

Better Start Bradford Innovation Hub

Incredible Years

Final Report

October 2023

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford and the Incredible Years Toddler (IY-T) project. This report provides an overview of project performance and findings from an implementation and before-and-after outcome evaluation. The report is based on data collected by the project provider from 1st September 2018 to 31st August 2023. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB. A previous report was produced on IY-T was produced in September 2021.

Authors: Kate E Mooney, Josie Dickerson, Mohammed Hamad, Sara Ahern, Sarah Blower, and the Better Start Bradford Innovation Hub.

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Approved by: Josie Dickerson and Sarah Blower



Produced for Better Start Bradford

Executive Summary

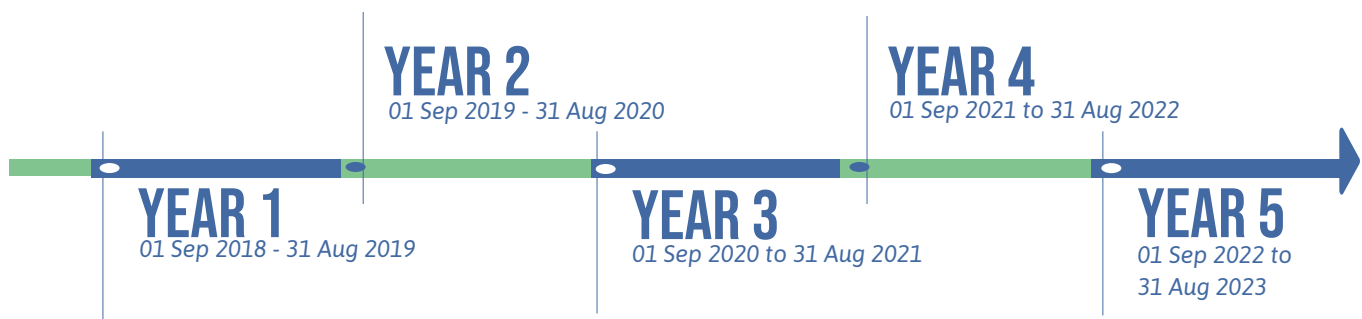
Project background

The Incredible Years (IY) parent programmes (www.incredibleyears.com) are parent education and training group-based interventions informed by social learning theory and designed to enhance the social and emotional wellbeing of children aged 0-12 years.

Incredible Years - Toddler (IY-T) is delivered in the Social and Emotional Development theme of Better Start Bradford (BSB). The project is delivered universally in the BSB area. IY-T aims to improve parent-infant relationships and attachment by using positive parenting strategies. It is aimed at parents, grandparents and carers that have a child aged between 12-36 months. The course covers 8 key topics such as 'social and emotional coaching' and 'the art of praise' which are delivered through two-hour sessions over 13 weeks by two trained group facilitators who promote peer support and shared learning.

At the beginning of the contract and at present, IY-T are within the range of '2+' under the Early Intervention Foundation (EIF) evidence ladder. With the planned effectiveness evaluations, we anticipate that IY-T would be within the range of Level 4, if the programme were found to be effective.

The IY-T service was commissioned as part of the Better Start Bradford Programme (BSB) from the 1st of September 2018, and this report is therefore based upon data collected by the project provider between 1st September 2018 to 31st August 2023, across five years of delivery (see timeline below). Barnardos has recently been commissioned to provide the IY Preschool BASIC (IY-T is an adapted version of this) across Bradford by the Government funded Start4Life programme.



Aims of the evaluation

In this report, IY-T has received:

- a standard implementation evaluation to see if it can be delivered as it was designed to be, and if it is acceptable to stakeholders and parents/carers, and
- a before and after evaluation of the key outcomes

IY-T has also engaged with the BSBIH to produce plans for two separate enhanced evaluations, and this report provides details of those plans.



A previous evaluation report was provided in September 2021, and this current report provides an update on the information provided in that report, with additional context. The report is therefore based upon data collected by the project provider between 1st September 2018 - 31st August 2023.

Executive Summary

Key findings of the evaluation



Enrollees, participation, and completion: IY-T received 609 referrals, and 417 of those referrals enrolled in the programme. 326 caregivers went on to participate, and 204 caregivers completed the programme. Although referral numbers into the service have been lower than anticipated, and performance related to project progression criteria consistently did not meet targets, families tend to stay in the programme once enrolled, with high conversion rates between each stage (referrals to enrollees (68%); enrollees to participants (78%), and participants to completers (63%)).

Implementation and fidelity: The quality of IY-T implementation and delivery has been very high. A large proportion of families receive three home visits at the start of the programme (66%), and facilitators have engaged well with supervision and the accreditation process, despite disruptions outside of their control in Year 5 of delivery. High levels of fidelity to the IY-T design and manual have been achieved. This is also reflected in parents' feedback about the contribution of facilitators to the quality of their experience. IY now have 4 accredited facilitators, and 2 more have started the process.



Before and after: Findings suggest that outcomes for participating families improve. There are statistically significant differences in children's social and emotional difficulties and in parent's sense of competence, with both having higher average scores at the end of the course. Parents report finding the opportunity to share with and learn from other parents immensely valuable, and some of them have developed supportive relationships with each other that extend beyond the duration of the course.

Enhanced evaluation plans: Since this evaluation has shown evidence of promise, an enhanced effectiveness evaluation is warranted. The Innovation Hub have planned two enhanced evaluations (an effectiveness study and a feasibility Trial within a Cohort Study). IY-T have successfully collaborated with the Innovation Hub to complete these plans, and these evaluations will contribute to the evidence base for IY-T.



Recommendations for practice

There is evidence of a need for this service across the Bradford district and practitioners and families that have engaged with IY-T are very positive about the service.

The effectiveness of the IY-T specifically remains unknown. The Incredible Years suite of programmes for children aged 3 and older has a strong evidence base rated 4+ by the Early Intervention Foundation. However, evidence suggests that the earlier an intervention is provided, the greater impact it will have on a child's life. We therefore strongly recommend commissioning of this earlier IY-T course. We recommend that IY-T continues to be commissioned but with some key recommendations for practice (recommendations for future evaluation are provided on Page 17):

Recommendation 1

Adjust targets to realistic numbers

For future delivery we suggest setting lower referral, enrollee, participant, and completion targets based on the learning in this evaluation. We also recommend setting targets based on conversion rates, rather than absolute numbers.

Recommendation 2

Continue engaging with supervision and accreditation

IY-T has been delivered in line with best practice set out by the developer of the course; and this has potentially resulted in the positive outcomes in this evaluation. We recommend that the project continues to support facilitators via supervision.

Recommendation 3

Continue to make the programme accessible for parents

Successful implementation has been facilitated by the use of creche and transport available for participants. It is important that future delivery continues with these strategies to allow IY-T to reach as many parents and caregivers as possible.

