

Better Start Bradford Innovation Hub

Talking Together End of Contract Report - January 2021

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the Talking Together team. The document provides an overview of the Talking Together, its performance and findings from the implementation evaluation for the project's second contract period. 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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Version

Approved by:

Sara Ahern Better Start Bradford Innovation Hub Programme Manager



Produced for Better Start Bradford

Executive Summary for Universal Screening

Project Summary

Talking Together is part of the 'Loving Language' theme in the Better Start Bradford programme, and aims to support the development of language and communication in children. The project is comprised of two components; the Universal Screening and the targeted Talking Together intervention. The Universal Screening is an assessment of language and communication offered to all 2 year olds in the Better Start Bradford area. For those children considered at risk for weak or delayed language development, the targeted Talking Together intervention is offered.

Talking Together is a home visiting intervention delivered by BHT Early Education and Training's Language Development Workers in families' homes. The 6 sessions cover a range of concepts related to early communication development, and provide knowledge and support to parents to allow them to best support children's early language skills themselves.

Recently, Talking Together has been the subject of a pilot study to assess the feasibility of conducting a large scale effectiveness evaluation of the project. The results of this study are currently being finalised, and can be provided once approved by the Nuffield Foundation.

This report summarises the BSBIH's evaluation of the implementation of Talking Together. The report is based upon the data provided by the project provider, BHT Early Education and Training, over the first two and half years of delivery - 1st June, 2018 to 1 December, 2020. It should be noted that due to Covid-19 pandemic, face-to-face delivery of the project had to be paused on the 17th March, 2020 in line with Government guidelines. The impact of this on the ability of the project to meet targets should be considered, particularly in Year 3 of delivery.

Project performance - Universal Screening

Data



The project has worked closely with the Innovation Hub to improve the quality and completeness of project monitoring data. However, some issues still remain with data capture and these issues should be addressed moving forward. The project is in **AMBER**.

Recruitment



Annual recruitment targets related to the proportion of families taking up the Universal Screening offer. Overall, the project achieved 80% of their target, putting them in **AMBER** for this progression criteria

Reach



The project aimed to engage a representative number of families from three main ethnic groups in the Better Start Bradford area for both the Universal Screening and Talking Together. For the Universal Screening, the project exceeded their target for Asian: Pakistani families (107%) placing them in **GREEN**, and were below target for both White: British families (83%) and White:Other families (80%) placing them in **AMBER**.

Recommendations for Universal Screening

Recommendation 1 -

Continue to work on data quality. The project has made great improvements in both the types of data collected, and the quality of the data. However, there are a number of ongoing issues that should be addressed in any subsequent contracting period to allow for even more accurate and timely reporting.

Recommendation 2 -

Continue to work on Reach. The service could benefit from support for increasing the number of families they have consent to contact to invite to the Universal Screening. It would also be beneficial understand more about why families do not take up the Universal Screening, particularly in families from White backgrounds.

Executive Summary for Talking Together

Project performance for Talking Together

Data



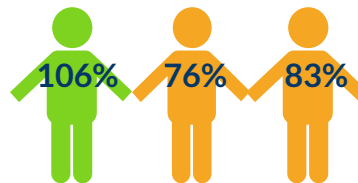
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Recruitment



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Completion



Annual implementation targets related to the proportion of families completing 5/6 Talking Together sessions. The project achieved 57% completion, putting them in **RED** for this progression criteria.*

Recommendations for Talking Together

Recommendation 1 -

Focus on improving completion figures. Completion figures are not as strong as in the first contract period, and it would be beneficial to understand more about why this is and how to support families through the project. This may be related to potential over recruitment, so this could be explored in a subsequent contract period.

Recommendation 2 -

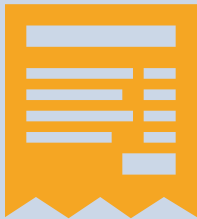
Revise target figures for the project. This contract period showed higher rates of referral than the previous one, as well as lower rates of completion. It would be useful to consider whether the project is overreferring, or whether there is a greater than expected need in the community. It would also be useful to revise the completion figures to reflect families with a planned ending to their Talking Together experience (completed + those considered to no longer require the intervention).

