



What Works *for*
Children's
Social Care



TINY TOTS COLLEGE PILOT EVALUATION REPORT

September 2021





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EXECUTIVE SUMMARY

About the project

The Tiny Tots – Toddlers (TT Toddlers) intervention seeks to develop parents' understanding, knowledge, skills and confidence of child development for care-experienced parents through play and communication. The Tiny Tots – Care Informed Parenting (TT CIP) intervention supports expectant parents by providing education on pregnancy and child development, increasing parents' knowledge and skills, and strengthening positive emotional attachment both during pregnancy and when their baby is born.

This report is a pilot evaluation of the Tiny Tots College programme supporting care-experienced young parents (up to the age of 25). The programme is split into two interventions: Tiny Tots – Toddlers (post-birth: children aged 0-2) and Tiny Tots – Care Informed Parenting (pre-birth: for expectant parents). The interventions were delivered online to nine families between January and March 2021 remotely, due to the COVID-19 restrictions in place during that period.

Evaluation purpose and methodology

The purpose of this pilot evaluation is:

- to understand what the Tiny Tots interventions look like in practice
- how well they were received

- to make recommendations to improve its delivery
- to gauge whether the interventions are ready to be scaled-up.

We collected data as follows:

- Quantitative data at baseline only, using the Short Warwick-Edinburgh Emotional Wellbeing Scale (SWEMWBS) for both cohorts and the Ages and Stages Questionnaires (ASQ3) for TT Toddlers
- Analytical data from Microsoft Teams to examine parental interactions and engagement with the chat function
- Qualitative(?) data from observations, interviews and focus groups with staff and parents at the midpoint and endline.

Overview of findings

Increased parental knowledge and confidence

Overall, both interventions were well received by staff and parents. Both cohorts reported clear benefits from attending the sessions, such as increased parental knowledge and confidence (TT Toddlers) and increased knowledge on pregnancy and childbirth (TT CIP). While this suggests evidence of promise, due to the small scope of the interventions, this evaluation did not establish any causal impact of the programme, so we cannot conclude whether or not these perceived changes were a



result of the programme. We only collected data at the endline and any long-term outcomes could not be captured.

Intervention delivery

The interventions were delivered largely as planned, with close adherence to the manual. Some parents from the TT CIP intervention reported occasionally struggling with the volume of information. Both interventions were delivered to fewer parents than expected, and the programme received fewer referrals than anticipated. Parents reported issues accessing the sessions online, and the online resources and 'chat' function on Teams was largely unused, despite support offered from Microsoft IT engineers. It was noted by staff that parents preferred to use the WhatsApp mobile app as the central 'chat' function rather than Teams. Most parents would have preferred the interventions to be delivered in person, with the online delivery making interactions between parents and with staff more difficult.

Facilitators

A key facilitator of the success of both interventions was the good relationship between staff and parents. Staff created a warm, comfortable and non-judgemental environment, allowing parents to increase their trust and confidence, and to absorb information more easily.

The Tiny Tots College programme worked well in providing a safe space for the parents to express their thoughts and to receive advice outside of statutory services. The peer support element of the programme also worked well in allowing parents to build friendly and supportive relationships with one another.

Discussion

Delivery of TT in future should continue to follow an integrated approach that combines practical and theoretical elements, with staff providing a safe space and building good relationships with parents. Elements included seemed to increase parental knowledge and confidence and the programme enabled parents to connect with other parents and share experiences.

The delivery could be further improved by:

- Increasing the number of practical sessions for the TT Toddlers intervention
- Reducing the content for the TT CIP intervention
- Improving the referral process to increase referrals
- Considering delivering some or all sessions in person to increase engagement, facilitate practical activities and fuel relationship building among parents.

Due to the small scope of the interventions, this evaluation did not establish any causal impact of the programme. Future rollouts with a larger number of parents should be supplemented by an impact evaluation. Future evaluations would also benefit from incorporating additional medium- and long- term measures, which may include the ongoing involvement of families with statutory services, to provide a picture of the impact of the intervention after the sessions have finished.



INTRODUCTION

Background and rationale

This report presents findings from a pilot evaluation of the Tiny Tots College programme. The Tiny Tots College programme is made up of two interventions: **Unravel: Care Informed Parenting** and **Affinity 2020 Community Interest Company (CIC): Tiny Tots: Toddlers intervention**. The pilot evaluation seeks to provide a detailed understanding of what both interventions looked like in practice, how well the programme was received, and consider ways to improve its delivery and gauge whether the interventions are ready to be scaled up.

The two interventions were developed by Affinity 2020 CIC and Unravel, and were rolled out in Rotherham. Affinity is a social enterprise organisation that developed the Tiny Tots: Toddlers programme and aims to provide parenting support for care experienced young people. Charlotte Elliott, CEO of Affinity 2020 CIC, and Vikki Lewis, Director of Tiny Tots College, both developed the Tiny Tots: Toddlers programme. Unravel is a specialist support company that developed the Tiny Tots: Care Informed Parenting (CIP) programme. Victoria Allan, Deputy CEO and Senior Emotional and Behavioural Psychologist, and Joelle Callis, Children's Emotional and Behavioural Psychologist, both developed the CIP programme. The aim of the programme is to support pregnant care experienced expectant parents by providing information around childbirth

and pregnancy and promoting strong healthy bonds. The CIP programme was adapted by Affinity to meet the needs of care experienced young people. Both programmes are grouped under the umbrella term "Tiny Tots College". Tiny Tots College programmes seek to bridge a support gap within current services for care-experienced parents that may not be provided by statutory pre and ante-natal provisions. The developers of both programmes also led and implemented the interventions, who are referred to as "staff members" throughout, and "Tiny Tots College staff" to indicate staff members within both teams. The interventions consisted of a series of eight workshops each which were implemented in Rotherham between February and March 2021. Due to the Covid-19 pandemic, the sessions were conducted online rather than in person, as was originally planned.

The rationale behind the intervention development stems from the theory that child development is closely tied to children's play experiences (Carol, 1976) and their familial attachment from birth (National Academies of Science, 2016). Children who do not have opportunities for strong parental bonding from birth are likely to experience brain developmental delays. Research also suggests that the lack of strong parental bonding can lead to long-term mental health problems for the child as well as reduced emotional wellbeing (Winston and Chicot, 2016). Further evidence shows that parents not engaging in high quality play and



communication with their children during their early development will likely lead to the child demonstrating developmental and language delays compared to their peers (Whitehead et al, 2017). Children whose parents are care-experienced young people (CEYP) might be at a relatively higher risk of reaching developmental milestones later than expected. This may be due to previous placement instability which has left some CEYP unable to engage in stable play and communication in their own early years, and not having had role models to enable them to understand how to engage in this as parents (Broome and Pollock, 2016). In some cases, this leads to a cycle of children of CEYP being at higher risk of becoming looked after (Broadhurst et al, 2017).

Tiny Tots College

The Tiny Tots College programme offers two interventions: **Unravel: Care Informed Parenting (TT CIP)** and **Affinity 2020 CIC: Tiny Tots: Toddlers (TT Toddlers)**.

Both programme strands work with care-experienced young people (CEYP) under the age of 25. The TT CIP programme works with CEYP who are pregnant, while the Toddlers programme works with CEYP who have a child under the age of two.

The interventions followed a similar structure, with the key components being:

- **Weekly online sessions (2hr/week over 8 weeks)** via Microsoft Teams on a range of different topics pertaining to prenatal and postnatal care (TT CIP) and parenting support with a focus on child development (TT Toddlers). This included both theoretical and practical elements. Sessions were originally planned to be in person, however, were adapted to an online format due to COVID-19 restrictions.

- **Dedicated staff closely supporting CEYP** by sharing relevant information and resources after each session.
- **Peer support network** (intended to be via Teams but in practice delivered via WhatsApp group chat and through weekly group sessions) available to all parents.

The two interventions are described in more detail below. A logic model providing an overview of the interventions is available in Appendix A.

Intervention 1: Tiny Tots Toddlers (TT Toddlers), developed by Affinity 2020 CIC

The Tiny Tots Toddlers programme was offered to **care-experienced parents (up to age 25) who have a child or children under the age of two**. It comprised the following elements:

- Led by two Tiny Tots: Toddlers staff who are highly specialised educational leaders with over ten years of experience
- Based on cognitive science and theory, the aim of these sessions was to improve attachment and parental knowledge/confidence through guided play, communication, and child development theory
- Parents learn about child development and are able to understand their own child's development. Parents were provided with resources and knowledge on how to support their children to meet developmental milestones
- The programme delivery consists of 40% theoretical components on child development and 60% practical components where parents can practice what they have learned.



Intervention 2: Unravel: Care Informed Parenting (TT CIP), developed by Unravel

The Unravel: Care Informed Parenting intervention was offered to expectant **care experienced parents (up to age 25)**. It comprised the following elements:

- Led by two Unravel staff who are highly experienced emotional and behavioural psychologists
- The aim of the programme was to support expectant parents by providing education on pregnancy and child development, promoting attachment, and increasing parents' skillset around parenting, with a focus on understanding the psychological aspects of being a parent, and to increase parental well-being
- The programme covered four main topics related to:
 - parental well-being;
 - children's physical and emotional well-being;
 - nurturing practices; and
 - creating a strong connection between mother and child.





