



Talking Together

Final Report

Better Start Bradford Innovation Hub

Dea Nielsen, Nimarta Dharni, Kathryn Willan, Claudine Bowyer-Crane, Maria Bryant, Josie Dickerson, Pippa Bird and the Better Start Bradford Innovation Hub

Version 2.0, 07/12/2017

This is a report of the implementation evaluation provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and project team, to aid BSB in decision-making regarding recommissioning. The document provides a brief overview of the project's performance and findings from the implementation evaluation including an interpretation of these findings by the BSBIH. 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.

Plan approved by:

Role	Name	Date
BSBIH Programme Manager/ Principal Research Fellow	Josie Dickerson	15/11/2017
Language and Communication lead	Claudine Bowyer-Crane	15/11/2017
Fidelity and Implementation lead	Maria Bryant	16/11/2017

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A. BSBIH conclusions and recommendations

Overall, BHT's Talking Together has performed very well during this contract period. Their performance has either almost met contractual targets or in some cases exceeded these expectations, and the BHT team has managed to see a large number of children over the 2 years of the contract that has been reviewed. They provide a service that is more specific to language and communication than that available through health visiting, making it more likely they will identify children who could benefit from the project. There is good reason to believe that the project addresses an identifiable need within the community, and that the approach taken is theoretically justifiable and acceptable to the community. They also work as an integrated part of the services in the BSB area, and play a role in identifying need beyond language and communication and referring to other appropriate services and BSB projects. The BSBIH's assessment of the evaluability of the project is that it is ready for further evaluation, ideally including an effectiveness evaluation. However, due to the design and nature of the project, this further evaluation would likely require measures in addition to those collected through routine data capture, and this would require further resources. Issues with data capture and management would also need resolving. With this in mind, the BSBIH has sought external additional funding for this type of evaluation of the project, and this application is now in the second stage. This provides a strong case for recommissioning of Talking Together in terms of the potential for future evaluation in subsequent contract periods.

The BSBIH has the following recommendations for considering the future of Talking Together.

- Consider the reasons for the waiting list for delivery of Talking Together.
The time families wait to receive Talking Together varies widely, and some families wait many months before they start Talking Together. It would be useful for BHT to consider the underlying reasons for this waiting list, and what can be done to optimise the project and ensure families are seen quickly.
- Revisit the targets for recruitment.
The past contract period has provided a guide to the level of need and acceptability of the Talking Together project in the community. This information could be used to adjust the targets for recruitment to the project to be in line with both need and capacity of the BHT team.
- Consider how this project works for families who do not speak English as a primary language
BHT work hard to recruit all families, regardless of home language. However, it is unclear how this project works for families who do not speak very much or any English. As these families represent a significant proportion of the eligible and target population, this should be explored further.
- Understanding what triggers referral into TT+

The Talking Together+ project that was reinstated part way through this contract period. This was argued to be important due to the additional support needs of some families. However, it is currently unclear which families go on to receive Talking Together +, for how long, and what this project actually includes. This will be very important for any consideration of longer term outcomes of the project, and to considering whether there are differences in the characteristics and outcomes of those families receiving standard Talking Together and Talking Together+.

- Create a logic model for the project

The logic model is a fundamental requirement for service design and the BSBIH's evaluation. As a logic model has not yet been created for Talking Together, this should be done as a matter of priority if the service were to be recommissioned.

- Improve the data capture process

As previously outlined, there were a number of different issues with the data quality and data capture procedures that impacted on the current evaluation. In addition to this, because BHT use an outside source to pull their data from their database, and this source is not always available, it has been a challenge over the contract to ensure that data queries and changes to the data capture procedure happen within a reasonable time frame. We would encourage BHT to consider whether there is any way this could be addressed. Alternatively, it may be that a full move over to SystemOne may resolve this issue, but it would be necessary to evaluate to what extent this is a complete and sufficiently timely response to the problem.

- Revisit service design

Many of the aforementioned issues could be addressed in service design, so the BSBIH recommends that this be revisited if the project is addressed.

B. Objectives of the evaluation

This report is provided for Better Start Bradford (BSB) by the Better Start Bradford Innovation Hub (BSBIH) to evaluate the performance of the BHT Early Education and Training's (hereafter BHT) Talking Together project within the BSB programme. The Talking Together project was developed locally by BHT Early Education and Training. The project comprises two elements; a universal screening for all children aged 2-years-old in the Better Start Bradford (BSB) area, followed by a 6-week home-visiting project for families of children identified as at risk of language delay. The sessions in the intervention focus on supporting parents/carers to understand children's language development, and to create an enriching home learning environment. To date there have been no published evaluations of the project.

Talking Together's universal Language Assessment has no eligibility criteria, and the target population is all 2-year-olds in the BSB area. The eligibility criteria of the targeted 6-week home-visiting aspect of Talking Together is that a child is assessed as at risk of language delay by the Language Development Workers (LDWs) during the Language Assessment (a bespoke screening tool created by the BHT team).

The aim of this evaluation is to provide a clear picture of the implementation of Talking Together from September 2015 – September 2017, with focus on the reach, recruitment, and delivery of the project. As laid out in the evaluation plan (Appendix A), the following key aspects of Talking Together will be considered:

- *Coverage: What proportion of the eligible population received the 2 Year Language Assessment?*
- *Recruitment: Were anticipated numbers of families eligible for TT? Did anticipated numbers of families take up TT?*
- *Delivery: At what age did children receive the 2 Year Language Assessment? How long did families wait between referral and starting TT?*
- *Dose: Were the TT sessions delivered as expected (number/frequency)? How many sessions did families attend? What proportion of families completed the TT project? What proportion of families was disengaged from the TT project due to non-responsiveness?*

As stipulated in the evaluation, to perform this evaluation we required:

- A complete and agreed logic model
- A working consent process to share data with the Innovation Hub (with sufficient rates of consent)
- Agreed project monitoring data requirements and a functioning data capture process.

There is currently no complete and agreed logic model. This, along with data issues, means it was not possible for the BSBiH to consider the child level outcomes of Talking Together.

Areas to measure	Research questions	Data source and collection method	Data obtained
1) Coverage (reach)	What proportion of the target population participated in the intervention?	From monitoring data: Parents' socio-demographics No. of completed 2 Year Language Assessments	Yes; from monitoring data. However, some individual level data are incomplete
2) Frequency/Duration (Dosage, Dose delivery)	How long did families wait between referral and starting TT? Were the TT sessions delivered as expected (number/frequency)? What proportion of families completed the TT project? How many sessions did families attend?	From monitoring data: No. of anticipated families accepting TT referral No. of parents who started and completed TT Date of 2 Year Language Assessment Dates of attendance at sessions (per family)	Yes; from monitoring data. However, some individual level data are incomplete
3) Recruitment	Did anticipated numbers of families receive the 2 Year Language Assessment? Were anticipated numbers of families eligible for TT? Did anticipated numbers of families enrol in TT project?	From monitoring data: Anticipated and actual number of 2 Year Language Assessments No. of anticipated referrals into TT No. of anticipated families accepting TT referral No. of parents who started TT	Yes; from monitoring data. However, some individual level data are incomplete
4) Participant responsiveness	What proportion of families were disengaged from the TT project due to non-responsiveness?	From monitoring data: No. of parents who started and completed TT Outcome of TT (per family)	Yes; from monitoring data. However, some individual level data are incomplete
5) Context	What factors at political, economic, organisational and group levels affected the implementation?	Qualitative: Qualitative consideration of implementation reports and review minutes	Partly.

