

Evaluation of pilot delivery of ParentChild+ in England, 2018-2020

Final report, July 2020

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We would also like to thank our CEDAR Administrator and Research Secretaries for transcription of interviews and data entry for Being a Parent.

EXECUTIVE SUMMARY

This is a summary of the main findings from the final report of the small-scale evaluation of the ParentChild+ pilot delivery in three areas of England during 2018-2020.

The programme entails 46 weeks of twice weekly visits (92 visits in total). These focus on improving the home learning environment for young children aged around 2-4 years. By engaging the child and parent/s, providing a new book or toy each week, and modelling how to use these to encourage talk, play, and reading, the visits support child development. The aims are to increase parent-child positive interaction, to improve speech and language development, and early learning skills so that children are ready to benefit from attending nursery or school when the time comes. During the pilot delivery, the main target group of families were those eligible for, but not taking up, the government offer of 15 hours per week free childcare and education for 2-year-olds. In practice, both the delivery pattern and the target group were sometimes adapted when this fitted better with local and individual family needs.

Outcomes (reported changes because of the programme)

- Outcomes of the first pilot delivery of the programme in England confirmed the programme's Theory of Change. For those who completed¹ the programme (34%), there were positive outcomes around improved parenting knowledge and skills, child cognitive gains, child social and emotional gains, and improvements in the home environment.

Outcome data were collected in two ways: (1) through three questionnaire measures at baseline, midpoint and endpoint of the programme and (2) through qualitative data from participating parents and the delivery team.

Quantitative data

The Child Behavioural Traits (CBT) and Parent and Child Together (PACT) were completed by the volunteer home visitor. The Being a Parent (BAP) questionnaire was completed by the parent (mother and/or father).

Child Behavior Traits (CBT) measure: For the group of 15 children for whom the home visitors completed the CBT measure at all three time points, there was a **statistically highly significant increase ($p < .001$) in all five domains: independence, social cooperation, task orientation, cognitive ability, emotional stability**. Almost all the 19 children for whom baseline and endpoint CBTs were completed showed increased scores across all five domains. Scores across all these domains also increased from midpoint to endpoint for most of these children, indicating the value of the second half of the programme.

Parent and Child Together (PACT) measure: For the group of 18 parents for whom the home visitors completed the PACT measure at baseline, midpoint and endpoint, there were **statistically highly significant increases ($p < .001$) in communication, consistency, affection and responsiveness**. When looked at individually, the majority (13-15) of these individual parents showed increased scores from baseline to endpoint. This was also true between midpoint and endpoint (11-15 parents across all domains), indicating the value of the second half of the programme.

Being a Parent (BAP) measure: For the group of eight parents who completed the Being a Parent (BAP) measure at all three time points, there was **not a statistically significant increase ($p < .99$) in parenting self-efficacy**. However, the mean baseline scores for the group of 26 parents who

¹ Completion is defined as at least 74 (80%) home visits having taken place.

completed a baseline BAP were markedly above the national norms for England. Our interpretation is that these baseline scores were unrealistically high, skewing results. Nevertheless, when examined individually, five of the nine parents who completed baseline and endpoint BAPs showed increased parenting self-efficacy scores at endpoint. Satisfaction with being a parent scores also increased from midpoint to endpoint for five of these nine parents, indicating the value of the second half of the programme.

Qualitative data

We conducted 15 parent interviews (12 face-to-face at midpoint; three by telephone at endpoint). We were sent 12 end-of-programme parent evaluation forms. We also interviewed by telephone the area coordinators three times (early on, halfway through and at the end of the pilot) and a sample of volunteer home visitors at midpoint (6) and at endpoint (5) - eight individual volunteers in total.

Parent reports: These parents described an increase in positive parent-child interaction and in understanding of how to support child development. They believed this had been facilitated by the provision of new books and toys that are developmentally appropriate, and by the modelling by the home visitors of how to play and read with young children.

All 12 parents who completed evaluation forms at the end of the programme, reported positive changes in their parenting which they believed to be because of the programme. The most frequently reported impact was on improving the amount and quality of parent- child interaction.

Operational delivery team reports: These interviews corroborated the positive views of parents with detailed information provided about observed progress attributed to the ParentChild+ programme. In families that stayed in the programme at least until halfway, and especially for those who completed the programme, target children were observed to have made cognitive and social and emotional gains, setting them up to thrive in nursery and school. The parents were observed to have improved their levels of engagement with their children and to have learned how to support their child's development. These benefits were generalised to siblings, too. The home environment was enriched with developmentally appropriate books and toys that acted as catalysts for increased positive interaction and conversations. With support from their home visitor, some of these families were also able to address risks and improve protective factors affecting their family.

All these reported changes, perceived as being because of the programme, are in line with expectations of programme outcomes, based on its Theory of Change (set out in the Introduction).

Implementation

Parents' experience of receiving the programme

Parents who provided their views to the evaluation were very positive about the programme both at the halfway point and on completion. They reported seeing benefits from it for both the child and themselves. All thought it was a worthwhile programme and that it met their expectations. The reasons for thinking this included: their child's progress in speech, language and communication; increased positive parent-child interaction; its impact on preparing their child for nursery and school; increased parenting skills; increased social skills; and (in some cases) alleviation of material poverty of home learning environment by provision of free books and toys weekly. Some, who had no extended family or friends nearby, valued it for alleviating their social isolation.

Perceptions of the respective roles of the home visitor and parent during the sessions reflected what seemed a key distinction between a more directive relationship (e.g. teacher-student) versus a less

directive one (e.g. modeller-follower). All the parents reported that they and their children greatly enjoyed the sessions; most reported being involved, or increasingly involved, in the activities.

The books and toys were much appreciated. They increased both parents' understanding of their child's interests, and their knowledge of what books and toys were developmentally appropriate for the age group.

In practical terms, no problems were reported around appointment times. Parents reported liking that the sessions took place in their homes.

All of these reported findings confirm the programme's Theory of Change (see Introduction).

Among those who completed the programme, some positive suggestions for the future were made, such as to make the programme available to more families and to connect participating parents via a dedicated social media group.

Experience of delivering the programme

The participating families

Recruitment focused around families who were eligible for the government offer of free childcare and early education for 2-year olds. This meant that the families recruited to the programme were disadvantaged, by definition. The programme recruited within that cohort from those who did not take up the 2-year-old offer and from those who did, but where additional support needs remained. Thus, the pilot of ParentChild+ successfully targeted a very disadvantaged group of parents and young children.

In total, 62 children were enrolled, along with their parent/s or carer/s. Of that group, 34% completed the programme. The retention rate was negatively affected by a number of factors, such as families moving out of area, by families' pre-existing challenges making it difficult to maintain the routine of weekly visits, in some cases, by children becoming eligible for the 3-year old offer of 30 hours a week at nursery and, in a minority of cases, by disruption due to volunteer home visitors leaving the programme. Overall, half the children's families left before the midpoint of the programme. (Emerging data indicates that retention rates are higher in subsequent programme delivery using paid staff as home visitors, supported by volunteers.²)

Levels of engagement of both parent/s and child varied by family and over time. Some were fully engaged from the beginning; for most parents and children engagement increased over time as a trusting relationship was built up with the home visitor.

The programme's relevance and congruence in England

The operational delivery team believed that the ParentChild+ programme is needed in England. They also viewed it as fitting well in the English context, overall. They also suggested some ways in which this contextual fit could perhaps be improved; for example, by aligning the timing of delivery to segue with eligibility for the 3 year old offer and/or by adjusting the length of the programme to the level of need and changing circumstances of individual children and families. Another suggestion was to align the programme's outcome measures more closely with the Early Years Foundations Stage in England.

² E-mail information from Family Lives, 13 July 2020.

During the pilot delivery, all the evidence suggests that the programme was delivered with fidelity across all three areas, with appropriate minor adaptations being made to suit individual child and family needs and circumstances.

Use of volunteers as home visitors

There were pros and cons of using volunteers as home visitors. Benefits for Family Lives, for the families and for the volunteers were identified. Drawbacks in terms of recruitment, retention and the ending the relationship with the visited family were reported. Overall, the consensus view was that the demands of delivering a manualised programme with fidelity over the full length of the programme (92 visits) had been too demanding for most volunteers, and required unsustainably high levels of staff support. However, those volunteers who persevered reported positive experiences of the training, support and supervision, and of the role. They proved that it was possible for highly committed volunteers to deliver the full programme successfully and with fidelity.

Area coordinator role

The area coordinators had the dual role of being responsible for (a) setting up and coordinating delivery of the programme in their area and (b) acting as home visitor to multiple families. It was a challenging role, especially during the set-up period. In future, it was suggested, strategic level support from Family Lives would be helpful during the set-up phase to establish the programme's credibility in a local area. Dedicated office and storage space and some administrative support would also have been valued throughout programme delivery.

Conclusions

Based on the data analysed for the evaluation, we now seek to answer our research questions.

1. Is there a change over time in parents' capacity to support their child's development? (self-efficacy, play beliefs, involvement, interaction)

Yes. For the group of 18 parents for whom the home visitors completed the Parent and Child Together (PACT) measure at baseline, midpoint and endpoint, there were statistically highly significant increases ($p < .001$) in communication, consistency, affection and responsiveness. The majority of these individual parents (13-15) showed increased scores from baseline to endpoint. This was also true between midpoint and endpoint (11-15 parents across all domains), indicating the value of the second half of the programme.

For the group of eight parents who completed the Being a Parent (BAP) measure at all three time points, there was not a statistically significant increase ($p < .99$) in parenting self-efficacy. However, the mean baseline scores for the group of 26 parents who completed a baseline BAP were markedly above the national norms for England. Our interpretation is that these baseline scores were unrealistically high, skewing results. Nevertheless, five of the nine parents who completed baseline and endpoint BAPs showed increased parenting self-efficacy scores at endpoint. Parenting satisfaction scores also increased from midpoint to endpoint for five of these nine parents, indicating the value of the second half of the programme.

In the 15 parent interviews we conducted (12 at midpoint; 3 at endpoint), these parents described an increase in positive parent-child interaction and in understanding of how to support child development. They viewed this as facilitated by the provision of new books and toys that are developmentally appropriate, and by the modelling by the home visitors of how to play and read with young children.

All 12 parents who completed evaluation forms at the end of the programme, reported positive changes in their parenting which they believed to be because of the programme. The most frequently reported impact was on improving the amount and quality of parent- child interaction.

2. Is there a change over time in children's development (Child Behavior Traits)?

Yes. For the group of 15 children for whom the home visitors completed the Child Behavior Traits (CBT) measure at all three time points, there was a statistically highly significant increase ($p < .001$) in all five domains: independence, social cooperation, task orientation, cognitive ability, emotional stability. Almost all the 19 children for whom baseline and endpoint CBTs were completed at baseline and endpoint showed increased scores across all five domains. Scores across all these domains also increased from midpoint to endpoint for most of these children, indicating the value of the second half of the programme.

Qualitative data from a sample of parents, the three area coordinators and a sample of volunteer home visitors corroborated these findings with detailed information about observed progress in child development (social interaction, early learning, speech, language and communication, self-regulation), attributed to the ParentChild+ programme.

3. Does the implementation of the Programme look different among the three boroughs/communities?

No. The programme was delivered with fidelity in all three areas with no obvious area-based differences.

4. Does the reliance on volunteers as home visitors have an impact on quality/outcomes?

Yes and no. Reliable volunteers who stayed the length of the programme with their family were deemed as effective as paid staff, in terms of outcomes for families. The parents to whom we spoke were very positive about the calibre, commitment and skills of the volunteers who visited them. The area coordinators were also very positive about the quality of many of the volunteers recruited. This is testimony to the wisdom of piloting a delivery model using volunteers and demonstrates that volunteers can deliver the programme to the required standards. On the other hand, the reliance on volunteers as the main type of home visitors has been difficult in terms of recruitment, training and retention. The main reported negative impact on families was the disruption caused when a volunteer had been matched with a family and then ceased involvement with the programme, sometimes without communicating this to the family or the coordinator. In addition, some volunteers were reported to be less reliable than others in keeping appointments with families. There was also an issue about relying on volunteers in cases where a family had complex needs, including issues around child protection. Finally, the length of commitment expected of volunteers delivering the 46-week programme, and the scale of activity linked to delivering the intervention with fidelity (including the completion of baseline, midpoint and endpoint measures and weekly session notes), were viewed as overly onerous for a volunteer workforce. Overall, one lesson from the pilot is that future delivery of the programme ought not to rely to the same extent on volunteers. The use of paid staff, possibly supplemented by volunteers, is a more realistic model.³

5. Does a 15 month implementation cycle have the same impact as a two year cycle?

We cannot give a definitive answer to this. Neither parents nor volunteers expressed any need for a long break at midpoint, the pattern of delivery in the USA. However, the length of the programme did affect retention rates once the participating children became eligible for 30 hours per week of

³ Delivery subsequent to the pilot in other areas of England using paid staff, with volunteer support, seems to bear this out. (Information from Family Lives, email 13 July 2020.)

free childcare and education. Both the age at which the children became eligible, and the length of the programme, were viewed as issues worth further consideration in the English context.

6. *Does the introduction of email, skype group supervision and less frequent face to face meetings affect the quality of delivery?*

No, there was no evidence of this. The issue was more to do with the limited availability of each volunteer and therefore the logistical difficulty of gathering all of them together for weekly Skype meetings and monthly face-to-face meetings. The individual experiences of volunteers who were unable to attend the meetings (especially the face-to-face ones) was seen as less positive. We collected no data that indicated that this affected quality of delivery to families. The impact was rather on the workloads of the area coordinators. At endpoint, the five volunteers we interviewed were very positive about the support and supervision they received.

