



The best start: An evaluation of the digital resource “Me, You, And Baby Too”

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Frontline support to parents has been drastically reduced over recent years in the wake of funding cuts to services. Innovations to support new parents are best delivered through universal services such as health visitors, midwives or GPs where practitioners are in contact with all (or most) families. However, they require sufficient resourcing if we wish to build on such practitioners' access and expertise to trial and introduce new interventions. The challenge of recruiting and training health visitors to deliver MYBT in the delivery timeframe meant our original community delivery partners, the iHV, were no longer able to participate.	32
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Executive summary

Background

Conflict between parents can have a lasting negative impact on their children. The stressors associated with disadvantages such as worklessness and low income can increase the likelihood of conflict as parents are left struggling to cope. The transition to parenthood can also be a stressful time as parents adjust to new roles and demands and many parents see a decline in satisfaction with their relationship over this period.

OnePlusOne, in partnership with Best Beginnings, were commissioned by the DWP to develop and pilot a digital resource to help disadvantaged couples reduce conflict over the transition to parenthood. The digital resource, entitled **'Me, You and Baby Too', (MYBT)** utilised behaviour modelling videos, activities and information to develop users' insight into the impact of a new baby on the couple relationship and their capacity to adopt constructive approaches to managing conflict and coping. The programme was offered through two routes:

- i. **'MYBT Universal'** - Expectant or new parents could access 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 utilising what is known as a 'blended' practice approach that comprised both the digital intervention and face-to-face input from a practitioner.

Although the project was originally designed to train health visitors to deliver the blended practice intervention, the Institute for Health Visitors (iHV), who were the original partners, had some concerns about being able to participate, for example around recruiting and training sufficient numbers of health visitors within the project delivery timetable, due to the huge pressures on practice. As a result, Family Support Workers (FSW) took on that role.

The project was evaluated using a combination of qualitative and quantitative approaches. Parents 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.

Key findings

The MYBT Universal programme successfully reached 7334 new or expectant parents via the Baby Buddy app. 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 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 the relationship amongst users. 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 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.

During focus groups FSWs discussed the way in which 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. Although, for some practitioners, the training covered a lot of what they already knew, the ease with which the resource integrated into the way they worked meant they could apply in practice what they had learnt both from the MYBT training and other family support courses.

Fifty-four parents accessed the MYBT Blended programme via OnePlusOne's Click relationships platform. We were not able to evaluate the impact of a blended practice approach because an insufficient number of parents signed up, however, feedback from practitioners suggests that the resource was well received by parents and both increased their awareness of couple conflict and coping and stimulated thinking around how to change behaviours.

Conclusions and recommendations

As a digital resource MYBT is a cost-effective and agile intervention. It can be accessed easily and independently by parents via the Baby Buddy App or OnePlusOne's Click platform. The findings suggest we should continue to offer MYBT, refining and expanding its content in response to ongoing user feedback and testing. This would also provide the opportunity to continue to test its impact and whether that impact is sustained, as well provide insight into parents' experiences of using the programme.

Practitioners found the MYBT resource a useful addition to their service offer and easily integrated it into their existing practice, using it either with individuals or in a group context. Next steps would be to understand more about how the tool is being used; how it can be developed for use in the community; and what difference it is making to those families. Developments should also include testing the MYBT Blended model with health visitors as part of the support provided to new parents and comparing it with the standalone MYBT Universal model.

1. Introduction

Children who are exposed to frequent, intense and poorly resolved parental conflict are at significant risk of experiencing poorer long term outcomes ranging from emotional and behavioural problems through to a detrimental impact on health, attainment and relationships (e.g., Harold et al., 2016; Reynolds, 2014). The Department for Work and Pensions policy paper 'Improving Lives: Helping Workless Families' (DWP, 2017), highlighted that this problem is particularly pronounced for children growing up in workless families, where the stress associated with economic hardship is linked to increased interparental conflict. Indeed, children living in families where neither parent works are three times more likely to experience parental conflict than in families where both parents are in work (DWP, 2017; 2019).

In 2019, the DWP launched the Challenge Fund, part of the Reducing Parental Conflict (RPC) programme, in order to gather insights and evidence into what works to reduce parental conflict, and improve outcomes for children, particularly in families at risk of worklessness. Through the Challenge Fund - Support for Disadvantaged Families funding stream, OnePlusOne alongside Best Beginnings, were commissioned to develop and pilot the Me You and Baby Too programme (MYBT) - designed to help expectant or new parents develop more effective strategies for coping with stress and managing conflict during the transition to parenthood (TTP).

About the Me You and Baby Too programme

Reflecting the ambition of the Challenge Fund to trial new or emerging approaches to supporting disadvantaged families, the MYBT project was designed as a test and learn project exploring the feasibility and impact of a digital resource targeting new or expectant parents.

The programme was offered through 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 App 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 TTT and to use the MYBT resource with parents. The blended practice approach means that practitioners can vary the level of support they provide parents as they work through the resource, signposting those who require relatively little input and working more intensely with those that require more. Parents in the MYBT Blended cohort were directed to the resource via OnePlusOne's relationships platform 'Click' as opposed to via the Baby Buddy App in order to

distinguish them from parents engaging in MYBT Universal for the purposes of the evaluation.

Programme rationale

The stressors associated with the transition to parenthood can trigger a decline in relationship quality and an increase in relationship conflict amongst new parents (e.g. Hirschberger et al., 2009). As noted above, the stressors faced by disadvantaged families coping with worklessness or other financial/ social pressures can serve as a further catalyst for relationship conflict, making disadvantaged new parents particularly vulnerable. Mindful of these factors the project aimed to raise awareness of the changes that can happen in the TTP as well as to develop the skills of the couple to cope with these stressors together (dyadic coping). Dyadic coping has been shown to increase relationship satisfaction (Falconier et al., 2015) and improve co-parenting quality (Zemp et al., 2017).

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 often open to support. The MYBT project was designed to capitalise on this window by providing guidance and tools for helping parents to develop their couple coping skills and their ability to manage conflict better through established and trusted sources of support - the Baby Buddy App and a Family Support Worker.

The aims of the digital resource were therefore to:

- Raise parents' awareness of the impact a new baby can have on their relationship and the impact of the couple relationship on an infant's development
- Enhance the dyadic coping skills of parents to deal with stress
- Help parents develop skills in communication and managing conflict

Training for frontline practitioners was designed to:

- Increase practitioners' understanding of the importance of couple relationship issues for expectant and new parents
- Increase practitioners' understanding of the evidence base of couple coping, communication, and conflict
- Increase practitioners' ability to identify couples at risk of or experiencing high levels of conflict
- Equip practitioners to support parents in the use of the MYBT digital resource

Although the project was originally designed to train health visitors to deliver the blended practice intervention, the Institute for Health Visitors (iHV), who were the original partners, had some concerns about being able to participate, such as recruiting and training

sufficient numbers of health visitors within the project delivery timetable, due to the huge pressures on practice. As a result, Family Support Workers (FSW) took on that role.

FSWs offer practical help and emotional support to families with complex needs. Families are referred to an FSW by a social worker and assessment of a family's needs are often undertaken by an FSW and SW together. As well as providing early help to some families, FSWs may also support families facing more entrenched challenges, working with them to reduce risk, and helping the family stay together.

The families that are seen by FSWs can be considered already vulnerable, which make FSWs part of a universal plus approach providing targeted support. These different universal approaches allowed us to evaluate the MYBT resource across a spectrum of users experiencing different levels of risk / challenge. Although FSWs work with parents of any age, only expectant parents or those with an infant under one were targeted by FSWs for the MYBT programme, using it in their perinatal pathways.

Report outline

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

2. Programme development and delivery

This section describes the approach to the development and delivery of the programme.

Content development

The programme involved two strands:

- i. the MYBT digital resource for parents that provides insights and guidance around: how the relationship may change on becoming parents; managing conflict and communication; and understanding and coping with stress
- ii. training workshops for FSWs that provided them with the knowledge and capability to support parents at risk of conflict through access to the MYBT resource

As a test and learn project we adopted an agile approach to content development, co-designing content with parents and practitioners, reviewing feedback and adapting our offer. The approach is explained below.

Development process

The content was grounded in the literature on couple relationships across the transition to parenthood and existing interventions to support couples over this period. This included an original review conducted in 2015 by OnePlusOne for a pilot project that trained health visitors to support couples in conflict in the TTP (Houlston et al., 2016) and an update to the review covering literature from 2016-2019. The latter reflected insights from the 2015 review but also highlighted a growing interest in/ focus on co-parenting.

