Triple P Positive Parenting Programme Results

Triple P was offered to all high treatment group participants when their *PFL* child was two years old. Triple P aims to promote healthy parenting practices and positive parent-child attachment. Of the families who took part in the twenty-four month interview, 59% (*n*=48) participated in some form of Triple P. A sub-group analysis of Triple P participants and non-participants revealed that both groups outperformed the low treatment group on 19% of the individual tests. Triple P participants outperformed the low treatment group primarily in the areas of parenting and the home environment, while non-participants outperformed the low treatment group on a higher proportion child development and child health measures. This suggests that Triple P may have impacted on some dimension of parenting and the home environment, however, these effects have not yet translated into impacts on children's health and development.

A Day in the Life of a *Preparing For Life* Parent Study

An additional sub-study, A Day in the Life of a *Preparing For Life* Parent, was conducted to complement the main evaluation by providing a targeted investigation of the impact of the *PFL* on maternal wellbeing. A multi-method approach was employed including a day reconstruction method which recorded participants' activities and emotional states over the course of the day, global questions about mood and life satisfaction, and a standardised measure of parenting stress. 102 *PFL* mothers (nLow = 56; nHigh = 46), who were at various stages in the *PFL* programme, participated in the sub-study. The results from the day reconstruction method showed that high treatment mothers reported higher levels of experienced positive emotion, yet only for times when they were not with their *PFL* child. Consistent with these results, high treatment mothers reported higher global judgements of positive mood across the study day, yet not for times spent with their child(ren). There were no treatment effects for negative aspects of wellbeing including experienced negative affect, parenting stress or for participants' judgements of their life satisfaction. The concentration of effects for times spent without the target child may reflect the increased effort and burden associated with additional parental investment.

Father Figures Focus Group Results

As part of the on-going *PFL* process evaluation, qualitative research was conducted with fathers of and father figures to *PFL* children. The aim of the study was to investigate the experience of fatherhood within the *PFL* community, and to determine father figure involvement in the *PFL* programme. Focus groups and interviews were conducted with 10 father figures (nLow = 4; nHigh = 6). Six main themes were identified: a familial learning curve, role embodiment, the ecology of the father figure role, barriers to being a father figure, looking towards the future, and *PFL*. The focus groups produced very rich data concerning the experiences of fatherhood among the *PFL* community, but relatively less data on father involvement in the *PFL* programme.

PFL Evaluation: Findings to Date

The findings at thirty-six months represent the largest proportion of significant individual tests reported to date. The figure below highlights areas that were significant by domain for each time period of the *PFL* evaluation.

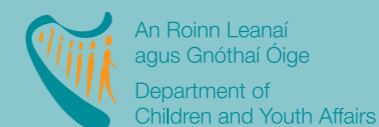| Summary of Main Findings at Six, Twelve, Eighteen, Twenty-four & Thirty-six Months										
PFL Low – *PFL* High	Proportion of Measures Significantly Different									
	Six Months		Twelve Months		Eighteen Months		Twenty-four Months		Thirty-six Months	
	Individual Tests	Multiple Hypothesis Tests	Individual 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)	33% (39)	38% (8)
Child Health	10% (30)	0% (3)	17% (23)	0% (4)	24% (17)	67% (3)	47% (17)	50% (2)	24% (21)	33% (3)
Parenting	23% (22)	20% (5)	0% (16)	0% (2)	20% (10)	50% (2)	18% (17)	0% (3)	26% (34)	43% (7)
Home Environment	36% (22)	50% (2)	0% (6)	0% (1)	33% (21)	67% (3)	50% (2)	~	40% (15)	50% (2)
Maternal Health & Wellbeing	5% (20)	25% (4)	4% (28)	25% (4)	5% (19)	0% (3)	6% (16)	0% (3)	24% (17)	33% (3)
Social Support	38% (13)	0% (2)	43% (7)	0% (2)	8% (12)	0% (3)	10% (19)	0% (4)	5% (19)	0% (4)
Childcare	7% (14)	0% (2)	~	~	0% (16)	0% (2)	0% (7)	0% (1)	0% (17)	0% (2)
Household Factors & SES	0% (26)	0% (5)	3% (32)	0% (5)	8% (23)	0% (5)	13% (47)	29% (7)	14% (42)	0% (6)
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)	22% (44/204)	26% 9/35)