7. *What recruitment activities, for volunteers and families, were most effective?*

Using multiple pathways in to the programme, including self-referral, was effective in recruiting families. Most were referred through local authority teams and services working with families with young children and by health visitors. No single team or service proved to be 'the most effective'; rather, encouraging referrals from a wide range of services was effective. Making contact with these teams and services and enabling them to understand the complementary nature of ParentChild+ to what was already on offer to families with young children was a more time-consuming aspect of the area coordinator role than perhaps had been envisaged.

Similarly, volunteers were recruited through multiple routes. Of these, the most effective one was reported to be the Indeed website. The level of initial interest expressed by potential volunteers was about ten times higher than those who followed through to attend training. There was also a high rate of turnover of volunteers during the programme. This negatively affected retention rates in cases where the family did not wish to begin a new home visitor relationship. In cases where families agreed to a new home visitor, this increased the workload of the area coordinators or another volunteer who added these families to their existing home visits.

Looking forwards

The interim evaluation findings (Cullen, Cullen & Bailey, 2019) indicated that the development of the PC+ model to incorporate delivery by volunteers had both strengths and weaknesses. The main challenges in using a volunteer-based model of delivery related to the recruitment, retention, training, and support of volunteer home visitors. These challenges surfaced early on. Over time, it also became clear that family retention could also be affected when volunteers dropped out or were unreliable in keeping appointments. These issues were articulated by the area coordinators to the evaluators and, internally, to senior managers responsible for the pilot delivery in England. Subsequently, the model was reviewed and the decision taken by Family Lives to move forward using paid staff, or a blended model of paid staff supplemented by volunteers.

The data gathered at the end of the programme indicates that the three suggestions we made to Family Lives in our interim report remain relevant as they move forwards with delivery of ParentChild+ in England:

- The co-ordinators experience suggests that providing them with office space and some administrative support would be beneficial.
- It is worth considering using more senior, strategic-level staff to initiate conversations with local authorities around the recruitment of families, prior to local operational-level staff beginning this work.

- Area coordinators and home visitors reported adding to the books and toys in order to meet the specific interests of individual children. This appears to have been a successful strategy, and perhaps details of the additional books and toys could be added to the core list.

Additional suggestions we now make to Family Lives, as they move forwards with delivery of ParentChild+ in England, are that consideration should be given:

- to how best to deliver the programme with fidelity in a way that also fits in well with the childcare and early education landscape in England, in particular, with the '3-year-old offer' of 30 hours a week of free childcare and education.
- to ways of addressing the rate of non-completion. The use of paid staff should reduce turnover and loss of families to the programme⁴. A certain level of non-completion is to be expected when working with disadvantaged families, many of whom were living in transitory or short-term accommodation. However, it may be worth considering whether the USA model of delivery of the programme in two halves, with a break in the middle, has benefits in increasing retention rates. It may also be worth considering whether timing the programme to segue with, rather than overlap with, the 3-year-old offer might increase retention.
- to whether or not to seek permission from the ParentChild+ parent company to replace the PACT and CBT measures with measures that are more widely recognised and valued amongst parenting support and early years professionals in England.

⁴ Emerging data from delivery in two London boroughs and in South Yorkshire indicate that this seems to be the case (e-mail from Family Lives, 13 July 2020.)

1 Introduction

This is the final report from the evaluation of the ParentChild+ programme's pilot delivery in England. The programme consists of 46 weeks of twice-weekly visits (92 visits). The pilot ran from summer 2018 to spring 2020. Recruitment of participants was staggered across about 6 months.

The pilot was relatively small scale. In total, 62 children were registered as beneficiaries, of which 21 completed the programme (34%). Completion is defined as at least 74 visits (80%). Table 1 shows the overall scale of the pilot delivery, and breaks this down by the three areas of England: Ealing, Newcastle and Nottingham. It shows that those who completed 80% of visits went on to complete all 92 visits.

Table 1 Scale of the pilot delivery in England by area, 2018-2020 (Number)

Area	Started	Completed 100% (92 visits)	Completed 80% (at least 74 visits)	80% completion rates (%)
Ealing	22	8	8	36
Newcastle	18	5	5	28
Nottinghamshire	22	8	8	36
Pilot Totals	62	21	21	34

1.1 Background

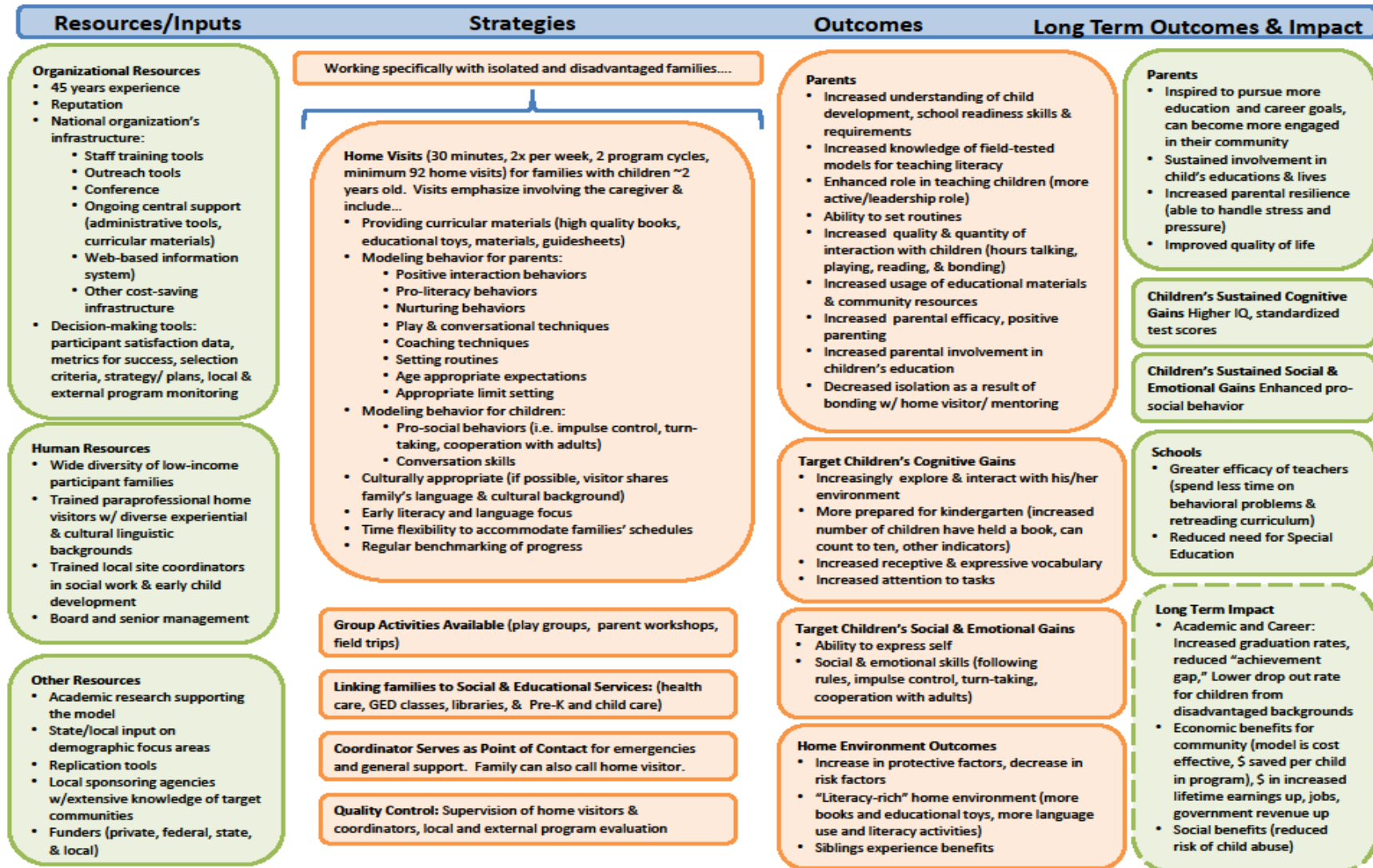
ParentChild+ (formerly Parent Child Home Programme) began as the Mother Child Home Programme in America in the late 1960s/early 1970s (Levenstein, 1988; Gfellner et al., 2008). There is now a strong body of evidence, including random controlled trials, showing its effectiveness as a relatively low cost, effective way of promoting positive parent-child bonding, increasing child cognitive development and school readiness among children of disadvantaged and isolated families (EIF Guidebook, 2020). It has also been shown to be effective in addressing/preventing child neglect in at risk populations. The American model is based on two years of home visiting input (the two years follow the pattern of the American school year).

In the English pilot, there were three main differences from the USA model:

- delivery over 15 months rather than two years, eliminating the gap between the first 23 weeks and the second 23 weeks
- delivery using trained volunteer home visitors rather than paid staff
- use of e-mail/texting, skype group supervision and less frequent face-to-face meetings of volunteers and area coordinators rather than the face-to-face norm of staff meetings and supervision in the USA model.

The theory of change remained the same for the English pilot programme (see following figure).

Parent-Child Home Program



1.2 Aims of the evaluation

The aims of the evaluation were:

- To review, analyse and validate the impact data in order to understand the impact of programme delivery of PCHP in the UK.
- To investigate specific aspects of the delivery process in order to learn more about implementation effects.

1.3 Research questions

The research questions guiding the Impact evaluation were:

1. Is there a change over time in parents' capacity to support their child's development? (self-efficacy, play beliefs, involvement, interaction)
 - a. Does quality (all fidelity, home visitor-parent relationship) predict change in parents' capacity to support child development?
 - b. Do demographic characteristics (race/ethnicity) predict change in parents' capacity to support child development?
2. Is there a change over time in children's development (Child Behavior Traits)?
 - a. Does change in parent's capacity (T1-T2) predict change in children's developmental outcomes (T1-T3)?
 - b. Does quality (all fidelity, home visitor-parent relationship) predict children's development?
 - c. Do demographic characteristics (race/ethnicity) predict change in children's development?

The research questions guiding the Process evaluation were:

3. Does the implementation of the Programme look different among the three boroughs/communities?
4. Does the reliance on volunteers as home visitors have an impact on quality/outcomes?
5. Does a 15 month implementation cycle have the same impact as a two year cycle?
6. Does the introduction of email, skype group supervision and less frequent face to face meetings affect the quality of delivery?
7. What recruitment activities, for volunteers and families, were most effective?

This final report seeks to answer these research questions.

1.4 Methods used

1.4.1 Qualitative data

Qualitative data was initially collected through early telephone interviews with the three area co-ordinators (October/November 2018). At midpoint, telephone interviews were held with the three area coordinators, six trained volunteer home visitors (February 2019), and 14 visits were made to participating parents, resulting in 12 interviews involving 15 parents (April/May 2019). 'Endpoint' included interviews/written information collected in autumn 2019 when the first families completed

the programme and again in spring 2020 when the final families completed the pilot programme. Table 2 provides a summary overview.

Table 2 Qualitative interviews or written information informing the report (Number)

Interviewee type	Early on (autumn 20	Midpoint (2019	Endpoint 1 (first families' completed) (Autumn 2019)	Endpoint 2 (last families' completed) (Spring 2020)
Area coordinators	3	3	3	3
Volunteers	-	6	2	3
Parents ⁵	-	12	1	1
Parents (written forms)	-	-	12	

All telephone interviews were recorded, with the informed consent of the interviewees, and the recordings were fully transcribed for analysis. The interviews were carried out using a semi-structured interview schedule, designed to gather data on key issues relating to the pilot, while allowing interviewees to discuss additional points. Each transcription was analysed using the five-step Framework approach (Ritchie & Spencer, 1992).

During the midpoint visits to the sample of participating families, the evaluator was accompanied by each family's regular home visitor, being a mix of the area coordinators and trained volunteers. A semi-structured interview schedule was used that included both open and closed questions. It was a slightly adapted version of the standard interview schedule used by ParentChild+ in all its programmes. In 12 of the 14 visits, an interview was recorded with informed consent and extensive notes taken at the time, using the vocabulary of the parents. In two of the visits, the interview was not conducted because of the lack of a shared language between the evaluator and the parent. (The original plan had been for the home visitor to act as translator but because in both cases the child or children were present and wanted their usual session, the evaluator chose to observe and, where appropriate, join in on the session.) The 14 home visits were an invaluable insight into the programme in action in very different home environments and with parents from a range of cultural backgrounds. During three visits, both the mother/stepmother and father were present: in two of these both parents contributed to the interview; in the third the mother spoke little English but the father translated for her and she indicated that she shared his positive views of the programme. The midpoint parent interviews were not transcribed (too much background noise) so the Framework analysis was based on extensive notes taken at the time of interview, plus supplementary listening to the recordings again. The endpoint parent interviews were transcribed.

For confidentiality and anonymity, we have given all interviewees random identification codes and numbered the three areas randomly. Area coordinators and volunteer home visitors are coded as 'Team' plus a random number, for example, 'Team 6'. Parent interviewees were coded by area and allocated a random number, for example, Parent 3/12. The end-of-programme evaluation forms (EF), completed by parents and submitted anonymously to the evaluators, were numbered randomly from 1-12 and indicated as 'EF' plus a number, for example, '(EF3)'.

⁵ The low number of parent interviews at the end was disappointing. Other parents who completed all 92 visits were also invited to take part in an interview but only two responded, both positively.

1.4.2 Quantitative data

We analysed data from three standardised questionnaires. Two of these are the standard measures used by ParentChild+ to evaluate all its programmes:

Child Behavioural Traits (CBT) – The CBT is a 20-item questionnaire that captures home visitor ratings of the child’s observed behaviours. These measures are rated on a five-point Likert scale ranging strongly disagree (0) from to strongly agree (4) on five (four-item) factors; namely, Independence, Social Cooperation, Task Orientation, Cognitive Ability, Emotional Stability.