The MYBT resource comprised both new content and resources adapted from existing content. The latter included content developed for an earlier pilot of Me You and Baby Too which involved training health visitors and midwives to deliver relationship education directly to new and expectant parents in the community (DWP, 2017). New and adapted content was developed through an iterative co-creation process with pregnant and new mums at family community centres in East Ham ($n=4$) and Essex ($n=8$) during the summer of 2019. The sessions provided vital insight into the lived experience of individuals during the transition to parenthood and whether the content we had produced at each stage resonated with parents. We adapted the content in response to participants' feedback, for example, making the resource less text heavy, introducing more graphics and including a grandparent as a source of conflict in the BMT video. Although dads were invited to the sessions none came, which means that their experiences are not represented in the content development.

Theoretical underpinnings

The seeming simplicity of the resource, with engaging graphics, brief information pieces and bite-sized videos (see Figures 2 and 3), belies the theories that underpin it. These are outlined in Figure 1 and include theories about how relationships work (e.g. Vulnerability-Stress-Adaptation model) and approaches to helping individuals change patterns of behaviour through Behaviour Modelling Training and Digital behaviour change interventions.

Figure 1. 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 and Karney, 1995). The VSA model helps us to understand the impact of stressful life events in the context of individuals' past histories and the methods they use to adapt in these circumstances. Some of these adaptations help to support the relationship whilst others may undermine it Our application: The content was designed to help users understand the strengths and vulnerabilities each partner brings to the relationship; how their respective strengths and vulnerability influence how they respond to the stressful events encounter, such as the TTP, and how they can adapt their behaviours to support one another them during this time.
Behaviour Modelling Training (BMT) The theory: Drawing on social learning theory (Bandura, 1977) 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 the likelihood of adopting new 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 skill.
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

One of the aspirations of the Challenge Fund was to trial well-developed innovations that require further or more widespread testing. To this end, the digital resource and the practitioner training drew on three evidence-based programmes designed to strengthen couple relationships which would benefit from further community-based testing as well as MYBT, which had been trialled in the community with midwives and health visitors (DWP, 2017) but not in a digital format. These comprise:

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).

The MYBT resource

The MYBT resource comprises three modules each utilising (see Table 1): Behaviour Modelling Training (BMT) videos (both with real-life parents and actors), psycho-educative information pieces designed to help users adjust to new parenthood, graphics and activities. Each module ends by encouraging users to set a goal to change their behaviour.

Table 1. The MYBT digital resource modules

Modules	Sections	Description
Changes for me and us	• Why does our relationship matter to our baby? • When is arguing bad for your baby? • Rollercoaster of change	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 a graphic illustrating the 'Stages and Changes' often experienced in a relationship.

	• What can you do to feel close to your partner and support each other? • How do we want to bring up our baby?	
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'. Consisted 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 then going better; extensive psychoeducational resources to explain 'How To Argue Better'.

Figure 2. MYBT sample screenshot of content supporting the BMT videos

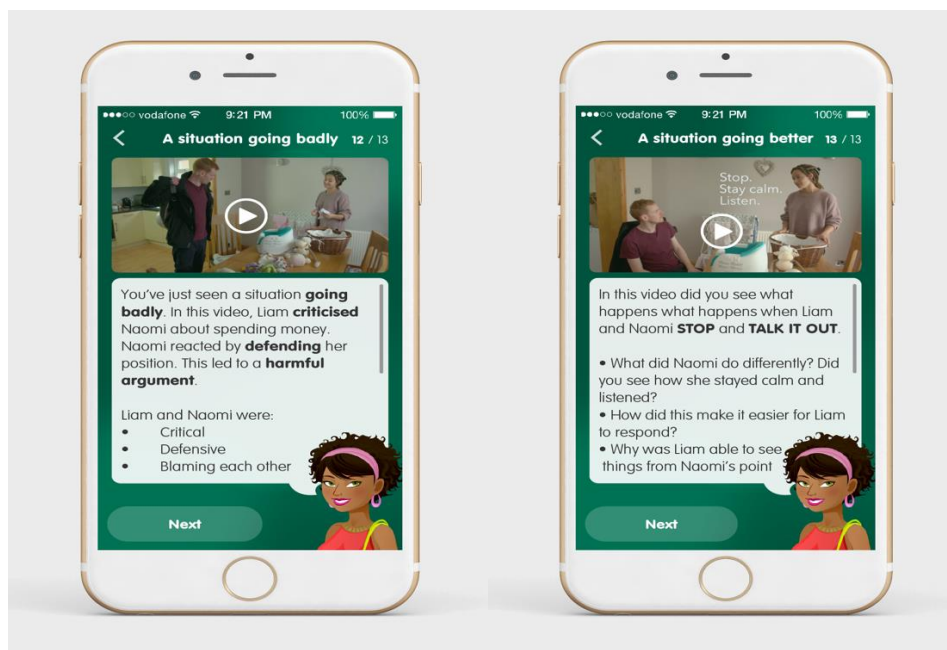
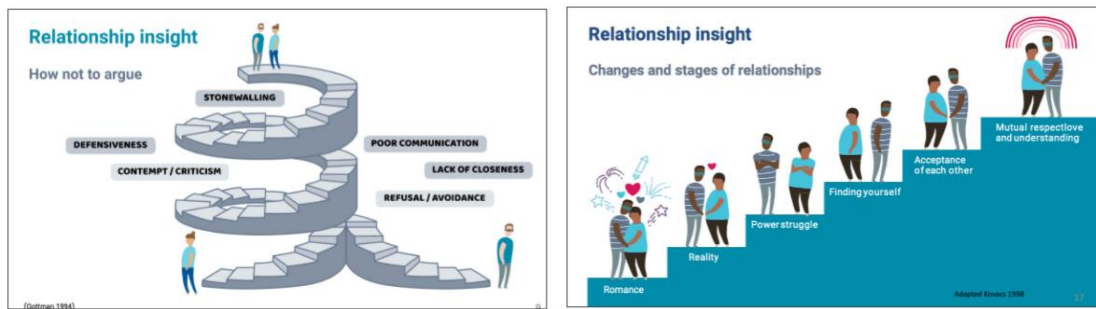


Figure 3. Sample screenshot of graphics included in the resource



Content of the practitioner training

The practitioner training was specifically developed for the project and consisted of four sections.

1. The theory and practice of supporting new parents

This section of the training drew on three established bodies of work to develop practitioners' understanding of the theory behind supporting couples in the TTP. This included:

- Psychoeducation on preparing couples for changes in the TTP, adapted from an earlier pilot of MYBT training (Houlston et al., 2016) and CCC-P (Anderegg et al., 2018).
- Theory and research on dyadic coping from CCC-P (Anderegg et al., 2018) and CCET (Bodenmann & Shantinath, 2004).
- Dealing with conflict in relationships and working with parents in conflict, taken from How to Argue Better (Coleman et al, 2013).

2. An introduction to the MYBT resource and how to use it with couples.

3. Practice guidance on working with parents in conflict.

4. Review of the evaluation strategy for the project.

The practitioner training programme adopted a 'Train The Trainer' (TTT) model whereby a cohort of FSWs were trained to cascade the training to fellow FSWs as well as to use the resource with parents. The TTT training therefore included additional content around how to facilitate workshops when delivering the training to FSW peers.

Programme delivery

Family Support Workers attended a one-day training workshop. These were delivered either by OnePlusOne training associates or by specially trained FSWs who had completed the TTT programme. A total of 8 workshops, across 6 local authorities, were delivered over the

project period, consisting of 7 direct to practitioners and 1 Train The Trainer. Further TTT workshops in Leicester and Sheffield were cancelled due to Covid-19.

Ongoing support was offered to FSWs throughout the project in the form of weekly communications with team leaders, monthly emails to FSWs to check in on how delivery of the resource was going, and a focus group within each local authority.

Parents who were not seeing a FSW accessed the MYBT programme through the Baby Buddy app - referred to as 'MYBT Universal'. The programme was also hosted on OnePlusOne's Click Relationships site and parents working with an FSW accessed the resource via this route to enable us to differentiate this cohort of users from those using the Baby Buddy route for the purposes of the evaluation. We refer to this as MYBT Blended to signify the FSW support, although the content is the same as MYBT Universal. In both cases parents worked through the content in a linear fashion and mandatory pre-resource questionnaires were presented at the beginning of the resource before users could progress on to the content. After each page of content, a 'knowledge check' question was presented to users and once users had worked thorough all pages of the resource they were presented with a post-test questionnaire.

