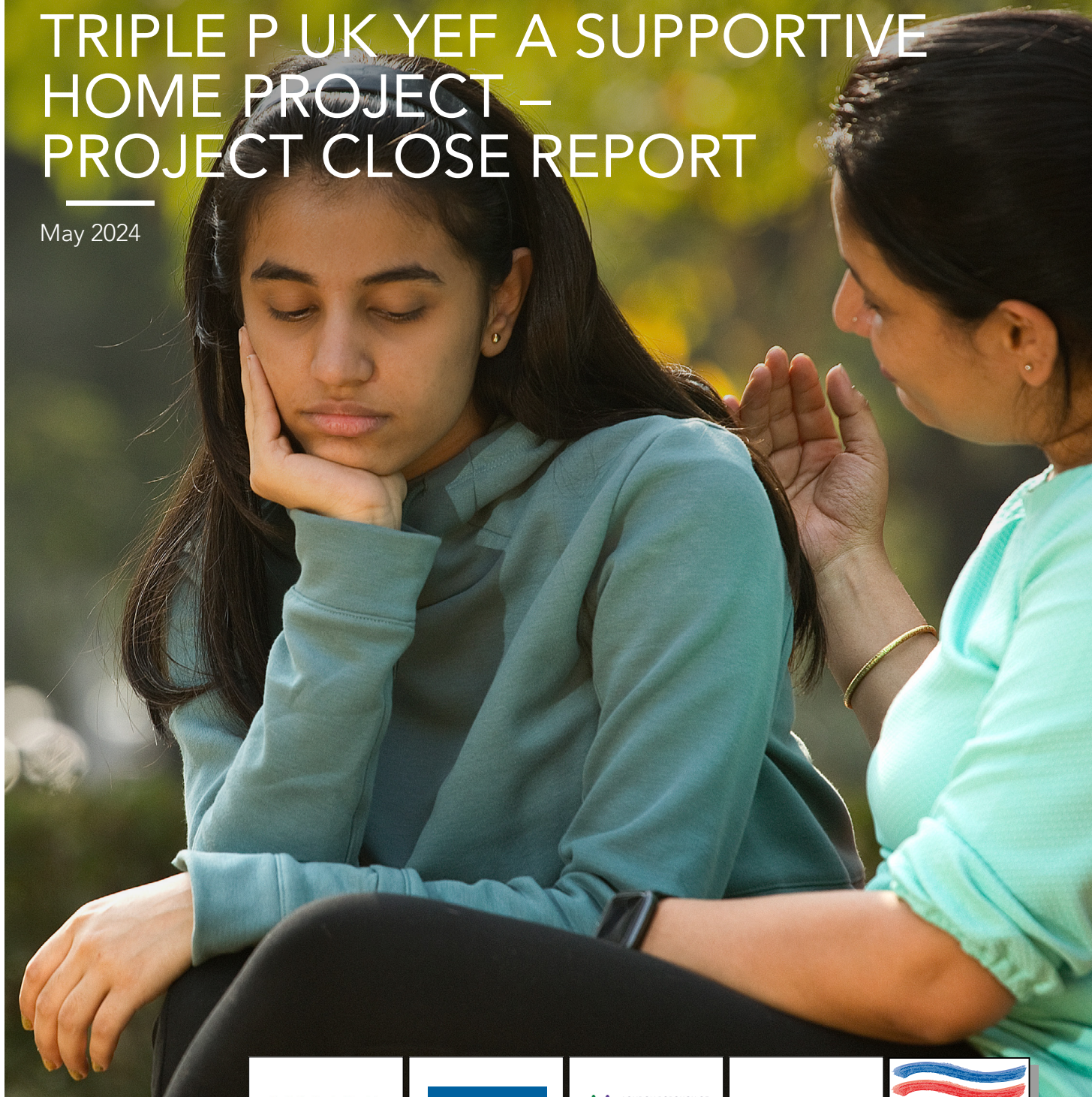


TRIPLE P UK YEF A SUPPORTIVE HOME PROJECT – PROJECT CLOSE REPORT

May 2024



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INTRODUCTION

The purpose of this project close report is to provide an overview of the delivery aspects of the Triple P UK and Ireland (TPUK) Youth Endowment Fund (YEF) Supportive homes project that was delivered between January 2023 and March 2024. This report serves to provide an overview of the project's outcomes, successes, challenges, and key learnings. This report has been written by use of the project proposal, its associated project documentation, and feedback from site coordinators, service managers and training participants from local authorities obtained through project feedback mechanisms inclusive of interviews and surveys conducted in March 2024. The graphs presented in this report are derived from the TPUK feedback survey of the project. The survey was administered upon the conclusion of the project and was completed by site coordinators and service managers of the Local Authorities involved.

It is important to note that the Triple P YEF Supportive Homes project involved two distinct project partners with clearly defined roles. TPUK were responsible for the project delivery which involved the recruitment and onboarding of local sites, providing training to practitioners recruited to the selected intervention and providing implementation support across the recruitment and delivery periods, while the Centre for Research in Intellectual and Developmental Disabilities (CCID) was responsible for the evaluation of the intervention. For this reason, this TPUK report will concentrate exclusively on the project delivery aspects.



PROJECT OVERVIEW

- Funder – Youth Endowment Fund
- Funding Call – A Supportive Home
- Triple P Programme – Standard Teen Triple P
- Evaluator – CCID, Warwick University

FUNDING CALL

In 2021 Youth Endowment Fund (YEF) released its funding call “A supportive home – helping families to overcome challenges”. This call aimed to answer the question “which approaches are most effective in helping families and carers to create a supportive home environment for 6 to 14-year-old children (including looked-after children), reducing the likelihood of them becoming involved in violence?”. To achieve this, YEF sought to fund and evaluate parenting programmes which help parents and their children to develop positive behaviours and relationships, specifically aimed at helping parents to:

- Develop a caring and responsive relationship with their child.
- Develop awareness of their child’s behaviour and respond in a positive, consistent, and non-violent way.
- Support the child to develop social and emotional skills.

PROPOSAL STAGES

Following an initial successful application the proposal process involved multiple stages of codesign to refine and enhance the final project. Each review offered valuable feedback. The collaborative development between TPUK, CCID and YEF enabled the project

partners to strengthen the approach to both project delivery and the subsequent evaluation.

- **Round One** - Dec 2021: TPUK initial submission for YEF review.
- **Round Two** - Co-design and full proposal Sep 2022: Codesign sessions were conducted between CCID, YEF and TPUK from June to September 2022 to finalise the research design details before submitting the full proposal. This process included dialogue with prospective Local Authorities. Throughout this collaboration, the Triple P intervention Standard Teen Triple P (STTP) was selected as the most appropriate intervention for the target demographic of families at the edge-of-care, due to the 1:1 delivery structure of the program.
- **Final submission** - The October 2022 final submission was a collaborative effort between TPUK and CCID, as both parties worked together to submit the detailed proposal to YEF.

STANDARD TEEN TRIPLE P POSITIVE PARENTING PROGRAMME (STTP)

STTP provides a broad focused parenting support intervention on a one-to-one basis for parents of teenagers up to 16 years.

The programme supports parents who have concerns about their teen’s behaviour or development across various settings. They may be concerned their relationship with their teen is not positive, their teen has not learned independence and self-regulation skills, or that they have not found an effective way to discourage inappropriate or risk-taking behaviour.

After thorough family assessment, parents set their own goals, learn ways to encourage positive behaviour for teens, and teach their teens new skills such as problem solving, conflict resolution, and self-regulation. Over 10 sessions, parents identify

the influences on teenagers' behaviour and set their own goals for change. Parents also learn ways to use appropriate consequences for problem behaviour (e.g. breaking family rules, taking inappropriate risks, emotional outbursts).