METHODS

Research questions

This pilot evaluation aims to provide a 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 assess whether the intervention is ready to be scaled-up.

The research questions this evaluation sought to answer are as follows:

1. Specifying the Intervention

- b. What was delivered and how does this compare to what was planned?
- a. 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?

Research design

This pilot evaluation employs a mixed-method approach, including both qualitative and quantitative data collection and analysis. The full research design and methods are presented in the pilot protocol.¹

Data collection

Data collection was completed between January 2021 and March 2021. The quantitative outcome measures on child development (ASQ3) and parental well-being (SWEMWBS) were collected at

1 <https://whatworks-csc.org.uk/research-project/pilot-evaluation-of-tiny-tots-college/>



baseline, after the first session. Attendance and feedback data were collected throughout the course of the programme, while interviews and focus groups were conducted at the endline after the end of the

programme. Observations of online sessions were conducted at week six and week eight for both interventions. See Table 1 below for detailed information about the data collection at each time point.

Table 1: Data collected in this pilot evaluation

Data Item	Time point	Respondents
TT Toddlers		
Ages & Stages Questionnaire 3	Baseline	5
Short Warwick-Edinburgh Emotional Well-being Scale	Baseline	5
TT Toddlers parent interviews	Endline	4
Observations	Midline and endline	2
Staff interviews	Endline	3
TT CIP		
Short Warwick-Edinburgh Emotional Well-being Scale (TT CIP)	Baseline	3
TT CIP parent focus group	Endline	1 focus group (3 attendees)
Feedback Survey	Every 2 weeks	3
Observations	Midline and endline	2
Staff interviews	Endline	2
Both interventions		
Microsoft Teams analytics	Endline	9
Attendance monitoring form	Weekly	9



Sample recruitment and selection criteria

The information sheet and consent form were shared via the Tiny Tots College staff with all parents who had been accepted on the Tiny Tots College programme. Parents who had not completed the information sheet were contacted by phone by Tiny Tots College staff, to ask whether they would like to take part. All parents that signed the consent form were approached by researchers by phone to be invited to take part in interviews. Tiny Tots College staff were invited to take part in an interview with a researcher.

Qualitative data collection

Video interviews were undertaken with five Tiny Tots College staff (three TT CIP staff and two TT Toddlers staff). A video focus group was undertaken with three expectant parents (all parents of TT CIP) and individual video interviews were undertaken with four parents with children up to the age of two (two thirds of TT Toddler parents). Interviews and the focus group followed semi structured topic guides, and were audio recorded. We were unable to carry out any interviews with parents who only attended one session or opted out of the programme, as they did not consent to be contacted for the evaluation. The interviews and focus group were conducted remotely via Zoom.

Observations were conducted at Week 6 and 8 for both interventions. The observations were recorded using written notes. The observations were collected in order to observe the level of engagement of the parents and the content of the programme.

Quantitative data collection

To measure parental well-being, parents from both programmes were asked to fill out the Short Warwick-Edinburgh Emotional Well-being Scale (SWEMWBS) at baseline. Upon completion, the pseudonymised baseline data was transferred to What Works for Children's Social Care (WWCSC).

For the TT Toddlers programme, parents completed the Ages & Stages Questionnaire, Third Edition (ASQ-3) at baseline, which was then transferred by staff once pseudonymised. The ASQ3 is a developmental screening tool to assess the developmental progress of children. It collects data regarding five areas of development, namely communication, gross motor skills, fine motor skills, problem solving and personal-social skills. Different questionnaires are available depending on the age of the child, and Toddlers staff administered the questionnaire relevant to each child's age to the parents. ASQ-3 data was collected at baseline, as a pre-post comparison was not appropriate given the very small number of parents.²

Staff recorded attendance of parents in a weekly monitoring sheet, which was then pseudonymised and sent to WWCSC.

The Microsoft Teams platform tracked engagement of parents with the platform. Data was extracted from the database at the end of the project and covered the entire intervention period. Information on the use of the WhatsApp group was collected during interviews and did not form part of the quantitative data collection.

² More information can be found in the evaluation plan.



Analysis

Interviews and focus groups were audio recorded. Recordings were transcribed and pseudonymised prior to analysis using Nvivo 13. Qualitative data from interviews were analysed using Thematic Analysis. We followed a mixed deductive-inductive approach - initially developing the codebook based on the overarching research questions, however allowing for inductive development of codes based on the data collected. Thematic Analysis involved labelling data with descriptive codes and developing themes which describe patterns across the data to answer the pre-specified research questions. We looked for patterns, consistencies and inconsistencies across different informants and time points to help us answer the research questions.

Quantitative data were pseudonymised prior to sharing with WWCS and analysed using excel. Quantitative survey and administrative data (i.e. monitoring sheet) were analysed descriptively, to present characteristics of recruitment, engagement, implementation, and acceptability of elements of the intervention.





FINDINGS

1. Intervention and implementation

a. What was delivered and how does this compare to what was planned?

Adaptations for Covid-19

Both TT Toddlers and TT CIP were originally designed to take place in person, in a community centre in Rotherham. However, due to COVID-19 restrictions in place at the time, sessions needed to be adapted to take place online. Therefore, Microsoft Teams was used as a platform to host the sessions. Some potential issues with accessing the programme online were pre-empted by the Tiny Tots: College staff. As part of the programme, staff provided five parents with mobile phones (and data for three months, along with one desktop computer and one laptop for two other parents, both of which were donated.

Number of referrals and parents

Both programme strands had a capacity of up to 10 parents each. A total of six parents joined the Tiny Tots Toddlers intervention

and three young people participated in the Unravel Care Informed Parenting (CIP) intervention.

Referrals into the programme

The number of parents was below the available number of places and what the staff were expecting. To generate referrals, staff met with the leaving care team, virtual schools, midwifery, and early help team, along with the NHS 0-19 service team in Rotherham. Staff reported that whilst stakeholders initially seemed interested, they struggled to receive referrals into the programme. When only a small number of referrals came in from the local authority (five referrals), staff reported following up with other local authorities and third sector organisations to receive additional referrals into the programme. In the end, referrals into the TT Toddlers programme came from Rotherham Local Education Authority, Calderdale Positive Choices, Kirklees, and NHS 0-19 services. Referrals into the TT CIP programme were received from Rotherham Local Education Authority as well as Become Charity.

Table 2

Intervention	Number of referrals	Number of parents who started	Number of parents who completed
TT Toddlers	9	7	6
TT CIP	5	3	3



Additionally, staff felt that the delays in the referral process were due to administrative data issues, in particular complex multi-agency identification systems, that prevented the identification of care experienced (expectant) parents in Rotherham. In terms of receiving referrals, Tiny Tots College staff felt that potential breakdowns in communication between professionals working with families (such as social workers or midwives) and Tiny Tots College staff may have led to professionals not fully understanding the purpose of the intervention and its importance. Tiny Tots College staff felt this directly impacted upon the numbers of referrals received into the programme.

Sign-up of referred parents

Another issue was getting referred parents to participate in the programme. Staff felt that at times professionals working in other capacities with potential parents did not understand or convey the importance of the programme. Some parents stated they were not properly briefed on the programme's purpose and content before starting to attend the sessions, despite communication with social workers and local authorities. Tiny Tots College staff felt that a lack of communication may have influenced the likelihood of referred parents attending, as professionals (primarily social workers) were needed to be the link to the programme and highlight its importance and potential benefits. In total five referred parents who were offered a place on the programme did not accept (see Table 2 above for the exact breakdown), with two parents declining after health professionals recommended, they did not attend due to personal reasons. Although the number of potential parents that did not accept is low, this constitutes a relatively large number relative to the low

total number of referrals (over 30% for each intervention).

Tiny Tots College staff suggested referrals could be increased in the future by communicating the nature of the programme and the perceived impacts with professionals who are working with parents (such as social workers or the midwives of the expectant parents) and who would be able to introduce the programme to parents and make referrals. They said there was a need to communicate even more clearly what the programme's aims and benefits were, to make sure potential parents were interested in attending. Meetings were held with professionals, but it appeared to staff that they still lacked the link to make parents want to attend, therefore further communication might be beneficial.

Staff suggested that the intervention might be perceived in a different way if it was a well-established programme. Staff felt this may generate more interest and importance, increasing professionals' motivation to refer into the programme, and parents' motivation to attend and to reschedule other commitments to prioritise the programme if necessary.

Characteristics of parents

The programme reached the targeted demographic. All parents across both interventions were under the age of 25 and care-experienced. Within the Tiny Tots Toddlers cohort, children were under the age of three, which constituted a slight divergence from the original criteria that envisaged children to be under the age of two. Staff decided to widen the age group as they felt some of the referrals they received where the child was slightly older fitted the programme well. A number of children from the Toddlers cohort were on a child protection plan and at risk of



care proceedings, which was known to staff through conversations with parents, rather than information directly from social workers. It was noted by staff that all parents were subject to automatic social care referrals. For some of the care experienced parents, their cases escalated, while others remained under monitoring.

Close adherence to the manual

Delivery of the programme followed the programme manuals very closely. The planned number of sessions were delivered, and key content listed in the manual for each session was covered, such as 'the importance of play' and 'sensory mark making' for TT Toddlers, and 'nurture in action' and 'building strong relationships' for TT CIP. TT Toddlers sessions comprised a mixture of information sharing, and practical activities as planned.

