

PFL Implementation Analysis

Attrition

15% of the sample officially dropped out of the programme between the baseline assessment and twelve months (High=20%, Low=14%, LFP=9%). 10% of the sample were classified as disengaged (High=9%, Low=15%, LFP=8%). In addition, the level of attrition between six and twelve months was extremely low (2 participants).

Very few individual participant characteristics were associated with programme attrition and disengagement. Overall, there is weak evidence to suggest that there are systematic differences based on relative disadvantage between those who completed the twelve months survey and those who did not. However, there is no definite pattern as to whether more or less advantaged participants were more difficult to contact.

Engagement

Families in the high treatment group received an average of 21 home visits by the PFL mentors between programme intake and twelve months, with each visit lasting about one hour on average. The majority of participants reported meeting their mentor twice a month (61%).

Few individual participant characteristics were associated with the frequency or duration of home visits. Findings suggest that mothers who joined the programme earlier in pregnancy and mothers with higher self-esteem were more likely to engage in the programme prenatally. Also, mothers with higher cognitive resources engaged in more home visits and had home visits of a longer duration.

Satisfaction

Overall, participant satisfaction with the programme between six and twelve months was high. As expected, the high treatment group reported greater satisfaction with the programme than the low treatment group.

Consistent with the six month findings, both groups were generally satisfied with the whole programme, their children's progress and the type of help they receive from the programme. However, both groups reported being least satisfied with how the programme has improved relationships with their partner.

Contamination

A contamination analysis was conducted to determine whether the low treatment group received all or part of the additional services designed for the high treatment group.

These findings indicated that, although the potential for contamination was high, the level of contamination in the PFL programme up to twelve months was quite low and does not bias the twelve month results.

This presents the life of a PFL child at 12 months based on the data collected.

Kirsty is a twelve month old girl from the PFL catchment area. She lives at home with her mother, father and her siblings. Although her parents are unmarried they are in a committed partnership. Her grandparents also play a significant role in her life. She sees them often and they look after her regularly. Kirsty's mother has been a participant in the high treatment group of PFL since she was 22 weeks pregnant. Kirsty's family has had 21 visits from their PFL mentor and Kirsty has become quite comfortable with her. Kirsty's family is at low risk for problems such as addiction, abuse or family violence, however there are some issues within her family such as family conflict. Both her mother and father completed their Junior Certs. However, her father is out of work and the family is receiving social welfare payments. Kirsty's family have received a lot of information from PFL about how to enhance Kirsty's development and deal with common parenting problems that often arise. Kirsty eats appropriate foods for her age and is up to date on her immunisations. At twelve months of age she sleeps in her own cot and sleeps throughout the night. Her mother is generally in good physical health compared to other women, although there is at least one adult in her home who smokes cigarettes. This puts the Kirsty at greater risk for bronchial issues, such as chest infections. Her mother drinks alcohol, but generally in moderation and she does not use drugs. However, her mother is at greater risk of experiencing mental health difficulties compared to other people in Ireland. Kirsty's mother has realistic expectations for her and is an empathetic and nurturing parent. Kirsty is read to at least a few times a week and her parents use appropriate punishment when disciplining her and have a good knowledge of child development. Although her mother is not worried about her development or her behaviour, Kirsty is at risk for cognitive delays and atypical development. Yet she is showing signs of normal development in the realms of socio-emotional functioning, communication and gross motor skills.

The programme is on-going and the impact of the programme continues to be evaluated when the PFL infants are 18, 24, 36 and 48 months of age.

