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Social
Research
Practice

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Contents

Editorial

Richard Bartholomew

Editor

Welcome to Issue 13 of Social Research Practice, the SRA's research methods journal.

One of the perpetual conundrums facing social policy researchers is that those of greatest interest to policymakers are often the most difficult to recruit to large-scale population surveys. This is one of the key challenges being tackled by The Early Life Cohort Feasibility Study, funded by the Economic and Social Research Council. This study aims to test the feasibility of establishing a new representative and inclusive UK-wide birth cohort study of several thousand babies and their families at six to nine months old. As part of the development work for this feasibility study, researchers at University College London, the Fatherhood Institute and Ipsos have conducted qualitative work with three categories of respondents who typically are under-represented in most large-scale studies: low-income families; ethnic minority families from Bangladeshi, Pakistani, Black African, and Black Caribbean backgrounds; and fathers who do not live full-time with their children (termed 'own-household fathers'). It is estimated that by the time a child is six to nine months old between 16 to 20% of their fathers will not be living with them full-time.

This research (reported here as **Engaging 'less-often-heard' groups in birth cohort studies**) has explored the positive motivations for taking part in a study of this kind, but also the concerns which will need to be addressed if these 'less-often-heard' groups are to be successfully engaged. For example, own-household fathers will need reassurance as to how their participation in the study might affect their relationship with their child's mother. Low-income and ethnic minority families express concerns that judgements might be made about their parenting practices.

Many of you who have worked on policy or programme evaluations, either as commissioners or research contractors will, at some point, have had the disheartening experience of finding that the work you have spent so much time designing and conducting is no longer seen as quite so relevant or useful. There are numerous reasons for this: different people become involved bringing with them different perspectives and expectations; some of the original expectations for the research may have been unrealistic; or the objectives of the programme itself may have changed or evolved over time without this being explicitly acknowledged. In our second article, **Making meaningful recommendations for policy and practice**, researchers from the Welsh Government, Cardiff University and Sheffield Hallam University jointly describe their experiences in commissioning and conducting an evaluation of the Ask and Act programme. This is an initiative to train relevant professionals in providing effective, timely and appropriate responses to victims and survivors of violence against women, domestic abuse and sexual violence.

Based on their experience with this project, the authors set out several practicable actions and considerations that will help to ensure that research makes meaningful, relevant and usable recommendations.

We welcome proposals for new articles or shorter research notes. If you are interested in offering a research note or a full article you can find more information on the SRA website.

Engaging 'less-often-heard' groups in birth cohort studies: qualitative insights from own-household fathers and low-income families

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Abstract

Fathers who do not live full-time with their child (own-household fathers, OHFs), low-income families (LIFs) and ethnic minority families (EMFs) are all 'less-often-heard' groups in survey research. The new Early Life Cohort Feasibility Study (ELC-FS) aims to test the feasibility of conducting a representative and inclusive UK-birth cohort study, including these groups, by collecting information about several thousand babies and their families at six to nine months of age.

As part of development work for the ELC-FS, we conducted a qualitative research project with Ipsos to understand how best to recruit, engage and retain OHFs, LIFs and EMFs. Ipsos conducted one-to-one interviews with 30 individuals from each group, using quota samples to ensure an inclusive sample. Overall clarity about expectations, flexibility in how participants take part and sensitivity to individual circumstances were identified as key features needed to engage a full spectrum of fathers and mothers into longitudinal family research.

Funding acknowledgement

Acknowledgement

Introduction

Over the last 20 years, a growing body of evidence points to decreasing response rates in interviewer-administered surveys (Office for National Statistics, 2020; de Leeuw et al., 2018), particularly among 'less-often-heard' groups. As a result, the need for minimising sample bias and maximising representation and inclusivity in surveys has become of increased importance to survey practitioners and methodologists (Groves and Peytcheva, 2008). Furthermore, researchers, funders and policymakers often have a particular interest in evidence and findings about less-often-heard groups, for which sufficient sample sizes for subgroup analysis are needed. This can often require over-sampling, concerted efforts to recruit

these groups, and tailored approaches to retain them in longitudinal research. To successfully overcome the challenges of maximising less-often-heard group participation in survey research, it is essential that respondent views are integrated into all stages of survey design, improving survey best practices to help ensure representative samples, and increasing shared ownership and trust in surveys among the public.

The Early Life Cohort Feasibility Study (ELC-FS), funded by the Economic and Social Research Council (ESRC), aims to test the feasibility of establishing a representative and inclusive UK-wide birth cohort study, collecting information about several thousand babies and their families at six to nine months of age in 2023. The study will include questionnaires for mothers and fathers on topics including household circumstances, parental backgrounds, parenting experience and child development. The main survey will include saliva sample collection for DNA extraction, and administrative (for example education and health records) and geo-environmental data-record linkages (for example pollution data for a participant's local area). There will also be separate small-scale field testing of specialist novel neurocognitive, environmental and anthropometric measures. One of the aims of the feasibility study, informed by ESRC's longitudinal studies review (Davis-Kean et al., 2018), is to test methods which maximise the inclusion of typically under-represented groups through the choice of sampling frame, sample design and targeted engagement strategies. The ELC-FS is, therefore, designed to include boost samples of low-income families (LIFs) and ethnic minority families (EMFs) from Bangladeshi, Pakistani, Black African, and Black Caribbean backgrounds. The study will also aim to sample and directly recruit fathers who do not live full-time with their child (own-household fathers, OHFs).

Between 3 and 42% of families in different local authorities are currently 'low-income' (a household income below £18,000 a year) (Department for Work & Pensions, 2022), and around 8% of families belong to one of our ethnic minority groups of interest UK-wide (GOV.UK, 2020). These are, therefore, sizeable and important groups to include in research about a full spectrum of UK families. Furthermore, these are key groups for research and policy. Many social surveys have a strong interest in recruiting and retaining these groups, and over-sampling, particularly of ethnic minority groups, is also commonly done in survey research.

For the OHF group, we estimate that between 15% and 20% of fathers will be OHFs when their child is six to nine months old. Around 16% are OHFs at the time of birth (Kiernan, 2016; Bradford, 2022) and, in the most recent data available, around 20% of Scottish children have an OHF at age 10 months (Bradshaw et al., 2013). However, this group of fathers is highly involved with their child's upbringing and family life during the perinatal period (around 75% are in contact with their baby at 10 months and 70% see their child weekly in Growing Up in Scotland (GUS) birth cohort 2), with around a third in a relationship with the child's mother in GUS birth cohort 2 (Bradshaw et al., 2013) and 12% residing part-time with the mother in the first wave of the Millennium Cohort Study (Kiernan, 2006). OHFs therefore make up a sizeable and important group of parents that should be captured within a birth cohort. This provides the opportunity to learn about the dynamics of families in which parents do not live together full-time, to understand the socio-demographic circumstances of these fathers, and to understand more about the role of gene-environment interactions in child development by collecting biomedical data alongside their socio-demographic data. It is particularly important to gather data from all fathers given growing evidence about the role of father–child interactions in child development (Opondo et al., 2016; Ramchandani et al., 2013) and the need to incorporate fathers as well as mothers into parenting intervention designs (Panter-Brick et al., 2014). ELC-FS plans to use birth registration records, linked to birth notifications, as the sampling frame. This is because both parents' addresses are listed on the birth registration, meaning that they can be recruited independently to the study, and that either parent can take part even if their child's other parent does not. This builds on recommendations from previous cohort studies, such as ALSPAC and Life Study, to recruit fathers independently from mothers (Kiernan, 2016; Overy et al., 2012), as well as those from a scoping study for the ESRC about how to recruit and engage fathers in longitudinal family research (Goldman et al., 2019). While a proportion of children live predominantly with their father (that is they may have an 'own-household mother'), this proportion is likely to be very low when the child is six to

nine months old. For example, in the first wave of GUS, 99% of 'lone parent households' were headed by the child's mother (Anderson et al., 2007). This qualitative work is, therefore, focused on engaging OHFs specifically, although all 'own-household parents' will be recruited to the ELC-FS.

