, during the data collection period for this study, there was a drop in the numbers of families visiting the centres, particularly in the comparison group. This may be explained in part due to the timing of the evaluation, which fell over the Easter period, when some centres were closed. There is also data missing from the intervention and comparison groups, which will have contributed to lower numbers. Finally, these data also points to the unpredictable nature of attendance at children's centres and the

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[1] The term 'father' is used throughout the findings to denote all male carers and father figures
[2] This data does not track the attendance of particular families but the number of families visiting each day over the one month period. The same families may have attended the centre more than once over the month-long period

potential for influence from other factors than those for which data was obtained in this study.

5.2.2 Family types visiting the centres

At all times of data collection, as would be expected at children's centres, the two predominant types of families visiting the centres in both groups were:

- One parent/carer visiting with a child/children[3]
- Mother and father (or female/male carer) visiting with a child/children

Other less common family types included:

- Grandmother with a child/children
- One parent visiting without a partner and without a child/children
- Unspecified extended family or other type where the attendance of children with the adult(s) is unknown
- Grandfather with a child/children
- Grandparent with a child/children - gender unspecified
- Childminder with a child/children
- Couple without a child/children

5.2.3 Tracking father presence

Whether fathers were present in the families visiting the centres was tracked. A key finding, displayed in table 5.2, was that there were a high number of instances in which father presence was unspecified by the centres. From a total of 1911 visits from families across the groups, the presence of a father was unspecified in 407. This proportion constituted 20.4% of all visits. Fathers were recorded as present in families for 870 of 1911 (45.5%) visits; this number could include resident or non-resident fathers as details were not collected. Fathers were recorded as not present in the family for 598 of 1911 (31%) visits: typically lone mother cases.

Table 5.2: Fathers in families visiting the centres in the intervention and comparison groups at the three time points (N=1911)

	Baseline	1 month follow up	3 month follow up
Total number of visits	744	623	544
Number of visits where male carer/father figure was present in family	344	236	290
Number of visits where male carer/father figure	265	136	197

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[3] These figures relate to parents who visited the centre on their own, not to lone parents. Information was not gathered on the relationship/marital status of those visiting the centres.

was not present			
Number of visits where male carer/father figure was unknown	135	251	21

5.2.4 Men visiting the centres without a female partner but with children

As the breakdown of family types visiting the centres indicates, there were times when parents visited the centres without a partner. The data tracked the gender of those parents. Of the 758 parents visiting the centres with their children but without a partner, 103 were fathers (13.6%). At baseline, of the parents visiting the centres without a partner but with children, 36 out of 287 were fathers. At the follow up at one month, 20 out of 312 were fathers, and at three months, 47 out of 159 parents visiting the centres without a partner but with children were fathers.

The tracking data also gave insight into the gender of the small number of parents who attended without a partner and without children. At baseline, 4 fathers and no mothers visited the centres without a partner or children. At the one month follow up, 13 fathers and 8 mothers visited without a partner or children. At the three month follow up, no parents visited without a partner and without children.

In addition, twenty visits by grandfathers were recorded, and these all occurred at baseline.

In relation to common routes to visiting children's centres for fathers, a manager from the comparison group commented:

> *Sometimes [fathers] bring their friends, they come and this Australian guy brings always loads of his friends along, or a few. But usually they are linked to the nursery school or the children's centre. They're not walking in. [The borough] used to have a dads' outreach worker but then he left and they never replaced him.* Comparison group centre manager

A manager from the intervention group suggested a number of reasons as to why fathers were less likely to visit children's centres than mothers. She stated:

> [Fathers have a] *fear of the unknown. Like I said, it's getting them in to see what we do, see what it's like. That's probably a big barrier, and their own perceptions of who we are and what we do. [...] I think that the main thing is making that initial introduction, the engagement, getting over the barrier that, Oh it's a place just for women and children. [...] But once they're in, they'll think, Oh, it's not so bad after all. And I think we are making steps forward in that, but I think outreach is key. [...] I think we can be quite judgemental as well, when we can see a dad being challenged by his child who is having a tantrum in a room, and all the mothers are standing there...*Intervention group centre manager

She commented that she felt the institutional nature of children's centres may be off putting to newly arrived fathers.

Especially for the newly arrived fathers or the ethnic minority fathers, that they look at us, or they look at the centre and see authority or they see, I don't know, a certain amount of bureaucracy. They perhaps didn't have very positive experiences of being at school and don't want to go back there. So for us, that's one of the biggest hurdles to climb over, is to break down those stereotypes that we feel people may have of us as a children's centre. Intervention group centre manager

She also stated that fathers feared that attending children's centres may result in interference from other institutions, including immigration control.

Getting over the idea that we're not social services and we're not going to dob you in because you've outstayed your visa. And even for those who do come – there is the feeling that it's not altogether an open relationship – there's a sense of holding back. And I'm not saying that they have to tell us all their business but there is a sense of reticence. Intervention group centre manager

5.2.5 Families' reason for visiting the centres

There were a range of both child-parent focused and adult-focused activities on offer at all four of the centres in the evaluation. All the centres held ESOL classes (English for Speakers of Other Languages), parenting classes and skills based classes (such as cooking classes, healthy eating programmes, and employment support). They also all provided various child-parent activities, such as stay and play, parent and toddler drops in and baby clinics. Frequently, the centres did not specify the specific reason for a family's visit, instead recording 'attendance at a group'. The large amounts of unspecified group attendance (58% of all visits) made comprehensive and conclusive interpretation of the families' reasons for attending the centres difficult.

Table 5.3: The reason for family visits to the centres across both groups

Activity	Baseline	1 month follow up	3 month follow up
Adult activity	103	52	80
Child-parent activity	233	242	93
Attendance at an unspecified group	408	329	371

5.2.6 Fathers' reason for visiting the centres

As previously noted, the presence and type of father engagement programmes in the centres differed. At Millfields Children's Centre and Park End Children's Centre, regular groups for fathers and male carers, including uncles and granddads, were held. At Stepping Stones Children's Centre, there was a fathers' fitness programme, and father and child sessions. At Little Oaks Children's Centre, there was no father-specific

programme in place but it was stated that attempts were made to encourage fathers specifically to attend the Teen Friday sessions.

The most common reason for their visit was to attend child-parent activities. At baseline, 135 of the 178 fathers whose reason for attendance was specified attended for child-parent activities. At one month, 64 of the 100 fathers whose reason for attendance was specified attended for child-parent activities. At three months, there was no data provided on the reason fathers attended the centres in the comparison group, but in the intervention group, 57 of the 91 fathers whose reason for attendance was specified attended for child-parent activities.

Due to a high number of instances in which the nationality of fathers and their reason for visiting the centres were unspecified, it was difficult to determine whether there were patterns in the fathers' reason for visiting the centres and their nationality. The analysis of the data showed that, of the 252 instances in which data was available for both these variables, British fathers were more likely to attend for adult activities than child-parent activities, while non-British fathers were more likely to attend for child-parent activities than adult activities[4]. Twenty-seven British fathers visited for a child-parent activity, compared to 78 who visited for an adult activity. On the other hand, 99 non-British fathers visited for a child-parent activity, and 48 for an adult activity. A manager from the intervention group spoke about the differences she perceived in the way fathers used her centre. She stated:

I think in terms of the white British men, they will come and its lovely to see they will have the day off work, or they'll rearrange their week, so that they can come to the parents and toddler group. Or if they've got annual leave, they'll make sure it's on Monday so they can come. And that's really commendable I think. And I think [white British men's] reason for accessing the service is very different. There tends to be a trend that they will come because it's somewhere to go with their child. Whereas, for some of our ethnic minority fathers, they're coming because we're offering training, or they know that they can come in and ask questions about something and get the answers that they need. There's a clearer objective for them to be in here and it's not necessarily because they want to spend time with their children, in the same way that the white British fathers would. Intervention group centre manager

5.2.7 Nationality of those fathers who visited the centres

Most frequently, the nationality of the fathers was unspecified. Of the 870 fathers recorded as visiting the centres, the nationality of 710 was unspecified. However, some notable patterns can be observed. The data indicate that European fathers formed the biggest group attending the centres at all time periods and in both groups, with the exception of African fathers at baseline in the intervention group. The most common nationalities were British, Caribbean, Polish and Albanian.

Table 5.4: The nationality of the fathers visiting the intervention and comparison groups recorded at the three time points

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[4] Fathers described as British Caribbean or British Indian were classed as British

Nationality of father	Intervention group			Comparison group		
	Baseline	*1 month*	*3 months*	*Baseline*	*1 month*	*3 months*
Nationality unknown	95	273	74	52	73	153
African	11	3	0	1	0	0
African (unspecified)	1	0	6	5	1	36
Albanian	0	1	0	19	8	4
Algerian	0	0	5	0	0	0
Asian (unspecified)	0	0	5	0	0	3
Australian	0	0	0	1	3	2
Bangladeshi	0	0	0	0	2	0
Bolivian	0	0	0	11	5	1
British	22	11	10	46	58	56
British Indian	2	2	0	2	0	0
Cameroonian	0	0	0	0	1	0
Caribbean (unspecified)	4	3	8	1	0	57
Chinese	0	1	0	0	0	0
Columbian	0	0	4	0	1	0
Cuban	0	0	0	0	2	3
Ecuadorian	0	0	0	1	5	0
Eritrean	0	0	0	2	0	0
French	0	0	0	0	4	2
German	0	0	0	0	2	4
Ghanaian	2	2	0	3	2	6
Guinean	0	0	0	0	0	2
Indian	0	0	0	0	2	0
Italian	1	3	8	0	0	0
Ivory Coast	0	0	0	0	1	0
Jamaican	0	0	0	4	0	0
Nigerian	8	3	1	3	3	5
Pakistani	0	0	0	0	0	0
Peruvian	0	0	0	0	0	2
Pilipino	0	0	0	0	1	1
Polish	4	2	4	13	4	5
Portuguese	0	0	0	7	1	0
Romanian	0	0	0	0	1	0
Rwandan	0	0	0	0	2	1
Somalian	0	0	0	9	5	1
South African	0	0	0	0	1	0
Spanish	0	0	0	7	2	8
Sudanese	0	0	0	0	7	0
Tunisian	0	0	0	0	1	0
USA	0	0	0	0	1	0
White unspecified	6	1	6	10	6	31

White/black Caribbean[5] (unspecified)	0	0	1	63	0	0
White/black African (unspecified)	1	0	1	13	0	0
Zambian	0	0	0	4	4	5

In relation to the ethnicity of the fathers visiting her centres, a manager from the comparison group commented:

We have quite a few BME fathers, English with first language fathers. We have lots of books for the children with two languages. But some are very hands on anyway. As in, all the dads. Comparison group centre manager

The manager also commented on the differences in values between some staff and non-white fathers. She noted:

With the BME fathers, many don't want the boys dressing in the princesses clothes, for example. But the classroom staff, we all make sure that the children are allowed to do it while they're here. They come with loads of…umm, my child can't do this and this?[...] We discuss it with the parents, obviously. Because the child, it's a whole family thing, we need to teach this to all the family. Comparison group centre manager

A manager from the intervention group raised issues of mothers as gatekeepers in relation to newly arrived fathers. She commented:

Often when we say to mothers, Oh we've got a fathers' group, do you think dad would be interested? They say, Oh he won't come. And I think it's a cultural thing. Mum's already saying, he won't come, so she's not endorsing that service to him. She's not taking that information back home to him, which is also a barrier to us. Because if she's not prepared to do it and we don't see dad, it's very difficult for us to make contact. Mum is often the key link for us. And if she's not prepared to pass those messages on for us, it's very difficult for us to pass that message on. Intervention group centre manager

5.2.8 Arrival dates and nationalities

The centres were asked to provide data on the arrival dates of non-British fathers into the UK. However, this information is not routinely collected at children's centres, and no data were provided by the children's centres in this study on arrival dates. The interviews with the children's centres managers offered some insight into the absence of data collection on this issue. The managers' described how, while they were keen to know more about the fathers using their centres, routinely collecting this information on top of the existing, detailed information asked for by the registration forms may be perceived by some fathers as overly intrusive.

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[5] This categorisation relates ethnicity codes on the registration forms at the centres

Without being intrusive, I think it would be really difficult to collect anything else. And I think if I was a dad, I think that the fact that you have my name, where I live, who my children are, and how many times I come to see you, I'm not sure what else you would need. Intervention group centre manager

The same manager went on to describe how not being aware of the immigration status of fathers attending the centre has consequences for service provision. Even after having developed a long-term, close relationship with a father, she recounted how he felt unable to divulge to her details of his precarious immigration status.

I remember working with a family over a period of years and supported them through a cot death and a separation as a result of the cot death. […] And all this time, I had no idea that this family were looking over their shoulder all the time because the father had outstayed his visa. He told me that he was a barber and we were doing this fathers event around fathers' day, and I put things in place, health resources, gym subscriptions, people talking about testicle cancer, and weighing, and in another room, I had this gentleman. I had paid for him to buy all the things he'd need to do his barbing – the idea was for him to be sustainable [build a client base]. Anyway, the time came for this event and he didn't turn up. And his ex partner called to say he had been arrested and been taken to the airport and was going to be put on the plane the next day. […] And I just wished, I challenged myself thinking, […] I'd like to think that I could have done something to help. […] And he used to come, bring the little boy to school. And he was coming to other groups as well. Yet, he still felt he couldn't share that with me. Intervention group centre manager

Therefore, there was a fear, both from the perspective of children centre staff and fathers attending the centres, of broaching the topic of immigration status. This is a significant barrier to engaging with newly arrived fathers in children's centres.