Outcome	Research questions	Data source & collection method	Data obtained
'Before and after' - Project specific outcomes (currently collected data)			
	1. Do children's vocabulary levels increase during the course of the TT project and at 3-month follow up? 2. Do children's broader language skills increase during the course of the TT project and at 3-month follow up?	From monitoring data: 88 word checklist score at session 1, session 6, and 3 month follow up of TT ECAT scores at session 1, session 6, and 3 month follow up of TT	Yes; from monitoring data. However, these data faced serious issues, meaning it was not possible for the BSBIH to analyse these data.

C. Project performance summary

An essential component of the project's performance is the accurate and complete collection and reporting of the agreed minimal dataset at the individual level. This allows BSBIH to uphold high standards of objective and transparent reporting. The data used to assess the progression criteria for this project came directly from BHT in the form of aggregated figures. This was because these data are delivered quarterly, and because there were some issues accessing individual level data for these outcomes. This is not the preferred option, as it means the BSBIH cannot independently verify the figures. The BSBIH's assessment is that there is some discrepancy between the BHT and the BSBIH figures, but it is sufficiently accurate to be used for the progression criteria.

Three progression criteria were agreed with BHT Talking Together:

- Recruitment: 70% of the eligible population would receive the Language Assessment
- Recruitment: 30% of children who received the Language Assessment would be eligible for Talking Together. 90% of eligible families would accept the referral.
- Reach: Representative recruitment of families by ethnic group (Asian All: 69%, White British: 12%, White Other: 8%, Any Other: 9%) to the Language Assessment.
- Implementation: 8 members of fully trained staff available to deliver the project at any time

Performance (September 2015 – September 2017)

- Recruitment (Figure 1): BHT invited 2690 children to the Language Assessment during this period. This figure should represent all 2-year-olds in the BSB area, and is very similar to Medway figures of

the number of children who would be expected to turn 2 years during this time period. BHT completed 1775 Language Assessments, which indicates that they saw 66% of the eligible population during this time.

- Recruitment (Figure 2): Of the 1775 Language Assessments BHT completed, 603 children were referred to Talking Together, which represents 34%. Of the 603 referred children, 565 accepted the offer, which represents 94%.
- Reach (Figure 3): Reach for the Language Assessment varied by ethnic group, and was best for families from Asian ethnic backgrounds. This was followed by recruitment of families with “Other” ethnicities. While recruitment of White other families improved over time, the opposite was true for White British families.
- Implementation (Figure 4): Throughout the contract period, Talking Together always had at least 8 full-time equivalent staff working on BSB’s Talking Together, giving them a completion rate of 100%.

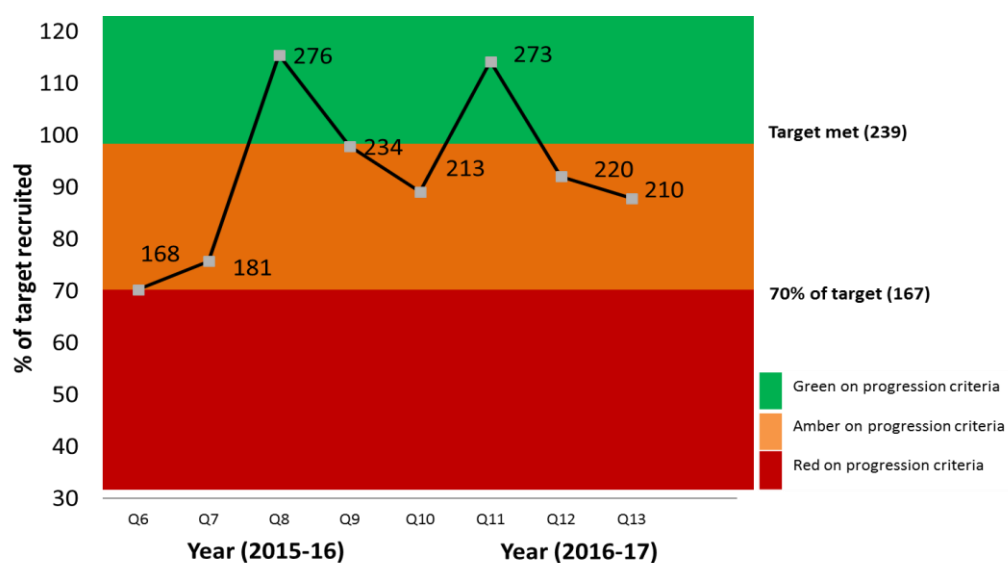


Figure 1. Talking Together recruitment to Language Assessment between September 2015 – September 2017 compared against progression criteria expectations.

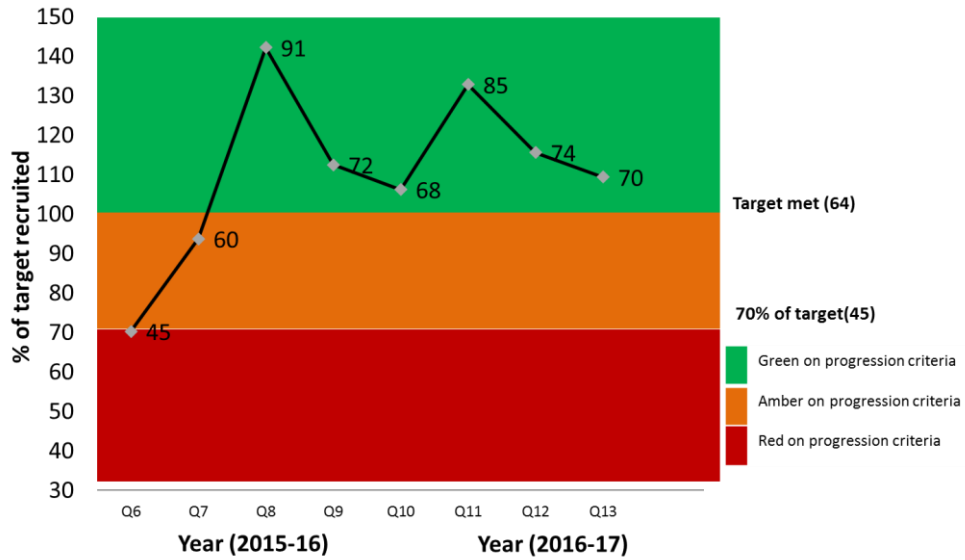


Figure 2. Talking Together recruitment to the Talking Together project (offered and accepted) between September 2015 – September 2017 compared against progression criteria expectations.