Project background

Project purpose and function

The first three years of a child's life are a crucial time for their development. Early intervention through parenting programmes has potential to prevent or reduce the personal and societal costs of poor child mental health. Whilst group parenting programmes have been found to be effective for reducing child conduct problems and improving child socio-emotional wellbeing for parents of children aged three years or older, evidence remains weaker for the short and long-term effectiveness of parenting programmes for parents of children in the critical first three years of life, as well as in specific subgroups of parents.

Whilst the IY parent programmes for older children have robust evidence of positive short-term outcomes, the more recently developed Incredible Years - Toddler (IY-T) has not yet been evaluated to the same extent. There are only two previous studies which have investigated the effectiveness of IY-T. Whilst both studies found positive impacts on parent practices and child behaviour (Perrin et al, 2014; Hutchings et al., 2017), the IY-T intervention has limited evidence of effect in more vulnerable populations.

Within IY-T, parents learn how to help their toddlers feel loved and secure, encourage social and emotional development, and establish strategies for developing routines, handling separation, and managing misbehaviour. Group facilitators are required to attend an initial 3 day training in the programme. However, best practice promoted by the developer of IY suggests that the group leaders should also engage in regular supervision and pursue official accreditation. The accreditation process is rigorous, requiring group leaders to provide evidence of delivery including video footage of sessions and various forms and checklists. Barnardo's group leaders have been engaging in both supervision and the accreditation pathway.

Parents/carers receive 3 promotional contacts prior to the beginning of the group via assertive outreach, consisting of telephone contact and at least one home visit. The initial telephone contact introduces the parents to the project and Group Facilitators and aim to build the participants confidence in attending. The home visits are intended to create a sense of rapport between the family and Group Facilitators and alleviate any barriers that families might have in accessing the group such as crèche, language difficulties or concerns about what the group might involve.

The 13 IY Toddler Basic sessions cover 8 topics:

- Part 1- Child-Directed Play Promotes Positive Relationships
- Part 2 - Promoting Toddler's Language with Child-Directed Coaching
- Part 3 - Social and Emotion Coaching
- Part 4 - The Art of Praise and Encouragement
- Part 5 - Spontaneous Incentives for Toddlers
- Part 6 - Handling Separations and Reunions
- Part 7 - Positive Discipline-Effective Limit Setting
- Part 8 - Positive Discipline-Handling Misbehaviour



IY-T is delivered by Barnardo's via BSB, and has been since September 2018. IY-T have secured funding via the Government's 'Start for Life' initiative to deliver the IY Preschool Programme throughout the Bradford district. IY Preschool is targeted at a higher age range of children than IY-T, with parents of children aged 3-6 years old being eligible for the programme. This means that IY-T are now delivering a service for parents of children aged 1-6 years old throughout Bradford, increasing the accessibility of the programme.

Project background

COVID-19: Impact on the project

Due to the Covid-19 pandemic, the delivery of face to face groups had to be paused between March-September 2020 in line with Government guidance. The targets have been adjusted to account for this pause and change the mode of delivery. The challenges faced by the provider in moving to online delivery should be taken into account in the interpretation of this report.

Covid-19 had a big impact on delivery but the team worked hard to continue supporting families throughout lockdowns. Families were offered activity packs that were based around IY-T principles and content, 1:1 phone sessions and garden visits. This was felt to be a lifeline for those more isolated. Facilitators invested time during the first lockdown preparing for future groups e.g. practicing specific role plays in pairs, prepping paperwork and thinking through how to get it to parents, using breakout rooms and adapting ways of administering the outcome measures. Using Zoom was a big learning curve for the facilitators and required them to alter the way they delivered sessions. They introduced a 'week 0' to help parents download and learn how to use zoom. The online provision was seen to be advantageous to some families as it offered more flexibility for childcare and evening sessions. However it was seen to disadvantage some families who do not have sufficient IT provisions and would require an interpreter.

Aims of the Evaluation

The **implementation evaluation** seeks to understand who is participating in IY-T when it is offered universally, and will also explore if IY-T is being implemented in line with the model specified in service design (which included assertive outreach and facilitators to promote access), and any barriers or facilitators to this.

The **before and after evaluation** of IY-T will look at whether IY-T participants experience positive changes in their mental health, parenting confidence, and child socioemotional development after participating in the course. Specifically, we will be looking to see if participants who complete IY-T report any change or improvement on self-reported outcome measures at the end of the course.



- This report provides details of the project's performance over the 59 months of delivery (September 2018-July 2023) and targets have been adjusted to this timeline. For consistency with previous reports we have continued to use annual figures that relate to annual targets, and we also interpret on the overall performance from the full 59 months of delivery.
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Data Quality

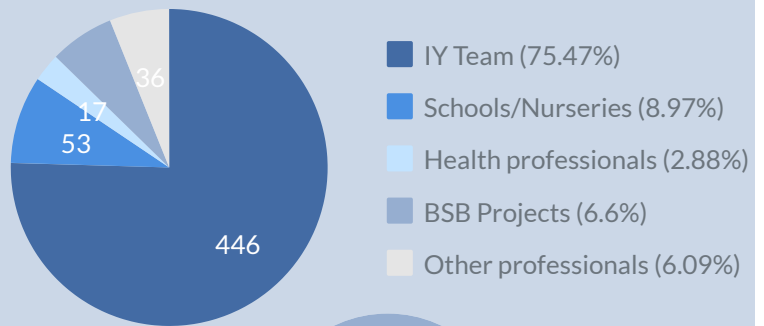


When data has been uploaded on time it has been of a good quality and completeness. However, there have been a few instances where data hasn't been uploaded on time or has not been uploaded at all, therefore due to the multiple issues we have had with the timeliness of data the project is rated Amber. It is important to note that IY-T have been historically rated as Green in data quality.

Implementation findings

Where do referrals come from?

In total, **609** referrals were made to the IY-T project. The most common referral source was the IY Team (n=446, 75%) highlighting the success of their community engagement activities, but also IY-T's reliance on gaining referrals through their own outreach work. The second most common referral source was schools/nurseries (n=53, 9%). 'Other professionals' were grouped together for this report due to low numbers (n=36, 6%), this category includes social workers, health professionals and Early Help practitioners.

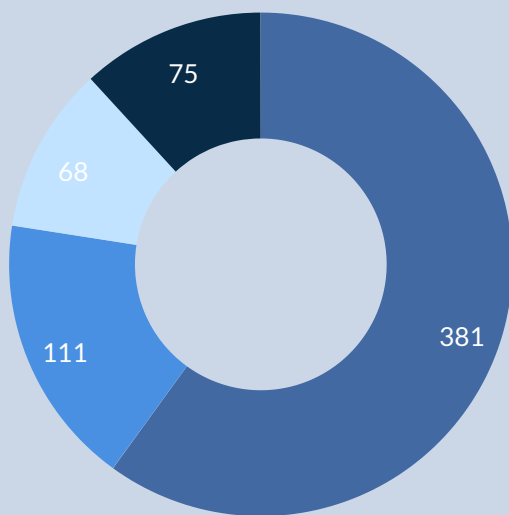


609 referrals total

Note: as some referrals were repeated referrals, the numbers within reasons for referrals do not equal the number of total referrals.