MYBT Universal went live on the Baby Buddy app under the page title 'You and Your Partner' in October 2019. The page was available as part of the regular Baby Buddy experience and users could work through the content in the digital resource at their own pace.

The first parents were recruited to the MYBT Blended programme in Blackburn in December 2019. Potential users were identified by the FSW who explained the resource to them and obtained consent from the parents on opening the MYBT programme. FSWs were instructed to work through the resource at a pace suitable to the parents and discouraged from going through all of the content in one session so that parents could put into practice the things that they had learnt before moving on to the next set of skills/ learning.

A small number of parents independently accessed the MYBT programme hosted on the Click Relationships site as a result of internet searching.

Delivery challenges

As with any test and learn initiative, we faced a number of delivery challenges.

Change in delivery partners

The project was originally designed as a collaboration with the Institute of Health Visiting (iHV) with health visitors offering the blended practice strand and supporting parents to access the digital resource. The proposal recognised that there has been a steady decline in the recruitment and retention of HVs and a retraction in funding for service delivery. A premise of the original project plan was that a blended practice resource offered a new way of offering relationship support which could 'spread' the expertise of these skilled

practitioners further by reducing the pressure on face-to-face support and complementing it with digital resources. Unfortunately, the challenge of recruiting and training sufficient numbers of health visitors and the additional pressure of the train the trainer model (30 HVs trained who would then in turn recruit and train 10 HVs each, resulting in 300 trained in total) within the delivery timeframe, coupled with some additional challenges, meant it was agreed with the DWP that we would test the blended practice model with FSWs. FSWs are able to provide longer term support to parents, often involving numerous contacts over the course of the pregnancy, birth and beyond. This therefore made them a good fit with the project.

Due to the delays resulting from a change in delivery partners, we were not able to recruit as many new parents to the project as originally anticipated. It also meant the target audience for the blended approach was broadened and included parents in more complex or challenging circumstances than the usual client group of health visitors. That said, our intention was that health visitors would use the resource with parents most at risk of conflict due to taxing circumstances, and there may have been some cross-over in target audience.

Constraints on face-to-face delivery

Recruitment was further constrained by the Covid-19 pandemic. FSWs in Sheffield, Leicester, Bristol and London were not able to roll out their TTT programmes and were also unable to roll out the resource face-to-face with parents as originally planned because of social distancing restrictions. This meant we had insufficient numbers of parents to evaluate the impact of the blended practice model. Similarly, focus groups with practitioners scheduled as part of the evaluation were cancelled due to the pandemic, limiting opportunity to collect feedback on their experiences of using the MYBT programme.

Variability in face-to-face delivery approaches

FSWs adopted different approaches to sharing the MYBT resource with parents. For example, some used MYBT with groups of parents as part of parenting work they were conducting while others used it on an individual basis. As the pre-/ post-test questions were aimed at an individual using the resource, those who used the resource in the group sessions would have not had the opportunity to answer the evaluation questions, meaning we may have missed out on parents who used the resource with their FSW but did so in a group. In this way, using the resource in group sessions made it difficult to collect the data required to evaluate its impact on individual parents. On the other hand, it did highlight the flexible nature of MYBT and the ease with which practitioners can integrate it into their practice.

3. Evaluation approach

A logic model was developed for the evaluation of the programme, which was modified when the practitioner delivery partner changed from the iHV to FSWs (see Appendix A).

A mixed-methods approach was adopted, 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. This involved:

- I. Evaluation of practitioner workshop training
 - a. Pre- and post-workshop training questionnaires
 - b. Focus groups with practitioners
- II. Evaluation of digital platform for parents
 - a. Pre- and post-test questionnaires
 - b. End of section knowledge check questions
 - c. Focus groups with practitioners

Lack of time as a result of changing delivery partner meant it was not possible to conduct follow-up interviews with parents who had used the resource. To address this gap, FSWs reported on parents' engagement with the resource during their focus group sessions.

Evaluation of the digital resource

Whilst the universal and blended practice approach users completed the same pre- and post-test questionnaires, they were administered in slightly different ways.

Users of the digital resource in both approaches were presented with pre- and post-test questionnaires (Appendix B) consisting of the following scales:

- **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):** We utilised six-items from the supportive dyadic coping subscale of the DCI, which measures how one partner provides problem- and/or emotion-focused support that assists their partner in coping. A high score indicates high levels of dyadic coping. The original DCI is a 37-item measure, which we determined to be too long for a digital resource evaluation. The six items were chosen following guidance from the author of the scale.
- **DWP Reducing Parental Conflict Questionnaire: intact parents subscale (DWP, 2019):** A 9-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.

In the universal approach additional pre- and post-test completion questions were included as shown in Table 2.

Table 2. YAYP additional pre- and post-test questions

Question (pre- or post-test)	Response scale
<i>'How do you think your relationship will change when the baby is born?' (Pre)</i>	Open text
<i>'What is different about your relationship now, compared to what you expected before the baby came?' (Post)</i>	Open text
<i>'How much do you think the programme has helped with this?' (Post)</i>	1= Not at all; 5= Very much so
<i>'How useful have you found this programme?' (Post)</i>	1= Not at all; 5= Very much so
<i>'What have you learned from doing the programme?' (Post)</i>	Open text
<i>'What kind of things, if any, are you and your partner doing differently as a result of the programme?' (Post)</i>	Open text

To assess whether the content increased users' awareness we included a single-item question at the end of each page of content using a 1= Strongly disagree; 5= Strongly agree scale (Table 3).

Table 3. Single-item post-video content questions assessing changes in users' awareness and understanding

Theme	Content page title	Post-video content questions
Changes for me and us	<i>'Why does our relationship matter to our baby?'</i>	<i>I am more aware of how I get on with my partner can affect our baby</i>
	<i>'When is arguing bad for your baby?'</i>	<i>I am more aware of how problems in my relationship can affect my health</i>
	<i>'Rollercoaster of change'</i>	<i>I am more aware that having a baby might affect how my partner and I get on with each other</i>
	<i>'What can you do to feel close to your partner and support each other?'</i>	<i>I am more likely to think about ways I can make my partner feel loved and cared for</i>
	<i>'How do we want to bring up our baby?'</i>	<i>I am more aware of the ways my own upbringing can influence how I want to bring up my baby</i>
Understanding stress	<i>'What causes stress?'</i>	<i>I understand my partner and I might have different ways of coping with stress</i>
	<i>'How can I support my partner?'</i>	<i>I am more aware of how I respond to my partner when he/ she feels stressed</i>

Conflict and communication	<i>'Expert analysis'</i>	<i>I am more likely to listen to my partner about what is worrying them</i>
	<i>'Sharing stress'</i>	<i>I am more likely to try and work with my partner when he/she feels stressed</i>
	<i>'How do we argue?' (Click only)</i>	<i>I am more aware of how I get on with my partner can affect our baby</i>
	<i>'What's your conflict style?'</i>	<i>I am more aware of some of the harmful things I say and do when I argue</i>
	<i>'Why do we misunderstand each other?'</i>	<i>I am more likely to try and calm myself down when I start getting angry with my partner</i>
	<i>'A situation going badly'</i>	<i>I am more aware of the issues that trigger an argument between my partner and I</i>
	<i>'A situation going better'</i>	<i>I am more likely to stop and work things out with my partner when we argue</i>

Users in the universal approach were presented with the pre-resource questions as an individual upon entering the 'You and Your Partner' section of the Baby Buddy app. It was compulsory to answer each question before they could move on to the content.

Whilst the digital resource was initially designed to be delivered to either the mum or dad in the couple relationship, it was discovered after a month of use that FSWs were also using the resource with both parents and that parents were giving a 'couple' score for the pre- and post-test questions. This practice resulted in data that could not be used to evaluate any changes from pre- to post-test as it violated the assumptions of independence of data needed. A modification was made to the digital resource hosted on Click Relationships so that there were separate consent and pre- and post-test question pages for partner 1 and partner 2. To ensure that FSWs who were just using the resource with one parent could still do so, there was also an option to tick 'I am not doing this with a partner' on each of these pages.

Evaluation of practitioner workshop training

Practitioners were presented with a pre-training questionnaire (Appendix C) at the start of the training workshop, to provide a baseline prior to training. Post-test questionnaires were handed out at the end of the workshop (Appendix C). Questionnaires were designed to assess whether the training programme had met its objectives, with questions matched to the expected outcomes of the training (see Figure 4). As responses were anonymised, it was not possible to match individual users' pre- and post-test questionnaires. These pre- and post-test questionnaires assessed practitioners skills and competencies around supporting parents in the transition to parenthood.

