

Tiny Tots College - Evaluation Plan

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Intervention

What is the intervention?

Affinity and Unravel are running two interventions for young (up to age 25) care experienced parents and expectant parents: Tiny Tots - Toddlers (post-birth: children aged 0-2) and Tiny Tots - Care-Informed Parents (pre-birth: for expectant parents). The programme is titled 'Tiny Tots College'.

The Toddlers sessions will be led by two Affinity staff who are educational leaders. The aim of these sessions is to improve attachment and parental knowledge/confidence through play and communication, as well as online resources. The intervention will be delivered on Microsoft TEAMS video. The programme will consist of 8 sessions for 8 weeks, one session per week. Each session will be two hours long.

The Care-Informed Parents programme will be led by two Unravel staff who are emotional and behavioural psychologists. The aim of the session is to support expectant parents by providing education on pregnancy and child development, promoting attachment and increasing parents' skillset when their baby is born. This information is available online, with accompanying resources such as links to articles/videos/additional materials, as well as a forum where parents can connect and ask questions for program leads. The intervention will be delivered on Microsoft TEAMS video. The Unravel sessions will consist of 8 sessions for 8 weeks, one session per week. Each session will last for two hours.

What is the target group for the intervention?

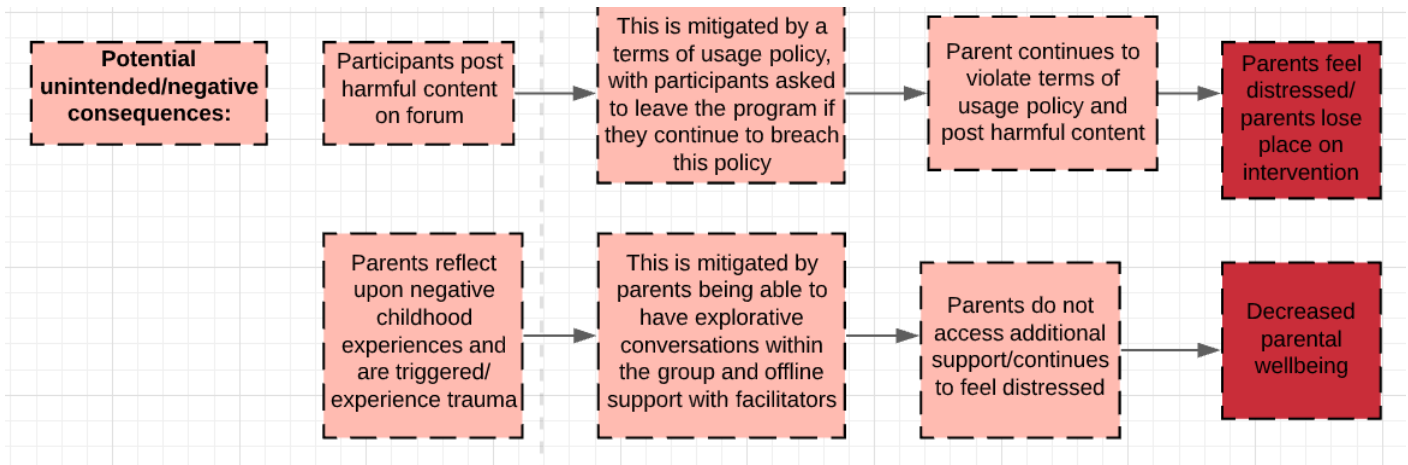
Participants will be care-experienced young parents (aged 25 and under) participating in one of two 8 week parenting interventions (pre-birth and post-birth between the age of 0-2). The service is open to anyone who has CSC involvement, defined as more than 48 hours under the care of the Local Authority, and children currently subject to CP, CiN or PLO. There will be up to 10 participants in each intervention.

What are your expected intermediate and final outcomes?

The research will provide important information about the delivery of the intervention and the promise of evidence in relation to parental wellbeing and child development.

Findings may be used to inform refinement and improvement of the intervention, and inform whether the intervention should be continued in Rotherham, South Yorkshire, and/or rolled out to other Local Authorities, in order to potentially benefit other families in the future.

Key risks to Logic Model



Evaluation Purpose

The aim of this research is to undertake a pilot evaluation to provide a more detailed understanding of what the Tiny Tots College intervention looks like, how well it is received, consider ways to improve its delivery and to gauge whether the intervention is ready to be scaled-up.

What are your research questions?

1. Specifying the Intervention

- a. What was delivered and how does this compare to what was planned?
- b. What are the facilitators and barriers to intervention delivery and outcomes?

