The forty-eight month report is the sixth and penultimate in a series of reports which present the results of the PFL evaluation. After the forty-eight month evaluation, participants will have left, or will be preparing to leave, the PFL programme. The final report will provide an overview of the PFL findings from baseline to forty-eight months, and will examine the children’s school readiness skills as they enter primary school.

The typical life of a PFL child at 48 months based on the data collected

Kirsty is now four and is soon to leave the PFL programme and start school. She lives with her Mam and Dad who are unmarried, her big brother and her granny. Kirsty and her Mam still see their mentor, but they see her less often than before, usually once every six weeks. Kirsty’s Mam is in good health and does not drink too much. However, life has its difficulties: her Mam sometimes feels very down, although she does not have any diagnosed mental health issues, she has a medical card, and Kirsty’s Dad is unemployed.

At the moment, Kirsty spends a good part of the week in formal childcare which is helping her prepare for the important step of starting school. Her Mam feels that she has all the mental skills needed to move into a school setting, and she also has good fine motor skills which will help her with day-to-day classroom tasks like handwriting. She is fully toilet trained which is important for school. Kirsty is typically in good form and does not get depressed, anxious or act out in a way that makes her Mam concerned. Her parents always set rules for Kirsty, for example, during the day Kirsty likes to watch TV but her Mam will always watch it with her. Unlike some of her friends, she does not have asthma and nobody in her house smokes around her.

A more detailed report of the forty-eight month PFL evaluation can be found at the following website under publications: [http://geary.ucd.ie/preparingforlife](http://geary.ucd.ie/preparingforlife)
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 comparison group from a different community provided an additional control group. This diagram describes the PFL services.

### Aims of the Forty-Eight Month Evaluation

- To determine whether the PFL programme had an impact on parent and child outcomes at and before forty-eight months.
- To provide a detailed review of implementation practices regarding attrition, participant engagement, misreporting, and contamination.

### Results at Forty-Eight Months

A total of 217 (High = 115, Low = 118, LFP = 84) forty-eight 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, Maternal Social Support, Household Factors & SES. The boxes below document some of the main treatment effects in the unweighted analysis.

<table>
<thead>
<tr>
<th>Domain</th>
<th>High Treatment Group</th>
<th>Low Treatment Group</th>
<th>LFP</th>
<th>Interaction Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Development</td>
<td>Stronger cognitive development</td>
<td>Fewer externalising and internalising behaviour problems</td>
<td>More sophisticated fine motor skills</td>
<td>Fewer mental health issues in family</td>
</tr>
<tr>
<td>Child Health</td>
<td>Less likely to be asthmatic</td>
<td>More likely to consume recommended amount of vegetables</td>
<td>Less likely to be overweight</td>
<td>Fewer permisive parenting behaviours</td>
</tr>
<tr>
<td>Parenting</td>
<td>Child less exposed to cigarette smoke at home</td>
<td>Child spends less time watching TV alone</td>
<td>Social worker less likely to be working with family</td>
<td>More likely to be toilet trained</td>
</tr>
<tr>
<td>Home Environment</td>
<td>More likely to have voted in last local, European and general elections</td>
<td>More likely to be engaged in activities that promote healthy eating</td>
<td>More likely to be engaged in activities that promote physical activity</td>
<td>No differences</td>
</tr>
<tr>
<td>Maternal Health &amp; Wellbeing</td>
<td>More likely to engage in activities that promote healthy eating</td>
<td>More likely to be engaged in activities that promote physical activity</td>
<td>No differences</td>
<td></td>
</tr>
<tr>
<td>Household Factors &amp; SES</td>
<td>No differences</td>
<td>No differences</td>
<td>No differences</td>
<td></td>
</tr>
</tbody>
</table>

### Implementation Analysis

Sixteen percent of the sample dropped out of the programme between baseline and forty-eight months (High = 19%, Low = 17%, LFP = 12%). There were no dropouts in the high treatment and comparison group between thirty-six and forty-eight months, and only 1% dropped out in the low treatment group. At forty-eight months the rates of disengagement across the high and low treatment groups were 17% and 21% respectively, and 17% 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 forty-eight months. An Inverse Probability Weighting procedure was used to account for such differential attrition.

### Engagement

Families in the high treatment group received an average of $54 per home visit from the PFL mentors between programme intake and forty-eight months, with each visit lasting slightly under one hour on average. The number and duration of visits were roughly similar across each time period prior to thirty-six months, averaging once per month. However, between thirty-six and forty-eight months, this reduced to approximately once every six weeks. These visits were more likely to be conducted at home, and the mentors were more likely to have engaged in activities that promote healthy eating or physical activity. The interviews conducted during this period were more likely to have engaged in activities that promote healthy eating or physical activity.

### Misreporting

It is possible that participants chose to answer the interview questions in a way that they felt was socially acceptable, or favourable to the researcher. Potential misreporting by the high and low treatment groups was measured using a bogus question which tested the participants’ knowledge of a fake child development test. A small and similar proportion of both groups were likely to claim to have heard the test. This suggests that the results were unlikely to be biased by high treatment group members providing answers which they felt portrayed a better image of themselves as parents.

### Contamination

A contamination analysis was conducted to determine whether the low treatment group may have been exposed to supports received by the high treatment group. This could occur through the sharing of information or materials between participants. The findings indicated that while the potential for contamination between groups was quite high, the level of contamination in the PFL programme up to forty-eight months was low and did not bias the forty-eight month results.

### 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 comparison group. Analysis of the baseline data showed that the randomisation procedure was successful.

Evaluations of PFL up to thirty-six months indicated that the impact of the programme increased over time with a number of significant differences identified between the high and low treatment groups at six (14%), twelve (8%), fourteen (14%), twenty-four (21%), and thirty-six (22%) months. Many of the relationships were in the hypothesised direction with the high treatment group reporting somewhat better outcomes than the low treatment group. Areas where significant effects have been found include child development, child health, parenting, home environment, maternal social support, and childcare and these findings were largely as anticipated, yet the positive effects found on child health exceeded expectations. In total, 12% (23/191) of the outcomes analysed showed significant differences between the high and low treatment groups. Significant treatment effects were found across all domains except childcare. This represents a drop in the number of positive findings compared to the previous time point at thirty-six months. In order to account for potential bias which differential attrition may introduce, these analyses were re-estimated using an Inverse Probability Weighting (IPW) technique. When IPW was applied, the number of individual significant findings increased from 12% to 18%. Substantial increases in treatment effects were found in the domains of child development, child health, and maternal health. The boxes below document some of the main treatment effects in the unweighted analysis.