Overall Recommendation

Based on the project's strong performance, willingness to engage with the evaluation team, and potential for future effectiveness evaluation, the Innovation Hubs recommendation is that this project should be recommissioned.

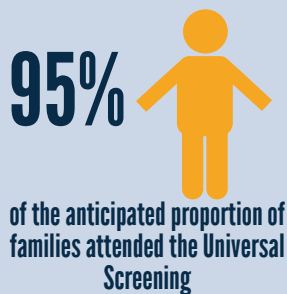
Project Performance

Data

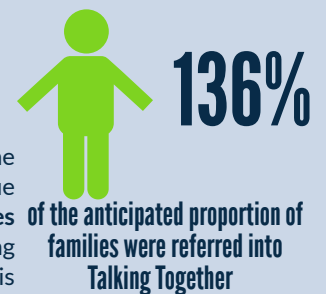


Data has been provided on time and to a good standard. However, a small number of data quality issues were identified during the preparation of this report. These specifically related to inconsistencies in the data around families with screening data but no recorded referral or visit data, missing screening questionnaire date, and multiple screening visits. There were also a number of smaller data quality issues with lesser impact on reporting. As such, while overall the data quality was acceptable, there were a number of important issues that affected reporting. As such, the project is in **AMBER** for this criteria.

Recruitment

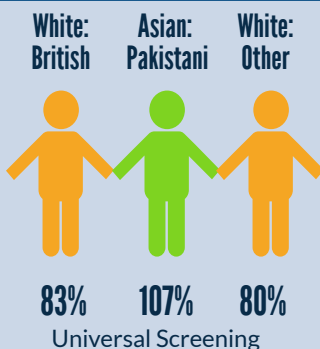


Targets around recruitment for the project related to the proportion families invited to the Universal Screening who went on to attend this session, with an anticipated figure of 70% attendance. Overall, the project managed to see **1820 families** (67%) of those families who were invited to the Universal Screening, which represents 95% of their target. This puts the project in **AMBER** for this progression criteria.

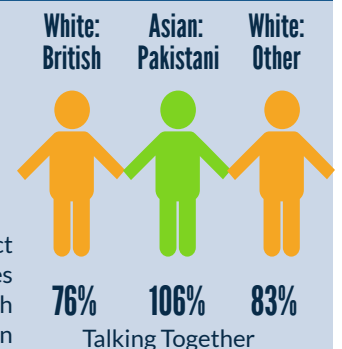


For Talking Together, it was anticipated that 40% of those attending the Universal Screening would be referred into Talking Together. Possibly due to higher than anticipated demand, the project referred in **989 families** (54%) of those children seen for the Universal Screening, representing 136% of their anticipated target. This puts the project in **GREEN** for this progression criteria.

Reach

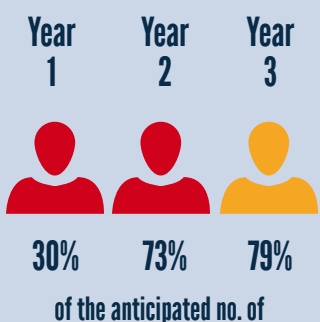


The project aimed to reach families representative of the Better Start Bradford community for both the Universal Screening and Talking Together. For the Universal Screening, the project recruited a higher than anticipated number of Asian: Pakistani families (107%), putting them in **GREEN**, while they under recruited families from both White:British (83%) and White:Other backgrounds (80%), putting them in **AMBER** for these progression criteria.



The figures were very similar for Talking Together, where the project recruited a higher than anticipated number of Asian:Pakistani families (106%), putting them in **GREEN**, while under recruiting both White:British (76%) and White:Other (83%) families, putting them in **AMBER** for these progression criteria.

