Attrition

15% of the sample officially dropped out of the programme between the baseline and twenty-four month assessments (*High* = 11%, *Low* = 21%, *LFP* = 19%). There was no attrition in the high or low treatment groups between eighteen and twenty-four months, and only 1% attrition in the comparison group. 13% of the sample were classified as disengaged at twenty-four months (*High* = 10%, *Low* = 13%, *LFP* = 16%). More twenty-four month interviews were conducted than eighteen month interviews, indicating a level of re-engagement among previously disengaged participants. Very few individual participant characteristics were associated with attrition and disengagement. There is some evidence that more disadvantaged participants were more difficult to contact or more likely to have dropped out of the programme by twenty-four months.

Engagement

Families in the high treatment group received an average of 33 home visits from the *PFL* mentors between programme intake and twenty-four months, with each visit lasting approximately 1 hour. The number and duration of visits were similar across time. However a smaller proportion of prescribed home visits were delivered at twenty-four months than in the previous period. On average, participants met their mentor just under once a month between eighteen and twenty-four months. Few individual participant characteristics were associated with the frequency or duration of home visits. Mothers who entered the programme earlier in pregnancy had more home visits and subsequently spent more time in the programme. In addition, mothers with higher cognitive resources participated in more home visits and had visits of a longer duration. This suggests that engagement may be related to the mother's ability to understand the programme materials and recognise the potential need for the programme in their lives.

Satisfaction

Overall participant satisfaction with the programme at twenty-four months was high. As anticipated, the high treatment group reported greater satisfaction with the programme compared to the low treatment group. However, the low treatment group still reported relatively high levels of satisfaction despite the minimal supports received.

Contamination

A contamination analysis was conducted to determine whether the low treatment group received part of the additional services designed for the high treatment group. The findings indicated that, although the potential for contamination was high, the level of contamination in the *PFL* programme up to 24 months was quite low and did not bias the 24 months results.

PFL Evaluation: Findings to Date

The findings at twenty-four months represent the largest proportion of significant individual tests reported to date. This is consistent with the literature, which reports moderate significant findings in a number of domains at twenty-four months. The figure below highlights areas that were significant by domain for each time period.

Summary of Main Findings at Six, Twelve, Eighteen & Twenty-four Months

PFL Low – *PFL* High	Proportion of Measures Significantly Different							
	Six Months		Twelve Months		Eighteen Months		Twenty-four Months	
	Individual Tests	Multiple Hypothesis Tests	Individual Tests	Multiple Hypothesis Tests	Individual Tests	Multiple Hypothesis Tests	Individual Tests	Multiple Hypothesis Tests
Child Development	0% (13)	0% (2)	7% (28)	20% (5)	16% (25)	0% (6)	34% (41)	22% (9)
Child Health	10% (30)	0% (3)	17% (23)	0% (4)	24% (17)	67% (3)	47% (17)	50% (2)
Parenting	23% (22)	20% (5)	0% (16)	0% (2)	20% (10)	50% (2)	18% (17)	0% (3)
Home Environment	36% (22)	50% (2)	0% (6)	0% (1)	33% (21)	67% (3)	50% (2)	~
Maternal Health & Wellbeing	5% (20)	25% (4)	4% (28)	25% (4)	5% (19)	0% (3)	6% (16)	0% (3)
Social Support	38% (13)	0% (2)	43% (7)	0% (2)	8% (12)	0% (3)	10% (19)	0% (4)
Childcare	7% (14)	0% (2)	~	~	0% (16)	0% (2)	0% (7)	0% (1)
Household Factors & SES	0% (26)	0% (5)	3% (32)	0% (5)	8% (23)	0% (5)	13% (47)	29% (7)
Total Statistically Different	14% (23/160)	12% (3/25)	8% (11/140)	9% (2/23)	14% (21/152)	19% (5/27)	21% (34/166)	17% (5/29)

The programme is on-going and the impact of the programme continues to be evaluated when the *PFL* children are 36 and 48 months of age.