Parent and Child Together (PACT) – The PACT is a 20 item measure that examines the frequency of observed positive parent-child interactions. This was completed by the home visitors. This measure encompasses four (five-item) factors; namely, Communication, Affection, Consistency, and Responsiveness; all of which are rated on a five-point Likert scale ranging from ‘strongly disagree’ (0) to ‘strongly agree’ (4).

These data were entered by the area coordinators and sent to us via the USA research office of ParentChild+.

The third measure was completed by the parents and sent directly to the evaluation team for data entry and analysis. It was a measure of parenting self-efficacy:

Being a Parent (BAP) – This 17-item measure explores three factors thought to relate to parents’ sense of competence (Gilmore & Cuskelly, 2009; Johnston & Mash, 1989); all of which are measured on a six-point Likert scale ranging from strongly agree (1) to strongly disagree (6); although a number of these items are reverse-scored. These factors are:- a seven-item measure of Self-Efficacy (indicating the extent to which parents feel they are fulfilling their role), a seven-item measure of Satisfaction (their enjoyment with parenting), and a three-item measure of Interest (how interested they are in their role as a parent).

Reported data are based on responses to each measure when completed at more than one of the three timepoints: baseline, midpoint and endpoint. Table 3 shows that for each measure, there were large falls in the number completed at midpoint compared to baseline, with better conservation from midpoint to endpoint. This largely reflects retention in the programme.

Table 3 Numbers of parents/children about whom we had outcome data at baseline, midpoint, endpoint (Number)

Measure	Factor	Baseline	Baseline to Midpoint	Midpoint to Endpoint	Matched across all 3 timepoints
Being a Parent (BAP)					
	Self-efficacy	26	8	8	8
	Satisfaction	25	6	6	5
	Interest	28	8	8	8
Child Behavioural Traits (CBT)					
	Independence	48	24	15	15
	Social co-operation	47	24	15	15
	Task orientation	47	24	15	15
	Cognitive ability	47	24	15	15
	Emotional stability	47	24	15	15
Parent and Child Together (PACT)					
	Communication	47	31	18	18

	Affection	47	31	18	18
	Consistency	47	31	18	18
	Responsiveness	47	31	18	18

The numbers completed at all three timepoints were, respectively, 8 for BAP, 15 for CBT, and 18 for PACT.

Due to the small sample size used in analyses, and to our concerns about the reliability of these data, we report our statistical analyses with caution and include also tables showing change for individual parents and children.

1.5 Structure of the report

We present first the qualitative data relating to the outcomes (impact) of the programme, followed by the quantitative results. We then focus on reporting the findings related to parents' experiences of receiving the programme, followed by the team's experience of delivering the programme in England.

2 Effects of the programme: qualitative perspectives

In this chapter, we present data about the effects of the ParentChild+ programme, from the perspectives of the parents and home visitors⁶ who participated in the evaluation. We summarise data from the interim report (Cullen, Cullen & Bailey, 2019) and add perspectives gained at the end of the programme.

2.1. Reported changes in the focus child

2.1.1 Summary of changes by midpoint

As detailed in our interim report, at midpoint, the parents interviewed were asked what, if any, changes they had noticed in their child that they thought were because of the ParentChild+ programme. The changes they identified fell in to six themes: Self-regulation (e.g. to cope with frustration); Expressive language (e.g. to express needs); Receptive language (e.g. showing understanding of instructions); Social skills (e.g. positive interaction with home visitor and parent/s); Engagement in play (e.g. imaginative and creative play); and Early learning (e.g. engaging with books, learning colours).

Most (9 of 12 parent interviewed) described more than one type of change in their child that they believed was because of involvement in ParentChild+ to its midpoint. For example:

[My daughter] loves the books. Now she loves it a lot. She says, 'This is *my* book' I'm very happy because she has something for her. Her shyness is better. She talks with [home visitor]. She's confident. She can play. She puts the shapes in. She knows the animals and noises and she has the play dough. She loves it!' (Parent 3/13) [early learning, social skills, engagement in play]

The home visitors interviewed at midpoint corroborated the perceptions of parents as to the types of changes seen for the focus child by that stage of the programme. At that time, all three area coordinators and six volunteers each provided examples from the children they visited of gains in expressive and receptive language, in self-regulation, in the ability to concentrate on early learning activities including engaging with books, increased social skills and engagement in play.

2.1.2 Changes by the end

On evaluation forms completed at the end of the programme, 12 parents responded to the question, 'What did your child learn from the Parent Child Home Programme⁷?' All 12 parents wrote about more than one thing their child had learned from the programme. Figure 1 presents the responses, divided up into categories of types of child learning:

- four categories link back to types of change noted in children at the midpoint of the programme :
 - self-regulation; expressive language; social skills; early learning
- five are additional:
 - enjoyment, school readiness, independence, coordination, general increase in skills.

⁶ Home visitors here includes the volunteers and the area coordinators.

⁷ Parent Child Home Programme was the previous name of ParentChild+

Figure 1 Examples of each of the nine categories of positive learning by their child, noted by parents at endpoint

Type of learning	Examples - quoted from the evaluation forms (EF)
Self-regulation	'First he wasn't sitting even for 2-3 minutes. Now he sits and plays 20 mins – ½ hour.' (EF2) 'He learnt to sit down and listen and to take turns.' (EF7) 'She had learnt [...] patience [...]' (EP8) 'This programme taught him discipline.' (EF12).
Expressive language	'He was saying only few words, now is talking more, even small sentences.' (EF2) 'My child could say only 1 or 2 words but not were properly spoken. Now he is teaching us English words.' (EP4 & 5 ⁸) 'Before I got in contact with this programme, my child was not talking at all. This programme has really helped him. He can speak.' (EP6).
Social skills	'He has learnt [...] to take turns. He has learnt to play with more than one person at a time. He has learnt to share [...]' (EF7) 'She has learnt [...] to play nicely [...]' (EF8) 'My little girl learnt [...] how to share [...]' (EF10) 'Interaction, openness [...]' (EF11) 'Our child started to learn to interact with his teacher [i.e. home visitor] in different ways than he usually is used to at home.' (EF12).
Early learning	'My child is interested in books [...]' (EF3) 'She has learnt [...] nursery rhymes' (EF8) 'My little girl learnt [...] how to be good listen to the story, how to sing.' (EF10).
Enjoyment	'Having some fun' (EF1) '[My child] always enjoys this half an hour with us.' (EF9)
Independence	'He has learnt to make choices' (EF7) 'My little girl learnt [...] how to install [i.e. position pieces in puzzle] ⁹ games' (EF10)
School readiness	'Colours, sounds, counting, learning new songs, things ready for school.' (EF9) 'Our child [...] also started to learn to differentiate the learning time and home time. He automatically switched language when he met his teacher [i.e. home visitor].' (EF12)
Coordination	'[...], coordination.' (EF11)
General increase in skills	'My child [...] has learnt a lot of things from my home visitor.' (EF3) 'She has learnt new skills' (WF8) 'My little girl learnt a lot of things' (WF10).

Source: Written forms (WF) returned by parents, randomly numbered 1-12, at end of programme.

Three of the four types of change/learning mentioned both at midpoint and endpoint were also highlighted in the interviews conducted with three parents at the end of the programme, as the quotations in Figure 2 illustrate.

⁸ Evaluation Forms 4 & 5 were completed by the mother and father of the same child. The content was identical.

⁹ 'install' does not make sense in this context; this parent also used this word during an interview where it was clear from the context that she meant that her daughter could correctly place pieces in a puzzle game on her own.

Figure 2 Learning by child because of the programme: views of three parents at end of programme

Expressive language:

'[Daughter's name] was delayed in her speech and now [daughter's name's] speech has improved. Now you can't shut her up! She's too much talkative. You have to go, 'Shhh. Quiet for once, please'. It has helped her with her speech, even Dr [Name] who [my daughter] and [my son] are under at the [local hospital], she has even said there's a big difference in the way [daughter's name] is, how she's interacting and her speech has really come on really well.' (Parent 2/4).

'My son has learned to speak in sentences.' (Parent3/15)

Social skills:

'[My daughter] wouldn't share before and now she's very sharing. She'll share with her brother. Before she wouldn't share. She wouldn't share with other children. It's boosted her confidence I think. [...] It's just the way she's come out of her shell a little bit.' (Parent 2/4)

Early learning:

'[My daughter] is saying her colours. She can say her numbers up to 1 to 5 but I think, with the books and the things, it's really helped [my daughter].' (Parent 2/4)

'[My daughter] learnt two things: she learnt she can follow the book and can turn the page, one page after one page, which is very good for her, and she can tell (but not tell exactly) the story. She can count the numbers in the book, or can tell about colours, animals. And when we have puzzles, like puzzle toys, she can put it in the right way. Now she copies: before, she don't know how can put the puzzles the same way, like puzzle animals or puzzle colours. She can follow every single, the way of the puzzle. She can count 1 until 10 because she learnt that with [name of home visitor].' (Parent 3/13)

'[My son] want to read the book every day! If I say, 'Let's read the book from the Library', he says, 'No! I want the book [Name of home visitor] brought me.' He wants to read it every evening and every day. Then I said, 'In day, the book from the Library: at night, that book.' (Parent 3/15)

Source: Parent interviews at end of programme

2.1.3 Extent to which the programme helped the child in nursery

All 11 parents¹⁰ who completed a written evaluation form at the end of the programme indicated that the programme had helped their child 'a lot' at nursery. Most gave further details of how the programme had helped. Each of the ways of helping, identified in Figure 3, were mentioned by more than one parent. One illustrative quotation is given for each.

¹⁰ Twelve forms were completed but one evaluation form (EF9) was returned with the second page missing.

Figure 3 Ways in which the programme helped the children at nursery

Ways the programme had helped child at nursery	Illustrative quotation from evaluation form (EF)
Eased the transition	'Our child has improved his communication and interaction skills, his language has improved. This programme paves the ground for a child to a nursery/school and makes the transition smooth.' (EF12)
Reading	'He wasn't reading books at home. He got used to reading books after visits and likes to read and play with blocks in [nursery].' (EF2)
Social interaction	'It helped prepare her for the new environment and how to share and play nicely with other children.' (EF8)
Listening skills	'[It] helped her how to be good listen to the stories.' (EF10)
Expressive language	'It has helped him learn how to talk to other children and staff.' (EF7)
Early learning	'He can speak, read poems, and say colours, numbers.' (EF6)

Source: Parents' evaluation forms at end of programme

In the three parent interviews, too, there was evidence that these parents thought the programme had helped their child at nursery.

Figure 4 Quotations from parents, illustrating benefits of the programme for child at nursery

<p><i>Peer relationships</i></p> <p>'I think it's made her to be more open to make friendships because before [daughter] was very clingy to me, she was very quiet in nursery before. Now she's turned into a chatterbox and she's making friends. [...] I think it's really encouraged her to learn to share. She's making relationships at nursery as well which is good.' (Parent 2/4)</p> <p><i>Early learning</i></p> <p>'She's very good [at nursery]. The teacher for her at nursery she tells me, 'She understands every single word what I'm talking about and she's so different'. She said to me 'Where did [name of child] go before nursery?' I said, 'No, she has a programme in my house, every week from Family Lives, somebody comes to my house and she talks to [name of child] and she is singing together'. And she counts and she knows the colours.' (Parent 3/13)</p> <p>'He's doing very well [at nursery]. Yeah, it helped him. He's talking well for his age. He can sing songs. He can sit down and listen.' (Parent 3/15)</p>
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Source: End of programme interviews with parents

In future, it would also be useful to ask parents the extent to which ParentChild+ influenced their decision to send their child to nursery.

Extent to which the programme helped the child in school

Eight of the 12 parents who completed evaluation forms indicated that the programme had helped their child 'a lot' at school. (In the other four cases, the child was still at nursery¹¹.) In one case, both parents noted that the local nursery had told them about the programme:

¹¹ It is possible that not every parent distinguished between 'nursery' and 'school' but there were separate questions about each. We have reported what parents wrote in relation to each.

'[Name of nursery] advised us about Family Lives. From the programme my child has learned from the teacher and toys and books from Family Lives.' (EF4 &5)

Figure 5 illustrates the range of ways the parents' thought the programme had helped their child at school.

Figure 5 Ways in which the programme helped the children in school

Ways the programme had helped child at school	Illustrative quotation from evaluation form (EF)
Good sitting	'The programme helped my child to [do] good sitting in school.' (EF1)
Independent focus on learning	'My child can sit by herself and play and read. Her focus has improved a lot because of the sessions.' (EF3)
Expressive language	'He can express himself in school. He can read and name colours.' (EF6).
Early learning	'My daughter through this program remained loved read story and learned beautiful things through installation games.' (EF10)
Listening skills and social interaction	'Listening to teacher, great interaction with the other teacher, as well as other kids.' (EF11)

Source: Parent evaluation forms (EF) at end of programme

The home visitors also noted the benefits of the programme carrying over to the nursery/school setting for children they visited. Some had met the child and/or the parents after the child had started nursery and had been given positive feedback about the impact of the programme for supporting transition to nursery. For example, one volunteer said that the parents of the boy she had home visited had been really pleased that the types of activities the nursery wanted parents to do at home were the very things they had learned to do through the programme:

'Now that we have got to the end, I saw [child's name] come back from his first session at Nursery. It was quite obvious that he had had benefits from the programme. The family were very happy; telling me about what [the nursery staff] had been telling them to do. They went a week or two before to a 'Getting your child ready to go to nursery' session. In fact, they were very pleased to know that they had been doing that for the last year because they had been doing it with me. They already were happy with what we were doing, but to hear what they were being told [by nursery] meant that they kind of valued it more. And I am absolutely sure that had [child's name] not had the input that I had put in over the last year, he would have had big problems. So, for this family, this was a very successful enterprise.'