Completion



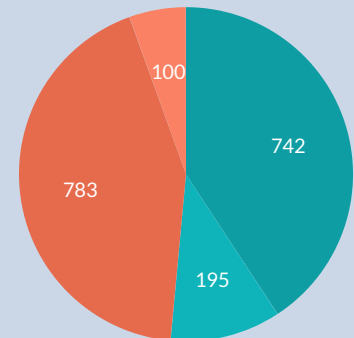
The agreed indicator for project completion was the number of families attending 5/6 sessions of Talking Together. Using this indicator, during the first year of the contract, 30% of families completed the intervention, putting the project in **RED** for this year. During the second year, completion increased considerably to 73%, which is still **RED** for this criteria. Finally, during the final year of the contract, completion increased again to 79%, which represents **AMBER** for this progression criteria.

Recruitment to Talking Together

What was the outcome of the Universal Screening for all families?

The project had a target for 40% of children attending the Universal Screening to be referred into Talking Together, and for 34% of families attending the Universal Screening to accept the Talking Together referral. Overall, based on recorded outcomes of the visit, 41% of families who attended the Universal Screened accepted the Talking Together offer, while an additional 11% were offered but declined. Forty three percent of families were not offered the intervention, and for 5% of families, data is missing.

- Offered and accepted (40.77%)
- Offered and declined (10.71%)
- Not offered (43.02%)
- Unknown (5.49%)

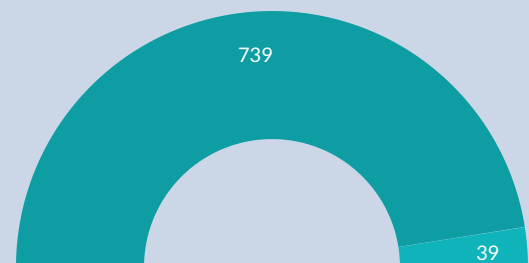


Who were the children referred into Talking Together?

Reason for Talking Together Referral

As part of the changes to the data collection process undertaken by BHT for this project, the LDWs were asked to collect data about their reasons for referring families into the intervention. There were a number of different potential reasons (children's behaviour, parents/carers behaviour, home learning environment), but overwhelmingly LDWs said they referred into the project due to children's language and communication skills (95%). Only 5% of all referrals were for other reasons.

Reason for referral

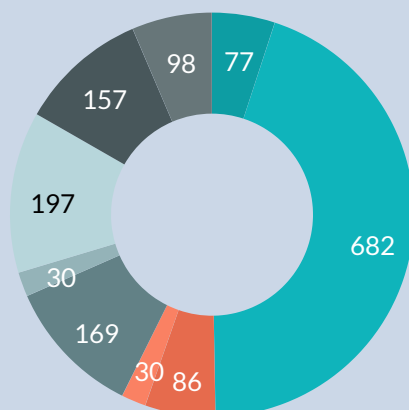


Average age of children participating in Talking Together

Age of children attending services

Due to the nature of the assessments used at the Universal Screening and as part of Talking Together, it is important to consider children's age when attending these two services. The average age of children at the Universal Screening was 24 months, which is the target age. The average age for children starting Talking Together is 28 months, which is also appropriate given the assessment tools used.

Average age of children at the Universal Screening



Home language of recipients

Talking Together focuses on improving language skills, regardless of home language, and is offered to families from all language backgrounds. The majority of recipients spoke English as the primary language at home (45%). The next most frequent home languages were Urdu (13%) and Punjabi (11%), followed by all other languages combined (10%). There were also notable numbers of Bengali (5%), Pashto (6%), Polish (2%), and Slovak (2%) speaking families. Additional, for 6% of families home language was unknown.

- Bengali (5.05%)
- English (44.69%)
- Pashto (5.64%)
- Polish (1.97%)
- Punjabi (11.07%)
- Slovak (1.97%)
- Urdu (12.91%)
- Other (10.29%)
- Missing (6.42%)

Implementation of Talking Together

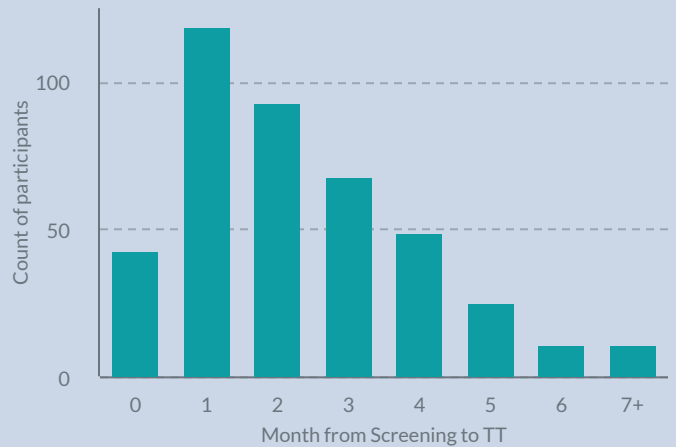
How long did families wait between referral and starting Talking Together?