Why are parents and caregivers referred to the project?

Reason for referral (% of referrals)



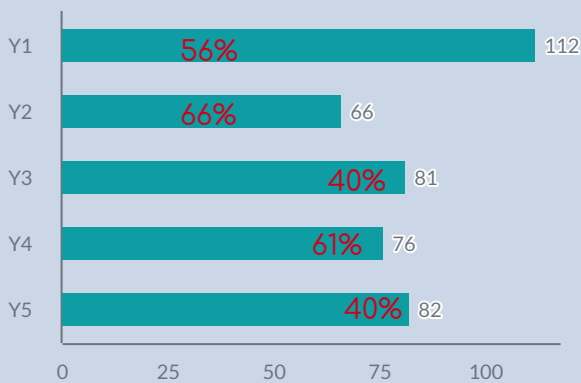
- Project participation (60%)
- Language, SED (17.48%)
- Positive boundaries (10.71%)
- Other (11.81%)

IY-T is a universal project, and as such does not target specific families. When a referral is made into the project the reason for referral is captured which reflects any specific needs identified at the point of referral. If a need is not identified then 'project participation' is selected as the reason.

The most common reason for referral was 'project participation' (n=381, 60%). The second was to encourage language, social and emotional development (SED) (n=111, 17%). 68 (11%) parents and caregivers were referred into IY-T to receive support to implement positive boundaries. The 'other' category (n=75, 12%) here includes Attachment and Separation, and Establish Clear Routines. These have been grouped as the number of referrals here was too low to report separately.

Implementation findings

How many parents and caregivers enrolled?

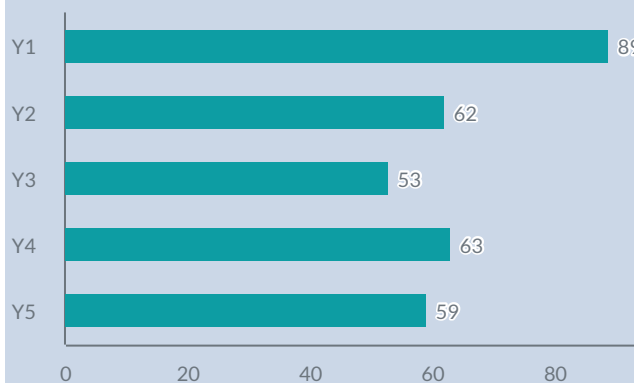


An enrollee is defined as someone who is seen face to face in at least one pre-course contact and booked onto a programme rota. The target set for enrollees was 828. There have been **417** enrollees over the entire delivery of IY-T (50% of the overall target). This represents approximately two thirds (64%) of all referrals.

The graph provides actual numbers of enrollees per year and target numbers each year are provided using the percentages in the bars. IY-T have been RAG rated in red for this criteria each year.



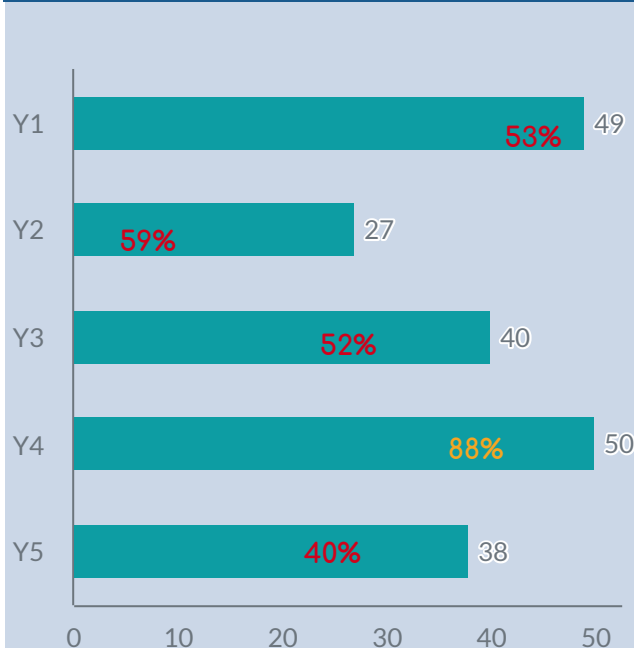
How many parents and caregivers participated?



Participation is defined as attending at least one course session. Of the 417 parents and caregivers who enrolled onto the programme, **326 (78%)** went on to participate.

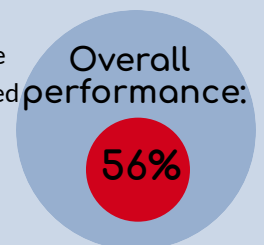
In Year 1, 89 parents or caregivers participated. In Year 2, 62 parents and caregivers participated. In Year 3, 53 parents and caregivers participated. In Year 4, 63 parents and caregivers participated. In Year 5, 59 parents and caregivers participated.

How many parents and caregivers completed?



Completion is defined as attending at least eight out of thirteen course sessions. Of the 326 parents and caregivers who participated in the programme, **204 (63%)** went on to completion. The target set for completers was 366, and IY-T had 206 in this period (56%).

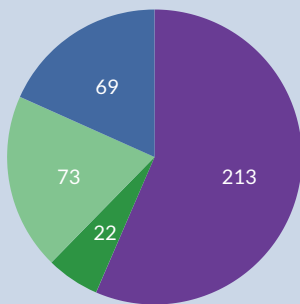
In Year 1, 49 parents or caregivers completed (53% of the anticipated number). In Year 2, 27 parents and caregivers completed (59% of the anticipated number). In Year 3, 40 parents and caregivers completed (52% of the anticipated number). In Year 4, 50 parents and caregivers completed (87% of the anticipated number). In Year 5, 38 parents and caregivers completed (40% of the anticipated number). It is important to note that the target in Year 4 (57) is lower than the adjusted target for Year 5 (94) completers, and Year 5 is still in progress, and that is why the RAG rating is much lower.



Implementation findings

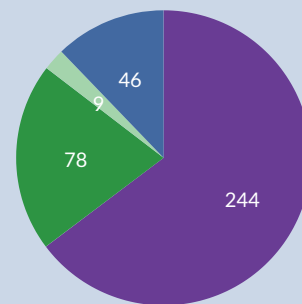
Who are the parents and caregivers that enrol in the programme?

