PART A

The Story of Preparing for Life

Preparing for Life

Support • Nurture • Thrive

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Introduction

This section provides an introduction to the home visiting programme including a history of how Preparing for Life was originally developed, as well as the theory of change and the evidence base for the approach. This section also provides a summary of the results of the long-term programme evaluation undertaken by Prof. Orla Doyle, Geary Institute, University College Dublin.

The programme has evolved over time and has incorporated learning from families, home visitors and the evaluation process. The current programme is described here along with an explanation of the five key practice principles that inform and guide the implementation of Preparing for Life home visiting:

1. Family Capabilities

2. Relationship-Based Family Partnership

3. Parallel Process

4. Mutual Competence

5. Reflective Practice.

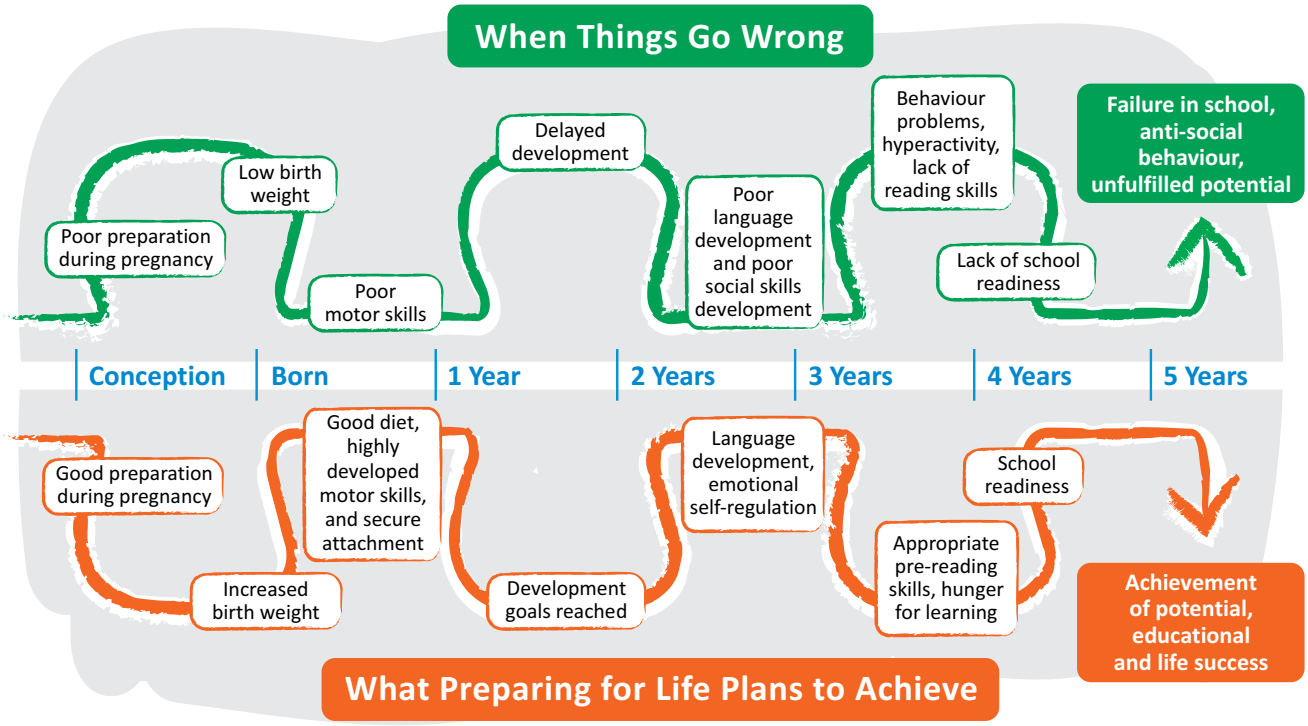
This section describes the three core components of programme delivery: (a) tip sheets, (b) the goals and aspirations process and (c) working collaboratively with other services and agencies.

Finally, this section outlines the additional recommended services that wrap around the home visiting process to ensure a comprehensive service for parents, babies and young children: (a) ante-natal education; (b) breast-feeding support; (c) baby massage and (d) evidence-based parenting programmes.

1. HISTORY AND CONTEXT

Preparing for Life grew from the experience of Noel Kelly, a teacher in Darndale who saw children starting school without having achieved the basic milestones that would enable them to actively participate and engage in education. Noel initially brought a group of local stakeholders together to research the problem and develop a solution, as per Figure 1 below. It became clear that any intervention had to happen as early as possible if children were to develop the physical health, problem-solving skills, and concentration needed for school, as well as the ability to manage their relationships with peers and teachers.

Figure 1 Original Preparing for Life Expected Outcomes (Northside Partnership, 2005)



The proposal developed by Preparing for Life was selected for funding by Atlantic Philanthropies. Following extensive local consultation and with the support of international experts, a team was assembled, and a formal, manualised programme was developed and implemented. The home visiting programme aimed to improve levels of school readiness of young children living in several disadvantaged areas of North Dublin by engaging with mothers during pregnancy and working with families until the children start school. It was developed based on the recognition that children from the area were lagging behind their peers in terms of both cognitive and non-cognitive skills at school entry. A representative survey assessing levels of school readiness of children aged four to five years old attending the primary schools in the Preparing for Life catchment area found that teachers rated children in these communities as displaying significantly lower levels of school readiness than a Canadian norm on the domains of physical health and wellbeing, social competence, emotional maturity, language and cognitive development, and communication and general knowledge (Preparing for Life evaluation team at the UCD Geary Institute, 2010). Teacher ratings were lowest in the domains of language and cognitive development, communication and general knowledge, and approximately 30% of children scored in the lowest 10% of the cohort on at least one domain of

school readiness. In addition, the school readiness capabilities of children living in this area appeared to be consistent over time, as the teachers indicated that less than 50% of children entering school in the Preparing for Life catchment area were ready for school in 2004 (Murphy, et al., 2005) and again in 2009 (Preparing for Life evaluation team at the UCD Geary Institute, 2010). This body of research suggested the need for a school readiness intervention in these communities. The purpose of the Preparing for Life programme was to improve these low levels of school readiness by assisting parents in developing skills to help prepare their children for school. Prof. Orla Doyle of the Geary Institute, UCD, was selected to oversee a randomised control trial to assess the programme's effectiveness.

Collaboration with local families was vital from the outset and continued throughout the process. In addition to the consultations with families, there were extensive efforts to involve local agencies in mapping and shaping the vision of Preparing for Life to meet the needs of local families. Preparing for Life was a bottom-up initiative involving 28 local agencies and community groups who collaboratively developed a programme tailored to meet the local community's needs as well as being grounded in empirical evidence. It also supported the programme in complementing the work of other agencies in the area and facilitated an integration of the programme into local service provision.

Early in the process, several agencies identified that services were organised to respond to symptoms of underlying problems rather than address causes and providing support that may prevent problems from occurring in the first place. Preparing for Life was explicitly designed to support families in taking control of their lives and better support the development of their children. By building on the strengths and resources within the family, Preparing for Life encouraged self-sufficiency and independence, working with families to support them in making well-informed decisions for themselves and their families and intervening before problems arose. More recently, this has transformed into family capabilities, exploring possibilities with families and supporting them with problems where required.

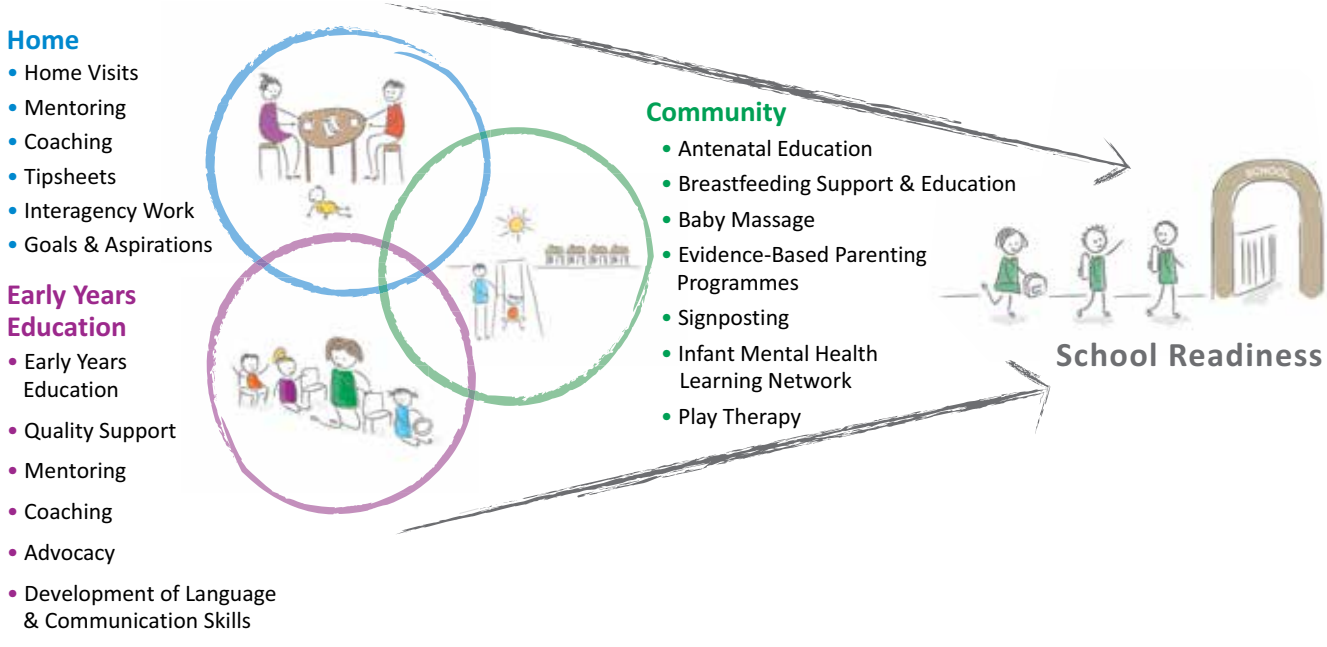
It should also be noted that Preparing for Life was established under Northside Partnership in 2007. Northside Partnership is a local development company based in northeast Dublin, Ireland. The government established local development companies to provide an area-based response to communities with high long-term unemployment and social exclusion levels. It provides several offerings in response to local needs

through its employment, enterprise, education, health and wellbeing, and community development programmes. The organisation works closely with local community groups, training schemes, employers and businesses, government departments, and local government. This connection continues to provide many connections to additional services for families engaged in Preparing for Life.

As outlined previously, school readiness was a key aim of the Preparing for Life programme. This was conceptualised in terms of the joint responsibilities that homes, schools, and communities have in providing caring environments that promote children's learning (Piotrkowski, Botsko, & Matthews, 2000). The overall model saw a specific role for each domain (i.e. home, school and community) and developed activities to respond to each. The Preparing for Life home visiting programme evolved by imagining the child's experience, specifically in their home environment. It was hoped that the programme could support the creation of a nurturing home environment where children (and their families) could flourish, thrive and enhance their potential for lifelong learning and wellbeing, including school readiness. It was believed that this could be brought to fruition by enhancing parent-child interactions, parenting skills, parental self-efficacy, and parents' goals and aspirations for themselves, their children and their families.

The Preparing for Life programme has evolved and adapted in response to the experience and learning of the families, the team, and the partner organisations. For example, it became clear that the Early Education experience (supporting the experience of the child in school) was critical in building school readiness and an extensive professional development and mentoring programme for early years educators was developed. The team also expanded the delivery of parenting supports and formalised the delivery of ante-natal education, baby massage, breastfeeding education, and evidence-based parenting programmes such as Triple P and Circle of Security. The home visiting programme integrates with many of these elements to enhance the support offered to families. These elements are outlined in Figure 2 below.

Figure 2 Overall Preparing for Life Programme



It should be noted that the rest of this document focuses specifically on the home component and where there is overlap with other activities from the early years and community domains (where they are formally integrated into the delivery). These supports are offered independently and in tandem with the home visiting programme, including evidence-based parenting programmes, baby massage, antenatal education, and breastfeeding support. The home visiting programme integrates with all of these programmes as much as possible as they complement each other whilst supporting the child, and family, and the home environment.

1.1. Darndale: The Original Preparing for Life Community

Preparing for Life was originally delivered in a particular suburban community in Dublin, Ireland, classified as disadvantaged. The community, consisting of a series of low-rise housing estates, was built as a social housing initiative to relocate families living in city-based tenement buildings in the 1970s. Relative deprivation of the community was heightened in the 1980s when many non-welfare-dependent families left the area after availing of a state grant to encourage private home ownership. This subsequently led to an inflow of residents typically characterised by high rates of unemployment, low education, and lone parenthood, thus exacerbating any long-standing social problems in the area.

The following information describes some demographics of the community at the time when the programme was being established. The information was collected as part of the 2006 census (Central Statistics Office, 2007) when the programme began.

Table 1 Demographics of Catchment Area (Census 2006)

	National Average	Preparing for Life Area
Social housing	7.2%	42%
Unemployment	3.5%	10%
Third level education	19.4%	7%

The additional table overleaf also highlights a comparison between the Preparing for Life families compared to a nationally representative sample.

Table 2 Comparison of Preparing for Life Community to National Sample

Variable	Growing Up In Ireland[1] (9 months interview) Mean (SD)	Preparing for Life (Baseline Interview) Mean (SD)
Age[2]	31.61 (5.35)	25.38 (5.9)
Married	0.68 (0.47)	0.16 (0.38)
Living with parent(s)	0.05 (0.23)	0.52 (0.50)
Low education	0.12 (0.32)	0.37 (0.48)
Employed	0.57 (0.49)	0.38 (0.49)
Social housing	0.08 (0.27)	0.55 (0.50)
Physical or mental health condition	0.11 (0.32)	0.74 (0.44)
Smoked during pregnancy[3]	0.18	0.49
Alcohol during pregnancy[3]	0.20	0.28

1. Growing Up in Ireland Study Team, 2011 is a nationally representative study which was administered to 11,134 households (or one-third of all nine-month-old infants living in Ireland) during the period September 2008 to April 2009.