The lack of a suitable sampling frame is a primary hindrance to 'less-often-heard' (OHFs) groups' involvement in research. This is because child administrative records (for example health, education, child benefit) often have the name and details of only the child's mother. Furthermore, in existing UK birth cohorts, priority has often been given to mothers to answer questions on behalf of the family. When OHFs are involved in longitudinal family research, they are usually recruited via the child's mother rather than in their own right (Goldman et al., 2019). Such an approach is problematic for OHFs if the OHF is no longer in contact with the mother, the parental relationship is poor, or the mother is otherwise reluctant for the OHF to be involved. For LIFs and EMFs, there is limited evidence that these groups are less-often-heard from because of an unwillingness to engage with, or distrust of, research (Wendler et al., 2005). Instead, barriers are generated from interview formats and scheduling being unsuitable for the life circumstances of these groups (Godden et al., 2010), and problematic assumptions from interviewers/data collectors about these groups (Hussain-Gambles et al., 2004; Gill and Redwood, 2013). Exclusion because of language can also be a particular barrier for ethnic minority groups (Jolly et al., 2005). We use the term 'less-often-heard' rather than 'hard-to-reach' to describe our study groups in this article, as the former better conveys that it is not participants' unwillingness to take part that makes them less likely to be represented in surveys (Islam and Small, 2020).

Despite a general acknowledgement of the challenges in recruiting these groups in longitudinal studies and survey research more widely, little qualitative work has been published in the UK about how best to engage low-income parents, ethnic minority parents and OHFs in birth cohorts. For example, previous work by the Fatherhood Institute and ScotCen Social Research found that, while qualitative research about fathers' birth cohort participation has been conducted with full-time resident fathers in the Millennium Cohort Study (Wallace et al., 2013) and with 'lone mothers' in Life Study development work (Keeble et al., 2015), there is no published qualitative research on OHFs participation in cohort studies, in the UK or abroad. There are some published papers on engaging low-income and ethnic minority mothers (not fathers) in birth cohorts and longitudinal research (Daniels et al., 2006; Franke et al., 2022). Of these few papers, only one is a UK-focused study, drawing from an east London sample of mothers (Garg et al., 2017).

As part of development work for ELC-FS, we conducted qualitative interviews in partnership with Ipsos, with a diverse group of 30 OHFs and 30 LIFs (with a high quota sample of parents from ethnic minority backgrounds – this group is referred to as LIF/EMFs), to understand more about how to recruit, engage and retain these groups in longitudinal family research. In this paper we report and compare findings from the OHF and LIF/EMF groups, and reflect on how the learning can be incorporated into the design of ELC-FS. This project received ethical approval from the UCL Institute of Education Research Ethics Committee (application number REC 1544).

Data and methods

Sample

Given the qualitative nature of this study, we employed a purposive non-probability approach to capture diversity within the target populations. For the OHF group, we recruited 30 birth/legal fathers of a child under two years old who were not resident full-time in the same household as their child. For the LIF/EMF group, we recruited 30 birth/legal parents with a child under two years old whose combined household income fell below £18k a year (household income 60% below the median before housing costs – GOV.UK, 2016). To account for contextual factors that might affect household income (regional differences, housing costs, household composition), participants also had to meet one of two additional criteria: claiming a means-tested benefit or self-reported financial precarity (struggling to make ends meet, borrowing money to pay for food or essentials, using food banks).

In both groups, we used ethnicity, social grade, country and relationship status quotas to ensure a diversity of mothers and fathers was included (Table 1). Social grade was defined using the Market Research Society definitions, where ABC1 equates to middle class and C2DE to working class. For OHFs, we also quota sampled the extent and type of contact the father had with their child. While these categories were useful for ensuring a level of diversity in the sample, it is important to note the complexity and fluidity of parental circumstances. For example, the extent of contact fathers had with their child could be variable over time, or as one father noted who was recruited under the 'not in a romantic relationship' quota, their relationship with their child's mother was better described as 'semi-romantic'. Interviewers were trained to be sensitive to complex circumstances like this, and about potential sensitivities that could arise during the interviews.

During fieldwork, it became clear that meeting the target quota for Bangladeshi or Pakistani OHFs (three participants) would not be feasible because of a low prevalence of OHFs in these ethnic groups. Of the two OHFs recruited in this quota, both were Pakistani. We therefore decided to recruit a higher number of Black Caribbean and Black African OHFs as there is a higher percentage of dependent children in lone parent families in these two ethnic groups (Office for National Statistics, 2021). For the LIF/EMF group, recruitment in Northern Ireland was not attempted, given that the ethnic minority population makes up under 2% of the total population.

Participants for both samples were sourced using a free-find recruitment approach. This was done by the recruitment organisation Criteria Fieldwork Ltd which used its networks to recruit participants sensitively from these 'less-often-heard' groups. Part of the recruitment process included using intermediaries who sought permission from the participant to share their details with the recruiting agency. For this research, intermediaries included the child's other parent, other relatives (the child's aunt, uncle or grandparents), friends and colleagues.

Table 1: Sample characteristics of OHF and LIF/EMF participant groups		
	OHFs	LIF/EMFs
Birth/legal parent		
Mother		18
Father	30	12
Age		
20-24	5	1
25-34	16	15
35-44	9	13
45-54	0	1
Ethnicity		
White (White English, Scottish, Welsh, Northern Irish, British)	11	8 (5 mothers, 3 fathers)
Bangladeshi	0	5 (3 mothers, 2 fathers)
Pakistani	2	5 (3 mothers, 2 fathers)
Black African	6	5 (3 mothers, 2 fathers)
Black Caribbean	7	5 (3 mothers, 2 fathers)
Other	4 (Arab, Indian and mixed/ multiple ethnic backgrounds)	2 (1 mother, 1 father (Indian and Ecuadorian))
Relationship with child's other birth/legal parent		
Romantic relationship	10	18
Not in a romantic relationship	20	12
Country		
England	23	22
Northern Ireland	2	0
Scotland	3	4
Wales	2	4
Area type		
Urban	16	25
Suburban	11	0
Rural	3	5
Residency with child		
Living with child full-time		28
Not living with child full-time		2
Contact with child		
Regular overnight contact: Between two and eight nights with child in a typical fortnight	16	
Regular daytime contact in person (and no overnight stays) in a typical fortnight	8	
Regular contact (phone/video) in a typical fortnight	1	
Infrequently or never have contact	5	
Social grade		
C2DE	18	
BC1	12	
Total	30	30

Methods

We used a qualitative study design to capture reactions from a diverse range of participants in an open and non-prescriptive way. Participants were interviewed by six experienced qualitative researchers from Ipsos, who were selected based on their experience of working with groups with similar demographics (low-income and ethnic minority participants) or research topics (that is exploring attitudes to study participation). A briefing in recruiting OHFs was provided to the interviewers by the Fatherhood Institute. The individual depth interviews lasted for approximately an hour by telephone or video interview between 11 August and 26 September 2021. Each participant was given £40 for taking part. Findings were produced using a thematic analysis through collaborative discussions between research team members during and after fieldwork (Ritchie et al., 2014). When analysing the data, we were not seeking to understand prevalence of attitudes, but rather the values and experiences underpinning participant attitudes and opinions.

Separate topic guides were developed for the two groups. Both groups were given a brief overview of the ELC-FS and expected content. They were then asked about perceived motivations and barriers to taking part, and what they thought about the proposed study content (questionnaire topics and the collection of saliva samples), and data-collection mode. OHFs were then asked for their thoughts about the proposed use of birth registration records as the sampling frame (an approach which would enable the recruitment of fathers separately from mothers). LIF/EMFs were asked about possible targeted engagement strategies to engage people from low-income and ethnic minority backgrounds, including using health/service providers or community leaders to publicise the study, and matching interviewer characteristics.