The mum normally fills [the registration for] in, but the information is quite delicate, and lots of people don't want to disclose everything. And we know quite a little about the people. What their stories are. They never talk about the war or…what they went through. Once they're here, they're here. But I would like to ask hundreds of questions. Comparison group centre manager

5.3 Comparing the intervention and comparison group tracking data

As previously stated, one of the 'Dad Factor' programme goals was to promote a father-inclusive family support approach. The following section compares the findings from the intervention group tracking data with that of the comparison group, in order to determine if the 'Dad factor' was successful in increasing father engagement.

5.3.1 Comparing differences in the family types visiting the centres

The types of families visiting the centres in the intervention group and comparison group were compared. In both groups, the most common family types were one parent/carer

visiting with a child/children, and mother and father (or female/male carer) visiting with a child/children.

Other family types visiting the centres in the intervention group comprised:

- Grandmother with a child/children (recorded at baseline and three month follow up)
- One parent visiting without a partner and without a child/children (recorded at baseline)

Other family types visiting the centres in the comparison group comprised:

- Unspecified extended family or other type where the attendance of children with the adult(s) is unknown (recorded at baseline and three month follow up)
- Extended family grandfather with a child/children (recorded at baseline)
- One parent visiting without a partner and without a child/children (recorded at one month follow up)
- Childminder with a child/children (recorded at baseline)
- Grandparent with a child/children - gender unspecified (recorded at one month follow up)
- Couple without a child/children (recorded at one month follow up)

There was a higher number of unspecified family types in the intervention group and a more diverse range of family types in the comparison group.

5.3.2 Comparing differences in father presence in the families visiting the centres

The available data shows that in the intervention group, fathers' visits to the centres over the data collection period varied. The highest number of fathers visiting the centres was recorded at baseline. There was then a decrease in father attendance at the one month follow up. At the three month follow up, the number of fathers visiting the centres increased, but not to the same degree as recorded at baseline. As previously noted, the absence of the data from one of the centres at three months must be taken into account here.

More fathers visited the centres in the comparison group than those in the intervention group, as fathers were present in around two thirds of families across the period of measurement overall. As with the intervention group, fathers varied, showing a dip at one month. The greatest number of fathers visiting the centres was recorded at three months.

Incidences in which the presence of a father was unspecified were particularly prevalent in the intervention group compared to the comparison group. As table 5.5 demonstrates, of the 781 family types that were recorded as attending the intervention group centres over the data collection period, in 365, the presence of a father was unspecified. This number was smaller in the comparison group; only in 42 of the 1130 family types attending the centre was the presence of a father unspecified.

Table 5.5: The number of fathers visiting the centres in the intervention group at the three time points

	Baseline	1 month follow up	3 month follow up
Total number of family visits	317	315	149
Number of visits where male carer/father figure was present	89	18	42
Number of visits where male carer/father figure was not present	122	58	87
Number of visits where male carer/father figure was unknown	106	239	20

Table 5.6: The number of fathers visiting the centres in the comparison group at the three time points

	Baseline	1 month follow up	3 month follow up
Total number of family visits	427	308	395
Number of visits where male carer/father figure was present	255	218	284
Number of visits where male carer/father figure was not present	143	78	110
Number of visits where male carer/father figure was unknown	29	12	1

5.3.3 Comparing differences in the number of men visiting the centres without a female partner

In the intervention group at baseline, fathers visiting the centre with their children but without a female partner consisted 3.3% of a total of 120 parents visiting the centre without a partner (and for whom data were recorded[6]). This then fell to 0% (of 229

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[6] At certain points in the data collection there were considerable numbers of single parents registered as attending the centres but for whom the gender of the parent was not recorded. This presents a caveat to the figures that follow.

parents) at one month. However, at the three month follow up, the percentage of fathers visiting the centres with children but without a female partner rose to 60% (of only 5 parents; it should be noted that the remaining centre did not submit data for this point of measurement and had contributed a considerable amount of data, often a majority, at the prior two points of assessment).

There were more fathers visiting the centres with their children but without a female partner in the comparison group than the intervention group. At baseline, 19.2% (of 167 parents visiting without a partner present) were fathers. This trend continued at the one month follow up, with this figuring rising to 24.1% (of 83 parents). At three months, this rose again to 28.6% (of 154 parents). In addition, 20 visits by grandfathers were recorded in the comparison centres, and these all occurred at baseline. This finding could suggest more father-friendly practice in the comparison group. It could also be the consequence of a higher number of resident fathers or fathers involved in their children's care in the centres catchment areas, or a higher prevalence of single fathers.

There were differences between the two groups regarding the gender of the small number of parents who attended without a partner and without children. In the intervention group, 3 fathers and no mothers were recorded as visiting the centres at baseline. In the comparison group, just 1 father and no mothers were recorded as visiting the centres at this time point. At the one month, one father was recorded as visiting centres in the intervention group, and 12 fathers and 8 mothers were recorded in the comparison group. No parents visited alone at three months in either group. These data show that fathers were more likely to attend the children's centres alone than mothers. The small numbers make it difficult to reach any conclusions about the father-friendly practice in the two groups.

5.3.4 Comparing families' reason for visiting the centres

As previously noted, the large amounts of unspecified group attendance made it difficult to give a comprehensive and conclusive interpretation of the families' reasons for visiting the centres. However, two cautious observations on the differences between the intervention and comparison group can be made:

- There was a constant (albeit decreasing in terms of percentage) prevalence of visits for parent-child activities in the intervention group
- There was a general shift from parent-child activities to adult activities in the comparison group.

Table 5.7: The reason for visits to the centres in the intervention group

Activity	Baseline	1 month follow up	3 month follow up
Adult activity	70	16	66

Child-parent activity	143	179	83
Attendance at an unspecified group	104	120	0

Table 5.8: The reasons for visits to the centres in the comparison group

Activity	Baseline	1 month follow up	3 month follow up
Adult activity	33	36	14
Child-parent activity	90	63	10
Attendance at an unspecified group	304	209	371

As with several of the other variables in this study, these findings highlight the transient nature of attendance and its potential for influence from other factors than those for which data was obtained.

5.3.5 Comparing fathers' reason for visiting the centres

At baseline, the fathers visiting the centres in the intervention group tended to do so to attend child-parent activities. Of the 98 fathers whose attendance at an activity was specified, 66.3% attended for a child-parent activity. This rose to 83.3% (of a reduced total of 54 fathers) at one month. At three months, 62.6% (of 91 fathers with specified attendance in the one intervention group that provided data) were attending child-parent sessions.

One of the managers in the intervention group spoke about how running an ESOL with employability skills had initially been attended by fathers, but attendance was low.

> *We [had fathers attending] initially, because it runs over a period of ten weeks. We had two that were coming and one got a job, and then the other felt that because the other one wasn't coming…all those women. Which is a shame. But the fact that one got a job is a result.* Intervention group centre manager

Similarly to fathers in the intervention group at baseline, the majority of fathers attending the comparison group centres did so to attend parent-child activities. 87.5% (of 80 fathers whose attendance at an activity was specified) attended the centres for child-parent activities. At the one month, this shifted to 41.3% (of a reduced total of 46 fathers). At three months follow up, there was an absence of data on why any of the fathers had visited the centres in the comparison group. A comparison group manager commented on the prevalence of fathers at Stay and Play sessions at her centre. She stated:

> *We always have two or three dads [to Stay and Play], which is a lot. If it's around 25 families, three or four are dads. But they don't necessarily talk to each other. They have a bit of tunnel-vision but it's such a female environment. But if they come again, it's usually better.* Comparison group centre manager

5.3.6 Nationality of those fathers who visited the centres

The 'Dad Factor' did not appear to have had a positive effect on the attendance of non-British fathers to the centres. Visits from African fathers and Caribbean fathers increased in the comparison group considerably but this increase was not seen in the intervention group. The following graphs show the nationality of fathers in both groups.

Figure 5.3: The nationality of fathers visiting the centres in the intervention group
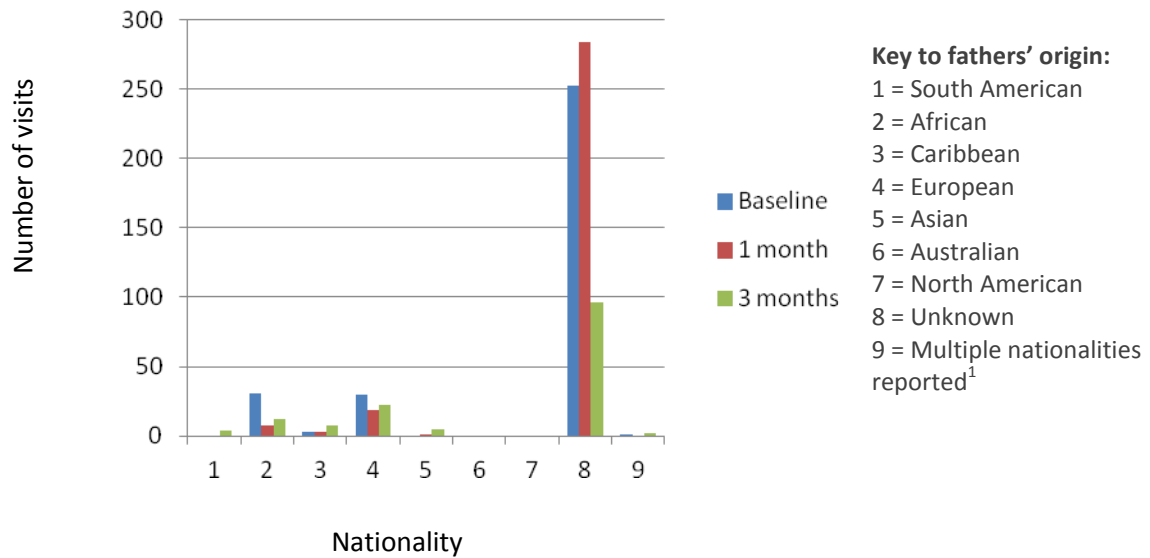
Figure 5.4: The nationality of fathers visiting the centres in the comparison group
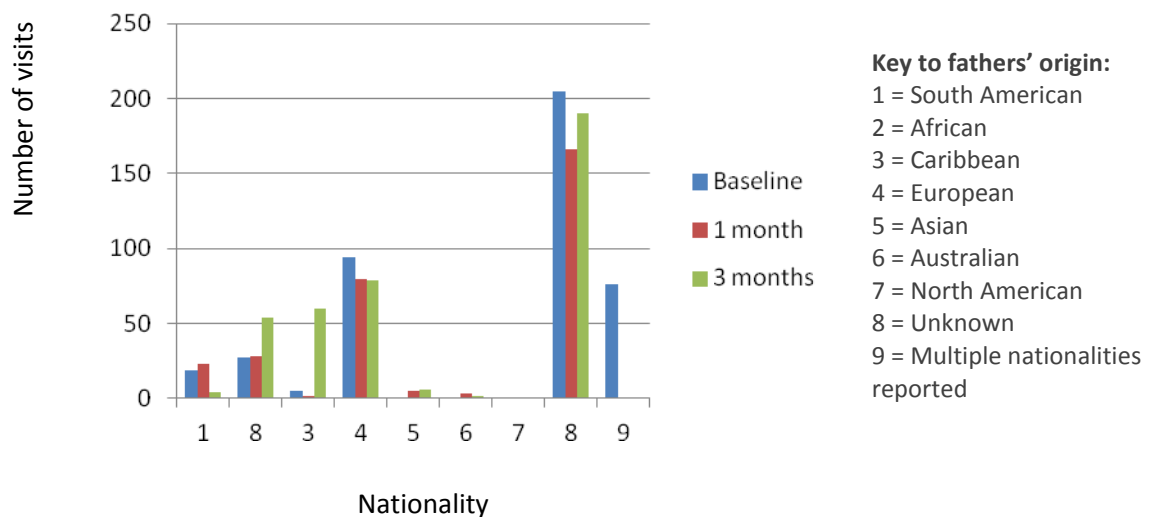
5.3.7 Summary of the tracking data findings

The FATS data has provided an overview of the number of families visiting the centres, the types of families visiting the centres, whether those visits involved men, and the nationality of those men.

The 'Dad Factor' did not appear to have a positive impact on the number of fathers or newly arrived fathers visiting the centres in the intervention group. However, the difficulties described in collecting these data, and the subsequent absence of data for particular groups at particular time points, means that this conclusion is tentative.

Chapter 6: Evaluating the impact of the 'Dad Factor': Staff attitudes, confidence and practice in engaging with fathers

Two of the 'Dad Factor' programme goals were to promote a father-inclusive family support approach so that management and staff in children's centres will feel more positive and confident about engaging with fathers and father-figures in recently arrived families, and will develop strategies to increase engagement with the men in these families. In order to assess whether any changes occurred in the participants' attitudes, confidence and practice in engaging with fathers following the 'Dad Factor' training, the participants from both groups completed the Father-Friendliness Organisational Self-assessment and Planning Tool at the three data collection time points.

6.1 Overview of findings

The findings from the ANOVA for the Father-friendliness Tool were not statistically significant, and as such, the 'Dad Factor' training did not appear to have influenced any of the eleven variables. However, making firm conclusions regarding the effectiveness of the intervention at attracting fathers to centre services is rendered unfeasible due to insufficient data.