A more detailed report of the twelve month PFL evaluation can be found at the following website under publications:
<http://geary.ucd.ie/preparingforlife>

preparing for life

Early Childhood Intervention

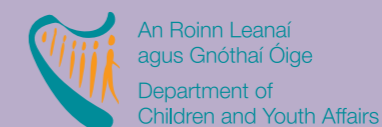
12 Month Summary Report



UCD Geary Institute



The ATLANTIC Philanthropies



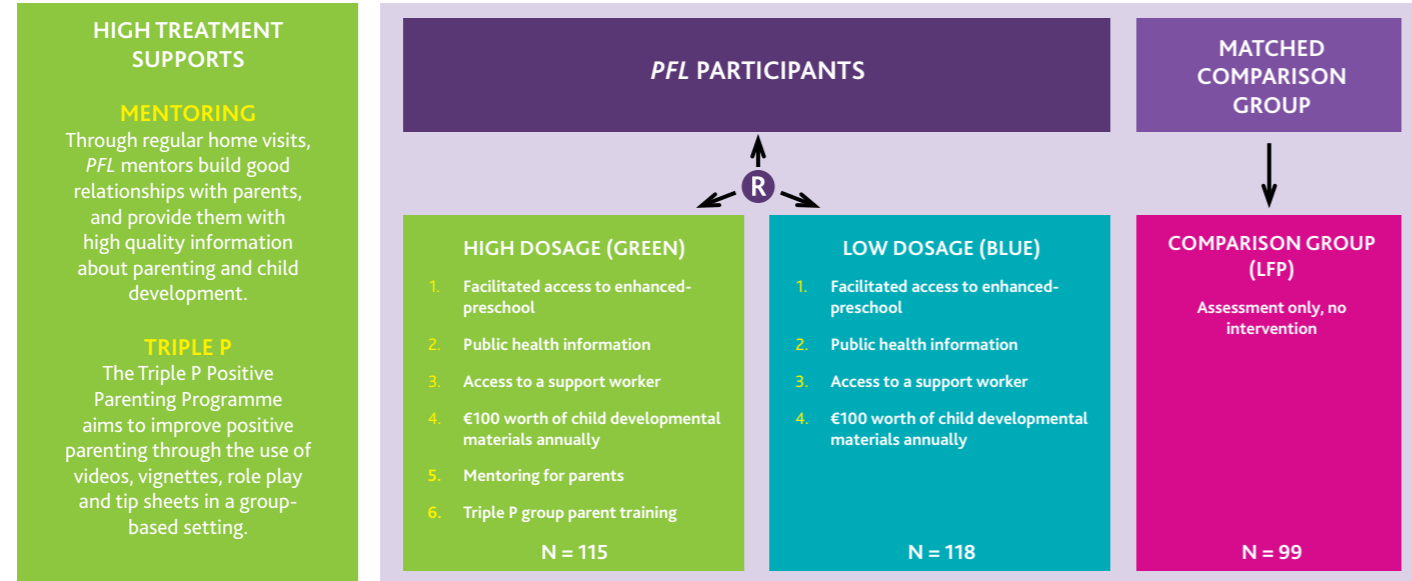
preparing for life



Preparing for Life (PFL) is a prevention and early intervention programme which aims to improve the life outcomes of children and families living in Dublin, Ireland, by intervening during pregnancy and working with families until the children start school. This report highlights the aims, methods and findings from the evaluation of the programme which took place when the *PFL* infants were twelve months old.

Design of *Preparing for Life (PFL)*

The programme is being evaluated using a longitudinal randomised control trial design whereby participants from the *PFL* communities were randomly assigned to a high support treatment group or a low support treatment group. A matched comparison group from a different community was also included as an additional control group.



Summary of Previous Results: Baseline and Six Months

233 pregnant women were recruited into the *PFL* Programme (115 in the high treatment group and 118 in the low treatment group) and 99 women were recruited from a matched comparison community. Analysis of the baseline data across 6 domains showed that the randomisation procedure was successful.

The six month evaluation of *PFL* indicated the programme was progressing well. 257 six month interviews ($n_{Low} = 90$; $n_{High} = 83$; $n_{LFP} = 84$) were completed. As found in other studies of home visiting programmes, there were limited significant differences between the high and low treatment groups (14%) at six months. Many of the relationships were in the hypothesised direction, with the high treatment group reporting somewhat better outcomes than the low treatment group. There were significant findings in the domains of parenting, quality of the home environment and social support, which correspond directly to information provided by the *PFL* mentors. However, the programme had no significant impact on pregnancy behaviour, infant birth weight, breastfeeding and child development at six months. While attrition from the programme was low and participant satisfaction was high, the level of engagement was less than anticipated. Mothers with relatively higher cognitive resources received more home visits and may have benefited more from the programme at six months than those with lower cognitive resources.

