



The best start: Phase two evaluation of the 'Me, You and Baby Too' digital resource

JANUARY 2021

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SUPPORTED BY THE DEPARTMENT FOR WORK AND PENSIONS, CHALLENGE FUND PROGRAMME

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Executive summary

Background

In Phase One of our DWP Challenge Fund project, OnePlusOne and Best Beginnings developed and piloted a digital resource to help disadvantaged couples reduce conflict over the transition to parenthood. We did this through two delivery routes:

- i. **'MYBT Universal'** – Expectant or new parents accessed Me, You and Baby Too (MYBT) through Best Beginning's 'Baby Buddy' App, an interactive pregnancy and parenting guide which uses evidence-based information and self-care tools to help parents during the transition to parenthood and the early stages of parenting.
- ii. **'MYBT Blended'** – Frontline practitioners were trained to work through the digital resource with parents using what is known as a 'blended' practice approach that comprised both the digital intervention and face-to-face input from a practitioner.

MYBT Universal reached 7,334 new or expectant parents via the Baby Buddy app and resulted in reductions in levels of conflict and improvements in satisfaction in users' relationships. This included parents from disadvantaged households, in line with the aims of the Challenge Fund programme. There were, however, no changes according to the couple coping measure.

One hundred and forty-two family support workers (FSWs) were trained to deliver the programme. The training was well received and had a significant positive effect on practitioners' knowledge and competencies around supporting couples in the transition to parenthood. Feedback from practitioners indicated that the resource was well received by parents. It increased parents' awareness of couple conflict and coping, and stimulated thinking around how to change behaviours.

Phase Two developments and purpose

Phase Two ran for nine months. Building on Phase One learning, we:

- Rolled out the blended model with a wider range of health practitioners. In place of face-to-face training, we produced a digital practitioner guide that walked practitioners through the theory behind the resource, how to use the resource with parents, and how to engage parents in conversations about relationships.
- Developed two new animations designed to teach parents more complex communication and conflict resolution skills.
- Engaged with practitioners and parents to see how they were using the resource and what difference it was making.
- Explored how the Covid-19 pandemic affected use of the MYBT resource.

The programme was evaluated using a mixed-methods approach, including semi-structured interviews with parents and practitioners, focus groups with practitioners, questionnaires about the resource and the digital practitioner guide, and analytics data.

Key findings

The impact of MYBT Universal

MYBT successfully reached 6,528 new or expectant parents via the Baby Buddy app, compared with 7,334 parents who accessed the resource in Phase One. The resource appears to have reached more parents from less disadvantaged demographic groups in Phase Two. This may reflect the negative impact of Covid-19 on family relationships and on help-seeking behaviours, as individuals search for support online in lieu of their usual face-to-face support networks.

Findings highlighted a statistically significant reduction in levels of parental conflict amongst users post-test. This is particularly encouraging given the less disadvantaged audience reached in Phase Two. We did not replicate the increases in relationship satisfaction from Phase One, or see a decline from pre- to post-test but, given the body of evidence that reports the negative effect of the transition to parenthood on relationship satisfaction, this sustained effect suggests MYBT may have helped to stem a decline in relationship satisfaction during this time.

We observed some demographic differences in outcomes this time around, which require further investigation to interpret. Firstly, younger users had higher levels of relationship satisfaction compared to older users after using the resource. Secondly, users with more children saw improvements in post-test couple coping.

In both phases, parents were positive about the impact of the resource. For example, as in Phase One, parents in Phase Two commented on improvements in their understanding of couple conflict and coping and the impact of their relationship on the baby. They also talked about how they put this learning into practice, for example, listening more to a partner, communicating their own needs better, and working as a team.

The impact of MYBT Blended

Between May 2020 and January 2021, 177 users signed up to MYBT via Click, including a higher proportion of users referred by practitioners compared with Phase One. Localities adopted different approaches to sharing MYBT Blended including using MYBT as a signposting tool, using it to broach difficult conversations with the couple, and working alongside parents to complete MYBT during remote calls. The flexibility of MYBT and the ability of practitioners to tailor it to their service users' needs was seen as a great benefit of the resource and one of the factors that made it useful following changes in practice adopted as a result of Covid-19.

As in Phase One, practitioners welcomed the resource and were positive about its impact on service users' relationships and parenting. This was echoed in interviews with mothers, who were enthusiastic about the simplicity of the resource and the way the video content resonated with their lives. Although they tended to complete it without their partner, many

of them had used the videos to open up conversations with a partner and facilitate changes within the couple relationship.

Unfortunately, we did not have a large enough sample to conduct statistical analysis on the pre- and post-test questionnaires completed for MYBT Blended, but qualitative feedback indicates that users found it useful and found that it helped them to make changes in their relationships.

The impact of the practitioner guide

Due to lack of feedback, it was not possible to determine whether there was any impact on practitioner knowledge and understanding as a result of using the guide. The impact of Covid-19 on practitioners' ability to engage with a remote independent learning tool was evident in the lack of feedback and analytics suggesting high bounce rates and low scroll depth.

Conclusions and recommendations

MYBT Blended offers practitioners a flexible resource to use in their practice and offers parents a convenient resource to use at their own pace and in their own space. Next steps include continuing to raise awareness of the resource with the range of organisations and practitioners supporting parents in the early years. Part of this strategy involves offering local authorities a licensing model for MYBT in order to provide cost-effective access to its content. As we engage practitioners through the licensing model, we hope to find ways to encourage parents to complete the feedback forms independently or with their practitioners, in order to extend our knowledge base around its effectiveness.

The impact of Covid-19 on practitioner engagement means that we were not able to fully evaluate the practitioner guide. The positive uptake of MYBT by practitioners in Blackburn with Darwen highlights the need to create a formal onboarding process going forward. We are now working with a small group of practitioners to develop a deeper understanding of what blended practice means, how practitioners use digital interventions in their daily practice, and what kind of learning materials would help them in rolling out new interventions like this for parents.

Parents using MYBT via Baby Buddy saw a reduction in conflict after completing the resource, despite having lower levels of need than our target audience. Combined with the positive impact on our Phase One users, the findings make the case for continuing to share the resource with new parents in the places they go for information and support. Next steps include finding additional trusted sources of information in which to embed the resource for parents and driving parents to the resource through a targeted social media campaign alongside signposting by trusted practitioners.

1. Introduction

Background

This report describes the findings from the extension of the 'Me, You and Baby Too' (MYBT) project designed to provide disadvantaged couples with the tools to reduce parental conflict during the transition to parenthood. The initial project ran for one year, from April 2019 to April 2020. It was funded by the Department for Work and Pensions (DWP) as part of their 'Challenge Fund – Support for Disadvantaged Families' funding stream, fell under the Reducing Parental Conflict (RPC) programme. The project involved a partnership between OnePlusOne and Best Beginnings, to develop and pilot a digital resource to help disadvantaged couples reduce conflict during the transition to parenthood. The findings of this initial project were outlined in a report to the funder entitled, '*The Best Start: An evaluation of the 'Me, You and Baby Too' digital resource*' (June 2020).

Following completion of the year-long project, the DWP funded a nine-month extension designed to address unanswered questions from the initial project and extend its reach to additional parents. This chapter outlines the key elements and findings of the Phase One project before summarising the aims of MYBT Phase Two.

Me, You and Baby Too Phase One

The DWP launched the RPC programme to gather insights and evidence into what works to reduce parental conflict and improve outcomes for children, particularly in families at risk of worklessness. Conflict between parents can have a lasting negative impact on their children, and the stressors associated with disadvantages such as worklessness and low income frequently increase the likelihood of conflict as parents contend with these stressors. New parenthood may also exert its own pressures on the couple relationship as parents adjust to new roles and demands, potentially triggering a decline in relationship quality and an increase in relationship conflict (eg, Hirschberger et al., 2009). Despite its pressures, the transition to parenthood represents a window of opportunity for intervention where parents are commonly eager for information about birth and parenting, are in frequent contact with services, and are often open to support. The MYBT project was designed to capitalise on this window by providing guidance and tools to help parents develop their couple coping and conflict management skills through established and trusted sources of support – the Baby Buddy app and a family support worker.

The MYBT programme comprised three modules each using scripted Behaviour Modelling Training (BMT) videos, videos of real parents, animations, graphics, activities, and psychoeducative information pieces designed to help users adjust to new parenthood and adopt constructive approaches to managing conflict and coping. Each module ended by encouraging users to set a goal to change their behaviour (see Appendix A for more details about each module). The modules were:

1. **Changes for me and us.** This module prepared users for the changes they may experience in their lives and relationship as a result of becoming parents.
2. **Understanding and coping with stress.** Focusing on stress and coping, the second module aimed to enhance the dyadic coping skills of parents.
3. **Conflict and communication.** The third module aimed to help parents develop skills in communication and managing conflict.

The content was grounded in the literature on couple relationships across the transition to parenthood and theories about how relationships work (eg vulnerability stress adaptation model: see Appendix B), approaches to helping individuals change patterns of behaviour through Behaviour Modelling Training and digital behaviour change interventions, and evidence-based programmes (eg CCET). There is further information in Appendix C.

Parents could access the programme through one of two routes:

- i. **'MYBT Universal'** – Expectant or new parents could access the programme through Best Beginning's 'Baby Buddy' app, an interactive pregnancy and parenting guide which uses evidence-based information and self-care tools to help parents build their knowledge and confidence during the transition to parenthood and the early stages of parenting. The Baby Buddy app is NHS-accredited and live on the NHS Apps Library.
- ii. **'MYBT Blended'** – Frontline practitioners attended a one-day training course designed to equip them with the knowledge and skills to support the couple relationship over the transition to parenthood and to use the MYBT resource with parents. The blended practice approach enabled practitioners to vary the level of support they provide parents as they worked through the resource, signposting those who required relatively little input and working more intensely with those who required more. For the purposes of the evaluation, parents in the MYBT Blended cohort were directed to the resource via OnePlusOne's relationships platform Click, rather than the Baby Buddy app, to distinguish them from parents engaging in MYBT Universal.

The project ran from April 2019 to April 2020 and was evaluated using a combination of qualitative and quantitative approaches. Parents across both routes were invited to complete a series of questions before, during, and after completing the programme. Practitioners completed questionnaires before and after the training and took part in focus group discussions about the training and their experience of using the resource with parents.