A more detailed report of the twenty-four month *PFL* evaluation can be found at the following website under publications:
http://geary.ucd.ie/preparingforlife

preparing for life

Early Childhood Intervention

24 Month Summary Report

UCD Geary Institute

preparing for life
planning together for our children

The Atlantic Philanthropies

An Roinn Leanaí agus Gnóthaí Óige
Department of Children and Youth Affairs

northside partnership

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 briefly highlights the aims, methods and findings from the evaluation of the programme which took place when the *PFL* children were twenty-four months old.

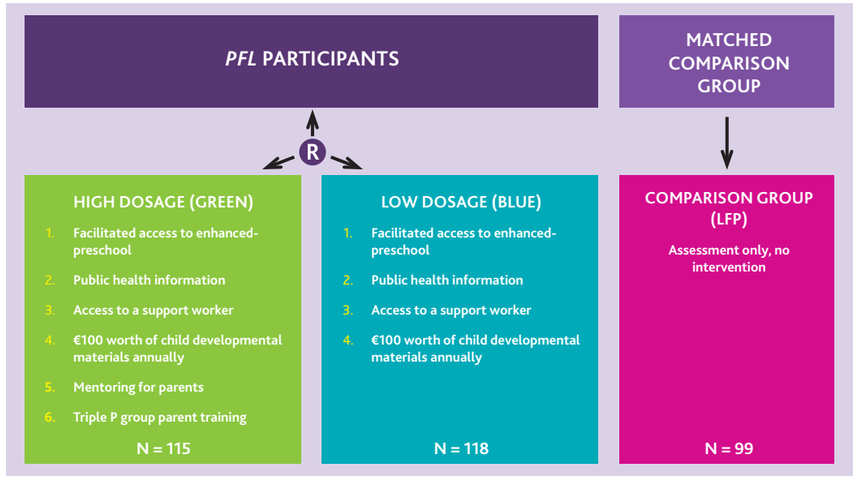
Design of *Preparing for Life (PFL)*

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 provided an additional control group. This diagram describes the *PFL* services.

HIGH TREATMENT SUPPORTS

MENTORING
Through regular home visits, *PFL* mentors build good relationships with parents, and provide them with high quality information about parenting and child development.

TRIPLE P
The Triple P Positive Parenting Programme aims to improve positive parenting through the use of videos, vignettes, role play and tip sheets in a group-based setting.



Summary of Previous Results

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, twelve and eighteen month evaluations of *PFL* indicated that the programme was progressing well. 257 interviews (n*Low* = 90; n*High* = 83; n*LFP* = 84) were completed at 6 months, 247 (n*Low* = 83; n*High* = 82; n*LFP* = 82) were completed at 12 months and 225 (n*Low* = 80; n*High* = 74; n*LFP* = 71) were completed at 18 months. As found in studies of other home visiting programmes, there were limited significant differences between the high and low treatment groups at six months (14%), twelve months (8%) and 18 months (14%). Many of the relationships were in the hypothesised direction with the high treatment group reporting somewhat better outcomes than the low treatment group. At six months there were significant findings in the domains of parenting, quality of the home environment and social support. However the programme had no significant impact on pregnancy behaviour, infant birth weight, breastfeeding or child development at six months. At twelve months there were significant findings in the domains of child development, child health, maternal health and social support. There were no significant effects in the domain of parenting. At eighteen months there were significant findings in the domains of home environment, parenting, child health and child development, and limited effects in the domains of social support and maternal health. There were no significant effects found in the childcare domain.

While attrition from the programme was low and participant satisfaction was high at six, twelve and eighteen months, the level of engagement was less than anticipated. Although the risk of contamination was high, there was little evidence of contamination between the high and low treatment groups at six, twelve and eighteen months.

Aims of the Twenty-four Month Evaluation

- To determine whether the *PFL* programme had an impact on parent and child outcomes at and before twenty-four months
- To investigate participants' and mentors' perceptions of the programme
- To provide a detailed review of implementation practices regarding attrition, engagement, satisfaction and contamination.