Aim of the Twelve Month Evaluation

- To determine whether the *PFL* programme had an impact on parent and child outcomes between when the children were six and twelve months of age.
- To provide a detailed review of implementation practices in the *PFL* programme regarding attrition, dosage, participant engagement and programme effectiveness.

Results at Twelve Months

247 interviews were conducted with participating mothers when their infants were twelve months: ($n_{Low} = 90$; $n_{High} = 83$; $n_{LFP} = 84$).

Families in the high treatment group were compared to families in the low treatment group across eight main domains: Child Development, Child Health, Parenting, Home Environment, Maternal Health & Well-being, Social Support, Childcare, and Household Factors & Socioeconomic Status.

High Treatment Group Vs. Low Treatment Group Results

Based on the literature, we hypothesised that treatment effects at twelve months would be found in the domains of child health, parenting and maternal health. The results suggest partial support for our hypotheses.

11/140 (8%) of the outcomes analysed showed significant differences between the high and low treatment groups. Significant effects were found in the domains of child development, child health, maternal health & wellbeing, and social support. There were no significant effects found in the domain of parenting or home environment. The figure below highlights areas that were significant by domain.

CHILD DEVELOPMENT

Higher level of fine motor skills
Less likely to be at risk for social and emotional difficulties

CHILD HEALTH

More appropriate eating patterns
Higher level of immunisation rates

MATERNAL HEALTH & WELLBEING

Less likely to report that they had drunk alcohol in the previous six months

SOCIAL SUPPORT

More likely to regularly meet their friends

Fewer significant findings were reported at twelve months compared to six months. However this may be due to differences in the measures included at each time point and the aspects of each domain that were measured.

Summary of Main Findings at Six & Twelve Months

PFL Low – PFL High	Proportion of Measures Significantly Different at Six Months		Proportion of Measures Significantly Different at Twelve Months	
	Individual Tests	Multiple Hypothesis Tests	Individual Tests	Multiple Hypothesis Tests
Child Development	0% (13)	0% (2)	7% (28)	20% (5)
Child Health	10% (30)	0% (3)	17% (23)	0% (4)
Parenting	23% (22)	20% (5)	0% (16)	0% (2)
Home Environment	36% (22)	50% (2)	0% (6)	0% (1)
Maternal Health & Wellbeing	5% (20)	25% (4)	4% (28)	25% (4)
Social Support	38% (13)	0% (2)	43% (7)	0% (2)
Childcare	7% (14)	0% (2)	~	~
Household Factors & SES	0% (26)	0% (5)	3% (32)	0% (5)
Total Statistically Different	14% (23/160)	12% (3/25)	8% (11/140)	9% (2/23)

Dynamic Analysis Results

A number of standardised instruments reflecting parent and child outcomes are collected at multiple time points. This allows for comparison of responses for the same participants over time. Three common instruments were administered at six months and twelve months, three were administered at baseline and twelve months and one was administered at baseline, six months and twelve months.

The dynamic results indicated that children in the high treatment group had significantly better fine motor skill development between six months and twelve months than those in the low treatment group. Additionally, children in the high treatment group were significantly less likely to experience parental oppression of their power and independence by twelve months than those in the low treatment group. There were no differences on the remaining 24 measures.

Interactions Results

An interaction analysis was conducted to determine whether the programme had a varying impact on girls or boys, first time or non-first time mothers, lone or partnered parents, mothers with higher or lower cognitive resources, families with low or high familial risk and mothers with low or high emotional wellbeing.

At twelve months, the *PFL* programme may be particularly beneficial to partnered mothers, primiparous mothers, and boys.

Comparison Group Results

The outcomes of the two *PFL* treatment groups were also compared to the matched comparison group. There were more significant differences in the outcomes of the high treatment group versus the comparison group (14%) than in the outcomes of the low treatment group versus the comparison group (9%).

These findings support the main results and suggest that the common programme components, such as the developmental and reading packs, may have an impact on all of those participating in the *PFL* programme.