2. The mother's age in Growing Up in Ireland was recorded when the study child was nine months of age, while in Preparing for Life, it was recorded during pregnancy (at 21 weeks on average).

3. Data on smoking and alcohol consumption during pregnancy for Growing Up in Ireland participants were not available for analysis; means sourced from Williams, Greene, McNally, Murray, & Quail, 2010.

1.2. Policy Context

Preparing for Life was one of the first programmes in Ireland to conduct a randomised controlled trial on Early Intervention Programmes, which provided considerable insight into the operation of the programme and why it achieved such positive results. The success of the Prevention Early Intervention Programme (PEIP) in Darndale and the other original sites in Tallaght and Ballymun led to the launch of the Area Based Childhood (ABC) Programme in 2013. This national programme supported prevention and early intervention initiatives in 12 communities, including Preparing for Life in Darndale. In 2018, the administration of the ABC Programme was transferred to the Prevention, Partnership and Family Support (PPFS) programme in Túsla, where an ABC National Programme Office was established to oversee the programme.

Alongside these developments at a programme level, there was a greater focus on prevention and early intervention in national policy. In 2014, the key policy document, Better Outcomes Brighter Futures: The National Policy Framework for Children & Young People 2014–2020, (Department of Children and Youth Affairs, 2014) was published. This provided a unified, long-term government vision to improve the lives of children from birth to 24 years of age. In 2019, the government published the First Five – A Whole Government Strategy for Babies, Children and Families (Government of Ireland, 2019) that built on the learning in the PEIP and ABC programmes. Both strategies represented significant progress in national thinking by recognising that supporting families is fundamental to improving children's lives and futures. Home visiting is a core element of that family support.

2. PREPARING FOR LIFE HOME VISITING PROGRAMME THEORIES

The Preparing for Life home visiting programme is grounded in a number of key child development theories. These are outlined below:

2.1. Attachment

The programme aims to promote and support attachment between parent and child. The close emotional tie between a parent and an infant is referred to as attachment (Bowlby, 1969). Attachment during infancy is related to social, emotional, and cognitive skills later in childhood. Research shows that children with secure attachments to their parents are better able to take advantage of the opportunities that school offers, develop better social skills, and have greater emotional stability. The Preparing for Life home visiting programme works with parents to facilitate competent and confident parenting, which is characterised by providing a nurturing environment and protection and ultimately assisting in developing secure attachment bonds between parent and child.

2.2. Ecological Systems Theory/Bio-Ecological Theory

There are multiple contexts in which a child lives (Bronfenbrenner, 1986) and it is essential to consider these. A child is part of a family, a community, a childcare setting, and a school. A child's successful navigation of these settings depends on how they are faring in other areas – for example, how well they will do in school is connected to their family life. A socio-ecological systems theory informs the Preparing for Life home visiting programme, as it incorporates the many contexts of the child's life when delivering support.

The programme reaches out to mothers, fathers/partners, grandparents, siblings, and others involved in the child's life whenever possible. The programme also acknowledges that effective prevention and early intervention requires working in partnership with child and family services and agencies. Therefore, the programme has developed community collaboration among health, education, and social services.

2.3. Social Learning Theory

Children learn from their engagement and interactions in the world and from observing those around them (Bandura, 1977). This means parents are models for their children, teaching through their behaviour. Through the Preparing for Life home visiting programme curriculum and our approaches, we work with parents to support and empower them to make informed choices, which can potentially affect child development. We recognise that parents can serve as positive examples for their children through their decisions which in turn could support children to engage in healthier behaviours and interactions.

2.4. Infant Mental Health

Providing infants with predictable and nurturing caregiving environments affords them the opportunity for optimal development across the life course. Infant mental health refers to the focus on wellbeing from infancy and the factors that may affect this, such as responsiveness, secure environments, nurturing relationships. This focus also supports the child's development, laying the foundations for children's social and emotional health and wellbeing. This may impact children's cognitive development, such as their confidence to express and regulate their emotions, their ability to form relationships, and how they explore their environment (Health Services Executive, 2023). Taking an infant mental health approach means supporting parents to build trusting, secure, and reliable relationships with their children.

3. OUTCOMES FOR CHILDREN AND PARENTS

3.1. Age 5 Evaluation

The initial Preparing for Life home visiting programme has several intended outcomes for the families participating. The research conducted by the Geary Institute, UCD, between 2008 and 2015 (and a follow-up evaluation in 2019) found it to be effective in achieving positive outcomes in several parenting, learning, child health and development domains (Preparing for Life Evaluation Team at the UCD Geary Institute, 2016 and 2019). These findings mirror international research into the efficacy of home visiting programmes. **The goal of the programme was to improve children's readiness for school.**

In working to achieve this, the programme also worked to support and enhance:

- Children's health and wellbeing, with a focus on children's nutrition, sleep, and mental wellbeing.
- Children's development, including their physical, cognitive, language, and social and emotional development.
- Parents' knowledge, skills and the interactions between parent and child, with a specific focus on improving attachment and positive interactions within the parent-child relationship and on general parenting practices and behaviours.
- Parental health and wellbeing, recognising and developing parents' strengths and capabilities, supporting their wellbeing, and reducing parental stress.
- The home environment, focusing on safety in the home and on family-child interactions that support a positive learning environment.

From 2008 to present, the evaluation team from the UCD Geary Institute for Public Policy followed the journey of 233 families who agreed to participate in the randomised controlled trial. When the families consented to join Preparing for Life during pregnancy, they were randomly assigned to either a high-treatment group or a low-treatment group. Using the randomised control trial design ensured there were few differences between the types of families in each group before the programme began. This meant that if the outcomes of the two groups were different throughout

the evaluation, we could be confident that the home visiting programme caused the findings. By following children from birth through to school entry and then again at age 9, the evaluation examined the impact of home visiting on children's cognitive development, language development, approaches to learning, socio-emotional development, and physical wellbeing & motor development. Information was gathered from parents, children, hospitals, schools, and teachers multiple times using questionnaires, observations, direct assessments, medical records, and interviews. The evaluation found that the programme effectively improved children's school readiness across all of these domains, particularly in terms of children's cognitive development, physical wellbeing, and motor skills. The programme also had some impacts on parenting and the quality of the home environment; however, these impacts were minor and less consistent. Some of the highlight outcomes we have seen for children and families over time are outlined below.

Figure 3 Age 5 Results

Overall, *Preparing for Life home visiting programme* achieved its aim of improving children's school readiness. The programme had a positive and significant impact on each of the five domains as summarised below:

	Impacts During the Programme	Impacts at School Entry
Cognitive Development	Cognitive improvements from 18 months onwards	10 point IQ gap between children in the high and low treatment groups
Language Development	High treatment children were better at combining words at 24 months	25% of high treatment children had above average verbal ability compared to 8% of low treatment children
Approaches to Learning	High treatment children showed better approaches to learning from 36 months	High treatment children were better able to control their attention than low treatment children
Social & Emotional Development	2% of high treatment children were at risk of behavioural problems compared to 17% of low treatment children at 48 months	25% of high treatment children were "not on track" in their social competence compared to 43% of low treatment children
Physical Wellbeing & Motor Development	24% of high treatment children were classified as overweight compared to 41% of low treatment children at 48 months	High treatment children had better gross and fine motor skills

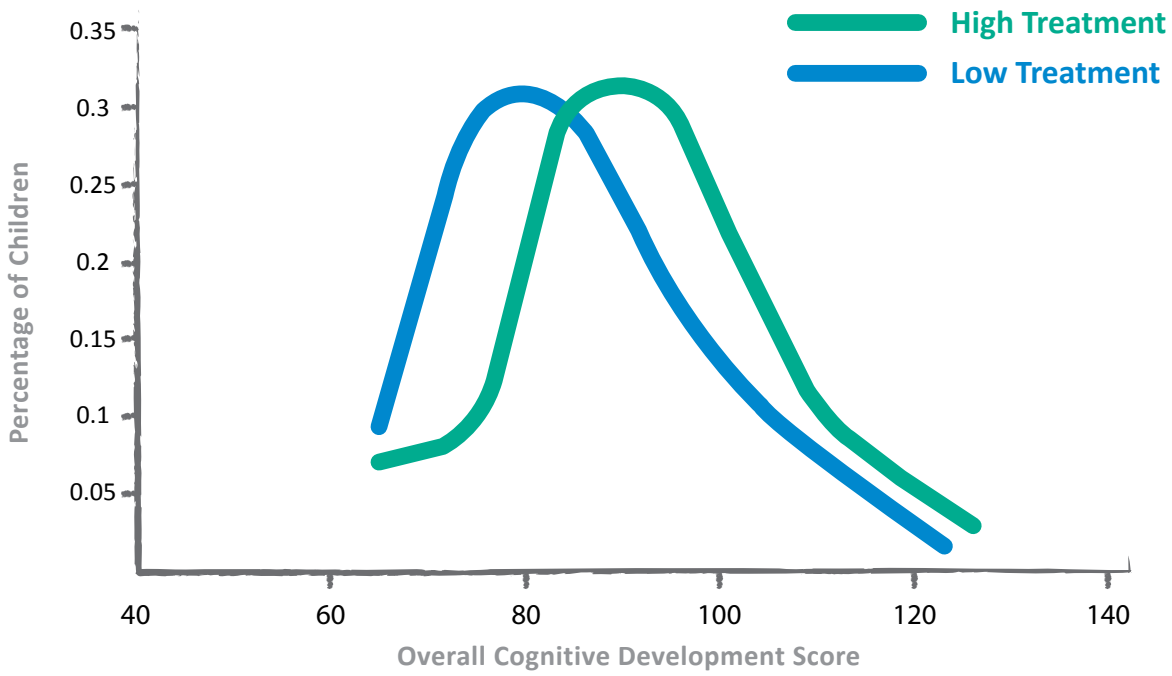
3.2. Age 9 Follow-Up

At the Age 9 Follow-Up, the Preparing for Life children ranged in age between 7 and 11 years, with an average age of 9. For participants who agreed to participate in the Age 9 Follow-Up study, three types of data were collected: direct assessments of children, interviews with parents, and data from schools (Preparing for Life evaluation team at the UCD Geary Institute, 2019) (Doyle, O. 2022).

At age 9, the Preparing for Life programme had a significant impact on children's cognitive development. Children who received the high treatment support had better general cognitive functioning, spatial abilities, non-verbal reasoning skills, and verbal abilities. The programme increased children's overall cognitive functioning by 0.67 of a standard deviation, similar to the effect size of 0.72 found at age 4-5. Preparing for Life also significantly and positively impacted children's executive functions in terms of improving their inhibitory control, attention flexibility, and working memory.

Figure 4 below shows that the distribution of cognitive development scores for the high treatment group shifted to the right of the low treatment group's distribution, with larger differences at the lower tail. This demonstrates that the programme raised the ability of children with lower performing scores.

Figure 4 Age 9 Cognitive Development

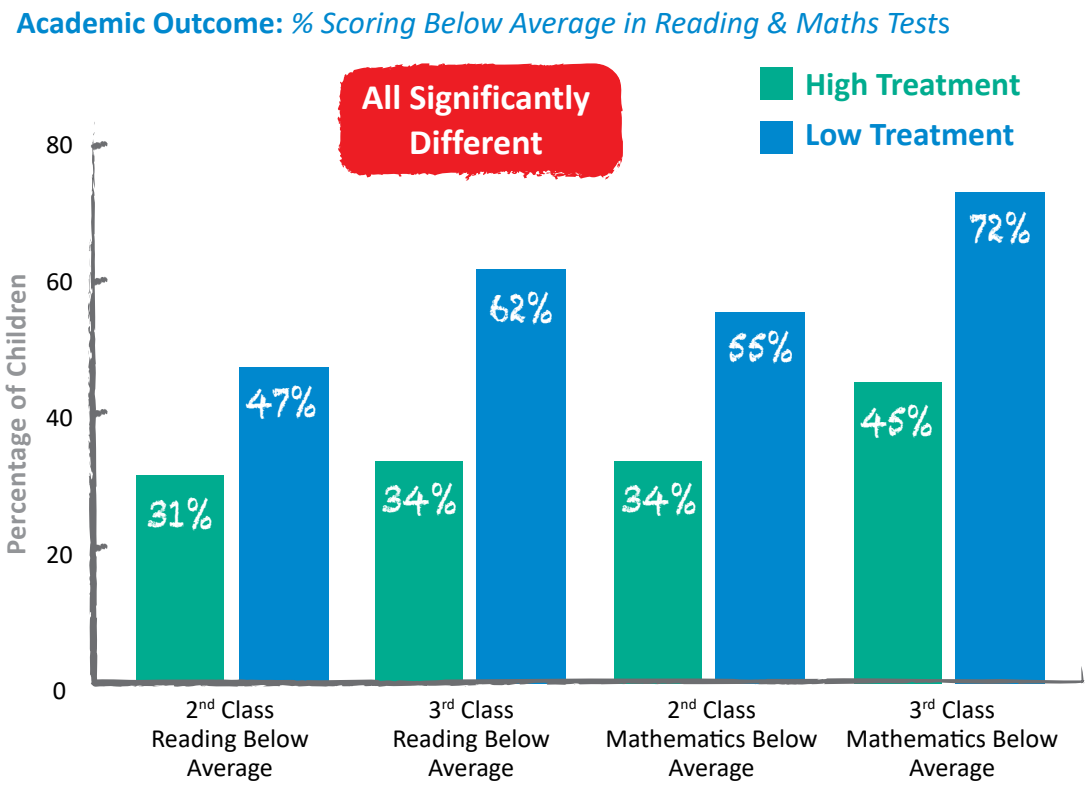


All Significantly Different

Overall, these results show that the large effects on cognitive development found at the end of the programme have been sustained at age 9

At age 9, the programme had a significant impact on children's academic outcomes. Children who received the high treatment supports had better 2nd and 3rd-class standardised test scores in reading and maths, with effect sizes ranging from 0.33-0.74 of a standard deviation. The high treatment group were significantly less likely to score below average on their 2nd and 3rd class reading and maths tests and more likely to score above average on their 3rd class reading and 2nd class maths tests. These results illustrate that improving children's school readiness skills can have a lasting impact on their school performance.