(Team 4)

In another example, a volunteer who also worked at a school explained that she had been visiting a local nursery in her school role, and had seen one of her ParentChild+ children happily engaged in nursery activities:

'[In my school job], I go on nursery visits to see the children who are coming to Reception for the September intake. I went into one of the nurseries for another child but I did see one of my [ParentChild+] little ones. He came over straight away and he was smiling away! So I passed that on to [the area coordinator] to say that he was all dressed up for role play and he was having such a lovely, happy time. So then she could pass it on to his mum.' (Team 5).

2.2 Reported changes in the parent's interaction with the focus child

One of the aims of the ParentChild+ programme is for the parent or parents involved in the sessions to generalise what they have learned. Information on this was collected at midpoint and at the end of the programme.

2.2.1 Summary of midpoint perspectives on impact on parents

During the midpoint interviews, we asked the parents to think about a normal week and then to tell us how much, if at all, they got the chance to talk to, play with and read to their child between programme visits. Their answers varied from 'daily', through 'most days' to much less regularly. When asked a closed question on the same topic, more said that they did this 'every day' than had said so in response to the open question. This perhaps suggests some sense that they understood that they 'should' be playing or reading with their child every day. Some explained that it was difficult for them to play or read with their child every day. One explained that there were also siblings to attend to (Parent 2/6), another said that, as the mother, she was busy cooking, 'but his Dad plays with him every day' (Parent 3/14), while a third said simply, 'some days it's difficult to do it' (Parent 2/7).

2.2.2 Perspectives on impact on parents by end of programme

At the end of the programme, all 12 parents who completed evaluation forms, and all three parents interviewed, reported positive changes in their parenting, because of the programme. The most frequently reported impact was on improving the amount and quality of parent-child interaction. Figure 6 shows what parents reported they had learned from the programme.

Figure 6 What parents reported learning from the programme

Improved parent-child interaction

'As a mother, I sit with him for an hour and we do some activities together.' (EF1)

'I enjoy playing with my child, sitting and reading books, especially before he sleeps in the afternoon.' (EF2)

'I have learnt a lot from my home visitor like how to play with my child and talk to her calmly.' (EF3)

'I have learned how to properly engage with children now.' (EF4 & 5)

'I have more language and skills on how to spend time with my children.' (EF6)

'I learnt that I don't always need to teach my child and that I can let him lead the play and make decisions about how to play with something. Later on, I can tell him the correct way to play with the toy/game.' (EF7)

'I have learnt [...] new activities to do with my child.' (EF8)

'How to read and play with my child. What my child likes doing. What they need help with. What we can do at home together.' (EF9)

'I learned from her [home visitor] how to read stories to my children because I do not know the English language.' (EF10)

Increased self-confidence as a parent

'I have learnt that I am a good parent [...]' (EF8)

'I started looking at the growth of my child in a bigger and depth [deeper] picture to help me be a great parent.' (EF11)

[continues]

Improved parenting skills

'We learned some useful techniques to deal with our child's tantrums. And points which we did it different.' (EF12)

Source: Parents' end of programme evaluation forms (EF)

Additional detail about what the parents had learned from the programme emerged in the three end-of-programme interviews. Parent 2/4 explained that she had learned how to support her children's development without spending a lot of money:

[I learned from the programme] to make do. You know how parents go out and spend lots of money; they take their kids out. There are things that you can do in the home that are more educational; reading a book, or doing something interesting in the home. It doesn't have to be expensive. You can encourage your kids' development. I think that's important. [...] With [daughter], she wouldn't share before and now I encourage her to do sharing. And just reading a book and things like that. Reading a book, it really helps their brain development so much, especially at a young age, because if you start at a young age their brain develops even more, just from a book, until they're older, which is really good.' (Parent 2/4)

Parent 3/13 was learning English as an additional language. For her, listening and joining in the sessions had enabled her to support her daughter's early learning using the English vocabulary of childhood the mother was unfamiliar with:

'I'm not good with the English. When [home visitor] brings the book, when she has finished reading, I learn what you say from her and, after that, I can teach daughter. I read to her and I found new words. That is very good for me because I'm not good [at] English but, when I read a book, a different book, I understand what you say. [...] When once you have a puzzle, she writes a different word in the puzzle, I can read it, I can understand. And when you have a book like animal, I can understand every single word for animal. Because I didn't know too much animal names for my English but now I know what to say. I'm very happy.' (Parent 3/13)

Parent 3/15 did not say what in particular she had learned from the programme, but she reported that the programme, 'helped me a lot'. Her daughter enjoyed the sessions and looked forward to them. Parent 3/15 was able to use this to encourage her daughter to do other things she wanted her to do. For example, she reported, 'I could say to my daughter, "Eat your food. [Home visitor] is coming." It helped me a lot.'

The staff and volunteer home visitors each also provided examples of how parenting had improved as a result of the programme. As summarized in Figure 8, this covered topics such as increased positive interaction with the child, improved boundary setting and behavior management, and learning the value and the importance of child-led play (Figure 7).

Figure 7 A volunteer's account of a mother learning the value of child-led play

'When [the mother] did start joining in [the sessions], I had a sense she always wanted to do everything right. So, if we were playing with a toy, she wanted to teach [her son] how to play with it in the correct way. Like there was a rule about how to play with it. And I always just sort of let him do whatever he wanted with it and reflected back to him what he was doing, even if it wasn't the 'right' thing to do with it. Over time, I think she has really changed her view of what her parenting should be. So, before the programme, she thought her job was to teach him how to do stuff right. And now she thinks, although that is a small part of her job, at the point they are

playing, her job is just to go wherever he wants to go with whatever they are playing with. So she is much more flexible in just letting him play with something the 'wrong' way, or she will make a suggestion but, if he doesn't want to do that, she will just go with whatever he wants. She never used to do that at the beginning. She was, "No, no, no, do it this way! Do this!" So I think she has really learnt how to play and that he will learn through play.' (Team 2)

Source: Volunteer interview at end of programme

2.3 Reported benefits for any siblings in household

2.3.1 Summary of midpoint perspectives on benefits for any siblings

The ParentChild+ Theory of Change includes expected benefits for siblings living in the house. This was relevant to seven of the families visited for the evaluation midway through the programme. In each case, these parents described some degree of positive extension of learning from the programme to their interaction with their other children too (some older, some younger than the focus child). For example, one father, who also had an older, but still pre-school, child at home reported that he put into practice what he learned in the sessions with his middle child too:

'Yes, definitely. Especially with [my middle son] who is here when [my youngest son] is. It's helpful with structure. We're using [the home visitor's] techniques with [middle son] too. We're reading books with both of them and that contributed to us interacting more with him. The oldest one, it's harder because he is at school.' (Parent 2/7)

Benefits for siblings, mentioned by parents midway through the programme, included social and emotional gains, increased positive social interaction amongst siblings, and early learning gains.

2.3.2 Perspectives on impact on siblings by end of programme

At the end of the programme, this topic was not explored specifically but it was clear from the written evaluation forms and the small number of interviews conducted that, where there were other children in the household, the parents had generalized the learning to include these children too. For example, Parent 2/4 explained how the programme had impacted on her interactions with her youngest son, in addition to her daughter who was the focus of the programme. She read to him and encouraged him to point at the pictures and to try to say words and she encouraged him to make choices:

'And [my son], he can't read, well, he can't say his colours or anything like that, but he points to pictures, especially with his animals. [Reading the books] encourages him to make the animal noises and encourages him to help him try to say the animals. He can say a very few ones and he can make the noises but, with [my son], we have to do the sign language so he understands more. I always do the Makaton signs with [my son]. That's where Family Lives has helped, you know where they do the singsongs, it's also about giving them choices, when Family Lives come, you give them a choice which song they want to sing, things like that. It's really good.' (Parent 2/4)

This theme came out strongly in interviews with the home visitors at the end of the programme. It was clearly the norm for any siblings in the house at the time of sessions to be included in the sessions. As a result, they also benefitted, a point illustrated in the following two quotations.

'The four [siblings] would be there. They were so engaging and would interact. They were desperate to learn. I did go for the littlest one but they all used to sit. The older siblings used to sometimes say, "Oh [name] can you get me some?" [...] I used to bring some worksheets in for the children because they were desperate to learn. I had brought a few dot to dots

and things because they were older and they would say, “Could you give me some numbers, could you give me some ...” this that and the other. So I spoke to [the area coordinator] and [...] she got some books, some lovely colouring-in books, some numeracy, literacy worksheets because they were desperate to write and to draw. [...] They wrote some lovely little messages, I’ve probably got them in my bag - ‘You are a very nice kind person, thank you for coming.’ (Team 5)

‘The little one year old (I know I wasn’t directly working with him) but he liked the [*We’re Going on a Bear Hunt*] book and the mother told me that he would repeat phrases from that: ‘We’re not scared! We’re not scared!’ And I was talking with the mother [and she said that] he heard the word ‘scared’ and he came out with, ‘We’re not scared!’ So there was some progress.’ (Team 11)

One volunteer home visitor also mentioned that sometimes the focus child’s friends were included, too. Thus, although she had been home visitor for three families and had covered sessions for a fourth (i.e. four focus children), she had interacted with 16 children:

‘So I interacted with four families and, within that time, sometimes they would have their friends in the house and they would have their little ones in. All in all, I think I worked it out, it might have been sixteen little ones I had some interaction with at some time. They used to all join in with the activities so it was lovely. Very beneficial and rewarding it has been.’ (Team 5)

In the ParentChild+ Theory of Change, sibling benefit is included under Home Environment Outcomes. It is included in that column in Figure 8. Figure 8 summarises the volunteer home visitors’ perspectives on the needs for child, parent and home circumstances at the start of the programme and the situation at the end of involvement with the programme. The summary Figure also shows that the volunteers perceived benefits for the families from the programme even in cases where the programme was not completed.

Figure 8 Volunteer home visitor perspectives: needs and outcomes for each family

Case		Needs at start of programme			Situation by end of programme		
Home visitor	Child, age at start	Child	Parenting	Home Environment	Child	Parenting	Home Environment
2	Boy, aged 21 months	In need of positive interaction, play and conversation.	Mother did not value or engage in play with child. Child could be aggressive towards her.	Mother isolated; limited spoken English.	Able to play with mother and home visitor – to share and take turns; increased speech. Enjoyed the books and toys.	Increased understanding of value of child-led play; more attuned to child. Able to use books as a prompt for conversation with child.	Because of support from home visitor, reduced isolation – she and child go out to meet other families.
4	Boy, aged 2	Behavioural issues, including aggression. Not able to focus on book or engage in play.	Parents did not set boundaries for their 3 boys. Mother did not value or engage in play with child.	Mother isolated, low mental wellbeing. Language, gender & race issues. Mother not being paid by employer.	Able to sit for 10 minutes with a book. Calmed down; happier. Benefits carried over to Nursery.	Learned how to set boundaries. Understood how to play, read and talk to the little boy.	Because of support from home visitor, mother being paid by her employers; older son able to disclose and then deal with bullying at school.
5	Girl, aged 3	Found it hard to join in.	Affected by mother's low mental wellbeing.	Parents separated. Mother and two children living in one room; shared kitchen and bathroom.	[Did not complete] Mother encouraged her to join in. Increased ability to join in the	[Did not complete] Increased mental wellbeing. Increased positive	Moved to better accommodation before end of programme. Took with them the programme books and toys.

				Very few toys, no books.	session, singing, talking, reading playing.	interaction with both children.	Younger sibling joined in all sessions.
Case		Needs at start of programme			Situation by end of programme		
Home visitor	Child, age at start	Child	Parenting	Home Environment	Child	Parenting	Home Environment
5	Girl, aged 2	Very clever	Supportive. Four children, all very keen to learn.	Precarious.	Programme not completed as family had to move away quickly. Programme provided learning materials (literacy, numeracy, colouring, dot-to-dots books) for older siblings as well as programme books and toys for focus child. All four children joined in the sessions.		
5	Boy, aged	Limited eye contact, little speech, little affect.	No issues mentioned.	No issues mentioned.	Interacting positively, speaking well, displaying pleasure & humour, enjoyed creative play (e.g. playdough, drawing)	Very appreciative of the programme.	No issues mentioned. Two older siblings at school.
11	Boy, aged 3	Hyperactivity; spoke no English (older brother was fluent); behavioural issues	None mentioned	Insecure housing: family of 5 in one bedroom (Bed & Breakfast).	Spoken English rapidly improved. Showed interest in books when father was reading to him; could turn the pages of a book	Continued to be positive.	Moved from B&B accommodation to more settled accommodation. Younger sibling joined in every session; older one did during holidays.

