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 high 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 children[en]. 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 evaluation.

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Development</td>
<td>0% (15)</td>
<td>0% (1)</td>
<td>7% (28)</td>
<td>20% (3)</td>
<td>16% (25)</td>
</tr>
<tr>
<td>Child Health</td>
<td>10% (19)</td>
<td>0% (1)</td>
<td>17% (23)</td>
<td>0% (4)</td>
<td>24% (17)</td>
</tr>
<tr>
<td>Parenting</td>
<td>23% (22)</td>
<td>0% (6)</td>
<td>0% (2)</td>
<td>20% (19)</td>
<td>50% (2)</td>
</tr>
<tr>
<td>Home Environment</td>
<td>36% (22)</td>
<td>0% (6)</td>
<td>0% (2)</td>
<td>33% (21)</td>
<td>67% (3)</td>
</tr>
<tr>
<td>Maternal Health &amp; Wellbeing</td>
<td>5% (20)</td>
<td>25% (4)</td>
<td>4% (28)</td>
<td>25% (4)</td>
<td>5% (19)</td>
</tr>
<tr>
<td>Social Support</td>
<td>38% (13)</td>
<td>0% (2)</td>
<td>43% (7)</td>
<td>8% (12)</td>
<td>0% (3)</td>
</tr>
<tr>
<td>Childcare</td>
<td>7% (14)</td>
<td>0% (2)</td>
<td>0% (2)</td>
<td>0% (2)</td>
<td>0% (1)</td>
</tr>
<tr>
<td>Household Factors &amp; SES</td>
<td>0% (20)</td>
<td>0% (5)</td>
<td>3% (15)</td>
<td>0% (2)</td>
<td>11% (17)</td>
</tr>
<tr>
<td>Total Statistically Different</td>
<td>14% (25/160)</td>
<td>12% (1/23)</td>
<td>8% (1/23)</td>
<td>14% (1/23)</td>
<td>19% (5/27)</td>
</tr>
</tbody>
</table>

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](http://geary.ucd.ie/preparingforlife)
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.

**MATCHED COMPARISON GROUP**

**PFL PARTICIPANTS**
- HIGH DOSAGE (GREEN)
  - Facilitated access to enhanced development
  - Public health information
  - Access to a support worker
  - €100 worth of child developmental materials annually
  - Mentoring for parents
  - Triple P group parent training
  - N = 115

- LOW DOSAGE (BLUE)
  - Facilitated access to enhanced development
  - Public health information
  - Access to a support worker
  - €50 worth of child developmental materials annually
  - N = 118

- COMPARISON GROUP (LFP)
  - Assessment only, no strengthened
  - 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 five (14%), twelve (13%) 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, maternal health & wellbeing, maternal social support, childcare, and household factors & SES. In total 22% (45/204) of the outcomes assessed 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.

**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 & 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 assessed showed significant differences between the high and low treatment groups. Significant treatment effects were found across all domains except childcare.

**CHILD DEVELOPMENT**

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

**MOTHER & FAMILY WELLBEING**

- Better scores on measures of depression and emotional wellbeing
- Consumed less alcohol and reduced cigarette smoking

**PARENTING**

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

**CHILD HEALTH**

- Less accidents and hospital visits
- Less likely to have a diagnosed chronic illness
- Healthy diet, meeting dietary guidelines

**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.