Figure 5 Age 9 Academic Outcome



For the other key domains, Age 9 Follow-Up showed positive effects for emotional stability, health outcomes and parenting outcomes. However, these differences were not statistically different. These findings have informed the further development and improvement of the programme.

A further study at age 14 was completed in 2024. The results are forthcoming in 2025.

4. PREPARING FOR LIFE HOME VISITING TODAY

The Preparing for Life home visiting programme has evolved in response to the research findings. It has considered areas where more focus is required and where outcomes could be improved for children and families.

This has involved learning from best practices and the families and communities in which the programme is situated. In particular, the insights from families and home visitors have provided insights about what is practical and valuable in the ongoing development and delivery of the programme.

It has been important for the programme to consider local and international policy developments such as the Better Outcomes Brighter Futures (Department of Children and Youth Affairs, 2014), the national policy framework for children and young people in Ireland 2014-2020, and consider how the programme is aligned or could improve to meet the goals within. Furthermore, a national logic model was introduced for ABC (Area Based Childhood) sites (of which Preparing for Life is one nationally), and it was important to ensure alignment with this also. These discourses were important to ensure the programme stayed up-to-date with best practices.

Therefore, the programme has integrated these different insights and evolved to be responsive to these experiences, while also ensuring not to lose the core of what was important in the original delivery evaluated via the randomised control trial.

This has meant that the intended outcomes of the programme have evolved (while keeping many of the original ones, particularly where they created change in the randomised control trial), and an outline of the most up-to-date theory of change is outlined on the next page, in Figure 6.

Figure 6 Preparing for Life Home Visiting Theory of Change

Inputs	Activities	Outputs	Outcomes	Impact
• Extensive needs assessment • Randomised control trial undertaken by UCD • Staff (coordinator and home visitor) • Training for staff (including overview of programme and delivery and continuous professional development) • Funding • Programme delivery manual including policies, procedures and forms • Tipsheet folder for families • Developmental items for families • Photography sessions for families • Supervision • Monitoring and evaluation process	• Home visits • Mentoring • Coaching • Discussion of tipsheets • Goals and aspirations process • Interagency working including advocacy, signposting, referrals, case coordination • Antenatal education • Breastfeeding support and education • Baby massage • Evidence-based parenting programme (e.g. Circle of Security, Triple P) • Evaluation • Supervision and reflective practice	• Number of families who engage in home visits • Number of families who engage in each of the additional activities • Number of families who complete the programme • Number of families who are connected to additional supports (onward referrals, case conferences) • Number of tipsheets completed with families • Number of families who engage in a) antenatal education b) baby developmental checkups c) immunisations	• Parents feel confident and capable in their role as a parent • Postive birth outcomes (reduced interventions, healthy birthweight of baby) • Children experience a nurturing, positive and safe home learning environment • Children experience a responsive relationship with parents/caregivers • Parents and children experience positive health and wellbeing • Increased levels of parental education and employment • Children excel in development (cognitive, language, literacy, social/emotional) and reach key developmental milestones • Strong attachment developed between parent and child • Increased rates of intentional and actual breastfeeding	• Increased school readiness for children in area • Enhanced lifelong outcomes for children including increased social mobility • Reduced child poverty • Increased resilience of families

Assumptions

Families will be offered the full range of programmes

There will be a consistency of support offered across workers in the programme

Families will engage in the variety of supports offered and benefit from the holistic range

→

Assumptions

Families who would benefit most from the programme are engaged

Families will apply the knowledge into practice (behaviour can be influenced)

Families will engage consistently and for long enough to allow change to happen

→

Assumptions

Families will apply knowledge and it will lead to outcomes and impact as expected

Any positive change will be sustained after families finish the programme

5. ETHOS AND VALUES

Our ethos and values are important to the Preparing for Life home visiting programme because they incorporate our traits, culture, goals, mission, and vision and ensure that we are committed to working in collaboration with the local community. Our overall goal is "to **support** parents to **nurture** children so the child, the family, and the community can **thrive**." We do this via the support we offer and the way we engage with families. Programme values are described below:

Preparing for Life believes in the capability of every individual (whether that refers to families engaging in the programme, staff in the programme or other organisations or supports we engage with). We also strive to nurture these relationships and explore opportunities that encourage flourishing, wellbeing, and hope. We do this by celebrating all accomplishments (no matter how big or small) and learning to notice and hold the potential for growth in everyday interactions. It is integral to us that this is done with compassion and understanding. We believe in constantly striving to improve and learn and finding ways of connecting theory and practice and translating this into improvements in programme delivery. We hold all relationships at the centre of everything we do. Preparing for Life home visiting has a commitment to the communities where it is located, especially to improving outcomes that are meaningful for families living in those communities. We want to ensure every child gets the best possible opportunity to have a positive home experience and be ready for school. We also want the wider family, of which the child is a part, to flourish and thrive.

6. PRACTICE PRINCIPLES

Preparing for Life home visiting has developed a series of practice principles that help us implement our core values highlighted above. But most importantly, we have realised that the relationship between the home visitor and the parent/family that these principles support, is key to the delivery of the programme. This is the foundation through which all the activities happen, and we believe it impacts what the family experiences and gets from the programme.

In Preparing for Life home visiting, there are five key practice principles which are outlined in Figure 7 and as follows:

- Family Capabilities
- Relationship-Based Family Partnership
- Parallel Process
- Mutual Competence
- Reflective Practice.

It should be noted that there is some overlap between these practice principles but this is an attempt to differentiate them so we can highlight what is important.

Figure 7 Practice Principles

6.1. Family Capabilities

Services and programmes that support families must recognise the inherent strengths, capabilities, skills, and talents of those they work with. Strengths-based approaches seek to empower families and "refrain from allowing crippling, labelling and stigmatised language" (Pulla, 2012). This is critical so the programme can build on the family's strengths and support the development of their capabilities.

Preparing for Life, as part of the broader Northside Partnership organisation, adopts an approach called Advantaged Thinking. Advantaged Thinking is a practice approach first developed by Colin Falconer in 2011, as part of the UK youth charity, The Foyer Federation. It represents a shift in how we think about and respond to people experiencing disadvantage. It challenges us to move away from a deficit, disadvantaged or problem-focused lens and recognise that all people have a vital contribution to the social, cultural and economic life of our communities and society. Advantaged Thinking offers an alternative approach, where we seek to invest in people's abilities and strengths as a focus for growth and development and not simply the problems often used to define them. It is not just a strengths-based approach; it also recognises structural inequalities and works at individual and societal levels to promote change.

This belief in people is reflected in how people are talked about, understood, and worked with, as well as how the programme operates with participants and staff. Focusing on what people can be, their goals and aspirations rather than their limitations and challenges is really important.

Former UK prime minister Gordon Brown said, "The greater failure is not the child who doesn't reach the stars, but the child who has no stars that they feel they are reaching for" (Brown, 2007). Aspirations often begin in early life and are impacted by the environment and experiences (Morrison, Gutman & Akerman, 2008). They also found there is a marked decline in aspirations when facing multiple barriers. Therefore, there is also a consideration of equity or inequity and the 'freedom of choice' available to people to live the life they want to live in a way that is meaningful to them (Sen, 1999). It is important to recognise that people experience different levels of barriers or inequities in reaching aspirations, which can impact their belief about whether they should have any. It can be helpful to focus on encouraging and facilitating collaborative and integrated action to support families who experience multiple barriers. Setting goals is important as it can provide an invitation for a person to explore new actions or behaviours and can help them focus on their everyday interactions as well as increase their confidence in their ability to do something (Riopel, 2019).

Table 3 Practice Principles - Family Capabilities

Practice Principle	What Does This Look Like In The Interactions Between The Home Visitor And The Family?
Family capabilities – Strength-based – Environmental factors – Goals and aspirations	The home visitor will support the parent(s) to recognise their current and potential capabilities and their **strengths**. They support this in a number of ways such as being conscious of the language they use and how it can aid or hinder a person's belief in their potential; exploring a family's **goals and aspirations**; empowering families to reflect on how they might reach their goals and aspirations; learning with families by reflecting on progress and what is working or not. The home visitor should also consider the **environmental factors** that the family have experienced (in the past or present) that impact on these. For some, the belief in potential opportunities is affected by environmental factors, which may lead to constrained goals and aspirations. It is important that the home visitor recognises this and tries to create a safe space for parents to reflect and explore. This may include providing a space to consider their family or community stories as well as helping them to believe that they can create new ones if they wish.

6.2. Relationship-Based Family Partnership

The relationship between the home visitor and the parent(s) is key as it supports activities to happen in a meaningful way. The home visitor-family relationship takes time and commitment to develop, and the relationship needs to be nurtured. This process is developed through the building of trust and rapport and ensuring the family is at the centre of the process. The home visitor develops trust initially by being sincere, accepting, and non-judgmental. Trust builds when families see that home visitors are reliable, respectful, consistently follow through on actions and are transparent in their interactions with the family.

Mayer et al (1995) define trust as 'the willingness of a party to be vulnerable to the actions of another party based on the expectation that the other party will perform

a particular action important to the trustor, irrespective of the ability to monitor or control that other party' (Mayer, Davis, & Schoorman, 1995). Furthermore, they suggest an individual's trust in another party is based on perceptions about that party's ability, benevolence and integrity. Ability means that everyone has different skills, knowledge and characteristics, which impact how they can engage in trust. Benevolence refers to the belief that someone can act in our best interests without prioritising their own interests. Integrity involves the extent to which someone does what they say they will, i.e. consistency of behaviour and words and whether follow-through occurs (Bringselius, 2018). Franzen et al explain that three trustworthiness factors are (a) being able to help, (b) daring to help, and (c) being willing to help (Franzen , Nilsson, Norberg, & Peterson, 2020). So, trust is the belief that someone can, dares to and will act in your best interest. Rothstein also reminds us that trust is fragile and is temporary in nature (Rothstein, 1998). Therefore, due to its relational nature, it must be earned and can be easily lost.

Barlow et al. highlighted that vulnerable families often lack experiences of trust and acceptance in their relationships. They emphasized the critical role of respect, empathy, and genuineness in fostering positive connections. Additionally, they underscored the importance of enthusiasm and humility, ensuring that parents feel supported rather than undermined in their confidence and abilities (Barlow, J. et al, 2003).

One of the key aspects of the Preparing for Life home visiting approach is home visitors have the ability to seek out parents' strengths and capabilities and adapt their strategies to meet the families' unique needs and diversities. We believe that working collaboratively with families keeps the family at the centre and ensures that they have access to and are facilitated to engage with support as per their wishes. We do this by being family-centred and culturally aware and responsive in our interactions. Wessels notes the importance of home visits for connecting with culturally and linguistically diverse families (Wessels, 2013). Furthermore, home visits support the expansion of knowledge about cultural backgrounds. Roggman et al note the importance of adapting home visiting programmes to each family's situation, bearing in mind their values and what is important to each individual family (Roggman, Boyce, & Innocenti, 2008). This can be impacted by cultural background. It is essential that we begin to learn about the families' lives and experiences so that meaningful connections can be made.

Fostering and nurturing relationships are at the centre of who we are. Whether they are with a parent, child, or with your manager, team leader or, between home visitors, your most important relationships are worth the time and care that you put into them. Deeply connected relationships take time, energy, and hard work, and cultivate trust and mutual respect. Home visitors are in a unique position to support parents in building strong, sustainable relationships with their children that can lead to positive interactions that promote optimal growth and development for the child.

Rudick et al. describe how home visitors, by fostering and nurturing the relationships between babies and parents, can boost brain development in the early years, help children develop a positive sense of self, and build their social skills (Rudick, et al., 2020). Healthy social and emotional development supports self-regulation, strong cognitive development, resilience, and school readiness.

While attunement and responsiveness have been alluded to above, they are also included separately due to their importance as concepts. Aligned to these is flexibility as home visiting programmes must remain flexible in their approaches. We meet the needs of the family in terms of how, what and where the programme is delivered.

Gilkerson & Imberger, when discussing Facilitating Attuned Interactions (FAN), suggest that attunement in helping relationships is defined as "feeling connected and understood. The felt experience of being understood opens the possibility for change and for trying new ways. One important guideline of the FAN is first to see the child the parent sees or, more broadly, first to see the world the parent sees. From this empathic stance, parents can feel heard and more open to seeing their child differently and parenting in more flexible ways." (Gilkerson & Imberger, 2016)

This also builds on the parallel process, in that if the parent experiences a safe space where their emotions can be supported and heard, then it supports them to do this in turn for the child. A similar process should also be provided for the home visitor with their supervisor. This requires an ability to attune to the emotions of others and to be able to respond in a way that provides a safe space for them to be held and heard. Responsiveness is critical because each family is unique, and it is essential to provide support that respects their cultural traditions, values, and expectations. Roggman et al. mentioned that responsiveness is more than tolerance and acceptance. It is about actively learning with a family about what is important to them. (Roggman, Boyce, & Innocenti, 2008)

Table 4 Practice Principles - Relationship-Based Family Partnership (1 of 2)

Practice Principle	What Does This Look Like In The Interactions Between The Home Visitor And The Family?
Relationship-based family partnership **Attunement, responsiveness and flexibility** **Family centred & culturally aware** **Fostering & nurturing relationships** **Trust, respect and transparency**	The home visitor will try to understand experiences and their meanings from the family's perspective and think about how a home visitor can create a safe and nurturing space for the family. The home visitor considers the family's strengths and looks for opportunities to highlight them while recognising that it is also important to be attuned to and respond to potential risks. Attunement and responsiveness are about being flexible and sensitive to the family's needs. It is important that the home visitor does not believe that they know better than the family. Instead, they take time to listen and develop meaningful connections to support the process with the family. This is about the home visitor being flexible with the family, such as going at the family's pace, recognising potential past experiences that may impact the relationship, while improvising with the delivery of the programme information and creating a meaningful process with the family.

Table 4 Practice Principles - Relationship-Based Family Partnership (2 of 2)

Practice Principle	What Does This Look Like In The Interactions Between The Home Visitor And The Family?
Relationship-based family partnership **Attunement, responsiveness and flexibility** **Family centred & culturally aware** **Fostering & nurturing relationships** **Trust, respect and transparency**	For example, this may involve finding opportunities to impart information in an informal way, adapting content or frequency or considering cultural traditions or norms. These are all ways that the home visitor can demonstrate being family-centred, culturally responsive, and aware. It is important to recognise diversity and be sensitive to different ways of doing this. The home visitor must learn from the family by staying informed and educated about their beliefs and values (related to their experiences and culture). It is important that the home visitor takes time to listen and explore this and that material and activities are adapted accordingly. The home visitor needs to be able to tailor the approach for each family's experiences or cultural beliefs, such as parents with different religious or cultural beliefs, teen parents, parents who are experiencing domestic violence and/or abuse or parents with a history of substance misuse or mental health challenges. The above all demonstrate ways to foster and nurture the relationship with a family. Another way to do this is by celebrating family events and accomplishments. This is done no matter how big or small for all household members. For example, facilitating family photo sessions, phoning or texting parents if they had a job interview to see how they got on, and sending cards for birthdays, new houses, weddings, or engagements. Another critical aspect of creating a relationship-based partnership with the family is establishing an environment of trust, respect, and transparency. In addition to what has already been highlighted above, this is about ensuring that there is openness and clear, non-judgemental communication. It involves meeting a family where they are at, for example sitting on the floor, if necessary, if a family do not have furniture, and doing this without judgement. Rapport is another key aspect, and this is developed with a family by discussing confidentiality and consent and the limits surrounding this. The family should feel in control of their information and process as well as understand where this begins and ends so they can trust in the home visitor and the process. To establish trust, a family should believe that a home visitor can keep their best interests at heart, that a home visitor will be brave enough to stretch the parent's comfort zones gently, and that they can trust them to act and follow through in ways that keep the family's wishes at the centre.

6.3. Parallel Process

According to Shulman, the parallel process suggests that the relationship between the team leader and home visitor should model the desired relationship between the home visitor and the family. Shulman further states that home visitors learn more from their interactions with their team leader than from the feedback they receive. Relationship-based practice is at the core of this because home visitors learn more through these interactions than from direct feedback about what they do. (Shulman, 2008)

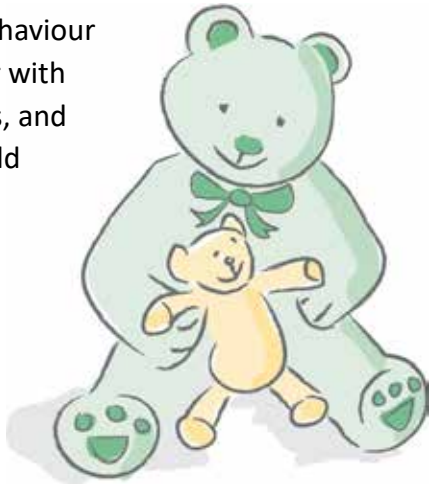
Learning is not "merely accumulated in an individual's mind; it is generated in the constant embodiment of people relating with each other" (McNamee & Moscheta, 2015). Home visitors' relationships with families and how they model characteristics such as attunement and empathy open these ways of being for families. Learning is more than simply receiving information. As mentioned above, we often learn most from our interactions and relationships with others. Therefore, we need to understand and hold an awareness of this in all interactions between the team leader and home visitor and subsequently between the home visitor and parent, recognising that it may open new ways of being for the parent with their child. We must recognise that learning is often a relational, collaborative practice and think about what we want to embody and communicate in our interactions.

Table 5 Practice Principles - Parallel Process

Practice Principle	What Does This Look Like In The Interactions Between The Home Visitor And The Family?
Parallel process – Modelling – Relational learning	Home visitors are provided with a supportive process and a safe space that **models** empathy, attunement, and reflection. In turn, the intention is that they will then be able to model this with the families they are working with. Ideally, parents will then potentially mirror this for themselves and their child(ren) if they are not already doing so. **Relational learning** is a way of "being", recognising that we learn from being with and in relationships with others. Home visitors do this by creating a process with a family that supports observations, connecting, reflecting, and modelling. The relationship between a home visitor and a family can open these new ways of "being" in a relationship. For example, home visitors modelling empathy, attunement, and reflection in their relationship with the family invites families to experience these at a deeper level than they may have done in the past and increase awareness of what it looks and feels like. This can create opportunities for a family to explore new ways of being in their relationships, such as with their child or in other relationships. Likewise, this process should be open to home visitors via their supervision and/or other support processes so that they, in turn, can experience these at a deeper level and increase understanding and awareness. This, in turn, opens new ways for "being" in their role as a home visitor that invites new possibilities.

6.4. Mutual Competence

It is recognised that the parent is the expert in knowing their child, but the home visitor is grounded in the Preparing for Life home visiting programme theories including child development theories as well as observational practices. This supports the home visitor to notice interactions between the parent and the child that strengthen the relationship and facilitate child development. These strengths should be central while delivering the programme. Practices that demonstrate this are thought to be more sustainable than using an expert model where the home visitor tells the parent what to do. When the home visitor seeks moments where they can see strengths in the interactions of the parent with their child, there is an opportunity to invite exploration with the parent about what happened. This supports them to observe and notice what they did, potentially sharing knowledge with them about why it was important from a child-development perspective and inquiring about other moments when this could be replicated, building on the parent's knowledge about how this might work best for their child/family. This is key in the PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) process (Roggman, Boyce, & Innocenti, 2008) which can facilitate the mutual competence process outlined above. Roibal suggests that "by joining a parent in looking at behaviour together, we have an opportunity to actually watch and wonder with the parent about the child, we can point out specific behaviours, and we can strengthen connections between the parent and the child by celebrating what is working" (Roibal L., 2014). This is also important in the relationships between the team leader and home visitor to support observation and inquiry into moments of strength in their interactions with families.



This process should build on strengths, increase observation skills and create inquiry into actions including how to increase particular actions. This is articulated by Victor Bernstein:

> *"The premise of mutual competence is that any interchange that contributes to the parent and child feeling secure, valued, successful, happy, or enjoying learning together is good for the development of the child as well as for the parents' sense of self confidence in being a parent. The experience of mutual competence is good for the intellectual, emotional, and/or spiritual development of both individuals… mutually-competent relationships must exist at all levels of the parallel process – parent and child; parent and home visitor; home visitor and supervisor. Mutually competent relationships are an essential foundation for success; indeed, they are the agent of change in doing this work."*
>
> ***(Bernstein, 2002)***

Table 6 Practice Principles - Mutual Competence

Practice Principle	What Does This Look Like In The Interactions Between The Home Visitor And The Family?
Mutual competence – Home visitor as an expert in the programme content and delivery – Parent as an expert on their child	The home visitor recognises the parent is the expert on their child and/or family. They encourage and support the parent(s) to 'trust their instinct' about what feels 'right' for their family and themselves. Furthermore, it also recognises the home visitor as the expert in the Preparing for Life home visiting programme theories, content and delivery. It is important that they use this expertise to provide evidence-informed information to the family that can help them to make informed decisions and potentially support them to explore different options or ways of seeing things. The hope is that this will lead to the family reaching a decision that will work best for them in an informed way that builds on the knowledge of the parent and the home visitor. For example, when a child is beginning to start on solid food and the parent is wondering how to approach this. The home visitor may provide information on the different ways to approach this as well as the considerations with each. However, the parents will provide information on what they think will work best for their child and family. The home visitor should ideally look for opportunities to highlight the parents' knowledge to support the parents to feel secure and understood. To do this, they should understand the value of the parent's knowledge as well as their own and explore ways to ensure both are present in the relationship.

6.5. Reflective Practice

Reflective practice is an essential part of the programme for the home visitors as well as providing an important space for parents to connect with their experiences. Reflection can be defined as

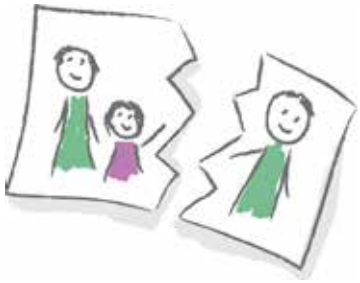
> *"An active process of witnessing one's own experience in order to take a closer look at it, sometimes to direct attention to it briefly, but often to explore it in greater depth. This can be done in the midst of an activity or as an activity in itself. The key to reflection is learning how to take perspective on one's own actions and experience, in other words, to examine that experience rather than just living it. By developing the ability to explore and be curious about our own experiences and actions, we suddenly open the possibilities of purposeful learning derived not from books and experts but from our work and our lives. This is the purpose of reflection: to allow the possibility of learning through experience, whether that is the experience of a meeting, a project, a disaster, a success, a relationship, or any other internal or external event, before, during or after it has occurred."*
>
> *(Amulya, 2011)*

Reflection becomes reflective practice when the *'habit, structure or routine around examining experience'* is created. Reflective practice is relationship and strengths-based; it is a way of building competencies. By engaging in a reflective space, it supports the recognition of different behaviours and actions. It provides a sense of guidance, support, teaching, and goal setting whilst encouraging validation, affirmation, openness, and communication.

Reflection and reflective practice are important parts of the Preparing for Life home visiting programme at all levels of the parallel process, including between team leader and home visitor, home visitor and parent, and hopefully between parent and child. It can be helpful to understand the difference between reflective activities, reflective process and reflective practice (Brandt, Perry, Seligman & Tronick, 2014). Reflective activities support the consideration of beliefs and knowledge. The reflective process is where we merge our internal experiences (ideas, thoughts, etc) with external knowledge such as research and best practices. Brandt et al (2014) further suggests that reflective practice is when we combine these two activities.

Furthermore, the supervision relationship between the team leader and home visitor opens an important space for reflection. Tomlin et al found that supervision was important to provide a safe place for discussions between staff and their supervisors about "personal histories, past emotional injuries and early relationship experiences as related to the work with infants and families" (Tomlin et al, 2013). Providing a reflective space for a home visitor to develop self-awareness around their beliefs, values and experiences is essential as we don't always recognise how these might influence the way we react or view certain situations with families. Tomlin et al also note the "level of intimacy" with home visiting. Preparing for Life home visitors meet families, often in their homes and over five or more years. Therefore, the reflective space can support home visitors in maintaining and thinking about relationship boundaries (Jones Harden B., 2010).

This is key to preventing complacency, compassion, fatigue or burnout. Families of home visiting programmes may be living in poverty or have experience of domestic violence and/or abuse, mental health challenges or substance use. Home visitors need a reflective space and supportive environment to mind themselves when working in situations that they may not have prepared for or have personal experience of. Reflective supervision with a team leader can create a safe space for home visitors to talk about thoughts and emotions, reflect on how this may appear and learn from their practice.



The reflective space created between the home visitor and parent is important to ensure that the parent has a chance to explore their own experiences that may impact how they parent. Fraiberg recognised how the past affects our current actions as a parent including any intergeneration risks that we were exposed to (Fraiberg, 1980). Lieberman, Silverman & Pawl noted that when parents have experienced negative relationships in the past, subsequently experiencing a positive relationship as an adult can provide a "corrective attachment relationship" (Lieberman, Silverman & Pawl, 2000). This is characterised by "availability and responsiveness" (Zapart, Knight & Kemp, 2016). Supporting the

parent to develop their self-awareness, gain clarity and focus, and manage their self-talk facilitates them to react with a new sense of awareness (Gilkerson & Imberger, 2016). This supports the regulation of the parent which increases their availability to do the same for their child via a parallel process. With a trusting relationship being the foundation of all our practices, the home visitor has the opportunity to explore in depth the range of emotions, questions, and past experiences that influence the parent-child relationship. In this way the home visitor journeys with the parent to discover and unfold the complexity of being a parent in order to be fully present for their child, anticipating their needs, and providing the loving support that enriches their relationship (DeBonis, 2020).

It has been found that many home visitors tend to favour action-oriented responses rather than reflective activities (Edwards & Bernstein, 2012). Tomlin et al suggest that the reflective activity of wondering is not used as often as possible. They suggest key reflective skills of observing, listening, wondering, and responding in work with families are important (Tomlin, Weatherston, & Pavkov, 2013).

It is hoped that via these processes, mentalisation and reflective capacity at all levels of the parallel process can be supported from the level of the child to the parent to the home visitor to the team leader. Mentalisation refers to efforts made to understand another person's (and/or their own) beliefs, feelings, values, desires, thoughts, and intentions (Fonagy, Gergely, Jurist & Target, 2002). It provides a sense of meaning to the behaviour, as how you view the behaviour will determine your reaction. This is essential for the parent-child relationship and at all levels of the parallel process as we often look externally for the meaning of our actions in other reactions until we can look internally to ourselves for this subjective reflection. Reflective capacity is the ability to engage in reflection and mentalisation. The capacity to think reflectively means not only that an individual acknowledges or recognises mental states but also that he or she can envision his or her relationship to others and the behaviour. Understanding how mental states work is fundamental to the mentalising capacity.

Fonagy et al states that a parent's capacity to make sense of their own and their child's mental states is crucial in helping the child (i) develop flexible and adaptive means of regulating themselves and (ii) establish productive and sustaining relationships. Presumably, it is the parent's capacity to tolerate and regulate their own internal, affective experience that allows them to tolerate and regulate these experiences in their child.

Fonagy et al also found that parents who have high reflective capacity bring clear benefits to their children, including "promoting secure attachment, good social skills and the ability to 'read' others, and an ability to manage, or regulate, their own emotions, sometimes in difficult and challenging situations or interactions" (Fonagy, Gergely, Jurist, & Target, 2002).

Reflective practice also enhances attunement, which requires the "ability to read effective and behavioural cues, to understand internal states (e.g. needs and motivations), and to remain flexible to offer interactions that most fit with what the other person is available for in that moment."

Attunement also includes attending to mismatches and working towards repair, which involves reading cues about what is not working and shifting as needed. Attunement is a form of reflection in action or "thinking on your feet" (Schon D., 1983).

In terms of how reflective practice supports the learning process, according to Schon, it is about being able to think about what you are doing while you are doing it. He calls this Reflection in Action (Schon D., 1987). This involves being aware of our experiences and feelings as well as theories or best practices while we do something. For example, a parent may be given a space that helps them to develop more awareness of how their experiences and feelings that they have from their childhood impact their responses to their child. This, in turn, may support them to respond to their child in new ways. Thinking about and changing action in the moment requires “reflection in action”. Schon also discusses reflection on action, where we reflect on something that has happened. This may involve considering what happened, how we responded, and why, as well as the potential perspective of others involved. This allows us to view our experiences more deeply, as well as link our actions with any aspirations we have so we can consider whether they are aligned with these or not. It supports more profound learning and noticing our actions, experiences, and feelings (Schon D., 1987).

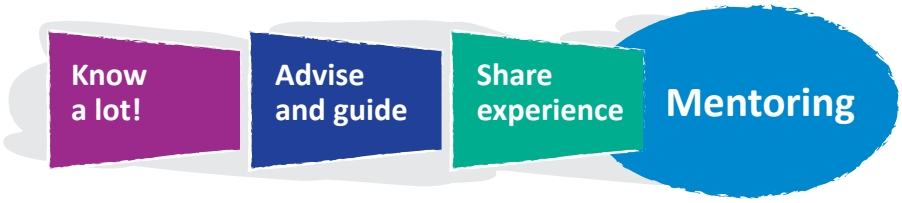
Knights and Boud state that “reflection is grounded in the personal foundation of experience of the learner, that is, those experiences which have shaped the person and have helped to create the person he or she is and their intent” (Knights & Boud, 1996). It has also been suggested that for professionals, a reflective environment supports curiosity about ‘experiences in a thoughtful manner and new awareness emerges’ (Rogers & Priddis, 2018).

Coaching, mentoring, and scaffolding are tools that can support the reflective learning process. Coaching is a facilitative process that stimulates and challenges an individual to new perceptions about their current issues, experiences, behaviours with a clear goal in focus. Facilitating this process means that the coach does not provide answers and solutions but stimulates the individual to find new and motivated thinking to explore the possibility of attaining their goals. By contrast, classical mentoring is a process of ‘show and tell’ but is still concerned with current issues and future goals and aspirations. Home visitors are considered to have knowledge and experience that can be shared.

At the core of each practice is the relationship between two people: home visitor/parent(s) or team leader/home visitor. The practices may differ, but both coaching and mentoring are about helping people to get where they want to go by leveraging the experience of the home visitor or the parent. The two terms are often used interchangeably; however, they have distinct differences in their practices (Parlsoe, Leedham & Parlsoe, 2005).

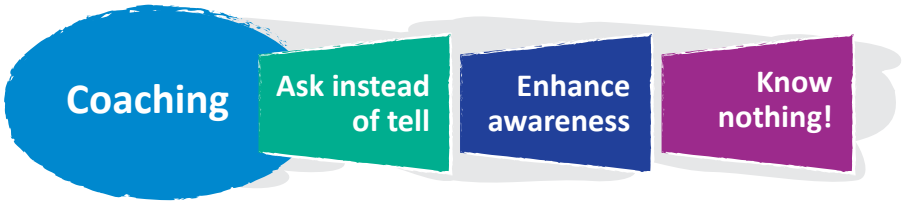
Mentoring is directive. A mentor is someone who provides support and encouragement and shares their knowledge, learning, skills, experience, and/or offers advice to help another to grow and develop, guiding them over a more extended period of time. Hence, they maximize their potential and empower them to become the person they want to be.

Figure 8 An Illustration of How Mentoring Can Look (Coaching Culture at Work, 2023)



Coaching is non-directive. A coach is someone who guides an individual on their goals and helps them reach their full potential. They work on improving an individual's or group's performance and wellbeing through setting goals, exploring values and beliefs, and creating action plans. This is achieved not by advising or telling but largely by questioning to facilitate awareness and self-directed learning.

Figure 9 An Illustration of How Coaching Can Look (Coaching Culture at Work, 2023)



Another critical concept to introduce is scaffolding. In construction, a scaffold is a temporary structure workers use to access heights and areas that are hard to reach. This is precisely what team leaders do with home visitors, home visitors do with parents, and parents do with their children. Often, when individuals may want to reach a new height—understanding a behaviour, answering a question, or completing an activity–they can be provided with scaffolding (just enough support with the option of fading away) to allow the individual to climb to the next step. Scaffolding has been defined as a "teaching method that enables the individual to solve a problem, carry out a task, or achieve a goal through a gradual shedding of outside assistance." It was first coined by researchers David Wood (Nottingham), Jerome S. Bruner (Oxford), and Gail Ross (Harvard) in their 1976 report, "The Role of Tutoring in Problem Solving." This may not be about one person knowing more but two individuals coming together and engaging in a collaborative process. It is done in a way that both parties are involved (Wood, Bruner & Ross, 1976). Scaffolding can be used as a process by which the home visitor fades out the level of support the parent/family requires over time. Fading can occur within a conversation or activity. The goal is that the person can eventually do it independently, and the other person steps back. This process is modelled from home visitor to parent and from parent to child.

Scaffolding is often connected to Vygotsky and the Zone of Proximal Development. Vygotsky recognised that the distance between doing something independently and with the help of another indicated stages of development, which do not necessarily coincide in all people. He also suggested that development cannot be separated from

its social and cultural context. This led to the idea that we can only understand mental processes if we understand the social interaction, tools and signs that mediate them (Vygotsky, 1978).

Table 7 Practice Principles - Reflective Practice (1 of 2)

Practice Principle	What Does This Looks Like In The Interactions Between Home Visitor And The Family?
Reflective practice – Experiential learning – Coaching – Mentoring – Scaffolding	The home visitor creates a learning environment with the parent that utilises key aspects of reflective practice and builds on the motivations and aspirations of the family using coaching, mentoring, experiential learning and scaffolding. The experiential learning of the home visitor and family is recognised as an important aspect of reflection as this allows us to consider what has or is working for the family and why. This involves learning by doing, inviting families to think about their parenting practice and how it works. This may include exploring what they think is working, what they think could be improved, what they want to build on, and what areas they would like to explore. Likewise, the home visitor can reflect on their actions with the family and what is working. This may be reflected in supervision while also developing reflection in the moment as a home visitor learns to notice more about what they are doing and reflect in action. Reflective practice supports the home visitor to reflect on their thoughts and behaviours so they can remain regulated and, in turn, be able to be fully present for a parent. Doing this means that they can better engage in mentalisation, consider what is going on for a parent, and having a sense of their own emotional state as well as the parents. The home visitor uses coaching to empower families to make their own choices in a supportive way. They do this by listening to the families and supporting them in considering options rather than telling them what to do and giving solutions. It also involves supporting families to evaluate their actions and decisions and helping them to consider whether they align with their aspirations as parents. For example, if a parent expresses a desire to have more family time, then a home visitor may ask questions that help a family to consider how they might do this. Such as what would this look like? How might they do this? What (if any) barriers do they see? What supports can they identify? Building on the mutual competence principle above, home visiting parents are the experts on their child, and the home visitor is the expert on the programme theories, content, and delivery. Home visitors also provide mentoring and coaching by delivering up-to-date information to families, often via the tip sheets (Preparing for Life programme content) to guide families and influence their parenting practice in ways that benefit the child, the family, and the home environment. These are ideally parent-led and any areas that the parent is already reflecting on, and where they would like more information. At times, the home visitor may suggest areas of content that they think may be helpful based on conversations they are having with the family.

Table 7 Practice Principles - Reflective Practice (2 of 2)

Practice Principle	What Does This Looks Like In the interactions Between Home Visitor And The Family?
Reflective practice – Experiential learning – Coaching – Mentoring – Scaffolding	However, the parent always has a choice in how much they engage with this information. It is hoped that this supports parents to reflect on their choices and actions informed by best practices and to stimulate more conversations between the home visitor and the family. As much as possible, the home visitor scaffolds the learning and reflection process, supporting the parent with the intention that the scaffold can be removed at a future point or reinstated as required. This provides a safe environment for the family to learn and explore. Therefore, the home visitor provides different support levels until the parent is confident in their ability. The home visitor is always striving to support the parent's own self-efficacy and confidence. This is only provided to the extent that it is needed, reduced, and removed as the parent learns, gains competence and can answer and solve problems independently. Sometimes, this also involves the home visitor encouraging the parent to play with different scenarios by creating a space to help them imagine how they might do something. Therefore, scaffolding also builds on the principles above, such as coaching, mentoring, and experiential learning. It is also important that the home visitor is supported in engaging in reflective practice (via coaching, mentoring, experiential learning, mentalisation, and scaffolding) whether individually, in supervision, or in team discussions. This is particularly important to allow space for them to learn and think about their practice as a home visitor.

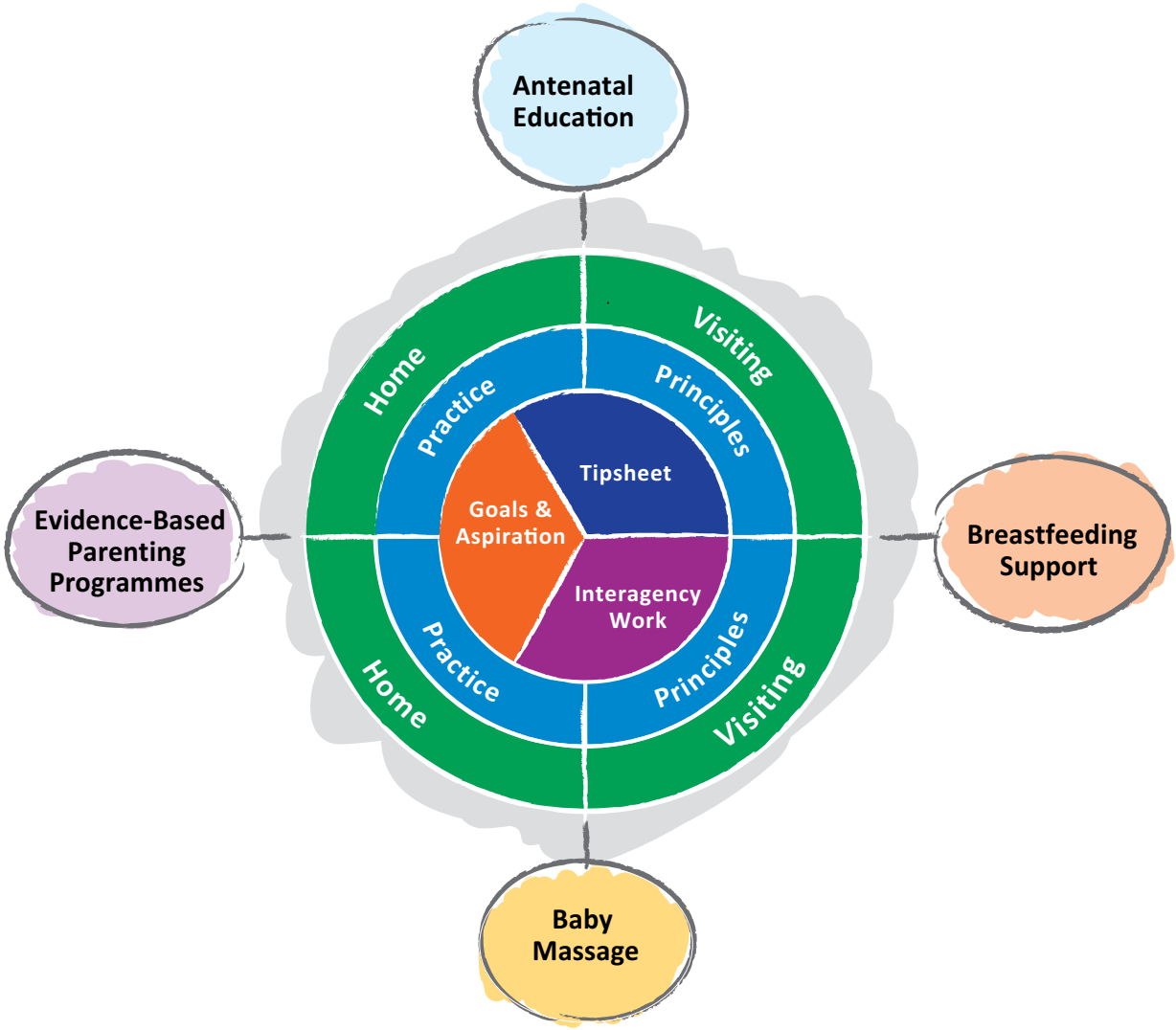
To sustain positive relationships, the home visiting programme practice principles must remain at the heart of the programme. These must be modelled and practised throughout all programme interactions, and they remain consistent throughout all partnerships.

7. THE CORE COMPONENTS OF THE HOME VISITING PROGRAMME

The core elements of the programme are illustrated in Figure 10 below. The practice principles are at the heart of the programme, with key activities such as delivering tip sheets, setting goals and aspirations, and supporting interagency working. These activities are a collaboration between the home visitor and the family. Furthermore, four other integrated elements of the programme include providing antenatal education, breastfeeding education and support, baby massage and evidence-based parenting programmes. These may or may not be facilitated directly by the home visitor, but as much as possible, the home visitor should support the parent to engage. The added advantage of home visitors being experienced in some of these activities is that where engagement is more complex, support can be provided on a one-to-one basis. Ideally, the support will integrate and provide different benefits for the parent and family over their lifetime of involvement with the programme. All these elements will be discussed in more detail later in this section.

7.1. Key Elements of the Home Visiting Programme

Figure 10 Key Elements of Preparing for Life Home Visiting



Ideally, any site wishing to implement the programme will ensure that all elements are in place. Where sites are not able to directly provide antenatal education, breastfeeding support, baby massage and evidence-based parenting programmes, they should develop pathways to other services that provide these to ensure families still receive the full range of support.

7.2. Roles and Responsibilities

Table 8 Staff Roles and Responsibilities

Role	Essential Or Desirable	Key Responsibilities (see appendices for more info)
Home visitor	Essential	Home visits Implementation of the Preparing for Life model through home visits Connect and support families to access other services Delivery of additional elements of the programme, including evidence-based parenting programmes and baby massage (depending on the local situation) Maintain case files.
Team leader	Essential	Support and supervise the work of the home visitors in delivering the programme Develop collaborative relationships with partner agencies and services Monitor the quality of delivery to ensure the programme is being delivered in line with the design.
Administrator	Desirable	Provide administrative support to the home visiting team Manage bookings, events, appointments Support operations and office management.
Recruitment officer	Desirable	Engage and recruit new home visiting families Promote the programme with local service providers.
Midwife	Desirable	Delivery of antenatal education, breastfeeding support and baby massage.
Evaluation support	Desirable	Support, monitor and evaluate the home visiting programme Support the implementation of the evaluation framework Prepare reports and analyse of the operation of the programme Enable learning from the above activities.

7.3. Importance of the Home Environment

Providing visits in the home is fundamental as it removes barriers to participation by bringing the programme directly to the family. An outline of the reasons why it is important for the role of the home visitor is in **Table 9** below:

Table 9 **Why are Visits Held in Family Home?**

Holding The Visits In The Home Allows The Home Visitor To:
• Help the family relax. • Observe the home environment and see the child and family in their most natural setting. • Observe the interactions between parent(s) and the child in the context of everyday family activities. • Build on the strengths of the family and utilise the resources they already have available in their home environment. • Observe interactions between family members. • Pay attention to parental behaviours and/or feelings that might not be visible or evident in other locations e.g. feelings of stress, anxiety, etc. • Create a positive experience for the family by having a professional in their home. • Take account of the power dynamics in the relationship between the home visitor and the family they are supporting. By holding the visit in their home, the family is inviting the home visitor into their space, they hold the decision-making power to invite or deny access.

8. HOME VISITOR ACTIVITIES

The home visitors engage in several key activities with families (see Table 10).

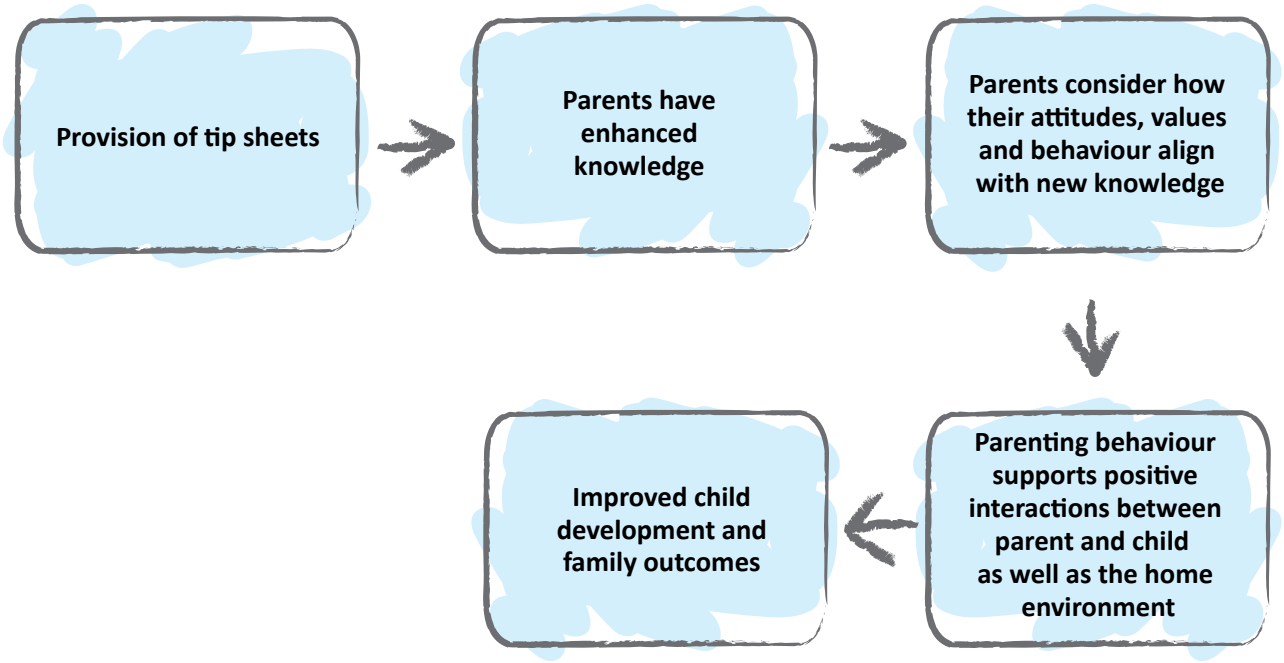
Table 10 Home Visitor Activities

Activity	Description
Tip sheets	This core activity facilitates discussion between the home visitor and family. The programme has developed a suite of evidence-informed tip sheets based on the best available information. The information is facilitated via the practice principles. Resource and developmental packs are provided to families as educational incentives to encourage milestones, e.g. playmats to support parent-child interaction, encourage tummy time, and books to encourage a more language-rich environment.
Goals and aspirations process	This is a structured process in which families/parents' goals and aspirations are explored and captured as well as considering ways to remove potential and actual barriers. The goals may be supported within Preparing for Life or may require collaboration with other programmes or services as per the interagency work process below.
Interagency work (as required)	This includes advocacy, signposting, screening, referrals, interagency meetings, case coordination (Preparing for Life as lead), participation in case coordination (Preparing for Life not as lead). These are collaborative process(es) with the family that assist them in availing of supports that they may have identified, ensuring families have their voice heard, and/or supporting interagency coordination processes for the family where required.
Supporting access to other key elements of the programme: – Antenatal education – Breastfeeding support – Baby massage – Evidence-based parenting programmes	The home visitor supports the engagement of families in the other key elements offered, i.e. antenatal education: breastfeeding education and support, baby massage, and evidence-based parenting programmes. Ideally, home visitors are trained in baby massage and evidence-based parenting programmes so that they can deliver these aspects on a one-to-one basis as required, as well as complementing groups attended by the family. Furthermore, the Preparing for Life midwife can provide antenatal education and/or breastfeeding education and support on a one-to-one basis if the need is identified.

8.1. Tip Sheets

Tip sheets[1] are an essential part of the home visiting activities and one of the primary methods through which the home visitor shares child development information relevant to the mother, child and wider family. It is intended that using the tip sheets will provide the family with a greater awareness of key developmental milestones and relevant topics that support family wellbeing and general parenting. The way in which the tip sheets are delivered is key to this process being effective, and they should be provided in a way that is aligned with the practice principles of the programme as highlighted previously.

Figure 11 Theory of Change - Tip Sheets



The tip sheets provide high-quality information that aligns with information and guidance provided by relevant Republic of Ireland state agencies, as well as aligning with the evidence-based parenting programmes, which form a core component of the Preparing for Life home visiting programme, i.e. Triple P and Circle of Security. An index of the tip sheets is included in **Part D: Tools and Resources.**

The tip sheet topics are outlined on the next page.

1. *Please note: Preparing for Life tip sheets are copyrighted materials and must not be distributed or copied without prior permission of the programme developers. Tip sheets must only be provided to families as an integral part of the Preparing for Life home visiting programme.*

Table 11 Tip Sheet Topics (1 of 2)

Topic Pre-birth to school entry	Overview (See Tip Sheet Delivery Guide in Part D - Tools and Resources)	Outcome (What are Preparing for Life home visitors hoping to achieve?)
Nutrition 	This focuses on nutrition during pregnancy, weight gain during pregnancy, common complaints, feeding preferences and support, suitable drinks for babies, healthy eating guidelines for their child, and developing healthy lifestyle habits.	This helps to increase maternal knowledge about nutrition in pregnancy and for baby/child, including breastfeeding. It is anticipated that this will improve nutrition, which in turn will enhance birth weight and lead to children having better health and development.
Rest and routine 	This focuses on rest and self-care during pregnancy, developing healthy routines for both parent and baby, understanding baby, communicating with baby and learning what baby needs, keeping baby safe, and teaching the child to master new skills.	This facilitates parents to understand topics such as adequate sleep for children, which will foster optimal child development and help prevent the parent from feeling stressed or depressed. Improved and predictable sleep and other routines encourage and promote improved health, behaviour and learning in children, as they will have a safe and predictable environment. Implementing successful and effective routines supports parents to feel more competent.
Parental support 	This focuses on stages of pregnancy, preparing for labour and delivery, information on antenatal classes, adjusting to the baby, mental health, and practical tips for the arrival of the baby, i.e. changing baby's nappy, family planning, blended families, relationships, self-care for parents; childcare options.	This promotes optimal self-care by parents and supports positive relationships within the family. Fostering good social networks that provide emotional, physical, and practical support for parents will help parents feel more positive about their role and potentially reduce the likelihood of postnatal depression.

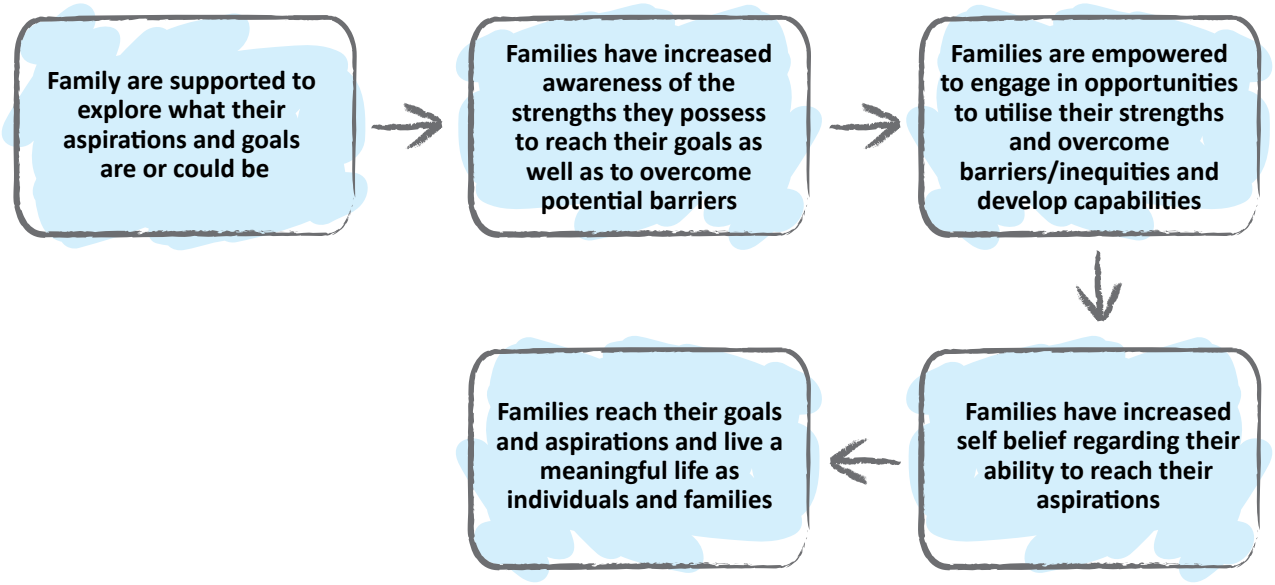
Table 11 Tip Sheet Topics (2 of 2)

Topic Pre-birth to school entry	Overview (See Tip Sheet Delivery Guide in Part D - Tools and Resources)	Outcome (What are Preparing for Life home visitors hoping to achieve?)
Social and emotional development 	This focuses on bonding and attachment, becoming a parent, communication, understanding the role of the father and extended family, preparing the family and/or other children for birth, and supporting parents to understand and support optimal emotional and social development.	This improves parents' attitudes to parenting, which will help to create a stronger parent-child attachment. It will also help parents to support their child's socio-emotional development, including play and dealing with emotions.
Safety and supervision 	This focuses on practical tips for caring for your baby; developing healthy relationships between baby and parent(s) and the impact this has on the baby and the growing child; making healthy choices; baby's developmental check ups and immunisation; child welfare and protection issues; the importance of supervision inside and outside the home.	Encouraging improved parental supervision of children inside and outside the home will reduce injuries to children. This will also support a safe positive learning environment for the child.
Cognitive development 	This focuses on supporting parents to better understand the expected developmental milestones for their child and ways of enhancing young children's development.	This encourages quality reading time and a stimulating home environment that will contribute to improved child development.
Transition to school 	This focuses on assessing the child's readiness to transition to primary school and supporting the family to help the child be better prepared for school; linking in with early years practitioners and primary school teachers to support the smooth transition from early years care and education to primary school.	Preparing the child and family as much as possible to support school readiness and ensure a smooth transition to primary school.

8.2. Setting Goals and Aspirations

The Goals and Aspirations process is an important part of the programme and is intended to support families to create or reach their individual or family aspirations as well as helping to remove barriers. This can relate to aspirations that a parent has for their child, for themselves and/or for their family. It also involves developing opportunities for people to use their skills and wisdom. Preparing for Life home visiting recognises that if the needs or goals of parents or families are met, then this, in turn, supports the child and the wider family.

Figure 12 Theory of Change - Goals and Aspirations



It is expected that this process starts when visits with a family have been established. Ideally, all families participate, but some families may not wish to engage in the process. In these circumstances, the family's viewpoint should be respected, and the process could be offered to them in a few months' time if appropriate (This should be discussed and reviewed in supervision).