Reach

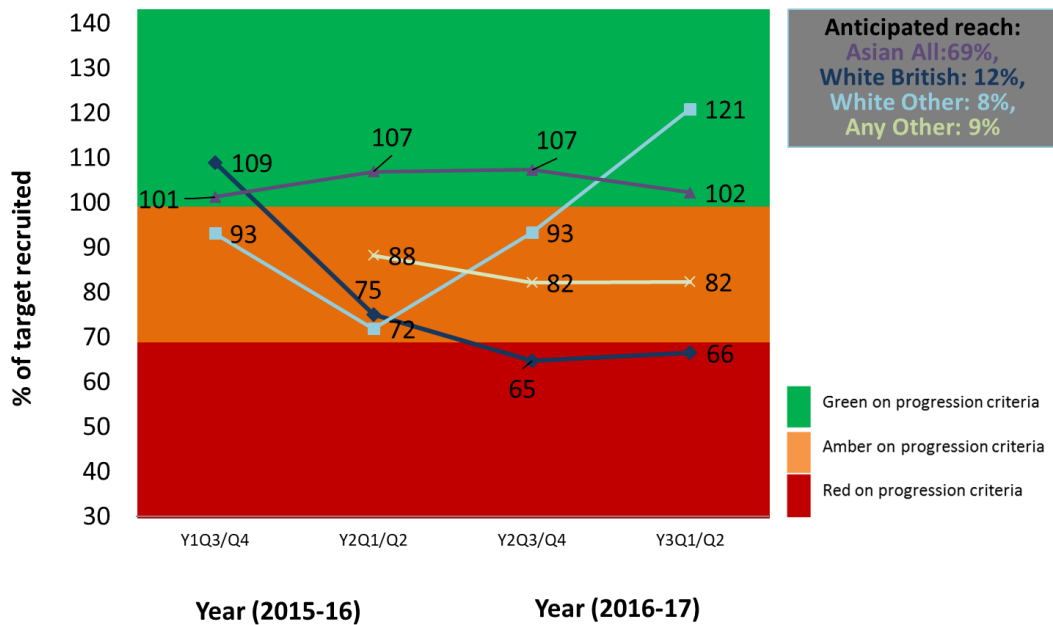


Figure 3. Talking Together reach figures for Language Assessment for the four main ethnic groups between September 2015 – September 2017 compared against progression criteria expectations.

Reach figures for the Language Assessment varied widely by the different ethnic groups. Recruitment of families with an Asian ethnic background was consistent and above target across the two years, while recruitment of families from the “any other” ethnic category was consistent and just below target. While recruitment of families from the “White other” category increased over time to the point of being above target, the opposite was true of White British families, for whom recruitment decreased consistently across

the two years and was outside progression criteria expectations by the end of contract. Black families were also consistently reached above expectation (at an average rate of 134% of the proportion within the community) across the two years, however this is a very small number of families in total (N=44).

Implementation

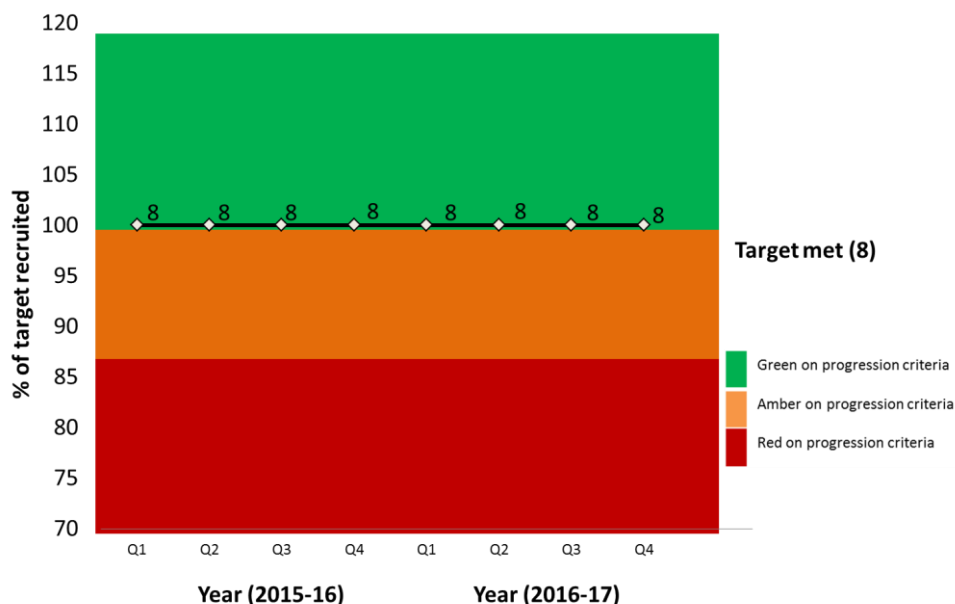


Figure 4. Talking Together staff figures (number of fully trained staff delivering Talking Together) between September 2015 – September 2017 compared against progression criteria expectations.

Across the two years of the contract period, Talking Together have always maintained the agreed number of fully training staff, meaning they achieve 100% of their target in all quarters and overall. The BHT team has been growing to accommodate the additional work of the Talking Together project, and currently 20 staff members have been trained (although not all are full time on the BSB project). Because the BSB Talking Together project only requires 8 full time equivalent staff members, there are additional staff members who are able to step in to the BSB work when necessary.

D. Evaluation findings

The following findings are based on the independently verified, individual level data received by the BSBIH.

1. What we know after the evaluation

- *Did anticipated numbers of families receive the 2 Year Language Assessment?*

The target set for BHT was for them to assess 70% of the eligible population (2-year-olds in the BSB area). BHT assessed approximately 66% of the eligible population, falling just short of their target (see Project performance summary).

- *At what age did children receive the 2 Year Language Assessment?*

The aim of Talking Together is to assess children as close to possible to their 2nd birthday. The age of children at the time they received the Language Assessment is shown in Figure 5.

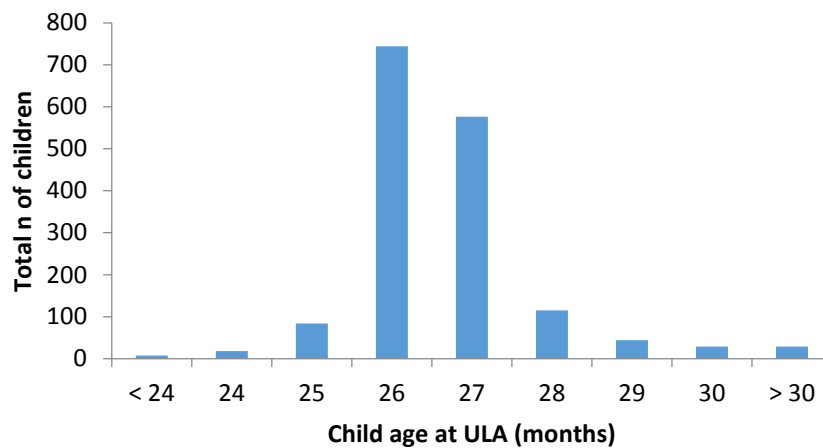


Figure 5. Age of children in months at the time of Language Assessment (based on 1647 children).

