



Preparing for Life

working together for our children

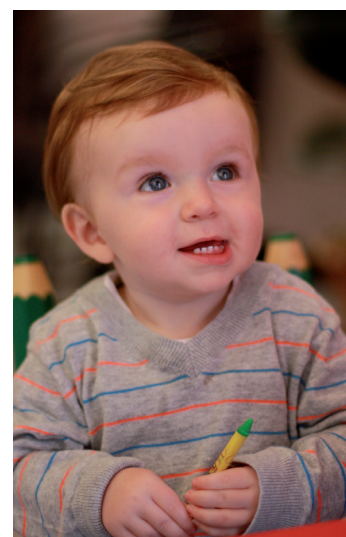
Promoting Child Development by Supporting Parents: Learning from the Evaluation of the Preparing for Life Home Visiting Programme



“The evaluation of the Preparing for Life programme demonstrated significant improvements across a range of child outcomes from cognitive, language and socio-emotional development to physical health and well-being.”

1. Introduction

This briefing document will outline the findings from the independent evaluation of the Preparing for Life home visiting programme from 2008 to 2015. The evaluation, conducted by Principal Investigator Dr Orla Doyle and the Early Childhood Research Team at the UCD Geary Institute for Public Policy, has demonstrated significant improvements across a range of child outcomes from cognitive, language and socio-emotional development to physical health and well-being. The briefing will also highlight how implementation of this evidence-based programme can contribute towards achieving the goals of Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014 – 2020.



2. About Preparing for Life

Preparing for Life (PFL) is a community-led prevention and early intervention initiative operated by the Northside Partnership (NSP), which aims to improve the life outcomes of children and families living in a disadvantaged area of North Dublin.

The initiative was established in 2007 with funding from The Atlantic Philanthropies (AP) and the Department of Children and Youth Affairs (DCYA) through the Prevention and Early Intervention Programme (PEIP). Evidence had shown that over half of the children living in this area were starting school without the necessary skills to make a successful transition to school life.

The initiative aimed to support child development and improve low levels of school readiness by assisting parents to develop the skills and knowledge to help prepare their children for school.

The supports provided under the first phase¹ of Preparing for Life included:

- A five-year home visiting programme from pregnancy until school entry
- Triple P positive parenting courses for parents of children aged two and over



3. Programme and Evaluation Structure

From 2008 to 2015, the evaluation team followed the journey of over 200 families who agreed to participate in the longitudinal randomised control trial to evaluate the effectiveness of the Preparing for Life programme. Adopting this rigorous standard of research means that all the findings can be definitively attributed to the programme.

When families consented to join Preparing for Life during pregnancy they were randomly assigned to either a high or low treatment group. The high treatment, or PFL group, received the full programme which included regular home visits delivered by mentors from various professional backgrounds. These mentors were trained to support and educate parents about child development using role modelling, demonstration, coaching, discussion, encouragement and feedback. Visits were tailored based on the age of the child and the needs of the family, and were guided by a set of Tip Sheets which presented best-practice information on pregnancy, parenting, and child health and development. The home visits started in the prenatal period (at ~21 weeks) and continued until school entry at age 4 or 5.

Families in the high treatment group also participated in group parent training using the Triple P Positive Parenting programme.

Both the high and low treatment groups received some common supports including developmental materials and book packs. The low treatment, or non-PFL group, also had access to a support worker if needed (to provide, for example, details about public “services as usual” such as housing and childcare services), while this function was provided by the mentors for the high treatment group.

Preparing for Life adopted a holistic definition of school readiness which included five dimensions:

1. Physical health and well-being
2. Social and emotional development
3. Approaches to learning
4. Language development
5. Cognition

During the course of the study families took part in research visits involving questionnaires, observations and direct assessments when their children reached 6 months, 12 months, 18 months, 24 months, 36 months and 48 months old.

Healthy Children



4. Evaluation Results

Using the randomised control trial design ensured there were, on average, no differences between the PFL and non-PFL families before the programme began. Thus, any differences in child outcomes found during the evaluation can be causally attributed to the programme. For all the results reported below, the PFL children had statistically significant better outcomes than the non-PFL children.