TT CIP staff reported that the programme was delivered as specified in the manual, with no major adaptations or deviations except for catering some of the information directly to parents' situation and experiences. Similarly, TT Toddlers staff noted that the sessions ran as planned, and used the manual itself as a script, consciously trying to stick to the manual as much as possible to test its validity. They did report having more flexibility around practical activities, and to get familiar with an online format. While most of the observed sessions lasted for full planned two hours, one TT Toddlers session overran by 25 minutes. This was due to the planned activity taking longer than anticipated to complete.

Overall, staff felt that the manual worked well because it was specific and easy to work through, with this also making it easier for practitioners to use in the future, or for training purposes.

Flexibility of the approach

Staff maintained a level of flexibility in designing the activities and providing examples when delivering the two programmes, identifying the needs of each individual and tailoring examples to them to make it more relevant, without getting into the depths of a person's experience. For example, staff tried to feed in specific topic areas parents had mentioned into activities:

“*Well, I know this parent for example says her daughter really loves watching Peppa Pig and sits in front of the TV all day, so let's feed some activities in that she can do linked specifically to that to try and encourage her daughter to get off the sofa and into some play*”. [TT Toddlers parent interview]

Staff wanted the sessions to be as personalised as possible, taking a holistic perspective rather than sticking to a rigid framework, and built-in time to allow content to be personalised to parents' needs, commenting *"that flexibility was core to it, from the very beginning"* [TT CIP staff].

Introduction of a WhatsApp group

Originally the programme developers had planned for an online forum (chat function on Teams) to be used by parents to ask questions to staff and share experiences/ bond with other parents. However, parents across both interventions did not engage with this function on Teams, which led staff to establish two WhatsApp groups for the two programmes that parents could join.

Within the TT Toddlers cohort, the WhatsApp group was widely used by parents who appeared to enjoy sharing pictures of their children and celebrating their child's development. Staff believed that the take-up was higher than on Microsoft



Teams because WhatsApp is a platform the parents were used to using. Overall, parents reported liking the WhatsApp group, and wishing to continue using it after the sessions have ended.

“*So, it's just so we can stay in contact with people who have been through similar situations instead of then going our separate ways and not having nobody to talk to again. We all just post in there like look what we've done today or look what this one's done. But it's just so we can keep in contact really with other people and getting used to meeting new people*” [TT Toddlers parent interview]

However, TT CIP parents did not use the WhatsApp group outside of sessions to the same extent as the TT Toddlers cohort. Two of the three TT CIP parents were part of the WhatsApp group and found it useful to read the resources that have been put up. However, there was not much interaction beyond staff adding resources to the group. TT CIP staff suggested that the lack of engagement in the WhatsApp group was because it had been introduced when the programme had already started (during week 2 of the sessions), and because it was a smaller number of parents. The primary function of the group for TT CIP appeared to be sending materials and resources, as there were difficulties receiving these via Teams, rather than the social function that evolved within the TT Toddlers sessions. Another staff member suggested that parents might not feel the need to connect to other mums as strongly yet during pregnancy. While parents in the TT Toddlers group were able to share news or pictures of their children, this was not possible yet for TT CIP parents.

b. What are the facilitators and barriers to intervention delivery and outcomes?

A range of facilitators and barriers to implementation were identified. Some are discussed in earlier or later sections of this report, such as barriers to referral. This section focuses on other facilitators and barriers identified which are not covered elsewhere. These relate primarily to the materials and online delivery element of the programme.

Use of budget friendly, easily accessible materials

At the start of the programme, parents were provided with a 'starter pack' containing a mini resource pack of glitter, beads, ribbons, post it notes, peg dolls, tweezers, and a £10 voucher for materials they might need which they did not already have at home. This enabled parents to replicate some of the activities presented during the sessions. Parents within the TT Toddlers sessions commented that they had enjoyed the practical sessions and appreciated that all the additional equipment or toys needed were budget friendly and could be made with everyday items around the house, which helped with the online delivery and parents' ability to participate in activities.

Online access issues

Parents and staff reported issues with the online format of the sessions. Several parents within the TT Toddlers group found it difficult to access Microsoft Teams to join the sessions, however parents within the TT CIP group did not report these difficulties. One TT Toddlers parent mentioned they would try to join 10-15 minutes before the session so they wouldn't miss anything but did on one occasion miss half a session due to technical issues. Connection and



audio issues also made it difficult for some parents to communicate with the group. Many parents were using their mobile phone data to access the sessions as they did not have a home broadband server. However, they found it difficult to maintain concentration, particularly with a small screen. As there were two laptops donated to the programme, the majority of parents would have been accessing sessions from their phones, unless they owned a laptop themselves. Staff described technical difficulties as challenging but manageable, however they cited an increased time and administrative burden as a consequence of delivering the programme online.

Online delivery of sessions

The online format of the workshops has been raised as both a facilitator and barrier of delivering the intervention. In addition to issues accessing the online sessions and the online platform, staff and parents raised additional barriers with the online delivery of the workshop.

Difficulties interacting with parents online

Group discussions were harder to manage in an online format. Staff felt it was harder to encourage parents to share their reflections in the online setting. Staff noted that sometimes the online format did not work well because only one person can talk at a time, and it can be difficult to gauge when to talk, with the conversation becoming much more directed, rather than a fluid group conversation. Staff thought that engagement would have been higher had the sessions been delivered in person.

Parents mirrored those concerns, finding it difficult to know when to speak in a session and worrying about talking over anyone. Nevertheless, everyone felt that they did

have an opportunity to speak during the sessions.

Difficulties leveraging the peer support element

Parents and staff also raised difficulties connecting with other parents online as barriers to fully using the peer support element of the workshop. Staff felt it would have been easier for mums to have conversations (e.g. during breaks) if the intervention had been delivered in person, which *"would have a significant impact actually in the kind of supportive way"* and it would have united the group more.

Parents found it at times difficult to interact with each other during the calls and felt it would have been easier to get to know other parents in an offline setting. Some parents kept their cameras off as they were not comfortable in the group setting or did not want to make an effort with their appearance when they are at home, which some said made it difficult to interact with other parents, especially when parents did not turn on their camera and felt it would have been easier to get to know other parents in an offline setting. One parent said that if the sessions were in person they would have felt more comfortable having a conversation with other parents, which she felt would have enabled her to connect more.

Online interaction with staff

One parent stated that she was not using the staff's support as much as she would have liked to, as she felt she didn't want to be *"wasting their time"*, as the staff were all at home. Being in a physical space together would have made her feel that she could ask for more one-to-one support and not feel like she was taking up too much staff time.



Relatedly, staff said that the online delivery made it harder to assess whether parents would benefit from a 1:1 session. Staff mentioned that they had difficulties gauging engagement when parents did not turn their cameras on.

Delivery of practical sessions online

Parents felt that the sessions are not as interactive as they would have been in person but appreciated this was due to COVID restrictions. Nevertheless, parents within the TT Toddlers sessions commented that they had enjoyed the practical sessions.

TT Toddlers staff raised that the online delivery made it more difficult to deliver the practical sessions, as it was difficult for staff to observe parents' interactions with their child. If delivered in-person, staff would have been able to go around the room and support parents, demonstrate the activities and give them space to practice, whilst being able to judge how they have got on. This could have helped embed the skills further, as staff felt that modelling the practical elements directly with the children may help parents to increase parents' understanding of the activities and interactions.

Retainment of information through online delivery

Staff felt that in-person sessions would have been more powerful with information being absorbed more easily, particularly with practical exercises, and parents being able to respond quicker in person. Staff felt it needs to be face to face whenever possible, with the possibility of parents becoming "desensitised to all the information" when it is online. Additionally, both staff and parents felt that the online delivery meant it was easier for parents to become distracted during the session and when in their own



homes. This sentiment was mirrored by some of the parents, who found it harder to concentrate in an online workshop of two hours than if they had been in the same room with someone delivering the session.

Increased accessibility of online sessions

Staff felt that the online delivery increased the accessibility of the sessions, as parents were able to "hide" if they wanted to while still listening to the lesson. They explained that for some more introverted parents having sessions online may have been more successful as they may have felt anxious about being in a room with people they didn't know. One parent mentioned that the online format helped them with being in a group format, which they typically find difficult, helping her to "open up a lot quicker than it would have done if it was face-to-face."



The flexibility of sessions being online was mentioned as a benefit to parents. Parents and staff felt that being at home meant parents could feel more comfortable when attending the sessions, including when not feeling well. Staff reflected that having sessions online also meant parents were more likely to attend if they had other commitments closely before or after, and there were no issues of finding a location that did not put parents in a situation where they needed to get several different buses to get to the sessions. One parent within the TT Toddlers programme mentioned that if participants were bringing their children to in-person sessions as originally planned, having small children might have led one child to cry, and another to follow, whereas given the sessions were online, parents could mute their microphones and attend to their child while not disrupting the session.

2. Engagement and acceptability

a. What is the level of engagement with the programme?

Parent drop-out

All TT CIP parents who signed up for the programme attended most of the sessions. Within the TT Toddlers cohort, one parent joined the first sessions but later discontinued with the programme due to circumstances that prevented them from participating fully in the intervention.