The practitioner's focus is on generalisation-enhancement strategies to promote parental self-management and self-efficacy (a parents' belief that they can independently solve problems and overcome parenting challenges) throughout the intervention process.

Parents are most likely to benefit if they can commit to completing the 10 weekly 1 hour sessions.

There is a body of evidence demonstrating the effectiveness of Triple P programmes, including Group Triple P and Pathways Triple P in various populations including at-risk families, kinship and foster carers, and families with elevated levels of dysfunction. However, this is the first research trial conducted on STTP specifically involving families with adolescents at the edge of care. Quasi-experimental trials examining the effectiveness of STTP have found significant reductions in teen problem behaviours, conduct problems and hyperactivity, as well as decreased conflict between adolescents and parents. Although STTP shows potential as an intervention for families at the edge of care, a thorough randomised controlled trial (RCT) is needed.

PROPOSAL PURPOSE

The purpose of this YEF Supportive Homes trial was to investigate whether combining support-as-usual with STTP is more effective than support-as-usual alone in enhancing parent/carer evaluations of adolescent externalising behaviour issues at 12 months after randomisation for adolescents at the edge of care. The trial aimed to assess the impact of STTP alongside support-as-usual on various aspects:

- Decreasing parent-reported adolescent internalising behaviour and enhancing prosocial behaviours at 6 and 12 months post-randomisation.
- Decreasing adolescent-reported externalising and internalising behaviour issues and increasing prosocial behaviours at 6 and 12 months post-randomisation.
- Improving parenting practices, parent self-regulation, interparental relationships, parental-adolescent relationships, and parental well-being at 6 and 12 months post-randomisation.
- Decreasing the likelihood of a child requiring out-of-home placement over a 12-month period.



PROJECT DELIVERY OVERVIEW

THE PROJECT WAS PLANNED TO BE DELIVERED THROUGH THE FOLLOWING 5 PHASES:

- **Project Start-Up Phase** – In this initial stage, funding was granted for the project and accepted by TPUK on 23 November 2022 and payment schedules were confirmed. The project evaluator was selected by the funder, winning the bid for evaluator funding. The two partners, TPUK and CCID were formally aligned to the project.
- **Set-up/Implementation Phase** – Throughout this phase, spanning from December 2022 to 31st July 2023, 6 sites were onboarded to the project. Service Level Agreements were drawn up, carefully reviewed and completed. These contracts stated clear responsibilities and expectations of each party thus, laying a robust groundwork for the future tasks. Additionally, referral pathways were established, practitioner training was conducted, and implementation activities and support delivered.
- **Pilot Delivery Phase** – Between 1st August 2023, and 28th February 2024, a small-scale trial deployment took place. This phase focused on testing the trial's feasibility and effectiveness before a full-scale definitive deployment. The project team aimed for a recruitment target of 206 parent/carers by the end of this stage. The YEF, as funder, assessed key trial aspects including referral route efficiency, processes, and stakeholder engagement. The outcomes from this phase guided the funder's decision on advancing the project to its Efficacy stage. The pilot phase concluded with a project review led by YEF. Following this stop/go evaluation, the funder determined that proceeding to an Efficacy stage was unfeasible due to significantly lower-than-expected family participation rates.
- **Efficacy Phase** – 1st March 2024 – 20th January 2025 – Phase was not delivered.
- **Evaluation Phase** – 21st January 2023 – 21st January 2025 – Phase was not delivered.

TPUK commenced engagement with YEF's Supportive Homes programme in mid-2021 and presented a proposal to the funding call to YEF in December of the same year. Concurrently, TPUK conducted discussions with Local Authorities in England to assess suitability of the local authorities to recruit and deliver the program to the required cohort of parents and received expressions of interest from potential sites. The proposal underwent refinement through a collaborative process with the YEF Grants and Evaluation Committee (GEC), incorporating feedback and addressing inquiries to enhance and clarify the proposal. Final responses were submitted to GEC in November 2022. YEF formalised the decision to accept and proceed with the project in November 2022, including approving the participation of the designated Local Authorities.

The selection of CCID as the evaluator and TPUK's project partner was carried out by YEF through a competitive tender process. TPUK and CCID participated in trial co-design sessions in June 2022 to shape the proposal. Throughout this process, it was acknowledged that due to the scope and multi-agency aspects of delivery, the project would require industry-standard project delivery to best ensure successful end-to-end outcome. This entailed meeting set timeframes, scope, and quality standards by defining clear objectives and staying adaptable to handle unforeseen changes or challenges. Prioritising quality, meeting deadlines, and fostering transparent communication with all stakeholders were key elements of this approach.

Throughout the course of the application, approval, delivery, and project closure planning process TPUK experienced a responsive and supportive relationship with YEF, with appropriate challenge and exploration of any concerns or issues.

YEF's expectations were clearly defined at the outset of the project, and they upheld strong and consistent governance throughout. Their emphasis on transparent decision-making and clear communication established a solid groundwork for project delivery. Each project partner was allocated a specific contact at the outset, and as the project progressed, YEF's focus on effective communication among all parties persisted, working to ensure that project partners were aligned and informed throughout the process.

In February 2023 project partners TPUK and CCID committed to meet every three weeks to assess the project's progress, risks, and future actions. This practice continued until just prior to the project's conclusion in February 2024. This joint effort of both groups was somewhat beneficial in overcoming obstacles and reaching informed decisions during the project, although there was room for improvement as there were instances where CCID and TPUK were not aligned and miscommunication occurred. TPUK recognises the value of project partner collaboration and the importance of leveraging each other's strengths to achieve the projects shared goals. As the project evolved, we as project partners continued in our efforts to work together closely and maximise the benefits of our diverse expertise. Nevertheless, it is evident that establishing a formal memorandum of understanding in the set-up phase would have been beneficial in clarifying roles and responsibilities, streamlining processes and enhancing transparency throughout the project.

Following YEF confirmation of grant approval, Local Authorities (LA) were contacted individually by TPUK with details and the requirement to formalise their commitment through a service level agreement (SLA). SLAs were intentionally closely aligned to the funder grant agreement and clearly defined the expectations and responsibilities of both TPUK and LAs involved. These outlined the scope of LA involvement, the projects performance metrics, the payment schedule and potential consequences for not meeting agreed-upon standards. The aim of these was to help establish trust and accountability between TPUK, LAs and their contributors, ensuring that all parties were on the same page and working towards the projects' goals. All 6 required SLA's were fully executed by March 2023 and LAs formally subscribed to the project as trial sites. Although slightly delayed in its delivery, this did not pose any significant challenges to the overall project timeline or its dependencies. The collaborative effort to establish and adhere to these agreements contributed to the implementation delivery with sites rating their satisfaction of TPUK's overall project delivery a 4.4/5 (Figure 1).

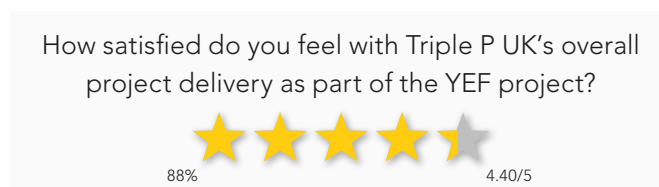


Figure 1 - Responders to the Triple P YEF Project Feedback Survey gave TPUK's overall project delivery a satisfaction rating of 4.4 out of 5.

Site co-ordinators played a crucial role in project delivery, acting as key stakeholders who were committed to the project throughout implementation. By the end of January 2023, all sites had either assigned a dedicated project co-ordinator or had an interim in position. These co-ordinators were instrumental in overseeing the implementation process, organising workshops and training for numerous participants at their sites, and managing challenging and complex workloads with determination for the project's success. Co-ordinators attended weekly TPUK implementation calls (reducing to fortnightly in June 2024) across the trial period and engaged consistently with Triple P Implementation tools and actions at each stage of the project. Feedback was consistently positive regarding the responsiveness of TPUK to site queries, issues, or concerns (Figure 2). Site co-ordinators also reported finding the TPUK organised Collaboration Meetings that were offered to all involved sites were particularly beneficial as they provided valuable opportunities for site co-ordinators to come together and share insights on their elements of the project. These gatherings, facilitated by TPUK, not only fostered a sense of unity among the sites (particularly concerning challenges

such as required reporting relating to safeguarding) but also enhanced communication and coordination across the different sites (Figure 3).