The mean scores from the Father-friendliness Tool at all three time points and in both groups indicated that staff tended to see their organisations as making attempts to engage in father-friendly practice, while acknowledging that there were areas in which practice could be improved (see table 5.7). At the three month follow up, father-friendliness for both the intervention and comparison groups was higher than at baseline. In this section, the mean scores for the two groups at baseline are described and compared, followed by the mean scores at one month and then three months.

6.2 The centres' and centre managers' ethos towards father-friendly practice

Before exploring the mean scores at each time point, it is important to reflect on the children centre managers' approaches and overall ethos to participating in father-friendly practice, because managers are highly influential in bringing about change. The interviews with a centre manager from the intervention group and one from the comparison group gave some insight into those centres ethos in relation to families and fathers. Both managers interviewed showed a desire to employ father-friendly practice.

The manager interviewed from the intervention group spoke about how she had been interested and pro-active in promoting father-friendly practice throughout her career. She spoke, however, about how father-friendly practice was a new concept for the staff team she had recently taken on in her new role. She stated:

I think, if I may say, I think [working with fathers] is something that is relatively new [for the staff]. In my previous setting, it was something that I had been championing for some time. I actually started thinking about this programme while I was in my previous setting and it was when I moved across that we negotiated that I could bring it with me, because all the communication had been going on before that. So I think that whilst there had been fathers coming along, it was about changing the mindset

that when we're working with fathers or running a fathers group, it doesn't necessarily mean we're going to do football or tug of war. Intervention group centre manager

In contrast, the comparison group manager interviewed described how father-friendly practice had been a key part of the ethos at the centre she worked in even before she began working there.

We regard the parents as the first educators, and this involves the dads, and the mums and the carers. [...] It was always like this. We always work with dads, before my time. Comparison group centre manager

She spoke about a tactic they used to encourage fathers to attend the centre.

The way we draw them in, when they're bus driver, they have a skill like a policeman, or they're good cooks or musician, they then will come in the classroom. Then the lead professional of the child, when they do home visits, they will find out about this and then we ask them to come in [...] just to bring in their skills, have them in the classroom, so at least they're a bit involved. Comparison group centre manager

6.3 Father-friendliness at baseline

This section presents the father-friendliness scores at baseline. Both groups reported similar levels of father-friendliness, indicating that staff tended to see their organisations as making attempts to engage in father-friendly practice, while acknowledging that there were areas in which practice could be improved.

In the intervention group at baseline, the majority of the father-friendliness items were scored between 3 and 4 (n=39). These mean scores, which appeared across the eleven subsections of the Father-friendliness Tool, indicated that the participants perceived their organisation to be either successful in these areas or as making efforts towards achieving these goals. The most positive responses were clustered in some keys areas: the position and reputation of the centre in the community, the centres policies and procedures, staffing, across the three dimensions of programme services (approaches to mother, fathers and co-parenting couples), and communication and interaction with fathers. Likewise, the majority of the mean scores in the comparison group at baseline were between 3 and 4 (n=35). Comments made by both the intervention and comparison group at baseline showcased father-friendly practice. They included:

We fully understand the impact that a positive father figure may have on the child and his/her family we therefore actively seek to ensure that our service is father friendly at every level. Intervention group centre manager

All fathers are welcome to all drop-ins in our centre partnership as much as mothers. Intervention group staff member

Our inclusive attitude towards fathers, it's just our philosophy. The Millfields Children's Centre philosophy. We regard the parents as the first educators, and this

involves the dads, and the mums and the carers. [...] We always work with dads, before my time. Comparison group centre manager

Each individual should be treated as individual people, come with different issues, understanding and agendas. Supporting individuals to gain awareness and understanding of what we offer, why we offer it and why it is important for their children is the starting point for all parents and carers. Comparison group staff member

The majority of the remainder of the items were scored between 2 and 3 in both groups (intervention group, n=24, comparison group, n=31), indicating that in these areas, the participants felt that these issues had been thought about but that not much progress had been made. A staff member from the intervention group commented:

I try very hard to encourage fathers into our centre and to ask for their opinions about the running of the service I feel I still have a long way to go though. Intervention group staff member

A small minority of the items in both groups were rated below 2 (intervention group, n=6, comparison group, n=3), indicating that the participants felt these issues had not been thought about within the organisation or that the statement was incorrect. In the intervention group, these low ratings arose across four of the subsections of the Father-friendliness Tool. The items were: 'the organisation is called upon by the media or others for information about fathers', 'fathers who have completed programmes are asked to work as mentors, recruiters, group facilitators and so forth', 'focus groups or individual fathers have been invited to the centre to assess father friendliness and make suggestions for making the space more welcoming to them', and 'there is a room or are in the centre that has been designated as a space for men/fathers'.

The first three of these items are indicative of well-establish and entrenched father-friendly practice. This may, therefore, explain the low ratings these items received in the context of the children's centres in the study. The issue raised in the fourth item also arose in an interview with a manager, who gave some insight into why this practice may not be occurring. For her, a designated space for men would give them preferential treatment. She commented:

We don't have special corners for anyone. Comparison group centre manager

Table 6.1: Father-friendliness scores on selected items for the intervention and comparison group at baseline.

Questionnaire subsection	Question	Intervention: Baseline (n=7)	Comparison: Baseline (n=4)
Organisational support	The organisation's documented mission is inclusive of serving fathers	3	3
Position and reputation in the community	Fathers in the community view the organisation as a place they	3.1	2.8

	can come to for assistance		
Centre policies and procedures	Policies have been instituted to facilitate male involvement.	2.3	2.5
	Intake and other data collection methods are standardized for both parents rather than just modified from the forms for mothers	3.1	3.5
	Program hours are scheduled to accommodate the time constraints of working fathers	3.1	3.3
	Personnel policies are friendly to both parents (for example, paternity leave and medical leave to care for ill children)	3.6	4
Staffing/human resources: General staff	Staff members are aware of issues faced by low-income fathers	2.9	2.5
Staffing/human resources: Specific staff	Specific staff have been designated to work with fathers, and they fully understand their roles and responsibilities	2.9	2.5
Programme Services: Approaches to Fathers	Parenting groups have been designed with both mothering and fathering issues in mind	2.4	3
Physical Environment	Positive and diverse images of men and fathers are displayed (photos, posters, notices)	2.6	3
	Men are present and it doesn't seem like a place just for women and children	3	3.8
Communication and Interaction: Fathers	Contact information is typically collected from the father regardless of parents' living arrangements	2.7	2.8
	Written announcements, newsletters are addressed to both parents if they live together and if they don't, the communication is sent to both	2.9	3
	Staff interact with fathers in a style that demonstrates respect, empathy, and high expectations.	3.6	3.8
Communication and Interaction: Staff Attitudes	Input is sought from fathers about what they want and need from the agency	2.9	3.5
	The message is given to fathers that their role as active parents is critical to their children's	3.1	3.5

	development		

A particularly relevant item to explore here is the item 'Men are represented on the staff (paid and/or unpaid) at all levels'. Only one participant in the evaluation was male, and he was employed by a centre in the intervention group. The male participant felt that his gender increased his self-assurance in working with fathers. He commented:

> *I feel very confident communicating with fathers and male-workers however I feel it may be as I am a male-worker myself.* Intervention group staff member

However, the manager at this centre stated that she did not feel that the gender of staff members impacted on father-friendly practice, and commented that it was the behaviour of staff towards fathers, rather than their gender, that made fathers feel welcome at her centre. She stated:

> *We're all professionals and I'd like to think that it's not because we're male or female that we're not able to approach a parent or approach a father in a way that is going to hinder him or hinder his capacity to revisit the centre. [...] The fact that the staff are engaging and appear to be honest and open and trustworthy, the fathers trust that.* Intervention group centre manager

The wishful turn of phrase, "I'd like to think" in the quotation however, points perhaps to a desire for the gender of workers to be unimportant, while also acknowledging some impact on father-friendly practice. A manager from the comparison group felt that fathers appreciated seeing male workers at her centre. She spoke of a male worker at her centre (who did not take part in the evaluation), reflecting on his ability to put fathers at ease and how she felt she could learn from his interaction with them.

> *I think men are different with men than they are with women. We have now Simon who's working here, he's from Zimbabwe and I've started to bring him into to the men's group. And they do this complicated handshake, which is kind of, makes me look at it...they have a different way of being with him than they have with me, I'm still more regarded as a teacher, or institution person, sometimes I think. So, it's really important for me to see because I still run the groups and interesting as well, how they feel more comfortable when a male is around to support them.* Comparison group centre manager

In summary, the baseline findings from the Father-friendliness Tool indicated that both groups shared a similar view of their organisation in relation to father-friendly practices at that stage. On the whole, the participants felt that efforts were being made to establish more father-friendly practices in the centres, or that father-friendly practice was in place.

6.4 Father-friendliness at one month follow up

While the predominant message from the findings from the Father-friendliness Tool was that in general, the two groups rated their father-friendly practice in a similar way, some differences between the groups were seen at one month.

At one month, the father-friendliness scores dropped in the intervention group. Participants in the intervention group rated 33 item between 3 and 4, as opposed to 39 at baseline. This decrease occurred particularly in two sections of the Father-friendliness Tool: staffing (specific staff) and programme services (approach to fathers).

In the comparison group, father-friendliness increased at one month. The group rated 56 items between 3 and 4 on the scale, 12 items between 2 and 3, and 1 item below 2. One comment from a staff member pointed to her perception that father-friendly practice was a common activity in her centre. She stated:

> *Father-friendly practice is part of everyday practice and nothing extra has been thought to be necessary so far, as far as I know.* Comparison group staff member

In relation to each other, father-friendliness scores were higher in the comparison group than the intervention. For 53 of the 69 items, the comparison mean scores were higher than those of the intervention group. For 12 items, the mean scores were lower than in the intervention group, and for 4 items, the means were the same across the two groups. The decrease in the mean scores in the intervention group might be explained by a number of factors. It may be the case that the 'Dad Factor' training created greater awareness in the intervention group about the nature of father-friendly practice, and therefore, they were more critical of practice in their centres at this point. Like all the findings in this report, it is also possible that the results were affected by extraneous events.

The decrease in confidence was not reflected in one intervention group manager's comments. She stated:

> *We completed the two days training and found it very beneficial in terms of helping us to think about the needs of fathers as a group and defining.* Intervention group centre manager

6.5 Father-friendliness at three month follow up

Although similar, the father-friendliness scores in both groups at three months were slightly higher than they had been at baseline (see table 5.8). At three months, the participants in the intervention group rated 59 items between 3 and 4 on the scale, 10 items between 2 and 3, and no items below 2, with 62 items receiving higher scores than at baseline. The comparison group rated 53 items between 3 and 4 on the scale, 16 items between 2 and 3, and no items below 2.

In comparison to one another, the intervention group's mean scores surpassed (to a small degree) those of the comparison group at this stage; for 40 items, the intervention group scored higher than the comparison group. For 18 items, the comparison group means were higher, and for 11 items, the means were the same across the two groups.

Table 6.2: The greatest increases in father-friendliness for items between baseline and three months, in the intervention and comparison groups

Questionnaire subsection	Question	Intervention (n=7)		Comparison (n=4)	
		Baseline	3months	Baseline	3months
Organisational support	The board of directors has members who are fathers with children in the program	1.7	2.8	3.2	3.3
Staffing: general staff	The entire staff has received training on the issue of working with men, in general, and on fatherhood specifically	2	3.5	2	2.8
Staffing: general staff	Periodic staff development is provided to upgrade new personnel on including fathers.	2.4	3.5	2	2
Staffing: general staff	Staff time and resources have been allocated for recruitment and outreach to fathers.	2.7	3.7	2.5	2.5
Programme Services: Approaches To co-parenting couples	Staff recognise and respect male-female differences in communication styles	2.3	3.3	2.5	2.8
Physical Environment	Focus groups or individual fathers have been invited to the agency to assess father Friendliness and make suggestions for making the space more welcoming to them.	1.9	3.3	2	3
Communication and Interaction: Fathers	Contact information is typically collected from the father regardless of parents' living arrangements	2.7	3.7	2.8	3

As the table shows, for some of the greatest increases recorded in the intervention group, increases were also seen in the comparison group. However, noticeable increases in the father-friendliness scores at three-months that were not seen in the comparison group were in response to the following items:

- The board of directors has members who are fathers with children in the program
- Periodic staff development is provided to upgrade new personnel on including fathers.
- Staff time and resources have been allocated for recruitment and outreach to fathers.

- Staff recognise and respect male-female differences in communication styles
- Contact information is typically collected from the father regardless of parents' living arrangements

While the intervention group mean scores increased more than the comparison groups', both groups were relatively confident in their ability to collect contact information from the father regardless of the parents' living arrangements, in particular in the intervention group. A manager from the intervention group described one tactic they used to contact fathers.

> *We recently did a mail out to all the families who had signed up for nursery in September. And for those families who were not already accessing centre services, we wrote to the family, where we knew that there was a father in the home, we wrote directly to the father. And the dads came to an open day, and for some of them, mums were not present, but for subsequent visits, we saw the children returning to the centre with mum.* Intervention group centre manager

She also identified home visits as a key pathway to bringing fathers into her centre.

> *If we've met [a father] at a home visit, we say, Oh you must come in and see me. Or we'll make an appointment for them to come – if you make it formal, that might get in them in. Then hopefully we can show them around the centre and they can see for themselves what happens here. But it is about making that initial contact. We don't have enough of that unfortunately.* Intervention group centre manager

Letters sent from both centres to parents were headed in a gender neutral way. At the intervention group, they were headed, "Dear mums, dads and carers" and at the comparison group centre, "Dear parent/carer".