Case		Needs at start of programme			Situation by end of programme		
Home visitor	Child, age at start	Child	Parenting	Home Environment	Child	Parenting	Home Environment
11	Girl, aged 3	Language delay; unsettled; insecure attachment to mother	Harsh; anxious	Cramped housing: 3 children in one bedroom.	Not completed – mother withdrew from programme after 10 weeks. Mother stated that she had understood the importance of being more child-centred but home visitor did not see evidence of this in her behaviour. Child had bonded with home visitor and engaged in the sessions.		
12	Girl, aged 2	Advanced in some areas (e.g. could read – ‘decode’) and repeat facts but delayed in others (e.g. could not converse, only repeated. Behavioural issues.	Parents and grandparents very proud of child’s abilities and did not recognise her lack of communicative language. Negative style of parenting. Not in habit of reading to child.	Both parents worked full-time. Main carer (who spoke no English) did not engage in conversation with the child in any language.	Able to sit and engage with book or toy for most of the visit. Had begun initiating communication. Had been referred by nursery staff for assessment for possible autism.	Parents accepted child had communication difficulties and actively engaged in activities to promote communication. Became more positive in parenting style. Reading to child routinely.	Main carer realised she also had a role in actively engaging the girl in conversation and activities.
12	Boy, aged 2	Language delay. Energetic behaviour (running around a lot)	Did not see value in play. Not in habit of reading to child. Did not talk much to him.	No reported issues.	Increased understanding of language. Saying words and 2-word sentences. Able to sit and engage with book or toy for	Mother came to enjoy sitting down to play with and read with her son. Was confident taking the lead in the session, joining in or initiating	Remained positive.

					most of the session.	imaginative play and in reading with her son. Understood value of talking to and explaining things to her son.	
Case		Needs at start of programme			Situation by end of programme		
Home visitor	Child, age at start	Child	Parenting	Home Environment	Child	Parenting	Home Environment
12	Boy, aged 2	Language delay. Energetic behaviour (cycling round and round the room)	Limited knowledge of healthy eating for a child. Not in habit of reading to child	Financial pressure.	Saying more words, not yet clearly. Able to sit and engage with book or toy for most of the session. Increased understanding.	Reading to child routinely. Child's diet improved.	Mother took on extra job.

Source: Interviews with volunteers at end of programme

2.4 Wider home environment outcomes

The ParentChild+ Theory of Change includes 'home environment outcomes'. As Figure 8 showed, these went beyond benefits for siblings. It included, in line with the Theory of Change, having enriched the environment with books and educational toys and, importantly, new parenting skills in how to use these to prompt positive interaction and conversations with the child/ren. It also included supporting the parent/s to reduce risks and increase protective factors affecting the family. Examples provided to the evaluation included: support to access better housing, to access GP services (Figure 9), to challenge successfully not being paid for employment, and to attend meetings at school about older sibling. Area coordinators also attended Social Services family case conferences, if requested.

Figure 9 Example of intervening to reduce risk in home environment

'With the families, if we've ever had any other issues or concerns when we've been there, and again this is the volunteers that have come across it mostly, where the parents have been upset or there have been concerns, they've been able to talk to the parents. For example, it might be about contacting the GP to get the child registered. So, things that aren't necessarily the programme, but we've been to help them with.

There was one family, for example, [the mother] called the GP because the child was poorly but the GP's receptionist said, 'Oh, your child's not registered with us. You are and your family are, but your child isn't so we can't do anything about it'. So the mother was upset when [the home visitor] got there and it wasn't really appropriate to start playing games. So she rang the doctors and said, 'I'm with the family. I'm from Family Lives'. She was quite polite and stayed on the phone and, all of a sudden, the child appeared back on the system. She was so relieved because she said, 'Mam calmed down because she could now book an appointment and take her child to the doctors the next day'. It's those kind of things for the families: there's a lot more comfort in their knowing that there's somebody there if they need a bit of help, especially if they're isolated.' (Team 8)

2.5 Chapter summary

Based on the qualitative data collected as part of the evaluation the pilot delivery of ParentChild+, it is clear that the programme had positive impacts on the families involved. The target children made cognitive and social and emotional gains, setting them up to thrive in nursery and school. The parents improved their levels of engagement with their children and learned how to support their child's development. These benefits were generalised to siblings, too. The home environment was enriched with developmentally appropriate books and toys that acted as catalysts for increased positive interaction and conversations. With support from their home visitor, some of these families were also able to address risks and improve protective factors affecting their family.

All these reported changes, perceived as being because of the programme, are in line with expectations of programme outcomes, based on its Theory of Change (set out in the Introduction).

3 Effects of the programme: quantitative results

In this chapter, we present the results of analysis of the quantitative data derived from three questionnaires completed at baseline, midpoint and endpoint. Two of these were completed by the home visitors - Child Behavior Traits (CBT) and Parent and Child Together (PACT). One was completed by the parents – Being a Parent (BAP). The number of questionnaires completed at both baseline and at least one other time point was too small to allow for reliable statistical analyses. These results cannot be generalised to the group of participants as a whole. They are only reliable for the small sample that provided the data.

3.1 The three measures and the samples achieved

Our quantitative analysis examined baseline, midpoint, and endpoint scores on the following three measures:-

(i) **Child Behavioural Traits (CBT)** – The CBT is a 20-item measure that captures home visitor ratings of the child’s behaviours. It measures five factors:

- Independence
- Social Cooperation
- Task Orientation
- Cognitive Ability
- Emotional Stability.

Baseline sample sizes for all five CBT factors consisted of 48 parents for independence and 47 for the other four factors (Table 4) ; however, this sample was much reduced when comparing the number of paired samples from endpoint to baseline (N= 19 for all five factors) and even more so from endpoint to midpoint (N= 15 for all five factors).

Table 4 Child Behavioural Traits sample size at each time point

Factor	Baseline	Midpoint (matched to baseline)	Endpoint (matched to baseline)	Endpoint (matched to midpoint)	Matched across all 3 time points
Independence	48	24	19	15	15
Social Cooperation	47	24	19	15	15
Task orientation	47	24	19	15	15
Cognitive ability	47	24	19	15	15
Emotional stability	47	24	19	15	15

(ii) **Parent and Child Together (PACT)** – The PACT is a 20 item measure, completed by the home visitor, that examines the frequency of positive parent-child interactions. This measure encompasses four factors:

- Communication
- Affection
- Consistency
- Responsiveness.

For the PACT measure (Table 5), the original sample size (N = 47) was much reduced when comparing the number of paired samples from endpoint to baseline and from endpoint to midpoint (N= 18 for all four factors, at both sets of time-points).

Table 5 Parent and Child Together sample size at each time point

Factor	Baseline	Midpoint (matched to baseline)	Endpoint (matched to baseline)	Endpoint (matched to midpoint)	Matched across all 3 time points
Communication	47	31	18	18	18
Affection	47	31	18	18	18
Consistency	47	31	18	18	18
Responsiveness	47	31	18	18	18

(iii) **Being a Parent (BAP)** – This 17-item measure, completed by the mother and, where relevant, father separately, explores three factors thought to relate to parents’ sense of competence (Gilmore & Cuskelly, 2009; Johnston & Mash, 1989). These factors are:

- Self-Efficacy (indicating the extent to which parents feel they are fulfilling their role)
- Satisfaction (their enjoyment with parenting)
- Interest (how interested they are in their role as a parent).

As Table 6 shows, the sample size at baseline for the three factors was N= 26 for self-efficacy, 25 for satisfaction, 28 for interest). The number of paired samples (with scores also at endpoint) was lower (N= 9 for self-efficacy, 6 for satisfaction, 9 for interest). Similarly, the sample size was low when comparing matched endpoint to midpoint scores (N= 8 for self-efficacy, 6 for satisfaction, 8 for interest).

Table 6 Being a Parent sample size at each time point

Factor	Baseline	Midpoint (matched to baseline)	Endpoint (matched to baseline)	Endpoint (matched to midpoint)	Matched across all 3 time points
Self-efficacy	26	8	9	8	8
Satisfaction	25	6	6	6	5
Interest	28	8	9	8	8

3.2 Analyses

The small sample size means we are unable to report reliable statistical analyses. In accordance with our original analysis plan, we did initially run two-level mixed model analyses (with the three time-points nested within each participant; see Figure 10), examining the linear change over all three time points (i.e. from baseline to midpoint to endpoint).

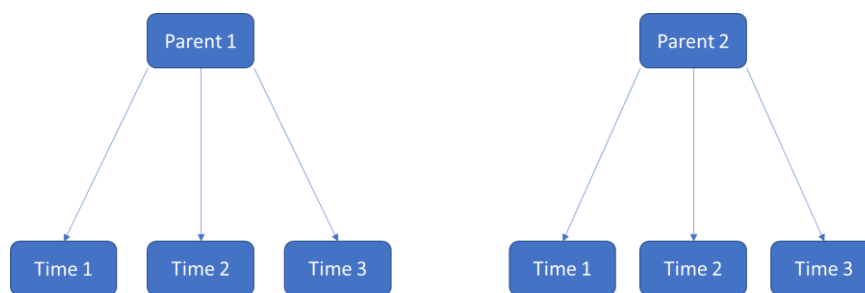


Figure 10. Two level mixed model analysis example

We present these results first, and then results of a second analysis, based on individual change.

3.2.1 Overall Mixed Model Analysis

Two measures were completed by home visitors, based on what they observed during home visits.

(i) For the CBT, completed by the home visitor, independence ($B = 2.33, p < .001$), social cooperation ($B = 1.71, p < .001$), task orientation ($B = 2.15, p < .001$), cognitive ability ($B = 2.88, p < .001$), and emotional stability ($B = 1.88, p < .001$) all showed statistically significant positive increases from baseline to end of programme.

(ii) For the PACT scales, completed by the home visitor, all showed statistically significant improvement over time, with communication ($B = 2.29, p < .001$), consistency ($B = 1.55, p < .001$), affection ($B = 1.83, p = .001$), and responsiveness ($B = 1.90, p < .001$) showing positive change from baseline to end of programme.

The positive findings on the two observational measures, comparing baseline to end of programme, confirm the trend observed at midpoint (see Interim report, Cullen, Cullen & Bailey, 2019).

The third measure was completed by parents.

(iii) For the BAP scales, completed by parents, neither parenting ‘self-efficacy’ ($B = .01, p = .99$), ‘satisfaction’ with being a parent ($B = 1.31, p = .16$), nor ‘interest’ in being a parent ($B = .419, p = .32$) showed any statistically significant improvement from baseline to end of programme.

The BAP measure of parenting self-efficacy was selected, in part, because we could compare the ParentChild+ participants at baseline to national norms for England, and to parents who had chosen to attend targeted or universal parenting programmes (Table 7).

Table 7 Comparison of BAP mean scores for these ParentChild+ participants against England norms, and parents taking up targeted and universal parenting support

Variable	This cohort of ParentChild+ participants	England norm	Universal parenting support	Targeted parenting support
Efficacy	35.04	32	30.2	27.4
Satisfaction	26.72	28.9	25	22.3

Source: current evaluation, plus Cullen, Strand, Cullen & Lindsay (2014), Appendix 5.4.

Table 7 shows that the participating parents in ParentChild+ scored themselves at baseline well above the English national norm for parenting self-efficacy, and very markedly above those who participated in universal or targeted parenting support. This suggests that the baseline scores for at

least some parents were unrealistically high, a point corroborated by at least one home visitor who said noted of the mother she visited: ‘She seemed overconfident in her abilities as a mother’ (Team 11).

Mean baseline scores for ‘satisfaction’ with being a parent were below the national norm but above that for parents who participated in universal or targeted parenting support. Overall, Table 7 could be interpreted as indicating that the ParentChild+ participants, as a group, were less aware of any parenting shortcomings than those who chose to participate in either universal or targeted parenting programmes. The lack of any statistically significant improvements in BAP scores needs to be interpreted in this light.

Overall, there were limitations in the quantitative data received; specifically, the low numbers (well below 30) at midpoint and endpoint throwing into question the representativeness of the data sample we could use in these analyses. We cannot generalise from these data to the pilot participants as a whole.

3.2.2 Individual Level Analysis

Because of the statistical limitations noted above, analyses were also conducted at the individual level, in which we examined each outcome measure (and their sub-scales) for the number of individual scores showing positive change, negative change or no change from baseline to endpoint, and midpoint to endpoint. These are presented in the following tables.

The colour key for these tables is:

Green = majority improved;

Orange = equal numbers improved and did not improve

Red = minority improved

Because the numbers are small, in the tables we show numbers only. In the text, we give percentages and numbers.

(i) **Child Behavior Traits (CBT)**: As shown in Table 8, for the CBT scale, from baseline to endpoint, all five factors improved for most of these parents; ranging from 84% (16) showing positive change in social cooperation and task orientation to 95% (18) for emotional stability.

Table 8 Child Behavioural Traits: Change from baseline to endpoint by individual parent (Numbers)

Factor	Positive change	Negative change	No change
Independence	17	0	2
Social Cooperation	16	2	1
Task Orientation	16	2	1
Cognitive Ability	17	2	0
Emotional Stability	18	1	0

Table 9 shows that, in comparison to the scores observed at the midpoint of the study, for all five factors more of the sample parents showed positive changes at endpoint than negative changes. Over half of parents who completed the endpoint CBT (60%; 9) showed positive changes for social cooperation and emotional stability; and 80% (12) showing positive changes for cognitive ability.

Table 9 Child Behavioural Traits: Change from midpoint to endpoint by individual parent (Numbers)

Factor	Positive change	Negative change	No change
Independence	11	1	3
Social Cooperation	9	4	2
Task Orientation	10	3	2
Cognitive Ability	12	1	2
Emotional Stability	9	3	3

(ii) **Parent and Child Together (PACT):** Table 10 shows that, for the PACT scale, from baseline to endpoint the majority of parents in this small sample showed positive changes for all four factors. These increases over time were most pronounced for ‘communication’ with 83% (15) of parents showing positive change.

Table 10 Parent and Child Together: Change from baseline to endpoint by individual parent (Numbers)

Factor	Positive change	Negative change	No change
Communication	15	2	1
Affection	14	3	1
Consistency	14	3	1
Responsiveness	13	4	1

Table 11 shows that, in comparison to the scores observed at the middle of the study, at the end of the programme, more parents showed positive changes than negative changes for all four factors. Whilst 61% (11) of parents reported positive changes in responsiveness, the percentage of parents (in our very small sample) showing positive changes for communication and affection was 83% (15).