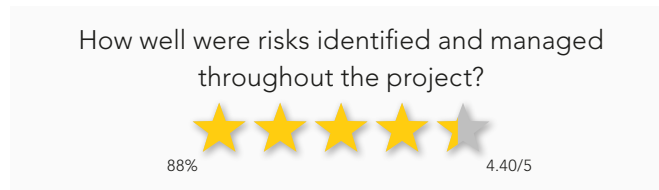


Figure 2 - Responders to the Triple P YEF Project Feedback Survey rated TPUK's identification and management of risks 4.2 out of 5.

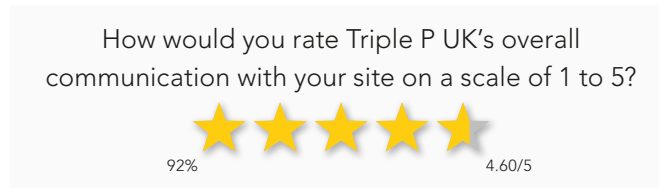


Figure 3 - Responders to the Triple P YEF Project Feedback Survey rated TPUK's overall communication 4.6 out of 5.

Monitoring and reporting were integral components of the delivery of this project. As the funding was provided by YEF with the express purpose of the project feeding into their A supportive Home programme, it was essential for TPUK to closely monitor and report project updates to YEF. Sites were also required to report on project progress, and TPUK acknowledged that this type of reporting had the potential to be time and effort intensive. While sites generally had a positive experience with reporting, they did encounter difficulties with specific requirements (Figure 4), particularly concerning adhering to the YEFs safeguarding reporting process, which did not align to their operations. TPUK and YEF collaborated with the sites to redesign this reporting section to better suit their needs and delivered a bespoke presentation to each that focused on safeguarding requirements. Fortunately, there were no safeguarding reports filed, but the joint effort in addressing this matter raised awareness and minimised the need for extra work and potential workarounds.

Were there any factors that impacted your delivery of the project requirements?

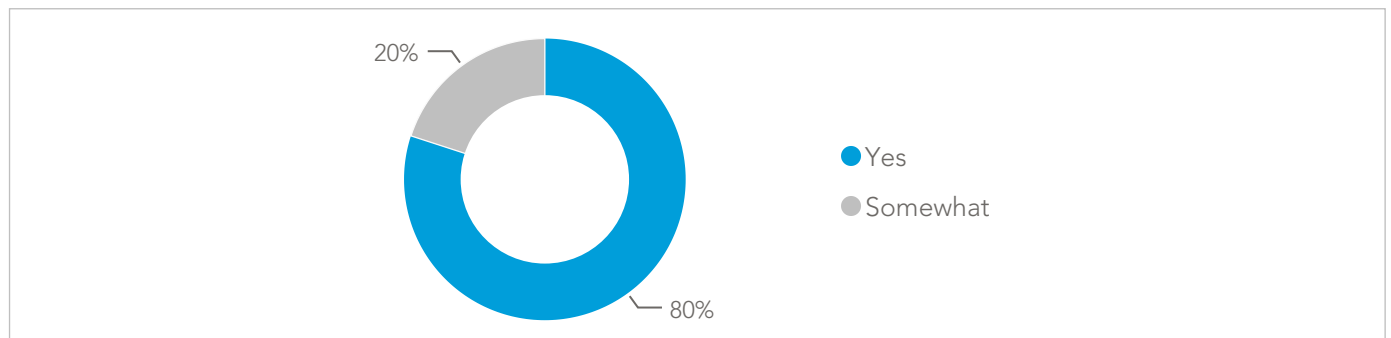


Figure 4 - Cumulated responses to the Triple P YEF Project Feedback Survey.

Site monitoring reports were integrated into TPUK's feedback to the project funder on a quarterly basis and were consistently submitted on time and to quality standards. Monitoring reports served both as a framework for tracking and analysing each site's performance throughout the project and provided an additional feedback loop between sites and TPUK, which served to enhance collaboration between parties. Updates relating to this information were also provided to CCID at regular scheduled meetings. Stakeholder feedback indicates that the monitoring and reporting procedures implemented by TPUK were straightforward. The reporting portal created by Triple P International's IT department was regarded as user-friendly, simplifying the completion and submission of monitoring forms for site co-ordinators.

“TPUK staff have been fantastic, encouraging, supportive and helpful.”

Sites have acknowledged the invaluable support provided by the project team at TPUK throughout the project's delivery. While some instances demanded a substantial amount of information within tight deadlines, a degree of flexibility in certain areas could have facilitated smoother operations. 80 percent of sites reported that they were adequately informed throughout the project (Figure 5).

Were you adequately informed about project progress, changes, and decisions?

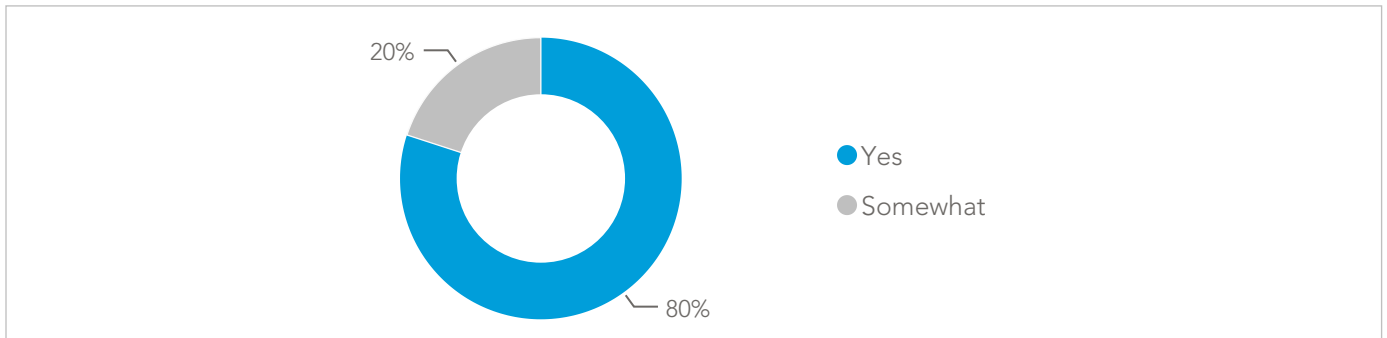


Figure 5 - Cumulated responses to the Triple P YEF Project Feedback Survey.

84 managers across the 6 sites attended manager workshops delivered by TPUK throughout January and February 2023. The Manager Briefings were tailored for a broad audience within each organisation. The presentation detailed the project timeline and provided an overview of activities agreed-upon by the Local Authorities in the project. This included the nomination of practitioners for training, recruitment, and engagement with trial families. The session also allowed for interactive segments for questions and discussions and all sites received the slide deck to ensure the information could be communicated to those for whom it was relevant.

Additionally, two mandatory workshops were provided to practitioners to prepare them for training and intervention delivery within the trial, these were:

- Preparing for your Preparation for Triple P Training workshop - Training preparation briefings prior to the STTP training. These were delivered to each of the 6 cohorts in April and May 2023 and lead to most cohorts reporting high ratings of overall preparedness for the Triple P Provider Training Courses, and appropriateness of the level of Triple P for their work on the Workshop Evaluation Survey.
- Preparing for your First Delivery workshop – These were delivered to each site in July 2023. Delivery was post STTP accreditation and prior to intervention delivery that was planned to commence August 2023.