Figure 4. Expected outcomes of the practitioner training programme

- Awareness of the current evidence base underpinning best practice in supporting family relationships.
- Knowledge of factors that put couples at risk of conflict during the transition to parenthood.
- Understanding of how the relationship between new parents may affect their baby.
- Confidence in helping parents to understand and prepare for changes in their relationships after having a baby.
- Confidence working alongside couples to help them improve their ability to cope with stress together.
- Understanding of how coping with stress as a couple can have positive impact on the relationship.
- Confidence providing support to new/ expectant parents to develop their relationship knowledge and skills.
- Confidence using the Me, You Baby Too digital behaviour intervention to support new/ expectant parents to develop their relationship skills (post-only).

Practitioner focus groups

As it was not possible to conduct qualitative interviews with parents due to the Covid-19 lockdown, practitioner focus groups were conducted to assess the impact of the digital resource. Initial plans were to conduct focus groups with all the 5 localities that attended the MYBT training; however, due to the restrictions put into place during the pandemic, it was not possible to complete those focus groups.

A total of two focus groups were conducted between January 2020 and April 2020 with FSWs from Blackburn (n=9) and Leicester (n=2)¹. Focus groups were facilitated via Zoom video chat by a member of the OnePlusOne research team. Zoom was chosen as the most effective means of conducting the focus groups across the country to reduce resource strain on practitioners and staff at OnePlusOne.

The aims of the focus group were to explore:

- FSWs' experience of training
- How FSWs have been implementing the resource
- Barriers to using the resource e.g. lack of parental engagement, digital access difficulties
- Facilitators to using the resource, e.g., portability, repeatability
- FSWs' opinions of how/ if resource can be used in future practice

¹ Both participants in this group were managers. One had not attended the training but reported back on the experience of FSWs in the locality.

The focus groups were recorded and transcribed for analysis.

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 throughout the development of the research project and content, and in delivery of the training. The process was guided by OnePlusOne's research protocol in conjunction with the British Sociological Association's and the British Psychological Association's guidelines. Ethical approval was obtained from the University of Sheffield (REF: 031238)

Practitioners who attended the training sessions, and those who were subsequently trained under the TTT programme were given information sheets and signed consent forms before taking part in the workshop. The parents that were recruited by FSWs were given an information sheet and gave informed consent digitally, on the Click Relationships platform, before starting the digital resource. All information sheets and consent forms can be found in Appendix D.

Evaluation limitations

Not reaching parents for follow up interviews

The original evaluation plan included semi-structured interviews with parents who completed the resource as a means of understanding users' experience of MYBT and determining whether there was any long-term impact of using the resource. To assess this longer-term impact required a three-month gap between users' completion of the MYBT resource and the interviews. Due to the delay in rolling out the resource, attributed to the change in delivery partners, there was not sufficient time to carry out these interviews, transcribe, and analyse them for inclusion in the final report. The impact of this means that we are not able to comment on parents' experience of using the MYBT resource in the blended practice approach and that we do not know whether the impact of the resource is sustainable over a three-month period. This lack of follow-up also means that we are not able to make inferences about the impact of parents' relationship changes and skill development on their child.

Likewise, we were unable to conduct interviews for the MYBT Universal approach as we were not able to access Baby Buddy users.

No comparative evaluation

The Challenge Fund aimed to promote development of innovative test and learn projects. Whilst this meant that MYBT was created in an agile and iterative fashion, it limited the kind of evaluation that was possible. The repeated measures design of the evaluation means that we are only able to comment on the impact on users from before and after they used the resource, and are not able to identify whether MYBT results in significant improvements in users when compared to those who receive no treatment, or others who use a different resource. This limits the inferences that we can draw about the usefulness of MYBT in practice.

Insufficient numbers of parents using resource via FSW.

The delivery challenges noted earlier meant that relatively few parents accessed the MYBT Blended resource. The low sample size meant it was not possible to conduct any meaningful statistical analysis of the blended practice approach which means we are not able to comment on the efficacy of the blended practice approach in improving outcomes for parents.

4. Impact of the MYBT resource and training

Practitioner training

What was the impact of the training on FSWs' knowledge and competencies?

A total of eight workshops, across six local authorities spread across England, were delivered, consisting of seven direct to practitioner and one Train The Trainer. Attendees were FSWs and pathway leads within local authorities. Of the 142 participants across the six training localities, 64 returned pre-training questionnaires and 71 returned post-training questionnaires.

According to the practitioners, the training both met its objectives (see Table 4) and had a significant impact on their knowledge and competencies (see Figure 5). As Table 4 indicates, practitioners were extremely positive about the training; 97% agreed that the training met its objectives and that the training would be useful in their work. They also agreed that the trainers were knowledgeable (96%), the training methods helped their understanding (83%) and that the resources were useful (97%).

Table 4. Practitioners' views on the usefulness of the training

Area of delivery	Disagree * %** (n)	Neutral % (n)	Agree % (n)	Strongly agree % (n)
The objectives of the training were met	0	3%(2)	49%(34)	49%(34)
The trainers were knowledgeable about the subject	0	4 %(3)	34 %(15)	61%(43)
The teaching methods helped my understanding	1(1)	14%(10)	43%(30)	41%(29)
The teaching resources provided were useful	0	3%(2)	47%(33)	50%(22)
This training experience will be useful in my work	0	3%(2)	40%(28)	57%(40)

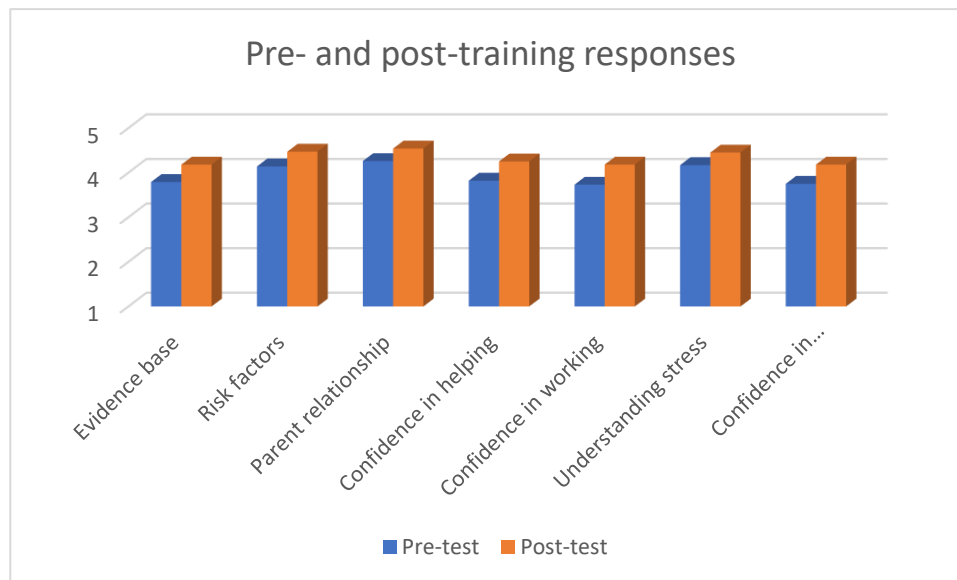
*Response scale started at 1=Strongly disagree; however, as no respondents reported this option it has been removed from visual presentations of the data.

** Percentages have been rounded up or down for simplicity of presentation

Practitioners also reported improvements in their knowledge and confidence around supporting the couple relationship across the TTP following the training in line with the expected training outcomes noted in the previous chapter. As shown in Figure 5, analysis of mean scores showed that practitioners reported statistically significant improvements in their knowledge about factors that put couples at risk of conflict and understanding about

the impact of the couple relationship on a new baby and the positive impact of couple coping in the face of stress. There were also significant improvements in practitioners' confidence in providing support to new parents and in working alongside couples as a result of the training.

*Figure 5. Changes in practitioners' knowledge, understanding and confidence as a result of the training**



*Mean scores on practitioners' self-reported questionnaires pre and post training

It was also possible to turn the individual items of the questionnaire into a scale that assesses an overall measure of practitioner knowledge and skills based on average scores². As Table 5 indicates, there was a statistically meaningful improvement in practitioners' self-reported knowledge and competencies following the training.