In the previous contract period, there were concerns about the length of time families referred into Talking Together waited before receiving the intervention.

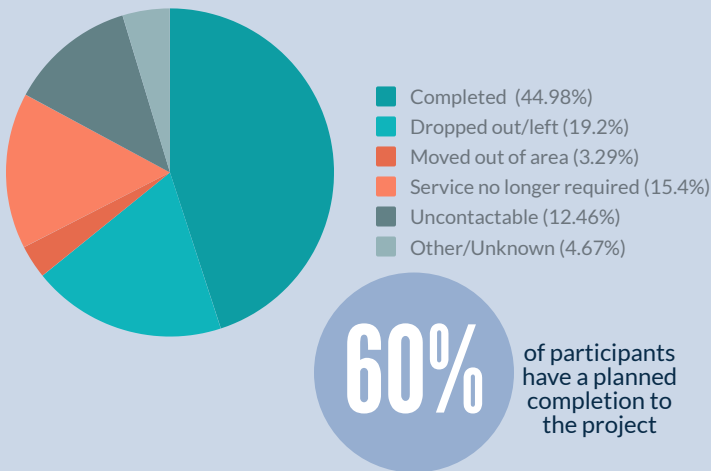
During the current contracting phase, 61% of families waited 2 months or less before starting Talking Together, and 39% waited only a month or less. The average waiting time for all participants was 2.4 months.

2.4
months

Average waiting time



What was the outcome of Talking Together for participants?



For all families receiving Talking Together, LDWs record the outcome of their time with the project. These figures are different to those used for the progression criteria, which is based on how many families receive at least 5 sessions of Talking Together.

Based on this data, 45% of families complete the intervention, and 15% no longer require the intervention once they reach the top of the waiting list. This means 60% of families have a planned completion to Talking Together. Of the remaining families, 19% dropped out or left the programme, while 12% became uncontactable at some point after accepting the referral. Only 3% of families moved out of area, and for the remaining 5% of families their outcome is other or unknown.

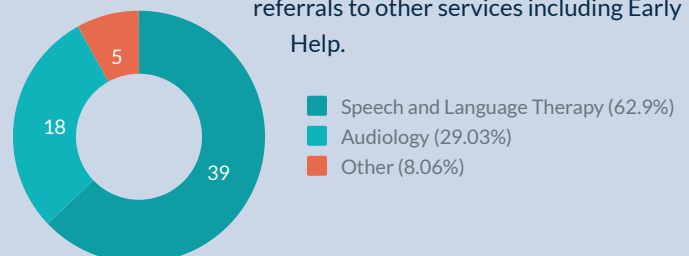
When were interpreters used?

127 Of the 1820 completed Universal Screening visits, 127 had an interpreter present. This represents 7% of visits.

76 Of the 563 families who participated in Talking Together, 76 received the project through an interpreter. This represents 13% of Talking Together participants.

Where were families referred onto?

LDWs are able to understand a lot about a child's and a family's needs, and sometimes they refer families onto other services for support. The majority of referrals were to Speech and Language Therapy (63%) and Audiology (29%), with a small number of referrals to other services including Early Help.

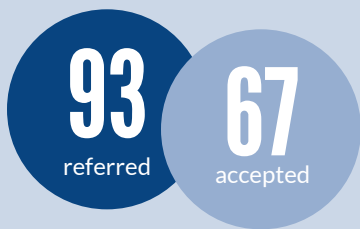


Talking Together+

What is Talking Together+?