Findings

Below, we group findings into potential motivations and potential barriers to participation in the ELC-FS. Motivations to take part included the potential societal value of the study, direct benefits of participating (for example incentives), and potential engagement strategies via trusted intermediaries. Potential barriers included concerns about time constraints, data privacy and confidentiality, sensitive issues, and how OHFs can take part given potentially complicated family circumstances.

Potential motivations for participation

Participants across both groups highlighted the potential **value the study could have for research and policy, for other families and for themselves**, as motivating for participation. This included the possibility of the study findings improving the lives of children and parents in similar circumstances to their own (box 1, quote 1) and recognising a full spectrum of families, including EMFs and fathers (box 1, quotes 2 and 3). This was also reflected in the potential questionnaire topics that participants found engaging because of their circumstances, such as questions to understand difficulties with service provision among LIF/EMFs and questions to learn more about the role of fathers in child development and their own parenting experience for OHFs. Individual feedback, reflection and learning emerged as motivating for both groups, with suggestions for sharing study findings with participants and providing general and individual advice about parenting and their child's development (box 1, quotes 4 and 5). OHFs also identified the opportunity to reflect and to learn about their role as a parent in their child's development as important. While these are positive findings for ELC-FS engagement, they may have been influenced by the recruitment materials for this qualitative work which urged a diverse group of participants to take part, perhaps priming participants to expect the study to also be interested in this. By virtue of having agreed to take part in this qualitative work, it may be possible that participants were more engaged with research in general, and may find the societal value of the study more engaging than other potential participants.

BOX 1: Societal value of study

1. OHF interview, overnight stays with child, in a romantic relationship with mother of child, White, 25-34 years old:

   'At the end of the day it's trying to get something good out of it, aren't they. So I'd be absolutely fine with taking part. Because it's about getting a better understanding for children at the end of the day isn't it. Not everyone understands what's going on when fathers are not so involved and stuff like that. And if it benefits a child at the end of it – and we get a better understanding for kids – well then it's a win win.'

2. OHF interview, regular face-to-face contact, not in a romantic relationship with mother of child, Black Caribbean, 25-34 years old:

   'Fathers are literally just the sperm donors when it comes to research projects…
   good to see that this survey is looking at both accounts, both father and mothers.'

3. LIF/EMF interview, mother, Black African, 25-34 years old:

   'Sounds interesting, especially how it would capture different families.'

4. OHF interview, regular face-to-face contact, not in a romantic relationship with mother of child, Black Caribbean, 25-34 years old:

   'I'm young, I have got a lot of kids compared to other 28-year-olds, even if I don't always follow advice [...] if I can see there is a study been done that shows this way is clearly better than this way, I'll always be open minded about how I do things.'

5. LIF/EMF interview, mother, White, 25-34 years old:

   'To be honest it would be good for somebody to see my children…they have struggled with some things…pandemic had bad effect on children…I think it would be good to understand how to help them.'

Beyond the societal value of the study, participants identified tangible benefits of participation. This included the perceived **opportunity to spend time with their child and to be involved in their upbringing** when completing the interview for OHFs (box 2, quote 1), and financial recognition of the £10 incentive in both groups. For the latter, there were mixed views about the incentive amount; some thought it a nice gesture (box 2, quote 2), while others thought the amount too low to be motivating (box 2, quote 3). However, views may have been influenced by the higher £40 incentive participants received for taking part in this qualitative work.

BOX 2: Direct benefits of participation

1. OHF interview, regular face to face contact, not in a romantic relationship with mother of child, White, 35-44 years old:

   'I think taking part would make me feel like I am actively involved in her upbringing, and I'd take pride in doing something like that, you know, you're contributing to their development and that can be a big source of guilt for fathers.'

2. OHF interview, overnight stays with child, in a romantic relationship with mother of child, White, 25-34 years old:

   'It's a nice little bonus I suppose. It's quite important to provide it really – people won't do it for nothing. Money talks doesn't it? People will do it if they know they are getting paid and getting something back for it. Then they won't mind doing it.'

3. LIF/EMF interview, mother, Black Caribbean, 35-44 years old:

   'I'd do it for knowledge…wouldn't do it for a tenner, don't think many people would.'

The LIF/EMF group was also asked about potential engagement strategies to help motivate participation. Two options presented were **promotion via health/service providers like healthcare or social workers, and via community leaders like religious leaders**. Health/service providers were seen as well placed, having existing relationships with families and, therefore, able to navigate any sensitive family situations when discussing potential participation. They were seen as trustworthy promoters because of their clear link to the child's development, were expected to act in the best interest of the family, and seen as well placed to explain the value of the study. Engagement by community leaders was also received positively, although they were not always considered personally relevant (for example if the participant did not attend places of worship). For both the health service providers and community leaders, participants wanted reassurance that there were no ulterior motives for why these individuals wanted to help recruit participants, such as for payment or in order to observe the families (box 3, quote 1).

We also asked LIF/EMF participants for views on the study giving people the option to **choose characteristics of the interviewer** (for example same gender or ethnic background). Participants found that the option to choose this demonstrated that the ELC-FS valued participant choice and comfort, and this would be motivating for their participation. While religious or cultural sensitivity were considered important, overall, matching of interviewers based on ethnic background was not desired, and in some cases was perceived as a barrier because of fear of judgement from someone in the same community. However, the ability for mothers to choose a female interviewer for comfort and safety in the home was seen as preferable by both mothers and fathers reflecting on their child's mother's involvement (box 3, quote 2).

> **BOX 3: Engagement via intermediaries and interviewer matching**
>
> 1. LIF/EMF interview 25, father, Indian, 25-34 years old:
>
>   'As long as I know there's no incentive for them, and they're just saying, genuinely, "There's a study going on. It will benefit society or future generations," I probably would trust them as well, as long as I know there's no incentive.'
>
> 2. LIF/EMF interview 26, mother, White and Black African, 25-34 years old:
>
>   'I would probably be more comfortable with a female but if Dad was at home then a male would be okay. Nice to have the option like at the GP they ask if you're happy for a trainee doctor to sit in on appointment.'

Potential barriers to participation

Both LIF/EMFs and OHFs raised **time** as a major constraint to participation, often because of long working hours and inconsistent shift patterns (box 4, quote 1).

OHFs, who were asked about different data-collection modes, linked the choice of mode to the extent of the time constraint: telephone and web interviews would be more convenient to schedule (while also having the benefits of being less intrusive and better for sensitive questions). However, OHFs recognised that these modes risked limited engagement and the potential for minimal or less considered responses when compared to a face-to-face interview. Overall, telephone was seen as the best compromise by OHFs between interviewer engagement, time constraints and a need for privacy. However, the fact that these qualitative interviews were conducted by telephone/video may have influenced this opinion.

BOX 4: Time constraints as a barrier to participating

1. OHF interview, overnight stays with child, not in a romantic relationship with mother of child, Black African, 25-34 years old:

   'Work is the main thing. So, for fathers – it will be finding the time and space – so offer flexibility – like doing it at weekends.'

Concerns about the **impact of the different study elements** on both themselves and their child emerged in both groups as potential barriers. Both groups of participants raised some uncertainty about why the data was being collected (box 5, quote 1), what the role of the child was in the interviews and whether it could be detrimental to them (box 5, quote 2), and how it was linked to understanding child development. While there were some positive reactions by the participants about the saliva sample collection (for example as an exciting and important contribution of the study), concerns were also raised about the rationale for this collection and any potential third-party use. Among OHFs, unease about the highly sensitive nature of this data included some concerns that it could be used for paternity testing (box 5, quote 3). Scepticism was particularly voiced by Black African and Black Caribbean participants who expressed concerns about how data was used by the authorities (box 5, quote 4).

BOX 5: Impact of data collection concerns

1. LIF/EMF interview, father, Indian, 25-34 years old:

   'The only thing that's coming into my head right now is, what are the aims of this study? Who's it going to? Who's going to be using it? Is it going to be a free-for-all after a little while? Is it going to be just government departments? Is it going to be health organisations? I guess it depends on what comes out really.'