Phase One key findings

- The MYBT Universal programme reached 7,334 new or expectant parents via the Baby Buddy app in Phase One. Parents described improvements in their

understanding and awareness of couple conflict and coping, the impact of a baby on the couple relationship, and the impact of the couple relationship on the infant.

- Parents also described putting this learning into practice. For example, they were using the communication techniques they had learnt and listening to one another more; they were sharing their problems and feelings more with their partner; and they were better aware of the role and impact of stress and how to handle it more constructively as a couple.
- Analysis showed statistically significant reductions in levels of conflict and improvements in satisfaction in users' relationships. This included parents from disadvantaged households, in line with the aims of the Challenge Fund programme. There were, however, no changes according to the couple coping measure.
- One hundred and forty-two family support workers (FSWs) were trained to deliver the programme. The training was well received and had a significant positive effect on practitioners' knowledge and competencies around supporting couples in the transition to parenthood. Practitioners varied in how they used the resource with parents. For example, some worked through the resource with parents face-to-face, via video call, or over the phone; others advised parents to go through certain sections and then discussed it with them afterwards; and sometimes parts of the resource were used in remote group sessions.
- During focus groups FSWs said the digital MYBT programme addressed a gap in resources to which they could signpost parents and provided a useful means by which to open up difficult conversations. For some practitioners, the training covered areas they already knew, but the ease with which the resource integrated into the way they worked meant they could use what they had learnt both from the MYBT training and other family support courses in their practice.
- Fifty-four parents accessed Me, You and Baby Too in the blended programme via OnePlusOne's Click platform. This was not enough to allow us to conduct statistical analysis of the impact of the blended practice approach. However, feedback from practitioners suggests that the resource was well received by parents. It increased parents' awareness of couple conflict and coping, and stimulated thinking around how to change behaviours.

Me, You and Baby Too Phase Two

Following evaluation of Phase One, a nine-month extension was granted, to run until January 2021. The purpose of the extension was to address recommendations from the Phase One evaluation, including:

- Roll out the blended model with a wider range of health practitioners.
- Understand more about how parents and practitioners are using the resource.
- Explore what difference it is making to families.
- Develop and test new content designed to help parents build on the skills demonstrated in Phase One.

In addition, given the ongoing nature of the Covid-19 pandemic, the extension sought to understand how the pandemic had affected use of the MYBT resource.

Report outline

Section 2 of this report discusses the development and implementation of the MYBT programme extension, Section 3 describes the approach adopted to evaluate its impact, and Sections 4 and 5 report on the findings of the evaluation. The report concludes with a discussion bringing together essential learning and recommendations for next steps.

2. MYBT Phase Two development and delivery

This section outlines the Phase Two developments to MYBT, which included: developing new content to reflect initial learning in Phase One, adapting the programme to reflect the constraints resulting from the Covid-19 pandemic, and addressing unanswered questions from the Phase One evaluation.

New programme content

New content for the MYBT resource

New content for Phase Two was designed to help parents take the skills covered in the core programme to the next level. To do this we developed two new animations that aimed to teach more complex communication and conflict resolution skills (see Table 1). Animations were chosen for this new content because Covid-19 restrictions made live-action filming unsuitable.

Table 1. New content for MYBT Phase Two.

Content piece	What it shows
<i>Thoughts, feelings, and behaviours</i>	The animation shows the link between internal thoughts and feelings, and external behaviours. It demonstrates how easy it is for couples to misinterpret each other's behaviour and highlights the importance of considering unseen thoughts and feelings before reacting.
<i>The listening activity</i>	Instructions for a practical activity that couples can try at home. Couples are encouraged to pick an innocuous topic and talk for one minute while their partner listens and then feeds back what they have heard. Based on an activity from OnePlusOne's professional training, the activity has been modified so that couples can try it without the support of a practitioner and develop their listening skills in a safe and supportive way.

Developing practitioner skills through a practitioner guide

Due to social distancing rules in place during the Covid-19 pandemic, it was not possible to roll out face-to-face training to practitioners as we did in Phase One. Instead, we developed an online practitioner guide which offered a detailed description of the theory behind the resource, guidance on how to use the resource with parents, and additional examples of how to have relationship conversations with parents.

The guide adheres to adult learning principles and includes activities to enhance learning and engagement. It includes an FAQ and a background page covering the evidence base behind the resource. The guide consists of three sections, corresponding to the sections in the resource:

1. Changes for me and us.

2. Coping with stress.
3. Conflict and communication.

Programme delivery

Unlike Phase One, where only family support workers were encouraged to use the resource with parents, Phase Two targeted a much wider range of practitioners, including health visitors, midwives, social care workers, counsellors, and health care workers. This was intended to ensure that parents with different levels of need could access the blended practice approach. Practitioners were informed about the resource through email, newsletters, social media, regional integration leads (RILs)¹, and existing contacts from Phase One. As a final push to reach a wider range of practitioners, we organised a remote live demonstration event of MYBT in early December 2020, with support from RILs. A total of 653 practitioners from different disciplines (eg early help work, outreach workers, family and parenting workers, social workers, health visiting, and nursing) signed up to the demonstration event and 400 maintained attendance throughout.

As in Phase One, this blended practice approach was hosted on Click. For Phase Two, we also ran an updated MYBT in an isolated platform hosted on skills.oneplusone.org.uk. We did this for several reasons:

- To leverage API tools for a better user experience and improved outcomes for research measures.
- To reduce the cost of ongoing maintenance and future-proof the products beyond the lifetime of the contracts.
- To segment the audiences so we could offer interventions to specific audiences, meaning that the data we collect is easier to process and analyse.
- To give users a purpose-built space to access the resource.

We also switched our video hosting from YouTube to Vimeo because:

- YouTube's enforced "recommended videos" at the end of each clip were confusing users and interfering with the user journey.
- Vimeo allows us to record better analytics data when it comes to engagement.

While there is a risk of losing the potential organic traffic benefits from YouTube, we considered this a worthwhile trade-off.

Before parents completed the pre-resource questionnaire, we asked them to indicate whether they were using the resource alone or with their partner. If they were completing it with their partner, we asked for only one of them to complete the pre- and post-resource questionnaire. This was to ensure quality of the data.

¹ Regional integration leads are senior practitioners from local authorities across England who have been seconded by the DWP as part of the Reducing Parental Conflict programme. They are in post to support local authorities and their partners to apply the growing evidence regarding parental conflict.

Parents who were not using the resource with a practitioner accessed the MYBT programme through the Baby Buddy app under the content heading 'You and your partner' (YAYP), as in the Phase One MYBT Universal approach. The same format was used as in Phase One, with the updated content added to the platform.

Delivery challenges

The main delivery challenges we faced in developing and rolling out MYBT during Phase Two came from the social distancing regulations put in place during the Covid-19 pandemic.

Impact on practitioners

Due to social distancing restrictions, it was not possible to carry out practitioner training, resulting in the need for an alternative means of engaging practitioners with MYBT and upskilling them in its use. With limited time available to develop the practitioner guide, it was not possible to run co-design sessions with practitioners to ensure the guide would meet their needs.

As well as these limitations on development, anecdotal evidence suggests that the impact of Covid-19 on staff resources in particular affected delivery of MYBT and engagement with the practitioner guide. Frontline practitioners in health and social care – our target practitioners – have been stretched. Many health professionals were deployed during the first lockdown and continue to work in hospitals. Antenatal work has been reduced in many areas due to scarce resources, and visits (virtual or face-to-face) have frequently been focused on families grappling with complex issues, where MYBT may not be appropriate. For practitioners in any field working under these pressures, the time and commitment required to engage in the digital practitioner guide is understandably limited.

Impact on parents

Arranging remote user testing for the new content was challenging. Where we were able to recruit parents, the process was impeded by lack of access to digital resources and distractions in the home environment. Parents were also affected by the move from face-to-face to digital delivery of resources. A key barrier to MYBT in Phase One was lack of access to equipment and internet. With the complete reliance on remote delivery in the early stages of Phase Two, this was a barrier to many parents engaging with the resource.

3. Evaluation approach

The logic model developed for Phase One was adapted for Phase Two of the Me, You and Baby Too programme (Appendix D). As in Phase One, the Phase Two evaluation used a mixed-methods approach, comprising both quantitative and qualitative data collection to assess the impact of the programme on parents and to obtain insight into practitioners' and parents' experiences of using the resource. In addition, the evaluation sought to examine the impact and use of the digital guide for practitioners.

Table 2 summarises the research questions addressed in the project and the approach used to answer those questions. This includes questions both continued from Phase One and particular to Phase Two.

Table 2. Research questions for Phase One and Phase Two of MYBT.

Phase	Question	Activity
One	What is the impact of the blended MYBT resource on parents when offered by FSWs and other health practitioners?	• Interviews with parents who used the guide both before and after Covid-19 lockdown. • Pre-and post-resource questionnaires. • Focus groups and interviews with practitioners.
	Have changes to practitioner skills and knowledge as a result of the training been sustained?	• Follow-up and first-time focus groups with FSWs trained face-to-face.
Two	What is the impact of MYBT on parent outcomes during the Covid-19 pandemic?	• Compare pre- and post-resource questionnaires to pre-lockdown. • Interviews with parents. • Interviews with practitioners.
	What is the impact of the digital practitioner guide on practitioner skills and knowledge, in place of face-to-face training?	• Pre- and post-resource questionnaires. • Analytics.
	How does the impact of the MYBT resource vary according to the circumstances and background of parents?	• Comparative analysis using demographic data from pre-resource questionnaires.

Evaluation of the digital resource and different access approaches

Analytics

User engagement was monitored using Google Analytics and event listeners on the pages. This enabled us to understand how users interacted with the content on each page of the resource, the extent to which users followed the planned user journey, and how much of the page was explored after it had been loaded.