Table 5. Mean scores for practitioner knowledge and skills scale pre- and post-training

Practitioner self-assessment	Pre-training Mean (SD)	Post-training Mean (SD)
Score on practitioner competence scale	3.54(.59)	4.32 (0.56)*

*statistically significant difference in mean scores ($p < 0.001$) ($d = 1.35$)

Overall, according to practitioners' accounts, the training had a significant positive effect on their knowledge and competencies around supporting couples in the transition to parenthood.

² Scale analysis of the pre- and post-training items showed sufficient internal consistency to be treated as a single scale ($\alpha > .80$)

Practitioners' reflections on the training

Two focus groups with practitioners (Blackburn and Leicester) provided the opportunity to explore their experiences of the training and its relevance to their practice.

Practitioner feedback on the MYBT training was overwhelmingly positive. In line with the statistical analysis described earlier, practitioners felt that the content was appropriate, the structure was engaging, and the topic was relevant to their practice. Some practitioners were familiar with the issues covered because of previous training experiences, but, despite that, felt that the training provided a useful 'refresher', and was accessible to anyone regardless of previous experience.

"...it did go back to the basics, so for those that hadn't experienced that in the past, I think that that whole day's training would have been enough for somebody to take that away and fully understand what was going on and how we then rolled it forward."

One of the aspects of the project that practitioners most valued was having a resource that they could use with parents. Although some practitioners had been on previous courses that covered similar ground around relationship conflict, they had not previously had resources at their fingertips that they were able to use with parents.

"The Knowledge Pool³ provided us with the paperwork, but actually the Me, You, and Baby 2 provided us with a digital app that we could then further progress that work, which has complemented each."

The structure of the training and ability to work together in groups on the day was well received, as it allowed practitioners to engage with one another and reflect on the content delivered. Reflecting on relevance to their practice, practitioners felt that the training not only improved their understanding of parents' experiences of conflict but also provided practitioners with a resource they could use to open up sometimes difficult conversations. The topics covered in the training were also relevant to their service users' needs.

Train the trainer

Only Leicestershire attended the TTT, and due to the Covid19 pandemic lockdown only one TTT session had been rolled out at the time of the focus group. The session that did go ahead was run as a formal training workshop by the lead of the relevant locality to members of the pathway team. Team Leaders acted as champions for the project and actively recruited practitioners to the training. The only challenge identified in rolling out the TTT was issues with accessing the videos when internet connection may be unreliable, with a suggestion of videos being given out on a pen drive to overcome this.

³ The Knowledge Pool training is a national Reducing Parental Conflict training programme commissioned by the DWP for 30,000 frontline practitioners, started in April 2019. The training consists of 4 modules and an e-learning package.

‘MYBT universal’ resource for expectant / new parents

Who used MYBT universal?

A total of 7334 users accessed the MYBT universal resource via Baby Buddy. Out of the 445 who completed both pre- and post-test questionnaires, the responses of 333 users were suitable for analysis (see Appendix E for details). The majority of these users, as shown in Table 6 were first time mothers, with the father of their child/ren (96%), white British (71%), and in their late twenties (mean age 28 years old (SD= 6.54; min-max = 16-41). The spread of users conflict (range=4.67), satisfaction (range=4.33), and dyadic coping (range = 2.80) suggests a varied relationship profile of users who accessed the resource.

Table 6. Characteristics of MYBT universal users

User Characteristic	%	Number of respondents
User Type		
Mother	99%	329
Father	1%	3
First time parents	95%	316
Partnership status		
On my own	2%	8
With a partner	2%	6
With the baby’s father	96%	96
Ethnicity		
White British	71%	84
White Other	14	17
Black or Black British	4%	5
Asian or Asian British	7%	8
Mixed	4%	4
Part of UK ⁴		
England	93%	310
Scotland	3%	9
Wales	2%	8
Northern Ireland	.3%	1
Not specified	1.5%	5

Data collected from Baby Buddy categorises users by socioeconomic factors based upon typical characteristics of residents in the users’ localities, such as ‘urban professionals and

⁴ As the sample size for all parts of the UK excl. England were very small it was not possible to conduct analysis on users responses for each part of the UK. A one-way ANOVA indicates that there were no significant differences between each part of the UK in any of the pre- or post-test responses.

families', 'rural residents' and 'hard pressed families'. As these categories were the only proxies available to us as indicators of socioeconomic circumstances, we used these categories to examine the type of users who accessed Baby Buddy and whether we were reaching our target audience, by splitting users into those who were at risk of being in a low-income/ workless household and those who were not. The findings indicate that of the 333 users who completed the pre- and post- test evaluation questions, a rough even split of users were categorised as being in a low-income/ workless household (n=165) and those who were not (n=167).

Impact of MYBT universal on participants' relationships

To evaluate the impact of MYBT Universal in improving outcomes for couples in the transition to parenthood, we looked at users' scores on measures of conflict within the relationship, relationship satisfaction, and dyadic coping before and after they worked through the resource. To do this, we conducted parametric paired t-test, which compared the means of pre and post test scores for each respondent.⁵ The results indicate that following use of MYBT Universal users' reported decreased levels of conflict and a moderate increase in rates of couple satisfaction (Table 7). There were no significant changes in levels of dyadic coping. The effect size⁶ for both conflict ($d=0.06$) and couple satisfaction ($d=0.08$) were small. This suggests that whilst the positive impact of MYBT Universal was significant (i.e., not due to chance), the changes in conflict and satisfaction from pre- to post-test were small.

We also looked at whether there were any differences in the impact of the resource according to parents' socioeconomic circumstances. This found that MYBT Universal had a similar impact on users whether they were in a low-income/ workless household or not, with no significant differences between groups.

Table 7. Mean scores and t-test results for pre- and post-test relationship measures.

<i>Relationship indicator</i>	<i>Pre Mean score (SD)</i>	<i>Post Mean score (SD)</i>	<i>t-test result</i>
Level of conflict	2.05(0.94)	1.99(1.03)	-2.22 ($p=.027$)*
Relationship satisfaction	5.36(0.85)	5.43(0.85)	-3.11 ($p=.002$)*
Dyadic coping	4.36(.056)	4.37(0.63)	0.53 ($p=.600$)*

*n=331

⁵ Screening indicated that the data were normal and therefore parametric paired t-tests were suitable

⁶ Effect size refers to the magnitude of the effect that the resource has had on users. In this case a larger effect size would indicate that MYBT has resulted in a large change in conflict and couple satisfaction. According to Cohen's d, a small effect size = 0.2, medium effect size = 0.5, large effect size = 0.8.

At the end of each page participants were asked to rate their understanding of the content of the resource and the extent to which it had raised their awareness of the topics covered. Responses showed that participants reported greater levels of awareness and understanding of the relationship issues covered in each section (Mean=4.41, SD=.49).

Participants' experiences of using MYBT universal

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 following completing the MYBT programme.

What changes were participants expecting once the baby arrived?

At the start of the MYBT programme many users were positive about the changes that they expected to happen after the baby was born. For example, a number thought that pregnancy and the 'joint task' of being parents would bring them closer together

"It will make us bond even more together and love each other more deeply"

But there was also a recognition among users that there would be additional stresses due to the baby coming, changing priorities, and lack of sleep, all of which may have a negative impact on the relationship.

"The stress levels will go up and we may be more irritable with each other. Less time for each other. I must make sure he knows I appreciate him"

Users expectations largely reflected those that have been acknowledged in previous research (e.g., changing dynamics, Riggs et al., 2018).

As many of the users did not have long gaps between starting and finishing the resource (average <1 day) they were not able to reflect on what has changed now that they have had the baby. However, those parents who did have the baby overwhelmingly stated that they were closer after the baby was born.

What did users learn from MYBT universal?

When asked what they had learned from using the resource, users' comments suggest that they had understood the key messages of managing stress, strengthening communication, and supporting each other. Many users noted that the resource had raised their awareness of the impact of having a baby on a relationship and vice versa.

"reminded to remain calm for baby's sake"

Positive ways of dealing with conflict and techniques to stop arguments escalating (e.g., stopping, staying calm) were other recurrent themes in the comments, as was being more mindful of one another's needs and worries.

"To stay calm and listen to my partner when stressed. Negativity affects the baby".

“To STOP before I jump in with my points!”

Although the statistical analysis did not find a measurable difference in couple coping, users were more aware of the impact of stress and the value of emotional coping.

“It’s made me think about showing more appreciation to the things my partner does for me and showing him that when he’s stressed it’s ok to confide in me and let me share the burden”.