All workshops were delivered to the schedule detailed to sites in January/February and although TPUK advised that place holders be added in practitioner diaries, there were instances of practitioners facing scheduling conflicts in July. To mitigate this issue and ensure consistent quality standards, TPUK provided sites with an additional webinar recording of the presentation and requested confirmation of viewing by practitioners be submitted by site co-ordinators via their monitoring reports.

- Sites confirmed all practitioners partaking in the trial attended a delivery of this workshop prior to intervention delivery.

“I feel that the project team at Triple P have been invaluable throughout this process and could not have been more supportive or helpful.”

In accordance with YEF's assurance protocols, Disclosure and Barring Service (DBS) checks were required by YEF for all staff involved in the trial. All sites complied with this directive, providing written confirmation by the March 2023 deadline.

PROJECT DELIVERABLES

REFERRAL PATHWAYS

During the proposal development phase, sites were carefully assessed regarding suitability. This involved analysing referral routes for edge-of-care services within local authorities through discussions with leadership teams. Within these discussions checks were made to confirm that STTP was not delivered as part of sites edge-of-care services. Unfortunately, it became apparent throughout the pilot delivery that some sites offered STTP in areas closely linked with this service area and in one instance STTP had in fact been available for use with edge-of-care families. It is very likely that these unforeseen issues negatively impacted family referral numbers.

A key task at the front end of the implementation stage was for each co-ordinator to finalise and submit bespoke referral pathways for families entering into the trial. This served the function of clearly communicating the route into the trial for managers, those referring and practitioners, including steps in the decision-making process. It was assumed that, once mapped, these pathways would require only subtle refinements. All sites submitted these referral pathways to TPUK by May 2023, in time for the scheduled August kick-off of the pilot delivery phase.

Generating the initial referral pathways were generally regarded as a straightforward process. TPUK provided clear step-by-step guidance to aid sites completion of this task. This methodical framework was particularly beneficial, as it proved helpful for stakeholders new to research trials. However, some sites noted facing challenges regarding managers and practitioners understanding of critical aspects, which led to difficulties with identifying families for the trial.

In the early stages of the pilot delivery, it was clear that certain sites faced challenges with their established pathways, leading to referral rates being significantly below the predetermined targets. For instance, some sites incorporated Triple P interventions into their support-as-usual services throughout the delivery of the project, resulting in eligible

“As the trial coordinator, I liked having a clearly defined referral pathway. It is when other people sent the referrals through, without following the pathway or understanding it, that the problems arose.”

families opting for alternative access routes (outside of the trial offering) to receive STTP. Additionally, one site initially indicated that Triple P was not utilised within edge-of-care services, but later acknowledged this was incorrect. These discrepancies may have influenced referral rates due to unexpected access to STTP for trial eligible families. These issues suggested sites required more implementation support to encourage active refinement of site trial referral pathways.

Further investigation uncovered that many sites experienced unique challenges with their internal referral pathways and, contrary to initial expectations, the referral pathways needed several significant revisions, with issues often emerging only when put into practice. Therefore, discussions continued with co-ordinators throughout the pilot phase to gain further understanding of the local context and adjust these pathways to overcome barriers encountered. It is interesting to note that due to the need for reconsideration of referral pathways and the involvement of diverse teams in these efforts, co-ordinators reported that they interacted with a broader range of colleagues. This interaction facilitated the development of unforeseen connections and enhanced collaboration among various stakeholders. Sites also highlighted that the Collaborative Co-ordinator Meetings established a community of practice and were extremely valuable for sharing their ideas about tailoring referral pathways. They also suggested that starting these meetings prior to the pilot delivery phase would have been beneficial.

STANDARD TEEN TRIPLE P (STTP) TRAINING

During the application process, TPUK determined the need for a specific number of practitioners in order to successfully deliver the intervention and to mitigate against potential practitioner attrition throughout the trial. The project required the assignment of 20 practitioners per site to the trial, co-ordinators were responsible for overseeing the local selection of practitioners and in some instances, where there was reporting of difficulty

identifying practitioners in suitable delivery roles, they may have been obliged to nominate practitioners who were not ideally suitable to meet this target.

Sites reported minimal practitioner attrition rates throughout the project, suggesting that attrition might have been overestimated at the project's outset. As the project did not reach the conclusion of the efficacy phase, it's difficult to determine whether this is the case. Had more families been triaged into the trial, the number of practitioners may have been entirely necessary.

TPUK's role with the sites practitioners occurred primarily around the task of Triple P training in the STTP programme. Practitioners were engaged through workshops which included information sharing and opportunities to reflect and ask questions. Attendance and accreditation rates at training were high (96%) of selected practitioners completed training and were accredited to deliver STTP, with a good overall satisfaction rating (80 per cent of practitioners indicated that the training met their expectations, per *Figure 6* below). The primary concern raised at training was the suitability of a 10-week programme for families in crisis at the edge of care. This was also discussed with site co-ordinators and remained a concern for practitioners throughout the project. TPUK initially interacted directly with practitioners a week before their training event during their briefing session. The project has demonstrated that there may be benefit in engaging with practitioners earlier in the process, to allow them time to reflect on the intervention chosen and its alignment with prospective families.

“If taking part in another project moving forward, I feel that more consideration would need to be given as to the practitioners that would be involved, ensuring that they have the capacity to deliver, what they have been trained in or tasks that are needed.”

Did the training in Standard Teen Triple P meet your expectations?

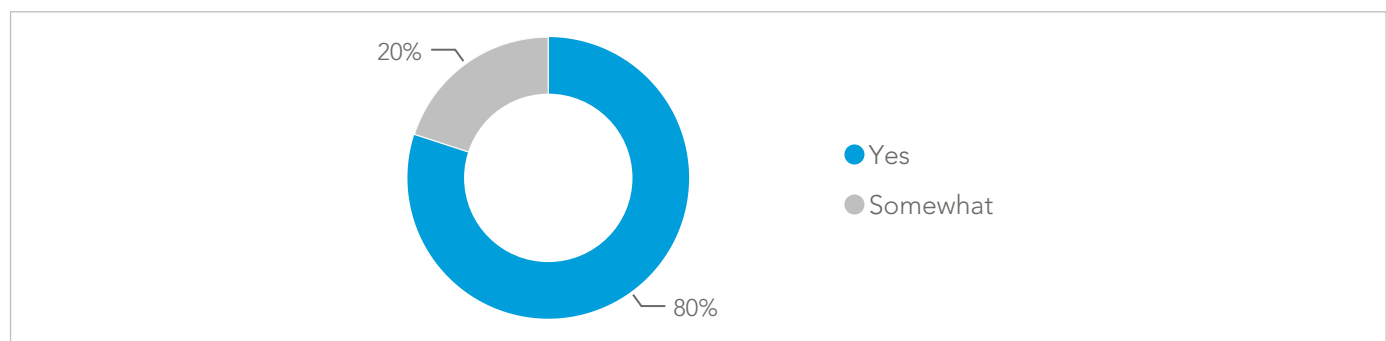


Figure 6 - Cumulated responses to the Triple P YEF Project Feedback Survey.

Between May and June 2023, a total of 117 individual practitioners took part in STTP training for the project, divided into six cohorts for the six training and accreditation sessions. Throughout these six cohorts, 117 practitioners were trained to deliver STTP. Pre-accreditation workshops were attended by 116 practitioners, with 115 (98.3%) successfully accrediting in STTP. Following the training, practitioners from all cohorts expressed high levels of satisfaction with the Triple P Provider Training and Accreditation Courses according to the TPUK Workshop Evaluation Survey (an optional survey that is presented to all training participants post training delivery). Additionally, all cohorts reported significant improvements in proficiency of parent consultation skills post Triple P training and accreditation.