The *PFL* programme is on-going and the impact of the programme continues to be evaluated as the children turn 48 months of age

A more detailed report of the thirty-six month *PFL* evaluation can be found at the following website under publications:

http://geary.ucd.ie/preparingforlife

preparing for life

Early Childhood Intervention

36 Month Summary Report

UCD Geary Institute for Public Policy

preparing for life
planning together for our children

The ATLANTIC *Philanthropies*

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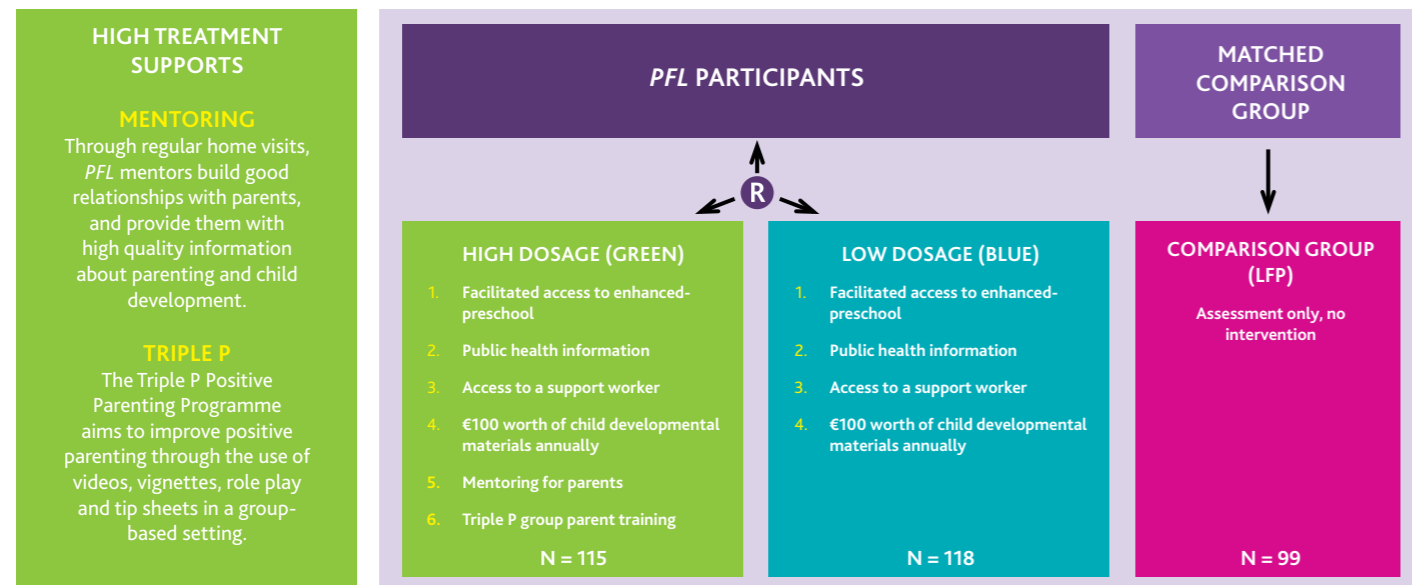
Northside Partnership

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 thirty-six 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 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.

PFL PARTICIPANTS

MATCHED COMPARISON GROUP

R

HIGH DOSAGE (GREEN)
1. Facilitated access to enhanced-preschool
2. Public health information
3. Access to a support worker
4. €100 worth of child developmental materials annually
5. Mentoring for parents
6. Triple P group parent training

N = 115

LOW DOSAGE (BLUE)
1. Facilitated access to enhanced-preschool
2. Public health information
3. Access to a support worker
4. €100 worth of child developmental materials annually

N = 118

COMPARISON GROUP (LFP)

Assessment only, no intervention

N = 99

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.

