PART D

Tools & Resources

Preparing for Life

Support • Nurture • Thrive

PART D | Tools and Resources

Introduction

Tools and resources are available from the Preparing for Life implementation team.

25. FORMS

Form 1: Preparing for Life Home Visiting Referral Form

Form 2: Preparing for Life Home Visiting Registration Form

Form 3: Preparing for Life Home Visiting Programme and Evaluation Consent Form

Form 4: Sample GDPR Form

Form 5: Sample Child Protection Form

Form 6: Preparing for Life Home Visiting Information Sharing Consent Form

Form 7: Preparing for Life Home Visiting Expectation Agreement

Form 8: Incident/Concern Log

Form 9: Satisfaction Survey

Form 10: Exit Form

Form 11: Goals and Aspirations Tool

26. RESOURCES

Resource 1: Registration Leaflet

Resource 2: First Visit Checklist

Resource 3: Subsequent Visit Checklist

Resource 4: Hard to Reach Letters, No Show, Disengagement Process

Resource 5: Coaching Plan; Home Visit Reflection Tool; Template for Coaching Session

Resource 6: Case Note Template

Resource 7: Supervision Contract; Supervision Agenda

Resource 8: Tip Sheet Delivery Guide

Resource 9: Family Action Log

Resource 10: Resource and Developmental Pack Timeline and Information Sheets

Resource 11: Overview of Home Visitors Resource Box

Resource 12: Training Outline for Home Visitors

Resource 13: Sample of Promotional Materials

Resource 14: Fidelity Checklist

Resource 15: Preparing for Life Audit Tool

Resource 16: Key Contacts

Resource 17: Graduation Certificate

Resource 18: Preparing for Life Home Visiting Information Leaflet

Resource 19: Possible Participant List

Resource 20: Job Descriptions and Person Specifications

27. POLICIES

Policy 1: Case Allocation and Management Policy

Policy 2: Access, Engagement and Case Completion Policy

Policy 3: Supervision Policy

28. APPENDIX 1: EVIDENCE BASE FOR THE ORIGINAL PROGRAMME

Preparing for Life home visiting programme was designed to support expectant parents and their children up to school age. It aimed to involve parents, caregivers and significant others, and worked to improve family lives by supporting parents/ caregivers to use proven approaches to help their family achieve their full potential. The programme set out to improve levels of school readiness and enhance child development.

In addition to specific outcomes for particular families, Preparing for Life home visiting was also designed to disrupt the intergenerational cycle of poverty and disadvantage which occurs in communities characterised by unemployment, social disadvantage and low educational attainment. Preparing for Life home visiting was delivered universally within identified communities with concentrations of economic and social disadvantage. This ensures that the service is provided to those who need it most but the universal recruitment encourages participation and removes stigma for those who engage in the programme. The programme can also flex to respond to the particular strengths and needs of each family, as they deal with their particular challenges.

28.1. Early Intervention

The programme was developed with reference to the evidence base for school readiness, child development and home visiting programmes. This section outlines a summary of the comprehensive reviews that were undertaken and the research context from which the programme was developed. It demonstrates how the programme was rooted in research and highlights the areas that needed consideration by Preparing for Life in the design and implementation of the programme.

Overall it is clear that early investment in children has a positive impact on a child's cognitive, social, and motivational skills, not only in the short-term, so contributing to enhanced readiness for school, but also in the longer-term (Lakshmi K. Raut, 2003). It has been found that children who get a good start in life are more likely than other children to go into better paid and more secure jobs, to have stronger and more lasting relationships and to enjoy better health (Little M. A., 1999). This could have positive outcomes for the child, family and wider community. Therefore, Preparing for Life believed from the start in working with families from the earliest possible point, from pre-birth until school age. Intervening at the earliest possible point can reduce the likelihood of problems arising and build a strong foundation.

28.2. School Readiness and Child Development

School readiness is a multi-dimensional concept, which reflects the holistic nature of children's development and takes account of the influence of the factors in their wider environment. Children who develop well at earlier ages and are ready to start school will elicit interactions and experiences that accelerate development, thereby maximising the return on early investment (Heckman, 2000). International research into school readiness which informed the design of Preparing for Life found the following:

School readiness is about much more than what children know – it includes (i) physical wellbeing and motor development, (ii) social and emotional development, (iii) approaches to learning, (iv) language development and emerging literacy and (v) cognition and general knowledge (Bruner, 2005). Preparing for Life home visiting therefore focuses on all these components.