Talking Together+ is an additional service offered to some families who received Talking Together. At the end of the original intervention, a decision is made about how much progress the family has made and whether they may benefit from some additional support. Families requiring additional support are referred into Talking Together+, a six week extension of Talking Together with a adaptable content that allows LDWs to work more specifically on supporting the individual child's areas of need.

How many children were referred into and accepted Talking Together+?



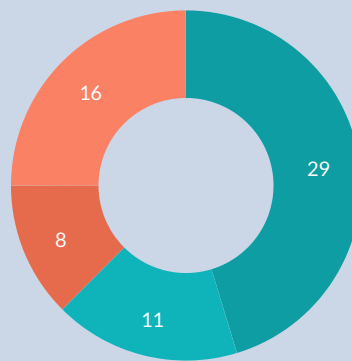
Of the 563 children who started Talking Together, 93 went on to be referred into Talking Together+. This means 17% of children referred into Talking Together are also referred into Talking Together+, and 31% of children who complete Talking Together (303) are referred onto Talking Together+. Of those referred, 67% accepted the referral, which is an acceptance rate of 72%, which is similar to the acceptance rate for Talking Together.

Who were the children receiving Talking Together+?

By the time children started Talking Together+, they were on average 35 months old. This suggests that children are considerably older than those starting Talking Together, and it could be useful to consider why this may be happening.

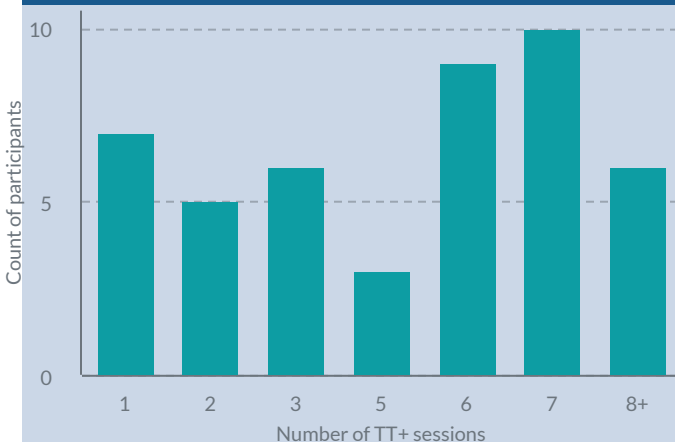


Average age of children participating in Talking Together+



As with Talking Together, the majority of children receiving the intervention spoke English as the primary home language (45%). Punjabi (17%) and Urdu (16%) were the other main home languages, while the remaining families spoke a range of other languages (25%).

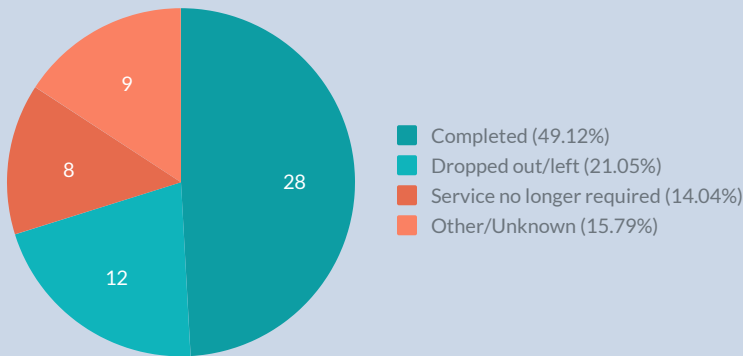
How many sessions of Talking Together+ did families receive?



Talking Together+ consists of 6 sessions, like the original intervention. When considering the data, it is clear that there is large variability in how many sessions of Talking Together+ families attend. However, the majority of families receive either 6 or 7 sessions, which is consistent with project delivery.

Talking Together+ & Contract comparison

What was the outcome of Talking Together+?



Of those families receiving Talking Together+, 49% completed the project. Additionally, 14% were found to not require the service by the time they reached the top of the waiting list, meaning 63% of families had a planned ending to their contact with the service. Twenty one percent of families dropped out or left the service, while for the remaining 16% of families receiving the project, their outcome is other or unknown.