Table 11 Parent and Child Together: Change from midpoint to endpoint by individual parent (Numbers)

Factor	Positive change	Negative change	No change
Communication	15	2	1
Affection	15	2	1
Consistency	11	4	3
Responsiveness	12	5	1

(iii) **Being a Parent (BAP):** Table 12 compares baseline and endpoint scores. It shows that slightly more (55%; 5) parents showed positive changes in parenting 'self-efficacy' at study endpoint than negative changes. For 'satisfaction' with being a parent, this difference was more pronounced, with the majority (83%; 5) of this small sample of parents showing positive changes. In our very small sample, most parents showed negative change in 'interest' in being a parent, with one-third showing no change, and fewer parents showing positive change.

Table 12 Being a Parent: Change from baseline to endpoint by individual parent (Numbers)

Factor	Positive change	No change	Negative change
Self-efficacy	5	0	4
Satisfaction	5	0	1
Interest	2	3	4

Table 13 shows that, for the BAP scale, from midpoint to study endpoint, half (4) of these parents reported negative changes in their self-efficacy as parents and in their interest in being a parent. Smaller numbers reported no change or positive changes. However, over 80% (5) of the parents in our very small sample showed positive changes in their own satisfaction with parenting.

Table 13 Being a Parent: Change from midpoint to endpoint by individual parent (Numbers)

Factor	Positive change	No change	Negative change
Self -efficacy	2	2	4
Satisfaction	5	1	0
Interest	2	2	4

Comparing Table 12 and Table 13, one interpretation could be that most gains in parenting self-efficacy were made in the first half of the programme, with more gains in satisfaction in being a parent made in the second half of the programme.

3.3 Chapter summary

The pilot delivery of the ParentChild+ programme in England included the use of three evaluation questionnaires at baseline, midpoint, and end of programme. The data we report on represents both baseline to endpoint, and midpoint to endpoint. The Child Behavioural Traits (CBT) and Parent and Child Together (PACT) were completed by the volunteer home visitor. The Being a Parent (BAP) questionnaire was completed by the parent (mother and/or father). Of the 55 families initially enrolled, we received these data for only small numbers of parents at all three time-points: as low as 15 for CBT, 18 for PACT; and 5 for BAP¹² (27%, 33%, 9% respectively). On the other hand, as a percentage of the 21 families who completed the programme (see Table 16, Chapter 5), we received data at all three timepoints from 71%, 86%, 24% respectively. Thus, while the standard error¹³ is very large, meaning these data cannot be used to generalise to participating families as a whole, the PACT and CBT results can be viewed as representative of those who completed the programme.

Child Behavioural Traits (CBT): For the group of 15 children for whom the home visitors completed the Child Behavior Traits (CBT) measure at all three time points, there was a statistically highly significant increase ($p < .001$) in all five domains: independence, social cooperation, task orientation, cognitive ability, emotional stability. Almost all the 19 children for whom baseline and endpoint CBTs were completed at baseline and endpoint showed increased scores across all five domains. Scores for most of these children also increased between midpoint and endpoint for all domains, indicating the value of the second half of the programme.

Parents and Child Together (PACT): For the group of 18 parents for whom the home visitors completed the Parent and Child Together (PACT) measure at baseline, midpoint and endpoint, there were statistically highly significant increases ($p < .001$) in communication, consistency, affection and responsiveness. Across all domains, the majority of these individual parents (13-15) showed increased scores from baseline to endpoint and (11-15) between study midpoint and endpoint. This latter finding indicates the value of the second half of the programme.

Being a Parent (BAP): For the group of eight parents who completed the BAP at all three timepoints, there was no statistically significant increase in parenting self-efficacy ($p < .99$). However, the mean baseline scores for the group of 26 parents who completed a baseline BAP were markedly above the national norms for England. Our interpretation is that these baseline scores were unrealistically high, skewing results. Nevertheless, at individual level, five of the nine parents who completed baseline and endpoint BAPs showed increased parenting self-efficacy scores at endpoint. Parenting satisfaction scores also increased from midpoint to endpoint for five of these nine parents, indicating the value of the second half of the programme.

¹² Most of this fall off in measure completion was due to families leaving the programme without completing it (see Figure 18, Chapter 5). During this pilot delivery, although it was covered during the training, there was also an issue about some of the volunteers having the knowledge and confidence to complete the CBT and PACT evaluation measures and to encourage the parents to complete the BAP measure (see Chapter 5 for details.)

¹³ Standard error is a statistical measure of the variability of sample means. When it is large, it indicates that the given sample does not represent the 'population', in this case, all the families who participated in the pilot delivery of ParentChild+ from baseline to midpoint.

4 Receiving the programme: Parents' views

In this chapter, we focus on parents' views and experiences of receiving the programme in their homes, as opposed to their views about its impact (reported in Chapter 2).

4.1 Parent perspectives at midpoint (summarised from interim report)

In the midpoint interviews, parents were asked about: their view of the respective roles of the home visitor and the parents in the session; about the extent to which they and their child enjoyed the sessions; which of the books and toys they and their child liked the best; how the appointment times for sessions were working out; overall, how their experience of the programme had been up to midpoint; and, overall, how worthwhile they thought the programme was, having experienced its first half. These data were reported in detail in the interim report and so are presented in summary form here.

4.1.1 Roles of the adults in the sessions

During the midpoint interviews, we asked the parents first about their view of the home visitor's role, then about their view of their own role. The ways in which this key relationship were expressed varied markedly¹⁴. The differences seemed to highlight a key distinction between those parents who described a more directive relationship, using terms such as leader/teacher/instructor for the home visitor, and those who described a less directive relationship, using terms like show/encourage/shepherd to describe the role of the home visitor. The difference may reflect different stages of a developing relationship, different styles of individual home visitors or parents' existing constructs of 'someone from whom one learns'.

4.1.2 Enjoyment of the sessions

During all 12 midpoint interviews, parents all said that their child enjoyed the sessions. When asked how they could tell that their child enjoyed the sessions, they all used words such as, 'happy', 'excited', 'love'. For example:

'She enjoys it! I see her very happy. When her older sister comes, she tells her and shows her book to her sister: 'This is mine'. She shows the items to everyone who comes to visit. She shows them the play dough, everything. She even shared it with her friend.' (Parent 3/13)

In response to the closed question on this topic, all said the child enjoyed the sessions 'a lot'. In fact, two parents wanted to rate their child's enjoyment off the scale: for example, 'I'd say 6!' (Parent 2/4).

All these parents also said that they enjoyed the visits from the home visitor. Parents talked about enjoying them because they made their child happy (e.g. 'My children are happy when [name] comes and I am happy too.' Parent 1/12); because they also learned new things (e.g. 'It helps me with learning English.' Parent 2/1; 'I enjoy it too. It gives me more knowledge of the types of play they like, toys they like, stories, and how to play and interact. I'm learning as well.' Parent 2/10); and, for some, because it alleviated loneliness (e.g. 'I look forward to them. It's interaction for me, too. It's hard with a little one. Not a lot of friends. It's a pleasure.' Parent 2/6).

4.1.3 Parental involvement in the sessions

At midpoint, parents were asked about how much, if at all, they felt their Home Visitor gave them the opportunity to be involved with the activities during the visits. Eight of the 12 described being

¹⁴ Details are given in the interim report (Cullen, Cullen & Bailey, 2019).

fully involved (e.g. 'I am fully involved, all the time. I will sit with him, spend time with him.', Parent 1/8). Others described always being invited or given the opportunity to join (e.g. '[The home visitor] always gives me the opportunity. She'll say things like, "Pass this to Mummy"', Parent 2/4). Only one described a more passive role: 'My daughter plays with [the home visitor]. I sit and watch and I can help.' (Parent 3/13)

4.1.4 Favourite books and toys

When asked, all the parents were able to name both their own and their child's favourite book and/or toy from those that had been provided through the ParentChild+ programme. Interestingly, these varied from parent to parent and child to child (which demonstrates the value of offering a range of 'verbal interaction stimulus materials', 'VISMs', i.e. books and toys). Favourites of the parents included books (because it meant reading them to the child), the tea set (because of the fun of imaginative play), the body parts book (because the child had a lot of hospital appointments and the book helped), the jigsaw, the rhyming books (e.g. *The Snail and the Whale*), the touchy-feely books, the shopping trolley game, the animal book ('I love animals!'), and the vehicles book ('I learned the vocabulary for things like digger, tractor.'). Favourites of the children, as reported by the parents, included a similarly wide range.

The range of books and toys provided was an important part of the programme for parents, as it taught them about the range of developmentally appropriate materials their child could engage with. It also taught them more about what interested their child. For example, one father said: 'We get Library books but we chose ones about animals or characters from the TV; we never thought of choosing 'real life' books until we saw how much he liked the books [our home visitor] brought.' (Parent 3/2). Another mother made a similar point about the range of toys opening up experiences to the child that the parent would not have thought of offering: 'The toys that they get – stuff that you probably wouldn't think of getting but then when they've got it and you see how he's really enjoying that' (Parent 2/6)

4.1.5 Session appointment times

When asked how the session appointment times were working out for them, all the parents were happy. They used words like, 'convenient', 'flexible', 'perfect', and 'fine', when explaining that it was all working well. Two mentioned that they had chosen the time and so it suited them. Some valued the flexibility of being able to contact the home visitor to reschedule the session, if necessary; others made a point of keeping the sessions regular.

The parents were also very positive about the consistency of their home visitor in keeping the appointment times agreed together.

4.1.6 Experience of the programme up to midpoint

All the parents were very positive about how the programme was going, up to midpoint (the stage at which they were interviewed). All saw benefits for their child and six also mentioned that it was beneficial for themselves, too. A quote from one parent from each of the three areas illustrates these points:

'For me, it is quite good. My son really likes his teacher. He enjoys it also when she comes and brings a toy or a book so he is happy. For me, I am also taking teaching for me, whatever she is - she gave me tips and I use those ones because still he is not talking much, only a few words. These really help me, whatever tips she gives me. *What sort of tips?* Once she told me, whenever he wants something, always put it a little bit away so that he has to always come to me to ask for help. [...]' (Parent 1/8)

‘It’s going really well. It’s given me lots more play ideas. His imagination and speech has come along 10-fold since he started. It’s not super-structured; it’s relaxed and he likes that.’
(Parent 2/7)

‘The programme is very fine for me and my daughter. It has built confidence for my daughter. She is learning every week and she gets something new. It is very excellent.’
(Parent 3/13)

4.1.7 Value of the programme – views at midpoint

We asked the parents to what extent they thought that, so far (i.e. to midpoint) the ParentChild+ programme was worthwhile. They all said that it was worthwhile, using terms such as, ‘really valuable’, ‘very worthwhile’, ‘necessary’, ‘very good’. The range of reasons given for why they viewed the programme as worthwhile, in their experience, encompassed: child’s progress in receptive and expressive language; increased parent-child interaction; increased social skills; prepared for school readiness; increased parenting skills; alleviated material poverty of home learning environment; and alleviation of social isolation.

Several parents also said that they thought the programme ought to be more widely available to other families, including those, ‘in hardship who can’t afford to buy books and toys to such a regular degree’ (Parent 3/9), and those who want their child to be prepared for school but don’t want their child to go to nursery, ‘A lot more families should be involved and should be encouraged to be involved’ (Parent 2/4).

4.2 Views at end of programme

On the end of the programme evaluation form, parents were asked their view of the programme; the extent to which they liked the programme being in their home; and any suggestions they had for the programme. The findings relating to these topics are presented in turn.

4.2.1 Parents’ opinion of the programme on completion

All 12 respondents who completed the end of programme evaluation form gave positive opinions of the ParentChild+ programme. Their opinions could be categorised into benefits for parents/parenting skills, benefits for the child, and general positive comments, as illustrated in Figure 11. Six made comments that it had benefited both parent and child: for example:

‘Both me and my child have benefited from the programme’ (EF7).

‘Very helpful for both child and parent to prepare for school year when parents cannot take their child to nursery.’ (EF12)

‘It is a very good programme for parents and children. It’s helped in developing children’s social and educational behaviour.’ (EF6)

Two parents focused on the benefits to parents/parenting skills (EF1 and EF11, see Figure 11) and three on the benefits for the child (EF3 and EF4 &5, see Figure 11). One comment was unclear in its meaning (‘Cute and fluent in children’, EF10).

Figure 11 Parents' opinions of the programme at the end (categorised): illustrative quotations

Parent benefits	Child benefits	General comments
'She [the home visitor] gives me lots of tips about parenting.' (EF1)	'It's very helpful to for my child and has helped her with playing and reading.' (EF3)	'It's really mean a lot to me. She [the home visitor] is very good person. [...]' (EF1)
'It helps me learn how to interact with my child while he is learning.' (EF7)	'The programme is very good and has improved my children's lives.' (EF4 & 5)	'[...] Both me and my child have benefitted from being part of the programme.' (EF7)
'Great programme to help parents (new) to support with children's growth [i.e. development]' (EF11)	'My child has learnt so much [...]' (EF8)	'I think it is an amazing programme. [...]' (EF8)

Source: Parents' evaluation forms at end of programme

Parents were also asked a closed question about the extent to which the programme had met their expectations. The responses are shown in Table 14.