Ethnic group



Asian/Asian British: Pakistani (56.5%)
 White British (19.36%)
 White: Other (5.84%)
 Other (18.3%)

Language



English (64.72%)
 Urdu (20.69%)
 Other (12.2%)
 Romanian (2.39%)

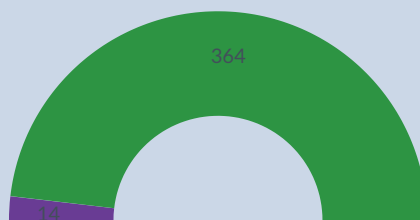
The majority of parents that enrol in the programme are Asian/Asian British: Pakistani (56%), with remaining groups being White British (19%), White: Other (6%), and Other (18%). The proportions of women from different ethnic backgrounds in the BSB area are Asian/Asian British Pakistani (46%), White British (11%), and White Other (8%). There were more White British and less Pakistani enrollees compared to the BSB area. This may indicate greater need in the White British population, or greater course acceptability in the White British population, and this is important to explore in future evaluations.

The majority of parents are also English speaking (65%), with the other groups being Urdu (21%), Other (12%), and Romanian (2%).

Gender of participant

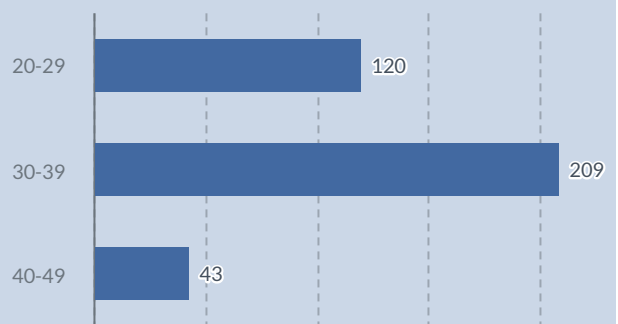


98%
 of participants were the child's parent



Men (3.7%)
 Women (96.3%)

Age of participant



Note: the youngest and oldest categories have been suppressed to reduce the risk of identification.

Most of the caregivers that enrolled were the child's parent (98%), and the remaining 2% were grandparents or other adults with parenting responsibilities. Most of them were women (96%). There were 209 (36%) enrollees aged 30-39, 120 (31%) enrollees aged 20-29, 43 (11%) enrollees aged 40-49, and 4 (<1%) enrollees aged 50-59.

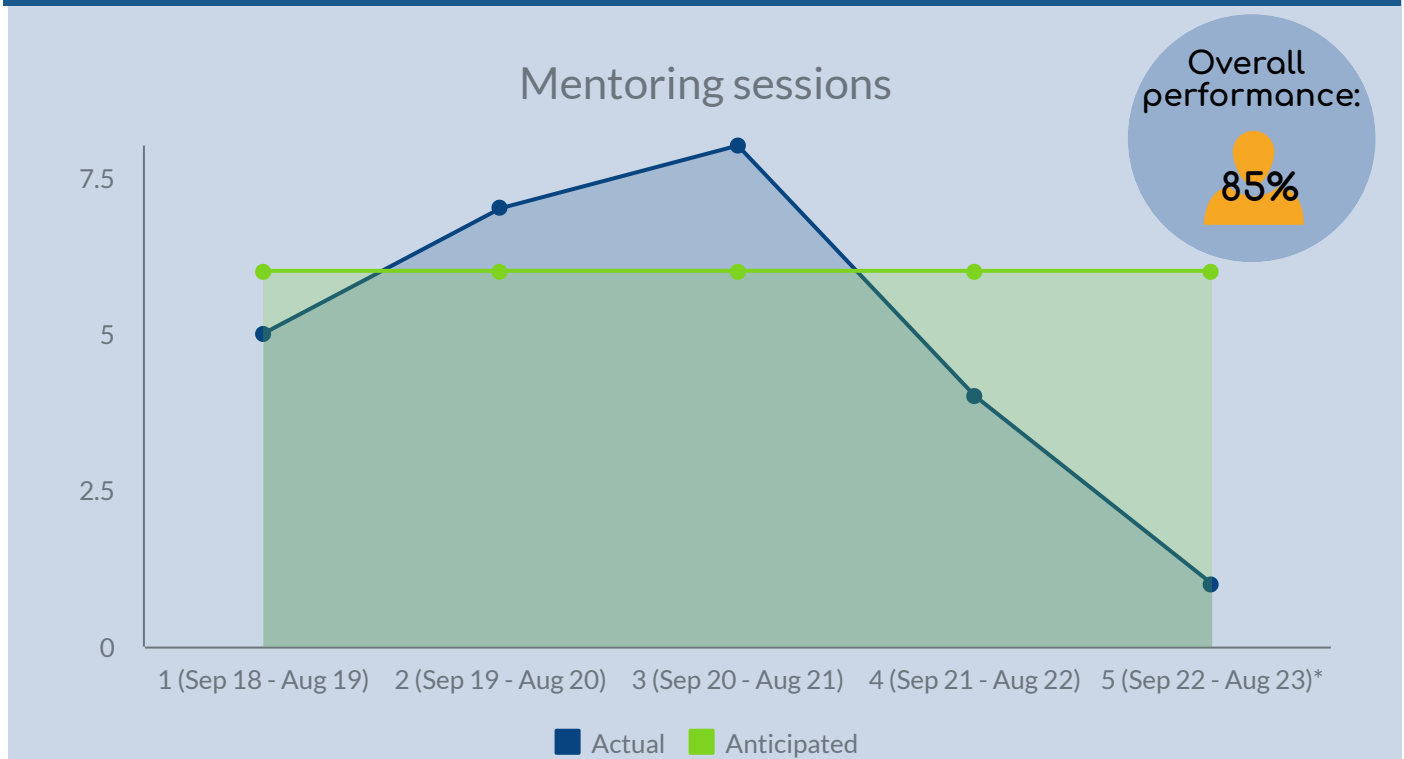


79%
 of children were aged 12-36 months

Most of the children were in the eligible age bracket, aged 12-36 months. However, some children were outside of this eligible age bracket, with some children older than 36 months (n=52), and some younger than 12 months at enrolment (n=6).

Implementation findings

How many mentoring sessions were received?



Annual implementation targets related to the number of mentoring sessions for group facilitators. Mentoring (also referred to as supervision) sessions are opportunities for learning and reflection for group facilitators, run by certified IY mentors.

In August 2021 BSBIH ran consultation groups with IY-T group facilitators about their experiences of delivering the IY-T programme. Some felt the initial IY training was not adequate to prepare them to run groups, for example they worked hard over the first year of delivery to get to grips with the manual and prepare for delivery. Most found supervision useful and a good way to learn from peers and get feedback. Others felt shorter, more frequent supervision with pairs of facilitators would be more useful. Most facilitators are keen to achieve and value accreditation. Others had negative experiences of the process and felt video recording sessions impacted the natural delivery of sessions.

It was anticipated that 29 mentoring sessions would be delivered, and IY-T achieved 25 sessions (85%) altogether. In Year 1, 5 mentoring sessions were delivered, (83% of the target). In Year 2, 3 in person sessions and 4 online sessions were delivered (117% of the target). In Year 3, 8 online mentoring sessions were delivered (160% of the target). In Year 4, 4 mentoring sessions were delivered (66% of the target). In Year 5, one mentoring session has been delivered (18% of the target).