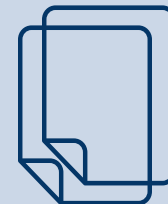
63%

of participants have a planned completion to Talking Together+

Comparisons of contract periods



1st Contract



2nd Contract

Recruitment to the Universal Screening



In the first contract period, the project successfully recruited **66%** of the invited population to the Universal Screening. In the second contract period, the figure was very similar, at **67%** of those invited.

Recruitment to Talking Together



In the first contract period, the project referred in **38%** of families seen at the Universal Screening, and **33%** of children at the Universal Screening accepted a Talking Together referral. These figures increased considerably in the second contract period, when **54%** of children attending the Universal Screening were offered Talking Together, and overall **43%** of children accepted the referral.

Completion of Talking Together



Completion rates in the first contract period were high, at **76%** of those starting the intervention. In the second contract period, this figure decreased to **57%**.

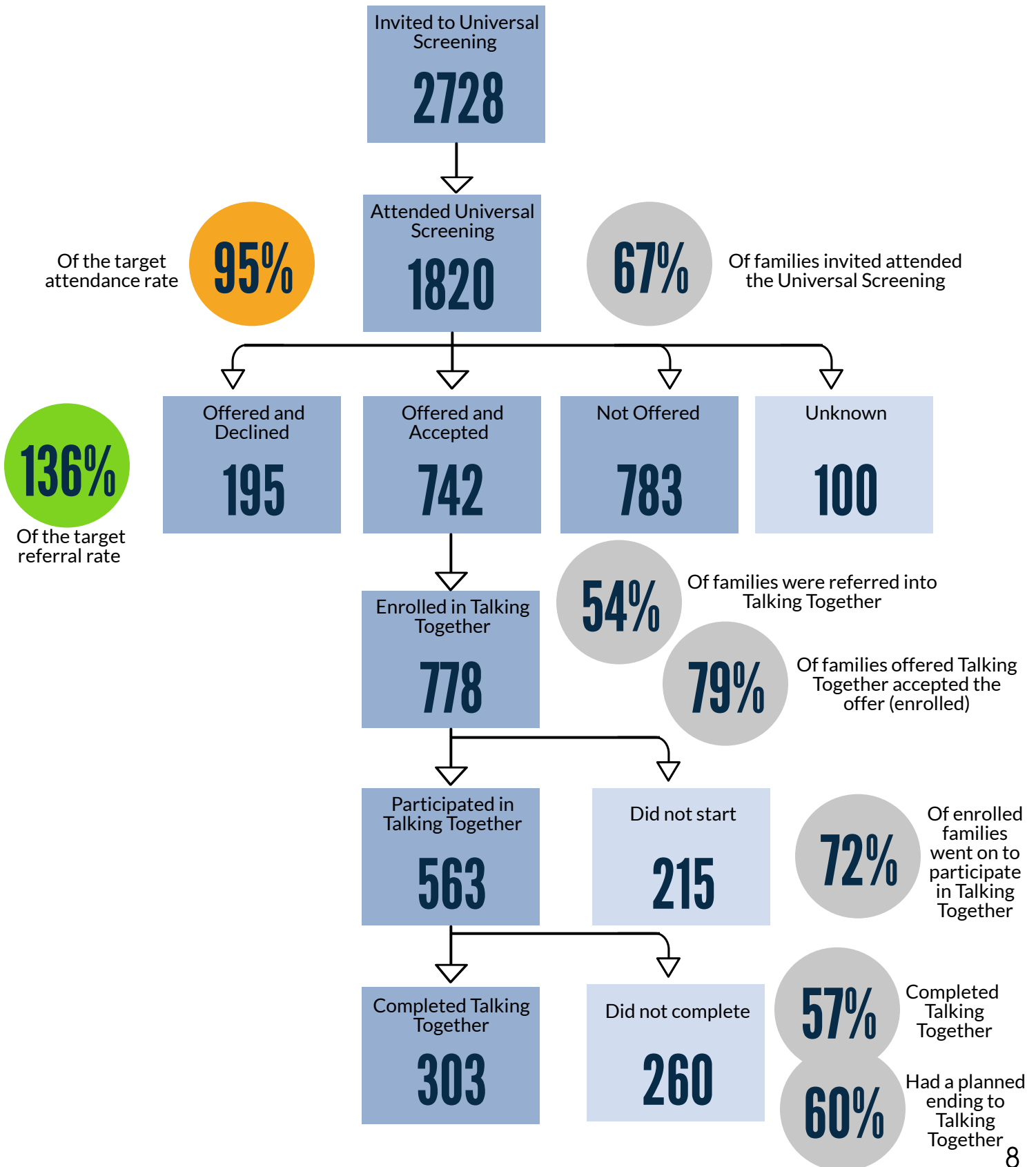
Data Quality



Data quality in the first contract period was rated as **AMBER**, and this is also true of the second contract period. However, it should be noted that the quality of the data has greatly improved, despite this same rating.

Recruitment and Implementation

Participant Flow diagram

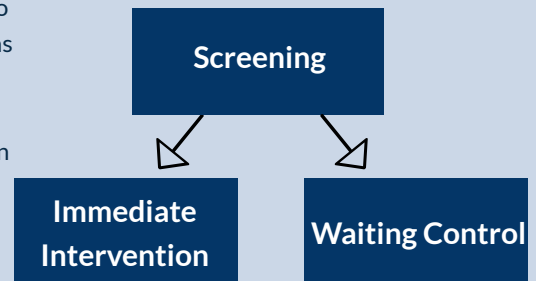


oTTer Feasibility Study

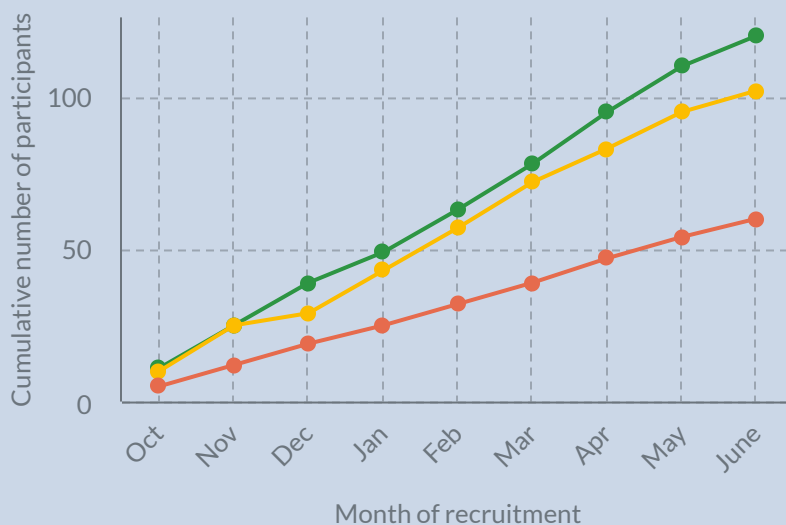
What were the aims of this project?

BHT Early Education and Training worked hard during the first contract period to improve the quality of their data collection for Talking Together. This meant it was possible to apply for funding from the Nuffield Foundation to run a feasibility study to examine how to conduct a full scale randomised control trial (RCT) of Talking Together. This feasibility study, named the oTTer trial, is the first step in a rigorous outcome evaluation of the intervention, and it aims to understand how to best conduct an RCT of the project.

This study used a waiting control design, meaning that all eligible families who consented to oTTer were randomly assigned to either receive Talking Together immediately, or after a 6 month wait. This meant the development of the children in the immediate intervention group could be compared to children developing as normal in the waiting control group.



What did it find?



102 families consented to oTTer

69 families were assessed at follow up

Recruitment

A primary question for this project was whether parents would consent to be involved. It was important to try to understand an estimated recruitment rate for a future study. The study found that enough parents were willing to be involved, and that the recruitment rate was 11 participants per month, leading to a total of 102 participants. It was also important to understand drop out rates, and by the final time point, 69 families were still involved. This represents a relatively large drop out rate, and future studies would need to take this into account.