Learning begins before birth, so early intervention must come as soon after a child's conception as possible. It should be noted that most of a child's brain development occurs in the first few years of life. Therefore the fundamentals for language and learning should occur in these first few years. Preparing for Life addresses the needs of children at each stage of development, from before birth to the day they start school.

Improving children's outcomes requires working with parents as the child's development is supported by parents who nurture their children, provide protection and stimulation, and develop a secure attachment with their children. Preparing for Life therefore works with parents directly.

Children grow through a series of developmental milestones, and each stage influences what happens at the next. It is therefore necessary to help parents build skills appropriate to every stage of a child's development in order to support that stage and to provide a firm foundation for the next one. Preparing for Life therefore provides supports to parents tailored to the developmental stage of children.

Nurture matters (as well as nature), so the richer, safer and more stable the environment in which a child grows up, the healthier the outcomes will be. Preparing for Life therefore seeks to create a rich, stable and safe environment for children through supportive parenting practices.

The many facets of the child's environment, including their family and societal systems and values, neighbourhood security, quality and equality of access to the public health system, governmental policies and practices and economic considerations largely determine early childhood wellbeing. While the traditional definition of school readiness focused on academic ability alone, other research on child development and early education has noted that school readiness is a multi-faceted concept which also includes physical wellbeing and motor development, social and emotional development, approaches to learning, language development and emergent literacy (Kagan, Moore, & Bredekamp, 1995). Preparing for Life explored these areas in more detail and Table 43 below outlines a summary of the key evidence found across these five areas of child development.

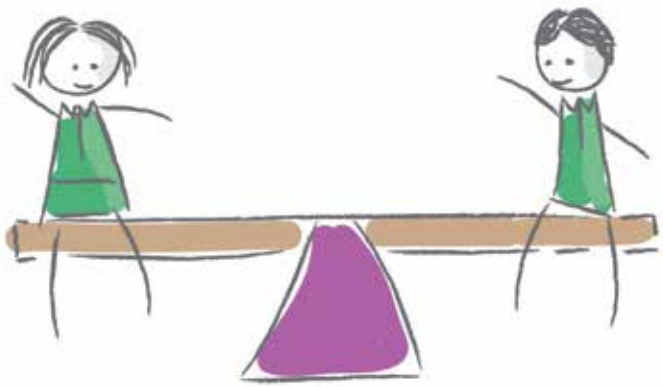


Table 42 Evidence for Key Areas of Child Development

Child Development Areas	Key Findings
Physical wellbeing and motor development	Several studies have found that poor health in childhood, including inferior health status, growth deficiencies, disabilities, poor gross and fine motor skills, is associated with a lack of school readiness (Dockett et al, 2000)
Social and emotional development	Social development is an indicator of school readiness as social skills such as the ability to interact socially, take turns and display empathy, can influence the child's transition into school. Children need a minimal level of social competence when they start school (Ladd, 1999). Emotional development refers to a child's perception of themselves, the ability to understand the emotions of other people and the ability to interpret and express their own feelings. It is an indicator of school readiness such as skills to help children engage in learning and interact with teachers and peers.
Approaches to learning	Approaches to learning directly affect school readiness as it refers to the child's inclination to use skills, knowledge, and capacities. Different children have different learning styles. These learning styles refer to the child's openness to and curiosity about new tasks, their sense of initiative and how well they persist with tasks. It also refers to their levels of attentiveness, imagination, and invention, and finally their cognitive styles. The evidence suggests that approaches to learning can be influenced by the child's dispositions, (e.g. gender temperament and cultural patterns and values).
Language development and emerging literacy	Language development, including the child's ability to listen, speak and understand vocabulary, can affect school readiness as it enables effective communication. In addition, emerging literacy skills such as print awareness, story sense and writing process can also affect school readiness. However, research suggests that the ability to communicate effectively with teachers (Dockett et al, 2000) and peers (Janus & Offord, 2000), rather than the actual developmental level of language is more important for school readiness.
Cognitive and general knowledge	Cognitive and general knowledge was the traditional indicator of school readiness. While the concept of school readiness has evolved, this property still significantly contributes to the child's readiness for school. It incorporates physical knowledge (knowledge about the properties of objects), logical mathematical knowledge (knowledge derived from looking across objects, events or people for similarities, differences and associations), and social-conventional knowledge (the assignment of particular letters to sounds, knowledge about shapes and spatial relations, and number concepts).