These data suggest that while very few children are assessed before or at 24 months, the majority are assessed at 26 months, followed by 27 months. This also means that the vast majority of all assessed children are seen by the time they are 27 months.

- *Were anticipated numbers of families eligible for TT?*



Figure 6. The proportion of the total number of children who received the Language Assessment with each outcome (based on 1647 children).

The original SLA sets out the expectation that of the 70% of the eligible population who would receive the Language Assessment, 30% of those children would be eligible for the Talking Together project. As can be seen in Figure 6, the BSBIH's individual level data on the outcome of the Language Assessment would suggest that overall 38% of children were offered Talking Together. Within this, 33% accepted the referral, and 5% declined.

- *Did anticipated numbers of families enrol in TT project?*

The target for Talking Together was for 90% of the 30% of those children referred to Talking Together to take up their offer. As can be seen in Figure 6, BSBIH figures suggest that 85% of children referred to Talking Together accepted the offer, while 15% declined.

- *How long did families wait between referral and starting TT?*

The waiting list was a concern for the project, so it is useful to consider the time children waited between referral and starting Talking Together. As can be seen in Figure 7, the most common waiting period was 4-7 weeks. Appropriately 60% of all families waited less than 12 weeks before beginning the project. However, 40% of families waited over 3 months to begin Talking Together, and approximately 6% waited over 6 months. The causes of these differences in waiting times is currently unclear.

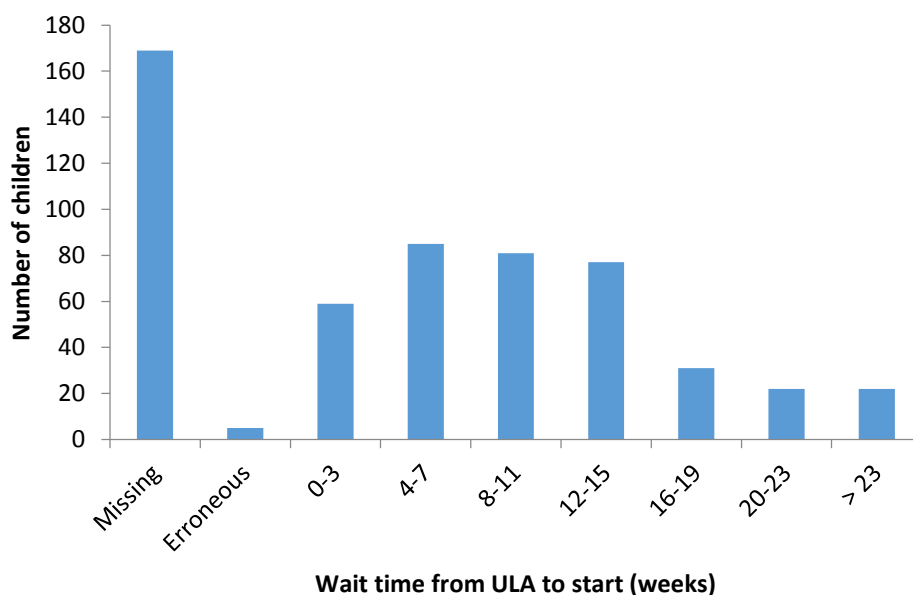


Figure 7. Waiting time between the Language Assessment and starting Talking Together in weeks (based on 551 children offered and accepted Talking Together).

- *Were the TT sessions delivered as expected (number/frequency)? How many sessions did families attend?*

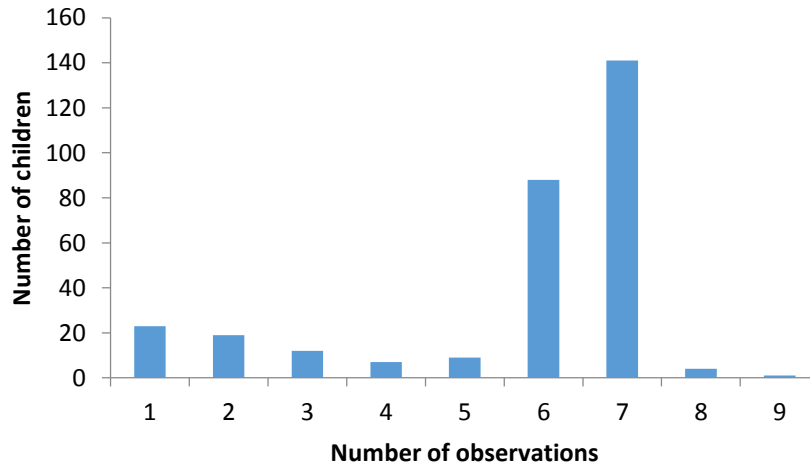


Figure 8. The number of observations (sessions) children attended (based on 304 children with an end reason for Talking Together)

According to BSBIH data (for those children with complete datasets), the vast majority received 7 sessions (Figure 8). The second most common number of attended sessions was 6, which is what would be expected given the design of Talking Together.

- *What proportion of families completed the TT project? What proportion of families were disengaged from the TT project due to non-responsiveness?*

The original anticipated figures estimated that 90% of those children beginning the project would complete it. Individual level data received by the BSBIH suggests that 76% of families completed the project and 14% disengaged (Figure 9). In addition to this, 10% were considered to not require Talking Together. The exact reason for this is unclear, but it may be due to the waiting list. Children’s language skills may have improved before starting Talking Together so it was no longer required.

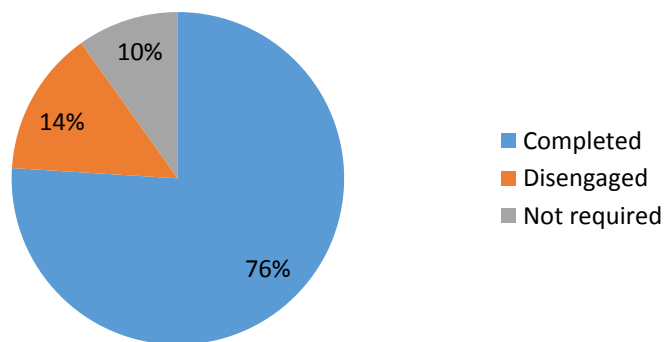


Figure 9. The proportion of the total number of children beginning Talking Together who completed, disengaged, or did not require the project (based on 304 children with an end reason for Talking Together).

2. What we don't know after the evaluation

While it was possible to answer many of the original questions set out in the Evaluation plan, there were a number of aspects of the original evaluation that were not possible.

