



preparing for life

Early Childhood Intervention

6 Month Summary Report



UCD Geary Institute

preparing for life



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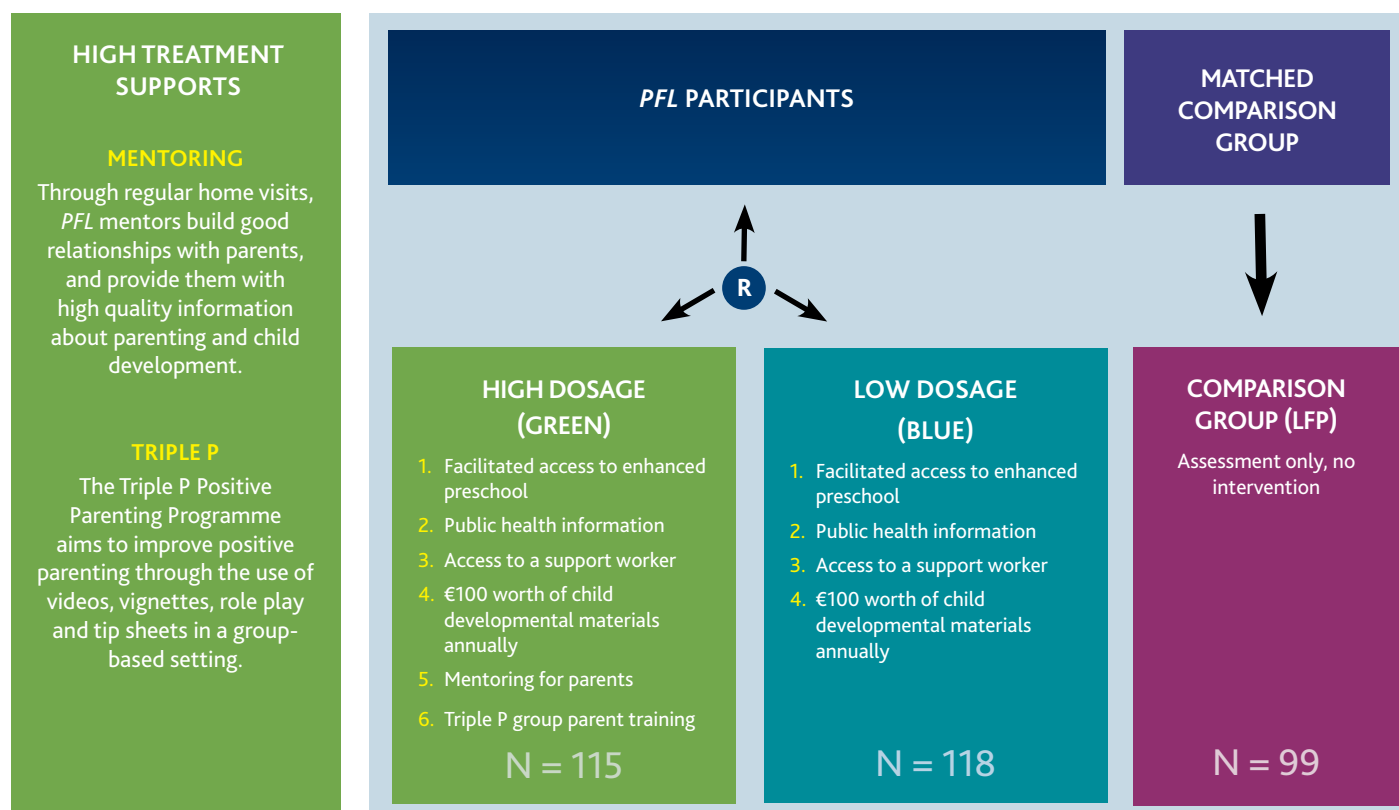


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Preparing for Life (PFL) is a prevention and early intervention programme which aims to improve the life outcomes of children and families living in Dublin, Ireland, by intervening during pregnancy and working with families until the children start school. This report briefly highlights the aims, methods and findings from the evaluation of the programme which took place when the *PFL* infants were 6 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 are randomly assigned to a high support treatment group or a low support treatment group. A matched comparison group from a different community was also included as an additional control group.



Recruitment and Baseline Characteristics

The programme, which began in 2008, was offered to all pregnant women residing in several designated disadvantaged communities in Dublin. 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 including sociodemographic factors, parenting and social support collected before the programme began showed that the randomisation procedure was successful.

The high and low *PFL* groups did not statistically differ on 97% of the measures analysed. The entire *PFL* group and the LFP comparison group did not statistically differ on 75% of the measures. The comparison group was of a relatively higher socioeconomic status.

Aim of Six Month Evaluation

To determine whether the *PFL* programme had an impact on parent and child outcomes between programme entry during pregnancy and when the infants were six months of age.

To provide a review of implementation practices in the *PFL* programme regarding the level of dosage, participant engagement and participant satisfaction.