It has been important for Preparing for Life to consider studies of how children develop, as this relates to how children become ready for school and therefore offers pointers to the nature of services required to promote school readiness. The research they found showed that the first years of life are crucial to lifelong development. Furthermore, brain research showed that the first two years constitute a critical stage in brain growth, including the first evolution of vital neural connections (Shore, 1997). In particular child development research (Shonkoff & Philips, 2000) consistently identified fundamental and universal requirements for healthy growth, including:

- Competent and confident parenting, with the parent(s) providing nurture, protection, stimulation, and attachment for the child
- Health and nutrition, including adequate food and exercise for physical and mental growth and protection against disease and injury
- Guidance in developing gross and fine motor skills, pre-literate cognitive skills, and the ability to relate to adults and children, provided by parents and quality preschool teachers
- Constant, stable, appropriate supervision by adults to enable the child to safely explore the environment.

The findings from this research on child development informed the content for the initial tip sheets for home visiting sessions with families. The content for these tip sheets was also developed in collaboration with professionals across the area such as early years educators, schools and public health experts. This was then added to as the programme developed and as the home visiting team responded to common questions or areas of interest by families. Furthermore, the tip sheets have been updated on an ongoing basis to account for any changes in best practice or guidance around child development.

It was also noted from international research that there were several key determinants that may influence a child's readiness for school. The following section is based on the review of the literature on the factors contributing to school readiness at the time of programme development (Halle, Zaff, Calkins, & Geyelin-Margie, 2000). See the following tables for the factors and determinants contributing to school readiness.

Table 43 Determinant 1 - Physical and Mental Health

Low birth weight	This can affect a child's cognitive abilities leading to poorer performance on tests of cognitive ability (Hack, et al., 1994), (Saigal, Szatmari, Rosenbaum, Campbell, & King, 1991), lower academic performance in the future (Klebanov, Brooks-Gunn, & McCormick, 1994) (McCormick, Workman-Daniels, & Brooks-Gunn, 1996), increased likelihood of need for special education or grade retention (McCormick, Gortmaker, & Sobol, 1990) (Ross, Lipper, & Auld, 1991), and poorer language and social skills (Hack, et al., 1994). Low birth weight can also lead to a higher incidence of behavioural problems (Brooks-Gunn, Gross, Kraemer, Spiker, & Shapiro, 1992) (Liaw & Brooks-Gunn, 1993) such as increased attention deficit and hyperactivity.
Immunisation	Immunisation in the pre-school years is very important in protecting children against vaccine-preventable diseases, which can cause school absences and affect learning capabilities. Severe illness in childhood can have a detrimental effect on the child's performance in school and on the family financial resources and psychological wellbeing.
Nutrition	Poor nutrition in the early years can have a long-lasting impact on children's physical, behavioural and intellectual development, which subsequently affects their success in school. Appropriate nutrition within the first year includes breastfeeding, using infant formula if not breastfeeding, not using cow's milk, and not giving solids in the first six months. Deficiencies in nutrients can have a detrimental impact on certain areas e.g. iron deficiency in infancy is associated with decreased motivation, shortened attention span and cognitive impairments. Several studies have identified a causal relationship between nutritional deficits and lower cognitive test scores, even when the home environment and maternal characteristics were considered. Furthermore, the evidence shows that poor maternal nutritional intake during the prenatal period can have an adverse effect on the child's neurodevelopment and health in later life. In addition, poor maternal nutrition can contribute to low birth weight. The evidence indicates that breastfeeding provides optimal nutrition and stimulation that helps the child's brain and body growth.
Unintentional injury	This includes accidents in the home, car crashes, bicycle accidents, fires and can have a long-term effect on cognitive, behavioural and motor functioning. It can also cause pain, suffering and emotional and economic costs to the family, in addition to a reduction in the quality of life of the child.
Childhood emotional and behavioural problems	Research indicates that depressed children are more likely to display social behaviours such as poor problem solving and conflict negotiation skills and affect-regulation deficits. Children of depressed mothers are more likely to both suffer from mental health problems and display behavioural and emotional problems. In particular, the current mental health status of the mother is the best predictor of child behavioural problems. While a number of studies have noted a direct effect, others note that the effect of parental depression on child outcomes is mediated through parent-child interactions.