Pre- and post-resource questionnaires

Users of the digital resource in both the blended and universal approaches were presented with pre- and post-test questionnaires consisting of the same scales and knowledge check questions used in the evaluation of Phase One (Appendix E). We also sent follow-up surveys of the same questionnaires to those who completed MYBT Universal. These included:

- **Couple Satisfaction Index – 4 (CSI-4;** Funk & Rogge, 2008). This questionnaire measures level of satisfaction in the respondents' relationship. A high score indicates high levels of relationship satisfaction. This scale was chosen as it is well validated and can be used to measure satisfaction reliably.
- **Dyadic Coping Inventory (DCI;** Bodenmann, 2008). In Phase One we used six items from the 'supportive dyadic coping' subscale of the DCI, which measures how one partner provides problem-focused or emotion-focused support that assists their partner in coping. A high score indicates high levels of supportive dyadic coping. However, following an internal review of Phase One, we concluded that the six items did not appropriately address the type of dyadic coping we were aiming to increase. Therefore, we replaced two of the questions with alternatives from the DCI, which addressed emotional and practical support and communication.
- **DWP Reducing Parental Conflict Questionnaire: intact parents subscale (DWP,** 2019): A nine-item scale designed to measure the level of conflict in a parental relationship. When coded, a high score indicates high levels of conflict and a low score indicates low level of conflict.

To address the shortcomings in understanding the impact of parents' demographic factors on engagement with and impact of the MYBT resource, we also added demographic questions to the Click and skills.oneplusone.org.uk versions and ensured certain demographic questions were compulsory on the Baby Buddy version (Table 3).

Table 3. Me, You and Baby Too demographic questions.

Questions	Response scale
Including this pregnancy, how many children do you have?	1; 2; 3; 4; 5+
How would you describe your relationship with your partner?	Married or in a civil partnership; Living together; In a couple, but living apart; Divorced or separated; Other
Which of the following most accurately describes you? (multiple options)	Female; Male; Transgender; Intersex; Non-binary; I'd prefer not to say
What is your household income? *	N/A; £1-£16,000; £16,001-£30,000; £30,001-£60,000; £60,001- £90,000; £90,001+
What is your age range?	18-24; 25-34; 35-44; 45-54; 55+

*also included in the Baby Buddy version.

We also added questions at the end of the resource to better understand any broad changes users had perceived in their relationship, how useful they found the programme, and things they had learned (Table 4).

Table 4. Additional questions for MYBT Phase Two resource.

Question	Response scale
Is your relationship different since the baby came?*	Yes; No; Baby isn't here but our relationship is different; Baby isn't here and our relationship isn't different.
How much do you think the programme has helped with this?	Not at all; A little; Somewhat; Mostly; Very much so.
How useful have you found this programme?	Not at all useful; A little useful; Somewhat useful; Mostly useful; Very useful.
What kinds of things have you learned from doing the programme?*	How our relationship can affect the baby; How to communicate with my partner; To think more about what my partner may be thinking and feeling; What to do when my partner and I are arguing; Nothing.

*These questions had open text responses in the Baby Buddy version.

Semi-structured interviews and focus groups

As well as the pre- and post-questionnaires for parents, we emailed parents who had used the resource on Click and invited them to take part in an interview via telephone or Zoom (see Appendix F for topic guide).

To better understand the impact of Covid-19 on the rollout of MYBT and how this had impacted practitioners' use of the resource, we also carried out follow-up focus groups and interviews via Zoom with practitioners who were trained to use the resource in Phase One.

Evaluation of the practitioner guide

At the end of the practitioner guide, practitioners were presented with a feedback form to assess their learning and understanding of the content. The form consisted of seven Likert scale questions and two open text questions about the usefulness of the guide (Appendix G). Google Analytics and event tracking were used to measure users' engagement with the resource through metrics such as time spent on page, return visits, bounce rate, and scroll depth.

Data analysis

Analysis of the questionnaire data for practitioners and parents is presented via descriptive statistics (frequencies, correlations, and mean comparisons) and the qualitative data through thematic analysis.

Ethical procedures

Ethical concerns were taken into consideration at each stage of the development process, including the research design and content development. The process was guided by OnePlusOne's research protocol in conjunction with the British Sociological Association's and the British Psychological Association's guidelines.

Evaluation limitations

Phase One of MYBT ran from October 2019 to March 2020. On 23 March 2020, the United Kingdom went into a national lockdown due to the Covid-19 pandemic. Not only did we have additional research questions, a new dissemination approach, and new content for Phase Two, but the parents and practitioners we were trying to reach during this Phase were exposed to unique challenges and day-to-day experiences when compared to those who used MYBT during Phase One. During the time that Phase Two has been active, there have been a further two national lockdowns in the UK and hitherto unheard-of changes to peoples' family lives, social lives, and work lives. It is reasonable to expect that there has been a significant impact of these factors on engagement and need of MYBT, for parents and practitioners overall.

Specifically, the challenges in development and delivery of the practitioner guide had an impact on engagement with the guide, resulting in only one practitioner completing the feedback form. As such, we do not have any insight into the usefulness of the guide or why practitioners did not use it as expected.

Although better than in Phase One, very few users completed both pre- and post-test questionnaires for the Click version of MYBT. This means that we did not have sufficient statistical power to draw conclusions about the efficacy of the resource.

There was limited demographic data from Baby Buddy and none from Click during Phase One. This means we cannot determine whether the differences in impact between parents who used MYBT before or during the Covid-19 pandemic reflect differences in their demographic circumstances or reflect the unique circumstances of the pandemic.

Finally, we had substantial difficulty recruiting parents for interview who had used MYBT via Click. This means that our conclusions are drawn from a small sample and we may be missing important information about user experience.

4. Parent experience of using MYBT – universal and blended approaches

This section describes key findings from the evaluation including how parents engaged with MYBT Universal and indicators of impact; parental engagement with MYBT Blended; and feedback on its impact. As discussed in the delivery and evaluation sections of this report, the resource was rolled out during the Covid-19 pandemic. Where possible we have tried to explore how this may have affected engagement with MYBT and its impact on users.

Who used MYBT Universal and Blended approaches?

MYBT Universal

As Table 5 shows, between May 2020 and January 2021, a total of 6,528 users accessed the resource via Baby Buddy and a total of 387 completed the pre- and post-test questionnaires. After exclusions (see Appendix H for further details), we were left with 296 eligible users. Just under a third of these respondents (n=101) worked through the content during one of the national lockdowns imposed in the UK the remainder used the resource outside of national lockdowns.

Table 5. Number of users eligible for analysis

User activity	Number of users
Accessed MYBT Universal	6,528
Completed pre- and post-test questionnaires	387
Excluded as non-parents	7
Excluded as outliers	7*
Excluded as below engagement threshold	77
Total number for analysis	296

*($z < 3.29$)

As Appendix H explains, excluded groups included users who completed the resource over such a protracted period of time that it undermined the user pathway. Further analysis of this group found they had significantly higher levels of baseline conflict, which suggests they may have benefited from more specialist support, for example working through the resource with the support of a practitioner or seeking the help of a relationship professional.

MYBT Blended

As Table 6 shows, a total of 177 user signed up on the Click platform between May 2020 and January 2021. However, just 29 users were eligible for analysis as they completed both pre- and post-test measures. This included four couples (n=8 individuals). Both partners in these couples were treated as individuals for the purpose of the analysis as independent t-tests

showed no significant differences depending on whether a user completed MYBT as an individual or as a couple ($p>.005$).

Table 6. Number of eligible users for analysis.

User activity	No. of users
Total number of Click platform users	177
Completed pre-test questions	152
Completed demographics questions	45
Completed pre- and post-test measures	29
Total eligible for analysis	29

Forty-three percent ($n=75$) of users who completed consent forms were referred by a family support worker or other health practitioner. Of those who completed pre- and post-test questionnaires, 12 were sent to MYBT by their FSW, nine were sent by another practitioner, one found it organically, and the remaining five came to MYBT another non-specified way.

Demographic characteristics of universal and blended users

Tables 7 and 8 summarise the demographic² characteristics of Baby Buddy and Click users. Table 7 shows that the mean age of Baby Buddy users was 28.8. The youngest was 16 years old and the oldest user 50. Although we cannot provide the comparative mean age for Click users who completed the resource, it appears that they were on average younger than those who completed MYBT on Baby Buddy.

Both tables include a column for MYBT Blended users who completed the resource, and those who filled in the consent and demographic questions but then failed to complete the resource (labelled as MYBT Blended non-completion). Compared with users who worked through the resource, those who dropped out were more similar to Baby Buddy users than MYBT Blended users. Table 7 shows that those who dropped out were on average older. Table 8 shows that they were also more likely to be in a relationship, and more likely to be first-time parents and in a higher income bracket. They had also generally found the resource independently (35% were referred by a practitioner compared to 72% of people who completed the resource).

Table 7. Age of all Baby Buddy and Click users.

Demographic factor	MYBT Universal	MYBT Blended	MYBT Blended (non-completion)
	M(sd)	%(n)	%(n)
Age	28.67(6.48)		
18-24	-	30% (3)	16% (6)
25-34	-	40% (4)	42% (16)

² Due to demographics questions being added during Phase Two, only 10 users completed all demographics and 35 who did not complete pre-post test completed demographic data, reflected in the numbers in Table 5.

35-44	-	20% (2)	37% (14)
45-54	-	10% (1)	5% (2)

Responses in Table 8 suggest that the sample of users who accessed MYBT Universal in Phase Two were in a higher income bracket than our original target group. This may be indicative of more people working from home during the pandemic and having more time to engage with online resources. Table 8 also shows MYBT Blended users included a greater proportion of fathers, users with more than one child, and users with no income.

Table 8. Demographic characteristics of all Baby Buddy and Click users.

Demographic factor	MYBT Universal	MYBT Blended	MYBT Blended (non-completion)
	%(n)	%(n)	%(n)
Pregnancy			
Pregnant	84% (249)	-	
Already had child	16% (47)	-	
Parent			
Mum	94% (278)	52% (15)	82% (31)
Dad	6% (17)	23% (6)	18% (7)
Number of children			
First-time parents	81% (85)	30% (3)	66% (25)
2 children	10% (10)	30% (3)	24% (9)
3 children	7% (7)	20% (2)	5% (2)
4+ children	3% (3)	20% (2)	5% (2)
Relationship status			
With partner	99% (293)	70% (7)	92% (32)
Single	1% (3)	30% (3)	8% (6)
Annual income			
No income	12% (13)	70% (7)	11% (4)
£0-16000	22% (23)	-	34% (13)
£16001-£30000	19% (20)	10% (1)	5% (2)
£30001-£60000	26% (27)	20% (2)	13% (5)
£60001-£90000	12% (13)	-	24% (9)
£90001+	9% (9)	-	13% (5)

Parents' engagement with MYBT Universal and its impact on their relationships

Engagement with MYBT on Baby Buddy

Users' understanding

Responses to the touchpoint questions used to measure users' understanding of the content was high, with an average score of 4.41 out of 5 (the same average score as in Phase One). Responses to two new questions covering the new content indicate that it was as well received as the existing content. Taken together, the responses suggest that the content is effective at developing users' understanding of relationship conflict and the transition to parenthood.

Relationship impact

To examine the impact of the content on Baby Buddy parents' conflict, relationship satisfaction, and dyadic coping, we carried out paired-sample t-tests on data from the 296 users who completed both pre- and post-test questionnaires. These are reported in Table 9 and show that, as in Phase One, there was a small but significant reduction in parental conflict during Phase Two. However, unlike in Phase One where we saw an increase in relationship satisfaction, there were no significant differences in users' relationship satisfaction after using the resource in Phase Two. Although we had hoped to replicate the improvements in relationship satisfaction found in Phase One, the fact that relationship satisfaction did not decline, as is the general trend in the literature, is in itself a positive finding. There was no effect on dyadic coping in either phase.

Table 9. Mean scores and t-test results for pre- and post-test relationship measures.

Relationship indicator	Pre mean score (SD)	Post mean score (SD)	t-test result
Level of conflict	1.90 (0.99)	1.80 (1.03)	4.42 ($p<.001$)*
Relationship satisfaction	5.50 (0.97)	5.53 (0.91)	-1.13 ($p=.26$)
Dyadic coping	4.40 (0.67)	4.44 (0.69)	-1.29 ($p=.19$)

n=295 *effect sizes were small at $d=0.10$, $d=0.03$, and $d=0.05$ respectively.

Lockdown may explain why the resource had less impact on satisfaction and coping in Phase Two, particularly as we found differences in Phase One in outcomes for users depending on whether they completed the resource before or during the first week of the lockdown. To explore the possible role of lockdown, we carried out an independent t-test to determine whether there was any significant difference between the participants' average scores prior to the 23 March 2020 lockdown (the point at which we stopped collecting data in Phase One) and participants' average scores from the beginning of Phase Two, on 1 May 2020 which was during lockdown. These are reported in Table 10, which shows that Phase One users had significantly higher baseline parental conflict and lower relationship satisfaction scores compared with Phase Two users. What this means in terms of the analysis, is that the lower baseline levels of conflict and higher levels of satisfaction are likely to translate into a decreased impact of the resource – with any changes likely to be of a smaller magnitude and less likely to be significant. Phase Two MYBT Universal users represent a different sample of

users from those engaged during Phase One, with higher baseline levels of relationship satisfaction and couple coping.

Table 10. Phase One and Phase Two baseline measures.

Outcome measure	Phase One	Phase Two
Parental conflict	2.09 (0.98)	1.90 (0.99)*
Relationship satisfaction	5.30 (1.08)	5.50 (0.97)+
Dyadic coping	4.38 (0.73)	4.40 (0.67)

* $t(587)=2.32, p=.02$; + $t(587)=-2.39, p=.02$

The role of demographic factors

We also explored whether there were any differences by demographic factors using linear regression modelling. This found a significant effect of age on both parental conflict and relationship satisfaction measures, where younger age predicted higher post-test relationship satisfaction scores ($Beta = -0.28, p=.001$) and increasing age predicted lower post-test parental conflict ($Beta = -0.19, p=.024$). It is not clear what these findings mean, as the literature is sparse on the link between age and relationship satisfaction (eg Sorokowski, 2017). It is possible that age is indicative of a third (unmeasured) variable – relationship length, in which case users earlier in a relationship may remain more positive about the relationship and therefore more easily reconnect with initial satisfaction.

There was also a significant effect by number of children, which showed that the more children a user had, the higher levels of pre-test parental conflict ($Beta = 0.31, p=.03$) (an association found in the literature on the transition to parenthood) and the higher the levels of post-test dyadic coping ($Beta = 0.24, p=.047$). Again, it is not entirely clear how to interpret the finding except to suggest that the resource provided these parents, who were likely to be under greater pressure as a result of caring for more than one child, with additional coping tools.

Feedback from MYBT Universal users

Four open text questions were included in the universal response options to assess what changes users expected, what they had learned from the resource, and what they had been doing or intended to do differently after the MYBT programme. Overall, the feedback suggests that users had understood key messages from the resource, particularly around couple conflict and the impact on the baby, and were making changes in their behaviours, particularly around communicating with their partner.

What changes were participants expecting once the baby arrived?

As in Phase One, many of the parents were positive about the changes they expected to happen after the baby was born, in particular bringing them closer together and making their relationship stronger.

"I think we will become closer together as it is a journey that we will take together and we will both be learning new things and supporting each other."

Parents also foresaw that there would be additional stresses as a result of changing dynamics and having less time for each other. However, participants were overwhelmingly positive about the changes that would happen as a result of their having a baby and their ability to overcome any challenges, as this user commented:

"I think it will be harder to make time for us but as long as we are willing to do that and continue to work on our relationship as well as being new parents then all will be good."

What did users learn?

When asked what they had learned from using the resource, users' comments suggest that they had understood key messages around understanding the other's perspective and taking time to stop and listen.

"To remember that there is always two sides to every situation, and to put myself in someone else's shoes before getting angry or stressed. Remembering to listen and communicate as much as possible."

Many noted that the resource had raised their understanding of couple conflict and coping and the impact of their relationship on the baby, knowing *"that you need to support one another not just for us but our child too or it could impact them."*

Parents identified the different ways they had learnt to deal with conflict and could identify specific skills they had taken from using the resource.

"Always talk, listen and stay calm rather than arguing."

"I have learnt to listen to my partner more and techniques to cope with stress for me and my partner."

What are users doing differently?

The final open text question asked parents what they were doing differently as a result of using MYBT via Baby Buddy. The main things that parents mentioned doing differently were listening more to their partner and communicating their own needs.

"Talking more and being open and honest even if it's something small, keep them involved."

"Listening to one another and ensuring we don't disregard one another's feelings."

Working together as a team and thinking of their partner's needs were also common themes, as were using the 'stop and think', and 'staying calm' techniques seen in the videos, with users more likely to *"Stop and talk things through,"* be *"more considerate towards each other and how each other is feeling"* and, *"Remembering to stop, listen and talk through rather than letting things get heated."*

Of interest, a number of parents responded that they were not doing anything differently as, although they had learnt new things from using the resource, many of the practical skills were things that they already did in their relationships.

"Me and my partner are not doing anything differently in fact we always share our views and ideas and be supportive of each other's decisions and come to a good conclusion at the end."

Follow-up surveys

A total of 13 users responded to the follow-up surveys sent out in December 2020. Although this is not enough of a sample to conduct statistical analysis with any reliability, we did obtain some qualitative feedback from parents. When asked what they had learned from completing MYBT Universal, most of the respondents pointed out the importance of talking to each other and working together, to keep talking about *"any issues that are bothering us"* and *"alternative ways to communicate our problems and frustrations."*

We also asked users what they were still doing differently as a result of completing MYBT Universal, and nearly all of the respondents indicated that they had sustained improved communication through talking more and trying to work together (eg *"Taking the time to talk through our issues and really listening to each other. We designate time to talk about our day and ourselves outside of the time we spend with our baby,"* and, *"Being more calm and solving problems together"*). Although this is a small sample, it suggests – along with qualitative findings from our interviews with parents (reported below) and practitioners of the MYBT Blended approach – that there is some sustainability of the effects of MYBT on parents' problem solving and communication skills.

Parent engagement with MYBT Blended and its impact on their relationships

Analytics for the Click platform

Between 1 May 2020 and 21 January 2021, after eliminating traffic from users outside of the UK, there were a total of 5,229 page views on the MYBT course featured on Click. Of these, 2,952 were unique users – suggesting a large number of users returned to the site one or more times. The majority (77%) of users were using desktops, the remainder using an even mix of mobile and tablet. This is contrary to standard Click use, where users are more likely

to access it via a mobile or tablet. This may be an indication that parents were using the resource alongside practitioners.

How did users engage with the content?

On average, visitors to the site spent between one and one-and-a-half minutes on each content page. Visitors lingered longer on certain pages, including the page on 'harmful conflict types' and 'You say, I hear', where visitors typically spent two minutes. The bounce rate (ie the number of viewers who left the site after only viewing one page) is low on the content pages in general, averaging about 25%. This suggests that once users are going through the resource, they stick with it. This is backed up by the fact that over half of users (51%, n=38) who completed consent forms reached the final pages of content before completing post-test questions. Of interest, users who came to MYBT via the practitioner guide spent double the time on content pages compared to those who came via other routes. Similarly, the exit rate (ie the number of times visitors left from a page) on the starting page was about 39% for 'standard referrals' (who came through organic routes) and 24% for those who came through the practitioner guide. This suggests that retention and engagement for practitioner-referred users were substantially better than for those who came through other routes. Finally, when users watched videos within the resource, they watched them, on average, 84-85% of the way through. This is a positive indicator that the video content is holding the attention of users.

Users' understanding

Responses to the touchpoint questions used to measure users' understanding of the content was high for those using MYBT Blended, with an average score of 4.42 out of 5. This is in line with average scores for the same questions in Phase One, and very similar to those for MYBT Universal. This continuity indicates that regardless of other factors the content is consistently well received, with users having a similar level of understanding across Phases and platforms.

Impact on satisfaction and couple coping

As with Phase One, we did not have enough parents who completed the pre- and post-test questionnaires to be able to conduct statistical analysis on the data to examine the impact of the resource on users' relationships. Looking at the raw means of users' pre- and post-test responses, we observed a small reduction in parental conflict (-0.01) and a slight increase in relationship satisfaction (+0.13). However, we do not have the statistical power to determine whether these differences are significant.

Comments from parents on the open questions suggest parents found the resource helpful and that it had helped them to make changes. Of the 17 respondents who answered open questions, 12 (71%) said that their relationship with their partner was different and 11 (65%) said that the resource had helped with managing those changes. The same number of respondents felt that MYBT had been useful for them. We asked users to select from four options what they had learned from using MYBT. All 17 respondents chose multiple things

that they had learned: *how the parent relationship affects the baby (n=11); how to communicate with their partner (n=12); to think more about what their partner is thinking and feeling (n=11); and what to do when they argue with their partner (n=12)*. There were no differences in users' responses according to their demographic characteristics.

In-depth insights into parents' experiences of using the resource

We obtained further insight into parents' experiences of the MYBT Blended approach through follow-up interviews with a sample of six mothers one to three months after they had used the resource. Although MYBT hosted on Click was intended for use in the blended practice stream, three of the parents we interviewed had happened upon the resource independently. We include their feedback here.

As illustrated in Table 11, interviewees represented a cross-section of mothers. The youngest was 15 and the oldest 31. Four of the six were cohabiting. Two participants' highest education level was GCSE while two others had completed degrees. One was pregnant while the remainder had infants ranging from six weeks old to 14 months old.

Table 11. Interviewee characteristics.

Parent	Age	Education	Ethnicity	Relationship length and status	Infant age	First-time parent	Approach
M1	31	Degree	Wh. Other	10 years. Cohabiting.	6 weeks	Yes	Universal
M2	23	BTEC	Wh. British	4.5 years. Not cohabiting.	Pregnant	Yes	Blended
M3	15	< GCSE	Wh. British	3 years. Not cohabiting.	8 months	Yes	Blended
M4	29	GCSE	Wh. British	3 years. Cohabiting.	4 months	No	Blended
M5	23	GCSE	Wh. British	5 years. Cohabiting.	8 months	No	Universal
M6	31	Degree	Wh. Other	8 years. Cohabiting	14 months	Yes	Universal

How did parents access MYBT?

Three mothers were referred to MYBT by a practitioner and completed it with their family support worker in line with the blended approach. These mothers hoped to learn new things, specifically in relation to parenting, child development, and dealing with problems within their couple relationship. The other three mothers were proactive and found the resource independently online (ie universal approach). Like the mothers in the blended group, these mothers also hoped to learn new things to help them with the transition to parenthood. In particular, two wanted specific support with dealing with problems in their relationship while another mother aimed to prevent any deterioration in her couple relationship.

What did users think of the resource?

When asked how they found using MYBT, participants discussed its simplicity, the central role of the videos, and its neutral tone.

Simplicity

Five of the six mothers liked how easy MYBT was to use, with the resource praised for being *“easy to follow, simple to understand.”* One mother remarked that she liked how easy MYBT is to return to: *“I’ve been thinking about it on my own, re-watching the videos and stuff like that and just get a bit more understanding about it.”*

Videos: the key ingredient

All mothers reported that the videos were the most helpful part of MYBT – *“I think they were making complicated ideas simple.”* In particular, the clips were described as helpful because they were relatable, especially the *“daily settings”* with *“real-life scenarios.”* Furthermore, the participants felt the videos were helpful as they provided a different means through which to process the information.

“I can learn more with looking at something and watching it than just writing it down, or just answering questions.”

The three women who completed MYBT via the universal approach mainly did so alone, rather than with their partner. However, they reported that they used the videos to encourage their partners to discuss relationship problems. For example, two women picked a video for their partner to watch, specifically videos that *“reminded me of ourselves.”* Another used the strategies raised in the videos to begin a conversation with her partner, which was particularly useful as she had felt unable to ask her partner to complete MYBT with her because of *“Embarrassment? I don’t know. I don’t want him to think that I’m weak.”* Ultimately the videos provide a simple means to share knowledge and begin a process of behaviour change for both the individual and the couple.

No judgement

Two of the mothers who completed MYBT with their FSW commented that they appreciated not being concerned that working through the resource would trigger further difficulties with social services. For example, one mother said: *“answering the questions and stuff, you didn’t feel like you were put under any pressure or anything.”*

What impact did MYBT Blended have on these parents?

Greater awareness and understanding

All parents noted that MYBT improved their understanding of the potential negative impact that the transition to parenthood might have on their couple relationship, mood, and sleep. One mother said MYBT *“highlighted what key problems can happen between parents”* and the possibility of *“going through postnatal depression.”* Mothers also spoke about the way the resource highlighted the impact of tiredness on mood and behaviour. As one mother described: *“when you’ve not slept, you’re more likely to be irritable.”*

Each mother felt that MYBT had improved their understanding of the negative impact of couple conflict on their infant's adjustment. As a result of the videos, some mothers were aware that conflict could have a negative impact on the developing foetus.

"It just... It made me realise how it actually affects a baby... Like, my emotions go to him, basically. The baby. It can cause stress on him."

While the majority of the mothers described how MYBT had highlighted how conflict can have a long-term effect on their children, two mothers in particular had not previously considered the impact of arguments on their infants: *"how the baby can sense the mum and dad are upset and what it has on the baby."* After completing MYBT, the mothers felt that they better understood how problems in the couple relationship spilled over to impact other people within the family relationship and the importance of taking small practical steps to minimise this, for example considering *"what baby should see and what baby shouldn't see"* and reflecting on their perceptions of normalised conflict between partners.

"It just makes you look at life with a child in a different perspective rather than just thinking, right, well, just this happens or small things happen."

Communication

Mothers also described how they had improved the way they communicated with their partner after completing MYBT. For example, one mother commented that MYBT had helped change their relationship dynamics: *"it made us talk more about things that we don't talk to each other about,"* while another mother noted the particularly beneficial impact on her partner.

"Before, [PARTNER] didn't really talk about anything. His emotional side. And now he's starting to talk a bit more" and "I don't want to be like that man in that video."

Half of the mothers noted how, as a result of watching the MYBT videos, partners were less likely to try and problem-solve. As one mother described: *"He was saying, 'can I do this, that, or the other?' And then he went, actually, sorry about that. I think what you really wanted was more of the emotional support."* Echoing this, another mother described how the video depicting this scenario had *"really carried with us...I think my partner might find it more difficult. He often wants to provide some sort of solution. If I'm just whining about something, he just wants to provide a solution, and I just want to be heard."*

Several mothers emphasised the importance of receiving emotional support and felt MYBT had encouraged them and their partners to reflect on their habitual responses during the first years of parenthood: *"I think that I was just to be able to verbalise that bit, the practical responses."* As a result, they felt their relationship had benefitted from taking time to stop and reflect.

Developing skills

Five of the mothers described how MYBT had led them to adopt new strategies to deal with conflict. Several noted that, when tempers start to rise, they now leave a tense situation.

“If my boyfriend and I are going to argue, then I’ll just walk away, or he’ll just walk away. It’s worked for both of us really.”

Others made use of different methods. For example, one mother explained how she doesn’t *“need to yell and shout because actually I can do this instead, so I can breathe, or we can speak about it”*. Another mother described how helpful it was to have a range of strategies to draw on: *“Things I could have done to calm myself down. I tried them all and found which one was best for me.”*

One mother who completed MYBT with her partner alongside the FSW commented that it had been particularly beneficial for her partner: *“Using that resource as well has also helped him deal with situations differently rather than just turning to alcohol.”* Others talked about the way MYBT had helped to normalise their relationship problems: *“I’m not the only person, I’m not over-reacting and I’m not being a drama queen.”* As a result, they felt they would not be judged for seeking help and that the strategies they learnt would be effective: *“Definitely given me more confidence. Before I felt really lonely, all on my own doing this, but actually, I’m not.”*

How could the resource be improved?

Two parents suggested ways in which the resource could be improved. One suggestion was to include more written content within the resource that provided context and detail around the videos: *“...a little bit more text and a little bit more explanation on things, maybe just to a little bit expand each section. I found it a little bit short... or, if there’s a source linked to, that could be added, or just, yes, some more text.”*

Another parent felt the resource needed to be shared more widely: *“... because then more people know how to use... They know that there’s advice out there and not to struggle, and there’s always someone to talk to.”*

Conclusions

Take-up of MYBT Universal was high, at 6,528, although we reached more parents from higher demographic groups compared with Phase One. Parents in Phase Two also had lower baseline rates of relationship satisfaction and higher baseline rates of couple conflict compared with Phase One users. This may explain why we saw a modest (but significant) impact on levels of parental conflict from pre- to post-test amongst users but no impact on relationship satisfaction or dyadic coping. Demographic differences around an effect by age and number of children require some unpicking to understand and highlight the need for further research, and disentangle whether the resource has a differential impact according to family circumstances or user characteristics. Findings echoed those of Phase One in

highlighting how parents had welcomed the resource, were able identify how it helped to improve their understanding of couple conflict and coping, and were finding ways to put it into practice.

Use of the resource via Click was positive, with 177 users signing up for it. A higher proportion of users this time around had been referred by a practitioner, which reflected our strategy to raise awareness amongst a greater number of practitioners. Mothers who used MYBT Blended were enthusiastic about its simplicity and the way the videos resonated with their lives. Most of them had used the videos to open up conversations with a partner and facilitate changes within the couple relationship.

Unfortunately, we did not have a large enough sample to conduct statistical analysis on the pre- and post-test questionnaires completed for MYBT Blended, but qualitative feedback indicates that users found the resource useful and attributed their use of it to helping them manage changes in their relationships during the transition to parenthood.

5. Practitioner experience of the MYBT Blended approach

Four focus groups and one interview were carried out with staff from four of the local authorities who were trained to use MYBT in Phase One: London Borough of Southwark, Leicestershire, Rutland, and Blackburn with Darwen. These explored how Phase One practitioners had continued to roll out MYBT with their service users during the Covid-19 pandemic and parents' responses to the resource.

Practitioner reflections of sharing MYBT with parents

Adapting to meet parents' needs

All of the practitioners discussed how they had adapted their work with parents as a result of the Covid-19 pandemic and subsequent lockdown. This included adapting existing programmes into digital offerings, more frequent wellbeing checks through video and phone calls, and replacing group work with individual remote work. Practitioners were generally positive about the use of digital most of them commented on the success they had had in engaging parents with their remote offers: *"We really boosted our online presence via the website and delivering virtual groups."* They also discussed changes such as parents taking advantage of practitioners' remote availability:

"If anything, I think it might be easier for parents to contact us now. And they are doing that, I think you're touching base with more parents, because they've got all your contact details, which they might not have had before."

One benefit of a move to digital was that users liked the fact that engaging remotely had reduced their anxiety about disclosing in a face-to-face format:

"Those families that are anxious about sitting in a big circle, they've almost felt like they can open up more because they're not in that big circle. And although people can see them in the screen, it almost feels like that doesn't matter."

Some practitioners discussed drawbacks to a move to digital such as not being able to see the home environment in the same way as when visiting face to face, and the shift to digital affecting some of the staff's confidence in delivery. However, many acknowledged that a shift to digital is likely to be the way they work going forward.

"So, people have realised now that they've got no choice. And this is the way it is for now. And it's not necessarily going to change this year. Of course, yes, it did affect their confidence massively in whatever they delivered."