2. OHF interview, infrequent or no contact with child, not in a romantic relationship with mother of child, Black Caribbean, 25-34 years old:

   'Mentally not sure what that would do to them in the long run, being surveyed all the time. They're human beings they are not test subjects.'

3. OHF interview, spends regular time with child face-to-face, not in a romantic relationship with mother of child, Black Caribbean, 25-34 years old:

   'Are they doing it to see if the child is mine?'

4. OHF interview, spends regular time with child face-to-face, not in a romantic relationship with mother of child, Black Caribbean, 25-34 years old:

   'When it comes to DNA and that, it sounds like a police officer thing. I don't know what you're gonna do with this DNA and it sounds like an invasion of privacy, like obviously it's for the research but I don't know what system this is gonna be logged in [...] you'd have to come up with a magical explanation to convince people to do it.'

Sensitivities were raised about difficult and personal topics in the proposed ELC-FS questionnaire including financial circumstances and physical or mental health. The LIF/EMF group highlighted that some topics would be challenging to answer in front of other household members in a face-to-face interview. They also suggested potential reluctance to answer questions about cultural norms and practices, driven by fear of judgement for their parenting practices. OHFs identified talking about their relationship with their child's mother as particularly sensitive (box 6, quote 1). They also raised concerns about their ability to answer questions about their child's development if they did not have much contact with their child and, by extension, feared being judged about their parenting role (box 6, quote 2).

BOX 6: Sensitive content and individual circumstances

1. OHF interview, overnight stays with child, not in a romantic relationship with mother of child, Pakistani, 35-44 years old:

   'That again could be a sensitive topic – because, for my own self, we are not on speaking terms – so that's quite a sensitive topic – it was not an amicable break up – probably wouldn't want to answer questions about this in depth, broadly maybe I would be OK.'

2. OHF interview, overnight stays with child, in a romantic relationship with mother of child, mixed/ multiple ethnic background, 25-34 years old:

   'A lot of people may feel like potentially they're being judged a little bit for not living with their partner. They might not want to go into the details if they are not living with their child or their partner…– they might feel like it's going to be quite an intrusive experience, where they might worry they'll be asked why and what the problem is. Like why don't you live together?'

OHFs also highlighted barriers to their participation that were specific to their circumstances focusing on their **relationship with their child's mother**. Some OHFs expressed negativity towards the use of birth registrations for recruitment based on their preference to give consent for having their contact details shared with the study (box 7, quote 1). However, they recognised that the alternative method of recruitment via the child's mother would be feasible only if their relationship with her was good (box 7, quote 2). They also expressed concerns that their responses would be shared with their child's mother. Overall, those who reported a difficult relationship with the mother of their child expressed concern that their participation could add further strain to the relationship.

BOX 7: OHF participation and their relationship with their child's mother

1. OHF interview, infrequent or no contact with child, not in a romantic relationship with mother of child, Black Caribbean, 25-34 years old:

   'Getting information from birth registration is sneaky and messed up, going behind their back to check information and getting records, illegal.'

2. OHF interview, overnight stays with child, not in a romantic relationship with mother of child, Pakistani, 35-44 years old:

   'That could be a tricky one – if you are not on speaking terms with the mother or if you have had a bad break up, then the last thing you'll start talking about is about research, or about passing on information about the research… I never see my ex now, we have barely any contact, very little. The last thing I would want to do is have a conversation with her. I think it would be very, very difficult therefore for them [CLS] to get through to me through my ex.'

Implementation of findings in ELC-FS

Participant engagement

Several of the findings link to the messaging and information required in our participant-facing materials. For example, across the two study groups, findings suggested that **clear information on the benefits and value of the study** would encourage participation. This included the societal value of the study, financial incentives, a clear message about the importance of hearing from a diverse range of families/ parents, and that all data will be treated confidentially and securely.

We also learned that **inadequate reassurances could generate concern about participation**, for example clarifying the exact nature of the activities (for example both groups queried whether the child would need to be present and involved in the interviews/data collection and were hesitant about the purpose of saliva samples); reassurance about confidentiality (for example for OHFs whether responses will be shared with the child's mother and for LIF/EMFs about answering sensitive questions in front of family members); and describing what a face-to-face interview will involve (for example OHFs wanted clarity about whether they would need to be interviewed with the child's mother present).

Linked to this, clarity that some topics will be asked and justification for asking them can be motivating for participants. For example, a clear rationale linking question topics to child development may encourage participation and support participants in understanding the purpose of the data collection. Within the two samples, LIFs/EMFs were motivated by the opportunity to talk about local service provision. Some OHFs were motivated by the opportunity to talk about their role in their child's upbringing. The latter finding is a complex one to implement as we also found that some OHFs found questions about their child to be difficult to answer or sensitive. Specific materials for OHFs which stress the importance of hearing from all fathers, regardless of their circumstances, could prove useful in overcoming this. Modifications to the questionnaire routing can also be used to minimise sensitivity, so that questions to OHF participants about their child can either be modified (for example more appropriate response options) or left out.

Receiving general and/or individual feedback about their child's development emerged as motivating for parents. **Clear expectations about what feedback participants will receive and the role of the interviewer** (for example there was an expectation among LIF/EMFs that interviewers could advise on child development issues, and among OHFs that they could advise on issues about co-parenting) will need to be set in study communications. This is crucial as no individual feedback will be given to participants in ELC-FS. Clarity regarding incentive amount and type will also be important as this will be motivating to some participants.

Fieldwork instructions and interviewer training

There will be a variety of sensitivities that ELC-FS will need to navigate. These include sensitive topics and activities, as well as suitable consideration of individual participants' backgrounds and circumstances. For LIF/EMFs, a **non-judgemental approach** to differences in parenting practices between communities (for example child diet) was thought essential. While interviewer matching by ethnicity/community group was not always sought (due to concerns about judgement), offering choice of interviewer gender could support engagement. For OHFs, a non-judgemental approach is important, particularly for how much time they spend with their child and their personal circumstances. Interviewer training on these family, cultural and religious sensitivities to ensure a non-judgemental attitude and use of language will be key for encouraging participation across family types. Related to this, ensuring non-judgemental language and phrasing in the instrument design itself will be essential.

Data-collection mode and interview scheduling

Lack of flexibility for when to take part is likely to be a key barrier for both LIF/EMFs and OHFs, owing to competing childcare responsibilities and long or shift working hours. For OHFs, there are particular sensitivities about whether the interview will need to occur with the child's mother present, and conducting an interview in their home where they may find it difficult to discuss their child in front of others (for example their own parents, house-sharers or a new partner). **Clear information about the time commitment** and the possibility of rescheduling interviews will therefore be required to engage diverse families. **Flexibility of mode** generating feelings of choice and control, and participation more broadly, will likely increase engagement.

Recruitment of OHFs

OHFs were concerned about how their participation could affect their relationship with their child's mother: whether their participation would cause tension, how consent for the child to participate would be negotiated, and whether the mother would act as a gatekeeper to their participation. As such, ELC-FS is pursuing using birth registrations as the sample frame to recruit fathers independently of the mother, but we are also developing a survey protocol for OHFs to manage sensitivities specific to this group. This includes how and when advance materials are sent to the two parents, how opting out works for the two parents, and how any potential safeguarding concerns (for any participants) can be raised with the study team.

Reflection on the qualitative research design

It is important to reflect on how the design of this study may have influenced participants' views. For example, attitudes towards the ELC-FS incentive amount (£10) are likely to have been influenced by the £40 participants received. Tailored recruitment materials outlining why ELC-FS wanted to hear from OHF and LIF/EMF groups may also have set expectations about the study's aims and interests. Similarly, we used intermediaries to seek participants' permission to share their contact details with the recruiter, whereas in ELC-FS, mothers might give contact details for OHFs without consulting them first. The recruitment strategy for this study may, therefore, have affected how OHFs felt about having their contact details shared without permission.