- **Before and After evaluation**

In the original evaluation plan, a before and after analysis was planned to consider the outcomes of the project in terms of changes in children's vocabulary and broader language skills. However, this was not possible due to a number of insurmountable issues with the data for these variables. There was considerable missing data for both the vocabulary measure (88 words) and the broader language measure (ECAT). These issues will be considered in more detail in the Data quality section of this report, but it is important to note that the core issues with the outcome data meant that the BSBIH could not perform the planned analysis, and so this aspect of the evaluation was not possible. However, there are options for how this could be addressed in the future, and these are outlined in the *BSBIH conclusions and recommendations* section

- **Background Studies**

A pilot project aimed at assessing and changing outcome measures used in both the Language Assessment and the Talking Together project to make them more valid and reliable was proposed in the evaluation plan. Suggested measures were identified and these new measures have now been implemented and integrated into standard practice. As BHT faced delays in changing their data capture procedures (specifically the database the Language Development Workers use to record the data), the new data is not yet available to the BSBIH at the time of writing this report. We have therefore not presented how well these measures are working quantitatively (reliability and validity), although this work is ongoing. Preliminary qualitative work suggests that the changes have been manageable for the BHT staff, and this aspect of evaluating feasibility and acceptability of the new measures is also in progress. The results of this work will be available prior to the beginning of a new commissioning period.

E. Caveats to findings

a. Were all evaluation objectives met?

The evaluation objectives for the Talking Together project are set out in detail the Evaluation Plan. As stated above, while implementation evaluation has been possible, the planned before and after evaluation

has not been conducted due to issues with the data. Evaluation of these data would not be reliable but the BSBIH are open to discuss future evaluation of this nature.

b. Logic model

There is currently no up-to-date logic model available for Talking Together. This is a fundamental requirement of all BSBIH evaluations, and so should be addressed as a matter of priority if the service is recommissioned.

c. Data quality

BSBIH's assessment of data quality for this project:



Data quality is affected by a number of issues that had a significant impact on the quality of the evaluation.

Overall, BHT have worked hard to provide good quality, accurate, and complete data sets. However, there are a number of important data issues that have affected the current evaluation. Issues with incompletely or incorrectly inputted data had a negative impact on the BSBIH's ability to accurately understand which families had been seen, and when they had been seen. The data from the 88 word checklist was also affected by a lot of missing and unclear data, particularly a lack of complete data at 3 month follow up. The ECAT data could not be linked to Talking Together sessions, meaning it was not possible to consider change over time as related to attending the project. Currently it is unclear whether these issues with the data are simply related to inputting, or whether they indicate challenges to service delivery, and this should be considered in the future (see *BSBIH conclusions and recommendations*).

d. Validity of measures

BHT have successfully engaged with a background project to change the routine measures collected by Talking Together as part of both the Language Assessment and the targeted project. The new measures (new language assessment, vocabulary measure, MORS parent-child relationship measure, home environment measure, and the SDQ) that are being implemented are considered much more valid and reliable by the BSBIH. This work took a considerable amount of time, effort, and commitment from the whole BHT team, and this has had a positive impact on the project in terms of future evaluability.

F. Context

a. Need

It is widely known that children from more disadvantaged areas show higher rates of language weakness (Law, J. Charlton, J. Dockrell, J. Gascoigne, M. McKean, C. & Theakston, A., 2017). Data from Bradford Council suggests that the proportion of children reaching a Gold Level of Development (GLD) on the EYFSP is lower in the BSB area, and within the Prime Areas of Learning, children in the BSB area fare most poorly on the language and communication indicators. Although these measures are taken when children are approximately 5 years old, rather than 2 years old like Talking Together, they indicate that weaknesses in language skills go on to become an important concern in school aged children in the BSB area. This, along with the high number of referrals into Talking Together, would suggest that BHT have identified and are addressing an important challenge in the community.

b. Stability of service delivery/changes to delivery model

The overall impression of the BSBIH is that the service is currently in a good state of stability. The monitoring data reveals that the project is managing to see a large number of families, there are sufficient numbers of staff, and performance of the project seems consistent across quarters. This would suggest that the project has moved beyond the initial set-up phase, and demonstrates a stable delivery model that is important to evaluation of a project. However, the impact of the introduction of the Talking Together + project to the Talking Together model is still unclear, and needs further clarifying.

c. Other alternative projects for similar need

Since the time of the evidence review, the BSBIH has not identified any specific alternative interventions that present a more viable option for addressing early language weaknesses in the BSB community. See Appendix B for the evidence review included in the Service Design document.

G. Potential for future evaluation

The BSBIH uses an evaluability assessment checklist to assess readiness for effectiveness evaluation (see The Better Start Bradford Innovation Hub Framework for Monitoring and Evaluation). See Appendix C for the current evaluability checklist for Talking Together. Based on this checklist, the BSBIH conclude that there is scope for Talking Together to receive an effectiveness evaluation in the future. However, due to the design and nature of the project, it would not be possible to do this evaluation using routinely collected data (due to the lack of a naturally occurring control group). For this reason, it is likely that additional funding would be required for this evaluation to take place, and this is something the BSBIH is currently

seeking. The BSBIH has submitted a grant application to the Nuffield Foundation for a feasibility trial to evaluate the impact of Talking Together on children's vocabulary and broader language skills. This grant would allow for a more robust evaluation of Talking Together than would be possible using the currently available data.

H. BSBIH conclusions and recommendations

Overall, BHT's Talking Together has performed very well during this contract period. Their performance has either almost met contractual targets or in some cases exceeded these expectations, and the BHT team has managed to see a large number of children over the 2 years of the contract that has been reviewed. They provide a service that is more specific to language and communication than that available through health visiting, making it more likely they will identify children who could benefit from the project. There is good reason to believe that the project addresses an identifiable need within the community, and that the approach taken is theoretically justifiable and acceptable to the community. They also work as an integrated part of the services in the BSB area, and play a role in identifying need beyond language and communication and referring to other appropriate services and BSB projects. The BSBIH's assessment of the evaluability of the project is that it is ready for further evaluation, ideally including an effectiveness evaluation. However, due to the design and nature of the project, this further evaluation would likely require measures in addition to those collected through routine data capture, and this would require further resources. Issues with data capture and management would also need resolving. With this in mind, the BSBIH has sought external additional funding for this type of evaluation of the project, and this application is now in the second stage. This provides a strong case for recommissioning of Talking Together in terms of the potential for future evaluation in subsequent contract periods.

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- Revisit service design

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I. References

Law, J. Charlton, J. Dockrell, J. Gascoigne, M. McKean, C. & Theakston, A. (2017). *Early Language Development: Needs, provision, and intervention for preschool children from socioeconomically disadvantaged backgrounds*. Education Endowment Foundation. Retrieved from https://educationendowmentfoundation.org.uk/public/files/Law_et_al_Early_Language_Development_final.pdf

J. Appendices

a. Evaluation Plan Summary

Talking Together

Evaluation Plan Summary

Better Start Bradford Innovation Hub

**Dea Nielsen, Nimarta Dharni, Claudine Bowyer-Crane, Maria Bryant, Josie Dickerson, Pippa Bird
and the Better Start Bradford Innovation Hub**

Version 1.0, 06.10.2017

To be updated by Dea Nielsen

Amendments to be agreed by the Language and Communication and Fidelity and Implementation Workstreams

This is a summary document provided by the Better Start Bradford Innovation Hub for the Better Start Bradford and project teams. The document provides a brief overview of the project's current evidence base, a summary of the evaluation planned by the Innovation Hub, and the anticipated level of evidence following the planned evaluation. A more detailed account of the planned evaluation can be found in the Evaluation Protocol.