Attendance

Attendance of the sessions varied between the two programme strands. TT CIP parents attended 92% of the sessions on average, with two of the three parents attending every session.

TT Toddlers parents attended an average of 65% of the sessions, with attendance

varying from 38% (five sessions missed) to up to 88% (one session missed). Some parents missed more than half of the sessions, which is considerable given the eight-week programme duration.

The difference in attendance rates between the two programme strands could likely be attributed to the different circumstances the parents of the different strands are in. Staff commented on wishing to maintain a flexible approach, and not wanting to exclude parents from the intervention if they did not attend for a fixed number of sessions. Staff also wanted to remain mindful that parents often had busy lives, particularly when caring for children and attending social care meetings. Additionally, staff noted that texting and ringing parents prior to the session was beneficial for attendance, and that when sessions were missed, parents were generally good at communicating legitimate reasons why they were unable to attend.

Participation

In both programmes, parents felt that facilitators created a warm and positive atmosphere to learn in and encouraged questions and participation. During the sessions observed, staff members praised parents during sessions and also provided personal examples to help parents connect and feel comfortable to speak.

However, engagement during the sessions was mixed. While TT Toddlers staff felt that the parents were all “*very, very open*”, practical activities were only taken up by some of the parents in the sessions observed. This was in many cases due to parents not having the materials to hand to do the activities, although activities were announced in the previous session to give parents time to prepare.



For the TT CIP programme, parents seemed comparatively less active during the sessions observed, asking few questions, and requiring some prompting or directed questions to engage. In one of the sessions observed by researchers, all parents had their cameras off making it difficult for the staff member presenting to interact with the parents. Additionally, parents seem to have struggled to answer some of the questions. However, TT CIP staff commented that parents were *“engaging more and more as they got comfortable in the space”* but would sometimes need prompting to actively participate.

Engagement with online resources

Parents made little use of the online resources provided via the Microsoft Teams platform. Some found it difficult to go back to the resources after the sessions were finished. Reasons for not using the online resources included difficulty in accessing/ finding the relevant resources on the platform or forgetting to access them upon completion of the session. Some parents said they will find the resources helpful to refer back to in the future but did not feel the need to go through them after a session.

b. How acceptable is the intervention to staff and families?

Acceptability of the programme

Overall, both interventions were well received by parents, who reported clear benefits from attending the sessions. Despite struggling with the amount of content, TT CIP parents reported that the sessions were well organised with PowerPoints in a logical order with clear presentation. Within the TT Toddlers cohort, parents reflected upon the format of the sessions positively, finding them helpful

and well organised, with breaks in between activities being beneficial.

Tailoring to the age group (TT Toddlers)

TT Toddlers staff acknowledged that children develop at different rates and aimed to give parents a spectrum of things they were able to do and equip them with the knowledge and tools they would need as their baby grew older, rather than making the sessions highly relevant to specific ages. Staff encouraged parents to see that their babies would grow quickly, and the content would be relevant when they are older.

Whilst some parents thought the sessions were relevant to the age of their child, some parents mentioned that their children being too young was a barrier to engaging within the sessions. One parent commented that *“you kind of listen to your age range and go by that instead of listening to the older part too”*. Additionally, one parent mentioned that she would have liked the sessions to be more catered towards her child’s age group, to meet the needs of her very young child. However, parents were able to appreciate that the content may be useful in the future, when their child is older. Further research is needed to understand whether the information learned within sessions is retained and applied beyond the programme.

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?

There were a number of mechanisms via which the Tiny Tots programme appeared to operate. These mechanisms were largely



consistent with the logic model developed at the start of the programme, but in some places expanded on the logic model developed at baseline. The mechanisms that were consistent with the logic model included:

TT Toddlers mechanisms:

Parents play with their children

- Parents encouraged to play with their child and take risks within play
- Taking part in activities to develop writing, vocabulary, and imagination

Trusted relationship with staff

- Parents can ask questions and feel supported by staff
- Parents feel warmth and compassion/ increased trust

Peer support

- Parents meet other CEYP and communicate with them and share experiences

TT CIP mechanisms:

Increased understanding of physical developments, pregnancy and child development

- Increased understanding of physical developments & knowledge of pregnancy and childbirth
- Increased understanding of babies developmental & emotional needs
- Nurture components

Trusted relationship with staff

- Positive staff relationship

Peer support

- Parents meet other CEYP and communicate with them and share experiences

Some mechanisms were less pronounced than originally envisaged in the logic model. The mechanisms not seen within this evaluation included:

TT Toddlers:

- Parents access resources at suitable time/learning on their own time
- Decreased parental stress
- Reduced negative perception of professionals/fear of services
- Increased knowledge of additional support services

TT CIP:

- Decreased stress/feel more prepared to give birth
- Parents access resources at suitable time/learning on their own time
- Reduced negative perception/increased knowledge of additional services

Future research should consider whether those mechanisms are present in future rollouts. The mechanisms seen in the intervention are discussed in more detail below.

Parents play with their children (TT Toddlers)

Both mechanisms for TT Toddlers of 'parents encouraged to play with their child and take risks within play' and 'taking part in activities to develop mark marking, vocabulary, and imagination' were seen



within the intervention through observations and within interviews with parents. Parents 'took risks' within play by trying activities they had never done before, or were doing more activities that before they weren't sure if they were doing 'right' for example:

“ [...] and we're constantly doing story-time. I felt I was in the wrong for reading to him all the time, and they just said no.” [TT CIP parent interview]

Parents of the TT Toddlers sessions also integrated learning into their day-to-day activities. Aspects of the TT Toddlers course that were particularly highlighted by parents as activities they adopted outside of the sessions included speaking and reading to the child, play time and bonding with their child. Parents were keen to try things they had not done before, e.g. talking to children using a baby voice or using tools children can play with.

“ We've started doing messy play at the minute with different textures and with - I've always used the playdough on him, like always done playdough and we've done painting. So, we've done a fair bit of what we've been taught.” [TT CIP parent interview]

Theory and Child Development (TT Toddlers)

A key factor of the TT Toddlers programme's success was that parents were taught the theory behind each activity, and how this related to child development. Parents were able to reflect on theory they had learnt within sessions, and relate this to their child's development, and incorporate learning into daily activities.

“ I take him out for a walk just to build up his language a little bit more and constantly point out different colours and different shapes. That was one of the first things that we covered on one of the first sessions. It was like, you don't have to change routine to be able to fit these things in. You can just do it as you go along, which is really cool.” [TT CIP parent interview]

Increased understanding of physical developments, pregnancy, and child development (TT CIP)

TT CIP staff felt that the programme succeeded in increasing parents' understanding of pregnancy. Staff explained that psychological changes were explained during pre and postnatal periods, with the aim of informing and understanding these changes. Staff also reflected how this experience can resonate with parents' past experiences with their caregiver, helping parents to process these experiences over time.





The majority of TT CIP parents felt that the sessions had increased their knowledge around pregnancy and child development. Only one of the three regular parents reported already having had a similarly good understanding of the topics covered before the session.

“*Yeah, my knowledge has definitely increased, because there were a few things I didn't know that I learned in the group.*” [TT CIP parent interview]

Parents particularly highlighted increased understanding of pregnancy and found the advice on activities and lifestyle during pregnancy particularly helpful, such as drinking more water or implementing exercises and techniques into their daily routines.

“*It's just like about the kind of mental attitude that I kind of had before. I think now I've kind of got the skills I can implement different stuff into my everyday life like exercise and things like that, yoga.*” [TT CIP parent interview]

Trusted relationship with staff (TT Toddlers and TT CIP)

One key mechanism seen within both cohorts was the relaxed environment for learning and good relationship with staff, which led parents to ask questions that they would have usually not felt confident to ask. The trusted relationships staff have built with the parents have been a key driver of the programme's acceptability among parents, and their willingness to learn and try new concepts and activities.

“*They won't judge you like at all. They were very understanding about things, so because of that I was comfortable.*” [TT CIP parent interview]

Every parent interviewed felt they had a good relationship with the staff, that they could ask questions in a judgment-free, supportive and relaxed environment and that the sessions were a safe space for them to learn and understand. This increased parents' ability to access information and learn.

“*She just asked lots of questions that she never thought that she felt safe to ask before because she was very worried about being judged.*” [TT CIP staff]

Staff in both interventions felt that some parents' negative perceptions of professionals may have meant it took a few sessions for parents to build trust. However, staff reflected that not feeding back anything to their social workers was a key steppingstone, as parents were at first sceptical and were not sure whether they were being assessed. Staff felt that having the programme sit entirely outside of statutory services with professionals who do not talk about families' involvement with statutory services or their history, has been a big part of building that trust.

“*It's beneficial to have somebody who's completely outside of it, who doesn't know about it, who's not interested in why they're on a plan, who's not interested in their history. They feel like they've got a clean sheet, and what they tell us is what they choose to tell us when they feel that they've got trust and a non-judgemental approach*” [TT CIP staff]



Peer support (TT Toddlers and TT CIP)

For both programme strands, the ability to meet other care experienced parents through the programme has been identified as a key benefit of the programme by parents and staff. Despite challenges in harnessing peer support in the online format as discussed further above, staff and parents felt they benefited from the peer support. Staff felt that the group sessions gave parents a network that they did not have before, which was particularly beneficial for parents who felt isolated. TT CIP parents felt that the programme helped them feel less lonely.