2. Engagement and acceptability

- a. What is the level of engagement with the programme?
- b. How acceptable is the intervention to staff and families?

3. Early indicators of promise

- a. Is there evidence to support the intervention theory of change as set out in the logic model, including the mechanisms by which change is achieved?
- b. What are the perceived positive and negative outcomes of participating in the programme

according to parents and staff?

- c. Do there appear to be any unintended consequences or negative effects?

4. Readiness for trial

- a. Is there a clear description of the intervention and the contextual facilitators and barriers that would allow it to be implemented and evaluated in other places?
- b. Can quantitative outcomes be estimated reliably and have baseline rates been established to inform future trials?
- c. Are any changes needed to the theory, materials or procedures before rollout?

What are the expected benefits to research participants or third parties?

Findings from the research may have wider benefits for third parties, including informing refinement and improvement of the intervention. This may inform whether the intervention should be continued in Rotherham or rolled out to other local authorities in order to potentially benefit families in the future. Should the evaluation show promise, it may be scaled up to a full randomised controlled trial (RCT). This scale-up would introduce a new parenting service to CSC experienced young people, who may have not had access to parenting services specifically designed for CSC experienced parents before.

Over what timescale is the evaluation expected to take place?

The evaluation length will be over a period of 8 weeks, from February 2021 - April 2021, with reporting concluded by June 2021.

Evaluation Approach

We are conducting a pilot evaluation to provide a more detailed understanding of what the Tiny Tots College intervention looks like, how well it is received, to consider ways to improve its delivery and to gauge whether the intervention is ready to be scaled-up.

The pilot evaluation is a mixed-methods design, using qualitative data to explore the adaptation of the intervention (RQ1) in relation to the programme manual, quantitative data, observations and qualitative data to consider its reach and acceptability and its mechanisms as well as the readiness for trial (RQ2 + RQ3 + RQ4).

Qualitative data collection

- a. **Qualitative interviews and focus groups will be conducted by researchers at WWCS.**

Two focus groups will be conducted at the end of the programme with approximately 5 participants for each intervention. The focus group interviews will be led and facilitated by WWCS.

If participants prefer interviews, **1:1 semi-structured interviews will be conducted at the end of the intervention with the participants** opting for the interview. The 1:1 interviews were included as a way to mitigate the response from parents who may not want to be part of the focus group and are

more comfortable speaking in a 1:1 setting.

Semi-structured **1:1 interviews will also be conducted with all staff members** who delivered the intervention (4 individuals).

Tailored semi-structured topic guides will be based on research questions 1-4. Interviews and focus groups will take place by telephone or video link and recorded using a PC recording device. The transcription of the interviews will be done by a member of the designated research team. Building rapport with participants, reassuring them of the researchers' independence, and explaining clearly the confidential nature of the research will help to ensure we get more honest views from participants about their experiences.

- b. **Feedback surveys** will be gathered via an online survey **after every two sessions by the Unravel team**. This information will be anonymised before it will be shared with WWCS. The survey will provide an overview of how participants received the individual sessions. This information will be triangulated with the in-depth individual accounts provided by the interviews and focus groups carried out with a smaller number of individuals.
- c. WWCS will be **observing 2-4 sessions delivered by Affinity and Unravel**. This will help us understand the interventions and feed into our analysis. The observation will be recorded using written notes. WWCS will be observing the level of engagement of the participants and the content of the programme.

Quantitative data collection:

- a. **ASQ3 data on child development** will be collected online at baseline to establish baseline rates and variability of ASQ3 scores.
- b. **A participant monitoring form** will be recorded by the staff each session to monitor attendance. Affinity will transfer the pseudonymised data to WWCS upon completion of the questionnaires and attendance forms. This will be combined with the analytics from Microsoft 360 (see below) to gauge participant engagement with the sessions and resources.
- c. **Analytics from Microsoft 360** will be gathered to gauge participant use of the online platform which provides additional resources in addition to the weekly sessions. The information on time and length of use will only be available at an aggregate level and individual participants cannot be identified based on the data. This will be anonymised and shared with WWCS for descriptive analysis.
- d. **Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS)** will be administered every 2 weeks by the Affinity and Unravel team to gauge the level of mental wellbeing of the young parents. Affinity will transfer the pseudonymised baseline data to WWCS upon completion of the

questionnaires to establish baseline rates and variability of scores across participants to inform future trial designs.

What are your methods of data analysis?

