

Better Start Bradford Innovation Hub Incredible Years - Toddler End of Contract Report October 2021

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the Barnardo's Incredible Years teams. The document provides an overview of the Incredible Years - Toddler project, its performance and findings from the implementation evaluation. Findings from a 'before and after' evaluation of are also detailed. The report provides a summary of data collected by the project between 1st September 2018 and 30th June 2021. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB.

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Produced for Better Start Bradford

Executive Summary

Project Summary

Incredible Years - Toddler (IY-T) is in the Social and Emotional Development theme of Better Start Bradford (BSB). The project is delivered universally in the BSB area. IY-T aims to improve parent-infant relationships and attachment by using positive parenting strategies. It is aimed at parents, grandparents and carers that have a child aged between 12-36 months. The course covers 8 key topics such as 'social and emotional coaching' and 'the art of praise' which are delivered through two-hour sessions over 13 weeks by two trained group facilitators who promote peer support and shared learning.

Group facilitators are required to attend an initial 3 day training in the programme. However, best practice promoted by the developer of Incredible Years suggests that the group leaders should also engage in regular supervision and pursue official accreditation. The accreditation process is rigorous, requiring group leaders to provide evidence of delivery including video footage of sessions and various forms and checklists. Barnardo's group leaders have been engaging in both supervision and the accreditation pathway.

This report summarises the BSBIH's evaluation of the implementation of the IY-T project alongside a before and after evaluation. The report is based upon data collected by the project provider, Barnardo's, over the first two years and ten months of delivery - 1st September 2018 to 30th June 2021. It should be noted that due to the Covid-19 pandemic, the delivery of face to face groups had to be paused between March-September 2020 in line with Government guidance. The targets have been adjusted to account for this pause and change the mode of delivery. The challenges faced by the provider in moving to online delivery should be taken into account in the interpretation of this report.

Plans for Evaluation

This project was initially identified by the BSBIH as suitable for an implementation evaluation and before and after evaluation (see BSBIH Framework for Monitoring and Evaluating BSB Projects for evaluation categories). Following a review of interim evaluation findings, consideration of project performance, and the considerable evidence gap for parenting programmes for children under 3 years, the BSBIH has selected IY-T as suitable for an effectiveness evaluation.

A pilot quasi-experimental evaluation (QED) commenced in June 2021. Findings from the pilot QED will be reported in December 2021. If IY-T is recommissioned there are a number of options for continued effectiveness evaluation, ranging from a full scale QED to a Trial within Cohort study (TwiCs).

If a QED study was to continue following the pilot, data will be used from 01/09/2018 until the target sample size is reached with the final report being prepared with post intervention outcomes in 2023. If the decision is made to commence a pilot TwiCS, data will be used from 01/04/2022 with the final report with post intervention outcomes in 2024. Timelines for TwiCs would be contingent on the time it takes to obtain NHS ethics and HRA approval. We might seek to explore longer term outcomes for participants, using data collected at school entry. These analyses would be supplementary and unlikely to be reported before the end of the Better Start Bradford programme.

Full details of the enhanced evaluation can be found in the Evaluation Plan Summary document or protocol which will be made available on request.

Executive Summary

Project Summary

Data



Data was made available on time for this report. We can see that the project have worked on their data quality, and ensured completeness, it's important for future evaluation to continue to do this. For this reason the rating for this project is **GREEN**.

Recruitment



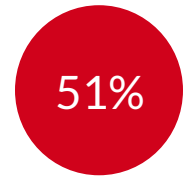
Recruitment targets relate to the number of parents and caregivers enrolled. It was anticipated that 467 parents and caregivers would enroll over the evaluation period. The actual figure was 228 (49% of the target) placing the project in **RED** for this progression criteria.

Implementation



Implementation targets relate to the number of mentoring sessions delivered. It was anticipated that 17 mentoring sessions would be delivered over the evaluation period. 20 sessions were delivered (118% of the target) placing the project in **GREEN** for this progression criteria.

Completion



Completion targets relate to the number of parents and caregivers completing an IY-T course. It was anticipated that 215 parents and caregivers would complete during the evaluation period. The actual figure was 110 (51% of the target), placing the project in **RED** for this progression criteria.