A. HEALTHY CHILDREN

BMI

At age 4, children in the Preparing for Life programme were less likely to be overweight. There was a eighteen point difference between the children who received the programme (23% were overweight) and those who did not (41% were overweight).

Diet

Children in the Preparing for Life programme had healthier diets. At ages 2, 3 and 4, children in the programme were more likely to consume their recommended dietary allowance (RDA) of protein.

Immunisations

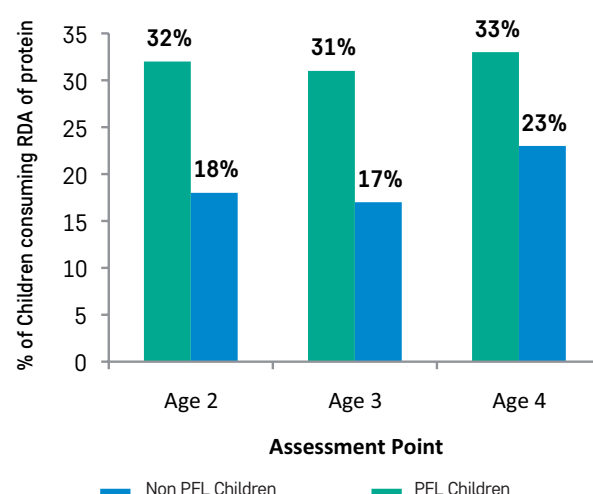
During infancy, children in the Preparing for Life programme were immunised earlier than children who did not take part in the programme.

- By 12 months, 29% of PFL children had received their 12 month immunisations, compared to 14% of non-PFL children.

Key non-significant findings on children's health

The PFL programme had no significant impact on children's birthweight or the amount of mothers who breastfed their child.

Figure 1: Impact of Preparing for Life on Protein Intake





Smart Children

Table 1: Impact of Preparing for Life on Cognitive Development (Direct Assessment)

	PFL	Non-PFL	p value ²	Effect Size ³
GCA & Upper Level Clusters Standard Average Scores				
General Conceptual Ability	97.7 (14.4)	88.0 (12.6)	$p < .01$	0.72 ^a
Verbal Ability	98.6 (13.1)	90.3 (12.4)	$p < .01$	0.65 ^a
Spatial Ability	96.0 (17.0)	86.0 (15.3)	$p < .01$	0.62 ^a
Pictorial Reasoning	99.2 (12.9)	93.2 (10.9)	$p < .01$	0.51 ^a
% Scoring Below Average				
General Conceptual Ability	13%	57%	$p < .01$	8.62 ^{b,c}
Spatial Ability	23%	59%	$p < .01$	4.76 ^{b,c}
Verbal Ability	16%	40%	$p < .05$	3.53 ^{b,c}
Pictorial Reasoning	18%	40%	$p < .10$	2.99 ^{b,c}
% Scoring Above Average				
General Conceptual Ability	25%	8%	$p < .05$	3.95 ^{b,d}
Verbal Ability	25%	8%	$p < .05$	3.81 ^{b,d}
Pictorial Reasoning	17%	9%	$p < .10$	2.05 ^{b,d}
Spatial Ability	14%	9%	ns	1.58 ^{b,d}
BAS Subscales Average T-scores				
Naming Vocabulary	53.3 (11.2)	46.0 (11.2)	$p < .01$	0.65 ^a
Pattern Construction	49.5 (12.8)	41.8 (11.0)	$p < .01$	0.65 ^a
Early Number Concepts	48.3 (8.4)	43.2 (8.1)	$p < .01$	0.61 ^a
Copying	45.9 (9.9)	41.9 (10.0)	$p < .01$	0.40 ^a
Verbal Comprehension	44.7 (6.8)	42.1 (6.8)	$p < .05$	0.37 ^a
Picture Similarities	51.5 (9.4)	49.6 (7.7)	$p < .10$	0.22 ^a
Executive Functioning Scores				
Effortful Control	22.0 (6.4)	19.2 (5.9)	$p < .05$	0.45 ^a
Ability to Delay Gratification	75%	72%	ns	1.13 ^{b,d}

2. One-tailed (right-sided) p value from a permutation test with 100,000 replications adjusted for attrition and gender. 'ns' indicates the variable is not statistically significant. ' $p < .01$ ', ' $p < .05$ ' and ' $p < .10$ ' indicate that the test is statistically significant at the 1%, 5%, and 10% level respectively.

3. Effect sizes (a) are Cohen's D and (b) are odds ratios. Cohen's D from 0.0 to 0.2 is considered small, 0.2 to 0.8 considered medium, and greater than 0.8 considered large. An odds ratio greater than 1 indicates that the reference group of children have higher odds of scoring in that category. The reference group in (c) were the non-PFL children and in (d) were the PFL children. For example, the non-PFL children had 8 times the odds of scoring below average on GCA scores compared to PFL children, and PFL children had almost 4 times the odds of scoring above average on GCA scores compared to non-PFL children.

B. SMART CHILDREN

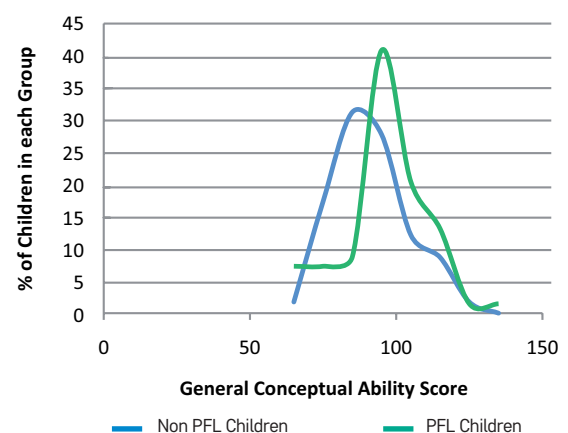
Parent reported cognitive development

Children in the Preparing for Life programme had better cognitive skills as rated by their parents at 18 months and at ages 2, 3 and 4.

Direct assessment cognitive development

- By age 4, there was a 10 point IQ gap between the children who received the PFL programme and those that did not using a direct standardised cognitive test.
- Only 13% of children in the programme scored below average on this standardised test compared to 57% of the children who did not receive the programme.

Figure 2: Distribution of Direct Assessment Cognitive Scores



Social Children



C. SOCIAL CHILDREN

Behavioural problems

Children in the Preparing for Life programme had fewer behavioural problems at ages 2, 3 and 4. They displayed fewer externalising problems, such as aggressive behaviour, and fewer internalising problems, such as anxious behaviour.

Prosocial behaviour

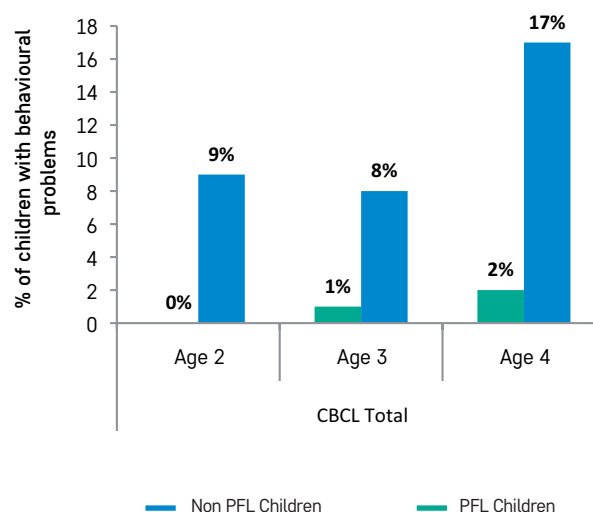
Children in the PFL programme showed higher levels of prosocial behaviours such as sharing and helping others at ages 3 and 4.

D. CHANGES IN PARENTING PRACTICE

Higher quality home environments

Children participating in the Preparing for Life programme lived in home environments which were more encouraging of child development. For example, at 6 months, PFL children lived in more stimulating home environments where they were engaged in a variety of activities. At 18 months, they had more access to appropriate learning materials. At age 3, they lived in more organised homes where they were less restricted in how they could act and explore their world and their parents were also more involved in their learning activities.