Results at Twenty-four Months

239 (n*Low* = 84; n*High* = 82; nLFP = 73) twenty-four month interviews were completed. The outcomes of the high treatment group were compared to the outcomes of the low treatment group across eight domains: Child Development, Child Health, Parenting, Home Environment, Maternal Health & Wellbeing, Social Support, Childcare, and Household Factors & Socio-economic Status.

Based on the literature, we hypothesised that there would be moderate positive effects on child development and child health at twenty-four months. We anticipated that *PFL* parents would be more likely to engage in positive parenting practices. We expected limited programme effects in the areas of the home environment, maternal health and wellbeing, social support, childcare and household factors and SES. The results supported our hypotheses. 34/166 (21%) of the outcomes analysed showed significant differences between the high and low treatment groups. Significant treatment effects were found across all domains except childcare. The significant findings in the domains of child development and child health supported, yet exceeded, our hypotheses, such that the number of significant positive outcomes in these domains doubled compared to the eighteen month results. The boxes below document the main treatment effects.

CHILD HEALTH
- Better general health
- Less asthma and chest infections
- Healthy, varied diet, yet more fatty foods

PARENTING
- Higher parental self-efficacy
- More positive feelings towards child
- Less clinically significant parenting stress
- Fewer parenting problems

CHILD DEVELOPMENT
- Stronger cognitive development and problem solving skills
- Fewer sleep problems
- Fewer internalising and externalising problem behaviours, and less dysregulation

HOUSEHOLD FACTORS AND SES
- More stay-at-home mothers
- More likely to be in a relationship with the *PFL* child's father
- Higher incidence of addiction in the family

MATERNAL HEALTH & WELLBEING
- More frequent GP visits
- Current pregnancies more likely to be planned

HOME ENVIRONMENT
- Lower social worker involvement

SOCIAL SUPPORT
- More support from relatives and participation in social groups

CHILDCARE
- Fewer hours spent in formal childcare

PFL Implementation Analysis

Process Evaluation

As part of the *PFL* process evaluation, qualitative research was conducted with mentors and parents to investigate their perceptions of *PFL*. Individual semi-structured interviews were conducted with mentors (n=5) and three separate focus groups were held with high treatment mothers (n=18). The findings from the interviews and the focus groups were analysed separately.

Three main themes emerged from the analysis of the mentor interviews. Mentor narratives focused primarily on ***being an effective mentor***, exploring the main day-to-day tasks required of the role, finer details about how to deliver the programme effectively, and the different factors that supported them in programme delivery such as setting appropriate boundaries and receiving support from the *PFL* team. Regarding ***the challenge of engagement,*** encouraging participants to attend scheduled visits and to remain committed to the programme was a central concern for mentors. They addressed this issue either through maintaining persistence in scheduling sessions, using humour, or finding ways to occupy their time when sessions were missed. Finally, as all mentors at the time of interview had 2-5 years' experience in the mentor role, they had each developed a set of ideas and ***perceptions about the PFL programme***. The main perceived benefit of the programme for mothers was the opportunity to be listened to, and to receive personal support. Effects on children were discussed less frequently. Mentors were aware that *PFL* was part of a research programme, and noted the various ways in which this set them apart from other service delivery staff.

Four themes emerged from the focus groups with participants in the high treatment group. Regarding ***basic elements of the programme,*** parents greatly valued the practical help and information they received from their mentors. The materials, activities and courses offered by *PFL* were popular among parents, who described the advantages of each. Mothers felt that they had ***good relationships with their mentors,*** and valued the sensitive way in which mentors delivered the programme to them. *PFL* ***played a useful role in parents' lives,*** through fostering improved parenting skills and supporting mothers. Programme effects on children were also reported. The fourth, more minor theme to emerge related to ***the journey through PFL.*** Parents described their *PFL* experience in a series of stages, from initial reticence, to a stage of acceptance and enjoyment, followed by preparation to exit the programme. Finally, parents commented on future directions, making recommendations about the potential roll out of the programme to specific groups and areas.