It is important to note that since the programme was developed there is now an increased focus on physical and mental wellbeing too. It is not just preventing situations that impact health but also supporting the ability of children to flourish and thrive through the promotion of physical activity and positive parent-child interactions.

Table 44 Determinant 2 - Family Factors

Family economic risk	Family poverty can have a number of adverse effects on school readiness. Children from families living in poverty have been found to have worse nutrition and poorer health. In addition, these families have been found to have lower scores on average on standardised tests of verbal ability and cognitive skills including reading readiness, number skills, problem solving, creativity and memory. Poverty in childhood may also lead to more emotional and behavioural problems.
Home environment	The home environment, including family relations, the quality of parent-child interactions, the physical environment within the home, and the parents mental health, can have a significant influence on a child's school readiness, particularly on their social, emotional and cognitive development. The parent-child relationship is important as it is the child's first socialisation experience, and the quality of that initial relationship may have a lasting impact on the child's social and behavioural development. The absence of a relationship between the parent and child that is nurturing, warm and responsive to children's needs, can directly affect the child's development. The quality of the physical environment at home, such as the availability of learning materials, also impacts on the child's cognitive and social development. Maternal depression is linked with increased developmental difficulties for children, especially in early childhood, it has a negative impact on the child's behaviour and mental health. Finally, children who experience family violence, whether as witnesses of the violence or as victims of abuse, are at increased risk of developing a variety of psychological problems.
Involvement of fathers	Evidence suggests that the earlier fathers become involved with their children's learning and socialisation the better. The intellectual skills of 15-30 month olds are significantly related to the amount of time that fathers and children interact, the fathers' aspirations for their children's independence and the fathers' engagement in play. The fathers' involvement is also associated with improved cognitive outcomes in pre-term infants, while controlling for other factors such as income. As regards early literacy development, one study finds the child's school readiness is influenced by the father's participation in literacy activities, the level of paternal literacy and the perceptions of the role that the father can play in developing their children's literacy. The closeness of fathers to their children during childhood is also positively related to a child's educational and occupational mobility. Even when fathers have limited schooling themselves, their involvement in their children's school lives is a powerful predictor of their children's academic success. Paternal absence during childhood has been shown to lead to lower cognitive functioning and academic performance and a higher rate of school drop-out. It should also be noted however, that some studies show that the father's absence has little consequence on child development once economic factors are controlled for, but other studies find evidence to the contrary.

Since the development of the programme, the importance of extended family members in the life of the child has become clearer. There may be different generations living in a household and grandparents, aunts, uncles and other family members play a critical role in supporting child development.

Table 45 Determinant 3 - Emergent Literacy Practices

Family settings	Children who live in families where reading and writing are common practice and highly valued are more likely to enter school with greater reading levels. A meta-analysis of parent-pre-schooler book reading found that shared book reading is related to language development, emergent literacy and reading skills at later ages. In addition, it appears that it is quality rather than quantity that counts, with 'dialogic' reading i.e. where parents use questions to make children active participants rather than passive listeners, being deemed more successful. Risk factors that can affect a child's emergent literacy skills include family poverty, living in a low-income neighbourhood, limited proficiency in English, hearing impairments, language impairments, low parental education and parental illiteracy.
Early childhood care and education	Literacy practices in preschool can also affect a child's emergent literacy skills. The availability of books and being read to in one-to-one or small groups can improve the reading ability of pre-schoolers. More specifically, book reading, combined with training that supports phonological awareness is most effective in improving literacy skills. Literacy practices within the preschool can buffer literacy in the family setting.

Over the years since the delivery of the programme, the home visitors have found that there can be other ways for families to engage in dialogic reading such as creating stories rather than just using books. Preparing for Life works closely with local early years educators to promote literacy training and support the development of speech, language and communications skills.