Site co-ordinators found TPUK to offer a straightforward and highly efficient process for training and accreditation and expressed their satisfaction with practitioners becoming trained. As a direct result of the project, more practitioners are now accredited to offer STTP across the various local authorities, making the programme more accessible to the families they work with. Some sites now feel they have a better understanding of the ideal teams for

STTP within their service (for example, where parents benefit from 1-to-1 support). Co-ordinators anticipate that Triple P practitioners who recently received training will integrate the programme into their regular services. Co-ordinators see STTP as a complementary programme to the various interventions they offer. Although unexpected long delays between Triple P training, recruitment and delivery with families resulted in reported loss of practitioner engagement and confidence in their STTP delivery skills, 80 per cent of sites report that they expect practitioners will utilise their skills and implement STTP following the project conclusion (Figure 7) and several co-ordinators have expressed their commitment to supporting their practitioners in this delivery.

“I feel like we did not get properly up and running, many of our families were in the control [group], we only had a few families in the programme - I think that was challenging for the workers who wanted to use the skills they had learned.”

Is your site planning to deliver Standard Teen Triple P to families in other service areas going forward?

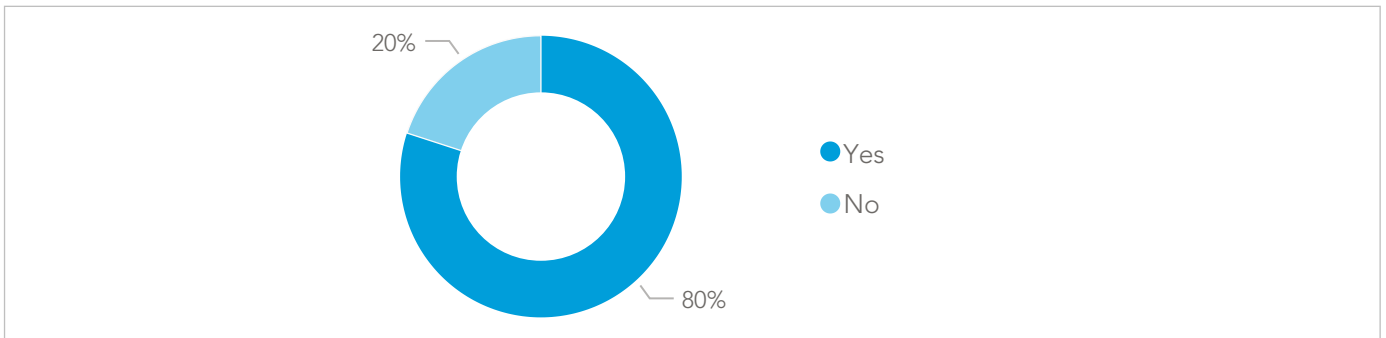


Figure 7 - Cumulated responses to the Triple P YEF Project Feedback Survey.

PEER ASSISTED SUPPORT AND SUPERVISION (PASS)

Along with being trained in STTP, practitioners were introduced to Peer Assisted Support and Supervision (PASS), a supervision structure to support practitioner programme delivery skills. The delivery of these started in August and sites reported consistent delivery on a monthly/quarterly basis until project close. PASS sessions were well received across sites and frequently highlighted as a valuable addition to the practitioner toolbox. As a project requirement PASS attendance was mandated for contributing practitioners. Co-ordinators found it difficult to maintain motivation and momentum among practitioners to attend PASS sessions, especially where practitioners had not started delivering the programme and as the delay between training and delivery increased. Discussions with the IC regarding how to enhance practitioner participation to PASS was found helpful by sites.

PASS sessions are consistent with some sites’ general practice and for most sites, the supervision framework and format will remain in place for ongoing use as reported through the Triple P YEF project Feedback survey (Figure 8).

Going forward is your site planning to provide supervision sessions (PASS) to support practitioner quality and fidelity of Triple P delivery?

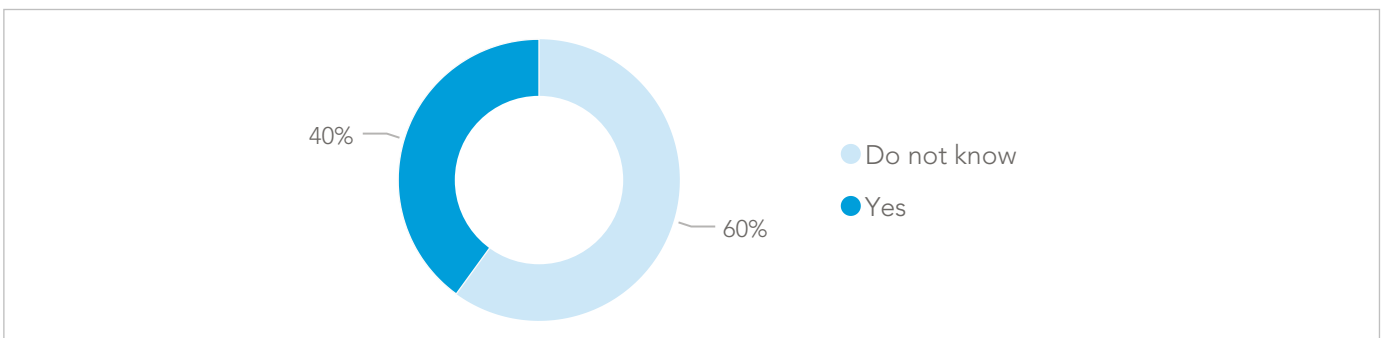


Figure 8 - Cumulated responses to the Triple P YEF Project Feedback Survey.

CLINICAL WORKSHOPS

Key integrated elements within Triple P include the maintenance of programme quality and fidelity, engagement with parents, and a focus on equity, diversity and inclusion all of which directly correlate with positive outcomes for families. The project aimed to conduct three workshops for practitioners as part of its implementation strategy:

Workshop	Planned Delivery	Delivery Status
Flexibility & Fidelity	November 2023	Delivered
Engaging Families	April 2024	Was Not Delivered
Equity, Diversity & Inclusion	September 2024	Was Not Delivered

These TPUK clinical workshops encompass instructional content, reflective exercises, skill demonstrations, individual and group learning sessions, each bolstered by a comprehensive Practitioner Workbook containing relevant content and practical exercises. Regrettably, only one of these workshops was delivered to practitioners before the projects' premature conclusion. While some practitioners expressed dissatisfaction with the timing of workshop delivery through site co-ordinators, the consensus at project close, reflected in a 4.2/5 rating (Figure 9), is that the Flexibility and Fidelity workshops were of value.

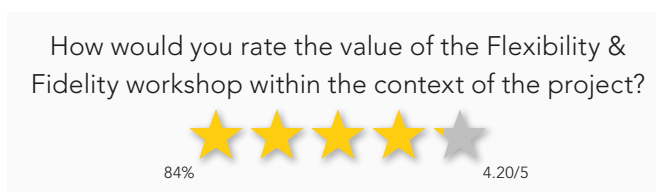
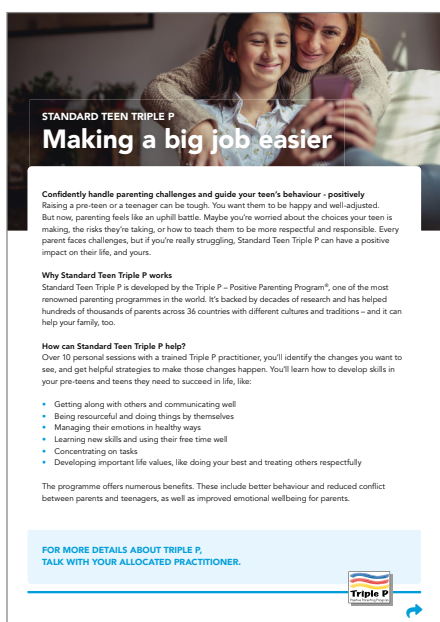
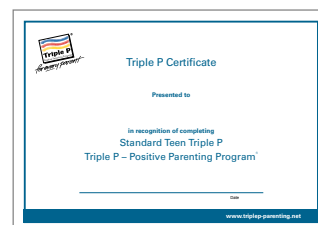


Figure 9 - Responders to the Triple P YEF Project Feedback Survey – The average feedback rating for the value of the Flexibility and Fidelity workshop.

COMMUNICATION MATERIALS

Communication materials were developed for the project to be handed out to parents by sites and/or practitioners to ensure that parents had access to clear and concise information about the STTP programme. By providing these resources, the goal was to destigmatise accessing a parenting programme.



The Combined Standard Teen Triple P Flyer, along with the 'A parenting programme is not for you?' Tip Sheet, were designed to give parents a brief yet informative overview of what to expect with STTP. These materials highlighted the objectives and structure of STTP, emphasizing the importance of parental support and guidance.

Additionally, sites were provided high-quality Triple P completion certificates, to be provided to parents who engaged in STTP in appreciation of their participation.

These certificates not only recognise parents' commitment but also encourage a sense of accomplishment and pride in seeking support for their parenting journey.

Communication materials were generally well received with 80 percent of sites reporting the assisted in introducing the trial with families (Figure 10).

Did the communication materials assist in introducing the trial with families?

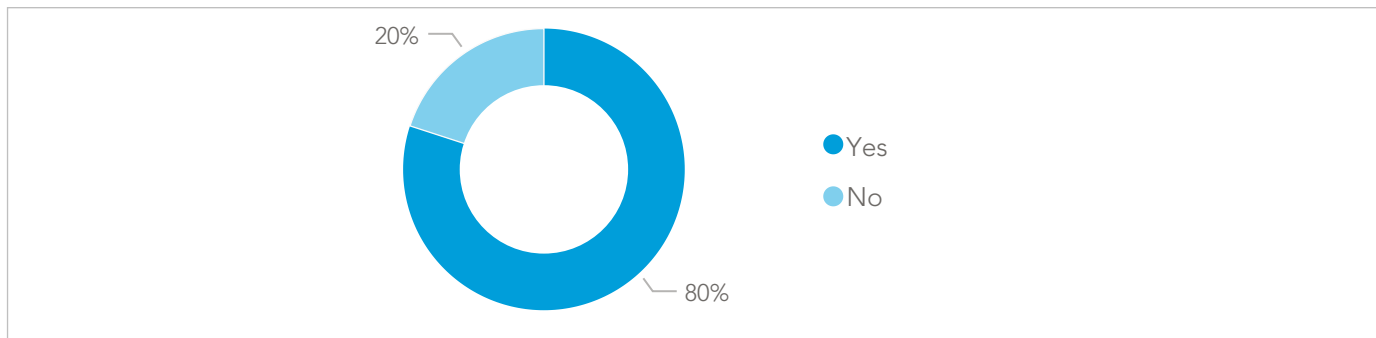


Figure 10 - Cumulated responses to the Triple P YEF Project Feedback Survey.



LOCAL AUTHORITIES INVOLVEMENT

The original aim was to involve partner agencies from LAs in various engagement strategies. Identification of parents and carers was to be primarily entrusted to case-holding social workers and existing edge-of-care and early help teams. Additionally, in certain regions, multi-agency referral panels were intended to aid in recruitment, particularly in cases involving missing persons, criminal activities, or child exploitation hubs. However, during the setup phase, it became evident that this approach would necessitate adjustments owing to challenges associated with the demanding and intricate workloads of social workers. Particularly, the impracticality of consistently committing to fixed times over a ten-week period for programme delivery was noted as a constraint by sites, given the unpredictable nature of their primary responsibilities, which often centred around crisis response. Consequently, a decision was reached to exclude social workers from participating in the training and delivery during the trial period. Instead, the focus shifted towards engaging with internal edge-of-care teams identified by sites who were better able to accommodate the scheduling requirements of the STTP programme.

Parents and caregivers who met the project's criteria were assessed for eligibility by sites and the evaluation team. This involved not only interacting with families and reducing stigma around the services provided but also gathering crucial details to improve communication and avoid repetitive sharing of their situations. Once eligibility was confirmed, parents would be added to the programmes waitlist. Following this, they would be assigned randomly to either the intervention or control group after giving consent for the trial conducted by CCID.

Triple P's initial approach involved engaging with LA senior site leadership teams to detail project scope, assess suitability, and evaluate the site's capacity to participate in the project. These conversations ultimately determined participation in the research project. Challenges identified throughout the project suggest that these initial engagements would have benefitted from the involvement of the evaluation team. A collaborative approach at this point may have highlighted potential risks and mitigation strategies relating to site selection and participation.

TPUK successfully onboarded six local authorities for the project:

- Cambridgeshire County Council,
- Birmingham Children's Trust,
- Gloucestershire County Council,
- London Borough of Merton,
- Peterborough City Council and
- Wirral council.

SITE ESTABLISHMENT

Between January and July 2023, all six sites successfully completed their set up implementation phase. The sites attributed their progression in the trial to the clear definition of expectations and responsibilities, especially regarding the roles of managers and co-ordinators. Despite facing challenges such as information overload and paperwork alongside their daily tasks, each site effectively collaborated with TPUK to meet their set-up and implementation goals. Successful project delivery hinges on the active participation and engagement of organisational leadership, particularly across the numerous agencies linked to the project. Co-ordinators highlighted a lack of involvement from on-site decision-makers to project site co-ordinators in terms of capacity and aligning expectations with project tasks. Some co-ordinators reported that the workload demands of the project were initially underestimated, resulting in difficulties when it came to delivery. Additionally, there were reports of misalignment between service structure and project needs. Adapting to a new system required an adjustment period, especially for sites new to Triple P, which added to the workload for co-ordinators and practitioners during the project delivery. In October 2023, Peterborough City Council withdrew from participation,

this was largely due to an organisational restructure and a change in their parenting offer to make Triple P universally available to all families through their services. Peterborough’s withdrawal reduced the number of sites in the project from six to five. This change necessitated the remaining sites to intensify their parent recruitment efforts to offset the shortfall. Given the strain on services and practitioners operating at full capacity, co-ordinators found it challenging at times to incorporate the project into their workload and some felt the project lacked internal organisational priority. At some sites, these challenges collectively impacted motivation and morale.



The project’s pace has been generally considered too slow or prolonged (delays included extended lead times between training completion and recruitment, and in finalising data sharing agreements between CCID and sites), with sites feeling that TPUK could have been more transparent about this issue. Unfortunately delays such as these were not foreseen by TPUK and thus, could not be discussed with sites prior to occurring. One site proposed that offering a clearer overview of the trial process from family identification to intervention would have been beneficial. This information sharing could have been enhanced through increased TPUK and CCID communication and collaboration during the implementation stage.

The ‘Edge of Care’ definition was defined for this project in the co-design phase, with onboarded sites reviewing and refining it prior to the definition being agreed for the project protocol. While numerous challenges related to project delivery were noted at the various sites, a key unexpected and universal challenge emerged regarding the definition of “edge-of-care”. The trial’s definition of edge-of-care related to families in need whereas in practice, edge-of-care teams frequently supported families in crisis with more complex needs. The ambiguity around this definition caused confusion and although the importance of involving teams specific to edge-of-care was widely recognised among sites, the practical application often led to difficulties, particularly with recruitment where this lack of clarity may have impacted participation numbers. On reflection, involving stakeholders from sites in the codesign process may have helped to define a common language and understanding between project participants. This is reinforced by 40 percent of respondents indicating that they only felt “somewhat” adequately engaged in the planning and decision-making procedures for projects (Figure 11).

Did you feel sufficiently involved in the project planning and decision - making processes?

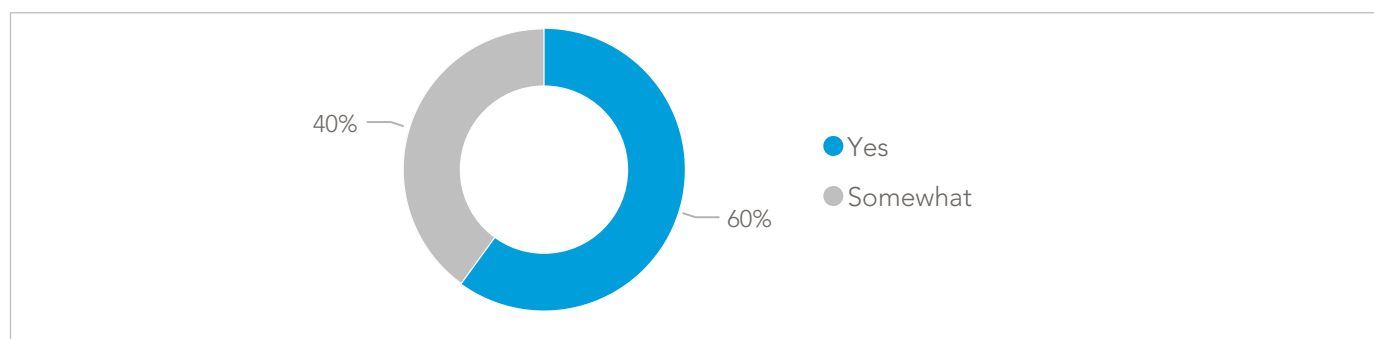


Figure 11 - Cumulated responses to the Triple P YEF Project Feedback Survey.

Despite the challenges faced, many sites have reported that overall, being involved in the project has enabled services to improve their parenting support area and 100 percent of sites stated that their needs were adequately addressed throughout the project (Figure 12).

Were your needs and requirements adequately addressed throughout the project?

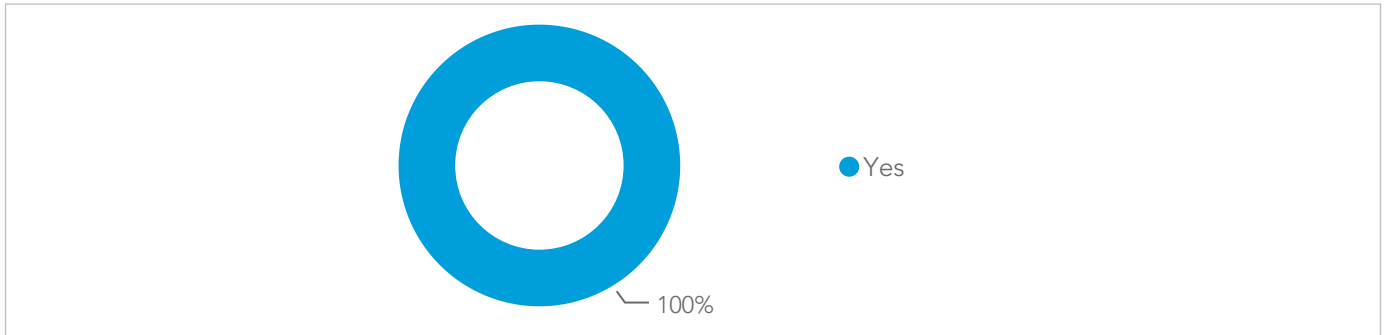


Figure 12 - Cumulated responses to the Triple P YEF Project Feedback Survey.

SITE CO-ORDINATORS

The role of dedicated site co-ordinators was identified as pivotal to project. However, there was significant variability between sites in the role and professional background of the co-ordinators identified. Individual decision making by each site determined the job description, hours, and duties of their co-ordinator. One site created a bespoke job description which was circulated to all sites as an example/template for use if they chose, and several of the sites elected to use or adapt this for their own recruitment purposes. Retention of the co-ordinator differed between sites with most maintaining a consistent co-ordinator throughout whilst some experienced several changes of the personnel involved.

Co-ordinators attendance at Implementation meetings was consistent throughout the project and implementation tools were shared and discussed in terms of purpose and tool application. The usage of these tools was followed up and confirmed. Meetings were action oriented with implementation tools or topics shared and actions set each week. Frequency of implementation meetings was reduced based on needs of the project avoiding meeting fatigue for co-ordinators.

Implementation meetings were also used to track progress and for shared problem solving. TPUK introduced collaborative meetings for all co-ordinators to share methods and ideas to support project delivery. Feedback from co-ordinators was positive in valuing TPUK implementation and collaborative meetings and responsive approach.



IMPLEMENTATION SUPPORT

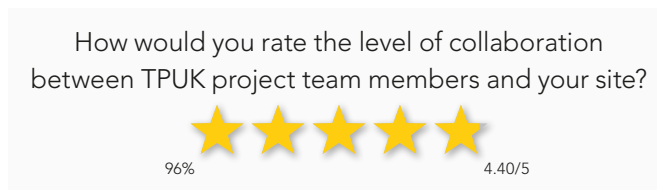


Figure 13 - Responders to the Triple P YEF Project Feedback Survey gave an average rating of 4.8/5 for the collaboration between TPUK's project team and their site.

Implementation support is embedded within the Triple P model of service engagement, with programme delivery based on the evidence-informed Triple P Implementation Framework. Use of this framework is practice as usual in the UK for Triple P initiatives. The Triple P Implementation Framework and associated tools address all the key organisational elements required to establish Triple P in service settings, including practitioner training, delivery support for practitioners to ensure quality and fidelity, and tools for managers and supervisors to monitor and support delivery/outcomes. The function and intended outcomes of implementation support are to achieve positive outcomes for families and to embed and maintain the programmes long term to support parents and children. Outcomes and impacts associated with implementation support include increased sustainability of the programme, supporting appropriate practitioner selection and promoting self-regulation in delivery.

Site co-ordinators were the primary contact for sharing all planning, implementation support and actions to deliver the YEF Supportive Homes STTP Project and have reported no issue relating to collaboration with TPUK throughout the project (Figure 14). They were provided with weekly calls with the TPUK Implementation Consultant for Research (IC) during the initial implementation phase of the project, lessening to fortnightly as the project was embedded and delivery commenced.

Were there any issues that hindered collaboration throughout the project?

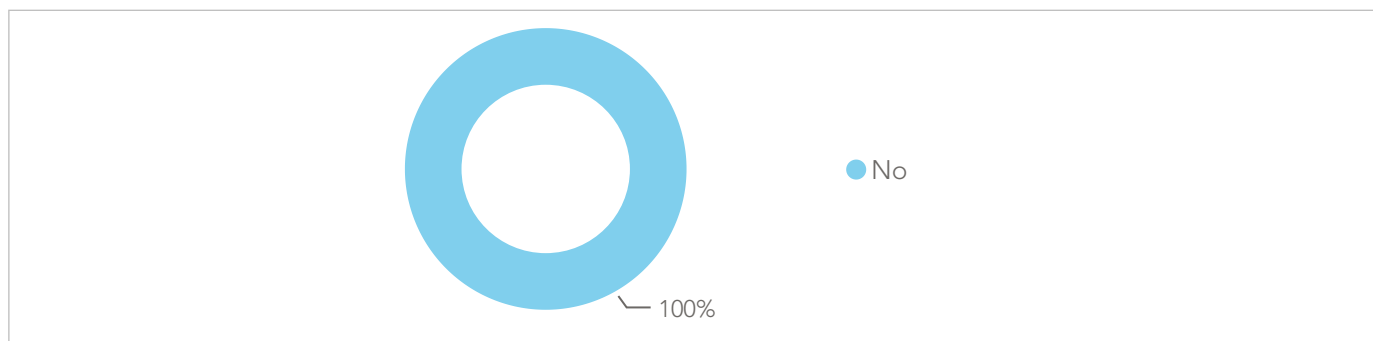


Figure 14 - Cumulated responses to the Triple P YEF Project Feedback Survey.

