

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?

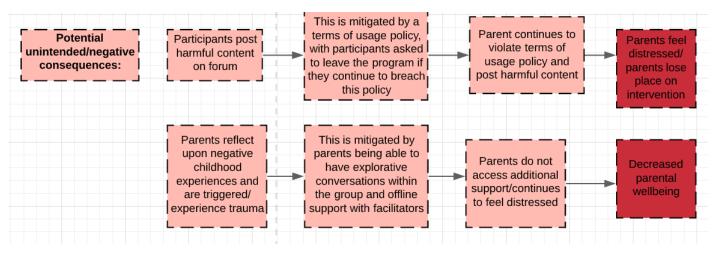
Participants will be care-experienced young parents (aged 25 and under) participating in one of two 8 week parenting interventions (pre-birth and post-birth between the age of 0-2). The service is open to anyone who has CSC involvement, defined as more than 48 hours under the care of the Local Authority, 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 WWCSC.

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 WWCSC.

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 WWCSC. 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. WWCSC 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. WWCSC 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 WWCSC 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 WWCSC 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 WWCSC 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 WWCSC website, and promoted via WWCSC'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 WWCSC 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 WWCSC 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, WWCSC Quantitative Researcher

Eva Schoenwald will be leading on the design and analysis.

Fardawza Ahmed, WWCSC Programmes Manager

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

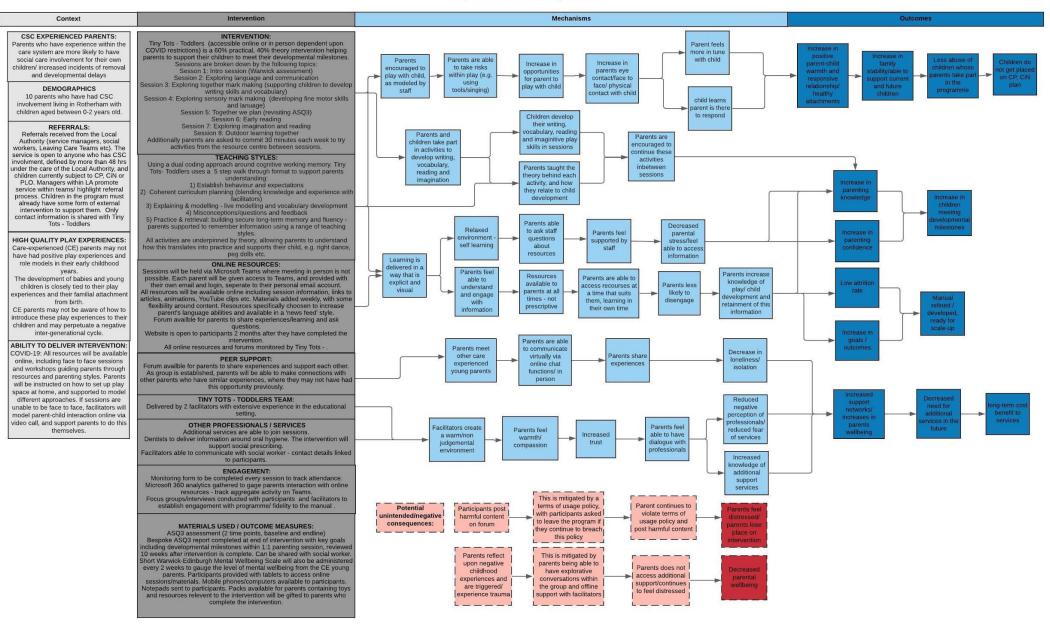
Clare Clancy, WWCSC Programmes Manager

Clare Clancy will be providing research and data collection support.