Plan approved by:

Role	Name	Date
BSBIH Programme Manager/ Principal Research Fellow	Josie Dickerson	01.10.17
Language and Communication Development lead	Claudine Bowyer-Crane	02.10.17
Fidelity and Implementation lead	Maria Bryant	02.10.17
BSB Implementation Manager/Programme Manager		

Version history:

Date of Review Meeting	Version No.	Amendments	Date changes agreed	Changes agreed by
	1.0	Original document		

Talking Together Evaluation Plan Summary

What we already know about Talking Together

- The Talking Together project was developed locally by BHT Early Education and Training. The project comprises two elements; a universal screening for all children aged 2-years-old in the Better Start Bradford (BSB) area, followed by a 6-week home-visiting intervention for families of children identified as at risk of language delay. The sessions in the intervention focus on supporting parents/carers to understand children’s language development, and to create an enriching home learning environment. To date there have been no published evaluations of the project.
- Current outcome measures include children’s vocabulary and broader language skills. The proposed new outcome measures that are the subject of a pilot project include assessment of the parent-child relationship, the home learning environment, and children’s vocabulary, broader language skills, and behaviour.
- Consultation work has been conducted with BHT Early Education and Training to improve the quality of the assessment measures used during the project. The team’s willingness to adapt their current practice to incorporate new measures has demonstrated their commitment to high quality evaluation.
- The intervention has not been rated by EIF, but the Innovation Hub suggests a rating of NL2 as there are currently not published evaluations of the project (see BSBIH Framework for Monitoring and Evaluating BSB Projects for EIF Evidence Standards).

This project has been identified by the Innovation Hub as suitable for Implementation and Before and After evaluation (see BSBIH Framework for Monitoring and Evaluating BSB Projects for evaluation categories).

Evaluation Category	✓/*/TBD	Rationale
Implementation evaluation	✓	Complete and agreed logic model and data requirements
Before and after evaluation	✓	Existing pre and post measures routinely collected and included in data requirements. In addition, a smaller scale evaluation of the new measures will also be possible.
Effectiveness evaluation	TBD	An effectiveness evaluation using a quasi-experiment design will be considered. This section will be completed once the BSB Innovation Hub deems the project to be ready for an effectiveness evaluation.
Background studies	✓	A small-scale pilot project is being conducted to examine the feasibility and utility of new measures to assess the impact of the project on both parents and children.

Evaluation aim and objectives

The aims of this evaluation are firstly to provide a clear picture of project delivery, implementation, fidelity, reach and engagement. This is possible through examination of data collected through the routine

monitoring process. The second aim is to assess the impact of Talking Together on project specific outcomes (children's vocabulary and broader language skills). Once again, routinely collected data will be used to assess whether children show progress on these outcome measures during the course of the project and at follow up.

In addition to these primary aims, there is on-going work to improve the quality of the measures used routinely in Talking Together. This work is being conducted through a small-scale pilot project with the aims of assessing the feasibility and utility of additional measures (including measures of parent-child relationship, home learning environment, children's vocabulary, broader language skills, and behaviour), with a view to identifying appropriate measures of each of the primary short and medium term outcomes. The outcomes of this work will guide decision making around whether these additional measures can be rolled out for use by the whole Talking Together staff team.

What we will know after the evaluation

Implementation evaluation

- The attendance, reach and engagement of Talking Together in the Better Start community.
- Whether there are challenges to delivering the project in the Better Start community.
- Whether the project inputs, activities, and outputs reflect the Logic Model and Service Design document.
- Whether the project Logic Model, specifically the relationships between inputs, activities, and outputs, can be demonstrated in action.
- Whether delivery of the project is feasible, acceptable and stable, and whether there is sufficient fidelity within the current context.

'Before and after' evaluation

- Using the currently collected routine outcome measures
 - Whether children have improved vocabulary, broader language skills, and behaviour after the Talking Together project compared to before they started the project, and whether any changes are sustained after 3 months.
- Using the new outcome measures from the pilot
 - What changes there have been in parent's/children's project specific outcomes.
Specifically:
 - Whether there are changes in the parent-child relationship and home learning environment for those parents who received Talking Together.
 - Whether children who receive Talking Together have improved vocabulary, broader language skills, and behaviour after the Talking Together course, and whether any changes are sustained after 3 months.

What we won't know after the evaluation

- Whether Talking Together is effective at improving parent and child outcomes compared to children who have not received the project. Although establishing change over time is an important first step in the evaluation of Talking Together, further evaluations based on this initial work would be necessary to establish evidence of effectiveness.

- The specific elements of the Talking Together project that impact on outcomes for families.
- The reason some families do not enrol in the Talking Together project.

What the evaluation will involve

Implementation evaluation

Data for the Implementation evaluation will be collected according to the project data requirements and as part of project monitoring (see Table 1). Where initial exploration of the monitoring data identifies potential issues additional research questions may be considered (e.g. *What barriers are there to contacting all eligible families?/ What challenges do staff face when attempting to screen and deliver Talking Together in other languages?*). Where this is the case additional data collection methods will be implemented, such as qualitative interviews or focus groups, to provide valuable context for these findings.

What the Innovation Hub will need:

- a complete and agreed project logic model with measurable outcomes
- a working consent procedure (with sufficient rates of consent)
- agreed data requirements and functioning data capture procedure

'Before and after' evaluation

Results from pre, post and follow up project questionnaires and assessments completed by participating families and the Language Development Workers (LDWs) during the Talking Together project will also be collected as part of monitoring data. Results will be compared to establish whether changes in behaviour occur from baseline (before starting the project) to project completion and a longer-term follow-up, three months later (Table 2). This form of evaluation will use the data from all participating families.

In addition to this, the results from the new pre, post, and follow up project questionnaires and assessments will be analysed for the small number of families participating in the pilot project (see Table 3). The aim is to make these measures standard project practice if they are found to be appropriate and useful.

What the Innovation Hub will need:

- all requirements for Implementation evaluation also apply to 'Before and after'
- additional data requirements and a working data capture procedure for the pilot data project
- sufficient time, resources, and support from the service provider to ensure that the pilot project is completed to time and target.