In 2023, a mentor from the IY team in Seattle retired, leaving the IY-T delivery team without a mentor for supervision and accreditation of their team. Despite this, the IY-T delivery team now have 6 facilitators in total, 4 are fully accredited, and 2 are in the accreditation process.

IY-T now have a mentor in place, and mentoring sessions have resumed.



Implementation findings

How was the programme delivered?

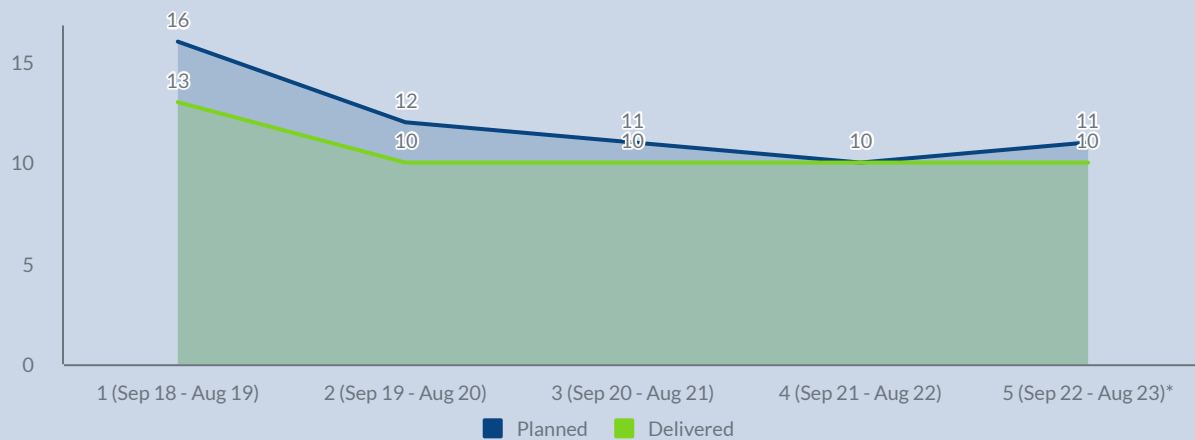
How many pre-course contacts were received?

Pre-course contacts are an important part of the IY-T programme to build relationships between families and facilitators. This can include a home visit, telephone call or virtual call. Home visits were continued in year 3 after the introduction of social restrictions but were moved to garden visits to ensure safe delivery. IY-T aims to give each family three pre-course contacts. Overall, the majority of enrollees (n=307, 74%) had at least one pre-course contact, and most of those had three or more pre-course contacts (n=277, 66%). It is possible that the use of pre-course contacts contributes to the high retention rate in IY-T.

74% of enrollees had at least one pre-course contact

66% of enrollees had three or more pre-course contacts

How many courses and sessions were delivered?



IY-T is delivered over a series of 13 weekly sessions per course. For a course to be counted as delivered, at least one session needs to have taken place with participant attendance.

Over the evaluation period, 60 courses were planned with 53 delivered. This means 7 courses were cancelled.

Due to Covid-19 social restrictions, all face to face delivery was paused for 6 months and any planned course sessions were cancelled resulting in 14 session cancellations. Parents and caregivers who were attending a course at the time received phone calls and garden visits and mini sessions were offered over the phone while the IY-T team established online delivery.

The average number of sessions delivered as part of a course was 10. Although 13 sessions is the recommended length of a course, it is typical for smaller groups to work through the course content faster so finishing the course in fewer sessions.

7
 planned courses
 cancelled

10
 average number of
 sessions delivered per course

Implementation findings

What strategies supported implementation?

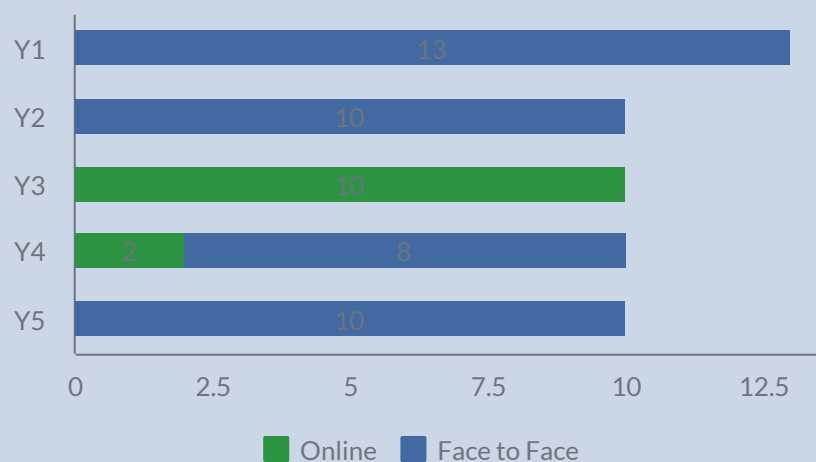
Facilitators and take up



IY-T offer three key strategies to support parents to access the intervention: access to a translator, use of a creche, and free transport to in person delivery venues. We found that of the four enrollees that required language support, all of these used the language support (100%). Of the 107 enrollees that required a creche, 106 used the creche (99%). Of the 32 enrollees that required transport, 28 used the transport (88%).

What format were courses delivered in?