“*I think like pregnancy normally is quite lonely, especially in like the pandemic. So, it was very nice to see that there are other people doing what I was doing as well*” [TT CIP parent interview]

Parents across both programmes liked the group sessions as a way to interact and connect with other parents and found them a good way to talk about issues and coping strategies.

Both parents and staff felt that the peer support would have probably been used even more had the sessions been face-to-face. The fact that other parents were in similar situations was a key element in parents' positive reception of the group format.

“*What helped was people that had gone through similar experiences shared how they coped, and you know, how they dealt with the situation, which then in turn helped me you know, coping and dealing with my situations a little bit better, which was really, really good.*” [TT CIP parent interview]

TT Toddlers staff felt that the WhatsApp group fuelled engagement and peer support within the TT Toddlers cohort. Parents seemed to enjoy sharing moments, milestones and pictures of their children and of completed “challenges” set out by staff and asked to keep the group after the end of the programme to stay in touch with other mums.

“*Normally I never show anybody my child and my child's face just because I'm very protective of her. But in the group, I'd send the girls what she's doing and stuff like that because I'm comfortable.*” [TT CIP parent interview]

b. What are the perceived positive and negative outcomes of participating in the programme according to parents and staff?

This study was not intended to provide evidence of a causal impact of the Tiny Tots programme on outcomes for parents and their children. While the causal impact of the programme should be evaluated in future trials, this section details the perceived positive and negative outcomes of the programme, as perceived by parents and staff.

Increased confidence

Staff reported that their encouragement and support as well as the information provided was perceived to have increased the parent's confidence, both overall and in their parenting abilities. TT Toddlers staff felt the intervention helped parents to feel less doubtful of themselves and their parenting, which in turn built their self-esteem. Parents reflected that they felt more confident in their parenting. One TT Toddlers parent detailed how this helped



shift her perspective that she was a “*rubbish mum*” to feel less self-conscious of what she was doing, by helping her to understand that there were different ways of parenting.

While parents in TT CIP did not explicitly mention they felt more confident because of the programme, TT CIP staff also reflected on the changes in confidence they had seen in parents, such as a parent reflecting upon their week and how this encouraged her to notice things her baby was doing. Staff felt that parents were becoming more empowered each week, and sessions felt like “*an empowering space*”, with slides specifically designed to promote acceptance and confidence, for example by “*supporting parents to identify their strengths and things that were important to them as an empowering experience*”.

Increase in parenting knowledge

TT Toddlers staff and parents felt that the programme had increased parents’ parenting ability. Parents reported how they were able to reflect on the changes their babies were making in a positive way, and to carry on doing activities they may have initially felt unsure or self-conscious about in the past and use them together with the increased understanding of child development to develop specific skills.

“*We learnt how important it is to do everything with them and how talking to them is important. And just learnt all the difficult stuff that I wouldn’t have – I would have done but wouldn’t have known would have helped.*” [TT CIP parent interview]

Parents’ perceived increased understanding of children’s behaviour and development also helped them understand their children’s behaviour better.

“*I didn’t very well read his cues, and then I started to learn how to read his cues. I started being able to, instead of not like just putting him on tummy time and everything*” [TT CIP parent interview]

TT CIP parents did not mention increased parenting knowledge as a main positive outcome during the interviews. This might be because the knowledge obtained about pregnancy and childbirth was more relevant to their current situation.

Increased understanding of child development (TT Toddlers)

All four parents interviewed for the Toddlers programme felt their knowledge of child development had increased through attending the sessions. Parents were able to understand why activities were important to do with their child within the context of their development, and understanding which milestones their children were at, and what to look out for in the future. The supportive environment staff created increased parents’ willingness to ask questions about their child’s development, particularly towards the end of the programme.

“*I’ve learnt a few different things, like I didn’t know about [the] pincer grip and palm grip and how to develop them sort of things.*” [TT CIP parent interview]

Whilst an increased understanding of child development may well be present within the TT CIP group, particularly in relation to postnatal care, this was not specifically raised in interviews with parents from the TT CIP group.

Increase in positive parent-child relationship



Parents in the TT Toddlers group felt that their interactions and relationships with their children improved and that the guidance provided by staff to parents on ways to interact and play with their child was helpful.

“*I think showing you how to [interact with your child] (...) and how to go about it I think that’s the main thing really. Like I said, I’m a first-time mum, so interacting with children isn’t in general obviously not my forte.*” [TT CIP parent interview]

Positive and increased interactions with the children have been stressed by both TT Toddlers parents and staff as a positive change in relation to the programme. Staff said they had seen the change in the way parents were engaging with their children as a result of their input. Parents felt that the interactions in turn had a positive effect on parent-child relationships.

“*But it’s opened my eyes to the fact that me and [M] have a great relationship now, and we’re constantly doing story-time. I felt I was in the wrong for reading to him all the time, and they just said no.*” [TT CIP parent interview]

Benefits for child development

Perceptions of parents

While not directly relating this to the application of learnings from the programme, TT Toddlers parents noticed progression in their child’s development over the length of the programme. The changes observed might be the consequence of the programme, as parents increasingly undertook activities specifically with child development in mind



(e.g. speaking and reading to the baby to build communication skills or encouraging gross motor skills through different games). However, children will have also naturally developed their skills over the course of the programme with increasing age, and future research is required to establish a potential causal link between increased child development and attendance of the programme.

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

Harmful content posted online

As indicated within the logic model, a potential unintended consequence of the intervention was the possibility that parents could potentially post harmful content online which could cause distress to other parents. However, this did not occur, and the WhatsApp group was used appropriately and positively by all parents.

Transition out of the programme

One of the perhaps unintended consequences of the good relationship between parents and staff was that, in



particular for the TT Toddlers programme, staff spent significant time outside of the workshops engaging with parents via phone or WhatsApp or helping them with any questions or issues that arose. This shows how much parents trusted the staff by the end of the programme. It also meant a significant amount of extra work and involvement of staff. Staff's involvement with parents outside of the programme might also make transitioning out of the programme more difficult, as some parents might rely on staff's support beyond the programme.

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?**

Clear description of the intervention

The manual created by staff was extensive and clear, with staff reporting very little diversions in what was delivered from what was described in the manual across both interventions. The clarity of the manual and the need for few adaptations should enable the programme to be rolled-out within other contexts.

Clear description of facilitators and barriers

Facilitators and barriers have been identified above. These should be reviewed in detail before implementing the programme in other contexts to ensure that the programme is delivered successfully and with maximum effectiveness.

Selection of staff members for future roll-out

Staff also stressed the importance of selecting the right staff to implement the programme in other localities. Staff need to be able to build the same kind of trust with parents and to be able to understand and empathise with them to ensure a supportive environment where parents feel able and willing to learn and develop. Additionally, being passionate and enthusiastic was felt to be an important quality for staff. Staff also felt that future staff should have a similar educational background and real-life experience of engaging in play-based learning to ensure successful programme delivery, although potential scale-ups of the interventions might mean that there will be less control over the selection of staff to deliver the programme.

- b. **Can quantitative outcomes be estimated reliably and have baseline rates been established to inform future trials?**

Acceptability of outcome measures

The wellbeing questionnaire was well received by parents and staff across both programmes. Parents reported finding the questionnaire quick and easy to complete.

The completion of the ASQ3 questionnaire on child development was also well received by parents. TT Toddlers parents found the ASQ3 quick and easy to complete. Some found the questionnaire helpful to understand their child's development, to track the progress and to understand current and future developmental milestones. Staff found the ASQ3 helpful to discuss next steps with parents and activities they could try and look for development in the future.



However, TT Toddlers staff felt that some parents were afraid of completing the ASQ3 because they felt like they needed to demonstrate that their child could do everything, even when staff knew this wasn't correct. This appeared to be due to consistently being assessed and judged by professionals, creating fear and the feeling of being 'a failure'. TT Toddlers staff made an active effort to try and make this a non-threatening and positive experience, commenting that there was *"lots of trying to get her to have a positive experience of people who are using assessments with her, rather than the negative experiences that perhaps she's had previously."* While parents did not raise those concerns in the interviews, strategies to alleviate any concerns should be considered in potential future rollouts that involve ASQ3 scores as outcome measures.

Established baseline rates

This pilot established baseline rates in ASQ3 and wellbeing outcomes for the two

programmes. Despite the low sample size, these rates can help inform future trials.

Questionnaire on child development - ASQ3

Most children were scored to be ahead of the schedule for their age group, which is assessed through a comparison to a "cut-off" score which indicates the score at which a child's development appears to be on schedule for a child at a specific age.³

The high scores for many children already at baseline are positive but should be interpreted with caution as staff raised concerns about the accuracy of the scoring, exacerbated through the online delivery of the programme. If delivered in person, staff could support parents better with the scoring and improve scoring accuracy, so baseline scores may differ in future trials if the programme is delivered in person.