We also need to reflect on which participant voices may not be represented in this work. For example, while LIF/EMF participants met the criteria to be part of the low-income sample, they were able to hold these interviews using an internet connection or phone data, which some other low-income families may not have access to.

Conclusion

Overall, this qualitative work has pointed to a mix of potential motivations and barriers that can affect engagement of OHFs, LIFs and EMFs in ELC-FS. Broadly, ensuring clarity about expectations, flexibility regarding how participants take part, and sensitivity to individual circumstances in the ELC-FS protocol should encourage participation from these groups. Many of these findings are in line with widely considered good survey practice. For example, the findings relating to time constraints of families, stressing the value of the survey and clarity about the purpose of the data-collection should aid the participation of most families. Other findings are, however, more specific to the engagement of OHF and LIF/EMF groups, such as the choice of sampling frame and sensitivities relating to the circumstances of these families. Findings from this work are now being considered to ensure the ELC-FS scientific content will be engaging, encourage recruitment from a diverse range of families, and understand how best to collect data from them. While these research findings specifically focus on attitudes relating to participating in ELC-FS, they may also be useful to other studies looking to engage similar groups and to maximise inclusivity in survey research more widely.

The full article is available to read on the **ELC-FS study website**.

References

Anderson, S., Bradshaw, P., Cunningham-Burley, S., Hayes, F., Jamieson, L., MacGregor, A., Marryat, L. and Wasoff, F. (2007). Growing up in Scotland: a study following the lives of Scotland's children. http://www.gov.scot/publications/growing-up-scotland-study-following-lives-scotlands-children/

Bradford, S. (2022). Birth characteristics in England and Wales 2020.

Bradshaw, P., Bromley, C., Hill, T., Mabelis, J., Parkes, A., Smith, K., Sweeting, H., Warner, P. and Wight, D. (2013). Growing up in Scotland Birth Cohort 2: results from the first year. https://dera.ioe.ac.uk/17356/7/00414641_Redacted.pdf

Daniels, J. L., Savitz, D. A., Bradley, C., Dole, N., Evenson, K. R., Eucker, B., Herring, A. H., Siega-Riz, A. M. and Thorp, J. M. (2006). 'Attitudes toward participation in a pregnancy and child cohort study'. Paediatric and Perinatal Epidemiology, 20(3), 260–266. 10.1111/J.1365-3016.2006.00720.X

Davis-Kean, P., Chambers, R. L., Davidson, L. L., Kleinert, C., Ren, Q. and Tang, S. (2018). Longitudinal studies strategic review: 2017 report to the Economic and Social Research Council.

de Leeuw, E., Hox, J. and Luiten, A. (2018). International nonresponse trends across countries and years: an analysis of 36 years of labour force survey data. https://doi.org/10.11587/IZNRQ5

Department for Work & Pensions. (2022). Children in low income families: local area statistics, financial year ending 2021. https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2021/children-in-low-income-families-local-area-statistics-financial-year-ending-2021

Franke, N., Rogers, J., Wouldes, T., Ward, K., Brown, G., Jonas, M., Keegan, P. and Harding, J. (2022). 'Experiences of parents whose children participated in a longitudinal follow-up study'. Health Expectations, 25(4), 1352–1362. https://doi.org/10.1111/HEX.13473

Garg, N., Round, T. P., Daker-White, G., Bower, P. and Griffiths, C. J. (2017). 'Attitudes to participating in a birth cohort study, views from a multiethnic population: a qualitative study using focus groups'. Health Expectations: An International Journal of Public Participation in Health Care and Health Policy, 20(1), 146. https://doi.org/10.1111/HEX.12445

Gill, P. S. and Redwood, S. (2013). 'Under-representation of minority ethnic groups in research — call for action'. British Journal of General Practice, 63(612), 342–343. https://doi.org/10.3399/BJGP13X668456

Godden, S., Ambler, G. and Pollock, A. M. (2010). 'Recruitment of minority ethnic groups into clinical cancer research trials to assess adherence to the principles of the Department of Health research governance framework: national sources of data and general issues arising from a study in one hospital trust in England'. Journal of Medical Ethics, 36(6), 358–362. http://dx.doi.org/10.1136/jme.2009.033845

Goldman, R., Bradshaw, P., Burgess, A. and Vosnaki, K. (2019). Recruitment and retention of birth fathers in split-off households: methodological considerations for cohort and longitudinal studies working paper.

GOV.UK. (2016). How low income is measured in households below average income. https://www.gov.uk/government/publications/how-low-income-is-measured/text-only-how-low-income-is-measured

GOV.UK. (2020). Families and households: ethnicity facts and figures. Households with dependent children by ethnicity. https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/families-and-households/latest#households-with-dependent-children-by-ethnicity

Groves, R. M. and Peytcheva, E. (2008). 'The impact of nonresponse rates on nonresponse bias: a meta-analysis'. Public Opinion Quarterly, 72(2), 167–189. https://doi.org/10.1093/POQ/NFN011

Hussain-Gambles, M., Leese, B., Atkin, K., Brown, J., Mason, S. and Tovey, P. (2004). 'Involving South Asian patients in clinical trials'. Health Technology Assessment, 8(42). https://doi.org/10.3310/HTA8420

Islam, S. and Small, N. (2020). 'An annotated and critical glossary of the terminology of inclusion in healthcare and health research'. Research Involvement and Engagement, 6(1), 1–9. https://doi.org/10.1186/s40900-020-00186-6

Jolly, K., Lip, G. Y., Taylor, R. S., Mant, J. W., Lane, D. A., Lee, K. W. and Stevens, A. J. (2005). 'Recruitment of ethnic minority patients to a cardiac rehabilitation trial: the Birmingham rehabilitation uptake maximisation (BRUM) study' [ISRCTN72884263]. BMC Medical Research Methodology, 5(1), 1–6. https://doi.org/10.1186/1471-2288-5-18

Keeble, J., Clemens, S. and Gilby, N. (2015). Life study: qualitative work with lone mothers: exploring options for contacting non-resident fathers. https://discovery.ucl.ac.uk/id/eprint/1485696/

Kiernan, K. (2006). 'Non-residential fatherhood and child involvement: evidence from the Millennium Cohort Study'. Journal of Social Policy 35(4), 651–669. https://doi.org/10.1017/S0047279406000122

Kiernan, K. (2016). Fathers and partners in life study: groundwork, outcomes and lessons. Available at: https://www.york.ac.uk/media/spsw/KKFathers%20and%20Partners%20in%20LS%20Report%20 to%20NF%2020816%20(1).pdf

Office for National Statistics. (2020). How face-to-face interviewer attitudes and beliefs moderate the effect of monetary incentive on UK Labour Force Survey response rates. https://www.ons.gov. uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/methodologies/ howfacetofaceinterviewerattitudesandbeliefsmoderatetheeffectofmonetaryincentiveonuk labourforcesurveyresponserates

Office for National Statistics. (2021). Proportion of children in lone parent families by ethnic group, England and Wales, 2019. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ families/adhocs/12947proportionofchildreninloneparentfamiliesbyethnicgroupenglandandwales2019

Opondo, C., Redshaw, M., Savage-McGlynn, E. and Quigley, M. A. (2016). 'Father involvement in early child-rearing and behavioural outcomes in their pre-adolescent children: evidence from the ALSPAC UK birth cohort'. BMJ Open, 6(11), e012034. https://doi.org/10.1136/BMJOPEN-2016-012034

Overy, C., Reynolds, L. and Tansey, E. (2012). History of the Avon Longitudinal Study of Parents and Children c.1980-2000 (C. Overy, L. Reynolds and E. Tansey, eds.). Queen Mary University of London.

Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K. and Leckman, J. F. (2014). 'Practitioner review: engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence'. Journal of Child Psychology and Psychiatry, 55(11), 1187–1212. https://doi.org/10.1111/JCPP.12280

Ramchandani, P. G., Domoney, J., Sethna, V., Psychogiou, L., Vlachos, H. and Murray, L. (2013). 'Do early father-infant interactions predict the onset of externalising behaviours in young children? Findings from a longitudinal cohort study'. Journal of Child Psychology and Psychiatry, 54(1), 56–64. https://doi.org/10.1111/j.1469-7610.2012.02583.x

Ritchie, J., Lewis, J., McNaughton Nicholls, C. and Ormston, R. (2014). Qualitative research practice: a guide for social science students and researchers (second edition). SAGE Publications.

Wallace, E., Gibb, J., Greene, V. and Joshi, P. (2013). Millennium cohort study participant engagement research. National Children's Bureau. Available at: https://cls.ucl.ac.uk/wp-content/uploads/2018/08/ MCS-Participant-Engagement-Research-National-Childrens-Bureau-2013.pdf

Wendler, D., Kington, R., Madans, J., van Wye, G., Christ-Schmidt, H., Pratt, L. A., Brawley, O. W., Gross, C. P. and Emanuel, E. (2005). 'Are racial and ethnic minorities less willing to participate in health research?' PLOS Medicine, 3(2), e19. https://doi.org/10.1371/JOURNAL.PMED.0030019

Making meaningful recommendations for policy and practice: reflections from the evaluation of Ask and Act

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Abstract

This article explores how the research process implemented in a Welsh Government-commissioned evaluation of Ask and Act contributed to making meaningful recommendations for policy and practice. Ask and Act is a type of training delivered across the public service in Wales to identify violence against women, domestic abuse and sexual violence. The article draws on reflections from the research team, including the principal investigator/contractor from Sheffield Hallam University, and Welsh Government social researchers and policy colleagues. It concludes with five key considerations and associated questions to support those planning and undertaking similar research projects or evaluations.

Funding acknowledgement

Background

The evaluation

In September 2020, the Welsh Government commissioned Sheffield Hallam University and Sonnet Advisory and Impact to undertake a process and outcomes evaluation of Ask and Act. Ask and Act is a process of targeted enquiry to be practised across the public service to identify violence against women, domestic abuse and sexual violence. The Welsh Government's national strategy on violence against women, domestic abuse and sexual violence (VAWDASV) 2016-2021 sets out a commitment to train relevant professionals to provide effective, timely and appropriate responses to victims and survivors. Ask and Act is an example of this type of training. Welsh Women's Aid was contracted to develop and deliver the training materials which were piloted in two organisations in 2016 with further sites joining the pilot in 2017. A 'train-the-trainer' model was implemented which provides accredited training enabling learners to 'ask and act' and to plan and deliver Ask and Act awareness training in their organisations. Since the pilot, Welsh Women's Aid continues to roll out the training across Wales. As of April 2022, 16,931 people have received Ask and Act training. An evaluation of the rollout of training in health boards was undertaken in 2020. This revealed a high level of commitment and priority given to the delivery of Ask and Act training, while also identifying challenges in measuring impact and ensuring consistency of delivery across Wales. However, there was a need to conduct a full independent evaluation to include perspectives from other public services delivering the training (such as local authorities and the fire and rescue service).

The aims of the evaluation were:

◗ to explore the effectiveness of the implementation of the training to date

◗ to explore the impact of the Ask and Act training on individuals and consequently,
   to assess how successful it is in meeting the aims of Ask and Act

The contract manager for the evaluation was a Welsh Government social researcher who is guided by the Government Social Research (GSR) code which sets outs the professional standards of GSR (UK Government, 2018). In order to ensure these standards are met, social researchers at Welsh Government work within a six-stage quality assurance framework (QAF). Communication considerations and research impact, which is stage six of the QAF, suggests holding a project review and closure meeting and submitting an article to *Social Research Practice*. At the end of the project, the contract manager arranged a closure meeting with the contractors (Sheffield Hallam University), and Welsh Government officials including VAWDASV policy colleagues and the head of social justice research. Honest reflections were shared at the closure meeting about what worked well, performance and deliverables against timetables, and how the evaluation's recommendations were being used or would be used. This meeting initiated the focus for this article.

Overview of literature

A substantial body of literature focuses on evaluation theory and methodological frameworks. This literature provides useful insights on designing effective process and impact evaluations, and guidance on communicating results and implementing recommendations. The principles outlined in this literature underpinned, and are evident in, our approach to this evaluation and are discussed in the following sections.

Donald Kirkpatrick's extensive work provides a model for evaluating the effectiveness of training programmes/initiatives (Kirkpatrick and Kayser Kirkpatrick, 2016). The model consists of four levels: reaction, learning, behaviour and results, with successive levels of the model indicating greater levels of effectiveness of the training (Kirkpatrick and Kirkpatrick, 2015).

Reynolds et al (2014) share lessons learned from evaluating complex health interventions. The authors highlight the importance of shared understanding across the research team of how each member will contribute to the aims of the project and the facilitation of ongoing communication, collaboration and reflection across the team throughout.

The importance of developing effective relationships between the evaluation team and the commissioner to ensure the success of an evaluation is highlighted by Fox et al (2016). They also discuss the benefits of evaluators being aware of organisational contexts and dynamics in order to carry out an effective process evaluation. Finally, they argue for the value of devoting a substantial amount of time to the generation of recommendations, with involvement from key stakeholders who will be using them.

Phoenix et al (2019) focus on the question of effectively communicating research findings and recommendations to influence policy. They highlight the importance of adapting presentation and communication styles to the audience; developing and maintaining relationships with policymakers; ensuring the research is relevant to policymakers; and using 'windows of opportunity'.

Purpose of the paper

This article aims to examine in more detail how the research process in this evaluation contributed to making meaningful recommendations for the development of Ask and Act. In order to achieve this, we reflect on the impact of the whole research process, including the commissioning stage, the methodological approach of the evaluation, publication of the final report and implementation of the recommendations. We aim to highlight good practice in developing and presenting useful recommendations, particularly in GSR reports. We hope the five key considerations and associated questions in the conclusion are useful for others when planning and undertaking similar research projects or evaluations to ensure recommendations for policy and practice are helpful and meaningful, and make a positive contribution to evidence-informed policymaking.

Methodology

The evaluation used a combination of qualitative and quantitative research methods and included both primary data collection and secondary data analysis. The key stages of the evaluation are shown in Table 1.

Table 1: Stages of evaluation		
Inception	Pre-stage 1: commissioning	◗ Research specification developed by Welsh Government social researchers ◗ Competitive tender process
	Stage 1: scoping	◗ Qualitative interviews (x10) with strategic stakeholders ◗ Identification of secondary data ◗ Observations of training sessions (x3)
Process and outcome evaluation	Stage 2: secondary data analysis	◗ Including training materials, monitoring tools, evaluation reports and delivery data
	Stage 3: workshop	◗ Half-day online workshop with six participants experienced in delivering Ask and Act training
	Stage 4: interviews	◗ In-depth interviews (x42) with individuals involved in co-ordinating, delivering or participating in Ask and Act training ◗ Including professionals in a range of roles, such as training leads, trainers and learners from local authorities, health boards and third-sector specialists across Wales
	Stage 5: survey	◗ Online survey to collect large-scale data on the outcomes of Ask and Act ◗ 382 responses
	Stage 6: analysis and reporting	◗ Transcription of interviews and thematic analysis. Analysis of survey data ◗ Outputs: Full report, executive summary and slide deck of key findings: www.gov.wales/evaluation-ask-and-act
	Stage 7: next steps	◗ Implementation of recommendations

Key findings

Key findings from the process and outcomes evaluation include:

Process evaluation

◗ The delivery of Ask and Act is complex. Common challenges to effective delivery relate to capacity of staff to attend and deliver training, and turnover of staff.

◗ Allocation of business and administration support in co-ordinating the training was valuable, as well as collaboration and co-delivery with third-sector specialists in VAWDASV.

◗ There was overwhelming agreement on the need for Ask and Act. Respondents recognised the gap that the training filled and the need to prioritise this. The 'train-the-trainer' model of delivery was generally supported.