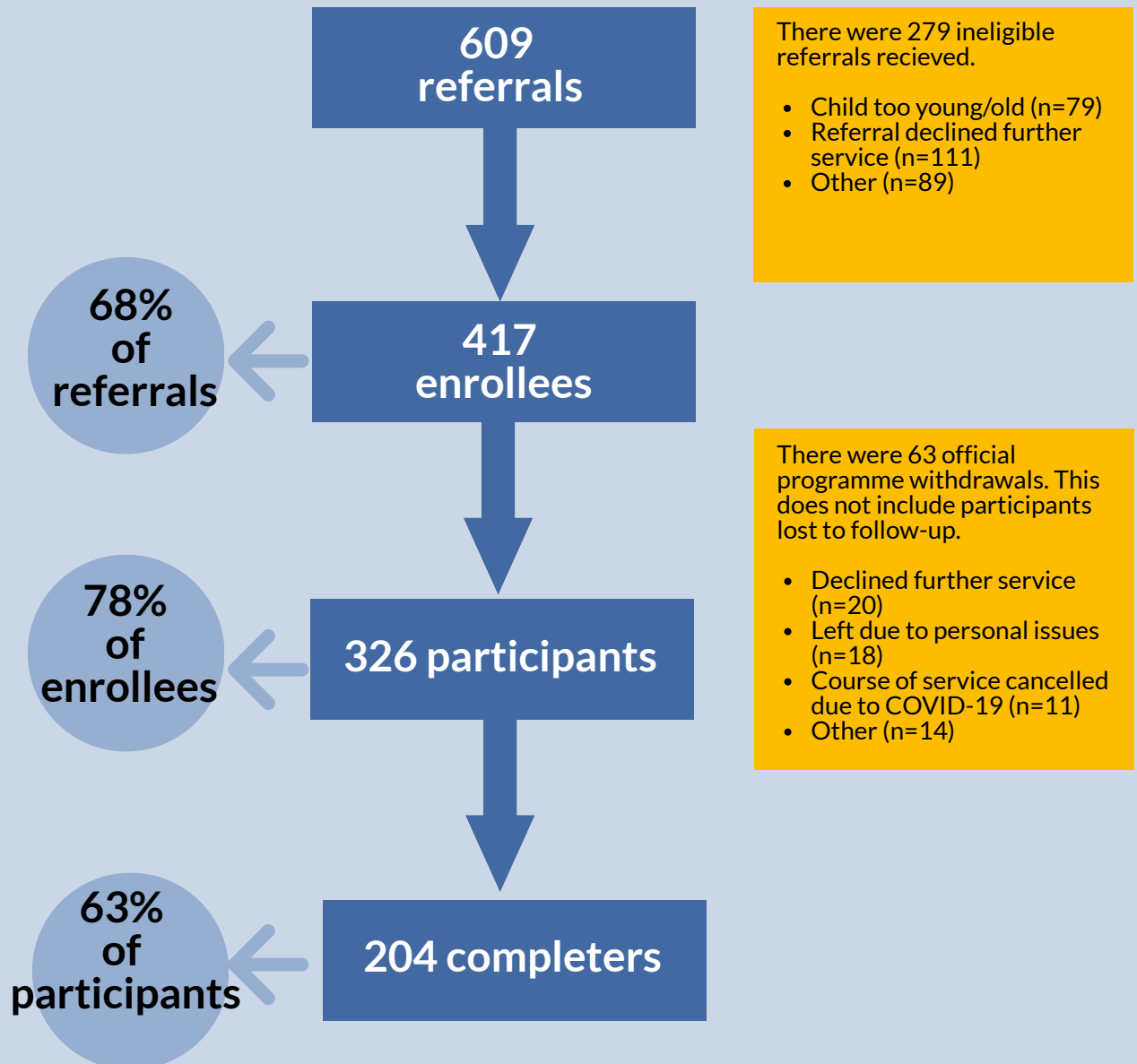
Number of courses delivered by format



Incredible Years offer courses based on parents preferences. During COVID-19, the majority of courses were moved online.

We found that Incredible Years have mostly delivered courses in a face to face format, with the exception of delivering all 10 courses online during Year 3, and 2 out of 10 courses online during Year 4.

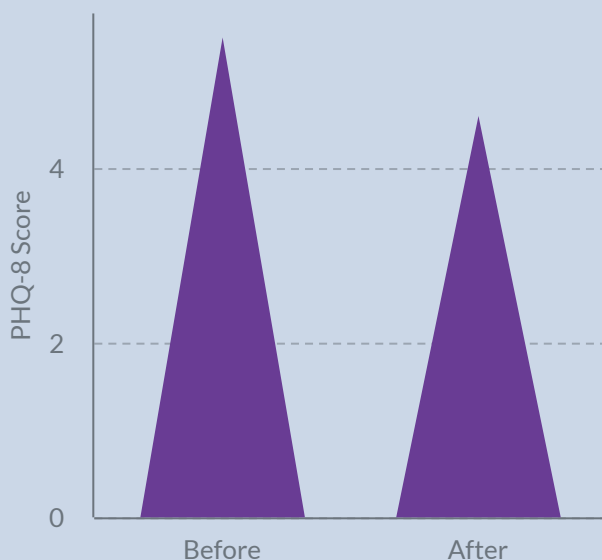
Participant Flow Diagram



Before and after evaluation

This section explores the three key questionnaires which are administered at the start (pre-course) and at the end (post-course) of IY-T. **371** parents (94% of all enrollees) completed at least one questionnaire pre-course, and **207** (53% of all enrollees) completed at least one questionnaire post course. Whilst any significant differences in this section cannot be interpreted as effectiveness of the programme, they do indicate that the programme could be found to be effective if evaluated with a control group.

Patient Health Questionnaire (PHQ-8)



The PHQ-8 measures symptoms of depression.

111 parents and caregivers completed the measure at pre *and* post course (this represents 39% of participants). The average scores both before and after were very low, demonstrating that most participants had none or very mild depression symptoms. This is expected for a universal preventive project.

This difference is **not** statistically significant, nor is it clinically meaningful (a difference in two points in the PHQ-8 can be considered clinically meaningful). These outcomes are in line with what would be expected from the logic model for IY-T.

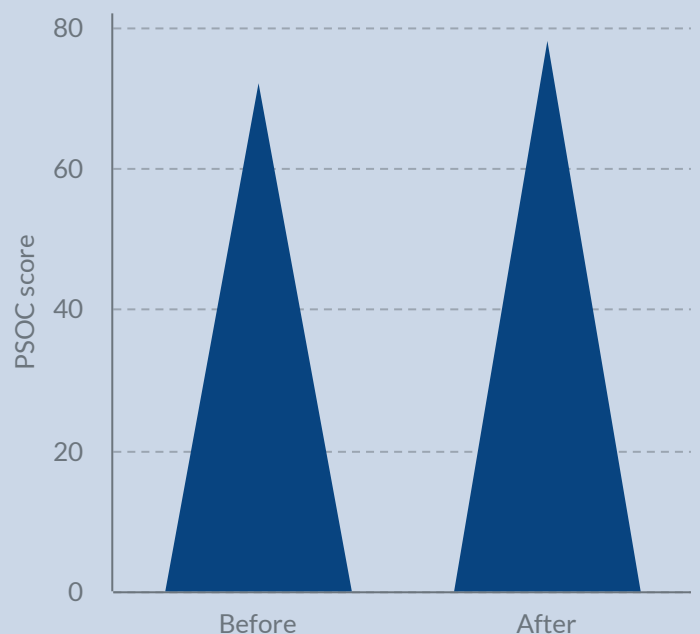
Parenting Sense of Competence Scale (PSOC)

The PSOC measures parents self-efficacy (ie. confidence in their parenting role and capabilities).

162 parents and caregivers completed the measure at pre *and* post course (this represents 57% of participants).

There is a **statistically significant positive improvement in parenting confidence** over time at the end of the course in their self-reported parent self-efficacy, by 6 points on average.

A clinically meaningful difference in the PSOC is not known. However, a method of estimating a clinically meaningful difference is to compare it to half of a standard deviation on a measure. 6 points represents half of a standard deviation on the PSOC, indicating this may reach a meaningful change.