Table 1: Implementation evaluation plan

Areas to measure	Research questions	Data source and collection method
6) Coverage (reach)	What proportion of the target population participated in the intervention?	From monitoring data: Parents' socio-demographics No. of completed 2 Year Language

Areas to measure	Research questions	Data source and collection method
		Assessments
7) Frequency/Duration (Dosage, Dose delivery)	<p>How long did families wait between referral and starting TT?</p> <p>Were the TT sessions delivered as expected (number/frequency)?</p> <p>What proportion of families completed the TT project?</p> <p>How many sessions did families attend?</p>	<p>From monitoring data:</p> <p>No. of anticipated families accepting TT referral</p> <p>No. of parents who started and completed TT</p> <p>Date of 2 Year Language Assessment</p> <p>Dates of attendance at sessions (per family)</p>
8) Recruitment	<p>Did anticipated numbers of families receive the 2 Year Language Assessment?</p> <p>Were anticipated numbers of families eligible for TT?</p> <p>Did anticipated numbers of families enrol in TT project?</p>	<p>From monitoring data:</p> <p>Anticipated and actual number of 2 Year Language Assessments</p> <p>No. of anticipated referrals into TT</p> <p>No. of anticipated families accepting TT referral</p> <p>No. of parents who started TT</p>
9) Participant responsiveness	<p>What proportion of families were disengaged from the TT project due to non-responsiveness?</p>	<p>From monitoring data:</p> <p>No. of parents who started and completed TT</p> <p>Outcome of TT (per family)</p>
10) Context	<p>What factors at political, economic, organisational and group levels affected the implementation?</p>	<p>Qualitative:</p> <p>Qualitative consideration of implementation reports and review minutes</p>

Table 2: Summary of Talking Together outcomes, data sources and collection methods

Outcome	Research questions	Data source & collection method
<i>'Before and after' - Project specific outcomes (currently collected data)</i>		
	<p>1. Do children's vocabulary levels increase during the course of the TT project and at 3-month follow up?</p> <p>2. Do children's broader language skills increase during the course of the TT project and at 3-month follow up?</p>	<p>From monitoring data:</p> <p>88 word checklist score at session 1, session 6, and 3 month follow up of TT</p> <p>ECAT scores at session 1, session 6, and 3 month follow up of TT</p>

Table 3: Summary of Talking Together pilot project outcomes, data sources and collection methods

Outcome	Research questions	Data source & collection method
<i>'Before and after' - Project specific outcomes (pilot data)</i>		
	<p>1. Is the new version of the 2 Year Language Assessment tool feasible and acceptable to staff?</p> <p>2. Is the new version of 2 Year Language Assessment measure sensitive to change over time and variation between participants?</p> <p>3. Is the Oxford Communication Development</p>	<p>Focus groups with staff</p> <p>Analysis of 2 Year Language Assessment data</p> <p>Focus groups with staff</p>

Outcome	Research questions	Data source & collection method
	Index (CDI; vocabulary) measure feasible and acceptable to staff? 4. Is the CDI measure sensitive to change over time and variation between participants? 5. Is the use of the MORS (parent child relationship) measure feasible and acceptable to staff? 6. Is the MORS measure sensitive to change over time and variation between participants? 7. Is the use of the Home Learning Environment questionnaire measure feasible and acceptable to staff? 8. Is the Home Learning Environment measure sensitive to change over time and variation between participants? 9. Is the use of the Home Learning Environment questionnaire measure feasible and acceptable to staff? 10. Is the Home Learning Environment measure sensitive to change over time and variation between participants? 11. Is the use of the short form Strengths and Difficulties Questionnaire (SDQ; children's behaviour) feasible and acceptable to staff? Is the SDQ sensitive to change over time and variation between participants?	Analysis of CDI data Focus groups with staff Analysis of MORS data Focus groups with staff Analysis of Home Learning Environment data Focus groups with staff Analysis of Home Learning Environment data Focus groups with staff Analysis of SDQ data

Timing

Implementation evaluation

Provided implementation deadlines have been met, it is anticipated that the Implementation stage of the evaluation will take approximately 2 years, and a report will be prepared for BSB on or before November 2017.

'Before and after' evaluation

For the 'Before and after' evaluation using the routinely collected data, the timing of the evaluation will be similar to the Implementation evaluation. It will take approximately 2 years, commencing at the start of project delivery and will be on-going through the contract period.

The pilot project will run during the last year of the project contract. It will commence in May 2017 and will take approximately 12 months to complete. The full results of the pilot project will not be available for the report delivered in November 2017, but any interim results will be included. The findings of this work will be available to inform any subsequent commissioning periods.

N.B. As data collection for both the Implementation and 'Before and after' evaluations is conducted as part of project monitoring, collection will commence at the start of project delivery and be ongoing during the

project contract period. However, before these stages of evaluation can be completed it is important that an initial period of monitoring and review has taken place, which will provide both Better Start Bradford and the Innovation Hub with an understanding of project delivery and establish the quality of collected data. Issues pertaining to low recruitment, incomplete or poor quality data, and/or low rates of consent may delay elements of the evaluation and/or impact significantly on findings.

Review

This evaluation plan will be reviewed as part of Innovation Hub Language and Communication work stream meetings and Talking Together project quarterly reviews.

It should be noted that timings of evaluations and the resulting reports may be subject to change as a result of issues relating to data. However, these issues will be highlighted as part of the reviewing process and the Innovation Hub will ensure that Better Start Bradford are made aware of any issues as they arise.

b. Evidence review

Children's early language skills are a fundamental component of their development, and are linked to their social and emotional wellbeing (Clegg, Law, Rush, Peters, & Roulstone, 2015), as well as their later literacy skills and academic success (Storch & Whitehurst, 2002; Schoon, Parsons, Rush, & Law, 2010; Brooks-Gunn & Duncan, 1997). Children from more deprived backgrounds have consistently been found to demonstrate weaker language skills when compared to children from more affluent homes, and this influence of poverty can be detected even before children's 2nd birthday (Fernald, Marchman, & Weisleder, 2013, Hart & Risley, 1995). These differences have been linked to important inequalities in children's early home lives, as children growing up in poverty are likely to be spoken to less often (Huttenlocher et al., 2002), to have a less stimulating home environment with fewer learning opportunities (Melhuish et al., 2008; Yeung, Linver, Brooks-Gunn, 2002), to experience less sensitive and warm parenting practices (Nicholson et al., 2016; Lugo-Gil & Tamis-LeMonda, 2008), and to have a generally less stable home life (Evans, 2004).

These identified determinates of children's language skills are important targets for intervention, as changing these aspects of children's early experience could help to mitigate some of the negative impacts of deprivation (Nicholson et al., 2016). Interventions to support parents to become more sensitive, warm, and responsive to their children, and to provide a more stimulating home environment were recently comprehensively reviewed by the Early Intervention Foundation (Early Intervention Foundation, 2015). The report summarizes a range of different interventions differing in their level of intervention (i.e. was the programme universal, targeted at level of risk, or targeted by child's development), as well as the mode of delivery (e.g. self administered, group based, home visiting, etc). Focusing in on home visiting or individually administered interventions, such as Talking Together (TT), the overall assessment of the report was that there is evidence that these types of programmes can have a positive effect on children's outcomes, although the strength of evidence varies based on the specific programme in question.