Table 14 The extent to which the programme met parents' expectations: end of programme (N=12)

Not at all	Some	All
0	1	11

Source: Parent evaluation forms at end of programme

Across the three parents interviewed, all were very happy with the programme. Each noted benefits for themselves as parents and for their child/ren:

'They [Family Lives] do a good thing. It's beneficial and I've told friends and recommended it to other people and [said] how it's good that, if your kids are not going to nursery, then doing that programme is really good because it's getting them school-ready. And it's giving out ideas to things that you can do within the home without costing too much money. [...] I think the programme is a really good thing for parents to educate their children. It encourages what parents can do with kids at home, or what we can help with, or what we can do to encourage.' (Parent 2/4)

'Because we're nearly at the finish now, I feel sad! Yes, because every week I have somebody come to my house, talk to my child, talk to me, that is very nice. But it's alright. Yeah, I feel happy. I feel, me and my daughter, also she feels very happy and she's excited every week when I tell her '[Name], she's coming today', she's very happy, she's waiting for her.' (Parent 3/13)

'The programme was nice and I gained experience reading the book when [the home visitor] was round. I learned from [the home visitor] to sit down and listen with my son. It helps me to wait and listen to the book.' (Parent 3/15).

The only disappointment expressed was by one mother (Parent 2/4) who wanted her younger son, who had special needs, to be able to access the programme in his own right. He had joined in the sessions focused on his older sister and she wanted him to be able to continue in the programme

when his sister completed. This was not possible due to the funding rules of the programme going forward post-pilot in her area, although the area coordinator was willing to put forward an appeal if the parent gathered supporting statements from her son’s health visitor and nursery. In effect, this disappointment was an accolade for the programme: it had been so beneficial for her daughter (and for her younger son who had joined in the sessions), that this mother wanted to have her son continue to experience it in his own right.

4.2.2 Location of sessions

Parents were also asked on the evaluation form how much they liked having the programme in their home, as opposed to any other place. All 12 parents indicated that they preferred having the sessions in their home (Table 15).

Table 15 Parents views about location of programme sessions: end of programme

I did not like it at all	I liked it sometimes. Sometimes I wanted it somewhere else	I prefer having the programme in my own home.
0	0	12

Source: Parent evaluation forms at end of programme

4.2.3 Parents’ suggestions for the programme

On the evaluation form, parents were asked an open question about any suggestions they had for the programme. Eight parents made suggestions. These are set out in Figure 12.

Figure 12 Parent suggestions for the programme: end of programme evaluation forms

Suggestion	Quotations
To end before Nursery starts ¹⁵	‘I’m happy with it. If it finishes before nursery starts in [month], it will be good.’ (EF2)
To have more time with the home visitor	‘Having more time with the home visitor.’ (EF3) ‘The time increased from 30 minutes to 45 minutes, 3 times a week. That will be more beneficial to the child. Otherwise, we loved this programme.’ (EF12)
For the programme to be longer	‘I will be very happy if they can extend or [unclear] more time for my son to help him develop more.’ (EF6) ‘I would like the programme to be longer [...]’, (EF7)
For the programme to be available to others	‘I would like the programme to be [...] available to others people. I know so many families that would benefit from this programme.’ (EF7) I suggest that program be inclusive of all ae groups of children – to teach the child that listening and sharing’ (EF10) ‘Will like to see it continue for many more years to see it let other parents and kids take advantage of it in future.’ (EF11)

Source: Parent evaluation forms at end of programme

¹⁵ In context, this means to end before the child is eligible to take up 30 hours of free nursery provision weekly at age 3 years.

Two of the suggestions in Figure 12 were also made in the end-of-programme parent interviews, plus two additional suggestions: to create a WhatsApp group for parents and to have more staff or volunteers (Figure 13).

Figure 13 Parent suggestions for the programme: end of programme interviews

Suggestion	Quotation
More time with home visitor	'I need to suggest the time, because the time's short, one hour is not enough. If you like 2 hours is good because you can stay a long time, like 2 hours is good for us. You can take time.' (Parent 3/13) 'I'd like it to be longer; the session to be an hour, once a week.' (Parent3/15)
For the programme to be available to others	'I think it's really important that Family Lives consider if families have got a child with a disability or has learning difficulties or has some illness then they should give [this programme as] extra help, that extra support to help them to learn.' (Parent 2/4) 'The other of my friends want it too. There are other parents who'd like it.' (Parent 3/15)
To have more staff or volunteers	'I think they need more volunteers [...]to cover sickness and also to get those extra referrals and get extra people anyway. That's important. I think they need more staff to do the programme and I think that would help with referrals.' (Parent 2/4)
To create a WhatsApp group for parents	'If you have meeting together or something like that, everyone can tell about, share about their experience from that programme, I think that is very good. I think that you can invite us, or you put us in the group, or you have a WhatsApp group. [...] So you can talk, tell about the programme, how it help you.' (Parent 3/13)

4.3 Chapter summary

Parents who provided their views to the evaluation were very positive about the programme both at the halfway point and on completion. They reported seeing benefits from it for both the child and themselves. All thought it was a worthwhile programme that met their expectations. The reasons for thinking this included: their child's progress in speech, language and communication; increased positive parent-child interaction; its impact on preparing their child for nursery and school; increased parenting skills; increased social skills; and (in some cases) alleviation of material poverty of home learning environment by provision of free books and toys weekly. Some, who had no extended family or friends nearby, valued it for alleviating their social isolation.

Perceptions of the respective roles of the home visitor and parent during the sessions reflected what seemed a key distinction between a more directive relationship (e.g. teacher-student) versus a less directive one (e.g. modeller-follower). All the parents reported that they and their children greatly enjoyed the sessions; most reported being involved, or increasingly involved, in the activities.

The books and toys were much appreciated. They increased both parents' understanding of their child's interests, and their knowledge of what books and toys were developmentally appropriate for the age group.

In practical terms, no problems were reported around appointment times. Parents reported liking that the sessions took place in their homes.

All of these reported findings confirm the programme's Theory of Change (see Introduction).

Among those who completed the programme, some positive suggestions for the future were made, such as to make the programme available to more families and to connect participating parents via a dedicated social media group.

5 Delivering the programme: views of the team

In this chapter, the focus is on the experience of setting up and running the first pilot in England of the ParentChild+ programme. It is based on the views of the operational-level programme delivery team: the area coordinators and a sample of volunteers. There are four main sub-sections: the participating families, the programme in England, the use of volunteer home visitors, and the area coordinator role.

5.1 The participating families

All families in the three pilot areas, who were eligible for the government's offer of free education and childcare for 2-year-olds programme (Figure 14), but had not taken it up, were also eligible for ParentChild+.

Figure 14 Eligibility for free education and childcare for 2-year-olds in England (aka the 2-year-old offer)

Your 2-year-old can get free early education and childcare if you live in England and get one of the following benefits:

- Income Support
- income-based Jobseeker's Allowance (JSA)
- income-related Employment and Support Allowance (ESA)
- Universal Credit
- tax credits and you have an annual income of under £16,190 before tax
- the guaranteed element of State Pension Credit
- support through part 6 of the Immigration and Asylum Act
- the Working Tax Credit 4-week run on (the payment you get when you stop qualifying for Working Tax Credit)

A child can also get free early education and childcare if any of the following apply:

- they're looked after by a local council
- they have a current statement of special education needs (SEN) or an education, health and care (EHC) plan
- they get Disability Living Allowance
- they've left care under a special guardianship order, child arrangements order or adoption order

Source: <https://www.gov.uk/help-with-childcare-costs/free-childcare-2-year-olds-benefits> [accessed 24.01.2018]

In practice, the pilot ParentChild+ eligibility criteria were refined to include also some of the families who had taken up the 2-year-old offer, yet needed additional early education support.

'Initially, the idea was we would recruit families who weren't taking up the two year offer. And, actually, once we started the recruitment for families, we realised that that needed to change because you had families who didn't take up the two year offer but actually they also didn't need the support, they were fine. Then you had families that did take up the two year offer but they still needed a lot of support. I had both. I had families that took up the offer but I still offered them a place because it was very, very evident that they needed the support and I also had families that weren't taking up the offer.' (Team 3)

This happened in all three pilot areas. Among those taking up the 2-year-old offer, those deemed eligible were those where staff in nurseries or children's centres identified, 'any concerns around the interaction between parent and child, or if there was a delay whether it be speech and language

delay, or developmentally delayed’ (Staff 8). Team members who took part in the evaluation all agreed that these tweaked eligibility criteria led to appropriate families being recruited to the programme.

The eligibility criteria (Figure 14) for the 2-year-old offer (which was the basis of eligibility for the ParentChild+ programme in England) by definition meant that the families were disadvantaged. They had to be in financial poverty, and/or have a child with a disability or special educational needs, and/or have a child who was in local council care or who had left care and not returned to the birth family. Figure 15 summarises into a composite list of the area coordinators’ knowledge of the types of disadvantages faced by the families who participated in the programme across the three areas.

Figure 15 Composite list of perceptions of the types of disadvantage faced by the participating families

- Material poverty (e.g. relying on second-hand clothes, charity shops, donations) due to unemployment or employment on low wages
- A child with special educational needs (frequently delays in speech and language development, with a few who were potentially on the autism spectrum)
- Social isolation due to limited understanding of English and/or mental well-being issues
- Social Services involvement – child on Child Protection order or a Child in need; domestic violence issues, drug and alcohol misuse issues
- Low confidence and skills in parenting (affected by e.g. maternal learning disabilities, depression, ill-health)

Source: Interviews with area coordinators, Spring 2020

The families were recruited mainly through referrals from children’s centres, nurseries, health visitors, Family Nurse Partnership teams, and Social Care teams. A minority were self-referrals, resulting from letters sent out by heads of Children’s Services to those eligible for the two-year-old offer but not taking it up, or from having heard area coordinators talking about the programme at a local venue, such as a library’s family event.

In total, 62 children were given a reference number indicating they were enrolled on the programme. As Table 16 shows, the majority of families did not complete the programme. Area coordinators had to do a great deal of time-consuming networking to explain and promote the programme to a wide range of local professionals in order to generate referrals.

Table 16 Number of families who started, completed, did not complete by pilot area

Area	Started	Completed ¹⁶	Did not complete
Ealing	22	8	14
Newcastle	18	5	13
Nottingham	22	8	14
Totals	62 (100%)	21 (34%)	41 (66%)

Source: Information provided by area coordinators to the evaluation

In the main, there were practical reasons why families did not complete the programme. In only a minority of cases did it seem to the operational delivery team that it was the programme that was rejected, or not sufficiently valued to make time for the visits. Figure 16 sets out a composite list of reasons why some families did not complete the programme, showing that this could be because of changes in family circumstances or related to aspects of programme delivery. In some cases, the

¹⁶ Completion equates to receipt of at least 74 home visits (80% of 92 visits). All 21 also completed 100% of visits.

reason for non-completion was unknown, as families simply ceased to communicate with their home visitor/area coordinator.

Figure 16 Composite list of reasons for non-completion of the programme

<p>Changes in family circumstances</p> <ul style="list-style-type: none"> • Family moved out of area/left the country • Child enrolled into 30 hours free education and childcare (3-year-old offer) • Child taken into local authority care • Family challenges increased – e.g. a new pregnancy, separation from partner, changes to/changeable shift patterns • Parent gained full-time employment <p>Programme delivery issues</p> <ul style="list-style-type: none"> • Volunteer home visitor left (especially if this happened to same family more than once) • Family did not value the programme sufficiently to prioritise sessions over other activities • Two home visits a week was too big a commitment, given other stresses, such as a child with special educational needs requiring attendance at many appointments, or having Social Care involvement • Parent believed child had made good progress (e.g. after 27 weeks) and further involvement was not required <p>Reason unknown</p> <ul style="list-style-type: none"> • Communication from the family to the home visitor/area coordinator ceased

Source: Derived from all interviews with operational delivery team

In Figure 17, the reasons for non-completion in one of the three pilot areas are given, in order of frequency. This demonstrates that, in that area, programme delivery issues led to a minority (3/18%) of non-completion cases. The majority of cases (10/59%) related to the disadvantages faced by the families. The relatively high rate of non-completion needs to be understood in this context.

Figure 17 Reasons for programme non-completion in one of the pilot areas (based on 25 initial referrals¹⁷)

Reason	Number	Further details
Moved out of area	5	living in government-assisted housing that was short-term or temporary, with sudden moves ‘which made planning support and continuing to provide support via the pilot unfeasible’
Chaotic lifestyle	5	previous Social Services involvement; ‘tended to feel overwhelmed easily and unable to cope with the support offered’
Child accessed free 30 hours Nursery placement, aged 3	4	‘viewed a nursery place as “fixing the issues” and therefore saw no need to continue receiving support from the pilot.’
Volunteer left	3	‘these families were worried that the process of establishing a new relationship would be too difficult’

Source: Paper written in November 2019 by one area coordinator and shared with the evaluation

Another pilot area’s coordinator provided details of when families left the programme (Figure 18). This shows that, in that area, half left before reaching the halfway stage of the programme and half

¹⁷ Of the 25 initial referrals, 22 children were enrolled in the programme.

completed at least 46 visits. The number of visits after which non-completion occurred ranged, in that area, from 8 to 60.

Figure 18 Number of visits completed before families left the programme: details from one area

Stage	Number of visits completed (N=92)	Number of families (N=18)
First 6 weeks	8-10	4
7-8 weeks	15-16	3
4-5 months	37-44	2
At least halfway	46-60	4
Completion	74-92	5

Source: Information provided to evaluation by one area coordinator, March 220

The key to retaining families, despite the disadvantages and challenges they faced in their lives, was viewed as being the quality of relationship built up with the family by the home visitor.