Table 3

ASQ3 questionnaire	Communications	Gross Motor	Fine Motor	Problem Solving	Personal-Social
Average score	49	51	51	42	47
% children above cut-off	80%	80%	80%	80%	80%
Average % away from cut-off	+88%	+60%	+70%	+43%	+59%

3 Note that scores across children are not comparable as questionnaires differ by month of age



Table 4

Programme strand	Average raw score	Average transformed score	Standard deviation
TT CIP	29.7	27.7	6.4
TT Toddlers	24.2	21.8	1.8

Questionnaire on parental wellbeing

Table 4 details average scores and standard deviations for both programmes. Since the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) was used, scores were transformed to facilitate analysis and comparison to the full scale.⁴

Average scores for TT CIP were above the population norms established for England in 2011 (23.6), while parents of the Toddlers programme were scoring on average below the national average. This suggests that at baseline, TT CIP parents had better wellbeing whilst TT Toddlers parents had worse wellbeing than the national average.

Reliability of quantitative outcome measures

Reliability of parental wellbeing questionnaire

Some parents from the TT CIP programme struggled at times to complete the questionnaires online but found this easier when questionnaires were texted to them. This would be alleviated if sessions were delivered in person, but any future online roll out may want to consider texting

questionnaires to parents as an alternative to emailing or through Microsoft Teams.

Unreliable measurement of quantitative outcomes for the Toddlers programme

Accurate measurement of the child development outcomes via ASQ3 has been a challenge when delivered online. TT Toddlers staff acknowledged that one difficulty of completing the ASQ3 was the practical nature of the questionnaire which is reliant on parents completing the report honestly. TT Toddlers staff said they knew that some of the scoring was not accurate compared to what they had seen the children could do on screen. There was a sense among the staff that parents felt a need for their child to be at developmental milestones already because of pressure from services. Tiny Tots Toddlers staff said, "they tell you they can do everything because they've been told that they can't do anything". This appeared to be due to consistently being assessed and judged by professionals, creating fear and the feeling of being 'a failure', as discussed further under "Acceptability". This was potentially exacerbated by the remote set-up, with staff being unable to support parents and assess the child in person.

4 Every score on the SWEMWBS has an equivalent score on the full scale. To enable comparability between the two scales, scores have to be transformed. More information is available under: <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/>.



Staff also noted some misunderstandings of questions, for example “does your baby gargle at you” would sometimes need further explanation for parents to understand what it meant. Staff felt parents needed more space to use the ASQ3, and that it would be easier to embed the questionnaire into the practical sessions if delivered in person. To obtain accurate measurements of child development, future rollouts should consider the possibility of parents completing the questionnaire together with a staff member during in-person sessions.

Consideration of additional quantitative measures in future rollouts

TT Toddlers staff commented that some of the improved outcomes might only materialise sometime after the end of the programme, particularly if parents keep engaging with the learnings and applying them as their child gets older. Therefore, there may be impacts of the programme that are missed if outcomes are only measured at the end of the programme. There might be merit in considering additional outcomes in future trials that are measured beyond the end of the programme. These may include the ongoing involvement of families with statutory services, e.g. whether children remained on a child protection plan, became looked after, etc. Future trials should consider the possibility of measuring these outcomes over a longer period to consider the full potential benefits of the programme.

Within the TT CIP programme, future roll out may want to consider if parenting wellbeing is an adequate measure for short-term outcomes, as we did not explicitly seek to measure increases in parental wellbeing, and parents did not independently mention this as a benefit in their interviews either. As mentioned above, qualitative interviews may

be a preferred measure to understand any changes in parental wellbeing further.

c. Are any changes needed to the theory, materials, or procedures before rollout?

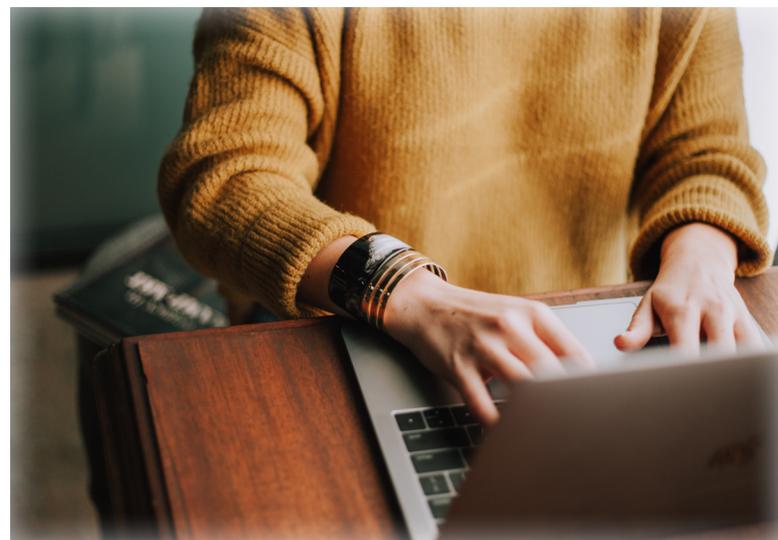
Changes to the theory

Overall, staff reported no required changes to the theory before rollout.

Changes to materials

Changes to the manual

Although the content delivered largely did not deviate from the manual, TT CIP staff reflected that if there were more parents, changes to the manual might be required such as reducing the content so that everyone could have their voice heard. Some TT CIP parents raised similar concerns about the amount of content of the sessions, so that the manual might generally benefit from reducing the content of each session. TT CIP staff also suggested adding certificates at the end of the programme to give to parents and social workers as one parent asked for this and it had been well received.





TT Toddlers staff commented that they would like to tweak earlier sessions now that they have been delivered once, in particular condensing the early routines content (particularly as this information would have been delivered by social workers to mums in the past) and simplifying this element. Staff would like to increase imaginative play time and incorporate more play-based language and communication and activities in general. TT Toddlers staff reflected that they could remove the 'routines' section or cut it down and add in a maths section if they were to scale up.

Changes to online resources

There was very limited use of online resources. Future rollouts should make sure that key content is discussed during the sessions so as to not rely on online material and consider ways to encourage take-up of the online resources.

Session format

Length of sessions

The session format of a two-hour, online slideshow might be one of the reasons for the lower participation in the TT CIP programme. Integrating more small practical activities might be helpful for future sessions to maintain engagement. TT CIP staff also reflected that if the sessions were to be face to face, longer sessions may be required to ensure time for parents to be able to share experiences, which may increase if sessions were in person. Within the TT Toddlers sessions, parents said they would have liked longer sessions to be able to do activities for a longer period.

Number of sessions

Parents within the TT Toddlers group reported wanting more sessions (either two per week or for a longer period of time, e.g. 12 weeks), with one suggestion of one-

to-one sessions. TT CIP parents felt the number of sessions was adequate.

Structure of sessions

The TT Toddlers cohort reported being happy overall with the structure of the sessions. Within the TT CIP cohort, parents stated that they did at times struggle with the content, finding the PowerPoint layout was "*quite a lot to take in*", and at times "*too much info in one session*". Unravel staff commented that they were conscious of information overload, and attempted to streamline the content as much as possible, leveraging the most important messages and incorporating direct questions. Within future roll out of TT CIP, staff may want to consider incorporating a break and reducing the content further.

Additional follow-up session for TT CIP cohort

TT CIP staff commented that having a follow up course once babies were born might be helpful to see how mums are managing and revisit any materials. There may also be benefits for parents to be able to reconnect with their peers, and to meet each other's babies.

Changes to procedures

Accessibility of online platform

Parents did report difficulties accessing the Microsoft Teams platform, with one parent suggesting that using a different platform (such as Zoom or WhatsApp call) may have been easier as she struggled to navigate Teams and had connection issues. Staff reflected that an introductory session to help orientate parents on Teams (and how to complete questionnaires online) may be useful. Future roll outs may want to consider adding an orientation session at the start of the programme or using an alternative platform to engage parents.



Availability of materials

In some of the TT Toddlers sessions observed, some parents were nevertheless unable to take part in activities as they did not have the relevant materials to do the activities, although activities were announced in the previous session to give parents time to prepare. This likely hinders part of the learning process as the impact of these activities then relies more on parents' initiative to re-do activities within their own time. To increase engagement during the sessions, future online deliveries might integrate some more of these materials into the starter pack provided to parents at the start, to increase engagement during the sessions. This would likely be alleviated by offline deliveries as staff members could bring all materials required for activities.

Platform for peer support

The chat function on Teams was not used as planned, and staff reflected that using Teams and any chat platform within that might have been challenging for parents because it is not a format they are used to, with texting on a phone appearing more comfortable for parents. The WhatsApp group has seen a high take-up and many interactions within the group, so should be considered as an element within future rollouts.

Delivery of sessions in person

Parents suggested offering a first introductory session online, followed by face-to-face sessions, or a mixture of both (depending on government restrictions). Parents and staff both suggested the possibility of taking a blended approach, with the first and/or theoretical sessions delivered online, and the more practical sessions delivered in person. A parent commented that due to COVID-19, they

would find meeting new people "*weird after a year of not being able to do that.*" Therefore, if sessions were to be delivered in-person, an introductory online session may help alleviate some anxiety.

If the programme was delivered in person in future rollouts, care should be taken to ensure that the chosen location is easily accessible to parents to increase attendance. Attendance of in person meetings will imply a higher time commitment for parents, with some parents already struggling to attend the online sessions. How attendance of in person sessions compares to the online workshops of the current programme delivery remains to be seen.