In the absence of any specific evaluation of the TT programme, it is useful to consider evaluations of programmes that are similar to TT in their eligibility and design. For example, Hanen's It Takes Two to Talk, which TT was based on, has been evaluated in three small-scale randomized-control trials (RCTs) with waiting list control groups (Girolametto, 1988; Tannock et al., 1992, Girolametto et al., 1996). Results suggested that mothers who received the programme showed more responsive parenting techniques, and children also showed increases in their initiating and responsivity, although comparisons to the waiting control group suggested that the groups made similar progress over time. However, this programme is primarily group based, and there are examples of other interventions that are more similar to TT in terms of the home visiting design. For example, there is formative evidence to support the effectiveness of Home Talk, an individually delivered intervention for 2 year olds identified as having delayed language. The aim was to support parent's knowledge and skills in creating a language rich environment, and 75% of the small group of children in the evaluation showed accelerated language development and age-appropriate language by age 3. However, the small scale of this study, and the lack of control group means results should not be over interpreted. A more established and evaluated programme is the Playing and Learning Strategies (PALS) programme, which uses home visiting to support parents of children identified as at risk of slow language development. Family coaches visited families for 10 sessions (90 minutes each) over the course of 3 months, and supported parents in developing a more responsive parenting style through coaching, reflections on videoed interactions, and planning of activities. The RCT evaluation of the PALS programme for children between 24-28 months suggested that PALS was effective in improving both parent (verbal encouragement) and child outcomes (cooperation, social engagement, use of words, and

vocabulary; Landry et al., 2008). Importantly, there was also evidence that these changes in parent outcomes mediated the changes in at least some of the child outcomes. On the basis of their complete review (which included outcomes beyond language and communication), the Early Intervention Foundation found evidence that home visiting programmes could be effective at both the parent and child level, although further evidence is needed to identify which components of this approach have the most consistent impact (Early Intervention Foundation, 2015).

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c. Evaluability checklist

BSB IH Evaluability Assessment checklist – Talking Together

Project Design		
Aspect of the project design	Adequacy for evaluation	Comments
<p>Clarity? Are the short- and long-term impact and outcomes clearly identified and are the proposed steps towards achieving these clearly defined?</p>	Issues affecting the feasibility or quality of evaluation	<p>Currently there is a lack of a logic model that outlines the short and long term impacts of the project.</p> <p>Actions to address this issue: Develop an updated logic model</p> <p>Difficulty of addressing issues: Easy</p>
<p>Relevant? Is the project objective clearly relevant to the needs of the target group, as identified by any form of situation analysis, baseline study, or other evidence and argument? Is the intended beneficiary group clearly identified?</p>	Sufficient for evaluation	
<p>Plausible and realistic? Is there a continuous causal chain, connecting the intervening agency with the final impact of concern? Is it likely that the project objective could be achieved, given the planned interventions, within the project lifespan? Is there evidence from elsewhere that it could be achieved?</p>	Sufficient for evaluation	
<p>Validity and reliability? Are there <i>valid</i> indicators for each expected event (output, outcome and impact levels)? I.e. will they capture what is expected to happen? Are they <i>reliable</i> indicators? I.e. will observations by different observers find the same thing?</p>	Sufficient for evaluation	
<p>Agreement? To what extent are different stakeholders holding different views about the project objectives and how they will be achieved? How visible are the views of stakeholders who might be expected to have different views?</p>	Sufficient for evaluation	

Information availability		
Aspect of the project information availability	Adequacy for evaluation	Comments
<p>Is a complete set of documents available? ...relative to what could have been expected? E.g. Project proposal, Progress Reports, Evaluations / impact assessments, Commissioned studies</p>	Issues affecting the feasibility or quality of evaluation	<p>Due to the Service Design of this project being completed as one of the first in BSB, there are a number of documents that need to be clarified and updated.</p> <p>Actions to address this issue: revisit Service Design, logic model, data requirements</p> <p>Difficulty of addressing issues: Easy</p>
<p>Do baseline measures exist? If baseline data is not yet available, are there specific plans for how and when baseline data would be collected and how feasible are these? What form does this data come in? Is the sampling process clear? Are the survey instruments available? Are time series data available, for pre-project years?</p>	Sufficient for evaluation	
<p>Is it possible to establish a control group? Is it clear how the control group compares to the intervention group? Is the raw data available or just summary statistics? Are the members of the control group identifiable and potentially contactable? How frequently has data been collected on the status of the control group?</p>	Issues affecting the feasibility or quality of evaluation	<p>Currently, due to the high recruiting numbers and other contextual factors, there is not an easily identifiable control group. This could be addressed through the use of a waiting control group design at a later point, and this is being considered by the IH. There are other options for evaluation in the short-term.</p> <p>Actions to address this issue: BSBIH has proposed a plan for a study using a waiting control group design, and this is currently being considered for funding</p> <p>Difficulty of addressing issues: Moderate</p>
<p>Is data being collected for all the indicators? Is it with sufficient frequency? Is there significant missing data? Are the measures being used reliable i.e. Is measurement error likely to be a problem?</p>	Issues affecting the feasibility or quality of evaluation	<p>Since the pilot project, a number of new, useful measures have been integrated into the project's standard data collection. This is excellent, but it is still unclear whether this data is being collected correctly and consistently.</p> <p>Actions to address this issue: Data checking with BHT, and subsequent training for staff if issues are identified</p> <p>Difficulty of addressing issues: Easy/Moderate</p>
<p>Is critical data available, including data on fidelity? Are the intended and actual beneficiaries identifiable? Is there a record of who was involved in what project activities and when?</p>	Sufficient for evaluation	
<p>Do existing M&E systems have the capacity to deliver?</p>	Issues affecting the feasibility or	<p>A robust evaluation would require completely transparent data. The process of compiling the final report for Talking</p>

Where data is not yet available, do existing staff and systems have the capacity to do so in the future? Are responsibilities, sources and periodicities defined and appropriate? Is the budget adequate?	quality of evaluation	<p>Together has highlighted a number of important and concerning data quality issues. These would need to be fully clarified and addressed for future evaluation.</p> <p>Actions to address this issue: In depth consideration of the data issues by BSBIH and BHT in partnership. BHT would then need to address identified and outstanding data issues.</p> <p>Difficulty of addressing issues: Moderate</p>
Institutional context – Practicality and Utility		
Aspect of the project institutional context	Adequacy for evaluation	Comments
<p>Is the timing right? Is there an opportunity for an evaluation to have an influence? Has the project accumulated enough implementation experience to enable useful lessons to be extracted? Is the timing appropriate given the situation of the provider and the wider community context?</p>	Sufficient for evaluation	
<p>What do stakeholders want to know? What evaluation questions are of interest to whom? Are these realistic, given the project design and likely data availability? Can they be prioritised? How do people want to see the results used? Is this realistic?</p>	Sufficient for evaluation	
<p>What sort of evaluation process do stakeholders want? What designs do stakeholders express interest in? Could these work given evaluation the questions of interest and likely information availability, and resources available?</p>	Sufficient for evaluation	
<p>What ethical issues exist? Are they known or knowable? Are they likely to be manageable? What constraints will they impose?</p>		Unsure – more information needed

This checklist has been extracted from pages 19-23 of the following report, and some revisions to the original version have been made: Davies, R., 2013. *Planning Evaluability Assessments: A Synthesis of the Literature with Recommendations*. Report of a Study Commissioned by the Department for International Development.