Main Results of *PFL* at Six Months

257 interviews were conducted with participating mothers when their infants were six months: (Low = 90, High = 83, LFP = 84). An explanation of participant attrition is included on the next page of this report.

Families in the high treatment group were compared to families in the low treatment group across eight main domains: Child Development, Child Health, Parenting, Home Environment & Safety, Maternal Health & Pregnancy, Social Support, Childcare & Service Use, and Household Factors & Socioeconomic Status.

FINDINGS FOR HIGH TREATMENT GROUP VS. LOW TREATMENT GROUP

Consistent with the programme evaluation literature, there were limited significant differences observed between the high and low treatment groups at six months.

Many outcomes were in the hypothesised direction with the high treatment group reporting somewhat better outcomes than the low treatment group.

23/160 (14%) of the outcomes analysed showed significant differences between the high and low treatment groups. Domains with no significant effects include Child Development and Maternal Health Behaviours. Domains with the most positive effects were Parenting and Home Environment & Safety. The figure below highlights factors that were significant by domain.

PARENTING

- More appropriate child eating patterns
- Higher immunization rates
- More and higher quality parent-child interactions
- Less parental hostility

HOME ENVIRONMENT AND SAFETY

- Safer home environment
- Higher quality home environment
- More appropriate learning materials and childcare

MATERNAL HEALTH AND PREGNANCY

- Less maternal hospitalisations after birth
- Lower parental stress

SOCIAL SUPPORT

- Mothers more likely to be socially connected to their family and community

Impact of *PFL* at Six Months

Interactions & Sub-group Results

Interaction and sub-group analyses were conducted to determine whether the programme benefits some types of families more than others. These categories included gender, first time and non-first time mothers, lone and partnered parents, mothers with relatively higher and lower cognitive resources, and families with high and low familial risk.

Results show that the *PFL* programme may be particularly beneficial to mothers with relatively higher cognitive resources, families with multiple children and families who have experienced familial risk.

Impact of *PFL* at Six Months

Comparison Group Results

The outcomes of the two *PFL* treatment groups were also compared to the matched comparison group. There were more significant differences in the outcomes of the high treatment group versus the comparison group (21%) than in the outcomes of the low treatment group versus the comparison group (11%).

The main differences were found in the domains of social support, parenting, home environment, and household factors/SES. These findings support the main results which suggest that the programme has some modest effects at 6 months.

PFL Implementation Analysis

ATTRITION

10% of the sample officially dropped out of the programme between the baseline assessment and six months (High=13%, Low=6%, LFP=10%). 8% of the sample were classified as disengaged (High=9%, Low=10%, LFP=6%).

Very few individual participant characteristics were associated with programme attrition and disengagement.

DOSAGE

Families in the high treatment group received an average of 14 home visits with the *PFL* mentors between programme intake and six months. Each mentor visit lasted about one hour on average. The majority (68%) of participants reported meeting their mentor twice a month. Initially, weekly mentor visits with participants were planned. However, frequency of visits was reduced to fortnightly at the request of families.

Only a few individual participant characteristics were associated with the frequency or duration of home visits. These include gestational age upon programme entry, higher maternal cognitive resources and more vulnerable attachment style.

PARTICIPANT SATISFACTION

Participant satisfaction with the programme was generally high. As expected, the high treatment group reported greater satisfaction with the programme than the low treatment group.

The high treatment group was most satisfied with receiving the type of help they wanted and their child's progress.

QUALITATIVE FINDINGS

A process evaluation was conducted to examine the experiences of the *PFL* families and staff in the programme. This consisted of focus groups with 23 programme participants and individual interviews with 7 *PFL* staff members.

Both participants and programme staff reported that the *PFL* programme is of benefit to families in the community. Participants and staff cite several core factors that contribute to the programme's perceived success. These include rapport between mentors and participants, respect for participant time, clear and concise informational materials and flexibility to meet participant needs within the *PFL* framework.

The high treatment group reported more benefits from the programme than did those in the low treatment group. This finding indicates high programme model fidelity.

Conclusion

The six month evaluation of *Preparing for Life* suggests that the programme is progressing well.

As found in other studies of home visiting programmes, there were limited significant differences reported between the high and low *PFL* treatment groups and the *PFL* treatment groups and the comparison group at six months.

Many of the relationships were in the hypothesized direction, with the high treatment group reporting somewhat better outcomes than the low treatment group.

There were some significant findings in the domains of parenting, quality of the home environment, and social support which correspond directly to information on the *PFL* Tip Sheets delivered to participants during this period.

The programme had no significant impact on key domains such as pregnancy behaviour, infant birth weight, breastfeeding and child development.

Attrition was relatively low during this period.

Level of engagement was less than anticipated.

Participant satisfaction was high.

Mothers with relatively higher cognitive resources received a greater number of home visits and may have benefited more from participation in the *PFL* programme.

The programme is on-going and the impact of the programme continues to be evaluated when the *PFL* infants are 12, 18, 24, 36 and 48 months of age.

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

<http://geary.ucd.ie/preparingforlife/publications/sixmonthreport>