Referral process

Unravel staff commented that starting to disseminate information and promote the service earlier might have been helpful to secure additional referrals, so social workers would know about the programme for longer. They noted that a longer lead-up time with additional meetings towards the start of the programme could potentially help Local Authorities generate referrals. Future roll outs may want to increase the lead-up time between advertising the programme and receiving referrals, with more communication with stakeholders before the programme commences.



DISCUSSION AND INTERPRETATION

Overall, both interventions were well received by staff and parents, with both cohorts reporting clear benefits from attending the sessions. The interventions were delivered largely as planned, with close adherence to the manual.

The TT Toddlers sessions were reported to be successful in their key aims of improving parental knowledge and confidence through play and communication, with parents reporting feeling more confident in their parenting abilities, although future evaluation is needed to draw conclusions about impact. Parents were able to reflect on what they had learnt and highlighted changes in their thinking and parenting that could be of benefit to both the child's development, and to the parent-child relationship.

The TT CIP sessions were also successful in supporting expectant parents by providing education on child development and in particular on pregnancy and childbirth. Given the perceived increase in knowledge of pregnancy, this may have the potential to promote attachment and increase parents' skillset when their babies are born. Within both interventions, it is important to acknowledge that benefits from the programme may well not be seen until some time after the intervention has concluded, as changes in behaviour and routines and potential subsequent impacts on parent-child relationships, parental wellbeing and child development may take longer to be embedded and effect change. Recommendations for longer term follow-up

are therefore made within the 'Conclusions and Recommendations' section below.

Both interventions largely met the needs of the target group. Whilst parents felt that the content in the TT Toddlers sessions was not necessarily relevant for the age their child currently was, staff hoped that by providing learning for children aged 0-2, parents would be able to implement this knowledge in the future, further benefiting their children as they grow up. Within the TT CIP sessions, whilst some parents struggled with the amount of content and the PowerPoint format, they did feel they had gained knowledge particularly about pregnancy that was relevant to them.





This evaluation identified several key factors that were important facilitators to the intervention, as well as ways the Tiny Tots Toddlers and TT CIP interventions may be improved in future implementation. A key aspect for the success of both interventions appeared to be the positive relationships between staff and parents. By creating a warm, comfortable, and non-judgemental environment, parents were able to increase their trust and confidence, enabling them to learn and absorb information, in turn leading to increases in parenting knowledge and confidence.

Given that the intervention took place during the COVID-19 pandemic, in line with government restrictions all sessions were delivered online. Whilst the online format did have benefits for some parents, such as increased accessibility and flexibility of sessions, findings indicate that parents would have preferred the intervention to be in person (or a mix of both in person and online sessions) and may have found the intervention more effective face-to-face. This was due to several reasons, such as online access issues, difficulties connecting with other parents in an online format, and feeling able to ask staff questions. Similarly, staff felt that if the interventions were to be delivered in person, parents may have been able to absorb more information. For the TT Toddlers cohort, staff would have been able to model activities live and support parents within session on a one-to-one basis, as well as seeing children's progress.

The number of referrals into the programme was lower than expected, and staff felt that the delays in referrals were due to administrative data issues that prevented the identification of care experienced (expectant) parents. In particular, the inability to cross-identify parents from the health and social care data system played a

role in the delays in referrals. Future rollouts might require more support from outside professionals with referring people into the programme and explaining the programme to social workers and potential parents. In addition, future rollouts should consider how attendance for the TT Toddlers intervention can be increased (e.g. through changing timings, etc.) to maximise its impact.

Despite being widely accepted by TT Toddlers parents and staff, there are indications that the ASQ3 outcome measures were not reliably estimated by parents, out of fear of being assessed. TT Toddlers staff felt that some parents were afraid of completing the ASQ3 because they felt like they needed to demonstrate that their child could do everything, even when staff knew this wasn't correct. While parents did not raise those concerns in the interviews, strategies to alleviate any concerns should be considered in potential future rollouts that involve ASQ3 scores as outcome measures. If sessions were to be delivered in person, outcome measures could be measured more consistently and reliably by staff to provide a clearer picture of the benefits of the intervention.



LIMITATIONS

This evaluation has several limitations. Firstly, the number of parents was relatively low and might limit generalisability. While we have been able to give insight into individual experiences, we are unlikely to have captured the full breadth of experiences parents may have with the programme in future rollouts. Future, large-scale evaluations will be able to address this and can also establish a causal impact estimate for the quantitative outcomes.

ASQ3 data is only presented at baseline, to prevent misinterpretation of the effect of this intervention given the low number of parents. Given the small sample size and the difficulties of reliably estimating the ASQ3 scores, caution should be taken when interpreting these results.

Similarly, wellbeing data for TT CIP is also only presented at baseline. As mentioned above, increases in wellbeing/decreases in stress could be explored further in future research to gain a richer picture of any changes that were potentially not captured by the outcome measures.

Generalisation of these findings is also limited given the context of the delivery and evaluation taking place during the COVID-19 pandemic, with the intervention being presented online, rather than in person as originally planned. Further evaluation of in person sessions once government restrictions are lifted is warranted to understand how this intervention works within different settings, and under different circumstances.

Finally, while the majority of parents took part in an interview, interpretation of findings should bear in mind that those who chose to take part in an interview may have had particularly positive or negative experiences of the intervention. Findings from qualitative data provide evidence on the breadth of experiences but should not be considered exhaustive or indicative of the prevalence of experiences. Whilst every effort was made to reassure parents that they could be completely honest with researchers, there is also the possibility that those taking part in a focus group or interview may have felt unintended desirability effects. This may include reporting the intervention more positively because they felt that was what the researcher was seeking, or because they had positive relationships with staff members.



CONCLUSIONS AND RECOMMENDATIONS

Elements of Tiny Tots College which work well and should be continued:

- **Building good relationships with parents** to understand their needs and motivate them to make changes.
- **Peer support for parents.** The group sessions and WhatsApp group chat allowed parents to get to know each other and build friendly, supportive relationships.
- **Safe space for parents** to express their thoughts and opinions outside of statutory services.
- **Focus on increasing parental knowledge.** The sessions were aimed to improve parental knowledge/confidence and parental-infant attachment, with parents stating that the interventions increased their knowledge about pregnancy, parenting and child development.
- **An integrated approach** which incorporates theory and practice into everyday life by providing guidance on activities and routines to integrate into the day-to-day. Parents adapted many of the suggested activities into their weekly routines. The focus on activities that were easy to implement and only required everyday items or materials facilitated take-up of recommendations.

Elements of Tiny Tots College to adapt or improve:

- **Stronger referral pathways** to ensure that a large number of parents are reached and agree to join the programme from the start. To understand the effectiveness of Tiny Tots College, it would first be advised that a strong referral network/ pathway be established. This may involve delivering a large number of outreach activities to the statutory and voluntary sector in order to establish a strong referral pathway. Once a strong referral pathway has been established, future research should include running another pilot at a larger scale.
- **Some or all delivery in person.** This may include offering a mixture of face-to-face and virtual sessions or exclusively face-to-face sessions to take into account different preferences. The possibility of a face-to-face orientation session may be useful, which would include guidance on how to use Microsoft Teams, access online resources and completing questionnaires/surveys. This will likely increase engagement for the programme and the use of online content.
- **Condense the content.** Parents from the TT CIP intervention felt that the sessions were sometimes hard to follow. We would suggest reducing the content to ensure that the key messages are conveyed. The sessions should also



include regular interval breaks. This will help promote parent engagement and understanding.

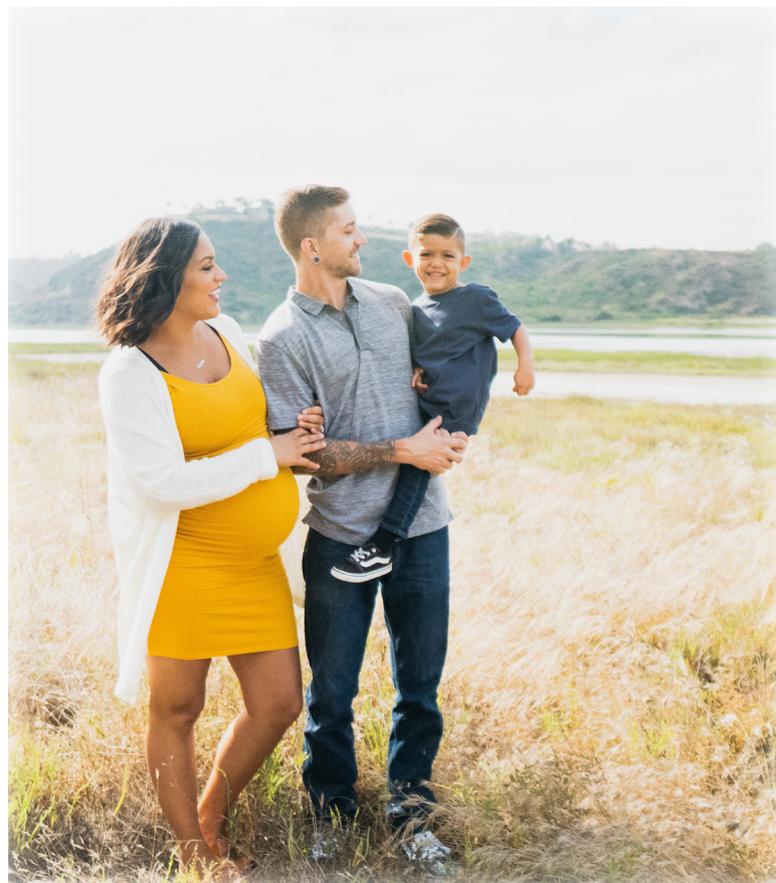
- **More practical sessions.** Parents from the TT Toddlers intervention felt that they would have benefitted from more practical sessions. Almost all the parents favoured the idea of more sessions being delivered in general. We would therefore suggest the possibility of increasing the length of the programme for the post-birth cohort to accommodate for more practical sessions.