Interviews and focus groups will be recorded, transcribed and pseudonymised prior to analysis. The qualitative data collected as part of this evaluation will be analysed using NVivo software using a thematic analysis approach which will be conducted by WWCSC. This will involve familiarisation, checking accuracy of transcription, labelling the data with descriptive codes and developing themes which describe patterns across the data to answer our pre-specified research questions. Analysis will look for patterns, consistencies and inconsistencies across different informants, and time points that might be informative for the research questions.

Observations will be recorded using written notes. Written notes will be analysed qualitatively to create a descriptive analysis of the intervention and the level of engagement from the participants. The information from the observation will also be used to assess the delivery's alignment with the logic model.

We refrain from collecting endline data for the ASQ3 questionnaires because the small number of participants in the programme will not allow us to establish meaningful comparisons over time. The baseline data will allow us to get an idea of baseline rates and variability of ASQ3 scores which can inform potential future scale-ups and power calculations. The response rate to the survey and the acceptability of the use of the questionnaire will also help gauge the acceptability and feasibility of using this outcome measure. We will report average ASQ3 scores overall and separately for each category (communications, gross motor, fine motor, problem solving, personal/social). Each questionnaire score indicates whether the child's development appears to be on schedule for a child at that age. Hence, a child that is on schedule at e.g. 12 months is expected to score above the cutoff in the 14 months questionnaire as well. However, the cutoff score at which a child is considered to be behind schedule varies with each questionnaire. Consequently, we will transform the scores for each time point into a percentage score relative to the cutoff score. We will provide tables on average scores for all five categories of the ASQ3 scores (communications, gross motor, fine motor, problem solving, personal/social), as well as frequency tables (if our statistical disclosure policy allows) on the children's performance relative to the cutoff, which denotes the score at which the child would be considered on schedule. For the wellbeing questionnaire, we will proceed as with the ASQ3 scores, providing average wellbeing scores from the beginning of the programme

We will further use analytics and survey data to assess the level of engagement (session attendance and number of messages broken down by days) and active users (how many participants are using the site and on which days). We would expect that the forum may be used less given that the participants will be using WhatsApp group as a form of peer support network. We will be mindful of this when analysing.

How will the findings be disseminated?

Findings will be published in a report in June 2021. Given numbers are quite small, care will be taken in reporting to ensure participants cannot be individually identified. The reports will be publicly available on the WWCS website, and promoted via WWCS's social media and comms channels such as twitter and our newsletter.

Research Ethics

The evaluation to conduct this study received ethical approval from the WWCS REC in February 2021.

What are the key ethical issues you have identified and how will these be managed?

All researchers collecting direct data will be subject to DBS checks, and trained in safeguarding procedures.

Risk: Over the course of the interview, participants will be asked about their participation in the parenting programme which has the potential to be distressing to participants as they all have CSC involvement/experience.

Mitigation: Framing of sensitive topics will be taken into consideration in the development of the topic guide, working in collaboration with social workers within WWCS to ensure framing is appropriate. The interviews/focus groups will be conducted with sensitivity, participants will be warned about the potential topics beforehand and informed consent will be sought prior to the start of the interview. Participants will be able to terminate the interview/focus group at any stage without giving a reason. If the sensitive nature of any content of the evaluation does lead to any participant becoming distressed the evaluator will assist them in seeking support through their direct worker, or by signposting any other local support services as agreed with the LA, and remind them of the option to pause, discontinue or withdraw.

Researchers will be flexible on the scheduling of interviews, to minimise the burden on participants.

Risks: Participants may use the chat function on Microsoft TEAMS in a harmful and inappropriate way.

Mitigation: The facilitators from Unravel and Affinity will provide all the participants with a safeguarding procedure and appropriate use policy which entails how to use the online platform appropriately and the consequences of using the platform inappropriately. The policy will be visible on the home page of Microsoft TEAMS for all the participants to always refer back to. The facilitators will introduce the appropriate use policy and safeguarding procedures at the first sessions.

Importantly, the facilitators have administrative control over Microsoft TEAMS, so they will be able to see any message interaction between participants. If participants are found to have violated the appropriate use policy, the participants may lose their place in the intervention. The facilitators will monitor the messages for safeguarding reasons. All of this information will be explained to the participants by the facilitators at the start of the first session as part of the safeguarding and appropriate use policy procedures. In addition to this, as some care-experienced young parents in the intervention may be under the age of 16, Affinity and Unravel will need consent from their social workers to access Microsoft TEAMS and use the chat function.

Data will be directly collected via phone or video interviews, focus groups or online survey, so no risk to researcher safety is anticipated. The risk to researchers is minimal, however there is a small risk of

emotional distress due to the nature of the topics discussed. Researchers will be supported in supervision throughout this project and also have access to an Employee Assistance Programme.