Evaluations of *PFL* to date indicate that the impact of the programme is increasing over time with a number of significant differences identified between the high and low treatment groups at six (14%), twelve (8%), eighteen (14%) and twenty-four (21%) months. 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. At twelve months there were significant findings in the domains of child development, child health, maternal health, and social support. 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. At twenty-four months significant findings were observed in all domains except childcare.

Aim of the Thirty-Six Month Evaluation

· To determine whether the *PFL* programme had an impact on parent and child outcomes at and before thirty-six months.

· To provide a detailed review of implementation practices regarding attrition, dosage, participant engagement, and contamination.

· To investigate father figures' experiences of fatherhood and perceptions of the *PFL* programme.

· To examine the role played by the Triple P Positive Parenting Program in the context of *PFL*.

Results at Thirty-Six Months

217 (nHigh = 75; nLow = 76; nLFP = 66) thirty-six 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 and Socioeconomic Status (SES).

Based on the literature, we hypothesised that there would be moderate positive effects on child development, child health, and parenting at thirty-six months. A greater number of favourable effects in the domains of child development and parenting at thirty-six months relative to twenty-four months were hypothesised due to the introduction of the Triple P training. We expected to find limited positive effects in the areas of the home environment, maternal health & wellbeing, maternal social support, childcare, and household factors & SES. In total 22% (45/204) 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 boxes below document some of the main treatment effects.

CHILD DEVELOPMENT
Stronger cognitive development and problem solving skills
Fewer externalising behaviour problems
Less somatic complaints, sleep problems, and aggressive behaviour

CHILDCARE
No differences

MATERNAL HEALTH & WELLBEING
Better scores on measures of depression and emotional wellbeing
Consumed less alcohol and reduced cigarette smoking

MATERNAL SOCIAL SUPPORT
Child maintenance paid regularly

PARENTING
Less likely to engage in punitive and hostile parenting
Less time spent watching TV
Less likely to watch TV alone

HOME ENVIRONMENT
More likely to demonstrate an established family routine, safe environment, use of community supports, and acceptance of negative behaviours
Less likely to be exposed to cigarette smoke

CHILD HEALTH
Less accidents and hospital visits
Less likey to have a diagnosed chronic illness
Healthy diet, meeting dietary guidelines

HOUSEHOLD FACTORS & SES
More stay-at-home mothers
Fathers more likely to be unemployed
More optimistic financial outlook
More likely to be experiencing difficulty with a past or present partner

PFL Implementation Analysis

16% of the sample dropped out of the programme between baseline and thirty-six months (*High* = 19%, *Low* = 16%, *LFP* = 12%). There were no dropouts in the high and low treatment group between twenty-four and thirty-six months, and only 2% dropped out in the comparison group. At thirty-six months the rates of disengagement across the high and low treatment groups were 16% and 19% respectively, and 21% for the comparison group. There is some evidence that more disadvantaged participants were more difficult to contact or more likely to have dropped out of the programme by thirty-six months. To account for any potential bias due to differential attrition, the main outcome analyses were re-estimated using inverse probability weighting, which assigns a greater weight to remaining participants who were similar to those that dropped out. Slightly fewer of the individual tests showed significant differences between the high and low treatment groups when the weighting was applied (20%), as compared with the unweighted results (22%).

Families in the high treatment group received an average of 46 home visits from the *PFL* mentors between programme intake and thirty-six months, with each visit lasting slightly over 1 hour on average. The number and duration of visits were roughly similar across each time period. On average, participants met their mentor just over once a month between twenty-four and thirty-six months. Consistent with previous reports, mothers with higher cognitive resources participated in more home visits and spent more total time in visits. 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.

Overall participant satisfaction with the programme at thirty-six months was high. As expected, 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.

Differential misreporting between the high and low treatment groups was measured using a bogus question which tested the participants' knowledge of a fake child development term. The high treatment group were more likely than the low treatment group to claim to have heard the term. This suggests that members of the high treatment group may be more likely to provide answers which they feel portray a better image of themselves as parents.