However, the managers' comments on this topic showed a greater degree of difficulty in contacting non-resident fathers, highlighting the role of mothers as gatekeepers to this information. A manager from the intervention group stated:

> *We often don't have the contact details. The relationship that we have with the mother is really important. And what we do say is if we know that dad is around but not necessarily living with the family, we do stress the importance of his input, if indeed he is a positive model.* Intervention group centre manager

The comments from a manager in the comparison group told a similar tale of difficulty in accessing contact details for non-resident fathers.

> *Getting dad's address if parents don't live together – mum's gatekeeper. We don't have…lots of parents, mums, say actually, I don't know the dad's address. They don't have even an address. And obviously for benefit reasons, sometimes they live together but the mum doesn't disclose that.* Comparison group centre manager

However, she described an innovative strategy at the centre for communication with fathers, which she said was effective with both resident and non-resident fathers.

*We just send out text messages to the dads. We text them. We say, Hi the dads'
groups will be then and then. It goes directly to the dad, it's personal. It definitely goes
to family, not just mum.* Comparison group centre manager

The text messages read:

*Millfields Children's Centre invite you to come along to our Saturday Stay & Play
session at [location]. 10 - 12am. An opportunity for you and your child/ren to meet
with other dads/male carers in a friendly and informal environment.*

The results for the statement "The entire staff has received training on the issue of
working with men, in general, and on fatherhood specifically" are also interesting. The
absence of score of 4 in the group receiving the 'Dad Factor' training points to the
involvement in training of only specific members of staff. This is further discussed in the
conclusions of the report. In relation to the comparison group, there is an increase in the
mean score from 2 to 2.8 between the baseline and three-month time point. During this
time, the participants did not, as far as the research team are aware, receive any other
training on father-friendly practices. The results indicate, therefore, that the Equality and
Diversity training was perceived by the group to incorporate aspects of father-friendly
practice.

A key development in one centre in the intervention group was the introduction of a
fathers' reflective workshop, a seven-week programme consisting of a weekly two hour
group session run by a male facilitator. The stated aims of the workshop were to:

- Share skills and experiences with other fathers
- Understanding child development
- What children need to succeed
- How children learn through play
- Playing and interacting with your child
- Exploring and celebrating cultural differences and our roots with our children

The manager commented:

*[The fathers' reflective workshop] was something that I'd been thinking about but I
felt we needed to come to a certain level of understanding if my team was going to
recruit to that wholeheartedly. Whilst it was just a small group, we did expect it to be
small group because proportionally we don't have many dads in terms of the number
of mothers that we have here, but the outcomes have been really positive. [...] The
centre has moved forward and is more proactive in thinking about how it meets the
needs of fathers and male carers who already access or would like to.* Intervention
group centre manager

She also spoke about additional plans for increasing father-friendly practice at her centre
in relation to multi-agency working.

Like I said about our weekend group, for instance, what we would like is for our setting to be used by fathers who probably only have contact with their children at weekends, and in my previous setting, we would have communication from lawyers and social workers looking for services who would meet the needs of their dads. It's not happening so much here. It does happen more at Park End but for me, not enough. It's not happening enough and again, that's something we need to do in terms of our outreach and making sure that our services are more widely known to a wider group of professionals and practitioners in the area. Intervention group centre manager

A comparison group centre manager spoke about the list of improvements she still felt she had to make.

The online questionnaire, sometimes I got, not frustrated, but I just thought, oh god, I haven't moved in…I have moved in my development with the dads, I want to do this and this and I haven't been able to change it. To implement the changes. I felt, not uncomfortable, but I still have a tick list of things that I want to do for the dads. Dads' resources, images of dads with the children and things. Comparison group centre manager

In the intervention group, the means of five items were lower at three-months than at baseline (see Table 5.10). However, all had received a score of over 3 at the pre-training time point, and four out of five of these remained within the 3-4 mark at 3 months.

Table 6.3: Decreases between baseline and three months in father-friendliness in the intervention group (n=7)

Questionnaire subsection	Question	Baseline	1 month	3 months
Programme Services: Approaches to Fathers	Information about community services for fathers (legal assistance, education and employment assistance, domestic violence programs, and so on) has been collected	3.3	2.4	2.8
Programme Services: Approaches to Fathers	Staff make, or are prepared to make, referrals for fathers to other agencies (domestic violence, substance abuse, mental health, employment/training, and so on).	3.7	3	3.3
Programme Services: Approaches To co-parenting couples	Staff recognise and respect father-mother differences in parenting styles	3.6	2.9	3.5
Programme Services: Approaches To co-parenting couples	Staff support co-parenting even when the parents live apart	3.9	3.4	3.3
Physical Environment	The physical environment	3.3	2.9	3.2

	has a general feel that is inviting to men/fathers			

In the intervention group, the mean scores of eight items were below 3 at three months (see table 5.11).

Particularly noticeable here is the prevalence of items in the section on Physical Environment. In the interviews with centre managers from both groups, they commented that while they felt they had not put in place specific strategies to make fathers feel comfortable, their centres were welcoming to all parents and carers. There was, however, an admission from both groups that they felt there was more they could do. An intervention group manager commented:

I wouldn't say that it is uninviting or unattractive. It's a very, it's very open. And there's nothing there that I would say would be offensive to anyone, to be honest. I think there are things we could do more of, like making sure there are more positive images of male figures. Intervention group centre manager

A comparison group manager stated:

I think [the physical environment's] alright. I know we should hang up more images about dads, but we have lots of dads who drop off the children and we treat them nicely, same as, equal, as the mums. I know in your questionnaire, you mentioned a fathers' corner, no, we don't have one. We don't have special corners for anyone. Comparison group centre manager

6.6 Summary of findings on father-friendliness

The findings from the ANOVA for the Father-friendliness Tool were not statistically significant, and as such, the 'Dad Factor' training did not appear to have influenced any of the eleven variables. However, making firm conclusions regarding the effectiveness of the intervention at attracting fathers to centre services is rendered unfeasible due to insufficient data. The disparity between the two groups suggests considerable extraneous influence on attendance.

The mean scores from the Father-Friendliness Organisational Self-assessment and Planning Tool at all three time points and in both groups indicated that staff tended to see their organisations as making attempts to engage in father-friendly practice, while acknowledging that there were areas in which practice could be improved. In addition, at the three month follow up, father-friendliness for both the intervention and comparison groups was higher than at baseline.

Chapter 7. Evaluating the impact of the 'Dad Factor': Staff attitudes to refugees, asylum-seekers and migrants

The Feelings thermometer assessed the participants' feelings towards refugees, asylum-seekers and migrants at the three data collection time points. Participants were asked to rate their feelings towards different groups on a scale from 0 degrees (extremely unfavourable) to 100 degrees (extremely favourable). They were asked to rate their feelings towards refugees, asylum-seekers and migrants from five broad areas of the world, and in three family types. The groups were:

- Africa
- Asia
- Caribbean
- Eastern Europe
- South America
- Mother and father families with children
- Mother with children
- Father with children

Participant responses to the questions at each point in time were summated and divided by the total number of questions in the relevant section to produce means. These means were then entered into the analysis of variance. In order to obtain a deeper understanding of the data, the means scores for the two groups were also considered separately.

7.1 Overview of findings

The findings from the ANOVA indicated that the 'Dad Factor' did not appear to have increased the participants' feelings of favourability towards any of the groups. Indeed, in some cases, the feelings of the intervention group towards these groups became less favourable over time, while the comparison groups' feelings became more favourable.

The mean scores showed that the intervention and comparison groups both had favourable views of all the different groups of people, ranging from 62.5 to 85 degrees. The intervention group reported feeling more favourable to all the groups, at all time points, than the comparison group.

7.2 Staff attitudes to refugees

Both the intervention and comparison group rated refugees from the different international groups and family types favourably.

Table 7.1: Staff levels of positive feelings towards refugees from different international groups and family types (group means)

Refugees	Intervention (n=7)			Comparison (n=4)		
	Baseline	1 month	3 months	Baseline	1 month	3 months
African	78.6	77.1	76.7	62.5	67.5	73.8
Asian	78.6	77.1	76.7	62.5	67.5	67.5
Caribbean	78.6	77.1	76.7	62.5	62.5	73.8
Eastern Europe	78.6	77.1	76.7	62.5	62.5	67.5
South American	78.6	77.1	76.7	62.5	62.5	73.8
Mothers and fathers with children	81.4	78.6	76.7	62.5	62.5	73.8
Mothers with children	85	78.6	78.3	62.5	67.5	73.8
Fathers with children	82.9	78.6	77.5	62.5	67.5	73.8

The data show a high favourability rating from the intervention group towards refugees from both the five international groups and the different family types, across the three time points. These baseline ratings are higher than those in the comparison group. Indeed, the intervention groups' ratings are higher than those in the comparison group at all time points.

The feelings of the intervention group towards refugee families from the different international groups became less favourable over time, while the feelings of the comparison group towards refugee families from the different international groups became more favourable. In addition, the feelings of the intervention group towards different family types of refugees became less favourable over time, while the feelings of the comparison group towards different family types of refugees became more favourable. Therefore, the small decline in the intervention groups' feelings of favourability towards refugees from both the five international groups and the different family types may be in part explained by their already high levels feelings of favourability.

7.3 Staff attitudes to asylum-seekers

Both the intervention and comparison group rated asylum-seekers from the different international groups and family types favourably. The intervention group demonstrated greater feelings of warmth for asylum-seekers than the comparison group.

Table 7.2: Staff levels of positive feelings towards asylum-seekers from different international groups and family types (group means)

Asylum-seekers	Intervention (n=7)			Comparison (n=4)		
	Baseline	1 month	3 months	1 month	Baseline	3 months
African	78.6	75.7	76.7	67.5	67.5	73.8
Asian	78.6	75.7	76.7	67.5	67.5	67.5
Caribbean	78.6	75.7	76.7	67.5	62.5	73.8
Eastern Europe	78.6	75.7	76.7	67.5	62.5	67.5
South American	78.6	75.7	76.7	67.5	67.5	73.8

Mothers and fathers with children	80	75.7	76.7	73.8	67.5	73.8
Mothers with children	83.6	75.7	78.3	73.8	67.5	73.8
Fathers with children	81.4	74.3	77.5	73.8	67.5	73.8

The intervention group rated asylum-seekers from different international groups with a high level of favourability at all three time points. Favourable feelings decreased in both the intervention group and comparison group at one month, and then became more favourable at three months, each by a small amount. The intervention group were less favourable towards asylum-seekers from different international groups at three-months than at baseline, while the comparison group were more favourable.

The feelings of the intervention group towards different family types of asylum-seekers were also highly favourable at baseline, but decreased to a small degree over time. The comparison groups' feelings towards different family types of asylum-seekers remained the same at three months as at baseline.

Whilst the findings were not significant, and therefore cannot be said to be in response to the training, the data does show a relatively high favourability rate for all participants to all of the groups across the three time points, but shows that favourability was particularly high in the intervention group.

7.4 Staff attitudes to economic migrant families

Both the intervention and comparison group rated migrants from the different international groups and family types favourably. The intervention group demonstrated greater feelings of warmth for migrants than the comparison group.

Table 7.3: Staff levels of positive feelings towards migrants from different international groups and family types (group means)

	Intervention (n=7)			Comparison (n=4)		
Economic migrants	Baseline	1 month	3 months	1 month	Baseline	3 months
African	74.3	74.3	80	65	67.5	68.8
Asian	74.3	74.3	80	65	67.5	62.5
Caribbean	74.3	74.3	80	65	67.5	68.8
Eastern Europe	74.3	74.3	80	65	62.5	62.5
South American	74.3	74.3	80	65	62.5	68.8
Mothers and fathers with children	74.3	74.3	80	65	67.5	68.8
Mothers with children	74.3	74.3	81.7	65	67.5	68.8
Father with children	77.1	74.3	80.8	65	67.5	68.8

The intervention groups' viewed migrants from different international groups highly favourably at baseline. This remained constant at one month and increased at three months. The comparison groups' rated this group less favourably than the intervention group at baseline. While their ratings rose at the two follow ups, there was a larger increase in favourability in the intervention group.

The feelings of the intervention group towards different family types of economic migrants remained constant at the one month time point but became more favourable at three months. The comparison groups' feelings rose steadily over the three time points, but did not reach the same level of favourability as the intervention group.

7.5 Overall trends towards people of different immigration status, people from specific places of origin and different family types

The intervention group reported feeling equally favourable to refugees and asylum-seekers across the data collection period. They reported feeling less favourable towards migrants than refugees and asylum-seekers at the baseline and one month. At the three-month time point, however, their reported favourability towards migrants increased above that of the other two groups.

The comparison group showed slightly more favourable feelings towards asylum-seekers and migrants than refugees at baseline and one month, but not at three months. The comparison groups' feelings towards migrants became more favourable over the time period, but at three months, they reported feeling less favourable towards migrants than asylum-seekers or refugees.

Overall, there was little difference in the participants' feelings towards refugees, asylum-seekers and migrants in relation to their place of origin. Slight differences were detected (for example, participants in the comparison group were at times less favourable to people from the Caribbean, South America and in particular, Eastern Europe) but the small sample size renders firm conclusions unfeasible.