◗ The importance of continued funding from Welsh Government for Ask and Act was highlighted in order to maintain delivery of training.

◗ Monitoring and evaluation of the training is challenging, particularly when training is delivered online. The development of processes and systems to enable consistent and ongoing monitoring is important.

Outcomes evaluation

◗ Ask and Act training had several positive impacts including increasing knowledge and awareness of the signs and symptoms of VAWDASV and different forms of VAWDASV. Confidence in 'asking and acting' was also improved following training.

◗ Significant numbers of respondents reported that they had provided direct support for survivors or potential survivors following their training, and a small number had been able to disclose VAWDASV that they themselves had experienced.

◗ Ask and Act is influencing the culture relating to VAWDASV in organisations, with impacts on supporting more survivors, ensuring survivors have more positive experiences when disclosing VAWDASV, and increased awareness of, and support for, VAWDASV at an organisational level.

◗ Ways in which Ask and Act could be improved were identified, including filling gaps in training content, which would help trainers to feel confident in delivering training. However, delivering training alongside specialists and the ability to adapt the training package to suit different organisations, was found to be helpful.

◗ The Covid-19 pandemic had a considerable impact on the rollout of Ask and Act training, resulting in a delay while training moved online. Most have adapted well to this. However, interaction with the training content was reported to be lower, and additional safeguards were put in place to support participants remotely. On the other hand, online delivery made the training more accessible, removing travel time and expenses, and being more convenient for attendees.

◗ The key findings indicate effectiveness across three levels of the Kirkpatrick model (Kirkpatrick and Kirkpatrick, 2015), for example, through support of the model of training (level 1: reaction), increased knowledge and awareness of the subject (level 2: learning) and providing support following training (level 3: behaviour). Longer-term monitoring, as suggested in the recommendations, is needed to identify the effectiveness of the programme at level 4 of the model (results).

Discussion

This section explores key factors to consider in enabling the development of meaningful and deliverable recommendations. We provide examples from the Ask and Act evaluation to explore how the design and methodological approach of an evaluation alongside effective partnership working throughout can maximise the effectiveness of evaluations, and ensure that the resulting recommendations are as useful as possible. We highlight learning that could be applied to projects of a similar nature.

Working in partnership

As highlighted in the overview of literature, development of effective relationships and shared understanding between the researchers and commissioners are crucial to the success of the evaluation (Reynolds et al, 2014, Fox et al, 2016). This was a central consideration in our evaluation approach.

Communication and shared understanding

The invitation to tender (ITT) and brief for the evaluation from the Welsh Government clearly set out the rationale for the evaluation, including detailed information on the policy and historical context for Ask and Act; the process of development, piloting and rollout of the programme; and the aims and objectives underpinning it. The brief also included research questions and sub-questions alongside suggested methods to shape the evaluation.

In particular, the suggestion in the ITT of an initial scoping phase proved to be a crucial element of the evaluation. This reflected a recognition of the complexity of the programme and the need for the contractor to gain a deeper understanding of the context, structure and processes underpinning Ask and Act in order to undertake an effective evaluation.

At the start of the contract, a point of contact for the Welsh Government (research manager) and Sheffield Hallam University (principal investigator) was established and maintained throughout. This ensured clear communication and shared expectations and understanding. Monthly meetings involving the wider teams provided regular opportunities to share emerging findings and progress updates. This ensured that the evaluation stayed on track and that any issues were resolved as they emerged. The development of these relationships and communication channels also meant that, when there was a change of contract manager at the Welsh Government, the evaluation was able to continue unaffected.

This strategy of ongoing regular communication maximised the impact and success of the evaluation. For example, following the scoping stage, a meeting was held to discuss the recommendations and approach outlined in the interim report, enabling feedback and agreement of ongoing aims and research activities. Similarly, when the survey was live, the team met to consider how to boost response rates, and actions were agreed. Regular meetings also helped to identify opportunities to use the emerging evaluation findings at an important and time-sensitive stage of policymaking, for example, providing emerging evidence to inform the consultation on the VAWDASV strategy under the new Programme for Government in early 2021.

Relationship-building

The evaluation was designed with a strong focus on relationship-building from beginning to end to facilitate the success of the project. The close collaborative working relationship between the Welsh Government and the research team within Sheffield Hallam University meant that VAWDASV professionals and other stakeholders were quickly engaged, and all parties were able to communicate and express their views with confidence, and to develop or build upon existing working relationships.

During the scoping stage, conducting interviews with key strategic stakeholders generated support for research activities at later stages. For example, Welsh Women's Aid colleagues provided access to secondary data, such as training materials, and allowed the contractors to attend various training

sessions to observe the training first-hand. The contractors attended quarterly steering group meetings where emerging issues and experiences from across the regions were brought together and discussed. This helped them to understand the context in which the training was being delivered and to stay informed and up to date on programme developments and pertinent information about the rollout of the training. Through attendance at these meetings, relationships were also developed with the Welsh Government and relevant authority colleagues who later supported evaluation activities, for example through recruitment of interviewees, distribution of the survey, and reviewing and piloting research tools.

This engagement between the contractors and stakeholders from the outset was key to the success of the evaluation, particularly as the nature and high volume of work in the VAWDASV sector means that approaching and communicating with professionals with sensitivity is especially important.

Evidence-based staged approach

Answering the research questions

Each of the research activities was mapped to the research questions to ensure the questions were fully addressed by the evaluation and to provide a clear structure and rationale for the activities.

The evaluation used a staged approach (see Table 1). Data collected at each stage of the evaluation was used to inform and shape the following stages to ensure the robustness, validity and sensitivity of the evaluation. For example, findings from the scoping stage (stage 1) were presented in an interim report, and included evidence-based recommendations for the following stages. The evaluation plan was updated and refined outlining the proposed methodology and emerging areas of focus. A detailed sampling framework and recruitment strategy for the interviews and survey were presented at this stage. Draft topic guides and survey questions were then developed based on these findings and discussions with the Welsh Government.

Flexibility

The staged approach of the evaluation allowed for flexibility and adaptability of the research design and methods, and included clear milestones at which these were revisited, developed and refined based on emerging findings. For example, survey questions were carefully developed based on findings from research activities in all previous stages. Knowledge and evidence accumulated throughout the evaluation meant the research team could be confident that survey questions and answer options would be meaningful and relevant to respondents, and would effectively address the research questions.

Development of the recommendations

Once the data had been analysed and discussed in detail in the findings section of the final report, the contractors collated and summarised the findings under each of the research questions, forming a conclusion section. This allowed for identification of areas where the Ask and Act programme was performing well and/or having impact, as well as gaps and areas for improvement, with both being crucial in the development of recommendations.

For example, findings relating to research question 1: 'How effective is the delivery of Ask and Act across the relevant authorities?' highlighted common challenges faced in the delivery of the training. Some challenges related to capacity and logistics of the training schedule. Recommendations aiming to address these challenges included:

> Recommendation 3: more flexibility for relevant authorities in accessing Ask and Act training in response to specific relevant authorities' level of demand/capacity to deliver and/or need to train additional trainers. For example, providing a rolling training programme allowing relevant authorities to book individuals on to training outside the scheduled training programme rollout to ensure organisations can maintain a pool of active trainers.

> Recommendation 4: continuation of some online training sessions to enable greater flexibility and remove geographical barriers to attendance.

As well as addressing challenges, the recommendations also focused on areas of strength of the Ask and Act programme that should be continued. For example, participants commonly highlighted the importance and value of co-delivery with third-sector specialists. A recommendation relating to this finding was, therefore, included:

> Recommendation 1: continued and additional support and funding from Welsh Government for relevant authorities to enable organisations to allocate greater resources (staff time for trainers and administration) to the programme and secure support from specialist partners.