Figure 3: Impact of Preparing for Life on Behavioural Problems



Less permissive parenting

Parents taking part in the Preparing for Life programme were less likely to engage in a permissive parenting style when their children were aged 3 and 4. They found it easier to discipline their children and could follow through on disciplinary practices.

Better screentime practices


The PFL children had more developmentally positive screentime habits than the non-PFL children. For example, at age 3 they spent less time watching TV, DVDs and videos, and at age 4 they spent less time watching television by themselves.



Aligned Outcomes

5. Connecting to the Current Policy Context

Better Outcomes, Brighter Futures is the overarching national policy framework for children and young people (aged 0 – 24 years). It establishes six transformational goals and five national outcome areas to improve children's lives. Preparing for Life's work is closely aligned with transformational goal one which aims to provide improved support for parents to enable them to feel more confident, informed and able in the task of parenting. The Preparing for Life evaluation has demonstrated the programme's capacity to contribute to each of the five national outcome areas.

Aligned Outcomes		
 		
<ul style="list-style-type: none"> • Physically healthy and make positive health choices • Good mental health • Positive and respectful approach to relationships and sexual health • Enjoying play, recreation, sport, arts, culture and nature 	1. Active & healthy, physical and mental wellbeing	Positive effects of the PFL programme on health were visible from when the children were 6 months old. Healthier children can more fully participate in play and recreation activities, and by providing healthier meals to children, parents act as positive role models for healthy choices.
<ul style="list-style-type: none"> • Learning and developing from birth • Social and emotional well-being • Engaged in learning • Achieving in education 	2. Achieving full potential in all areas of learning and development	Positive effects on children's cognitive development were visible from 18 months old and by age 4 the PFL programme had a substantial impact on IQ. PFL children were better able to control their responses, a skill which will help them engage more productively in learning as they focus their attention and complete tasks. PFL children also had fewer behavioural problems from age 2. With better health, and more advanced cognitive and socio-emotional skills, PFL children are starting school ready to learn.
<ul style="list-style-type: none"> • Secure, stable, caring home environment • Safe from abuse, neglect and exploitation • Protected from bullying and discrimination • Safe from crime and anti-social behaviour 	3. Safe and protected from harm	PFL children lived in better organised, stimulating home environments which were more encouraging of child development. PFL children had access to more appropriate learning materials, and experienced fewer restrictions in how they acted and explored their world. PFL parents made more positive choices regarding screen time and TV habits, and were more likely to discipline their children when necessary.
<ul style="list-style-type: none"> • Protected from poverty and social exclusion • Living in child / youth friendly sustainable communities • Opportunities for ongoing education and training • Pathways to economic participation and independent living 	4. Economic security and opportunity	Educational inequality is pervasive in the PFL target areas where many children do not have the ability or support to take advantage of the opportunities that are commonplace in other communities. However, the PFL children are starting school equipped with the skills to learn and engage with others, which should ultimately set them on positive educational and employment trajectories.
<ul style="list-style-type: none"> • Sense of own identity, free from discrimination • Part of positive networks of friends, family and community • Civically engaged, socially and environmentally conscious • Aware of rights, responsible and respectful of the law 	5. Connected, respected and contributing to their world	PFL children had better socio-emotional skills, which should facilitate the development of positive relationships with family, friends, teachers, and other people they interact with in their daily lives.



6. Recommendations

Through Better Outcomes, Brighter Futures – the government has committed to prioritising supports for parents, prevention and early intervention, together with an emphasis on investment in programmes that have strong evidence of effectiveness.

Preparing for Life aligns with these priorities and has been the subject of an extensive and rigorous evaluation process which has clearly demonstrated that the programme can contribute to achieving the Better Outcomes, Brighter Futures national outcomes.

Preparing for Life is a manualised home visiting programme that is already being replicated in three other areas supported by the Area Based Childhood Programme and Tusla. We believe this programme has the potential to be replicated in targeted communities throughout Ireland.

We believe that parents are the most important resource we have to improve child outcomes. Preparing for Life has demonstrated that by investing in parents it is possible to significantly transform children's lives. Investment in parental support programmes such as Preparing for Life that have demonstrated evidence of effectiveness and impact makes sense both from societal and economic perspectives.

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