Personnel

Eva Schoenwald, WWCSQ Quantitative Researcher

Eva Schoenwald will be leading on the design and analysis.

Fardawza Ahmed, WWCSQ Programmes Manager

Fardawza Ahmed will be leading the data collection and administrative support.

Clare Clancy, WWCSQ Programmes Manager

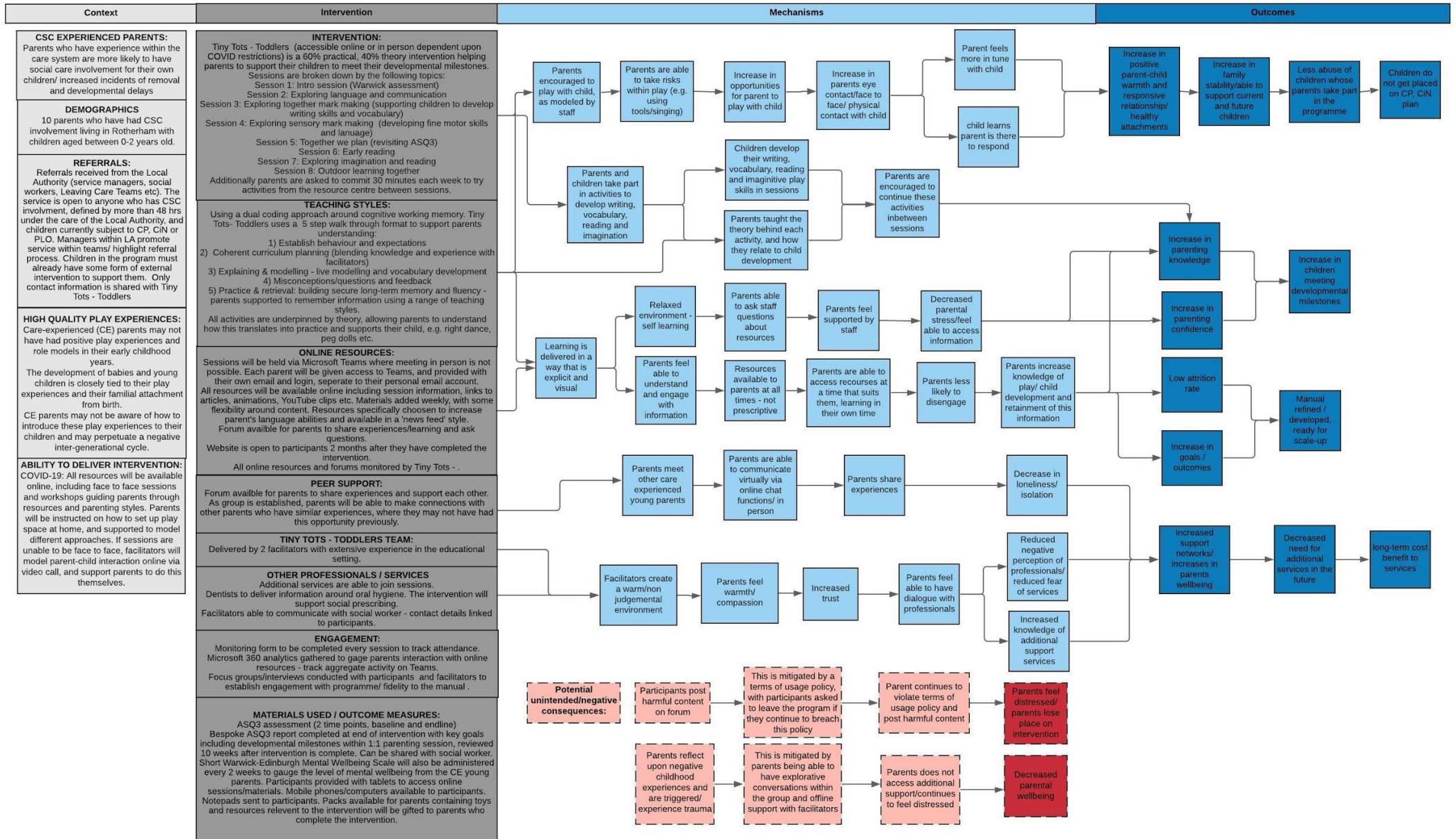
Clare Clancy will be providing research and data collection support.

Dan Kearns, WWCSQ Senior Practice Development Coordinator

Dan Kearns will be offering advice on the materials and data collection support.

Logic Model

Tiny Tots - Toddlers: Logic Model



Logic Model

Tiny Tots - Care Informed Parenting: Logic Model