Collaboration/co-production of recommendations

As the literature suggests, it is important to involve key stakeholders in the development of recommendations to ensure they are meaningful and effective (Fox et al, 2016). So, consideration of recommendations started early on in the research process with the requirement for 'actionable recommendations' in the final report being clearly expressed in the research specification (pre-stage 1). The production of recommendations was also a key objective for both the process and outcome evaluation. For example, one of the objectives for the process evaluation was to review existing monitoring information and data availability in order to provide recommendations for future monitoring of the programme. One of the objectives for the outcome evaluation was to explore the effectiveness of Ask and Act and to provide recommendations for improvements to Ask and Act training.

At stage 6 of the evaluation, the report writing stage, the recommendations were drafted and presented under the following themes: 1) delivery and rollout 2) course content and training materials and 3) evaluation. Subheadings were included under each theme and recommendations were presented in bullet points underneath these.

A team meeting was held at this stage. This focused on the presentation and communication of recommendations in the report to ensure ease of dissemination and use by various Welsh Government officials following publication. Following this, the recommendations were re-packaged and sharpened under each theme, with the subheadings removed and numbered bullet points included instead. For more complex recommendations, or where further specificity or examples were needed, the recommendation was divided into sub-sections (a, b, c and so on).

As well as discussing the visual presentation of the recommendations, we discussed increasing the specificity of recommendations to ensure they were actionable. For example, one of the recommendations within the 'evaluation' theme was originally presented as:

> 'Ongoing monitoring and evaluation nationally to monitor longer-term outcomes'.

On reading the first draft, the contract manager asked the principal investigator: 'Do you have any suggestions about how to do this?' The contractor responded with practical suggestions, revising the recommendation to:

> 'Ongoing monitoring and evaluation nationally to monitor longer-term outcomes, including through development of template data-collection tools (for example a shorter version of the survey used in this evaluation) to enable more consistent data collection and inclusion of Ask and Act on national indicators which local authorities are required to report on.'

This is a good example of how the positive relationships formed among the team early on enabled open dialogue and effective partnership working during this stage. Moreover, the research team was patient throughout the research process with the development of the recommendations, and allocated sufficient time to ensuring their usefulness and accessibility.

Implementation of recommendations

Fifteen recommendations were included in the final report. This section highlights some examples of how recommendations from each theme have been implemented in policy and practice following publication of the report.

Many of the recommendations will be incorporated within the new contract specification (awarded in autumn 2022) and the revised Ask and Act guidance: **https://gov.wales/ask-and-act-guidance-addendum-html**. This independent evaluation of Ask and Act was crucial to informing any changes to the Ask and Act programme. Welsh Government officials thought that the recommendations were clear and concise. This allowed policy colleagues and VAWDASV professionals a clear direction for the changes that were needed to improve delivery of the Ask and Act programme.

As highlighted above, some recommendations focused on the need for continued support and funding from the Welsh Government to enable sufficient resources to be allocated by relevant authorities to effectively deliver the training. The Welsh Government has committed to continuing funding for a further three years to support the delivery of training (including the Subsidy Grant which enables authorities to bring in specialist organisations to support training). In response to a number of recommendations, the Welsh Government is also implementing some changes to processes and guidance to enable more flexibility and effective planning in the delivery of training. For example, relevant authorities will be able to offer online and/or in-person training to best suit their needs. Pan-Wales train-the-trainer sessions will also be offered, meaning that regions will not have to wait for local sessions to train trainers. Additionally, refresher training will be available to ensure trainers are able to keep their skills up to date and to feel confident in delivering training.

Some recommendations have not yet been taken forward but will be listed as a requirement in the new contract. These include changes and developments to the Ask and Act training materials. Other recommendations will require further work due to the need for wider engagement with policymakers beyond the Ask and Act programme.

Conclusion

This article has discussed how the research process can support making meaningful recommendations in evaluations of government programmes or initiatives. The article examined the research process by drawing on reflections from the research team, including the principal investigator/contractor, and Welsh Government social researchers and policy colleagues.

Despite the numerous stages and stakeholders involved in the evaluation, a key enabling factor for the success of the project was the shared consensus and overall support for the aims of Ask and Act (improving identification and support for victims and survivors of VAWDASV).

We conclude with five key considerations and associated questions for commissioners and contractors to support them in producing meaningful and deliverable recommendations.

1. **Ensure the requirements for recommendations are clearly communicated at the beginning of the research process and that this requirement is reflected in the design and methodology of the evaluation.**

   Questions:

   ◗ What is the purpose of the evaluation? How will the findings be used?

   ◗ Are the requirements for the recommendations clearly communicated?

   ◗ Is there a rationale for why the recommendations are needed?

   ◗ To what extent will the design and methodology help to produce meaningful recommendations?

2. **Build in time to develop positive relationships and networking opportunities early on. Ensure there is ongoing dialogue and collaboration between the research team (for example contractors, commissioners) and wider stakeholders, and within the research team itself.**

   Questions:

   ◗ Has a key point of contact from the commissioner and contractor side been identified? Who should this be? How will you communicate? How frequently? What are the requirements in terms of progress updates, milestones and so on?

   ◗ How can the wider members of the team be engaged effectively, that is kept up to date with progress and able to contribute and support but not be overburdened?

   ◗ Are you aware of any relevant networks or stakeholders who could support the evaluation? What opportunities are there for the contractors to engage meaningfully with these stakeholders from an early stage of the evaluation?

3. **Consider utilising a staged approach to allow flexibility and integration of evidence-based recommendations into later stages of the evaluation. Revisit the research questions regularly to ensure they are being addressed by the methods and that they continue to be relevant to the aims of the evaluation.**

   Questions:

   ◗ How will the design and methodology allow the research questions to be addressed?

   ◗ Are the methods producing data that addresses the research questions?

   ◗ To what extent is there flexibility in the design to adapt the methods or the focus of research questions as the evaluation progresses? Are there clear and agreed opportunities for flexibility in the research design?

4. **Consider how recommendations could be co-produced (that is through collaboration between contractor and commissioner) to maximise their usefulness.**

   Questions:

   ◗ Are the recommendations specific enough to enable implementation? Can they be refined? Can the recommendations be grouped or themed?

   ◗ Who will be implementing the recommendations? How will they be shared to reach the most appropriate person?

   ◗ Is the target audience clear?

   ◗ Are the recommendations presented in a way that will be user-friendly to those implementing them?

5. **Appreciate and acknowledge the context and roles of the research team throughout the research process to ensure the overall success of the project.**

   Questions:

   ◗ In what ways do you develop an awareness of others' priorities, workloads and expertise? How do you acknowledge these and ensure they are respected?

   ◗ Are there clearly defined roles and responsibilities for the project team? Is there a shared understanding of expectations? How are these managed and maintained?

   ◗ How do you maintain boundaries between the commissioner and contractor to ensure the findings and recommendations are evidence-based and robust (for example objective, independent and ethical)?

References

Fox, C., Grimm, R. and Caldeira, R. (2016). An introduction to evaluation. Sage Publications Ltd: London.

Kirkpatrick, J. and Kirkpatrick, W. (2015). 'The four levels of evaluation – an update'. Learning and Development, 32(1502).

Kirkpatrick, J. D. and Kayser Kirkpatrick, W. (2016). Kirkpatrick's four levels of training evaluation. ATD Press.

Phoenix, J. H., Atkinson, L.G. and Baker, H. (2019). 'Creating and communicating social research for policymakers in government'. Palgrave Communications, 5(98): 1-11.

Reynolds, J., DiLiberto, D., Mangham-Jefferies, L., Ansah, E.K., Lal, S., Mbakilwa, H., Bruxvoort, K., Webster, J., Vestergaard, L.S., Yeung, S., Leslie, T., Hutchinson, E., Reyburn, H., Lalloo, D.G., Schellenberg, D., Cundill, B., Staedke, S.G., Wiseman, V., Goodman, C. and Chandler, C.I.R. (2014). 'The practice of 'doing' evaluation: lessons learned from nine complex intervention trials in action'. Implementation Science 9(75).

UK Government. (2018). The government social research code – people and products. Available at: https://www.gov.uk/government/publications/the-goverment-social-research-code-people-and-products