Table 46 Determinant 4 - Early Childhood Care and Education

Early childhood care and education	The quality of early childhood care and education can have a significant influence on the child's cognitive, emotional and social development, which in turn affects the child's school readiness. Studies show that high quality care and education lead to higher cognitive test scores, better school achievement, less special education placements and higher school completion rates.
Quality	High-quality early childhood education and care (ECEC) consists of educators who are responsive and sensitive to individual children's needs and who are providing stimulating learning experiences as well as the quality of structural environment i.e. better staff-child ratios, small group sizes, highly educated care providers. Research indicates that participation in programmes that provide quality childhood care and education e.g. High Scope/Perry Preschool has a greater impact on children from low-income families. In addition, programmes that also involve parents have a greater impact on child outcomes.

Since the development of the programme, it is important to note that the state now offers two free preschool years from the age of 3-5 approximately and children can continue in free pre-school until they start primary school. It is hoped that children receive a positive early years' experience that will support their cognitive, emotional and social development. Research demonstrates that there is a strong link between parental involvement and increased academic achievement. The most accurate predictor of a student is the home environment that encourages learning.

Table 47 Determinant 5 - School Transitional Practices

School transitional practices	School transitional practices that make the transition from home or early years services to school as smooth as possible can also affect school readiness. Starting formal education presents many new challenges to children - they are expected to be responsible and independent; they must interact with teachers; they must meet certain formal academic achievements and they have to face large class sizes. All these factors can make entering school as stressful experience for the child. So, in addition to the children being ready for school, the schools need to be ready for the children. However, many schools have no guidelines on how to facilitate this transition and indeed best practice research in the area is limited. The limited literature in the area suggests the following: a) There should be contact between schools and early years services so that the schools can plan for individual children, and the child knows what to expect during the transition. b) There should be contact between schools and home, both before and after the transition is made, so that parents can be actively involved in their child's education. c) There should be contact between the schools and community resources so that the children can receive the services they need as soon as possible. Research suggests that holding children out of school for an additional year can have detrimental effects, especially for poor and minority-group children.

In terms of transitions from home or early years to primary school, 'a successful transition can have long-term positive outcomes for children both in their educational success and in terms of social and emotional development' ((Margetts, 2009), (Blewett, 2010)). The transition from preschool to primary school is recognised as a very important time in children's lives. This is an important transition that involves adjusting to several changes including routines, rules, new unfamiliar environment, larger class sizes, etc. (Hirst, Jervis, Visagie, Sojo, & Cavanagh, 2011).

Key skills, knowledge and dispositions that support children during the transition to primary school are social and emotional skills, communication and language skills, positive learning dispositions like independence and curiosity, and self-help skills, with less focus being placed on academic skills. Positive experience during this important transition is a predictor of children's future success in terms of social, emotional, and educational outcomes.

To support children making the transition to primary school, the role of the various stakeholders must be considered. The research highlights the need to support all stakeholders: the child, the parent and family, the early years educators, and the primary school teachers. There are a number of social and demographic factors that can influence children's early adjustment to school. These include a child's age, early years experiences, social and emotional competence, primary language spoken at home, parental employment, and parenting practices ((Barnett & Taylor, 2009), (Dockett & Perry, 2009)). The children who are most at risk of a difficult transition are children from areas of socio-economic disadvantage, therefore, the role of ECCE is crucial in terms of supporting the development of the skills, knowledge and dispositions needed for a successful transition to school (Evans, Kelley, Sikora, & Trelman, 2010).