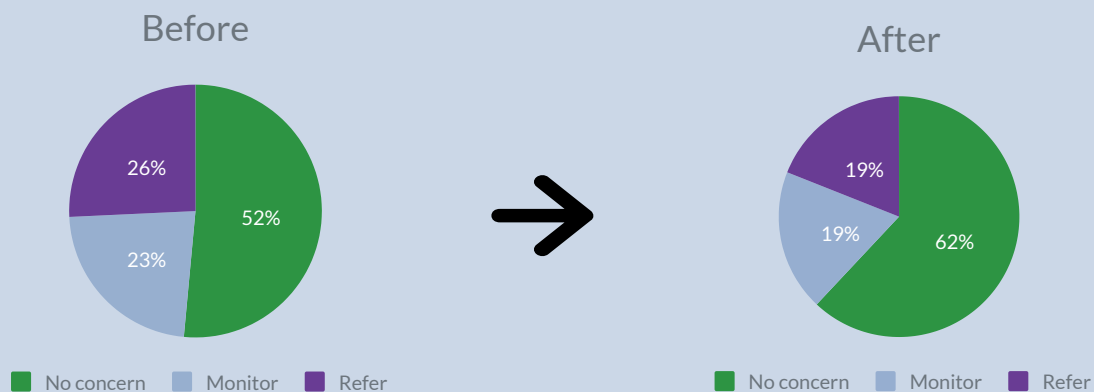


Before and after evaluation

Ages and Stages Questionnaire: Social-Emotional (ASQ:SE-2)

The ASQ:SE-2 is a parent-report measure of children's social and emotional development. 180 participants completed the ASQ:SE-2 at both pre and post course (64% of all participants). The proportions of children within the 'no concern', 'monitor', and 'referral' categories before and after is provided below.

There was a **statistically significant improvement** between pre and post scores (including only parents with both pre and post-test scores), and trends appear to indicate that more children are in the 'no concern' zone after the programme.



What did parents and caregivers say about the support they received?

A comprehensive IY-T end of course questionnaire is given to parents and caregivers at the last session. An analysis of this data collected between September 2018 and 30th June 2021 is reported here. 107 were completed (53% of participants). Satisfaction with programme content and delivery was high. 95% reported their bond with their child had improved or greatly improved. 84% reported IY-T has helped them deal with personal or family problems not relating to their child. 74% reported they were confident or very confident in their ability to manage future behaviour problems.

The questionnaire asks 'Which parts of the programme were most helpful to you?'. These responses are free text and have been grouped into themes: Whole Programme, Specific Impacts (to anxiety, depression and/or confidence), Group leader skills/style, Parenting strategies and techniques, Group dynamics.



What parents and caregivers liked the most

Social connection and interaction that the group discussions provided. Parents and caregivers were very positive about group facilitators.



Suggestions for improvement

Not breaking over school holidays, providing DVDs to take home, allowing parents to bring their child to sessions to practice in real time, modernising the video vignettes and providing more help on homework (some of these are beyond the control of the project).

What parents and caregivers liked the least



45% said there was nothing that they didn't like. A small number disliked role play, the amount of paperwork/homework (too much) and the video vignettes. Some did not like attending groups online. Many felt sessions were too short or that the programme could have gone on for longer.

Satisfaction

What did women say about the support they received?



This report provides figures for the online satisfaction questionnaires, which 61 parents had completed between October 2020 and August 2023.

97% of respondents had a median score of 4 or more

98% of respondents agreed or strongly agreed that the project was helpful to them

97% of respondents agreed or strongly agreed that they were satisfied with the support they received

97% of respondents agreed or strongly agreed that the project gave them useful information

93% of respondents agreed or strongly agreed that the project was easy to access

98% of respondents agreed or strongly agreed that they would recommend the project to family or friends

98% of respondents were happy with the project overall

This program should be compulsory for every parent nationwide.

Amazing program. Helped me achieve so much with my toddler that wouldn't be possible by my own. I enjoyed all the sessions and still use all the recommendations in my daily activities

The course has changed my perspective on how to deal with young children. I already apply most of what I have learned on the course in my every day life. Thank you very much.

The way the programme was delivered was clear, relatable, relaxed and fun. Great teachers and a fantastic, insightful programme

This programme made me more confident to move forward with the useful information that I have received. I never forget this golden time in my life. A collection of supportive conductors, good knowledge and other parents experience.

Enhanced evaluations

What enhanced evaluations are planned?

Incredible Years have engaged very positively with the Innovation Hub on the planning and designing of further enhanced evaluations. We have planned three types of effectiveness evaluation with Incredible Years: a feasibility Trial within a Cohort Study (TwiCS), a quantitative effectiveness evaluation, and a qualitative evaluation.

Feasibility Trial within a Cohort Study

We are testing whether it would be feasible to nest a 'Randomised Control Trial' into the Born in Bradford's Better Start (BiBBS) cohort, offering parents a referral to Incredible Years. We have registered our study plans here: <https://www.isrctn.com/ISRCTN16150114>, and the study protocol is under review, but publicly available [here](#).



We set ourselves feasibility objectives, with a Red/Amber/Green rating system to rate our figures against.

We have randomly allocated 120 parents from the BiBBS cohort to be contacted by the BiBBS team and offered a referral to Incredible Years. So far, we have found that **67%** of parents could be contacted by the BiBBS team, and that **46%** of those parents have consented to their details being passed onto IY-T. The study is ongoing.

Effectiveness evaluation: quantitative

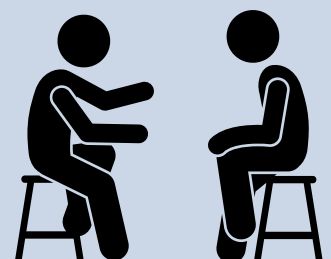


We have planned a quantitative effectiveness evaluation using the BiBBS cohort. We will investigate the effectiveness of IY-T on children's development at age 5 (measured by the nationally and routinely collected Early Years Foundation Stage Profile), and whether the effects differ by child age, programme delivery mode, socioeconomic status, and ethnicity. We will also explore the cost-effectiveness of IY-T. Due to the timing of when the EYFSP is routinely collected, study results will be available after August 2028. The protocol for this evaluation has been reviewed and published [here](#).

Effectiveness evaluation: qualitative

The qualitative evaluation will include interviews with both practitioners and parents. The BSBIH will apply for ethical approval from the University of York in November 2023 and hope to commence recruitment of the participants in early 2024.

It will focus on practitioners experience of the mentoring and accreditation process, the ways in which they have tailored the programme to the needs of local families, as well as their perspectives on the impact of the project. The qualitative work will also involve interviewing parents about their experiences of the programme.



Conclusion of findings

Whilst the enrollee and completion numbers did not reach the targets set, IY-T have still achieved high rates of retention in the programme, with high conversion rates between enrolling, participating, and completing.

The implementation evaluation indicates that IY-T is delivered with high levels of fidelity, with many enrollees receiving three pre-course contacts, and high take-up of the strategies to facilitate participation in the programme. In addition, facilitators have engaged well with supervision and the accreditation process. High levels of fidelity to the IY-T design and manual have been achieved and maintained during delivery through Covid-19. Despite disruptions to the accreditation process outside of IY-T's control, the IY-T delivery team now have 6 facilitators in total; 4 are fully accredited, and 2 are in the process of gaining accreditation. The high fidelity to IY-T may be contributing to the high rates of retention in the programme and the improvements in parents outcomes.