*See Appendix (Page 13) for progression criteria cut-offs

Key Findings

Participation: Although some progression criteria have not been met, 110 families in the BSB area have received a full dose of IY-T. During the pandemic, IY-T facilitators supported families in creative ways, providing practical support while bringing in key concepts from the course wherever possible.

Fidelity: The quality of IY-T implementation and delivery has been very high. Facilitators have engaged well with supervision and the accreditation process. High levels of fidelity to the IY-T design and manual have been achieved and maintained during online/zoom delivery. This is also reflected in parents' feedback about the contribution of facilitators to the quality of their experience.

Outcomes and experiences: Findings suggest that outcomes for participating families are moving in line with the project's theory of change and logic model. As expected for a universal preventive project, most families experience low levels of parent mental health difficulties and low levels of child social and emotional difficulties at the start of the course and this remains the case at the end of the course. Parents and caregivers perceive wide-ranging benefits from engaging with the course including positive changes to their parenting practice and improved relationships with their children. Parents also report finding the opportunity to share with and learn from other parents immensely valuable, and some of them have developed supportive relationships with each other that extend beyond the duration of the course.

Recommendation 1 Consider ways to boost referrals and enrolment

Work is needed to explore how rates of referrals and the conversion from referral to enrollee can be improved. There may be opportunity through the planned effectiveness evaluation to strengthen referral pathways into the project. The project should look to identify any other strategies that may promote engagement and work with the BSBIH to find the best ways to capture reasons why referrals do not become enrollees.

Recommendation 2 Continue engaging with supervision and accreditation

IY-T has been delivered in line with best practice set out by the developer of the course; this has contributed to very high quality delivery. We recommend that the project continues to support facilitators via supervision; however they may wish to discuss options for revising frequency and format with the IY mentor.

Recommendation 3 Implement strategies to improve completion of outcome data

Continue efforts to increase the numbers of parents and carers completing outcome data pre and post course. This includes those who do not complete the course. Some concerns have been raised by the project about the appropriateness of the tools used to measure key outcomes, these should be reviewed in partnership with the BSBIH.

Project Performance

Data



Data was made available on time for this report. We can see that the project have worked hard to improve data quality and completeness, it is important for future evaluation to continue to do this. We can see progress has been made in relation to the use of a clear and consistent naming convention for courses, however some further improvement is still needed (manual cleaning was needed to pull this report together). Nevertheless it is great to see the improvements in both quality and completeness. For this reason the rating for this project is **GREEN**.

Recruitment

Year 1 Year 2 Year 3



% of target met

Annual recruitment targets relate to the number of parents and caregivers enrolled onto the project. This is defined as being seen face to face in at least one pre-course contact and booked on a course. It was anticipated that the project would enroll 600 parents and caregivers during the 3 year contract; 200 per year. Allowing for an evaluation period of 2 years 10 months and pause in delivery, this has been adjusted to an overall figure of 467; 200 in Year 1, 100 in Year 2 and 167 in Year 3.

In Year 1, the project enrolled 111 parents and caregivers (56% of the target). In Year 2, 66 parents and caregivers were recruited (66% of the target). In Year 3, 51 parents and caregivers were enrolled (31% of the target). This means the project was rated as **RED** each year.

Implementation

Year 1 Year 2 Year 3
83% 117% 160%



% of target met

Annual implementation targets relate to the number of mentoring sessions for group facilitators. Mentoring, or supervision, sessions are opportunities for learning and reflection for group facilitators, run by certified IY mentors. The project had a target of delivering 18 mentoring sessions, with 6 sessions being held each contract year. From April 2020, mentoring sessions moved online, they continued through the pause in service delivery. Allowing for the evaluation period of 2 years 10 months this target was adjusted to 17, 6 in Year 1, 6 in Year 2 and 5 in Year 3.

In Year 1, 5 mentoring sessions were delivered, (83% of the target). In Year 2, 3 in person sessions and 4 online sessions were delivered (117% of the target). In the first 10 months of Year 3, 8 online mentoring sessions were delivered (160% of the target). This means the project was rated as **AMBER** Year 1 and **GREEN** in Years 2 and 3. 5 mentoring sessions were cancelled, the majority of these were due to Covid-19 (n=3). No mentoring sessions were cancelled before March 2020.

Completion

51%

% of target met

Completion of the IY-T programme is defined as attending a minimum of 8 of the 13 course sessions. It was anticipated that 92 parents and caregivers would complete the course each year, giving an overall target of 276. Adjusting for the evaluation period and pause in delivery this was adjusted to 215; 92 in Year 1, 46 in Year 2 and 77 in Year 3.

110 parents and caregivers completed the course; 50 in Year 1 (54% of the target). 27 in Year 2, (59% of the target), 33 in Year 3 (43% of the target). This means the project was rated **RED** each year for this progression criteria.

Recruitment

How many parents and caregivers were referred?

% of anticipated referrals received



440 referrals were recorded between 1st September 2018 and 30th June 2021. Of these referrals, 437 were unique referrals meaning 3 people had been referred more than once.

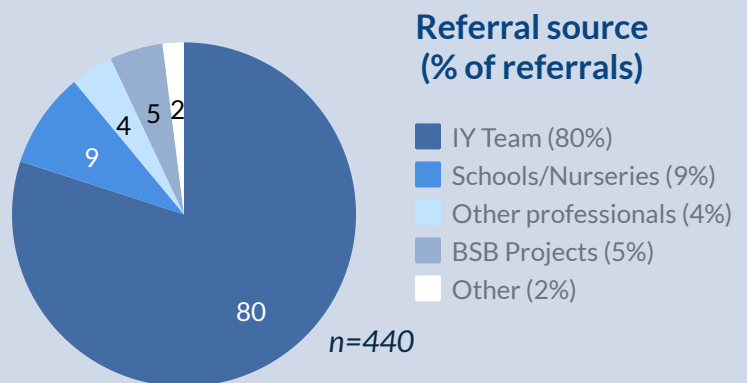
In year 1, 305 referrals were received, which is 127% of the anticipated number. 87 referrals were received in year 2, 73% of the anticipated number. In the first 10 months in contract year 3, 45 referrals were received, 23% of the anticipated number.

152 (35%) referrals were ineligible or inappropriate. The most common reason recorded was the child is too old (n=54). Of the 288 eligible referrals 53 (18%) referrals declined further service.

Where do referrals come from?

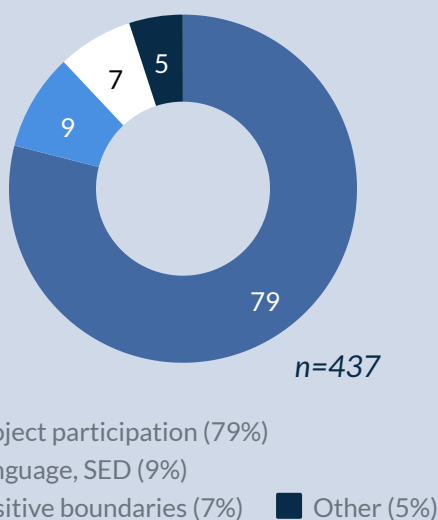
The most common referral source was the IY Team (n=352, 80%) highlighting the success of their community engagement activities. The second most common referral source was schools/nurseries (n=40, 9%).

'Other professionals' were grouped together for this report due to low numbers (n=16, 4%), this category includes social workers, health professionals and Early Help practitioners.



Why are parents and caregivers referred to the project?

Reason for referral (% of referrals)



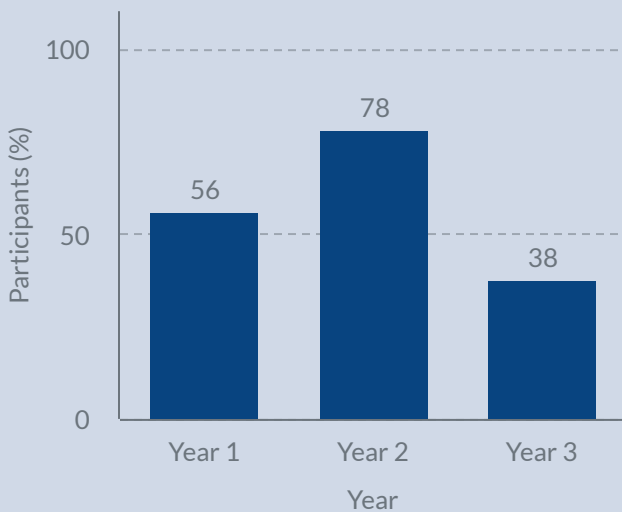
IY-T is a universal project, and as such does not target specific families. When a referral is made into the project the reason for referral is captured which reflects any specific needs identified at the point of referral. If a need is not identified then 'project participation' is selected as the reason.

The most common reason for referral was 'project participation' (n=347, 79%). The second was to encourage language, social and emotional development (SED) (n=39, 9%). 32 (7%) parents and caregivers were referred into IY-T to receive support to implement positive boundaries. The 'other' category (n=19, 5%) here includes Attachment and Separation, and Establish Clear Routines. These have been grouped as the number of referrals here was too low to report separately.

Participation and completion

How many parents and caregivers participated?

Participants (% of anticipated target)



Participation is defined as attending at least one course session. Of the 228 parents and caregivers who enrolled onto the programme, 202 (89%) went on to participate. This represents 54% of the adjusted anticipated number (373).

In Year 1, 90 parents or caregivers participated (56% of the anticipated number). In Year 2, 62 parents and caregivers participated (78% of the anticipated number). In Year 3, 50 parents and caregivers participated (38% of the anticipated number).

Participants attended an average of 7 course sessions out of a possible 13.



average number of sessions parents & caregivers attended

How many went on to complete the project?

Performance against completion targets has already been reported on page 3.

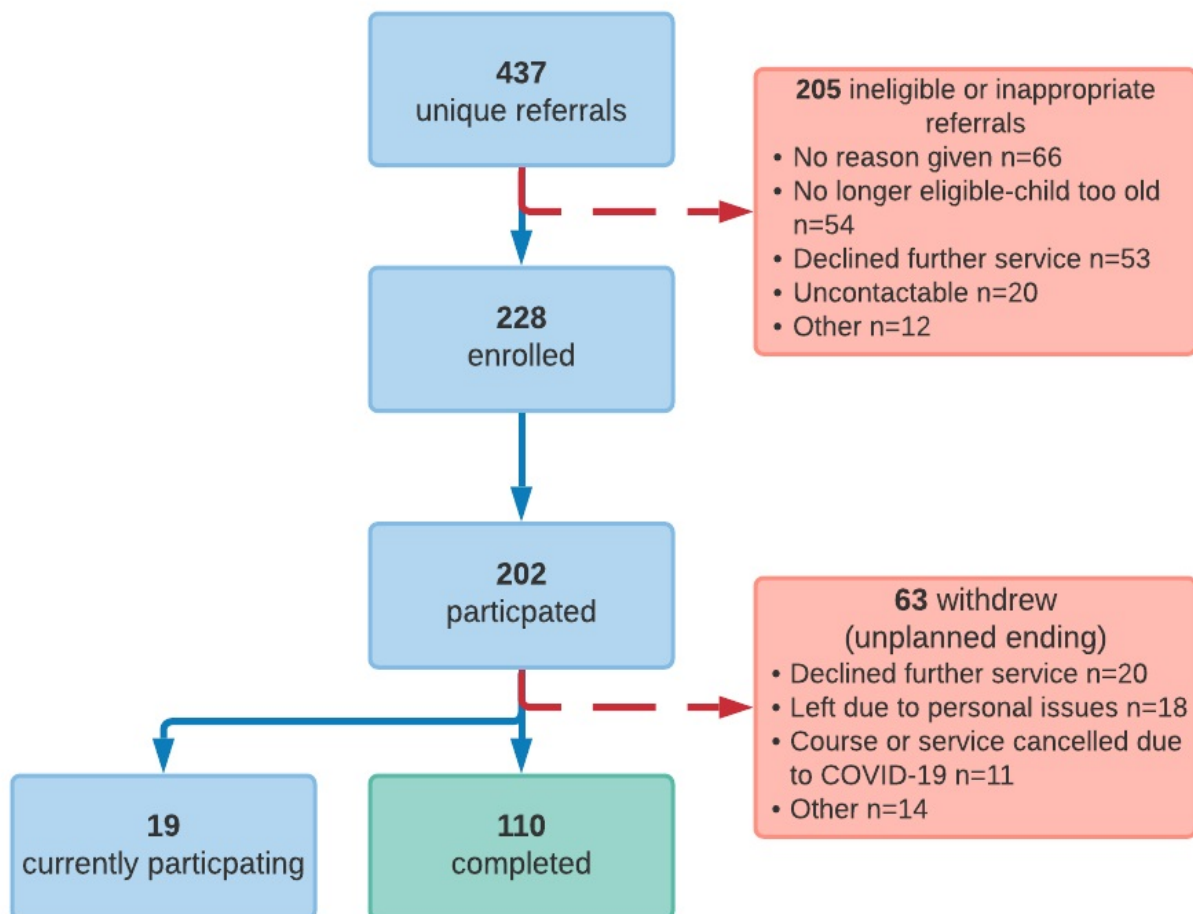
Of the 202 parents and caregivers who participated in a course, 110 attended at least 8 of the 13 sessions and therefore can be classed as a completer. As 19 participants were still taking part in a course at the time of reporting, this would suggest around 60% of participants go on to complete a course. This 60% completion rate is slightly higher than seen in a recent multi-site randomised controlled trial.

Overall, 63 parents and caregivers (31% of participants) were recorded as withdrawing from IY-T.

60%

of participants had completed a course at time of reporting

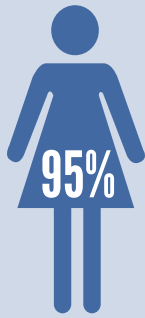
Participant Flow Diagram



Reach

Who took part in the project?

Gender



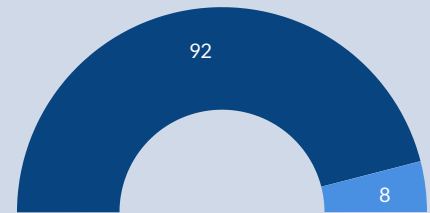
female

95% (n=191) of the parents and caregivers who participated were female and 92% (n=185) were mothers.

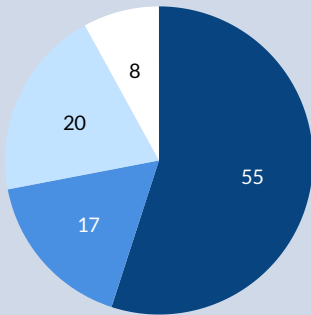
Relationship to child

n=202

■ Mother (92%)
 ■ Other (8%)



Ethnicity



■ Asian/Asian British: Pakistani (55%)
 ■ Other (17%)
 ■ White British (20%)
 ■ White Other (8%)

n=202

Of 202 participants, 55% were Asian/Asian British: Pakistani. 20% were White: British and 8% were White: Other. Due to low numbers in other ethnic categories, they were grouped as 'other' (17%). This category includes Black/ African/ Caribbean/Black British, mixed ethnicities and other.

Language

Languages courses were delivered in, other than English:

- 1 Polish
- 2 Romanian
- 3 Urdu

14 (6%) enrollees were recorded as needing and being offered an interpreter. Urdu and Romanian were the most frequently requested. Others included Polish, Farsi, and Pashto.

Age of child

Child beneficiary age (months)

<12	26
37+	11

The target age group for IY-T is 12-36 months, 82% (n=164) of children were within this target age bracket at the beginning of the course. 13% were under this age range (<12 months) and 5% were above (>36 months).

The most common age groups for the child beneficiary was 25-30 months (n=58) followed by 12-18 months (n=50).

Creche

102 (48%) enrollees stated a need for creche and were offered a creche place.



proportion of enrollees who were offered a creche space

Implementation

How many pre-course contacts were received?

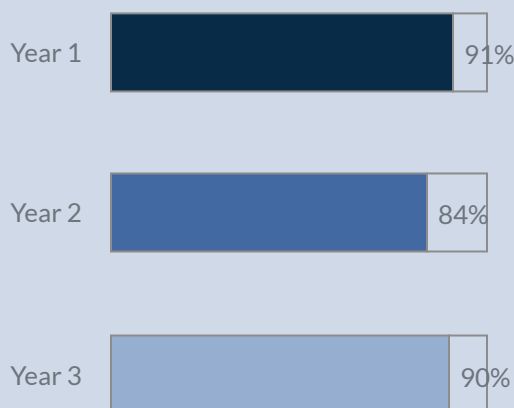
Pre-course contacts are an important part of the IY-T programme to build relationships between families and facilitators. This can include a home visit, telephone call or virtual call. Home visits were continued in year 3 after the introduction of social restrictions but were moved to garden visits to ensure safe delivery. IY-T aims to give each family three pre-course contacts. Overall, 228 enrollees (100%) received at least one pre-course contact. 215 (94%) received 3 or more pre-course contacts.

100% of enrollees had at least one pre-course contact

94% of enrollees had three or more pre-course contacts

How many courses and sessions were delivered?

Proportion of planned courses delivered



IY-T is delivered over a series of 13 weekly sessions per course. For a course to be counted as delivered, at least one session needs to have taken place with participant attendance.

Over the evaluation period, 50 courses were planned with 33 delivered (Year 1: 13, Year 2, 10, and Year 3, 10). This means 17 courses were cancelled. 2 courses in Year 1 and 6 courses in Year 3 were cancelled due to low participant numbers. 9 courses were cancelled in Year 2 due to the Covid-19 pandemic.

Due to Covid-19 social restrictions, all face to face delivery was paused for 6 months and any planned course sessions were cancelled resulting in 15 session cancellations. Parents and caregivers who were attending a course at the time received phone calls and garden visits and mini sessions were offered over the phone while the IY-T team established online delivery.

A further 27 sessions were cancelled over the evaluation period. Other reasons for cancellation were low attendance (n=13) and Eid (n=1). For some sessions no reason was recorded (n=13).

The average number of sessions delivered as part of a course was 10. Although 13 sessions is the recommended length of a course, it is typical for smaller groups to work through the course content faster so finishing the course in fewer sessions.

17

planned courses cancelled

10

average number of sessions delivered per course

How many gifts were given out?



Weekly gifts, for example a book, are given out to parents and caregivers to encourage implementing the principles they have learnt in the session. The gift is linked to the specific topic covered that week. Over the period this report covers, 202 parents and caregivers received at least one weekly gift (100% of participants). Overall 1434 gifts were given out.

100%

Participants received at least one weekly gift

Additional Findings

Before and after evaluation

A more detailed report of the additional findings is available upon request from the BSBIH.

Four questionnaires are administered at the start (pre-course) and end (post-course) of the IY-T course. 231 (53% of referrals) parents and caregivers completed at least one questionnaire pre course. 116 (57% of participants) parents and caregivers completed at least one questionnaire post course.

The Family Eating and Activity Habits questionnaire was introduced in September 2019 to measure healthy eating practices. Due to the low numbers completing this questionnaire at both time points (n=23), we have not undertaken an analysis on it.

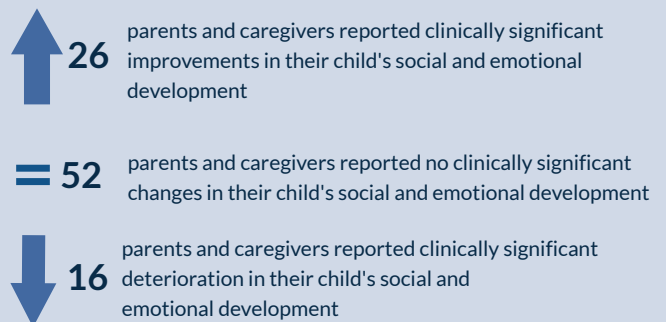
No. of parents & caregivers completing at least one questionnaire:



Ages & Stages Questionnaires: Social-Emotional (ASQ:SE-2)

The ASQ:SE-2 is a parent-report measure of children's social and emotional development.

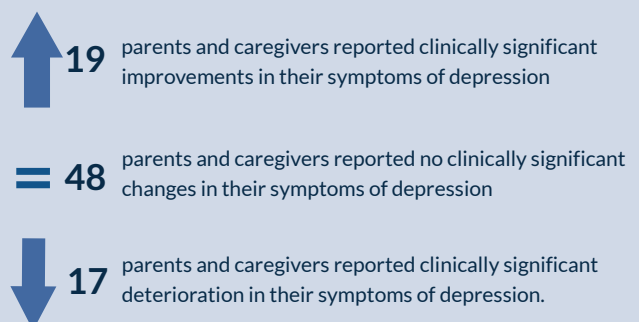
94 parents and caregivers (47% of participants) completed the ASQ:SE at pre *and* post course. There was no statistically significant difference between the pre and post scores. However, 26 (28%) parents reported a clinically significant improvement in their child's social and emotional development, including 10 whose scores transition from refer to no concerns at the end of the programme.



Patient Health Depression Questionnaire (PHQ-8)

The PHQ-8 measures symptoms of depression.

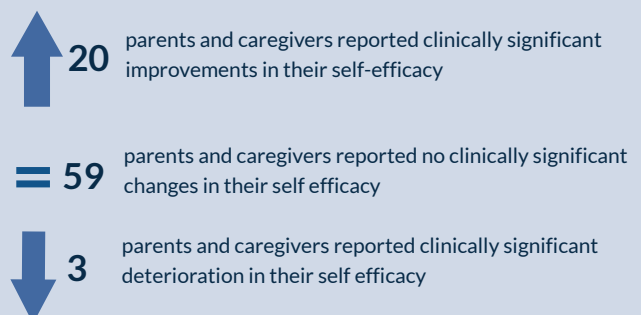
84 parents and caregivers completed the measure at pre *and* post course (this represents 42% of participants). There was no statistically significant difference between the pre and post scores. However, 19 parents reported a clinically significant improvement in their experience of symptoms of depression.



Parent Sense of Competency (PSOC)

The PSOC measures parents self-efficacy.

82 parents and caregivers completed the measure at pre *and* post course (this represents 41% of participants). There was a statistically significant positive improvement overtime at the end of the course in their self-reported parent self-efficacy.



Additional Findings

Group facilitator fidelity

The developer of IY-T recommends that group facilitators complete weekly fidelity checklists to monitor whether they are delivering IY-T in accordance with the manual.

Checklists were completed for 80% of sessions. Levels of fidelity achieved were high (93%) and well exceed acceptable minimum thresholds for fidelity. It is striking that levels of fidelity observed in year 2 and in year 3 continued to be high and increased from year 1, despite the Covid-19 pandemic. This suggests that group leaders benefited from ongoing supervision and that their ability to successfully deliver core components improved as they became more experienced in delivering the programme.



Level of fidelity achieved

Group facilitator consultation groups

In August 2021 BSBIH ran consultation groups with IY-T group facilitators about their experiences of delivering the IY-T programme. A summary of what we found is presented below.

Training, Supervision and Accreditation

- Some felt the initial IY training was not adequate to prepare them to run groups, for example they worked hard over the first year of delivery to get to grips with the manual and prepare for delivery.
- Most found supervision useful and a good way to learn from peers and get feedback. Others felt shorter, more frequent supervision with pairs of facilitators would be more useful.
- Accreditation had been achieved by one member of the team which boosted team morale. Most facilitators are keen to achieve and value accreditation. Others had negative experiences of the process and felt video recording sessions impacted the natural delivery of sessions.

Covid-19

- Covid-19 had a big impact on delivery but the team worked hard to continue supporting families throughout lockdowns. Families were offered activity packs that were based around IY-T principles and content, 1:1 phone sessions and garden visits. This was felt to be a lifeline for those more isolated.
- Facilitators invested time during the first lockdown preparing for future groups e.g. practicing specific role plays in pairs, prepping paperwork and thinking through how to get it to parents, using breakout rooms and adapting ways of administering the outcome measures.
- Using zoom was a big learning curve for the facilitators and required them to alter the way they delivered sessions. They introduced a 'week 0' to help parents download and learn how to use zoom. The online provision was seen to be advantageous to some families as it offered more flexibility for childcare and evening sessions. However it was seen to disadvantage some families who do not have sufficient IT provisions and would require an interpreter.