Table 48 Determinant 6 - Community and Neighbourhood Effects

Safe communities	The type of community and neighbourhood that a child lives in can also affect their school readiness. School readiness resources include a high-quality neighbourhood environment, for example, safe streets and playgrounds. In terms of the neighbourhood environment, areas characterised by crime, violence, and vacant buildings, where parents may not allow children to play outside or walk to school alone, may adversely influence children through increased stress, negative peer influences, a lack of positive role models and a lack of institutional resources. Neighbourhoods with a high degree of poverty are typically associated with less favourable child outcomes, including school readiness and academic achievement.
Birthweight, mortality and health	Children in high poverty neighbourhoods are at a higher risk of low birth weight, infant mortality, child abuse, behaviour problems, teen pregnancy, and school dropout. Living in a neighbourhood with less than 10% poverty predicts higher cognitive test scores.
Unemployment	Neighbourhood male unemployment levels have been shown to influence young children's behavioural and physical outcomes. Research also finds that having affluent neighbours is particularly important for children aged 3 and over, as parents/children model their neighbour's behaviour e.g. regular school attendance. However, research indicates that much of the effect of poor neighbourhoods on negative child outcomes is mediated through the home environment. Therefore, parents who provide a warm, supportive home environment, who use appropriate parenting behaviours and who provide a stimulating learning environment can offset the negative effects of living in a poor neighbourhood.

Although this can be the reality of some communities, it is important to note that every parent has the potential to be the best they can be for their family. They need a supportive environment that grows their strengths and capabilities.

Research into 'what works' in improving school readiness suggested various things that were kept in mind as the Preparing for Life strategy was developed. At the time of development, no early intervention programme, no matter how effective, had combined all the means of improving school readiness. The Preparing for Life strategy recognised the need, therefore, to integrate strengths from various programmes, including the Chicago Child Parent Centre Programme, the Carolina Abecedarian Project, the Perry Pre-School Project, and Head Start (Little M.A., 1999).

28.3. Home Visiting

Preparing for Life decided that a central feature of its offering to improve school readiness would involve home visiting. Therefore, it also examined how effective such programmes have been in other countries/areas, and in particular, what types of home visiting programmes were most effective as part of the development of the programme.

A review of home visiting programmes at the time of the programme development (Gomby D. S., 2005) based on a comprehensive number of literature reviews and meta-analyses (which place a premium on randomised control trial and quasi experimentally evaluated studies), reported a number of key findings ((Layzer, Goodson, Bernstein, & Price, 2001), (Sweet & Appelbaum, 2004), (Elkan, Kendrick, Hewitt, & Robinson, 2000)) This report was based on home visiting programmes that sent individuals into the homes of families with pregnant women, new-borns or children under the age of 5 years on an on-going basis to improve child outcomes by encouraging change in the attitudes, knowledge and behaviour of the parents. It concluded that:

- Home visiting programmes can produce benefits for children and parents, but the benefits are modest in magnitude
- Home visiting programmes are most beneficial for families where either the need or the perceived need is greatest. Some studies suggest that the highest risk mothers (e.g. low-income teen mothers, mothers with low IQ or mental health problems) may benefit most.
- Programmes that offer home visiting in conjunction with centre-based programmes produce the largest and most long-lasting results, compared to programmes that offer home visiting services alone
- Centre-based programmes with a parenting component improve vocabulary, reading and math skills, and overall IQ, and some of these improvements last into the teen years
- Parenting programmes that involve parents and pre-school staff are more successful in addressing behavioural problems than programmes that involve only parents
- Home visiting programmes have limited impact on school readiness because they are not intensive enough and home visitors are not adequately trained or supervised (Kendrick D. E., 2000). It is therefore likely that the results of home visiting programmes would improve if quality of the services were improved e.g. the intensity of the services, the skills of the home visitors and the content of the home visiting curriculum.

The study evaluates the effectiveness of home visiting programmes in terms of 14 broad categories of outcomes, including parent outcomes, (such as parenting knowledge and attitudes, parenting behaviour, maternal stress, social support, mental health, economic self-sufficiency, and education) and child outcomes (such as child health and safety, cognitive development and academic achievement, social and emotional development, and child behaviour).

A review of 60 home visiting programmes finds that they can have positive effects for children and parents (in terms of parenting behaviour and attitudes, maternal education, cognitive and social-emotional competence) yet these effects are often very small (Sweet & Applebaum, Sep 2004). The review found that programmes using professionals, as home visitors were more effective than programmes using paraprofessionals or non-professionals.