How did they deliver MYBT to their service users?

Each locality delivered MYBT with their service users in different ways. Practitioners from two of the local authorities discussed using MYBT as a signposting tool: “... *it's highlighted to them, so they know where to go for more support or information*” and as a means of opening conversations with parents. The other two local authorities, and one practitioner from Southwark, discussed taking a hands-on approach to using the resource with parents. This involved going through the resource alongside parents or getting parents to go through a section on their own and then going through it together at their next session. Both Leicestershire and Blackburn with Darwen found success in integrating the MYBT resource into their existing perinatal offerings.

“We found that blending what we would usually do in face-to-face sessions addressing parental conflict with this digital resource helped to open up tricky conversations, empowering parents to recognise issues in their relationship and support them in developing the skills they need to deal with them.”

Blackburn with Darwen experienced so much success with MYBT as part of their early help offer, that they then introduced MYBT into all initial allocations where domestic abuse was not a known feature. As of December 2020, Blackburn with Darwen had used MYBT with at least 45 parents across their services.

Facilitators to rolling out MYBT seemed to stem from the resource itself and the ease with which practitioners could use it with parents. Key factors included its flexibility – the ability to focus on “*certain topics*” that parents are struggling with or to spend more time on some of the videos, using “*your resources in multiple sessions [as], it gave more time for the parents, not just to set the goals, but also to have some time to achieve these goals.*” The simplicity of the resource and its messaging was also a key factor in practitioners being able to use the resource successfully with parents.

“And those videos on the side, they're just so simple. To be able to just show one of those and chat that through as well has been really positive.”

Practitioners discussed two key barriers to rolling out the resource. The first and main barrier was parents’ digital connectivity. That could be in terms of an unreliable internet connection or no Wi-Fi at the home address, which meant, in one case “*both parents only had internet access via their mobile phones; so it wasn’t possible for me to bring a laptop to ‘showcase’ the MYBT resource online.*”

The second barrier was some resistance in the local authority to addressing a sensitive topic that “*not everybody is comfortable talking about*” through a digital format but that had been overcome once staff had used the resource.

"I think, again, the resistance more was the fact that they were doing it online. There's been a lot of resistance about that from staff anyway, because it just feels so unnatural... But once they get doing it, I think that they're fine."

How did parents react to the resource?

According to practitioners, parents were positive about the resource. Parents found the content resonated with their own life experiences and saw how the different elements of the resource could be beneficial, as this practitioner commented:

"The feedback is generally really good. People are happy, or pleased, or whatever, that it's just made them think a little bit. And how to reword something, or take that step back, think, stop for ten seconds, and then speak, that type of thing. That's really benefited a lot of families."

Parents particularly liked the sections on how to cope with stress and provide emotional and practical support, which had encouraged parents to see things from their partner's perspective.

"Because this is a problem that it comes many times in my conversations with the families, one of the parents, or both of them, they feel that they're stressed and so overwhelmed, and they can't see that their partner as well may feel the same."

One locality noted that young parents in particular seemed to find the digital approach used by MYBT as easy to use and more useful than in a group, as it suited their learning style.

How did practitioners' perceive the impact of MYBT Blended?

As well as positive feedback from parents, practitioners noted the positive impact of MYBT on some of the parents who they work with both in terms of their relationship and their parenting. One practitioner spoke of a separated couple who have been in a high conflict situation but had gradually been able to engage in a more positive manner regarding their parenting: *"There's that thing of, parenting together was a struggle... but they're slowly becoming civil."*

Another locality discussed a parent couple who were newly reconciled and expecting their second child. Using MYBT with their FSW had allowed them to *"make connections between their own behaviours and how they then impact upon each other and their relationships... [and] both parents are able to identify the impact this has had on their parenting."* This couple are continuing to use the skills they have learnt to manage conflict effectively.

As mentioned, the digital nature of MYBT was seen as particularly beneficial for younger parents, including a teen couple expecting their first baby. Following use of MYBT this young couple *"reflected that they had learnt a lot about each other and felt more prepared around what to expect once their baby was born."* They particularly engaged with the reflective

aspects of the BMT videos included in the resource. Once the baby was born the practitioner observed the couple putting what they had learnt into practice to reduce conflict and to parent consistently. A real success of this couple is their step down from supported to universal services.

The resource seemed to be positive for both mums and dads, with one practitioner noting that, for one dad, the positive impact of using the resource alongside a support worker had been felt by the whole family.

“One of the cases expressed how useful the support using this tool was for himself and his family. [USER] started to learn how to control himself, how to help his wife with the house chores, how to look after and care for their children together. Mother also commented that arguments are not an issue anymore, that this tool and my support helped them to talk freely and to understand everything about her husband's reactions and thoughts.”

In addition to evidence of impact on the relationship, one practitioner spoke about the positive impact that MYBT had had on a mother's relationship with her children because she had been better able to better understand her children's needs as a result of using MYBT.

“She took a lot from the fact that how she approaches talking to her children, would ultimately determine how the children would respond to her. So, if she is able to explain more to them, then there's going to be a greater ability for them to understand.”

Generally, feedback from practitioners suggests that they have seen a positive impact of MYBT on their relationships and parenting: *“Parents who have worked through the programme told us that it helped them to realise the impact of conflict on their child... Where parents have engaged with it, the result has been notable improvements in their relationship and the way they parent their baby.”*

What could we do differently going forward?

Given the successes that practitioners have had in using the resource with parents, all of them spoke of the different ways they felt MYBT could be used going forward, and noted that they would continue to use MYBT with the parents they work with. One practitioner discussed their desire to use MYBT as part of a 'toolbox' of resources available to local authorities, which would allow them to better support parents: *“I would see Me, You Baby Too, as part of a number of resources that would be there, as like a one-stop-shop folder, for the practitioners.”*

Thinking ahead to when practitioners can work with parents face to face, one practitioner noted that they would likely still run both digital and face-to-face sessions with parents: *“So*

for that type of thing we would be looking at, in the future, maybe offering both, the virtual group and a physical group.”

Overall, practitioners thought that the resource was of benefit in both a remote and face-to-face setting and saw first-hand the impact that the resource could have on their service users' relationships.

Practitioner engagement with the digital guide

The following findings report on traffic to the digital practitioner guide using Google Analytics. Only one practitioner gave feedback on the guide. Although we cannot draw any conclusions from this, we have included their responses to the open-ended questions about usefulness of the guide.

Who visited the digital practitioner guide site and where did they come from?

There were a total of 4,681 views to the MYBT digital practitioner guide. Of these visits, the user content was selected 432 times. Google and other search engines were responsible for driving 18-20% of this traffic, with the remaining 80% resulting from direct referrals (ie typing in the site URL). Although we cannot be certain, it is likely that these direct referrals are a result of our work with practitioners. Out of the total number of practitioners who visited the digital guide, 123 went on to visit MYBT on Click and 87 went on to visit MYBT on the skills.oneplusone.org.uk platform.

How did visitors engage with the content?

Despite different strategies to encourage practitioners to complete the feedback form (eg moving the feedback form, prompting to fill in email addresses so we could follow up later), only one practitioner completed it. Their responses indicate high levels of agreement with the knowledge and understanding questions. In terms of what they found useful, they commented that it was *“Easy to follow; good video links and I really like the explanation of theory behind each section.”* The only barrier they identified was couples having access to appropriate IT support to use MYBT. They had no concerns about the practitioner guide itself.

Bounce rates (ie the number of viewers who left the site after only viewing one page) and exit rates (ie the number of times viewers left from a specific page) were quite high, at 31.1% and 43.8% respectively. Bounce rates are more telling about engagement as the guide compels users to engage by selecting the content modules – the site holds no value on its landing page without engagement. Low bounce rates suggest that practitioners who come to the site do not see what they had hoped for or are not persuaded by the landing page to go on and explore the guide.

As the guide was a single page, the scroll depth is a strong indicator of performance. Almost 40% of users did not scroll past a quarter of the page. This further indicates that users were not hooked by the guide from early on. Tellingly, users who went past the halfway mark

generally viewed all of the pages, indicating that once a visitor had decided the guide was appropriate to their needs, they engaged with all of the content.

The videos, which are located within the guide itself, were viewed 2,821 times with visitors watching on average 76% of a video once they clicked on it. This suggests that once visitors started watching a video, they stuck with it.

Conclusions

Focus groups with practitioners echoed the positive response to the MYBT programme we found in Phase One. As in Phase One, practitioners were enthusiastic about the flexible nature of the resource and the ease with which they could integrate it into their practice. This had been particularly important during the pandemic as its digital nature meant they could continue to use it remotely. As in Phase One, practitioners were positive about the impact of the resource on parents' relationships and the enthusiasm with which parents engaged with MYBT.

From the analytics data it appears that engagement with the digital practitioner guide was limited, with a number of practitioners leaving the site after seeing just the landing page or scrolling partway through the resource. However, those who chose to stay were fully engaged, for example, viewing all the pages and watching a large proportion of the videos. Without completed feedback forms it is difficult to interpret what these behaviours mean. Limited engagement may reflect the impact of Covid-19 on the time practitioners had to take on new resources and use them with parents. In some cases, it may mean that we reached the wrong practitioners, that they had insufficient time to work through the resource, or that the guide was not appropriate to their needs. We know from another project that a digital practitioner guide was well received by practitioners and had a similar impact on knowledge, skills and confidence as face-to-face training. However, that guide was co-designed with practitioners and shared through a network of community partners, which may explain greater engagement both in the guide and in its evaluation.

5. Discussion and conclusions

This chapter summarises the key learning from Phases One and Two of the rollout of the 'Me, You and Baby Too' resource and reflections on next steps.

What have we learnt?

The impact of MYBT Universal

Between May and December 2020, MYBT Universal successfully reached 6,528 new or expectant parents via the Baby Buddy app. This compares with the 7,334 parents who accessed the resource in Phase One. However, we appear to have reached more parents from higher demographic groups in Phase Two. The reasons for that are not clear but may reflect the impact of Covid-19 on family relationships and help-seeking behaviour. We know from other research that couples are experiencing greater relationship strain (eg, Williamson, 2020) and are more likely to seek out easily accessible information via the internet, particularly as they are cut off from informal networks and other avenues of face-to-face support.