While the participants in the comparison group tended to maintain the same level of favourability across the different family types at each time point, the participants in the intervention group exhibited small differences in feeling. They tended to be marginally more favourable to asylum-seeking and refugee families comprising mothers and children.

7.6 Summary of the findings on staff attitudes to refugees, asylum-seekers and migrants

In summary, the 'Dad Factor' training did not appear to have exerted positive change on the feelings of the participants towards newly arrived families. The comparison group training, on the other hand, did exert positive change on the feelings of the participants towards refugees. This suggests that the content of the Equality and Diversity training is more effective in improving attitudes towards this group.

One participant in the comparison group commented:

Taking a human rights approach to this is important for me. This was the first equality and diversity training I had been on through my role in outreach 5 years (though I had previously worked in the HIV sector and still volunteer there) so have some understanding. This should be part of an induction not just reading a policy but having a real understanding and facts at fingertips so that misconceptions can be challenged. Comparison group staff member

It is also important to note that those participants who received the 'Dad Factor' training felt more favourably towards all the different groups prior to the training taking place. Therefore, there may have been more scope for improving perceptions of asylum-seekers, refugees and migrants in the comparison group. For example, at baseline, one intervention group manager commented:

We are committed to working in partnership with all parents and carers who access/ would like to access our services and ensure that our service delivery is respectful at all times and is tailored to meet individual needs. Intervention group centre manager

Indeed, whilst the findings show that the 'Dad Factor' appeared not to have influenced favourability towards the asylum-seeking, refugee and migrant groups to a statistically significant extent, the following quote from an intervention centre manager at one month, shows how the training informed her thinking about newly arrived fathers. She commented:

We actually discovered that the needs of our fathers when we were young are not that different to the needs that many fathers have today; many of us came from families that were established in this country after our fathers migrated to Britain and understand what it can be like for new migrants and asylum seekers. [...] Therefore our service is committed to giving support wherever we can regardless of circumstances. Intervention group centre manager

Finally, a comparison manager pointed to the positive effect of having workers, and in particular male workers, from ethnic minorities at the centres.

[Interviewer] Do you think [the male worker] being Zimbabwean helps?
Yeah. I'm sure. Otherwise, it's all white female dominated. Or not, I have a woman Zimbabwe worker there, or sometimes Spanish or Albanian worker. We have a good mixture of people. Comparison group centre manager

Chapter 8. Conclusions and recommendations for practice

8.1 Key findings

8.1.1 The delivery and implementation of the 'Dad Factor'

The delivery of the 'Dad Factor' was delayed by five months due to difficulties in organising the training with the centres and obtaining the data required from them for site selection. The training had low rates of participation. The aim was to recruit three centres for the 'Dad Factor' training and three centres for the Equality and Diversity training, for a total of thirty-six participants. In practice, two received the 'Dad Factor' training and two centres the Equality and Diversity training involving a total of eleven participants. The small number of participants was a result of staff illness, withdrawal from the study due to changes in the agreed dates for the training and the failure of staff to complete the necessary data collection measures prior to training.

The content of the 'Dad Factor' training programme was implemented as planned by a trainer with experience of delivering a variety of training in roles in the third sector including father-inclusion, early years and Equality and Diversity training. It was the first time she had delivered the programme. The trainer's understandings of the model of fathering underlying the training were in keeping with the aims and objectives set out by the Fatherhood Institute. In relation to newly arrived fathers, she described the training's aims as to help children's centres find ways to support asylum-seeking and refugee fathers, to highlight the difficulties that negotiating a new culture can pose for these fathers, and to signpost them to services outside the centres where necessary.

The 'Dad Factor' was well received by the participants, with 3 participants rating the training as 'excellent' and 4 as 'very good'. The participants commented that they felt more confident in engaging with fathers as a result of the training and outlined strategies they planned to put in place to increase father attendance at their centres. However, the feedback did not contain comments regarding participants' increased confidence in or knowledge of strategies for working with newly arrived fathers specifically. The comparison training was also well received, with the 4 participants rating the training as 'very good'. This feedback did, however, highlight that the participants in the comparison group were expecting to receive father-friendliness training.

8.1.2 The impact of the 'Dad Factor'

Data limitations and problems with sample size do not allow a full assessment of impact, however, some promising practice is apparent.

8.1.2.1 Setting the scene: tracking fathers and families across all the centres

A key finding was that there was a high amount of missing tracking data across both groups and at all time points. One centre in the comparison group provided tracking data for two weeks rather than one month at baseline, and there was an absence of any tracking data from one centre in the intervention group at three months. In the data that was provided, there were frequently gaps in relation to the presence of a father at the

centre (unspecified in 20.4% of all family visits), the families' reasons for visiting the centres (unspecified in 58% of all visits) and the nationality of fathers visiting the centres (unspecified in 81.6% of all father visits). Finally, no data were provided on the arrival date in the UK of non-British fathers.

The tracking data revealed that there were between 300 and 400 family visits to the centres over each of the one-month data collection periods. The most common family types to visit the centres were one parent/carer with a child/children, and mother and father (or female/male carer) with a child/children. Fathers were present in 870 of 1911 visits (on the occasions were father presence was specified). Compared to fathers, mothers were more likely to visit the centres with their children but without a partner; of the 758 parents visiting the centres with their children but without a partner, 103 were fathers. Twenty visits by grandfathers were recorded, and these visits occurred only in the comparison group at baseline. The majority of families visited the centres for child-parent activities, as did the majority of fathers. British fathers were more likely to visit the centres for adult activities than child-parent activities, and non-British fathers were more likely to visit for child-parent activities. European fathers formed the biggest group of fathers visiting the centres at all three time points and in both groups, with the exception of African fathers at baseline in the intervention group. The most common nationalities of fathers visiting the centres were British, Caribbean, Polish and Albanian.

In interviews, the managers commented on barriers to fathers and newly arrived fathers' attendance at children's centres. These included the absence of a fathers' outreach worker, fathers' fear of the unknown, fathers' fear or dislike of authority, a perception that children's centres were for women, and mothers acting as gatekeepers. Some participants believed that male workers were more successful in engaging with fathers than female workers.

8.1.2.2 Comparing the intervention and comparison group tracking data

The available tracking data suggest that the 'Dad Factor' training did not increase engagement with newly arrived fathers at the centres.

A greater number of fathers visited the comparison group centres over the three data collection periods than the centres in the intervention group. The highest number of fathers visiting the centres in the intervention group was recorded at baseline; out of 317 family visits, fathers were specified as present at the centres in 89. Conversely, the highest number of fathers visiting the centres in the comparison group was recorded at the three month follow up; out of 395 family visits, fathers were specified as present at the centres in 284. There were more fathers visiting the centres with their children but without a female partner in the comparison group than the intervention group at all three time points. There were a higher number of instances in which the presence of fathers was not recorded in the intervention group compared to the comparison group.

In interviews, the managers were asked about ways in which they attempted to increase father attendance at their centres. At the intervention group centre, strategies included directly inviting fathers to the centres through contact during home visits and running a fathers' reflective workshop. At the comparison group centre, strategies included

sending text messages to fathers' mobile telephones about groups at the centre and inviting fathers into the centres to demonstrate their professional skills in the classroom.

Across the three time points, the majority of fathers in the intervention group (for whom data were available) visited the centres for child-parent activities. This was also the case for the majority of fathers at baseline in the comparison group. At one month, the majority of fathers in the comparison group visited for adult activities and there no data were provided by the centres on this at three months.

In the intervention group, visits from non-British fathers decreased from the baseline level at both one and three months. Visits from some non-British fathers (African and Caribbean) increased in the comparison group.

8.1.2.3 Staff attitudes, confidence and practice in engaging with fathers

The findings from the ANOVA for the Father-friendliness Tool were not statistically significant, and as such, this again suggested that the 'Dad Factor' training had not influenced staff attitudes, confidence and practice in engaging with fathers. However, the small sample made it difficult to make firm conclusions regarding the effectiveness of the intervention at attracting fathers to centres.

The mean scores from the Father-friendliness Tool and comments given at the end of the questionnaire by participants at all three time points and in both groups indicated that staff tended to see their organisations as making attempts to engage in father-friendly practice, while acknowledging that there were areas in which practice could be improved. At the three month follow up, father-friendliness for both the intervention and comparison group was higher than at baseline. In the intervention group, items rated between 3 and 4 (indicating "We've made some good efforts but we've still got some work to do") rose from 39 (of 69) at baseline to 59 at the three month follow up (although their ratings dipped at one month follow up). In the comparison group, items rated between 3 and 4 rose from 35 (of 69) at baseline to 53 at the three month follow up.

The interviews with managers highlighted their desire to engage with father-friendly practice. The manager from the intervention group described how she had championed father-friendly practice throughout her career, but spoke about father-friendly practice as a new concept for the team she was managing. The manager from the comparison group, however, relayed how father-friendly practice was firmly embedded in the culture at her centre. One concrete change in father-friendly practice that was described as occurring as a result of the 'Dad Factor' training was the introduction of a fathers' reflective workshop, a seven-week programme consisting of a weekly two hour group session run by a male facilitator. Crucially, one of the goals of this workshop was to "explore and celebrate cultural differences and our roots with our children".

8.1.2.4 Staff attitudes to refugees, asylum-seekers and migrants

The findings from the ANOVA indicated that the 'Dad Factor' did not appear to have increased the participants' feelings of favourability towards refugees, asylum-seekers or migrants from the different international groups and family types. In some cases, the feelings of the intervention group towards these groups became less favourable over time, while the comparison groups' feelings became more favourable. The mean scores and comments from participants showed that the intervention and comparison groups both had favourable views of all the different groups of people, with ratings given between 62.5 and 85 degrees on a scale from 0 degrees (extremely unfavourable) to 100 degrees (extremely favourable). The intervention group reported feeling more favourable to all the groups, at all time points, than the comparison group.

8.3 Discussion

8.3.1 The presence of men in children's centres

Existing research has indicated that mothers are far more likely to use children's centres than fathers (Maisey et al., 2013; National Audit Office, 2006). Those findings are echoed to some degree in this evaluation. Fathers were present in less than half the family visits to the centres overall. The centres in the comparison group of this evaluation showed relatively high engagement with fathers, with fathers being present in around two-thirds of family visits to the centre across the three data collection periods (where data were available).

Research has also pointed to an under-representation of ethnic minority fathers using children's centres (Chowbey et al., 2013; Khan, 2006; Williams & Hewison, 2009). This is certainly the case in this evaluation, with the majority of fathers attending the centres being British, despite the high prevalence of foreign-born people in inner London (Rienzo & Vargas-Silva, 2012). The most common countries of origin for foreign-born people in the inner London borough in which the study took place were Nigeria, Ireland and Poland. However, only Polish fathers featured on the list of most common non-British nationalities visiting the centres. In addition, it is commonly reported that there is a dearth of men working in early years education (Cameron et al., 1999; Evans & Jones, 2008; Honig, 2008). This was the case in this study, which had only one male participant out of a group of eleven (although the small sample is an important factor to take into account here).

8.3.2 Understanding the findings on the impact of the 'Dad Factor'

Factors unrelated to the training are likely to have had an effect on the outcome of the evaluation, in particular the low participation rates and gaps in the data. The number of participants in the evaluation was small, which made it difficult to determine the effect of the training. There were also substantial gaps in the data, as centre managers struggled to dedicate the required time to the project because of significant time and resource constraints, and changes to policy at the time of the evaluation. This again made it difficult to determine the effect of the training. In addition, the training may not

have been cascaded down to all staff members at the centres, therefore diluting its impact.

Constraints on time and resources may also have influenced the extent to which new policies and initiatives around father-friendliness could be put in place. All the centres in the evaluation had recently or were at the time of the evaluation undergoing significant structural change in the form of mergers into partnerships. Structural changes at the centres meant that managers were often working with newly formed teams. One manager spoke about how this can impact on the success of training and new initiatives or ways of thinking.

> I think that because the centre has recently become a partnership, it was a big stumbling block for the team on both sides to come together. Whilst we wanted to maintain the cultures of each site, we wanted to have a common culture and a common goal and common aims, and have systems in place whereby both sites had a clear understanding of what the procedures are. So when I first came into post for instance, and particularly with Park End, every day I would hear something like, Oh, we've never done that before, or But why are we doing this? That won't work. And I think in a nut shell, one of our weaknesses is adapting to change in order to move forward. [...] It was a major change for them. And there were different managers on both sites as well, so there was a sense of loyalty to the person who had left. Intervention group centre manager

The high number of cases in which the presence of a father was unspecified in intervention centres at the one month follow up may be explained in a number of ways (the findings are unclear at three months due to the absence of data from one centre in the group). It may suggest that that the 'Dad Factor' training was not successful in improving centres' tracking of fathers. On the other hand, this failure to record whether a father was present at the centre may be more generally indicative of poor tracking on all parents and children visiting the centres. It could also be the case that the high amount of missing tracking data across both groups is the result of poor transference of data to the research team, in light of time and resources constraints.

Lloyd and Harrington (2012) have drawn attention to these time and resource restraints in their discussion on the challenges to evaluations being carried out on programmes conducted by children's centres, commenting that "understandably, many SSLPs initially focused their attention on the job of building local partnerships, commissioning local services, sourcing venues and buildings, and delivering services for children and families, rather than on conducting evaluations" (p. 99).

In addition, the number of fathers visiting centres is likely to be influenced by the prevalence of lone mother families in the catchment area of the centres. It is also likely that, while the centres were matched as far as possible, existing pre-training practice and attitudes towards father-involvement played a part. For example, one factor contributing to the greater number of fathers visiting the centres in the comparison group than the intervention group could have been the strategies for engagement outlined by the managers. The comparison group manager described how her staff sent text messages to fathers' mobile telephones about events at the centre and also invited fathers into the

centres to demonstrate their professional skills in the classroom. It is possible that these engagement techniques, which were in place prior to the training, were more successful than those described by the intervention manager, of directly inviting fathers to the centres through contact during home visits and running a fathers' reflective workshop.

The practice in children's centres of not collecting data on the arrival date of non-British fathers visiting the centres is understandable. While it would provide centres with important information on whether their services were reaching those most in need of support, this practice may deter fathers who have insecure (or no) legal right to remain in the UK from visiting centres.

Another important factor to also consider in interpreting these results is the overlap that occurred between the intervention and comparison group training. Whilst it was recommended by the research team that the comparison training did not include any reference to father-inclusive training, the initial contact with the comparison group was made by the Fatherhood Institute, which fostered expectations in the group that they would receive father-inclusive training. One manager commented:

> *I think I shared it with you on the telephone, about expecting more about how to involve dads. I had this in my mind, that you would get strategies.* Comparison group centre manager

Secondly, the PowerPoint slides used in the comparison training event were marked with the Fatherhood Institute logo. This again contributed to participants' expectations that they would receive father-inclusive training. Thirdly, fathers were discussed as part of the Equality and Diversity training. These three factors may have resulted in an increased awareness of father-friendly practice in the comparison group, despite not receiving the 'Dad Factor' training.

The absence of an increase in favourable feelings towards refugees, asylum-seekers and migrants in the intervention group following the training may be the result of limited content on newly arrived fathers in the training. Whilst the participants described feeling more positive and confident about engaging with fathers and father-figures following the 'Dad Factor' training, no participant commented on the content of the training in relation to newly arrived fathers. More content on newly arrived fathers may be required, particularly as only one of the thirteen sessions focused on this specific group. The increase in feelings of favourability in the comparison group towards refugees, asylum-seekers and migrants suggests that the Equality and Diversity may have been more successful in improving attitudes towards these groups. The 'Dad Factor', therefore, might be made more effective in improving attitudes towards these groups if content from the Equality and Diversity training was integrated into it. Conversely, the findings can also be explained by the already high levels of favourability the intervention group felt towards refugees, asylum-seekers and migrants. The comparison group's baseline favourability ratings were lower than the intervention group, therefore providing more possibility for improvement.

Finally, a comment made by a participant drew attention to the challenges of trying to change attitudes in professional contexts. She commented that the contemporary

working environment in children's centres is highly stressful, demanding and frequently evolving, and that this environment can mean that adequate time is not given to the challenge of changing attitudes. She commented that attitudes to others are not static traits but are constantly evolving and context-specific.

Constant change and restructuring, increase pressures on ever smaller pools of staff to maintain workload, complete more and more paperwork, have understanding and broader area of expertise means that engagement may be limited to 'ticking boxes' to say that it has been done. This can create complacency if we think something has already been done we may move onto something else. Having time to reflect, challenge yourself and others, develop strategies and improve practice on an on-going basis is key to improvement. My answers to most questions reflect that improving equality and diversity are not static they are fluid and there will always be room for improvement. Comparison group staff member

The expectations of the participants

Due to data collection and training implementation errors, the comparison group had expectations of receiving training around engagement with fathers. The research team advised against any overlap between the intervention and comparison training. However, before the research team began work on the project, the initial contact with the centres in both the intervention and comparison group had already been made by the Fatherhood Institute. This meant that the comparison group, as well as the intervention group, had expectations of receiving training on father-friendly practice. In addition, the PowerPoint slides used during the comparison group training displayed the fatherhood Institute logo, again establishing expectations of training involving father-friendly practice. These errors are likely to have skewed the findings to some degree, as they are likely to have prompted the comparison group to reflect on their own practices in engaging with fathers.

8.4 Limitations of the evidence

As noted throughout this report, there are limitations to the evaluation. Firstly, the high prevalence of missing tracking data prevented firm conclusions being reached on the impact of the 'Dad Factor' on increasing the frequency of interactions with newly arrived fathers. Secondly, the small sample size limited the extent to which firm conclusions could be reached on the impact of the 'Dad Factor' across all the training's objectives.

8.5 Strengths of the evidence

Despite data limitations this evaluation increases knowledge about current father-friendly practice and attitudes in a sample of children's centres in an inner London borough. Specifically, it provides valuable insight into current practices and attitudes towards father engagement and current attitudes towards asylum-seekers, refugees and migrants. It also provides rare tracking data for families and fathers visiting children's centres. In addition, the evaluation highlights important issues about the difficulties of conducting evaluations in children's centres in the current political climate.

8.6 Recommendations for practitioners, research and evaluation, and policy makers

8.6.1 Recommendations for practitioners

Below are recommendations for practitioners in children's centres for how they can increase engagement with fathers and newly arrived fathers.

- Routinely and accurately tracking the attendance of all families at centres.

- Ensuring in particular that the attendance of fathers/father/figures/male carers at centres is routinely and accurately tracked. This is an important way of ensuring that services are being used by those who need them.

- Developing and implementing concrete strategies that seek to engage with newly arrived fathers specifically. Given the objective need of newly arrived fathers, the services provided by centres need to be more accessible for these fathers. Father-friendly practice needs to be supported by both an ethos of commitment to fathers and, crucially, concrete, formulated strategies (Ghate et al., 2000).

- Developing awareness about the role that immigration status can play in newly arrived fathers' engagement with children's centres. Whilst, as participants in this evaluation have commented, collecting data on arrival dates of newly arrived fathers in the UK may be too intrusive and act as a barrier to attendance, equipping staff to be aware of and sensitive to this issue may help engagement with these fathers.

- Increasing the number of male workers at centres, as this may make fathers feel more comfortable.

- Seeking out innovative ways of engaging with fathers in the community, for example through implementing the strategies of sending text message to fathers and inviting fathers into the centres to demonstrate their professional skills in the classroom.

8.6.2 Recommendations for research and evaluation

Below are recommendations for researchers conducting evaluations in children's centres and other similar settings.

8.6.2.1 *Setting up the evaluation*

- Ensuring that the comparison group is unaware of the content of the intervention training. In this evaluation, the comparison group training was delivered by the same organisation and trainer who delivered the intervention training. If this is managed carefully, it should not have an impact on the evaluation. However, in the case of this evaluation, there was some overlap between the two groups. In light of this, it may have been more beneficial to either employ another organisation to deliver the comparison training, or ensure that all correspondence with organisations in the comparison group comes from the research team. If the

comparison training is delivered by the same organisation as the intervention training (in this case, the Fatherhood Institute), the participants should not be made aware of this.

8.6.2.2 The data collection tools

- Ensuring that data collection tools are clear and comprehensible. Amendments to the Family Tracking Attendance Spreadsheet would have resulted in more detailed data collection, in particular in relation to tracking the types of family types attending centres, and the reason for the families' visit to the centres. The evaluation would have benefitted from listing possible family types for centres to choose from, rather than only listing three (lone parent with a child/children, couple with a child/children, extended family). It would have also been beneficial for the evaluation to ask explicitly for information on which groups the families' attended, to gain a better understanding of what attracted particular family groups to the centres. Developing the data collection tools with the participants may have reduced these errors (McBride et al., 2001).

8.6.2.3 Recruiting and retaining participants

- Providing incentives for participants to complete the data collection measures. This may have encouraged greater participation and retention in the evaluation. This method was used by McBride et al. (2001) as compensation for teachers involved in a training programme aimed at engaging fathers. "At the end of the 26-week data collection period each teacher received a $250 stipend as partial compensation for the extra time required to assist in this data collection process" (McBride et al., 2001, p. 86).

- Establishing face-to-face relationships with staff at the centres at the beginning of the evaluation. It may have been beneficial for the research team to attend the centres and meet staff prior to the evaluation commencing. Time and resource restraints on both the side of the research team and participants made this difficult in the case of this evaluation, but it is likely this would have encouraged both the recruitment and retention of participants. This would also mean that the data collection measures could be explained face-to-face, therefore reducing the likelihood of confusion and mistakes being made.

- Conducting further, more large scale research on newly arrived fathers' engagement with children's centre services.

8.6.3 Recommendations for policy makers

Below are recommendations for policy makers.

- Protecting funding for children's centres, in order to enable staff to continue and improve outreach and engagement work with newly arrived fathers. Children's centres have the potential to be a vital source of support for newly arrived fathers, who can encounter a high number of stressors which impact on parenting. It is of

concern that services for fathers are currently at risk of being cut due to a scarcity in funding (4Children, 2013).

Appendix A: Intervention group timetable

DATE	ACTION
21.01.13 – 17.02.13 (one month period)	BASELINE: Online Family Tracking Attendance Spreadsheet completion by the Centre Manager over a month-long period
11.02.13 – 18.02.13 (one week period)	BASELINE: Time given for completion of online Father-Friendliness Organisational Self-Assessment and Planning Tool for Early Childhood Education Programmes completed by the following members of staff (Centre Managers, Early Years Workers, Outreach Workers, Family Learning Workers, and Family Support Workers).
21.02.13 – 22.02.13	TRAINING: Dad's Factor
25.03.13 – 01.04.13 (one week period)	POST-TEST: Repeat of baseline procedure - Online Father-Friendliness Organisational Self-Assessment and Planning Tool for Early Childhood Education Programmes
25.03.13 – 21.04.13 (one month period)	POST-TEST AT 1 MONTH: Repeat of baseline procedure - Online Family Tracking Attendance Spreadsheet
20.05.13 – 26.05.13 (one week period)	FOLLOW UP AT 3 MONTHS: Repeat of baseline procedure - Online Father-Friendliness Organisational Self-Assessment and Planning Tool for Early Childhood Education Programmes
20.05.13 – 16.06.13 (one month period)	FOLLOW UP AT 3 MONTHS: Repeat of baseline procedure - Online Family Tracking Attendance Spreadsheet

Appendix B: Comparison group timetable

DATE	ACTION
14.01.13 – 10.02.13 (one month period)	BASELINE: Online Family Tracking Attendance Spreadsheet completion by the Centre Manager over a month-long period
05.04.13 – 14.04.13 One week period (extra due to Easter)	BASELINE: Time given for completion of online Father-Friendliness Organisational Self-Assessment and Planning Tool for Early Childhood Education Programmes completed by the following members of staff (Centre Managers, Early Years Workers, Outreach Workers, Family Learning Workers, and Family Support Workers)
15.04.13-16.04.13	TRAINING Diversity training
One month following training 15.05.13 – 23.05.13	POST-TEST AT 1 MONTH: Repeat of baseline procedure - Online Father-Friendliness Organisational Self-Assessment and Planning Tool for Early Childhood Education Programmes
One month following training 15.05.13 – 12.06.13	POST-TEST: Repeat of baseline procedure - Online Family Tracking Attendance Spreadsheet
Three months after training 10.07.13 – 18.07.13	FOLLOW UP AT 3 MONTHS: Repeat of baseline procedure - Online Father-Friendliness Organisational Self-Assessment and Planning Tool for Early Childhood Education Programmes
Three months after training 10.07.13 – 07.08.13	FOLLOW UP AT 3 MONTHS: Repeat of baseline procedure - Online Family Tracking Attendance Spreadsheet

Appendix C: Site selection information

Note: some data has been omitted to protect anonymity	Area deprivation (Index)	Families socio-economic background	Ethnicity (areas, families & children)	Fathers involvement at Centre	Other relevant initiatives (i.e. engaging with newly arrived mothers)	Staff	Pre-school
Little Foxes Children's Centre	The Index of Multiple Deprivation (IMD) 2010 places Little Foxes Children's Centre in the 20% most deprived area nationally.	Low: Data specific to the Centre show that 40% of the children live in workless households. Many families are headed by a lone parent. Children in catchment area living on council estates: 317 compared to 713 not living on council estates. The centre has an above age no. of lone parent households.	The majority of children at Little Foxes were from unspecified ethnic background: there are gaps in this data as a high proportion of under fives (20%) have not specified ethnicity on their personal profile. 14% of children are White British, 17% of Black or Black British – African and 14% of Other White Origin.	Dads and Male Carers Group, started in November 2010	Specialist Employment and Training Outreach Worker Child Development Grant and Child Poverty Pilot	7	Yes
Hilltop Children's Centre	The centre serves an area which is 20% most deprived nationally, with a high proportion of severely deprived households, particularly in relation to housing and services and environment scores.	The percentage of children 0-4 living in households dependent on workless benefits is well above the national average as is the number of eligible families benefiting from the childcare element of Working Tax Credit. Children's levels on entry to early years education are well below those expected for their age.	The majority of families come from minority ethnic backgrounds. Other groups include those from Portuguese and Spanish speaking communities. The proportion of White British families is 15%.	Fathers and are relatively under-represented. Centre successful in engaging some young fathers through the specific work of the St Ann's Fellowship but the weekday opening hours limit accessibility for others and for those who work.	Specific parenting courses, such as 'Triple P' provide greater understanding of how to keep children safe; 'Children's Safety Week' activities; training, adult learning; community projects, and through hosting events, for example 'Black History Month' and 'Your Community Matters' surgeries (Ofsted, 2012)	Missing data	No

		231 living on council estates compared to 4273 not. Below average no. of lone parent households for the area.				
Stepping Stones Children's Centre	The index of Multiple Deprivation (IMD) 2007 places Stepping Stones Children's Centre in the 20% most deprived areas nationally.	Concerns about the high levels of substance misuse and general crime in the area. Increasing cases of teenage pregnancy and gangs in the area has also been highlighted. A large number of children coming from non-English speaking families; there are high levels of child poverty and low levels of literacy in families. Many families still live in poverty even though one family member may be in work and a significant number of families are entirely dependent on state benefits. Parts deemed to be affluent with many middle class families and a wide range of commercial	Stepping Stones Children's Centre is a multicultural area with large established Portuguese and Spanish communities. The Polish and Somali communities are also increasing within the area	Teenage pregnancy support groups attended by young fathers; the CC has sought to engage with more fathers, by conducting sessions at the beginning of the day instead of the afternoon; fathers fitness group	Parent & Toddler groups, Muslim Women Support group, Family Events, Father & Child sessions; bookstart packs; annual family trips; Parents and children participate in celebrations which reflect the multicultural community in which the CC is located. The CC has been working with a number of training centres to improve adult achievement	18-20

		businesses. Children in catchment area living on council estates: 261, compared to 951 not living on council estate. The centre has an above age no. of lone parent households.					
Millfields Children's Centre	The IMD of the two areas served by the centre are 9% and 13%.	Low: families living in temporary housing/hostels; in overcrowded conditions; families with immigration status difficulties; experiencing domestic violence; with English as an Additional Language (EAL). Children in catchment area living on council estates: 198, compared to 737 not living on council estate. The centre has an average no. of lone parent households for the area.	Around 90% in Millfields Children's Centre are from ethnic minority groups. The 4 largest ethnic groups are Black African (27%), Black Caribbean (16%), White British (12%), and Any other ethnic group (12%). 58% of children speak English as an Additional Language. Families from: from South America (Ecuador, Brazil, Peru) •from Eastern Europe (Albania, Poland) •from Eritrea/Ethiopia •from Morocco •from Algeria	Dads' Programme has been running from 2008/9 Dad's Together (monthly)	Strengthening Families/Strengthening Communities course Parents' Forum Families Stay & Play Family Learning courses ESOL classes	7	Yes
Little Oaks Children's Centre	The IMB places the centre in the 21-30% most deprived nationally	50% of children in ward live in poverty. Almost half demonstrate skills below those normally expected for their age	Almost half of children in the area speak English as an additional language - Majority - Black Africans and Black Caribbeans - Minority - White British	Work to engage more fathers has increased no. of registered male users. Teen Friday' sessions welcome Dads specifically	'Healthy eating' and 'baby clinic' 'Teen Friday' Counselling opportunities 'Stay and Play' sessions for parents Parenting courses	40	Yes

	on entry to the Early Years Foundation Stage. One ward has the highest murder rate in Europe & highest levels of crime. Teenage conceptions for 15-17-year-olds highest in the country 20% most deprived area in England. The centre has an above age no. of lone parent households. Children in catchment area living on council estates: 275, compared to 757 not living on council estate. The centre has an above age no. of lone parent households.					
Bluebell Children's Centre	IMB 2010 30% most deprived areas nationally. The most deprived domains are the housing and services score and environment scores that are within the 20% most areas in	Many families are headed by a lone parent live in housing conditions that are insufficient for their needs e.g. overcrowding; considerable levels of unemployment and poverty - 40% of the children attending the centre live in workless	Bluebell Children's Centre catchment area is comprised of a wide and varied cultural and socio-economic mix of families living side by side. Information given by the Centre manager stated that "fathers attend from a diverse cultural background"	Father's Saturday Football session Tiny Ballers. This as a 12 week programme Father's multi sports programme in 2009 Father Specialist Outreach worker based at Bluebell Children's Centre and works across the SE Locality - Father football	Play sessions for under 5s: Messy Play, Baby Rhyme Time, Childminders Drop In, Rattle and Rhyme, and Art and Craft. Parenting programmes: Strengthening Families, Strengthening Communities, Triple P (Positive Parenting Programmes) and ABC boys development programmes. Family support work, midwife support and outreach services Health and fitness programmes	7	No

	England. The Index of Child Well Being 2009 places Bluebell Children's Centre in the 20% lowest level of child well being.	households Children in catchment area living on council estates: 382, compared to 489 not living on council estate. The centre has an above average no. of lone parent households.		tournament every year with the cluster of children centre in the SE Locality. Web design course focused on dads. Keep fit for fathers - Facilitated by Father's Specialist Made of money programme focussing on dads support - Facilitated by the father's specialist, supporting fathers develop better financial structures 1-1 drop in surgery via father's specialist	Adult learning		
Ash Grove Children's Centre	IMB 2010 30% most deprived areas nationally. Most deprived - housing, services and environment scores (within the 20% most areas in England). The Index of Child Well Being 2009 places the Centre in the 20% lowest level of child well being.	Significant population of low income two parent families – one parent works and one stays at home. Cramped housing conditions are common. Within the catchment there is also a gypsy and traveller site, with significant housing issues The centre is engaged with these families but there are very few children under 5	Gaps in the data regarding ethnicity of children under 5 in the catchment area (44% not specified); 9% of children are White British 8% of Black or Black British – African 15% of Other White Origin (Polish community) 53.3% of the school population in 2011 had English as an additional language. Language spoken at the Centre: 28, incl English, Urdu, Polish, Somali and Gujarati	Men Matter – targeted session to promote the importance of fathers involvement with their children's learning - 30 child contacts 20 adult contacts	Variety of adult skills classes: confidence building for work/parenting/ICT/ESOL/women's groups/first aid/sewing (for parents) Family learning courses to support child's learning: Nursery Transition Group/Storytime/Maths/Family Heritage The centre experiences great demand to support new mothers (first child, and mothers with more than one young child) - Postnatal depression is a concern - midwife, health visitor and outreach worker collaboration and on site post natal care	6	No

		resident on the site. Children in catchment area living on council estates: 27, compared to 1054 not living on council estate. The centre has an above average no. of lone parent households					
Park End Children's Centre	IMD 2010 places the Centre in the 30% most deprived areas nationally. The most deprived domain is the living environment score which falls within the 20% most areas in England. The Index of Child Well Being 2009 places the Centre in the 30% lowest level of child well being. The housing score is within the 10% lowest levels nationally.	27% of children in the area live in households dependent on workless benefits (2008). There is a young mothers' hostel very close to the Centre. Significant amount of council owned temporary accommodation in the local area therefore population is often transitory. Children in catchment area living on council estates: 447, compared to 669 not living on council estate. The centre's catchment area has an above average no. of lone parent households for the borough.	White British - 20.43% Other white origin (15.49%) Black or black British black African origin (11.75%). Unspecified (27.33%) High numbers of Polish, Somali, Spanish, French and Portuguese speaking families in the area. Know from registration forms that there are more English as second language families than the present data shows and a lot more Arabic and Somali speaking families contacting the Centre	Two hour Dads drop-in group	The Centre uses other professional services to provide the Children's Centre core offer. Sessions may include professionals, such as, Speech therapist, Nutritionist, Health Visitor, Midwife, JCP, Gaia (Domestic Violence), Family Learning and Library service. The Centre staff also provide: Family Drop-in sessions Topical one off sessions Under 2's group Singing & Stories sessions Childminders group Crèche facilities	8	Nursery class

Kingfisher Children's Centre	The centre catchment area include 5 (super output areas) SOA of which 2 are amongst the 11/20 % most deprived areas nationally; the other 3 are much less deprived and amongst 30/50 per % most deprived areas nationally.	33.5% of children living in workless families in 2007/2008. Children in catchment area living on council estates: 208, compared to 565 not living on council estate. The centre has an average no. of lone parent households for the area.	Unspecified (29.88%); White British (14.88%); Other White (16. 17%); Black African (9.31%) & Black Caribbean (8.28%); Other Black (8%); Indians (1.55%).	Dad's group male Locality Outreach Worker	Adult and Family Learning courses and activities: ESOL; IT; Literacy & Numeracy	8	No
Clifton Children's Centre	The Centre is in the 60% most deprived areas nationally. The Child Well-Being Index 2009 places the Centre – lowest 30% nationally. Material well-being - lowest 50% nationally. Crime - highest 50% nationally.	It serves a diverse community in an area with very variable levels of affluence with families coming from contrasting households in terms of culture, ethnicity and socio-economic status. Teenage parents in a local ward are among the lowest in the borough at 53 per 1000 compared to the average of 81 per 1000 in the borough. Children in catchment area living	Under 5s living in the area: White British – 29% Unspecified – 21% Other White origin – 17% Other Black/Ethnic Groups – 11% Black African – 9% Black Caribbean – 7% Mixed African/Asian/Caribbean – 4% Asian Bangladeshi/Indian/Pakistani – 1% Chinese – 1%	Dad's Stay & Play session Father's Photography Course New Mums, Dads & Babies Group The Centre's leadership priorities include reaching under-represented groups, including fathers	Partnerships: St. Ann's Fellowship the 'Early Support' Programme (multi-agency support to families with young disabled children) Other services • Outreach Support • Universal 'Stay & Play' sessions • Health Services • Adult Learning Courses • Childminder support • Family Learning • Ante Natal Programmes	14	

		on council estates: 25, compared to 692 not living on council estate. The centre has a below average no. of lone parent households for the area.					

Appendix D: Information sheet for managers

Evaluating staff training on Promoting Parental Involvement in Children's Centres

Researchers: Professor Margaret O'Brien and Alice Haynes

We invite you to take part in a research study. We are looking at the impact of different types of training about promoting parental involvement on professionals in Children's Centres. This information sheet will tell you about the study so that you can decide whether you want to take part.

Why have I been invited?

We are inviting you to take part because you are the Centre Manager at a Children's Centre.

What is the study about?

We are looking at the impact of different types of training about promoting parental involvement on professionals.

Do I have to take part?

It is entirely up to you to decide whether or not you wish to take part. If you decide not to take part then you do not have to give us any reasons.

What will happen if I agree to take part?

Participation in this study will involve completion of a Family Tracking Attendance spreadsheet over a month-long period, an online questionnaire and participation in a training event. The spreadsheet and questionnaire must be completed prior to the training. Participants will also be required to complete the spreadsheet and online questionnaire again following the training, and once more at a later date (around three months later). Managers will be required to identify other members of staff at their Centre who will be taking part in the study (namely Early Years Workers, Outreach Workers, Family Learning Workers, and Family Support Workers) and supply the research team with their email addresses. Each staff member (including Centre Managers) will be sent an individual email containing the link to the online questionnaire. If you are happy to participate then we will ask you to give your written consent.

What are the disadvantages to taking part?

Participating in the study will take up some of your time. The online questionnaire takes around 45 minutes to complete, and the Family Tracking Attendance spreadsheet may create marginal extra work on top of the routine administrative data normally collected. The training event will run over two days.

What are the benefits in taking part?

Participation in this study will help to determine how different types of training impact on professionals working in Children's Centres. At the heart of the research is the goal of providing training for staff which tackles poverty and inequality.

Will my information be kept confidential?

Information collected from you will be kept anonymous and safe. This means we will not write your name or address on any questionnaires. Any contact details that you provide us with will be stored in a locked filing cabinet at the University of East Anglia and electronic data will be stored on a password protected computer. When the study has finished all information collected from questionnaires will be stored securely for up to 10 years maximum.

What will happen to the results of the study? Study findings will be presented at national and international conferences and will be published in psychology and policy journals. Your name will not be included on any research outputs, and all data will be presented anonymously. If you wish, we will send you a copy of the published research.

Who is organising the research?

The study is being conducted by a collaboration between the Fatherhood Institute and the University of East Anglia.

Who has reviewed the study?

The study has been reviewed and approved by the University of East Anglia, School of Psychology Research Ethics Committee.

What if there is a problem?

If you have any questions, or experience any difficulties please do not hesitate to contact Alice Haynes (Alice.Haynes@uea.ac.uk). If you would like to make a complaint regarding the research study, then please discuss this with a member of the research team in the first instance. Alternatively you may contact: School of Psychology Ethics Committee: ethics.psychology@uea.ac.uk; Phone 01603 597146

Who can I contact if I want further information about the study?

If you have any questions about the study, then please contact Alice Haynes (07585 118613, Alice.Haynes@uea.ac.uk) or Professor Margaret O'Brien (01603 593589, M.O-brien@uea.ac.uk).

We do hope that you will take part in this study. Thank you for reading this information sheet.

Appendix E: Information sheet for staff

Evaluating staff training on Promoting Parental Involvement in Children's Centres

Researchers: Professor Margaret O'Brien and Alice Haynes

We invite you to take part in a research study. We are looking at the impact of different types of training about promoting parental involvement on professionals in Children's Centres. This information sheet will tell you about the study so that you can decide whether you want to take part.

Why have I been invited?

We are inviting you to take part because you work at a Children's Centre and are an Early Years Worker, Outreach Worker, Family Learning Worker, or Family Support Worker.

What is the study about?

We are looking at the impact of different types of training about promoting parental involvement on professionals.

Do I have to take part?

It is entirely up to you to decide whether or not you wish to take part. If you decide not to take part then you do not have to give us any reasons.

What will happen if I agree to take part?

Participation in this study will involve completion of an online questionnaire and participation in a training event. You will be sent an email containing a link to the online questionnaire, which must be completed before the training. Participants will also be required to complete the online questionnaire again following the training, and once more at a later date (around three months later).

If you are happy to participate then we will ask you to give your written consent.

What are the disadvantages to taking part?

Participating in the study will take up some of your time (approximately 45 minutes) and the training event will run over two days.

What are the benefits in taking part?

Participation in this study will help to determine how different types of training impact on professionals working in Children's Centres. At the heart of the research is the goal of providing training for staff which tackles poverty and inequality.

Will my information be kept confidential?

Information collected from you will be kept anonymous and safe. This means we will not write your name or address on any questionnaires. Your manager will not see your responses to the questionnaire. Any contact details that you provide us with will be stored in a locked filing cabinet at the University of East Anglia and electronic data will be stored on a password protected computer. When the study has finished all information collected from questionnaires will be stored securely for up to 10 years maximum.

What will happen to the results of the study?

Study findings will be presented at national and international conferences and will be published in psychology and policy journals. Your name will not be included on any research outputs, and all data will be presented anonymously. If you wish, we will send you a copy of the published research.

Who is organising the research?

The study is being conducted by a collaboration between the Fatherhood Institute and the University of East Anglia.

Who has reviewed the study?

The study has been reviewed and approved by the University of East Anglia, School of Psychology Research Ethics Committee.

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Who can I contact if I want further information about the study?

If you have any questions about the study, then please contact Alice Haynes (07585 118613, Alice.Haynes@uea.ac.uk) or Professor Margaret O'Brien (01603 593589, M.O-brien@uea.ac.uk)

We do hope that you will take part in this study.

Thank you for reading this information sheet.

Appendix F: The Father-friendliness Organisational Self-assessment and Planning Tool, and Feelings thermometer

> The questionnaire includes two sections. The **first section** involves a number of statements about father-friendly practices; the **second section** aims to explore general thoughts about different groups that live in the catchment area of your children's centre. Please note, the information collected and everything you state in the questionnaire will be kept confidential.

Children's Centre: _____

Position/Role:_____

M/F: _____

Ethnicity: _____

Did you attend the training session provided by the Fatherhood Institute?
Y / N

Section 1: FATHER-FRIENDLINESS ORGANISATIONAL SELF-ASSESSMENT

In this first part, please rate your organisation - on a scale from 1 to 4 - for each of the statements below. Please write the number on the side.

1 = Haven't even thought about this/completely disagree with statement.
2 = We've started to think about this but haven't made much progress.
3 = We've made some good efforts but still have some work to do.
4 = We have successfully completed this step/completely agree with statement.

1. ORGANISATIONAL SUPPORT
How much support is there in your organisation for providing services to fathers/father figures?
_____ The organisation's documented mission is inclusive of serving fathers.
_____ The board of director shows evidence of commitment to serving fathers and father figures.
_____ The board of directors has members who are fathers with children in the programme.
_____ Literature and publicity about the organisation reflect a commitment to serving fathers.
_____ Funding for serving fathers is consistent and ongoing.

2. POSITION AND REPUTATION IN THE COMMUNITY
How does the community view the organisation with respect to serving fathers/father figures?
_____ The organisation is recognised by community partners as a good resource for fathers.
_____ The organisation participates in community partnerships and collaborations concerned with providing services to fathers and families.
_____ Fathers in the community view the organisation as a place they can come to for assistance.

_____ The organisation is called on by the media or others for information about fathers.

3. CENTRE POLICIES AND PROCEDURES
How father-inclusive are the organisation's policies and procedures?

_____ Centre procedures have been assessed to determine if the interests of fathers are well represented.

_____ Intake and other data collection methods are standardised for both parents rather than just modified from the forms for mothers.

_____ Programme hours are scheduled to accommodate the time constraints of working fathers.

_____ Policies that make it harder for fathers to be involved in the centre have been changed.

_____ Policies have been instituted to facilitate male involvement. For example, instead of simply encouraging father involvement, the centre establishes a clear expectation that fathers of children should   and will participate.

_____ Centre policy allows services to be provided to both parents, regardless of how the other parent feels about that involvement (except in cases of domestic violence).

_____ Personnel policies are friendly to both parents (for example, paternity leave and medical leave to care for ill children).

4. STAFFING/HUMAN RESOURCES
How prepared are staff members to provide services to fathers?
General staff:

_____ The entire staff has received training on the issue of working with men, in general, and on fatherhood specifically.

_____ Periodic staff development is provided to upgrade new personnel on including fathers.

_____ Staff time and resources have been allocated for recruitment and outreach to fathers.

_____ Staff members are aware of issues faced by low-income fathers.

_____ The majority of front-line programme staff is open and receptive to the idea of providing services to fathers.

_____ Staff working with fathers are integrated into the overall centre (for example, staff meetings, communication, decision-making, and socialising).

_____ The ability to provide services to fathers is included on performance appraisals of key staff.

_____ Male and female staff work well together.

_____ Staff meet with other organisations serving fathers on to share ideas about the most effective strategies for engaging and retraining fathers in parent involvement programmes.

_____ A positive professional relationship has been established with the borough's child protection service

_____ A positive professional relationship has been established with the borough's child protection service

Specific staff:

_____ Specific staff have been designated to work with fathers, and they fully understand their roles and responsibilities.

_____ Men are represented on the staff (paid and/or unpaid) at all levels.

_____ Male staff are available to work with fathers, especially in the area of recruitment.

_____ Male staff feel comfortable and respected within the centre.

_____ Female and male staff work as a team.

_____ Female staff are comfortable working with fathers.

_____ Fathers of children in the centre serve as volunteers in the programme.

5. PROGRAMME SERVICES
Has a programme for fathers been clearly articulated?

Approaches to mothers:

_____ Family goal-setting activities are inclusive of fathers.

_____ Work with mothers includes a focus on working cooperatively with fathers.

_____ When a mother doesn't want the fathers of their children involved, efforts are still made to gain her support and to work with that father (except in domestic violence and abusive situations).

Approaches to fathers:

_____ Fathers have opportunities to help design/feel ownership of the services being provided to them.

_____ A needs assessment has been completed in order to plan programmes for fathers.

_____ Programme services that are clearly tied to outcomes have been planned and implemented specifically for fathers. The programme involves more than just incorporating fathers into existing services for mothers.

_____ Services for fathers focus on assets fathers bring rather than deficits fathers have.

_____ Parenting groups have been designed with both mothering and fathering issues in mind.

_____ Groups for fathers are offered.

_____ Centre programmes include activities that appeal to men.

_____ Fathers are invited to participate in all general client activities and programmes, not just in typical male roles.

_____ Information about community services for fathers (legal assistance, education and employment assistance, domestic violence programmes, and so on) has been collected.

_____ Relationships have been forged with key people in these agencies.

_____ A relationship has been forged with the local child protection service.

_____ Staff make, or are prepared to make, referrals for fathers to other agencies (domestic violence, substance abuse, mental health, employment/training, and so on).

_____ Fathers who have completed programmes are asked to work as mentors, recruiters, group facilitators, and so forth.

Approaches to Co-parenting Couples:

_____ Relevant staff have received training in facilitating couple communication.

_____ Staff recognise and respect male-female differences in communication styles.

_____ Staff recognise and respect father-mother differences in parenting styles.

_____ Staff support co-parenting even when the parents live apart.

6. PHYSICAL ENVIRONMENT

How inviting and welcoming is the physical environment for men and fathers?

_____ Focus groups or individual fathers have been invited to the centre to assess father friendliness and make suggestions for making the space more welcoming to them.

_____ The physical environment has a general feel that is inviting to men/fathers.

_____ Positive and diverse images of men and fathers are displayed (photos, posters, notices).

_____ Books, journals, articles, videos, and other materials directed toward fathers are available to look at or borrow.

_____ There is a room or area in the centre that has been designated as a space for men/fathers (at least during designated weekly hours) that contains resources for them and provides a space for just socialising or participating in group activities.

_____ The designated programme space for mothers includes positive images of men/fathers.

_____ Men are present and it doesn't seem like a place just for women and children.

7. COMMUNICATION AND INTERACTION

How are fathers treated and communicated with inside the centre?

Interaction with fathers:

_____ Fathers who drop off and pick up children are greeted warmly.

_____ Efforts are made to interact with fathers who accompany mothers to the programme even when they tend to hang back.

_____ When mothers and fathers come to the centre together, communication is directed equally to both and not primarily to the mother.

_____ Contact information is typically collected from the father regardless of parents' living arrangements.

_____ Written announcements, newsletters, and the like are addressed to both parents if they live together and if they don't, the communication is sent to both.

_____ Staff interact with fathers in a style that demonstrates respect, empathy, and high expectations.

Staff attitudes:

_____ The message is given to fathers that their role as active parents is critical to their children's development.

_____ Input is sought from fathers about what they want and need from the centre.

_____ Positive comments about men are expressed in both formal and informal settings.

Section 2: YOUR FEELINGS ABOUT DIFFERENT GROUPS

In this second part, using a scale from zero to 100, please tell us your personal feelings toward each of the following groups: refugees, asylum-seekers and migrants. As you do this task, think of an imaginary thermometer. The warmer or more favourable you feel toward the group, the higher the number you should give it. The colder or less favourable you feel, the lower the number. If you feel neither warm nor cold toward the group, rate it 50.
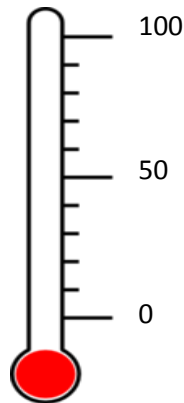
According to this, how would you rate on a scale from 0 to 100 each of the following groups? Please write a number on each line.

A. Refugees
(A refugee is someone who has been forced to leave his or her country because of persecution, war, or violence, and is legally allowed to live in the UK permanently)
From Africa _____
From Asia _____
From the Caribbean _____
From Eastern Europe _____
From South America _____

Refugee mother and father family with children _____
Refugee mother alone family with children _____
Refugee father alone family with children _____

B. Asylum-seekers
(Asylum-seekers are people who have applied for refugee status, but who have not yet received a final decision on their application)
From Africa _____
From Asia _____
From the Caribbean _____
From Eastern Europe _____
From South America _____
Asylum-seeker mother and father family with children _____
Asylum-seeker mother alone family with children _____
Asylum-seeker father alone family with children _____

C. Migrants
(Migrants are people who have come from another country to the UK to work)
From Africa _____
From Asia _____
From the Caribbean _____
From Eastern Europe _____
From Europe _____
From South America _____
Migrant mother and father family with children _____
Migrant mother alone family with children _____
Migrant father alone family with children _____

Additional information

Please add any additional comments about father-friendly practice in your organisation.

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Appendix G: Family Attendance Tracking Spreadsheet (two-day example)

Week one 21.01.13	(Please add more rows where needed)				
Monday					

	Family type:
	  - Lone parent with child/children
	  - Couple with child/children
	  - Extended family
		Reason for visit (i.e attendance at group etc)	**Presence of male carer/ father figure**	**Nationality of father if present**	**Arrival date of father in UK if not born here**

Family 1					
Family 2					
Family 3					
Family 4					
Family 5					
Family 6					
Family 7					
Family 8					
Family 9					
Tuesday					

	Family type:
	  - Lone parent with child/children
	  - Couple with child/children
	  - Extended family
		Reason for visit (i.e attendance at group etc)	**Presence of male carer/ father figure**	**Nationality of father if present**	**Arrival date of father in UK if not born here**

Family 1					
Family 2					
Family 3					
Family 4					
Family 5					
Family 6					
Family 7					
Family 8					
Family 9					
Family 10					

Appendix H: The comparison training outline (Equality and Diversity)

DAY ONE
Session 1: Welcome and Overview: Aims and Objectives, Group Agreement, Group Introduction   • Introduction of trainer, participants and the Fatherhood Institute, and hearing participants' expectations of the training   - Summary of learning outcomes   - Increase understanding and awareness of equality and diversity   - Understand the meaning of specific terms in relation to equality, diversity and inclusion   - Refresh knowledge and understanding of the UK equality and diversity legislation   - Raise awareness of key UK demographics to identity and address discriminatory practice within an early years setting   - Increase confidence in dealing with equality and diversity issues   - Update and improve the effectiveness of policies   - Produce changes that are sustainable
Break
Session 2: Understanding Equality and Diversity: Similarity and Differences activity   • Definitions exercise   • Purposes of managing Diversity - What diversity meanings to you and how it will benefit your centre   • Perceptions – Language exercise using traffic lights – acceptable and non-acceptable terms
Lunch
Session 3: Demographics   • Facts and Figures quiz
Session 4: Perceptions   • Marginalised groups in the Children's Centre Community – who's accessing your services and who's not?
Break
Session 5: Stereotypes and prejudices activity   • Focusing on one marginalised group from session 4 - challenging   - institutional prejudice and stereotypes and its effect on marginalised groups
Session 6: Homework   • Task one: Exploring the representation of a particular marginalised group in the medi
DAY TWO
Session 7: Welcome and Overview   • Reflect on Day 1   • Outline of today's session   • Home task feedback
Session 8: Reviewing policies   • Promoting Equality and Diversity - what this means in practice?   - Looking at your Centre's policy and ethos it reflected
Break
Session 10: Dealing with Diversity   • Case studies to build confidence in dealing with diversity issues in Children's Centre Practice

Lunch
Session 11: Case Study feedback
Session 12: Strategies for change •   What helps inclusive practice and what hinders inclusive practice - moving things on
Break
Session 13: Reflection and Action Planning •   Identifying and putting learning into action -   Identifying areas in which the Centre can move the agenda forward
Evaluation and closing circle

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