“that we both have different triggers and stresses but need to support to each other”

A small number of users stated that the resource reaffirmed the things that they currently do in their relationship, whilst an even smaller number stated that they had not learnt anything from the resource.

“It’s been a helpful refresher but we already have insight about these themes and issues.”

What are users doing differently as a result of MYBT universal?

The final free-text question asked parents what they were doing differently as a result of MYBT Universal. Improved communication techniques were the main thing that parents felt they were doing differently. Many parents stated that they were talking more with their partner about their problems and feelings.

“letting each other know when we’re having low moments and try keep each other happy and reminding each other that he’s worth it everyday”

As noted above, a number of users were both more aware of the role and impact of stress and actively seeking to handle it more constructively as a couple.

“Discussing what causes us stress openly so we can work together and understand”

Listening to one’s partner and considering their partners feelings were also common themes.

“Listen to each other more and not bite at each other”

Doing practical things such as spending more time together, going for walks, or doing more around the house were also commented on.

‘MYBT blended’ resource

This section describes findings on engagement with the MYBT resource hosted on OnePlusOne’s Click relationships platform.

How did users engage with the MYBT blended resource?

A total of 54 users accessed the MYBT resource via the Click platform, 13 of these had been referred by their Family Support Worker. Out of the 54, just 23 Click user responses were eligible for statistical analysis (see Appendix E for rationale), and only 13 of these had been referred by a FSW. Although we had hoped to obtain demographic data on MYBT Blended users referred by FSWs this was not possible, therefore we are not able to provide any background details on these parents.

Descriptive statistics suggest that users referred by their FSW had higher levels of conflict and lower levels of relationship satisfaction and dyadic coping compared with users who accessed MYBT Click independently. The small sample size means we cannot conclude that these differences are statistically meaningful, although they make sense given that FSWs work with more vulnerable parents coping with complex needs. Unfortunately, we require a larger sample size to investigate these assumptions further and to test whether the blended approach had a significant impact on the cohort of FSWs' parents.

Because of the small sample size a paired t-test comparison analysis was carried out on all participants (n=23) who completed the pre- and post-test measures, regardless of whether they were referred by a FSW. The findings indicate no significant effect of the MYBT Click based resource on users' levels of conflict ($p=.16$), relationship satisfaction ($p=.35$), or dyadic coping ($p=.38$). Given the small sample size and mixed nature of users this is to be expected.

As we found in the MYBT universal analysis, end of section question responses indicate that participants felt their understanding and awareness of the topics covered increased as a result of the programme (Mean =4.43, SD=0.47).

Qualitative feedback from practitioners

Thematic analysis was carried out on the transcripts from the two practitioner focus groups. This involved reading the transcripts and coding them for themes which were common across the transcripts.

Practitioners' experiences of using the MYBT blended resource with parents

Service user characteristics

Service user characteristics, and more broadly their needs, were key for understanding how practitioners delivered the resource and how they were able to use the MYBT blended resource to address the complex needs of the service users who were engaged with their maternity services.

“And for those families, the tools have really benefited them to find solutions of how to move forward. But again, we do have a large pocket of parents that don’t identify they are in any forms of conflict with each other. It is just normal day-to-day life.”

FSWs are often engaging with vulnerable parents experiencing high levels of interparental conflict or even domestic abuse. Practitioners reflected on the importance of delivering MYBT in a way that is appropriate for the individual needs of their service users (e.g., in small ‘doses’, using clear language).

“I’m working with a family where one of the parents has got ADHD and a mother who struggles to retain information. So two sessions at a time, they say is enough for them at that point.”

Overall, practitioners felt that the structure and content of MYBT Blended ensured that their service users remained engaged throughout.

Introducing the resource

How practitioners used the MYBT programme with parents was a key strand of the discussions. Practitioners discussed how they introduced the resource to parents, building on the trust and strong working relationship that they had already built with the family. This was considered to be a crucial aspect of getting parents to engage with the resource, as well as approaching the topic in a non-threatening way.

“I think it’s because they’ve got a family support worker and they trust them and they’ve been doing work with them and they’ve got a good relationship, they feel well-supported.”

“Initially, it’s how you discuss the programme in the first place and trying not to put them barriers up straight away. I think it’s the way you approach it, really”

Practitioners integrated the resource with their existing maternity services, meaning that it was used in different ways. Practitioners noted that they used the resource with single parents, with couples at the same time, and also in group sessions. When used in group sessions, the practitioners went through the resource with the group as a whole and not with parents individually. Practitioners found delivering the resource in ‘bite-size’ pieces and structuring it around topics already covered in their support pathways was one of the more effective ways to deliver the programme. Indeed, practitioners found that the MYBT resource fitted seamlessly into their existing support pathways:

“I think just generally I would say it couldn’t really have fitted better with what we’re delivering. Do you know what I mean? ... it slotted into our world absolutely perfectly.”

Not surprisingly, practitioners commented on the challenge of restricted face-to-face contact with parents as a result of Covid19. The pathway content is often delivered as group work, which is considered vital for parent engagement and the inability to do this compromised the connection between practitioner and parent. Lack of face-to-face interaction also impaired practitioners’ ability to pick up on the parents’ concerns or issues

they were facing. On the other hand, practitioners commented on the usefulness of MYBT as a digital resource during these challenging times, as it provided a resource that FSWs could encourage parents to use independently.

“...they’ve been given the links and made suggestions of working through those videos on the Click and those activities on the Click website, because they’re in lockdown and relationships are going to be under strain. It’s a perfect opportunity for people to look at that type of stuff...”

Overall, practitioners found it easy to introduce and deliver the resource alongside their existing services and found that tweaking their delivery method to user needs facilitated user engagement.

“So I discussed what the sessions would be about, what the programme entails and I’m really advocating that for parents and encouraging them just to cooperate with me. And once they [parents] did it, they said they’re glad that they did what they did because they’ve been able to put strategies in place with each other and work together.”

Impact of MYBT on parents

FSWs reflected on the impact of the resource on parents both in terms of awareness raising and intention to change behaviour. Practitioners noted that parents were able to identify themselves in the videos and made them aware that their behaviour was having an impact on their relationship and potentially their child.

“You can see the penny dropping”

“One of my mums said she really likes the theory slides because it gives her that ground understanding of what a relationship is knowing the different stages of her relationship.”

Practitioners also observed occasions when parents talked about plans to change their behaviour as a result of engaging with the programme:

“And then obviously the video when it shows a more positive way dealing with the conflict, she said that was what she was going to try and do because of the impact on the child and the impact on the parents themselves”

Both focus groups reflected on the experiences of dads using the resource, and found that although initially reluctant, dads found the resource to be a useful tool for reflecting on and discussing their feelings, which allowed positive discourse with the FSW.

“He was discussing how he finds it hard to build relationships with the baby while the mum is pregnant, and he was concerned that he wouldn’t bond with the baby. So, for him, it was a massive impact.”

Future directions

Practitioners discussed how MYBT Blended could be used in their future practice and also offered some improvements to make the resource more accessible to parents, as discussed below.

Practitioners in both localities questioned the assumption that all users would have an email address they could use to sign up to the resource, and noted that many of their service users did not have email addresses. Although on those occasions FSWs had helped parents obtain an email address for using the resource, future iterations may benefit from another means of signing up to the digital resource.

Rolling out the resource to different pathways and increasing reach into different localities was discussed in both focus groups, with the resource considered useful for families where FSWs are concerned about conflict that may become domestic abuse.

“So we’re hoping now that the more and more we’re delivering this to parents, that we’re reducing what can be conflict at a low level that can be resolved and doesn’t end up being the domestic violence.”

One suggestion was to integrate the MYBT training with other available training resource in a more formalised way so that practitioners who attend the MYBT training all start from the same point.

Overall, practitioners were very enthusiastic about MYBT and were continuing to use it as an integral resource across a number of different localities and pathways to ensure it reached as many parents as possible.

5. Summary and conclusions

What have we learnt?

The impact of the MYBT universal programme

The MYBT Universal programme successfully reached 7334 new or expectant parents via the Baby Buddy app. Parents commented on improvements in their understanding and awareness of couple conflict and coping, the impact of a baby on the couple the relationship and the impact of their relationship on an infant.

Parents also talked about how they were putting this learning into practice. For example, parents felt 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 were more aware of the role and impact of stress and how to handle it more constructively as a couple. Finally, some users were doing practical things such as spending more time together, going for walks, or doing more around the house.