The Triple P Implementation Framework and tools were introduced during implementation calls with the IC and site co-ordinators who were instructed to actively use these tools at each stage of set-up, implementation and delivery of the trial. Usage and functionality were explored within these calls.

IMPLEMENTATION MEETINGS

Key staff in each participating site were identified in advance of final project confirmation initial implementation meetings with each site commence promptly in November 2022. These were initially attended by key managers and team leaders. Once co-ordinators were in position (Feb 2023) the meetings were attended by the appointed co-ordinators.

Implementation calls commenced weekly from January 2023 and moved to fortnightly as the pilot stage commenced in August 2023. Regular email exchanges, information and document sharing occurred throughout the project term. Objectives, actions and timelines were articulated during calls, as well as challenges and solutions which, fostered positive working relationships and open discussion. Co-ordinators feedback shows that TPUK was responsive to issue and concerns (Figure 15) and the joint collaborative meetings with TPUK and other site co-ordinates, were particularly valued.

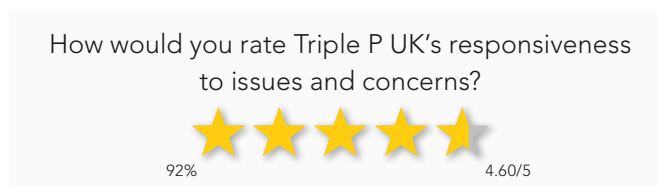


Figure 15 - Responders to the Triple P YEF Project Feedback Project Survey rated TPUK's responsiveness to issues and concerns 4.6 out of 5.

Regular calls also enabled sites to highlight unhelpful practice such as duplication, overlap or miscommunication and gave opportunities to clarify and resolve. However, there remained instances where confusion and duplication of effort did occur. These were highlighted by co-ordinators and led to requests for joint meetings with TPUK and CCID. TPUK suggested joint meetings between project partners with sites, to reduce demand and duplication of meetings with site co-ordinators, however, this was not agreed upon.

Feedback from sites rated implementation tools 3.8/5 (Figure 16) and co-ordinators indicated the tools were most helpful during the set up and training phase of the research and supported the co-ordinators in their role within the project. This was also reflected in their feedback in that TPUK Implementation support had been significant in their learning and development around Triple P and research processes.

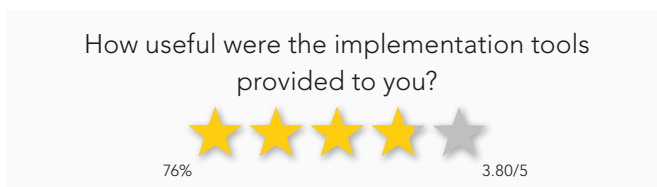


Figure 16 - Responders to the Triple P YEF Project Feedback Survey rated the implementation tools provided by TPUK 3.8/5.

Co-ordinators also reflected on elements of implementation support which were less helpful, including the volume of TPUK implementation tools which became overwhelming at times. The frequency of Triple P implementation meetings were cited as too high during the delivery phase and could have been reduced earlier.

All sites recognised the need to support practitioners to have confidence to deliver and potentially access other Triple P training. The value of the dynamic Triple P implementation tools was highlighted by various sites. They expressed confidence in the future benefits these tools offer to the team and indicated a willingness to utilise workbooks during programme delivery. Notably, for quality assurance purposes, they emphasised the importance of the following documents: Quality Assurance Considerations, Quality & Fidelity Monitoring Process, and Core Components Checklists.

“Having weekly meetings to discuss the tasks that needed completing and being able to raise any issues in a timely manner [was most helpful].”

One of the participating sites has a dedicated Triple P Team and is currently focusing on introducing Triple P for Baby. It was highlighted that the implementation workbook will be a valuable resource for future reference.



KEY LESSONS LEARNED & RECOMMENDATIONS

Lessons learned from the project's delivery are invaluable for TPUK future projects. By analysing the journey of this project, the following insights have been gained that will help guide and inform planning and implementation of future projects:

- It is important to define roles and responsibilities through a formal memorandum of understanding so that all team members have a clear understanding of their contributions and how they align to the project. This can lead to smoother processes, improved collaboration, and increased transparency across the life of a project.
- A collaborative approach between project and evaluation teams should be prioritised to ensure that all aspects of project scope, suitability and site capacity are thoroughly explored. This collective strategic approach can help identify potential issues early and effective mitigation strategies can be developed through shared engagement.
- The significance of aligning service level agreements with grant agreements and clearly defining expectations and responsibilities cannot be overlooked. Building trust and accountability among all parties involved sets a solid foundation for project delivery and feedback mechanisms - such as user-friendly reporting portals- are essential for streamlined communication and monitoring progress effectively.
- Collaboration and flexibility among project partners are essential for overcoming obstacles and achieving shared goals. It is important to recognise the strengths of each partner and leverage these strengths to drive the project forward, leading to more efficient and effective outcomes. Continuous improvement and adaptation based on feedback and lessons learned are essential for ongoing success in the delivery of a project of this kind.
- Further involving stakeholders from sites in the codesign process may help to define a common language and understanding between project participants in future.
- Collaborative meetings across stakeholder groups serve as a platform for sharing best practices, exchanging ideas, and addressing common challenges collectively. This approach serves to further strengthen team dynamics and enhance collective impact across a projects delivery and stakeholders benefit most when they are integrated early on.
- Consistent attendance of site co-ordinators at Implementation Meetings fostered a collaborative environment where tools and strategies were shared and discussed for effective project management. The adaptability in adjusting the frequency of meetings based on project needs demonstrated a responsive and practical approach to support the co-ordinators.
- Flexibility in practitioner selection numbers across sites may be necessary to meet project objectives and support selection of the most appropriate practioners for Triple P training.
- The structured format of PASS sessions ensured consistency in supervision. Co-ordinators found that maintaining motivation and momentum among practitioners was crucial, especially for those who had not yet started delivering the programme. As a result, discussions with the Implementation Co-ordinator (IC) on enhancing practitioner participation through PASS were found to be helpful.
- Allocating dedicated key stakeholders, such as site co-ordinators in this instance, early on and ensuring they

understand their roles and responsibilities is key to successful project delivery.

- It is vital to ensure that all selected sites fully meet the trial's criteria to prevent any obstacles during the implementation and delivery stage. In future site selection, it is advisable to exclude sites already offering the parenting programme under investigation even where the site is not directly delivering to the trial target population. Should it be necessary to include a site that currently provides the programme, explicit guidelines must be established regarding the delivery of the trial intervention and the stipulation that services should not be administering the parenting programme to the specified demographic.
- Challenges, such as information fatigue, misalignment between service structure and project needs, and underestimation of workload demands, underscored the necessity for thorough preparation and ongoing support. The withdrawal of Peterborough City Council and subsequent adjustments highlighted the need for adaptable strategies in response to unforeseen circumstances.
- Despite the extensive work conducted during co-design, the definition of "edge-of-care" emerged as a universal challenge, with discrepancies between the trial's definition, local definition and the practical needs of families in crisis. This ambiguity led to confusion and delays highlighting the importance of clear definitions at the project outset and collaborative efforts to address challenges throughout.
- Provide comprehensive training for all stakeholders involved in the referral pathways, ensuring a clear understanding of each step and process inclusive of both delivery and evaluations aspects. It is essential to address any misunderstandings early on to prevent hindrances in the referral process.
- The effectiveness of referral pathways can impact outcomes significantly. Planning for necessary revisions in delivery schedules is crucial for a successful referral process.





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