Acceptability

Another important consideration was how acceptable the study design was for its participants and practitioners. This was done using interviews and other methods. Overall, it seemed that some families were put off by the potential 6 month wait, and this resulted in many eligible families not consenting to be involved. For practitioners, the study resulted in more work, although they were able to cope with this well. While practitioners found some of the assessments challenging to administer, families were generally accepting of the data collection, even when they thought the measures were time consuming.

Appropriate measures

It was also important to understand which outcome measures best captured change in children's language and behaviour. The study identified the most appropriate measures for a future trial based on how the measures performed and how acceptable they were to parents and practitioners.

Satisfaction

What did families say about the support they received?



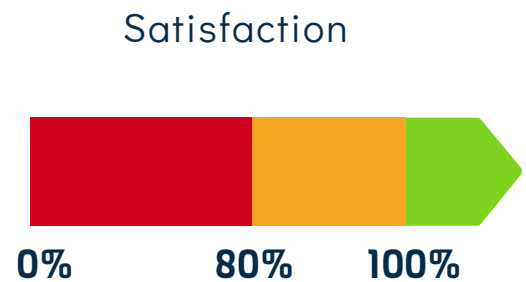
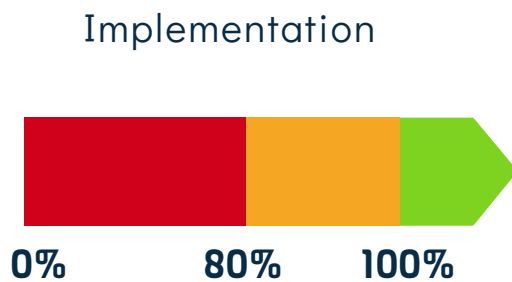
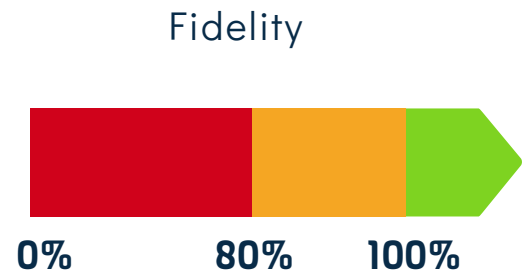
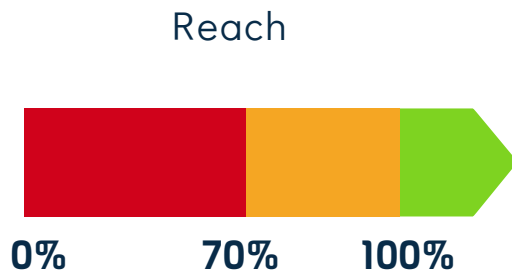
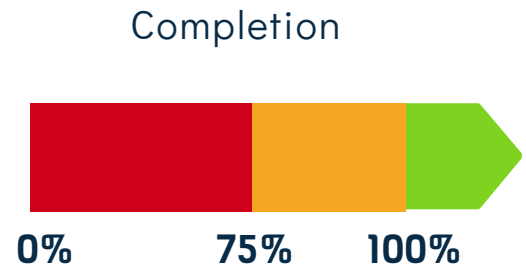
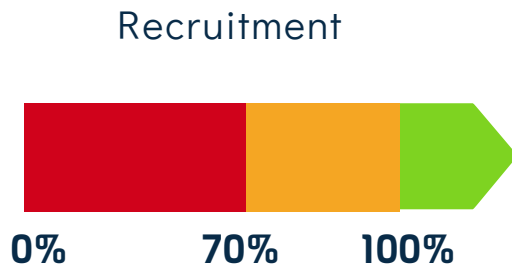
As part of the oTter trial, the team conducted interviews with families taking part in the project. Families were asked about their experience of receiving the intervention, and these are some of the things they had to say about Talking Together

...the communication, the eye contact, I didn't realise how important that was to get because he just wasn't giving any. And he's just changed, he's just a different boy, a really different boy.

...what I gain is how to look after kids, how to sit with them, play with them

...He really likes [the LDW], he really interacts with her... When she puts everything away he tries to get it all back out and he doesn't want her to go.

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