Once these points have been addressed, future research should include running another pilot at a larger scale. Future rollouts should consider tracking any indicative evidence of impact by collecting baseline and endline outcome measures on child development and parental well-being. It may also be useful to further explore perceived parental wellbeing within qualitative measures.

Future evaluation would benefit from incorporating additional medium/long term measures, these may include the ongoing involvement of families with statutory services, for example whether children remained on a child protection plan, became looked after, etc. Future evaluations should consider the possibility of measuring these outcomes over a longer period of time to consider the full potential benefits of the programme.

Future delivery of the interventions should also consider whether Tiny Tots College can be delivered in person. Following the UK's government guideline, as we move away from virtual to face-to-face interaction, the perceived level of recruitment, engagement, implementation, and acceptability of the programme may differ. Future evaluation

could therefore be carried out in person to consider whether any changes may occur depending on the setting.





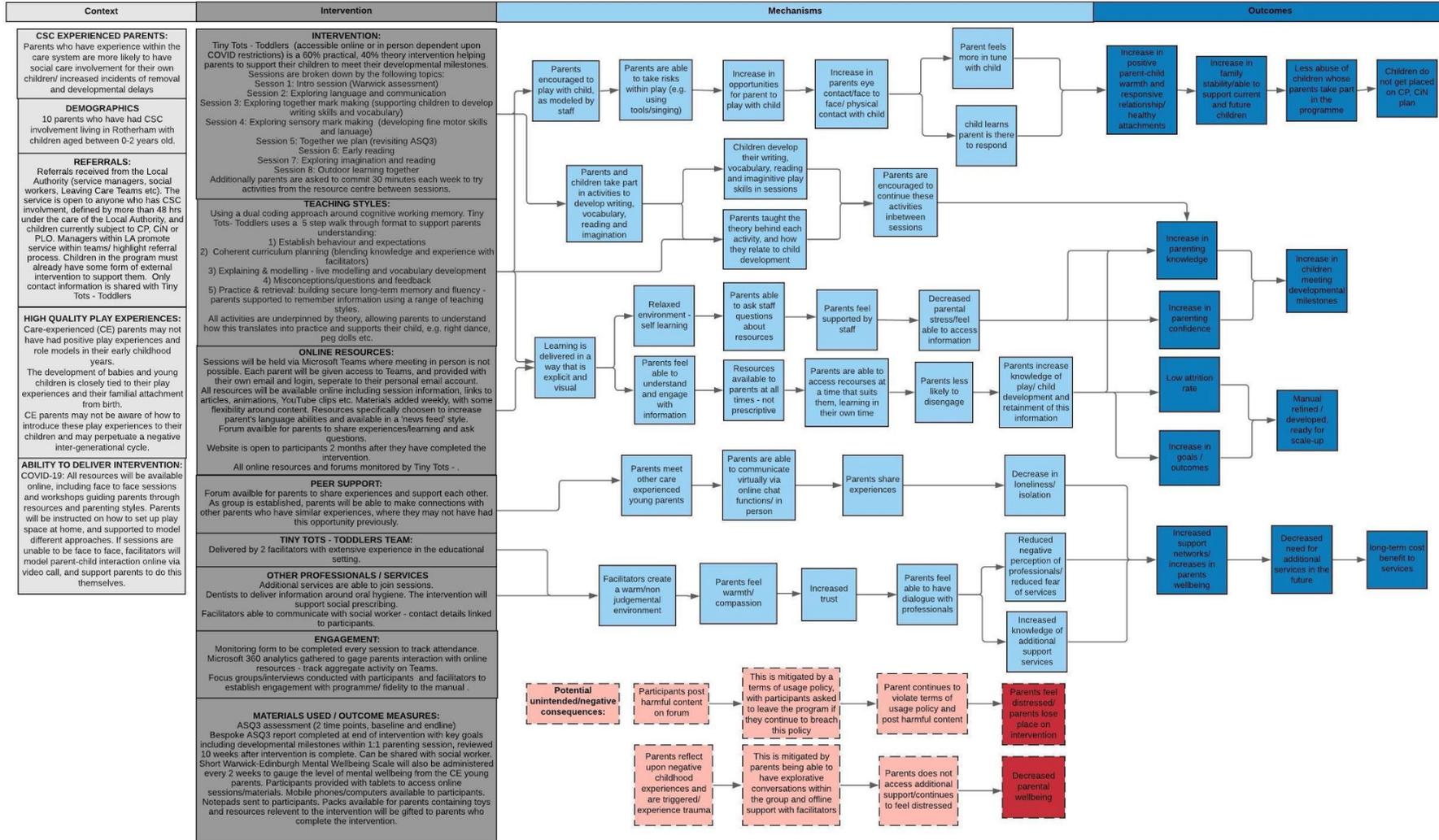
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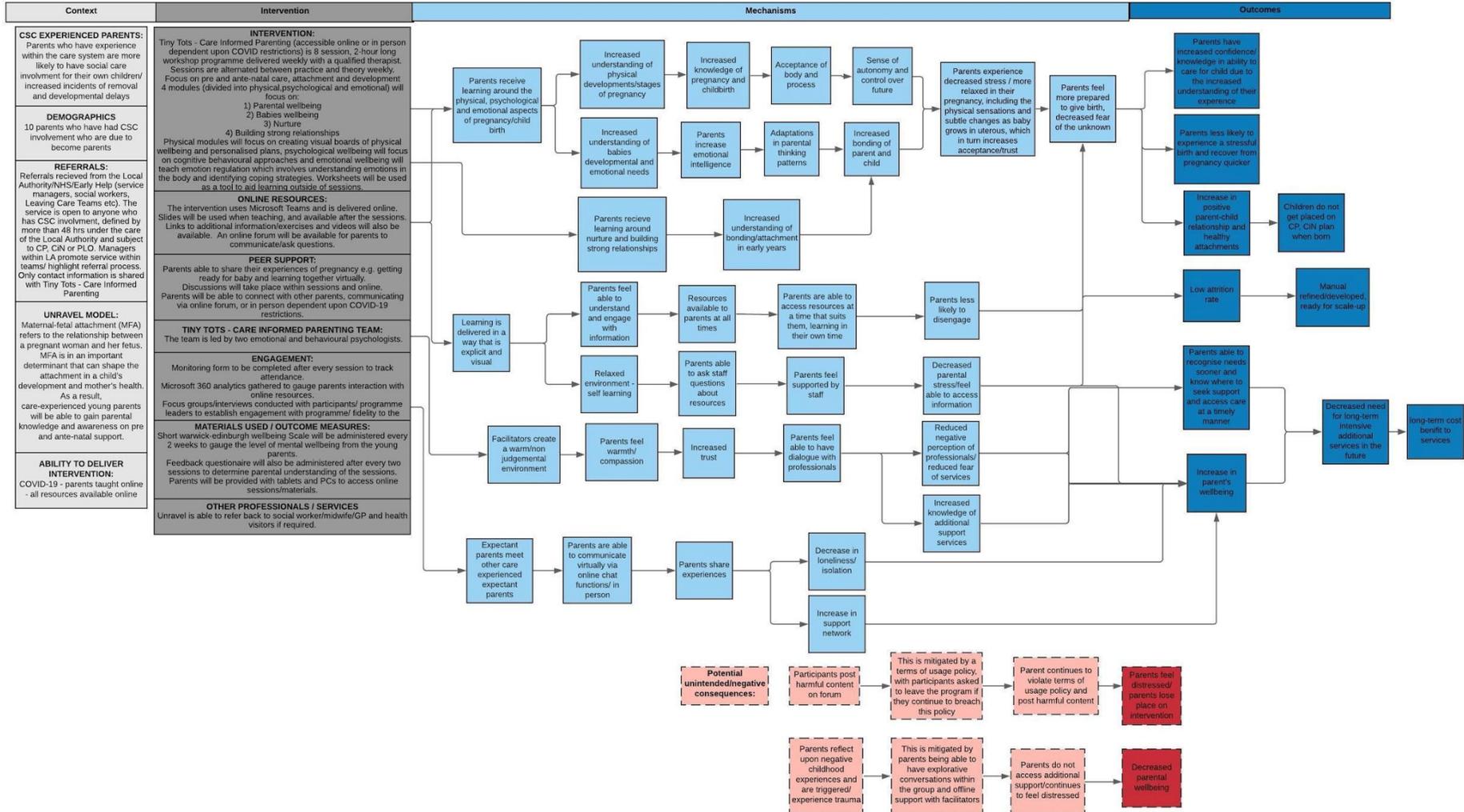
APPENDIX A: LOGIC MODEL

Tiny Tots - Toddlers: Logic Model





Tiny Tots - Care Informed Parenting: Logic Model





What Works *for*
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Social Care**

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