Analysis showed statistically significant reductions in levels of conflict and improvements in satisfaction in the relationship amongst users. The latter is particularly encouraging given that evidence suggests many parents experience a decline in relationship satisfaction following the birth of a child (e.g. Hirschberger et al., 2009). Analysis using proxy measures of socioeconomic circumstances found that MYBT Universal had a similar impact on users whether they were in a low-income/ workless household or not, suggesting it is both acceptable and relevant to the target group of disadvantaged parents. There was no measurable impact on dyadic coping.

The impact of the MYBT blended approach

The practitioner training was well received and had a statistically significant positive effect on practitioners' knowledge and competencies around supporting couples in the transition to parenthood.

During focus groups practitioners discussed the way in which MYBT addressed a gap in resources to which they could signpost parents and provided a useful means by which to open up difficult conversations. Although, for some practitioners, the training covered a lot of what they already knew, the MYBT programme provided a useful resource for working with parents, something that had been missing from other training they had undertaken. The fact the resource easily integrated into their existing practice made using it with parents all the easier.

We were not able to evaluate the impact of a blended practice approach on parents due to insufficient numbers, however, feedback from practitioners suggests that the MYBT resource was well received by parents and both increased users' awareness of couple conflict and coping and stimulated thinking around how to change behaviours.

Learning from the challenges, limitations and opportunities

Frontline support to parents has been drastically reduced over recent years in the wake of funding cuts to services. Innovations to support new parents are best delivered through universal services such as health visitors, midwives or GPs where practitioners are in contact with all (or most) families. However, they require sufficient resourcing if we wish to build on such practitioners' access and expertise to trial and introduce new interventions. The challenge of recruiting and training health visitors to deliver MYBT in the delivery timeframe meant our original community delivery partners, the iHV, were no longer able to participate.

A blended practice model adds value to family support services. As illustrated by FSWs' feedback, it enables practitioners to provide targeted support, spending time with parents in greatest need and signposting others. Practitioners found it a useful tool for opening up potentially difficult conversations around personal relationships and helpful when supporting households where they feared conflict may escalate into domestic abuse. Whilst the fact that some FSWs used the MYBT resource in their parent groups made it difficult to evaluate its impact, it also signals the flexibility of a digital resource and the ease with which it integrates into existing ways of working. Although it wasn't possible to test MYBT Blended with health visitors, we know from the previous community pilot of MYBT that health visitors and midwives were able to use the printed resources with groups preparing for parenthood and individual parents on home visits (DWP, 2017). The flexible ways in which practitioners used (for example in groups vs with couples) the resource signals the need for more agile evaluation strategies in order to collect impact data, and to better understand how practitioners integrate the resource into their practice.

The Covid-19 pandemic frustrated roll-out of the training, use of the MYBT programme face-to-face with parents by FSWs and our ability to collect qualitative data. However, in the context of Covid-19, digital resources are likely to be increasingly important as opportunities for face-to-face / group work are limited. Digital programmes augment the menu of support that practitioners are able to provide parents and offer more flexible ways of working.

The positive impact of MYBT Universal on users' levels of conflict and relationship satisfaction is encouraging as is the fact that it benefited low income households and others alike. It is noteworthy that, however, that the size of the effect is relatively small. That is not surprising given that this was a brief intervention accessed by parents in widely differing circumstances and varying levels of relationship satisfaction. Indeed, given the variability the impact is even more encouraging. However, there remains much more to learn about user experience and impact. For example, we do not know if the positive effects were sustained, whether parents are continuing to use the skills they have learnt and what would help them to reinforce the learning. Neither can we say very much about parents' experiences of using the resource. These questions could be addressed by follow-up interviews with users but this was not possible within the time-frame of the project and impact of the Covid-19 pandemic.

There were no observed changes in MYBT Universal's users on the measure of dyadic coping. That may reflect the measure used, which was a sub-scale of a much longer measure. This short version was adopted to keep the evaluation questions proportionate to the length of the intervention in the awareness that parents were unlikely to complete a lengthy battery of measures. It may also be because change in coping behaviours requires a more extended training in couple coping.

With the change in delivery partner it was not possible to compare the impact of MYBT Universal with that of a blended practice approach. We anticipated that the blended approach would have had a greater impact as practitioners could focus their time on parents most in need of support and work through the resources at a slower pace. On the other hand, the more complex needs of those parents may have precluded a greater impact. Going forward, it would be valuable to explore these questions. However, that invariably requires more time than allowed by one-year projects. A year-long project does not account for the time and challenges involved in building partnership working in the community and obtaining the ethical approval (which can take up to six months) required when working with NHS and social care services to test out new innovations as opposed to variations of an existing service.

The change in delivery partner meant a change in our target audience and therefore raises questions about how relevant the MYBT programme was to parents facing more complex challenges. FSWs tend to work with vulnerable families with children of any age, although they were asked to target expectant or new parents. We were not able to obtain demographic data on the families with which FSWs were working and therefore have little insight into how they compared with MYBT Universal users. On the other hand, practitioner feedback suggested that parents were engaging with the materials and identifying opportunities for changing their behaviour.

Future developments and recommendations

As a digital resource MYBT is a cost-effective and agile intervention. It can be accessed easily and independently by parents via the Baby Buddy App or OnePlusOne's Click platform. The findings suggest we should continue to offer MYBT, refining and expanding its content in response to ongoing user feedback and testing. This would also provide the opportunity to continue to test its impact and understand user experiences. That should include longer term follow-up with a sample of users to examine the extent to which changes are sustained and how the impact varies depending on the characteristics of parents.

MYBT Blended was acceptable to practitioners working with families in complex situations. They found it a useful addition to their service offer and easily integrated it into their existing practice, using it either with individuals or in a group context. Practitioners noted that not all parents have an email address, therefore future iterations should offer other means of signing up to the digital resource. Next steps would be to understand more about how the tool is being used; how it can be developed for use in the community; and what difference it is making to those families. Developments should also include testing the

MYBT Blended model with health visitors as part of the support provided to new parents and comparing it with the standalone MYBT Universal model.

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Appendices

Appendix A. Logic model underpinning the evaluation

	Indicators	Means of verification	Assumptions
Goal / impact Improved well-being of developing infant/ child	<i>NB - difficult for us to measure this within a one-year time-frame and to make sense of any measures without a control group</i>	n/a	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'	- Increase in dyadic coping - Changes in self-report/ identification of conflict styles % increase in effective communication behaviours - Couple RQ maintained/ decline minimised	- Pre-post programme questions - Post-test questionnaires at end of all sessions (compare to pre-test)	- Functionality of the digital tools to collect appropriate data - FSW co-operation in data collection
Intermediate results - Parents are aware of impact of stress & conflict on them, their relationship and their baby - Parents understand how they react individually to stress and their individual conflict & communication styles - Parents understand how to support one another better - Parents have improved communication & conflict skills - Parents motivated to change relationship behaviours	% Parents engaging with blended intervention and accessing the digital tool independent to the health visitor - Active engagement with goal setting % Agreement/ knowledge answers to questions about the knowledge and understanding that they have taken from each session	- Touch point end of session 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 & data collection - FSW engagement and delivery of intervention as trained.
Activities - FSW-supported parents: Complete 3 module digital resource 'Universal' parents complete digital sessions independently	- Number of parents recruited to intervention programme - Number of parents signed up to digital offer alone % of parents to complete FSW-led and digital only interventions % of intervention completed across both groups	- FSW recruitment & engagement records - Analytics to monitor and measure engagement with the digital tool.	- Functionality of digital tools. - User engagement - FSW engagement and delivery of intervention as trained
Outputs - FSW trained to deliver intervention - At risk parents recruited to FSW programme - Parents signed up to digital only programme.	- No. FSW trained % FSW acquired necessary skills & knowledge - No. parents recruited to programme	- Course attendance figures - FSW questionnaires - FSW focus groups - Data analytics	- FSW recruitment meets desired levels - Comparative quality of FSW delivery of intervention to users

			• Time constraints don't limit FSW engagement
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Appendix B. Pre- and post-questionnaires used in the digital resource

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

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 tell my partner that his/her stress is not that bad and help him/her to see the situation in a different light
5. I look at the problem with my partner and try to help them find a solution.

What do you think of your coping as a couple?