Impact for families

- Facilitators felt IY-T empowered families and helped them have a better understanding of their child's behavior and development. The social connection with other parents was another big impact.
- Some felt it was harder to achieve impact over zoom and it was harder for parents to build social relationships with each other.
- Facilitators felt that the true impact on families is not sufficiently captured in the current outcome measures. Facilitators felt it would be helpful to use an outcome tool that visually presents to parents how far they have come over the duration of the course.

Additional Findings

What did parents and caregivers say about the support they received?

A comprehensive IY-T end of course questionnaire is given to parents and caregivers at the last session. 107 were completed (53% of participants).

Average Parent Satisfaction Score
(max score of 7)

Overall programme	6.5
Teaching format	6.5
Specific parenting techniques	6.6
Group leaders	6.8

Satisfaction with programme content and delivery was high.

95% reported their bond with their child had improved or greatly improved.

84% reported IY-T has helped them deal with personal or family problems not relating to their child.

74% reported they were confident or very confident in their ability to manage future behaviour problems.

The questionnaire asks 'Which parts of the programme were most helpful to you?'. These responses are free text and have been grouped into themes:

- **Whole Programme:** A large number of parents reported they found the whole programme useful
- **Specific impacts:** A small number described the impact on their anxiety, depression and/or confidence as most helpful
- **Group leader skills/style:** Some parents highlighted the group leader's skills or style was the most helpful
- **Parenting strategies and techniques:** 22 unique parenting strategies and techniques were reported as being helpful. Parents also described increased knowledge of why poor behaviour occurs as being most helpful
- **Group dynamics:** Group dynamic was perceived to be helpful, particularly the opportunity to listen to and learn from other parents

What parents and caregivers liked the most



Social connection and interaction that the group discussions provided.

Parents and caregivers were very positive about group facilitators who they described as: honest, challenging, non-judgemental, friendly, warm, welcoming, knowledgeable, easy to talk to, helpful, inclusive, sensitive, caring, and believed in parents.

What parents and caregivers liked the least

45% said there was nothing that they didn't like.



A small number disliked role play, the amount of paperwork/homework (too much) and the video vignettes. Some did not like attending groups online (they didn't like the break out rooms, it made buddy calls challenging, and some experienced internet connection problems). Many felt sessions were too short or that the programme could have gone on for longer – though this was mostly because they enjoyed IY-T and didn't want it to end.

Suggestions for improvement



Not breaking over school holidays, providing DVDs to take home, allowing parents to bring their child to sessions to practice in real time, modernising the video vignettes and providing more help on homework (some of these are beyond the control of the project).

Satisfaction

What did parents and caregivers say about the support they received?



83 parents and caregivers completed and returned the BSBIH satisfaction questionnaires between 01/09/2018 - 30/06/2021. Online versions of the BSBIH satisfaction questionnaire was introduced in year 3, 16% (n=13) were completed online.

99% of respondents had a median score of 4 or more

99% of respondents agreed or strongly agreed that the project was helpful to them
n=82

99% of respondents agreed or strongly agreed that they were satisfied with the support they received
n=82

99% of respondents agreed or strongly agreed that the project gave them useful information
n=82

99% of respondents agreed or strongly agreed that the project was easy to access
n=82

98% of respondents agreed or strongly agreed that they would recommend the project to family or friends
n=81

99% of respondents were happy with the project overall
n=82

"This project and the people who delivered it. [Group Leaders] has changed the way I interact and play with my children to develop a calm loving caring happy space for all of us with clear understanding of what is expected. I would highly recommend this program and especially the facilitators"

"It gave me so much support in lockdown. It changed my life"

"I have loved my group and my teachers. I am finally enjoying parenthood and can relate really well to my child."

Appendix - Progression Criteria Cutoffs



For more information on how progression criteria and associated cut-offs have been developed please see Bryant, et al., 2019 Use of progression criteria to support monitoring and commissioning decision making of public health services: lessons from Better Start Bradford. BMC Public Health