In terms of specific outcomes for children and families, this was considered in terms of child health and safety; child cognitive development and academic achievement; and social and emotional development and child behaviour as outlined in the table below:

Table 49 Evidence of Impact on Child Development

Child health and safety	Many home visiting programmes encourage utilisation of preventative health services such as prenatal care, immunisation, baby check-ups, baby-proofing the house and preventing maltreatment. However, results suggest that home visiting programmes have little effect on improving most of these outcomes, although they have some effect in preventing injuries. In addition, home visiting programmes are typically not successful in increasing the utilisation of preventative health services either before or after the birth. Subsequently they have little impact on improving child health status in terms of birth outcomes, reported child health status, or children's height or weight.
Child cognitive development and academic achievement	Many home visiting programmes seek to improve child development by changing the parent's behaviour. However, as the evidence on the effectiveness of changing the parent's behaviour is mixed, the results regarding the effectiveness of home visiting programmes to improve the child's cognitive development is also mixed. The evidence suggests that programmes that incorporate both centre-based early childhood education services and a home visiting component provide the largest and most long-lasting results. In addition, most studies conclude that large improvements in cognitive development are only observed when the services focus directly on the child, and do not rely on parental intervention alone. One meta-analysis finds that home visiting programmes that serve socially at-risk populations generate cognitive benefits of approx. 0.09 of a standard deviation.
Social and emotional development and child behaviour	Most home visiting programmes find small, but positive, effects on changing attitudes towards parenting and parenting behaviour. Subsequently, most meta-analyses also find that home visiting programmes can have a small, but positive, effect on the child's social and emotional development and behaviour (effect sizes of 0.10-0.15 of a standard deviation), (Elkan, Kendrick, Hewitt, & Robinson, 2000). The programmes that have the greatest effect are those that target children with developmental risk/behavioural problems, therefore they are intervention rather than preventative programmes.

The report finds that stand-alone home visiting programmes produce modest effects at best, and that programmes which also incorporate a centre-based early education services produced substantial long-term outcomes for children, (Yoshikawa, 1995) e.g. High/Scope Perry Preschool Programme, the Infant Health and Development programme, the Houston Parent Child Development Centre. One randomised control study that explicitly tested the added-value of combining a centre-based component with a home visiting programme found that only children participating in the combined programme outperformed the control group (Wasik, Ramey, Bryant, & Sparling, 1990).

Overall, the review of home visiting programmes (Gomby D. S., 2005) that informs this section concludes that home visiting programmes can help prepare children for school, but the benefits are typically small, averaging about 0.1-0.2 of a standard deviation in size, an effect size that is considered small within the literature.

This informed the design of the Preparing for Life home visiting programme and the tip sheets areas in terms of:

- Pre-birth support
- Nutrition
- Rest and routine
- Cognitive, social, and emotional development
- Safety and supervision
- Parents and their supports.

28.4. Group Parenting Programmes

An important component of Preparing for Life's strategy is to implement a group parenting training component. Evidence-based on randomised control trial studies typically find that group-parenting programmes can be effective in changing parental practices and improving behavioural problems in children, although it should be noted that there is a relative lack of rigorous evaluation studies. For example, Barlow & Stewart-Brown identified 255 studies but only 16 were considered 'rigorous'. One systematic review of randomised controlled trials has shown that parenting programmes are successful in improving behavioural problems in 3-10 year old children. From the 16 programmes under review, they found that the programmes were effective in creating positive changes in both parental perceptions and objective measures of children's behaviour. They also noted that these changes were maintained over time. However, due to the small number of studies included in their analysis and methodological variations the results should be interpreted with caution. The study also concludes that community-based group parent training programmes may produce better changes and be more cost effective than individual clinic-based programmes (Barlow & Stewart-Brown, 2000).

Group-based parenting programmes can also have positive effects on maternal psychosocial health. As maternal mental health has been shown to affect the parent-child relationship, which in turn can have both short and long-term consequences for the psychological health of the child, any programme that improves the mental health of parents may also improve child outcomes.