Table 12 Goals and Aspirations Process

Overview of the Initial Process

- Support the family to explore what their aspirations are or could be.
- Help the family to set initial goals following SMART guidance (note: consider if it is a short/medium/long term goal and help the family to consider if the goal is achievable within the next year without losing sight of more long-term aspirations).
- Explore the steps that may be required to reach these goals, considering the resources available to the family. This may include a discussion about any agencies or services currently linked with the family and any other potential agencies or services that may be best placed to support.
- Supporting the family to outline the specific actions required to reach the goal and agreeing on who is responsible and when it will be completed. If steps involve other agencies, then potential actions should be discussed with each agency to utilise their knowledge and expertise about possible next steps as well as any resources they may have available while ensuring a more realistic process. This may be best discussed as part of an interagency meeting depending on the time available, other agencies' capacity to engage and the preferences of the family.
- The actions should be captured on the Goals and Aspirations tool with a copy given to the family and any other agencies involved (provided the family give consent via the Information Sharing Consent Form).
- The family are given the reflection part of the Goals and Aspirations tool so they can reflect on how the process is working for them. This will be given to the family one month prior to the process being reviewed. Extra support can be provided if required by the family.

It is important that a review of the action section of the Goals and Aspirations tool is completed every 3-6 months. If deemed appropriate, the home visitors are encouraged to check in with the family at each visit to see how it is progressing. This helps to ensure the family receive the support required and reinforce any positive progress that occurs.

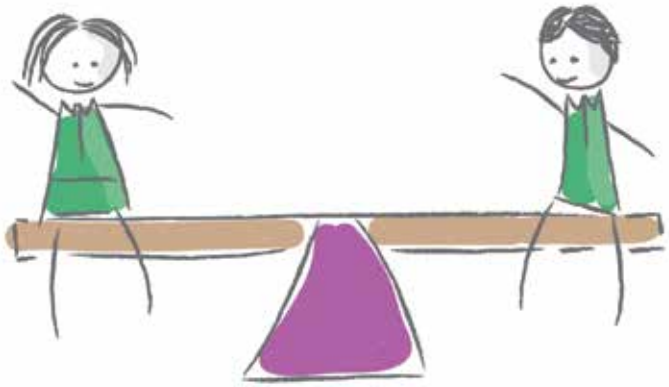


Table 13 Goals and Aspirations Review Process

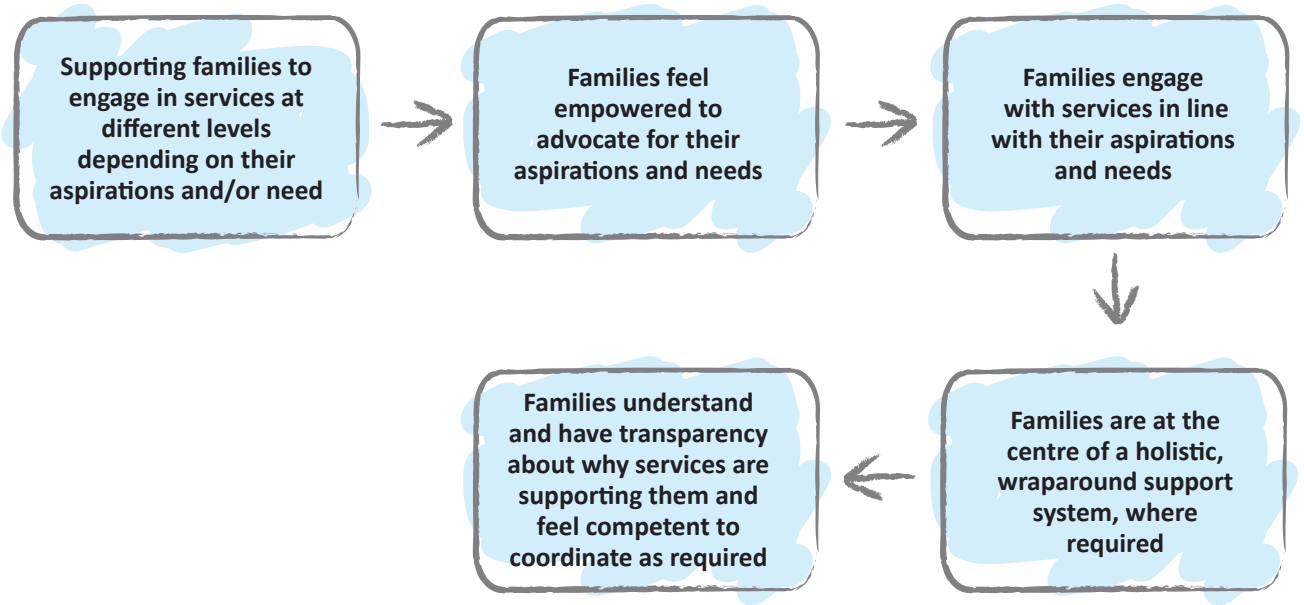
Review Process:

- Check which actions are completed and outstanding including whether outstanding actions need to be revised. This may include a discussion with other agencies as required.
- Discuss the reflection section of the Goals and Aspirations Tool to consider how the process has worked for the family/parent and anything that may need to be changed.
- Identify any barriers experienced by the family that may benefit from further discussion and potential problem-solving.
- Discuss any next steps for a goal and new actions that are required. This should be completed as per the process above i.e. supporting the family to outline the specific actions required to reach the goal and agreeing who is responsible and when it will be completed. If steps involve other agencies, then potential actions should be discussed with each agency to utilise their knowledge and expertise about possible next steps as well as any resources they may have available while ensuring a more realistic process. This may be best discussed as part of an interagency meeting depending on the complexity of the goal, knowledge of the home visitor and family, timeline available and capacity to engage (for Preparing for Life, family and other potential agencies).

8.3. Interagency Working

Preparing for Life home visiting recognises there are numerous benefits available to home visitors and families by working in collaboration with other services and agencies. This includes increasing the range of supports available for families and building on the knowledge and expertise of other professionals in areas such as education, employment, personal development, mental health, addiction, financial support, legal advice, etc. This allows home visitors to support families in a holistic way and to receive support that best meets their aspirations and needs as required. This may be dependent on the engagement of other services which is outside the control of the Preparing for Life home visiting programme.

Figure 13 Theory of Change - Interagency Working



The level of support required differs across families and therefore there are different ways that this can be provided as outlined in Table 14 below.

Table 14 Providing Collaborative Support

Type Of Support	Overview
Advocacy	Advocacy refers to helping families to have their voice heard, protected, and promoting their rights and ensuring their wishes are considered in decisions. For Preparing for Life home visiting, this involves supporting the family to advocate on their own behalf or the home visitor advocating on behalf of the family (ideally with the family in attendance, although it is recognised that there may be scenarios where this is not feasible).
Signposting	This refers to when a home visitor provides the family with information about another service/agency/support and the family takes responsibility for contacting and engaging with the service/agency/support. The home visitor's role is to provide the contact details (ideally) and check if the family has engaged as more formal support as per below may be helpful.
Referrals	This refers to when a home visitor directly contacts a service/agency/support on a family's behalf. It may involve completing a formal **referral form**. The home visitor's role is to make the referral and support the family in engaging with the service.
Interagency meetings	This refers to meetings with another agency for a specific reason. It may be to support a family's transition to another service by helping to introduce the family to a worker. It could be to resolve a particular issue, such as with a school or mental health service where the parent would like additional advocacy support. It could also be to support a family engaged with other services to ensure that the family experiences a joined-up approach. It will often happen in tandem with advocacy. Preparing for Life home visitor or another agency may request an interagency meeting.
Case coordination (Preparing for Life as lead)	This is where the home visitor takes the lead in bringing together multiple agencies working with the family to coordinate these supports. The aim is to ensure the family is kept at the centre and a wraparound system is provided. This could be a Meitheal or a separate process initiated by Preparing for Life specifically for a parent (as Meitheal is focused on the child rather than the parent). This process usually occurs via an interagency meeting but is more formal than the one described above. Where led by the home visitor, the process is expected to focus on the family's goals and aspirations action plan and how the other services can best support the family.
Participation in case coordination processes (Preparing for Life not lead)	This involves the home visitor engaging in existing case coordination processes such as Meitheal (where Preparing for Life home visiting is not the lead agency) or a Social Work case conference. The role of the home visitor is to support the family and advocate as per the family's preferences.

A decision on the level and type of interagency support best suited to the family should be discussed in collaboration between the home visitor and the family.

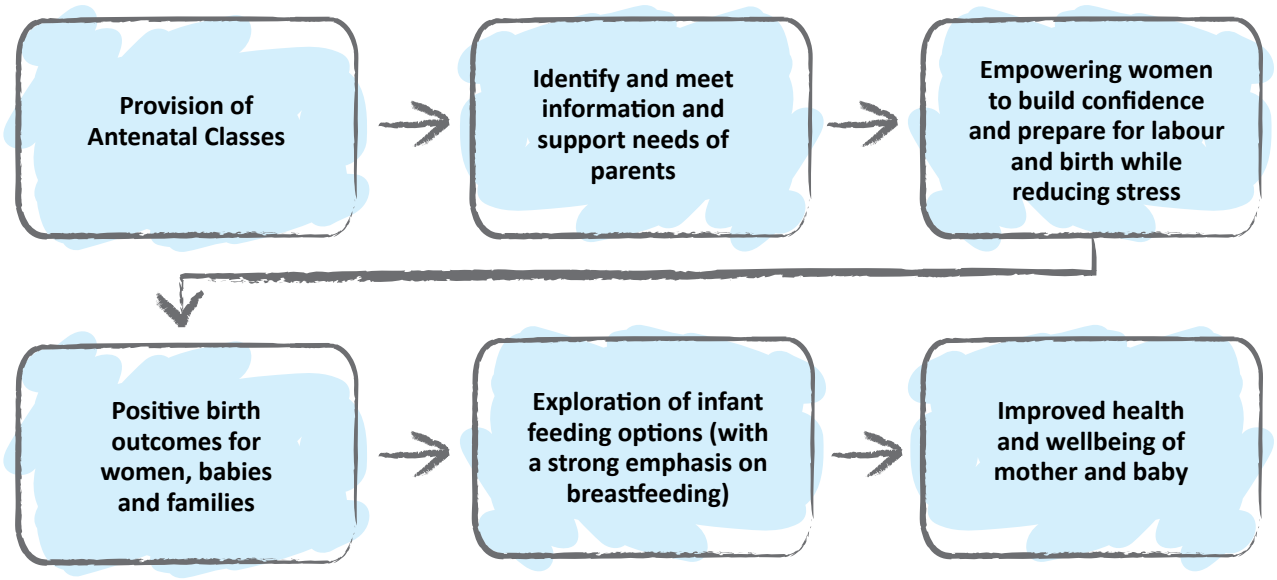
9. ADDITIONAL PROGRAMME ELEMENTS

As highlighted below, some of the broader Preparing for Life programmes have been formally integrated with the home visiting programme in a coordinated, collaborative way. This involves developing pathways, sharing information, and supporting engagement in different components.

9.1. Antenatal Education

Antenatal education is offered by Preparing for Life home visiting (Preparing for Life midwife or another service) to empower women and their parenting partners so they feel more informed about and in control of the pregnancy, labour, and post-birth, which in turn allows them to embrace the pregnancy journey, labour, and arrival of their new baby. Furthermore, it aims to support the longer-term improved health and wellbeing of mother and baby. **Note:** It is recognised that not all Preparing for Life programmes will have a midwife on their team. Therefore, referral pathways to other antenatal education must be established. National standards for the design and delivery of antenatal education provide a clear framework for antenatal education in Ireland (Health Service Executive, 2020)

Figure 14 Theory of Change - Antenatal Education



The antenatal programme is for pregnant mothers and their chosen birth partners. Classes are offered in small groups to allow for active participation and engagement by parents. Group-based antenatal classes run on a weekly basis for five weeks, with each session lasting approximately 90 minutes. The group sessions allow for interaction and experiential learning and facilitate the development of social networks outside of the formal sessions. Groups should be inclusive and welcoming of all families. In particular situations, it may be necessary to provide antenatal education on a one-to-one basis. This is reserved for parents with additional concerns or who cannot access group sessions. Antenatal standards are followed in that the sessions and content aims to be participatory, parent-led and responsive to local needs. Parents are asked about topics of interest when registering, and their satisfaction with current sessions is also explored.

Where the programme provides antenatal sessions they should be provided by a qualified public health nurse, midwife, or a trained antenatal educator. Ideally the midwife is a part of the Preparing for Life team, but they can also be provided through collaborative arrangements or secondment from the HSE or other community partner. In addition to clinical knowledge and expertise, the antenatal educator should also be trained in the principles of adult education and be skilled in group facilitation and encouraging parental involvement.

The core content of the programme should cover the following key areas:

- Labour and birth
- Pain relief
- Transition to parenthood
- Care of the newborn
- Feeding, including an emphasis on breastfeeding.

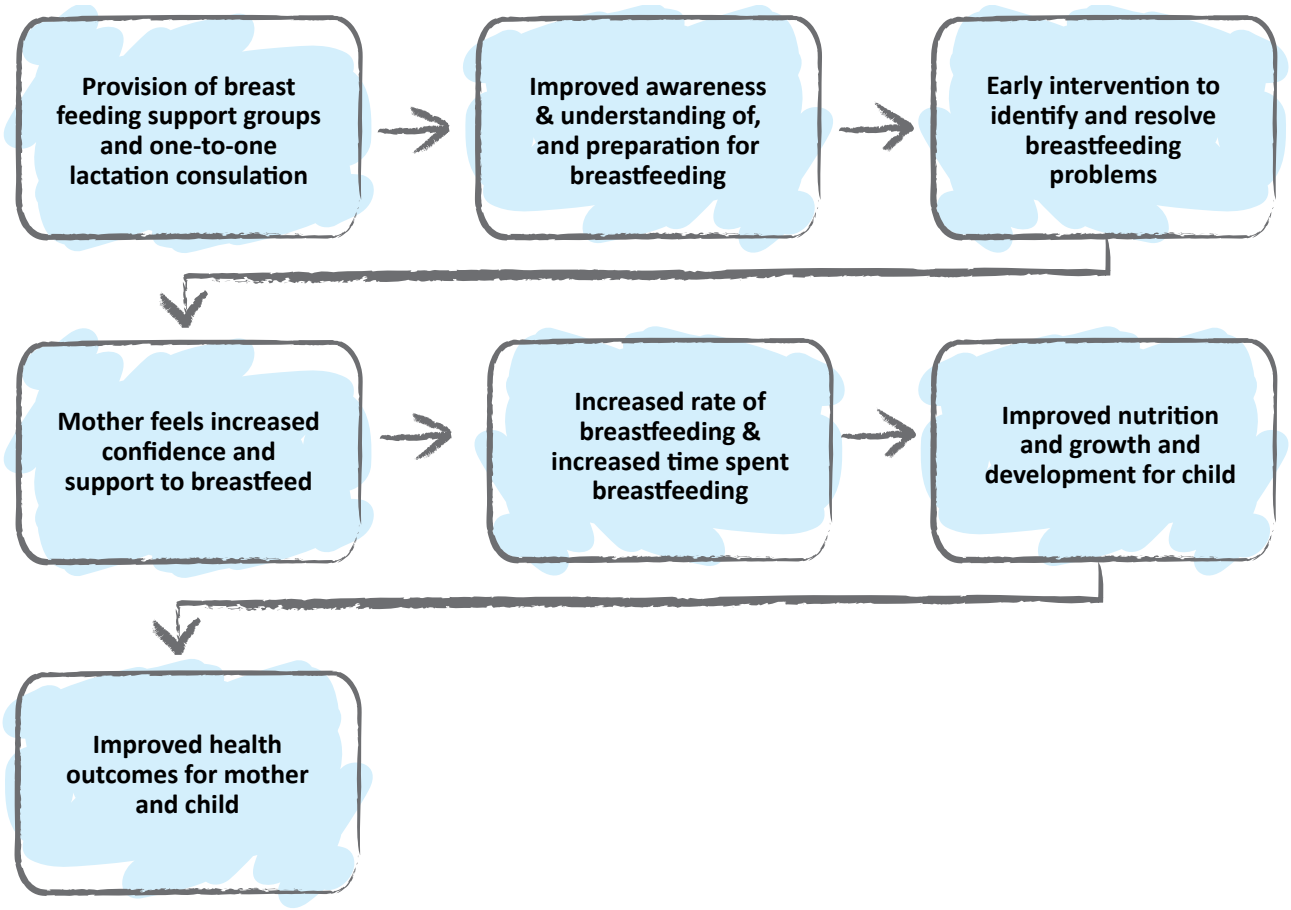
It is important, however, that the facilitator engages the parents and identifies any areas or questions that the parents wish to explore in addition to this core content.

9.2. Breastfeeding Support and Education

Breastfeeding support and lactation counselling is offered via the Preparing for Life midwife. **Note:** It is recognised that not all Preparing for Life programmes will have a midwife on their team. Therefore, it is important that referral pathways to other breastfeeding supports in the community are established. It is important that all breastfeeding supports are provided by a qualified lactation consultant. The home visitor can also provide additional support and information as part of the programme.

Breastfeeding gives a child the optimum start in life. It is important for normal growth and development; it provides nourishment and health protection; strengthens bonding and nurturing between mother and infant, and promotes infant mental health (Department of Health, 2016). Support groups also provide informal peer support and an opportunity for parents to come together to relax and socialise, while individualised lactation support allows for early intervention to identify and respond to any problems encountered by a mother during breastfeeding.

Figure 15 Theory of Change - Breastfeeding Support



The breastfeeding support programme is for expectant mothers and mothers with infants/children for as long as they find it helpful and supportive. The World Health Organisation recommends continued breastfeeding up to two years of age and beyond as there are many benefits for mother and child if they wish to engage in longer periods of breastfeeding, (World Health Organisation, 2023). The participation of fathers/ parenting partners is also encouraged to ensure appropriate practical and emotional support for the breastfeeding mother and infant.

Parents can engage in any of the following supports from the breastfeeding programme:

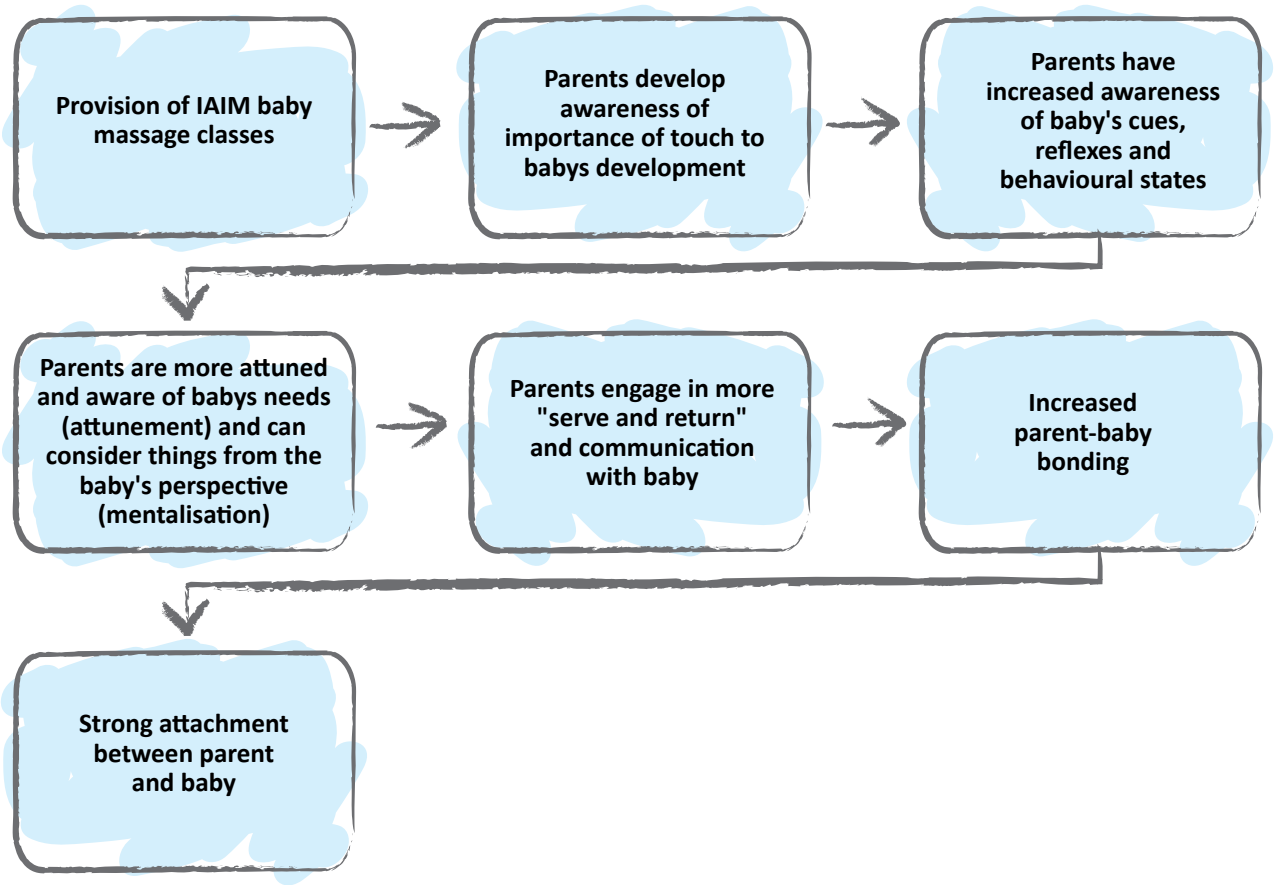
- Antenatal education sessions. Breastfeeding is a core element of the antenatal education programme (as per parents' preferences).
- Breastfeeding support group: Group-based, drop-in, informal peer support sessions or centre-based/phone support facilitated by a qualified lactation consultant. The content will respond to topics of concern or interest from the group as well as identify topics that may be relevant for the age group of the infants/children in the group.
- In-home lactation consultation to identify and respond to problems and provide solutions and practical support, information, and advice to encourage breastfeeding, for example, topics such as starting breastfeeding, weaning, and returning to work.

The number and frequency of sessions will vary depending on the needs and wishes of the parent.

9.3. Baby Massage

All home visiting families are offered a 5-week baby massage course.[2] **Note:** It is recognised that not all Preparing for Life programmes will have a trained baby massage instructor on their team. Therefore, it is important that referral pathways to other International Association of Infant Massage (IAIM)-accredited baby massage courses in the community are established. This can support parents' attunement and mentalisation with their baby including bonding and learning to read their baby's cues and behavioural states. In the longer term, it is hoped that the development of these skills will support deeper bonds and attachments between parent and baby.

Figure 16 Theory of Change - Baby Massage



2. *Courses are delivered in line with International Association of Infant Massage (IAIM) guidelines and all sessions are delivered by staff trained by Baby Massage Ireland, the Irish Chapter of IAIM..*

Additional benefits (IAIM, 2023)[3] for caregivers and babies from participating include:

- Parents can develop new support networks with other parents when attending groups.
- Increased parental confidence.
- Increased health outcomes for baby e.g. reduced constipation and colic, enhanced sleep.
- Enhanced maternal wellbeing and reduced stress.

The baby massage programme is offered to all parents with infants from 4 weeks old to pre-crawling unless directed otherwise by a healthcare professional, including babies with additional needs. It is a 5-week programme that is usually offered on a weekly basis. The programme can be offered in a group or one-to-one basis or a combination of both. Ideally, all home visitors have this training so that they can facilitate groups or support families on a one-to-one basis.

The content of the sessions follows the IAIM manualised programme incorporating touch, movement, interaction and communication between parents and their babies.

9.4. Evidence-Based Parenting Programme

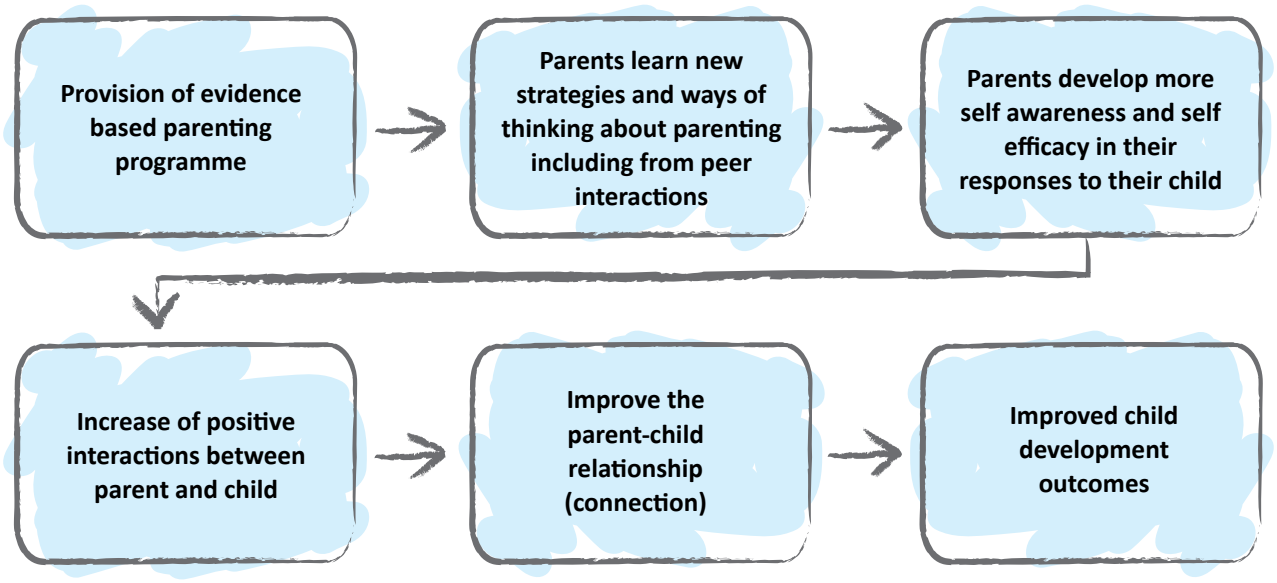
Parents taking part in home visiting are also offered the opportunity to participate in an evidence-based parenting programme. **Note:** It is recognised that not all Preparing for Life programmes will have staff members trained in an evidence-based parenting programme on their team. Therefore, it is important that referral pathways to other evidence-based parenting programmes in the community are established. The parenting role can be very challenging for new and existing parents and different programmes can help parents to explore their own experiences as well as learn new strategies to support them on their parenting journey. Therefore, parents are offered the opportunity to participate in evidence-based parenting programmes that may enhance their feelings of self-efficacy as parents.

The evidence-based parenting programme selected should ideally be suitable for providing on a one-to-one basis, as part of the home visiting programme for those families who do not wish to attend any group-based interventions.

In addition, the skills gained from participating in training for evidence-based parenting programmes can be applied to the home visiting practice more generally.

3. https://iaim.net/benefits/

Figure 17 Theory of Change - Evidence-Based Parenting Programmes



An additional benefit from group parenting programmes is that parents are coming together and sharing experiences and learning in a safe and nurturing space. This informal peer support can have significant benefits for some parents. Preparing for Life home visiting delivers two evidence-based parenting programmes: Triple P and Circle of Security.[4] Both programmes support parents with slightly different intended outcomes. Parents are supported to access the programme(s) which will best meet their needs.

Note: Triple P Positive Parenting Programme was used in the original Preparing for Life programme site and included in the rigorous evaluation of the programme, for which positive outcomes were demonstrated.

Please refer to the programme materials and/or manual relevant to the evidence-based programme your organisation delivers for implementation information specific to that programme.

4. For more information on Triple P please see https://www.triplep.net/glo-en/home/ or for Circle of Security please see https://www.circleofsecurityinternational.com/