In both phases parents were positive about the impact of the resource. For example, parents commented on improvements in their understanding of couple conflict and coping and the impact of their relationship on the baby. They also mentioned the importance of understanding others and what they might be going through, and of taking time to stop and listen. More so than in Phase One, parents reflected on specific skills that they had learnt from the resource, such as staying calm and stopping and thinking.

Again, echoing Phase One parents, respondents in Phase Two described how they put this learning into practice and what they were doing differently. This included listening more to their partner and communicating their own needs; making efforts to work together more; and using the stop and think and staying calm techniques seen in the videos. However, some parents noted that although they had learnt new things in the resource, they were already using some of the skills in their interactions with their partner before visiting MYBT.

Another finding that we replicated from Phase One is a statistically significant reduction in levels of parental conflict from pre- to post-test. This is particularly encouraging given the less disadvantaged audience reached in Phase Two. However, there was no significant improvement in relationship satisfaction, as seen in Phase One. Although we did not replicate the increases in relationship satisfaction from Phase One, we did see a sustained level of relationship satisfaction from pre- to post-test. Given the body of evidence that reports the negative effect of the transition to parenthood on relationship satisfaction, this sustained effect suggests that MYBT may have helped to stem a decline in relationship satisfaction during this time.

One reason we have not seen the same effect on relationship satisfaction may be the change in the makeup of our audience. MYBT Universal users this time around were a less disadvantaged group than our target audience and had higher baseline levels of relationship satisfaction and lower levels of relationship conflict going into the resource compared with Phase One users (likely to reflect the impact of Covid-19 on help-seeking and relationship satisfaction). As a result, any gains from using the resource would be lower as there was less room for improvement.

A new finding for this phase was that, following use of the resource, younger users had higher levels of relationship satisfaction compared to older users. There is little evidence about the effect of age on relationships generally. Therefore, this finding may reflect a number of things, for example, younger couples are less likely to be in longer term relationships and therefore may be more motivated or more able to change how they communicate, or the content may be more appealing to a younger audience (who were originally our target audience). Another notable finding that is unique to Phase Two, is the effect of parity on couple coping, with more children predicting improved post-test couple coping. This may reflect the greater stress involved in caring for more than one child and the learning provided by the resource that helps those parents manage those stressors more effectively together.

The impact of MYBT Blended

Between May 2020 and January 2021, 177 users signed up to MYBT via Click. Compared with Phase One, we saw a higher proportion of users referred by practitioners, and users who are referred by a practitioner are more likely to complete the resource. This reflects learning from other projects (Good Things Foundation, 2020) where we have found that parents are more likely to engage with a helping resource when they are introduced to it by a trusted practitioner. It highlights the important role that practitioners play as intermediaries to digital resources targeting parents.

As predicted, each locality delivered MYBT in different ways, including using the resource as a signposting tool, using it to open up difficult conversations about the couple relationship, and taking a more hands-on approach by either working through MYBT alongside parents during remote calls or talking to parents about the resource once they had completed sections. Practitioners valued the flexible way that they could tailor MYBT to the needs of the parent and their own practice. Its flexibility was also valuable as practitioners adopted digital delivery strategies in the wake of Covid-19, although lack of Wi-Fi access or internet data posed a barrier for sharing the resource with some parents.

As in Phase One, feedback from practitioners suggests that parents were positive about the resource and its impact on service users' relationships and parenting. This positive feedback was reflected in the interviews carried out with six mothers who had used MYBT via Click. Mothers in this sample liked the simplicity of the resource and valued the video content. Although they tended to complete it without their partner, many of them had used the

videos to open up conversations with a partner and encourage changes within the couple relationship.

Parents described improvements in their knowledge and understanding about the transition to parenthood and conflict between parents. Using MYBT had prompted mothers to improve how they communicated with partners and adopt new strategies to deal with conflict. Unfortunately, we did not have a large enough sample to conduct statistical analysis on the pre- and post-test questionnaires completed for MYBT Blended, but qualitative feedback indicates that users found the resource useful and attributed their use of it to helping them manage changes in their relationships during the transition to parenthood.

The impact of the practitioner guide

Due to lack of feedback, it was not possible to determine whether there was any impact on practitioner knowledge and understanding as a result of using the guide. Covid-19 has likely had an impact on practitioners' capacity to engage with an independent learning guide in the way we had hoped. This may be a factor in explaining the high bounce rates and the failure of nearly half of users to scroll further than a quarter of the way down the first page. We know from another project that a digital practitioner guide can significantly improve practitioners' skills and knowledge in working with couple's relationships. However, the guide for the latter project involved more co-design and user testing and was shared through community partners, both of which may have improved take-up and engagement.

Conclusions and recommendations

One of the key strengths of MYBT is its simplicity and flexibility. As a digital resource it offers practitioners flexibility in how they use it and parents a convenient resource to use at their own pace and in their own space. Going forward, we need to continue to raise awareness of the resource with practitioners, organisations, and other partners working with parents during the perinatal period; and of the opportunities to use it in different ways, for example signposting parents to it, integrating it into existing courses or including it in a wider intervention pathway, as seen in Blackburn with Darwen.

As part of extending its reach and ensuring its sustainability, we plan to engage local authorities in a licensing model for MYBT to provide cost-effective access to this content for practitioners and parents across the country. MYBT will be updated in line with the developing evidence base and we will continue to learn from practitioners as to how it is applied in practice and how we can develop it in response to their needs.

Low completion rates by parents who used MYBT Blended mean we still lack insight into the effectiveness of the resource when used in a blended practice format. As we engage practitioners through the licensing model, we hope to find ways to encourage parents to complete the feedback forms independently or with their practitioners, in order to extend our knowledge base around it.

Engaged parents using MYBT via Baby Buddy saw a reduction in conflict after using the resource. It is not possible to disentangle if and how Covid-19 has influenced the take-up of MYBT Universal via Baby Buddy and therefore the impact on our findings. We know, however, that this universal model continues to have an impact on couples with lower levels of need, which makes the case for continuing to share the resource with new parents in the places they go for information and support. That might mean a targeted social media campaign alongside information shared by trusted practitioners – an approach that we have seen work in other projects.

Low engagement with the practitioner guide means that we were not able to fully evaluate its effectiveness. Lower engagement than hoped for may reflect the impact of Covid-19 on frontline practitioners' availability and capacity, but it may also highlight the need for future refinement. Finding a way of engaging practitioners, such as a formal onboarding process, may be vital for future work. As we have seen with Blackburn with Darwen, when we engage with practitioners within a local authority and bring them on board with the project, they become advocates of the resource and embed it in the work they do with parents. We are now working with a small group of practitioners to develop a deeper understanding of the meaning of blended practice, how practitioners use digital interventions in their daily practice and what kind of learning materials they think would help them in rolling out new interventions like this for parents. This will help ensure any practitioner guide developed in the future will be responsive to the needs of practitioners and ultimately improve the relationships and lives of the parents they work with.

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Appendices

Appendix A. MYBT modules.

Modules	Sections	Description
Changes for me and us	• Why does our relationship matter to our baby? • When is arguing bad for our baby? • Rollercoaster of change • What can you do to feel close to your partner and support each other? • How do we want to bring up our baby?	This section prepares users for the changes they may experience in their lives and relationship as a result of becoming parents. It includes a 'Rollercoaster of change' animation and an animation illustrating the 'Stages and changes' often experienced in a relationship.
Understanding and coping with stress	• What causes stress? • How can I support my partner? • Expert analysis • Sharing stress	Focusing on stress and coping, this section aims to enhance the dyadic coping skills of parents. It includes psychoeducational resources developed from the CCET programme and an animation demonstrating the importance of sharing stress.
Conflict and communication	• How do we argue? (Click only) • What's your conflict style? • Why do we misunderstand each other? • A situation going badly • A situation going better	Section 3 aims to help parents develop skills in communication and managing conflict. It starts with a self-assessment tool for parents to reflect on how they are getting on in their relationship 'right now'. Consisting of four pages in Baby Buddy and five on Click, it includes: a graphic to explain why arguments happen; BMT videos to demonstrate an argument going badly and going better; and extensive psychoeducational resources to explain 'how to argue better'.

Appendix B. The theoretical underpinnings of the MYBT digital resource.

Vulnerability stress adaptation model (VSA)

The theory: The VSA is an influential and comprehensive theoretical model based on a review of 115 longitudinal studies representing over 45,000 marriages (Bradbury, 1995; Bradbury and Karney (2012). The VSA model helps us to understand the impact of stressful life events in the context of individuals' histories and the methods they use to adapt in these circumstances. Some of these adaptations help to support the relationship while others may undermine it.

Our application: The content was designed to help users understand the strengths and vulnerabilities each partner brought to the relationship; how their respective strengths and vulnerability influence how they respond to the stressful events they encounter, such as the TTP; and how they can adapt their behaviours to support one another during this time.

Behaviour Modelling Training (BMT)

The theory: Drawing on social learning theory (Bandura, 1997) BMT uses visual demonstrations of behaviours to help learners acquire new knowledge and skills. It provides opportunities for feedback and social reinforcement to participants as they practice skills to maximise transfer of behaviours.

Our application:

Video clips based on BMT techniques were used to promote behaviour change. These reflected the different components needed to support behaviour change:

- **Attentional.** Observing ideal behaviours from least difficult to most difficult.
- **Retentional.** Memorising the new skills.
- **Reproduction.** Practicing the observed skills.
- **Motivational.** Positive reinforcements for demonstrating the newly learned skills.

Digital behaviour change interventions

The theory: Digital behaviour change interventions employ digital technologies to encourage and support behaviour change. They can include techniques such as nudges, gamification, and goal-setting.

Our application:

The resource used the COM-B model of digital behaviour change (Michie et al., 2011) that recognises that behaviour comprises:

- 1. Capability.** Knowledge, skills, stamina
- 2. Opportunity.** Time, resources, prompts, support
- 3. Motivation.** Motives, desires, impulses

Appendix C. Existing programmes on couple coping and the transition to parenthood.

Couple Coping Enhancement Training (CCET). CCET is a training resource that aims to teach couples how to cope with stress both individually and together, through dyadic coping. Developed by Bodenmann and Shantinath (2004) in Switzerland, it has never been trialled in the UK and was originally designed to be delivered by psychologists or other specialists although recent adaption tested delivery via DVD (Bodenmann & Shantinath, 2004; Bodenmann, et al., 2014).