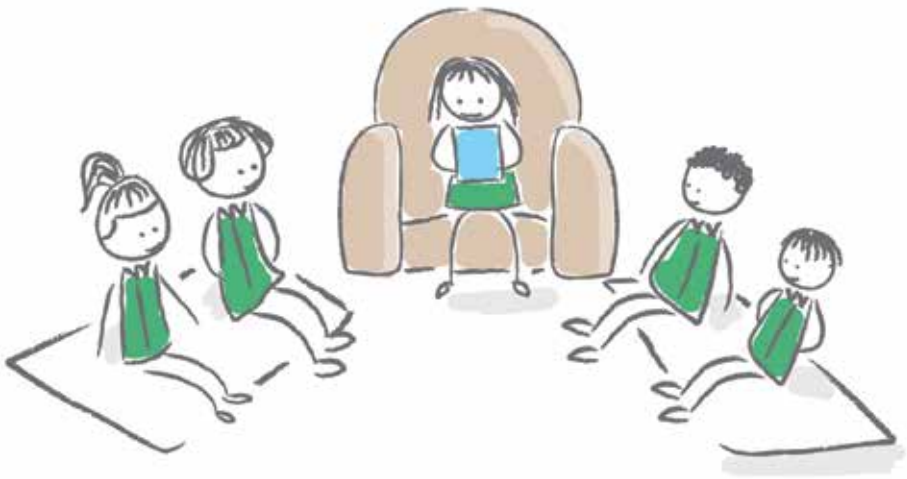
A review of 26 randomised control trial studies found that parenting programmes were successful in improving maternal depression, anxiety/stress, self-esteem, and relationships with spouse, but had little effect on maternal social support (Barlow, Coren, & Stewart-Brown, 2006). There is a lack of studies examining the long-term effectiveness of these programmes, however, the few studies in this area have found ambiguous results. A connected point relevant for the programme is that many reviews note that parenting programmes are more successful for younger children than adolescents, as the problems may become too severe to overcome for older children (Ruma, Burke, & Thompson, 1996).

It has also been found that the success of programmes may depend on the characteristics of the trainer – again, an important factor for Preparing for Life to consider. One study notes that the trainers' personal efficacy and characteristics may account for up to 50-80% of the effect size (Kumpfer, 1999). Other studies have also noted the ability of group parenting programmes to generate social capital (Walker & Riley, 2001). One study, which involved a control group that participated in discussions with other parents but received no formal treatment, and a treatment group, found that the control group also showed significant gains in specified outcomes, highlighting the importance of social networks for parenting (Peterson, Tremblay, Ewigman, & Saldana, 2003).

Many of the programmes that have been evaluated rigorously are designed to address problems that already exist within the family, such as conduct disorders. They are intervention-focused rather than prevention-focused. A corollary to this is that many families are referred by agencies to such programmes or self-select, meaning that they are more likely to engage in the programme; this may explain the large effect sizes reported in some studies. The 2005 meta-review mentioned in the previous section (Comfort, 2003) finds that for studies which examined parent reports of externalising behaviour as an outcome measure, larger effects were found for (a) referred, as opposed to community samples, (b) individual, as opposed to group programmes and (c) children identified with externalising behaviour problems as opposed to children with no identified problems.

Recent qualitative research notes that parenting programmes may also have unintended consequences. One study finds that women attending these programmes can encounter difficulties at home when trying to implement the techniques learned in the group sessions (Mockford & Barlow, 2004). These difficulties include gaining the support of partners, changing established habits, finding time to parent together, incorporating the techniques into their busy lives and even parental conflict if the parent who attended the course and the one who did not have different parenting techniques as a result of participating in the programme. Evaluations should therefore be aware of the negative, as well as positive, effects of parenting programmes.

The Triple P Positive Parenting Programme is a multi-level system of family interventions that provide five levels of interventions of increasing strength. These include a universal population media strategy, two levels of brief primary care consultations and two more intensive training and family interventions programmes (Sanders, Markie-Dadds, & Turner, 2003). Further analysis led to the conclusion that Triple P would be the best option in Preparing for Life, the main reasons for this being its explicit suitability for the parents of children from birth upwards, its focus on prevention and its brevity.



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Preparing for Life

Support • Nurture • Thrive

"I have learned so much about myself and my child already; I really didn't have a clue about any of his little milestones or when he should be eating or sleeping"

"I love story time with him, which I probably wouldn't have done as early as I did, and I love being brave enough to raise him the way I want to and not how everyone else thinks I should"

"My Home Visitor has helped me get through so many tough times but helped me find joy in so many of my achievements, which I would never have done, and I am grateful for it. I'm excited we still have another two years to go"

Preparing for Life

Home Visiting Programme Manual

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An Roinn Leanaí, Comhionannais, Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality, Disability, Integration and Youth

TUSLA
An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency