



PINE Suggested Evaluation Plan: Early Parenting Assessment Programme (EPAP), Brighton and Hove

Evaluation aspirations

The aim of the evaluation is to understand the value of EPAP for Brighton and Hove Children's Services; how it influences the assessment process, decision-making and, ultimately, outcomes for parents and their babies. Based on our consultations with the Brighton and Hove team, we propose that this is primarily measured qualitatively through interviews with social workers to understand their perceptions of the programme's effectiveness, while also tracking a small number of quantitative outcomes to understand how these measures change over time.

The Implementation and Process Evaluation also aims to understand whether there are areas for improvement with regards to the delivery and process around the intervention.

Our evaluation questions, listed below, are focused on outcomes associated with the families in contact with EPAP measured through surveys and administrative data. Qualitative indications of effectiveness and evaluation of the process around the intervention activities (pre-, during and post-intervention) are included later in the document as part of an Implementation and Process Evaluation.

Evaluation questions

Based on our assessment of what data will be possible to collect, we suggest the following evaluation questions.

- 1) What proportion of the families referred receiving EPAP had a reduction in the level of social care involvement 6 and 12 months after starting to receive the intervention compared to before? What proportion had an increase?
- 2) To what extent do the parental skills of recipients change from the beginning to the end of the programme?



- 3) To what extent does parents' knowledge of children's developmental needs change from the beginning to the end of the programme?
- 4) To what extent does the parental resilience of the recipients change from the beginning to the end of the programme?
- 5) How does the relationship between parent(s) and babies for those families on EPAP change from the beginning to the end of the programme?

Note that none of these questions aim to confidently determine whether EPAP was the **cause** of any changes observed over time. This is because outcomes for individuals who are in contact with Children's Services might have changed over time in the absence of the programme - we therefore cannot attribute cause to the intervention. In the future you may wish to identify a suitable comparison group who do not receive EPAP - perhaps from a different Local Authority - against which those receiving the intervention can be compared to robustly determine causal impact.

Sample

Your sample - who you want to collect data about - should consist of all individuals who start receiving the programme during the evaluation period (see 'Data Collection Schedule' below). For survey data, we recommend collecting responses in person as close to the recipient's first contact with the EPAP team as possible, and then again when they are ending their contact with EPAP.

For administrative data, for social care involvement every child in a family that receives will be included in our sample.

Implementation and Process Evaluation

You indicated that the primary aim of the evaluation should be to understand practitioners' perception of the effectiveness of EPAP in improving the assessment process and decision-making for parents and families. This can best be achieved qualitatively as part of the Implementation and Process Evaluation (IPE). Below, we have outlined a plan for this part of the evaluation in order to gain a richer understanding of the potential effectiveness of the programme from a series of semi-structured interviews with EPAP practitioners.

We have also included questions for interviews with recipients of the programme and social work colleagues who have referred into EPAP, which can produce a more comprehensive understanding not only of the programme's effectiveness, but also of how well individual elements and its internal processes function which can further inform improvements to EPAP in the future. You noted that you already collect feedback from recipients, and have some expectation for what feedback you might receive as part of this evaluation, but we suggest



including this group as part of the IPE as it may still be useful to capture formally as part of the wider evaluation.

We recommend conducting 6-8 semi-structured interviews with recipients; 2-4 with EPAP workers (preferably including someone from each role within the team, i.e. the pod manager, a lead practitioner, social worker and parenting worker); and another 2-3 with social work colleagues in the pods who have referred into EPAP

Implementation and Process Evaluation Question	Why is this question useful?
For EPAP Practitioners:	
Assessment process; do case workers feel like the assessment process reliably identifies those with most need for the programme? Are there cases who they feel do not require the intervention? Is the information provided in the assessment process sufficient for good decision-making? Are there elements which are working, or not working?	It is helpful to get a sense from case workers of the strengths and weakness of the EPAP programme, and whether the assessment process is identifying those in most need of the programme, and if not, why this may be the case. If practitioners are seeing parents who they feel do not require the intervention, understanding whether there would be another more suitable pathway available may be helpful in ensuring EPAP is meeting its targeted client group, and the needs of all referrals are met. Additionally, one of EPAPs aims is to build a relationship with families by seeing them over time during an extensive assessment. Hearing a practitioner's perspective of whether this working effectively gives a sense of whether the main aims of the programme are being met.
Baby / family needs; does EPAP help social workers think about what babies need? Are there elements which particularly help with this, or elements that feel less useful? Is there anything additional case workers feel could be included in order to improve this?	In order to meet the needs of babies and families in contact with EPAP, gaining an understanding from a social workers perspective of which elements of the intervention are working well, or are less helpful gives a sense of where the intervention could be refined/expanded to better meet the needs of babies and families.



<p>Effectiveness of different parts of the programme; was there any content that was particularly helpful or less helpful? Are there specific cases or families which social workers think the process works better, or doesn't work as well for? What might be the reasons for this?</p>	<p>Understanding which content practitioners found more or less helpful is particularly useful when developing or refining the intervention, along with understanding whether there are any contextual factors impacting upon the effectiveness of the intervention, and the reasons behind this and potential adaptations that could be made to better meet the needs of families, and ensure successful implementation.</p>
<p>For recipients:</p>	
<p>Effectiveness of different parts of the programme; were there parts of the programme they felt were particularly helpful, or not helpful? Did anything particularly improve their understanding of the developmental needs of their children? Did they feel that EPAP improved their confidence and ability to parent?</p>	<p>A key aim of EPAP is to increase parents' understanding of the developmental needs of children and confidence and ability to parent, therefore hearing from recipients of the programme which elements were most or least helpful supports future successful implementation.</p>
<p>Delivery of content; how did recipients find the delivery in the twice weekly sessions, and how did they find the structure of the meetings? How did recipients find the group dynamic/home visits?</p> <p>(If sessions are still being run virtually): How have recipients found the virtual sessions? Do they feel comfortable attending these meetings virtually? Have they been able to understand the sessions well in this format?</p>	<p>Understanding the delivery of content and how recipients found twice weekly sessions and the structure/dynamics and locations of meetings helps to understand the context within which EPAP may be most effective, and potential barriers towards engagement.</p>
<p>Support; do the recipients feel they have been well-supported by EPAP? Did they find sessions helpful and did they feel more confident in their parenting abilities as a consequence? How did the service affect their relationship with their social worker?</p>	<p>From the perspective of the recipient, it is helpful to understand whether they felt well-supported by EPAP and which sessions were helpful, and whether this improved their parenting abilities, a key aim of the EPAP intervention. Additional understanding the effect EPAP had on the relationship families have with their social worker is useful in</p>



	terms of successful future implementation.
Onboarding; was there anything that could have been done differently to make signing up to the programme more appealing? Do the calls / group sessions / home visits appear to be particularly effective for producing this initial engagement?	Identifying what makes signing up to the programme appealing/what could have been done differently and the effectiveness of the format of EPAP will help to understand how EPAP can continue to engage clients and successfully implement the programme to its targeted client group.
Post-programme; do the recipients feel like they have enough support or guidance after the end of the programme? Would they value the facilitation of some peer group support from others in their cohort? Do parents utilise the post birthday programme?	From a recipients perspective, understanding whether they felt they had received enough support and guidance after the end of the programme is helpful to understand the potential long-term effects of EPAP, including whether additional peer support would be useful.
Social work colleagues who have referred into EPAP:	
Referral process; What do referrers think is or isn't working about the referral process? What do they think might be the barriers to referral? Are there any differences between types of cases, CIN or CP for example?	Understanding what referrers perceive as working well/potential barriers to referral is important when considering gaining appropriate and continued referrals from Brighton and Hove Social Work colleagues.
Identification of potential recipients; How well known is the programme within their team? Do they feel there are more cases which might have benefitted from referral? Did the intervention take place at the right time? Do you feel confident discussing the service with families? Was it easy to refer? Were appropriate referrals made?	Understanding from referring organisations how well signposted the service is/how easy making the referral was is important for promoting continued referrals into the service and increasing the overall impact of the intervention. Additionally, understanding whether more cases could have benefited from the intervention, or whether it takes place at the right time, can help to optimise the effectiveness of the process.



<p>Effectiveness of different parts of the programme; what is their view of the overall effectiveness of the programme? Do they feel it is beneficial for families to have a baby pod within the service? Do they feel it is beneficial for the organisation? What impact do they feel it has on their planning? Are they aware of any activities or elements of the programme which they feel are particularly helpful or less helpful? Are there specific cases or families which social workers think the process works better, or doesn't work as well for? What might be the reasons for this?</p>	<p>Understanding the views of referring social workers practitioners can help provide an addition perspective on the effectiveness of the programme which may be helpful in further developing or refining the intervention. Their understanding of families at the referral stage may also provide context for the reasons for the effectiveness or otherwise of the programme, and the reasons for this.</p>
<p>Case discussions; What do they think of the meetings with the programme leader to discuss referrals? Do they feel all the relevant information is passed on? Are there any ways the meetings could be improved? Did you feel involved with the work the service was doing? How did the service communicate with you? Were the parents engaged in the work? Did you feel that the service managed risk appropriately?</p>	<p>It is helpful to understand the effectiveness of case discussions and communication between teams, along with potential areas for improvement to gain a picture of how involved referring organisations are, and whether this feels like a collaborative process. Considering how appropriately the service managed/safeguarded against risk links to one of EPAP's main aims, to work protectively with babies and their parents by identifying where there is a clear risk.</p>
<p>Recipient engagement; how do they view the current engagement process conducted by the team at Brighton and Hove? Are there ways in which they feel this might be improved? Are there any parents you referred who didn't engage with the programme? Why?</p>	<p>Gaining an understanding of how effectively the team at Brighton and Hove engage recipients and how this could be improved is important to ensure the continued development of the programme and gaining appropriate referrals into EPAP, along with increasing understanding of potential barriers towards engagement, and how these may be mitigated against.</p>



Other data you may want to consider collecting

Additional data monitoring

In addition to the additional data collection we recommend in the sections above, it could also be good to capture other data systematically, to help you monitor your intervention over time and be able to communicate key information to internal stakeholders. For example:

- Number of young people referred and worked with
- Proportion of recipients who drop out of the programme before reaching threshold for reduction in risk
- Demographic information of each young person - age, gender, ethnicity, sexuality, UASC, where they live etc.

Data Collection Schedule

We propose running the evaluation for a period of 12 months, meaning that the sample consists of all parents who start working with the EPAP team during that time. Outcomes for these individuals continue to be tracked after the evaluation period, and reporting takes place once all cases are closed, or to a maximum of one year after the end of the period.

While this means that the proposed quantitative data collection will not be completed until October 2022, we suggest undertaking the IPE next year and reporting first, in July or August 2021. The quantitative data can continue to be collected and then be added to the report in final reporting.

Activity	Deadline	Person responsible
Start of data collection window	November 2020	-
Data collection for IPE	March-April 2021	-
Data analysis for IPE	May-June 2021	-
Reporting for IPE	July-August 2021	-
Final parent to be included in sample starts EPAP	End October 2021	-
End of data collection window	End October 2022	-



Quantitative data analysis	November-December 2022	-
Final reporting	January 2023	-