Couple Care and Coping Programme (CCC-P). CCC-P combines the dyadic coping training of CCET with the practical parenting approach offered by the Couple CARE for Parents (CCP) programme. The latter is a psychoeducative programme designed to help new parents cope with the transition to parenthood, providing insight into what to expect, couple communication, conflict management, how to manage changes, and parenting together. CCC-P was delivered by midwives in a trial in Switzerland but has not been trialled in the UK (Anderegg et al., 2018; Petch & Halford, 2008).

How to Argue Better (HTAB). HTAB is an evidence-based training programme devised by OnePlusOne that provides practitioners with the skills, knowledge, and resources to work with parents experiencing conflict in their relationship (Coleman et al., 2013).

Appendix D. Phase 2 logic model.

	Indicators	Means of verification	Assumptions
Goal / impact Improved couple relationship (subsequent goal is improved wellbeing of developing infant / child via stable / positive parent relationship)	- Increase from pre- to post-test measures of dyadic coping and RQ, reduction in conflict - Indication of using conflict and communication skills in MYBT	- Pre-post programme questions - Post-test questionnaires at end of all sessions (compare to pre-test) - Parent interviews	Adequate sample size and recruitment of couples in TTP
Outcomes - Parents more able to cope together with stress - Parents reduce use of destructive conflict behaviours - More effective communication between parents - Parental relationship satisfaction 'buffered' - Upskilled workforce, able to use resource with parents	- Increase in dyadic coping - Reduced couple conflict - Couple RQ maintained / decline minimised - Use of constructive conflict / communication skills	- Pre-post programme questions - Post-test questionnaires at end of all sessions (compare to pre-test) - Parent interviews - Post-questions practitioner guide - Practitioner focus groups	- Functionality of the digital tools to collect appropriate data - Practitioner co-operation in data collection - Success in recruiting parents for interview
Intermediate results - Parents are aware of impact of stress and conflict on them, their relationship and their baby - Parents understand how they react individually to stress and their individual conflict and communication styles - Parents understand how to support one another better - Parents have improved communication and conflict skills	% Parents engaging with blended intervention and accessing the digital tool independent to the FSW - Active engagement with goal setting % Agreement / knowledge answers to questions about the knowledge and understanding that they have taken from each session	- End of page reflection questions - Analytics to monitor and measure engagement with the digital tool - Active goal-setting and revising at beginning of each session.	- Functionality of digital tools - User engagement in intervention and data collection - Practitioner engagement and delivery of intervention as trained.

• Parents motivated to change relationship behaviours • Parents understand the impact of their thoughts and feeling on behaviours • Parents develop active listening skills			
Activities • Practitioner-led parents: Complete three-module digital resource • ‘Universal’ parents complete digital sessions independently	• Number of parents recruited to blended programme • Number of parents signed up to digital offer alone • % of parents to complete blended and digital only interventions • % of intervention completed across both groups	• Practitioner recruitment and engagement • Analytics to monitor and measure engagement with the digital tool	• Functionality of digital tools • User engagement • Practitioner engagement and delivery of intervention as trained
Outputs • Practitioners upskilled to deliver intervention • At-risk parents recruited to blended programme • Parents signed up to digital only programme.	• No. practitioners engaging with the practitioner guide • % practitioner acquired necessary skills and knowledge • No. parents recruited to programme	• Practitioner questionnaires • Practitioner focus groups • Data analytics	• Practitioner recruitment meets desired levels • Comparative quality of delivery of intervention • Time constraints don’t limit engagement

Appendix E. Pre-post and end of section questions.

DWP Parental conflict questionnaire

Please answer each of the following questions in terms of your relationship with your partner, using the following scale.

1= *Always* 2= *Almost always* 3= *Fairly often* 4= *About half* 5= *Not too often* 6= *Almost never* 7= *Never*

1. Let you know they really care about you
2. Was loving and / or affectionate towards you
3. Let you know that they appreciate your ideas or the things you do
4. Help you to do something that is important to you
5. Was supportive and understanding towards you
6. Criticise you*
7. Argue with you when you disagreed about something*
8. Get angry at you*
9. Shout at you because they were upset with you*

*Reverse code

Couple satisfaction index – 4

1. All things considered, please indicate the degree of happiness in your relationship.

Extremely unhappy Fairly unhappy A little unhappy Happy Very happy Extremely happy Perfect

Please answer each of the following questions in terms of your relationship with your partner, using the following scale.

1= *Not at all* 2= *A little* 3= *Somewhat* 4= *Mostly* 5= *Almost completely* 6= *Completely*

2. I have a warm and comfortable relationship with my partner
3. How rewarding is your relationship with your partner?
4. In general, how satisfied are you with your relationship?

Dyadic coping inventory

Please answer each of the following questions in terms of your relationship with your partner, using the following scale.

1=never/ very rarely 2= rarely 3=sometimes 4=often 5=very often

What you do when your partner is stressed?

1. I show empathy and understanding to my partner.
2. I express to my partner that I am on his/her side.

3. I listen to my partner and give him/her space and time to communicate what really bothers him/her.

4. I look at the problem with my partner and try to help them find a solution.

How do you communicate stress to your partner?

5. I let my partner know that I would appreciate their practical support, advice, or help.

6. I tell my partner how I feel and that I would appreciate their emotional support.

End of page question

1= Strongly disagree 2=Disagree 3=Uncertain 4=Agree 5=Strongly agree

1. I am more aware of how I get on with my partner can affect our baby.

2. I am more aware of how problems in my relationship can affect my health.

3. I am more aware that having a baby might affect how my partner and I get on with each other.

4. I am more likely to think about ways I can make my partner feel loved and cared for.

5. I am more aware of the ways my own upbringing can influence how I want to bring up my baby.

6. I understand my partner and I might have different ways of coping with stress.

7. I am more aware of how I respond to my partner when they feel stressed.

8. I am more likely to listen to my partner about what is worrying them.

9. I am more likely to try and work with my partner when they feel stressed.

10. I am more aware of some of the harmful things I say and do when I argue.

11. I am more aware of how my partner's behaviour can be influenced by their thoughts and feelings.

12. I feel confident using the techniques described in the listening activity.

13. I am more aware of the issues that trigger an argument between my partner and I.

14. I am more likely to stop and work things out with my partner when we argue.

Appendix F. Parent interview topic guide.

Parent interview: three months

Introduction to the interview

- Interviewer name, role
- Description of the project – funders and who is involved
- What the interview is about
- Assurances re how the data will be used, confidentiality and consent to recording

Background information

“Tell me about yourself”

- Age
- Relationship status
 - How long together
 - Living together?
- Pregnant?
 - Yes – how far along
 - No – how old child?

Me, You and Baby Too resource

How did you hear about the programme?

[**probe**: who suggested you do it? Why? Did they discuss it with midwife / FSW?]

What did you think about being referred?

[**probe**: If understood why being referred? Whether felt it was appropriate? What thought about an online tool?]

What did you hope to get out of the programme?

Using MYBT resource

How did you find using Me, You and Baby Too?

What parts did you like? Why?

What parts didn't you like? Why?

[**Probe**: thoughts on each section]

Do you have any suggestions for how it could be improved?

Involvement of partner

Has your partner been involved in the MYBT programme?

[**Probe**:

if talked to partner about any sections? What sections? Why?

If looked at any sections together? What sections? Why?

How helpful was it to look together?]

Involvement of referrer

**referral question – involvement of FSW and midwife; what was their FSW involvement before?

Probe Covid-19

- Any face-to-face sessions?
- If digital only, what kind of contact did you have with your FSW?
 - How regular
 - Format
 - Availability of FSW
 - Comparison to F2F work they had done together, if any?

Learning

What are the main things that you learnt from the programme?

What was most useful? Why?

What was least useful? Why?

Implementing what learnt

How have you found putting what you have learnt into practice?

- What things helped you to do that? Within the programme? In your own life?
- What is hard about putting it into practice? Within the programme? In your own life? [e.g. probe: amount of time you need to do it? partner not interested, don't know how ...]

What difference has doing the programme made ...?

[Probe:

- to you
- your relationship with your partner
- Ability to cope with stress
- Sharing stress with your partner**

What about offering support to your partner / your partner offering support to you?

- Probe emotional support (e.g., showing empathy, understanding, reflection)
- Probe practical support (e.g., problem solving, reframing problems)

Have you talked to anyone else about the issues it covers since doing the programme?

[Probe: Who? What aspects? Why?

What other help would you find useful in dealing with issues it covers?

Where could you go for help?

Appendix G. Practitioner guide feedback form.

1=Strongly disagree 2=Disagree 3=Uncertain 4=Agree 5=Strongly agree

1. I am aware of the current evidence base underpinning best practice in supporting family relationships.
2. I know the factors that put couples at risk of conflict during the transition to parenthood.
3. I understand how the relationship between new parents may affect their baby.
4. I feel confident in helping parents to understand and prepare for changes in their relationships after having a baby.
5. I feel confident working alongside couples to help them improve their ability to cope with stress together.
6. I understand how coping with stress as a couple can have positive impact on the relationship.
7. I feel confident providing support to new / expectant parents to develop their relationship knowledge and skills.
8. I feel confident providing support to new / expectant parents to develop their relationship knowledge and skills.
9. What did you find most useful about the handbook? [open text]
10. What did you find least useful? [open text]
11. Do you have any other comments on the content of the handbook? [open text]
12. Where is your local authority? [open text]
13. How did you discover this resource? [open text]

Appendix H. Rationale for exclusions from the analysis for MYBT Universal.

Preliminary analysis identified a sub-set of users who did not engage with the resource as intended and who had different outcomes from users who followed the planned user pathway. The user pathway is predicated on behaviour change principles which suggest that, for a behaviour change intervention to be effective, users need to build on the learning from one piece of content to the next in succession. Extended periods between different pieces of content reduce the likelihood of building on learning and diminish the likelihood that a resource will have its intended impact. We developed two variables as indicators of user engagement to reflect these principles:

- a) *Number of days between answering pre- and post-test questions (or how long it took to go through the programme).* Engagement was measured as no more than 14 days between answering the pre and post questions. In other words, a maximum of two weeks to complete the resource
- b) *Number of minutes between finishing one page and starting the next.* Engagement was measured as an average of 60 minutes or fewer to finish one page and start the next

Users defined as 'disengaged' according to these measures were excluded from the analysis. In terms of MYBT Universal this meant a further 77 out of our original 387 users were excluded.