



Teens and toddlers project

CAYT Impact Study: REP19

The Centre for Analysis of Youth Transitions (CAYT) is an independent research centre with funding from the Department for Education. It is a partnership between leading researchers from the Institute of Education, the Institute for Fiscal Studies, and the National Centre for Social Research.

STUDY REFERENCE: REP19

Programme name: Teens and Toddlers Project

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Programme description, aims and objectives:

Teens and Toddlers is a youth development programme designed to raise the aspirations of young people by pairing them as a mentor and role model to a child in a nursery who is in need of extra support.

The programme's main aim is to build the self-awareness, self-esteem and self-efficacy of teens. The hope is that this will have a number of positive consequences, such as improving young people's decision making in relation to drug abuse and unsafe sex, improving their school behaviour and aspirations, and helping them to develop stronger relationships in their community and home lives.

Target population:

Teenagers selected by their teachers as being at risk of becoming adolescent parents or NEET (not in employment, education or training).

Expected outcomes:

Improved self-awareness, self-esteem, self-efficacy, and raised aspirations.

References:

Humphrey, K. (2013) *Teens and Toddlers Project: Overall Project Report February 2013–July 2013*. London: Teens and Toddlers.

Related studies:

Humphrey, K., & McDowell, A. (2013) Sense of coherence as a predictor of risky health behaviours amongst teenage girls on a targeted youth development programme. *Journal of Public Mental Health*, 12(3), 146–152.

Humphrey, K. (2012) *Annual Retrospective Analysis Exploring the Efficacy of the Teens and Toddlers Programme*. London: Teens and Toddlers.

Study details:

Participants and their teachers completed survey questions before and after the programme. Pre- and post-programme, participants completed measures of self-efficacy, self-confidence, and decision-making that are established in the psychology research literature (respectively, the Self-Esteem Scale, the Generalised Self-Efficacy Scale, and the Decision-Making-Competency Inventory). Teachers provided data on participants' background, behaviour, school achievement, and perceived risk of becoming NEET or pregnant before age 18.

In addition the project collected data on participants' and their parents' attitudes to the programme and the impact that they felt it had on their lives.

Two-tailed T-tests were used to compare pre- and post-programme scores for statistical significance.

Study samples:

In the initial pilot 1065 young people completed the self-esteem scale at both Time 1 and Time 2, revealing significant improvements in self-esteem. In addition, between 211-217 young people completed the self-efficacy and decision-making scales, although the analysis presented focuses on sub-samples of young people most at risk. Between 250-275 teachers completed questionnaires at both time points.

Results and impact:

Participant survey

Self-esteem: Overall, self-esteem scores improved by 15% on average (n=1065, $p < 0.01$). An additional analysis was conducted on participants who were the most disengaged (according to teachers) and had the lowest self-esteem scores. For this subsample, self-esteem scores improved by 31% (n=121, $p < 0.01$).

Self-efficacy: When the data was analysed using those participants with a pre-programme score of 11 and below, self-efficacy scores significantly increased by 19% of participants (n=94, $p < 0.01$). Results were higher, and still significant, even when using lower pre-programme scores as the cutoff.

Decision-making: When the data was analysed using those participants scoring 6 and below pre-programme, decision making ability increased by 24% (n=82, $p < 0.01$). Results were higher when only analysing those with even lower pre-programme scores, although statistical significance for these changes was not reported.

Teacher survey

Comparing pre- and post-programme surveys, teachers' predictions of pupils becoming NEET reduced by 13% (n = 256) and of becoming pregnant by 49% (n = 258). In addition, teachers' reports of pupils' engagement with school increased by 23% (n = 271), achieving the grades they are capable of increased by 22% (n = 269), and the likelihood of receiving GCSE Maths and English increased by 19% and 21% respectively (n = 247). T-tests of the difference in means showed these changes to be significant at the $p = .01$ level.

Overall

The report suggests improvements for participants across all key outcomes between the time of the programme's start and finish.

In addition, the report provides information on whether programme impact differed for those deemed most at-risk among the participants, finding that these participants experienced greater than average improvements.

Impact grade: 3

Costs:

No figures were provided on the costs of the programme.

Quality of evaluation evidence:

The main methodological weakness with the evidence provided is the absence of a comparison group of adolescents who were in similar circumstances but who did not participate in the Teens and Toddlers Programme. In the absence of this, it is possible to demonstrate that changes in participating adolescents occurred during the time span of the programme, but not that these occurred as a result of the programme. We have been informed that future planned work will involve the use of control groups to examine the impact that the programme has on the outcomes of the young children who participate in the programme.