Dan Kearns, WWCSC Senior Practice Development Coordinator

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

Tiny Tots - Toddlers: Logic Model



Mechanisms Intervention INTERVENTION: CSC EXPERIENCED PARENTS: Tiny Tots - Care Informed Parenting (accessible online or in person dependent upon COVID restrictions) is 8 session, 2-hour long workshop programme delivered weekly with a qualified therapist. Sessions are alternated between practice and theory weekly. Parents who have experience within the care system are more Increased Sense of likely to have social care understanding of Acceptance knowledge o autonomy and Parents experience volvment for their own children Sessions are alterinated between practice and needy weekly. Focus on pre- and anter-natia care, attachment and development 4 modules (divided into physical, psychological and emotional) will focus on:

1) Parental wellbeing
2) Babies wellbeing physical body and Parents receive ecreased stress / mon increased incidents of removal process Parents feel learning around the childhirth future and developmental delays more prepared hysical, psychologic regnancy, including the to give birth. and emotional aspec physical sensations and DEMOGRAPHICS decreased fear 3) Nurture 10 parents who have had CSC of the unknown 3) Nurture
 4) Building Strong relationships
Physical modules will focus on creating visual boards of physical
wellbeing and personalised plans, psychological wellbeing will focus
on cognitive behavioural approaches and emotional wellbeing will
teach emotion regulation which involves understanding emotions in birth grows in uterous, which Increased Adaptation Parents Increased involvement who are due to inderstanding o bonding of in turn increases increase become parents acceptance/trust habies thinking emotional evelopmental and intelligence patterns child REFERRALS: emotional needs Referrals recieved from the Local Authority/NHS/Early Help (service the body and identifying coping strategies. Worksheets will be used as a tool to aid learning outside of sessions. ONLINE RESOURCES: Leaving Care Teams etc). The The intervention uses Microsoft Teams and is delivered online.

Slides will be used when teaching, and available after the sessions
Links to additional information/exercises and videos will also be
available. An online forum will be available for parents to service is open to anyone who has CSC involvment, defined by Parents recieve Increased understanding o more than 48 hrs under the care learning around of the Local Authority and subject nding/attachr communicate/ask questions. to CP, CiN or PLO. Managers within LA promote service within strong relationship: in early years PEER SUPPORT: Parents able to share their experiences of pregnancy e.g. getting ready for baby and learning together virtually. Discussions will take place within sessions and online. Parents will be able to connect with other parents, communicating via online forum, or in person dependent upon COVID-19 teams/ highlight referral process Only contact information is shared with Tiny Tots - Care Informed Parents feel Parenting Parents are able to able to Resources Parents less likely to inderstand available to ccess resources a UNRAVEL MODEL: and engage parents at a disengage Maternal-fetal attachment (MFA) Learning is them, learning in TINY TOTS - CARE INFORMED PARENTING TEAM: times refers to the relationship between elivered in a information their own time The team is led by two emotional and behavioural psychologists way that is a pregnant woman and her fetus. explicit and MFA is in an important ENGAGEMENT: visual Parents able determinant that can shape the Decreased Monitoring form to be completed after every session to track Relayed to ask staff Parents feel attachment in a child's attendance. parenta evelopment and mother's health. Microsoft 360 analytics gathered to gauge parents interaction with vironment questions supported by stress/feel self learning As a result, online resources staff ble to access Focus groups/interviews conducted with participants/ programme leaders to establish engagement with programme/ fidelity to the resources information care-experienced young parents will be able to gain parental MATERIALS USED / OUTCOME MEASURES: owledge and awareness on pre Reduced Short warwick-edinburgh wellbeing Scale will be administered every 2 weeks to gauge the level of mental wellbeing from the young and ante-natal support. Facilitators create Parents fee negative Parents feel Increased able to have erception of a warm/non warmth/ parents.
Feedback questionaire will also be administered after every two judgemental trust dialogue with rofessional ABILITY TO DELIVER compassion professionals environment sessions to determine parental understanding of the sessions. Parents will be provided with tablets and PCs to access online INTERVENTION: of services OVID-19 - parents taught online - all resources available online Increased OTHER PROFESSIONALS / SERVICES Unravel is able to refer back to social worker/midwife/GP and health visitors if required. cnowledge o additional services Expectant Parents are able Decrease in loneliness/ other care virtually via Parents share isolation experienced online chat experiences functions/ in parents person Increase in support network This is mitigated by a Parent continues to Potential terms of usage policy Participants post violate terms of with participants asked unintended/negative harmful conten to leave the program if usage policy and consequences: on forum they continue to breach post harmful content this policy Parents reflect This is mitigated by upon negative parents being able to Parents do not childhood have explorative access additional experiences and conversations within support/continues are triggered/ the group and offline to feel distressed

experience trauma

support with facilitators

Tiny Tots - Care Informed Parenting: Logic Model