The satisfaction questionnaire results, and the before and after evaluation appears to indicate the project is delivering a service which parents and caregivers are happy with. There were significant improvements in parent's sense of competence, and in children's social and emotional development scores. Scores in parental depression were low both at the start and at the end of the course. However, as expected for a universal preventive project, most families experience low levels of parent mental health difficulties, and this remains the case at the end of the project. There are high levels of satisfaction reported, with several parents commenting that the programme should be '*compulsory for every parent*'. This suggests that IY-T is acceptable and beneficial to families.

Whilst this cannot be interpreted as evidence of programme effectiveness, it does indicate that the programme *may* be having a positive impact. The planned effectiveness evaluation will reveal if the programme is effective for children's early development.

Evidence review

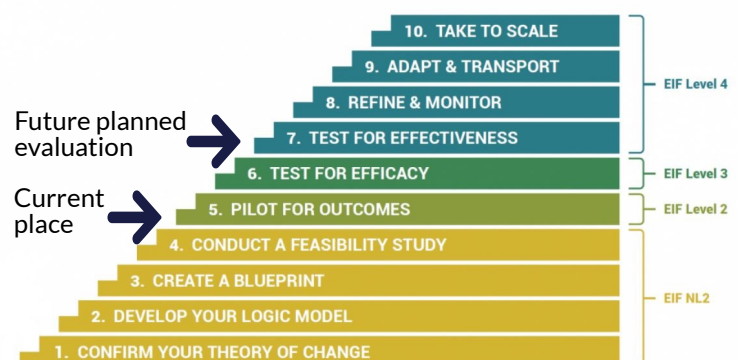
There are three previous studies which have investigated the effectiveness of IY-T. Two studies found positive impacts on parent practices and child behaviour (Perrin et al, 2014; Hutchings et al., 2017).

Another study incorporated IY-T into a proportionate delivery model of the IY programmes at various ages. This study found no effect of the intervention, but indicated that the programme was borderline cost effective. However, it was not statistically powered to explore IY-T as a standalone programme (Bywater et al., 2022).

However, the populations in these studies were predominantly from less deprived and White ethnic groups. The IY-T intervention therefore has limited evidence of effect in more vulnerable populations, which is an area that our planned quasi-experimental study will address.

The figure on the right displays the Early Intervention Foundation (EIF) evidence ladder. At the beginning of the contract and at present, IY-T were within the range of '2+' under the EIF evidence ladder.

With the planned effectiveness evaluation (see page 15), we anticipate that IY-T would be within the range of Level 4, if the programme were found to be effective.



Source: EIF

1. Perrin, E.C., Sheldrick, R.C., McMenamy, J.M., Henson, B.S. and Carter, A.S., 2014. Improving parenting skills for families of young children in pediatric settings: A randomized clinical trial. *JAMA pediatrics*, 168(1), pp.16-24.
 2. Hutchings J, Griffith N, Bywater T, Williams ME, Hutchings J, Psych D, et al. Evaluating the Incredible Years Toddler Parenting Programme with parents of toddlers in disadvantaged (Flying Start) areas of Wales. *Child Care Health Dev* [Internet]. 2017 Jan 1 [cited 2022 Nov 23];43(1):104-13. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/cch.12415> pmid:27704590
 3. Bywater T, Berry V, Blower S, Bursnall M, Cox E, Mason-Jones A, et al. A randomized controlled trial of a proportionate universal parenting program delivery model (E-SEE Steps) to enhance child social-emotional wellbeing. *PLoS One*. 2022 Apr 1;17(4 April). pmid:35377882

Recommendations for Practice

There is evidence of a need for this service across the Bradford district and practitioners and families that have engaged with IY-T are very positive about the service.

The effectiveness of the IY-T specifically remains unknown. The Incredible Years suite of programmes for children aged 3 and older has a strong evidence base rated 4+ by the Early Intervention Foundation. However, evidence suggests that the earlier an intervention is provided, the greater impact it will have on a child's life. We therefore strongly recommend commissioning of this earlier IY-T course. We recommend that IY-T continues to be commissioned but with some key recommendations:

Recommendation 1 Adjust targets to realistic numbers

For future delivery we suggest setting lower referral, enrollee, participant, and completion targets based on the learning in this evaluation. IY-T have not met their delivery targets, but have achieved good retention in the programme. We therefore recommend setting targets based on conversion rates, rather than absolute numbers (e.g. set a target to convert 70% of enrollees into completers), so that future delivery can be fairly assessed.

Recommendation 2 Continue engaging with supervision and accreditation

IY-T has been delivered in line with best practice set out by the developer of the course (ie. through mentoring and supervision, and through home visits prior to the course starting); and this has potentially resulted in the positive outcomes in this evaluation. We recommend that the project continues to support facilitators via supervision.

Recommendation 3 Continue to make the programme accessible for parents

Successful implementation has been facilitated by the use of creche and transport available for participants. This evaluation has identified that there is a higher proportion of White British families than Pakistani families enrolling in IY-T. The reason for this is not known, however it is important that future delivery continues with the creche and transport strategies to allow IY-T to reach as many parents and caregivers as possible.

Recommendations for Evaluation

Recommendation 1. Investigate if IY-T is effective for parent and child outcomes, particularly in ethnically diverse and vulnerable populations

Previous evidence from randomised studies indicates that IY-T may be effective for parent practices and child behaviour, and that it may be cost effective. However, it is not known if these effects will transfer to an ethnically diverse population living in a deprived area, and this remains a significant evidence gap. The planned quasi-experimental study will address this evidence gap, as it will investigate if IY-T is effective for children's development at age 5, and whether IY-T is cost effective. As most evaluations collect outcome data immediately after a programme has finished, this is a relatively long-term outcome for an evaluation. However, the planned study will not be able to address whether IY-T is effective for parent practices, and this should be investigated in future studies. We recommend that IY-T enrol and engage as many parents as possible with the remaining period of their contract, to allow the effectiveness evaluation to address this evidence gap.

Recommendation 2. Explore practitioner perspectives on the accreditation process

Whilst most IY-T facilitators report valuing accreditation and being keen to achieve it, others had negative experiences of the process and felt video recording sessions impacted the natural delivery of sessions. An in depth qualitative evaluation of the process is needed, to fully understand the barriers to achieving accreditation, and the facilitators perspectives on how beneficial it is. The planned qualitative study will address this.

Recommendation 3. Explore potential reasons for the represented ethnic groups in this evaluation

Qualitative work is needed to explore why there is a higher proportion of White British families and less Pakistani families, relative to the BSB area. A qualitative study could explore why this is, as it may be because there is greater need in the White British population, or because the programme is more acceptable for White British families.



Appendix - Progression Criteria Cutoffs



For more information on how progression criteria and associated cut-offs have been developed please see Bryant, et al., 2019 Use of progression criteria to support monitoring and commissioning decision making of public health services: lessons from Better Start Bradford. BMC Public Health