The programme evaluation does have some commendable features. By collecting measures both pre- and post-programme, the report provides good evidence that many of these adolescents underwent positive changes. This is corroborated by the fact that the programme has two perspectives for each participant: the participant themselves and a teacher.

The use of established measures from the psychology literature helps validate the measurement of the main outcomes, as well as enabling project researchers to link any improvements in each outcome to associated benefits in the research literature. For those unfamiliar with the scales used, it might be useful to accompany test score improvements with

effect sizes measured in standard deviations.

Quality of evidence grade: 3

Appendix: details of impact grades and quality of evidence grades are set out below

Impact grade	Description
0 (none)	No relationship between the youth service and the outcome in question.
1 (low)	Provision of the youth service may be positively related to one but not all outcomes or just for sub-groups of the target population.
2 (medium)	The youth service has moderate impact on all outcomes and sub-groups or high impact on some outcomes and sub-groups.
3 (high)	The youth service has high impact on all outcomes and sub-groups.

Score	Type of study	More Description	Example of a study	How to improve the quality of evidence
0	Basic	Studies that describe the intervention and collect data on activity associated with it.	A study that describes the intervention and states how much it cost or how many hours of services young people received.	Collect some “before and after” data on the outcome of interest for those receiving the intervention. If it is too late for that, collect outcome “after” data for the group receiving the services and try to compare these outcomes with comparable youth using other sources of data.
1	Descriptive, anecdotal, expert opinion	Studies that ask respondents or experts about whether the intervention works.	A study that uses focus groups or expert opinion or indeed surveys those who received the intervention after they received it.	Collect some “before and after” data on the outcome of interest for those receiving the services. If it is too late for that, collect outcome “after” data for the group receiving the services and try to compare these outcomes with comparable youth using other sources of data.
2	Study where a statistical relationship (correlation) between the outcome and receiving services is established	The correlation is observed at a single point in time, outcomes of those who receive the intervention are compared with those who do not get it.	A study that conducts a survey only after the services have been delivered and concludes that youths who received the services responded more positively than those who did not.	This evidence does not allow for the fact that prior to the intervention youths who received the service may have been different from those who did not. Collect some before and after data on the outcome of interest for those receiving the intervention. If it is too late to do that, see if you can compare outcomes for a clearly defined comparison or control group using other “before” data sources, such as administrative data.
3	Study which accounts for when the services were delivered by surveying before and after	This approach compares outcomes before and after an intervention.	A study that conducts a survey before and after the programme.	If you have before-after data you can measure the change in a particular outcome after the services were delivered. Try to determine whether you can compare this gain in the outcome for those who received the youth services to the gain for a similar group of youth who did not receive the services. You might use administrative data for this.
4	Study where there is both a before and after evaluation strategy and a clear comparison between groups who do and do not receive the youth services	These studies use comparison groups, also known as control groups.	A study that matches two locations where both individuals and areas are comparable and surveys them before and after the programme e.g. pilot studies.	You have most of the data you need. Contact an expert on statistics or econometrics and they will be able to apply various statistical methodologies to improve the robustness of your results e.g. matching methods to define a better control or comparison group. NOTE: this is the minimum level of evaluation quality applied by the Social Research Unit et al (2011), which also stipulates that any such study fulfil various quality criteria.
5	As above but in addition includes statistical modelling to produce better comparison groups and of outcomes to allow for other differences across groups	Study with a before and after evaluation strategy, statistically generated control groups and statistical modelling of outcomes.	A study that uses a statistical method, such as propensity score matching, to ensure that the group receiving the youth services is similar to the comparison group and a statistical model of outcomes (e.g. difference in difference).	Short of a random control trial, this methodology is the most robust. To improve confidence in the results try to collect additional data, perhaps from administrative sources, on the comparison group to determine any differences between them that may have pre dated the intervention.
6	Study where youth services are provided on the basis of individuals being randomly assigned to either the treatment or		A study which conducts a Randomised Controlled Trial	The gold standard. It is challenging to run a RCT, with cost, ethical and practical issues arising. Even with a RCT you have to think about how generalisable it is to other situations. If the RCT was only males, it cannot tell you about how well the youth service would do for females, for example.