6. I am satisfied with the support I receive from my partner and the way we deal with stress together.
7. I am satisfied with the support I receive from my partner and I find as a couple, the way we deal with stress together is effective

Appendix C Pre- and post-training questionnaires

Me, You and Baby Too Pre-Workshop Questionnaire

The following statements are designed to assess your pre-training knowledge and confidence across 4 outcomes relating to recognising the impact of couples' conflict and offering direct support to families. Each statement offers a numerical scale for you to use to report your current knowledge and confidence.

I have read and understood the project information sheet given to me. ☐

I have been given the opportunity to ask questions. ☐

I agree to take part in the project and what it involves. ☐

I understand that taking part is voluntary. ☐

I understand how my data will be used and agree to my anonymised data being used in this way. ☐

Learning Outcomes Statements:

- a) To increase practitioners' understanding of the importance of couple relationship issues for expectant and new parents.
- b) To increase practitioners' understanding of the evidence base of couple coping communication and conflict communication and coping skills
- c) to increase practitioners' ability to identify couples at risk of or experiencing high levels of conflict
- d) To help practitioners feel confident to guide and support parents in the use of the digital behaviour intervention

Please note: your individual training feedback will be anonymised and used to inform the reporting on the overall programme. The report will be generated from the combined outcomes of all participants.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I am aware of the current evidence base underpinning best practice in supporting family relationships.					
I know the factors that put couples at risk of stress and conflict during the transition to parenthood.					
I understand how the relationship between new parents may affect their baby.					
I feel confident in helping parents to understand and prepare for changes in their relationships after having a baby.					

I feel confident working alongside couples to help them improve their ability to cope with stress together.					
I understand how coping with stress as a couple can have positive impact on the relationship.					
I feel confident providing support and guidance to new/ expectant parents to develop their relationship knowledge and skills.					

If you have any questions, please contact: Shannon.hirst@oneplusone.org.uk

For more information on our treatment of your data and all personally identifiable information that we collect or hold go to: <https://clickrelationships.org/data-protection-and-privacy/>

Me, You and Baby Too Post-Workshop Questionnaire

Now you have completed your ‘Me, You and Baby Too’ training these questions are designed to assess your post-training knowledge and confidence levels across 4 statements relating to training delivered and additional feedback from you on quality of our delivery of training.

Each statement offers a numerical scale for you to use to report your current knowledge and confidence.

Learning Outcomes Statements:

a) To increase practitioners’ understanding of the importance of couple relationship issues for expectant and new parents.

b) To increase practitioners’ understanding of the evidence base of couple coping communication and conflict communication and coping skills

c) to increase practitioners’ ability to identify couples at risk of or experiencing high levels of conflict

d) To help practitioners feel confident to guide and support parents in the use of the digital behaviour intervention

Please note: your individual training feedback will be anonymised and used to inform the reporting on the overall programme. The report will be generated from the combined outcomes of all participants.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I am aware of the current evidence base underpinning best practice in supporting family relationships.					
I know the factors that put couples at risk of conflict during the transition to parenthood.					
I understand how the relationship between new parents may affect their baby.					
I feel confident in helping parents to understand and prepare for changes in their relationships after having a baby.					
I feel confident working alongside couples to help them improve their ability to cope with stress together.					
I understand how coping with stress as a couple can have positive impact on the relationship.					
I feel confident providing support to new/expectant parents to develop their relationship knowledge and skills.					

I feel confident using the Me, You Baby Too digital behaviour intervention support new/ expectant parents to develop their relationship skills.					
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10. What did you find most beneficial in the training?

11. What did you find least useful?

12. Do you have any other comments on the content of the training?

Delivery statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The objectives of the training were met.					
The trainers were knowledgeable about the subject.					
The teaching methods helped my understanding.					
The teaching resources provided were useful.					
This training experience will be useful in my work.					

14. Do you have any comments on the venue?

15. Do you have any other comments on the delivery of the training?

If you have any questions, please contact: Shannon.hirst@oneplusone.org.uk

For more information on our treatment of your data and all personally identifiable information that we collect or hold go to: <https://clickrelationships.org/data-protection-and-privacy/>

Appendix D. Information sheet and consent form for parents

Information sheet

Becoming parents is a time of joy but also a time of change. Talking to each other can help couples to cope with change and work better as a team. This can make it easier for you to look after each other and your baby. OnePlusOne are making a service for couples who are becoming parents, to support their communication, conflict, and coping skills.

You don't have to use the resource. If you do want to you will be asked to register with the resource. You can stop using the resource at any time without saying why.

What do I have to do?

You will attend a two-day training course. On day one we will discuss how the transition to parenthood can impact relationships, introduce the digital resource and guide you through how to use it with your service users. On day two we will deliver Brief Encounters training. Brief Encounters is a relationship conversations training in which you will learn more about how to identify, discuss, and support conversations about relationships and any issues that may be present.

After training, over three visits, you will guide your service users through the online tool and talk about how relationships change when a baby is born.

This will involve the service user reading text, watching videos, and answering some questions. We would like to contact you in one month to complete another survey. If you do not wish us to contact you, please let your trainer know.

What are the risks of taking part?

There is a chance that talking about your relationship may make some people upset. We will discuss the ways that this can be managed during your training. There is minimal risk to yourselves; however, as this is a new addition to the service you currently provide there is a risk of it taking up more of your time. We envision that as an early intervention this resource will have a positive impact in the long-term.

You can stop using the resource at any time. You can ask any questions and take part in a debrief, if you so wish.

What happens to my data?

On registering with the Click Relationships website, you will be allocated a user ID that we will use to collect your responses to any questions. You will not have to enter any personal information apart from your email address. All data we collect will be anonymised, and no-one will be identifiable from their answers. Data will be held on the OnePlusOne (the Data Controller) secure servers and only the research team at OnePlusOne will have access to this data. We will not share your data with any other bodies; however, we will write a report using the anonymised group data. Data will be held for 10 years, in line with GDPR regulations. If you would like to know more, please see OnePlusOne's Privacy Policy: [*insert link here*](#).

The legal basis for collecting this personal data is that this service evaluation is 'a task in the public interest' (Article 6(1)(e)).

Who is organising and funding the project?

The project is funded by the DWP and organised by OnePlusOne.

Consent form

We have read and understood the project information sheet. ☐

We have been given the opportunity to ask questions. ☐

We agree to take part in the project and what it involves. ☐

We understand that taking part is voluntary. ☐

We understand how our data will be used and agree to our anonymised data being used in this way. ☐

Appendix E Rationale for respondent exclusions from the analysis

Rationale for exclusions from the MYBT universal programme analysis

Only those users who completed both pre- and post-test questionnaires were selected for analysis (n=445). Of those who completed both pre- and post- resource questionnaires, a further X users were excluded from analysis due to not being part of our target population. This was indicated by: post-test scores highlighting them as statistical outliers (20), lack of compliance with open-text responses (10), not being a mum or dad (12) and responses noting the session was a test (7). This left a total of 396 users for analysis.

It was noted that 63 users completed the resource after a lockdown was imposed due to the Covid-19 pandemic. Because of the exceptional circumstances in which these couples found themselves due to the pandemic (e.g., enforced time together, lack of external support, additional uncertainty and stressors) it was decided not to include their responses in the analysis on the basis that the MYBT was designed as an early intervention resource.

Although no significant quantitative difference was identified between these groups (due to the small sample size for the Covid-19 sample), a scan of the data indicates that at baseline, those who used the resource before Covid-19 reported higher conflict ($m=2.05$) than those who completed it after lockdown ($m=1.98$) but after completing MYBT conflict levels dropped in the pre-lockdown group ($m=1.99$) and increased in the post-lockdown group ($m=2.05$). The same effect was seen for satisfaction, with pre-lockdown ($m=5.35$) lower than post ($m=5.40$) at baseline, and pre-lockdown ($m=5.42$) reporting higher satisfaction than post-lockdown ($m=5.35$.) after using the resource. This suggests that there are potential differences in the characteristics of pre and post-lockdown users. Including the latter in the analysis may skew the findings and hence they have been excluded. However, going forward it would be interesting to explore these differences once we have sufficient numbers of post-lockdown users to support the analysis.

There is negligible difference in dyadic coping between pre and post-lockdown, and between baseline and post-test.

Rationale for exclusions from the MYBT blended analysis of Click data

A total of 54 unique users accessed the MYBT resource on Click. Of those 54 users, 12 did not give consent for their data to be used in analysis and a further 18 did not complete both pre- and post-test questions. For consistency, two users who completed the resource post-Covid19 lockdown were excluded for analysis. This left a total of 23 completing both pre- and post-test questions, of which 13 were referred by a Family Support Worker.