‘I am still amazed that we have managed to hold on to the nine families we have. And through illness and weather and flooding and all the rest of it, we have managed to. The families have just been so on-board with still wanting the sessions which has been incredible, really. I think that is down to the time we have spent with them and building those relationships. I think that has been key.’ (Team 7)

Where the home visitor was a volunteer, the quality of relationship with the area coordinator was also a factor. For example, in cases where a volunteer left, the area coordinator was often able to take on the home visiting themselves or persuade the family to accept another volunteer. Other factors that supported retention included: the ‘carrot of the books and toys’ (Team 7), being flexible about times of visits, good record-keeping that identified when sessions were being missed, allowing this to be addressed speedily, and working alongside other services to support the family’s wider needs. Asked to think about what characterised the families who completed the programme, compared to those who did not, the area coordinators noted such aspects as parents who were more organised, determined and ambitious for their child; those who had only one child; those who had a very good relationship with their home visitor; and those who had one or more children with additional needs, as they valued that support offered through the home visits.

The volunteer home visitors were asked about their views of how well their family/families had engaged with the programme, a factor affecting whether or not the programme was completed. Figure 19 summarises a composite view of a scale of engagement, that is, different levels at which the parent/s and child might engage with the programme. This was a dynamic that changed over time.

Figure 19 Different aspects of 'engagement' with the programme (collated from volunteers' perspectives)

Scale of engagement	Aspects of engagement	
	Parent	Child
Greater engagement 4	Joining in and playing/learning to play	Joining in and happy to read the books/play with the toy
3	Happy to have the home visits but not joining in	Happy to see the home visitor but not interested in the book or toy
2	Frequently changed dates or times of visits; missed visits	Passively not engaging with the home visitor
Lesser engagement 1	Unwilling to continue with home visits	Aggressively not engaging with the home visitor

Source: Summarised from volunteer interviews at end of programme

Over time, all the children discussed in the interviews engaged more in the sessions. This also happened with some parents, especially those who stayed longer in the programme. Figure 20 provides one illustrative example of this phenomenon.

Figure 20 Example of maternal engagement in sessions developing over time

'The little boy was always engaging with me, I guess, or the majority of time.

The problem in my family was the mum wasn't engaging particularly well. But that changed over time, I think just through building the relationship, rather than pushing anything or re-stating the rules or going back to the contract – nothing as formal as that. Mainly just building the relationship and building the trust. [...]

I think the only point where, after a supervision session, I then started to explicitly bring it up with the mum was probably only three or four months before the end of the programme. That was to turn it around and say, 'I am going to be leaving soon so I think it would be beneficial for you and for your child if you took more part in it and you started trying to lead sessions maybe so I can step away unnoticed, if you see what I mean'.

That seemed to work really well. I couldn't have said that any earlier in the relationship because it wouldn't have been appropriate. But, at the point I said this, she really took it on-board and, from that point onwards, she pretty much called the shots throughout the session. So, at the end, it felt like I was there and I had an idea of what we were going to do, or I brought a toy or something like that, but she basically decided what we were doing when and what order we did things and really took control. I just sat there and joined in.

That was a stark contrast from the beginning where she wouldn't even stay in the room with us.' (Team 2)

Source: End of programme interview with a volunteer home visitor

Figure 19 also shows that some parents did not increase their engagement over time, instead choosing to cease the visits. Team 11, who subsequently successfully engaged another mother and child through the entire programme, gave an example of non-engagement:

'I never really got very far [with my first family] because the mother kept cancelling at very short notice, and then eventually said she wanted a break, she couldn't manage it right now. Then, apparently, she never did go back to the project. (Team 11).

Figure 21 summarises the volunteer home visitors’ perceptions of the family and programme-level factors that affected likelihood of engagement with the programme.

Figure 21 Volunteers’ perspectives on what affected likelihood of engagement with the programme

Engagement less likely Harder to engage	Engagement more likely Easier to engage
Family factors	Family factors
<ul style="list-style-type: none"> • Household not used to regular routines • Misplaced confidence about parenting skills • Learning through play not valued for child and not seen as good use of parent/carer’s time • Parent/carer viewed session time as a break from parenting • Parent/carer highly stressed/depressed 	<ul style="list-style-type: none"> • Parent[s]/carer valued the programme • Female parent/carer joined in the activities • Male parent/carer joined in the activities • Child welcomed the home visitor’s visits and joined in the activities • Other siblings/friends present in household at time of session joined in too
Programme factors	Programme factors
<ul style="list-style-type: none"> • Home visitor lacked cultural competence • Books/toys did not catch child’s interest 	<ul style="list-style-type: none"> • Home visitor was person-centred • Home visitor understood the relationships would be built up over time • Home visitor had cultural competence

Source: Summarised from volunteer interviews at end of programme

Two programme factors are included in Figure 21 as likely to make engagement harder. In both cases, the factor affected the child first, but when the child did not engage well, the parent’s likelihood of maintaining the home visits may also have decreased. The cultural competence issue was unique (in all other interviews, it was clear that cultural competence was taken seriously). It involved a boy whose father was in the habit of reading books in Arabic with him and who, naturally, had learned to open books from what English-speakers perceive as the back of the book. He carried this behaviour over to the books in English brought to the house by the home visitor. She thought this was very strange behaviour, indicating a desire not to look at the book. She did not make the connection to the home language. In other cases, the programme factor was that the books and toys did not reflect enough of particular children’s special interest, such as vehicles. There were examples where this was addressed, for example, by the home visitor bringing non-programme books and toys for the child to play with during the session but not keep, or by the area coordinator buying alternative books and toys reflective of the child’s interest.

In the views of the operational delivery team, the most important programme-level factor that enabled engagement of families with the programme was the non-judgemental relationship of trust built up between the home visitor and the parent/s and child. One quotation illustrates this shared view:

‘For the families, it goes without saying to me, but I genuinely feel we are all just people in different circumstances and just making sure that you treat people just like that. And accept who they are. Not to discriminate against them and not to have any judgement against them. I feel like, by doing that, that has gone a long way.’ (Team 8)

5.2 The programme in England

With all manualised family support or parenting programmes, there is a balance required between fidelity to the core elements of the programme (that is, the elements that power its efficacy) and adaptability to local circumstances and individual families. All of the area coordinators and all 8

volunteers interviewed shared the view that the programme was needed in England and that, overall, it fitted in well to the English landscape of early childcare and education, albeit perhaps requiring some tweaks (see Figure 23 and Figure 22). Its emphasis on ‘old school’ playing and reading with one’s child was viewed as of perennial importance with continuing relevance for 21st century parenting:

‘Parents nowadays, the problem is they have such difficult lives. They are bombarded on all fronts. [...] I think they’re more isolated, they get less visitors, they’re more stressed. And the children have such short attention spans because they’re watching screens all the time. So just for them to take a breath and go old school and just play with a toy or a book, I think that is very valuable and I think it’s very relevant [...].’ (Team 12)

‘Out of the three families that I went out to visit, it was so worthwhile. Covering all of the areas of learning, and just being there for the families, and time with mums as well. I think any kind of early intervention with children is beneficial. Just talking about singing nursing rhymes, rhyming, the interaction, just the whole of it can only be beneficial for when the children actually start at playgroup and nurseries.’ (Team 5)

Figure 22 sets out an extended quotation that effectively encapsulates a view shared across the operational delivery team: ParentChild+ is ‘a needed service’ in England.

Figure 22 ‘A needed service’ in England: illustrative excerpt, reflecting the consensus view of the operational delivery team

‘The beauty of this programme is somebody is showing you how to do this in a very non-judgmental way. And it’s at no cost to the parent, apart from their time. Being able to go into the home and provide that consistent support, in the way it’s provided, is definitely needed.

As somebody who has worked with local authorities and has worked in the social services field I know that’s always the thing that’s missing. [In my previous roles, I was] able to go in and write reports, and I was able to go in and assess what’s going on, and tell families what to do but, actually, as a practitioner, I know that what’s always missing is that non-judgemental approach where it’s in the home, it’s safe.

All we do [in ParentChild+], the focus is actually on the doing, on the playing, on the interacting, not writing reports and telling parents what to do. I definitely think that that’s needed; that is the way that services should move forward, adopting that approach.

It’s doing all the things that really matter. It’s showing the child that they’re at the centre, that they’re important, that these sessions are for them. It’s providing resources, doing all the things that we know need to happen, that don’t always happen. By the time children go to nursery, sometimes it’s too late. And nobody actually knows what the home environment is like. So I think it’s definitely a needed service.

It’s something that doesn’t need to compete with nursery or with family support services because they’re doing something completely different. They kind of follow a social services model, whereas this is a really different way of working with families. I think it needs to be just structured a bit more to fit a UK context.

Source: End of pilot interview with one area coordinator, Spring 2020

The area coordinators’ views of ‘local fit’ in England, in terms of what the programme added to the childcare and early education landscape and where there was some ‘rub’, are summarised in Figure

23. Their suggestions for delivery adjustments to enable an even better fit in the English context are also included.

Figure 23 Strengths and difficulties around the programme fitting the English context: area coordinator perspectives

What the programme adds	Difficulties around fitting the English context	Suggested adjustments
<ul style="list-style-type: none"> • Early intervention, at a young age • Support for parenting, in the home • Support for parents, based on contextualised knowledge of their home circumstances • Support that existing services cannot give – e.g. many referrals were from other services; picked up children on waiting lists for speech and language therapy 	<ul style="list-style-type: none"> • Delivery timing overlaps with the government’s 30 hour free childcare and early education offer for 3-year olds • The programme outcome measures (Child Behavior Traits; Parent and Child Together) do not fit well with England’s Early Years Foundation Stage (EYFS) 	<ul style="list-style-type: none"> • Time the delivery to segue with the 3-year old offer by starting the programme earlier OR cutting its length; OR for the government to accept the programme as ‘approved childcare’ in the 3-year-old offer • Adapt programme measures to fit the EYFS progress tracker system

Source: End of pilot interviews with area coordinators, Spring 2020

One of the issues highlighted in Figure 23, around the overlap of provision once a child became eligible for the 30 hours of free childcare and early education, aged 3, tied in to concerns around a number of families choosing to leave the programme at that point. Home visitors reported that, often, families who took up that 3-year old offer could no longer also find time to fit in two sessions a week. At the same time, home visitors also reported that beginning the programme around age 2 (linked to eligibility for the 2-year old offer), could be changed to beginning to work with 12-18 month olds. The arguments made were that this fitted with early intervention and with a focus on the importance of early attachment, plus it would enable the programme to be delivered in full before a child became eligible for the 3-year-old offer.

The second issue highlighted in Figure 23 was around the use of the outcomes measures mandated by the programme: the Parent and Child Together (PACT) and Child Behavior Traits (CBT) measures.

The CBT and PACT measures were disliked for a number of reasons:

(i) They were viewed as, ‘not consistent with the EYFS [Early years Foundation Stage] which is used throughout nursery and reception classes in England’ (Team 8). The suggestion was made that a more appropriate outcome measure for children’s progress would be the system linked to the [Development Matters](#) guidance, in particular two of the three ‘prime areas’, Communication and Language and Personal, Social and Emotional, more relevant to the programme’s aims.

(ii) All the area coordinators reported that their perspective was that these measures had items that were poorly worded, leading to large differences in interpretation. For example, in the PACT, the answer options run from ‘Never’ observed to ‘Always’ observed, yet item 3 is couched in negative terms: ‘Does not hit, poke, or bite others’. Because of the potential double negative (‘not’ and ‘never’), the same behaviour, viewed on video, was scored as ‘always’ and ‘never’ by different home visitors.

(iii) Although these are observational measures, not judgemental measures, area coordinators reported feedback from home visitors that they disliked ‘marking down’ the parents and children, leading to inappropriately high baseline scoring in some cases.

(iv) All area coordinators reported their view that the measures did not capture the starting points of all the children, especially those who were furthest behind expected development, sometimes because of special educational needs. The measures were viewed as not specific enough to be able to show the developmental progress of the children (e.g. increased concentration, increased vocabulary, progress in early learning of letters and numbers), which could be clearly observed by the home visitors. This could be, ‘a bit disheartening’ (Team 7) for some of the volunteers who had worked hard yet could not see the extent of progress made being reflected in the PACT and CBT.

(v) The PACT was also viewed as not reflecting the gains parents had made, as individuals, as opposed to in their interaction with their child. PACT was not designed to measure this, but the point was that supporting parents in their own life journey is also an intended longer term outcome of the programme but steps towards this, such as enrolling on a college course, are not measured.

Overall, if PACT and CBT were to be retained as outcome measures, the view was that much more time needed to be devoted to training delivery teams in their use.

A broader issue, that affected the parent-completed Being a Parent (BAP) measure of parenting self-efficacy, was the level of understanding of the English language required to complete. This meant that some parents needed help from a local migrant support worker¹⁸ who spoke their language. This was not always easy to arrange, and depressed the number of BAPs that were completed, especially at the beginning of the programme. BAP is not a mandated outcome measure for the programme but was used during the pilot.

5.2.1 Adaptations made to fit better with individual families

A small number of relatively minor adaptations were made during the delivery of the pilot programme, in order to suit it to specific children and parents. These related to the materials, the length/frequency of the session, the venue, and the type of support provided to parents. For example, regarding the materials, especially near the beginning of the programme, with a very unsettled child, the emphasis might be shifted slightly away from the book or toy to focus more on to direct ‘human interaction’ (Team 11). This might then develop to focus more on the toys, rather than the books, because of the developmental stage of the child (Team 11). In other cases, the materials were used in a different order (Team 9) or were augmented in various ways to suit the child’s interest (e.g. adding in paper and colouring pens, swapping books to include more focus on topics that interested the child, using balloons or bubbles to catch the child’s interest). Regarding length/frequency of session, some families wanted slightly longer with the home visitor and sessions were increased by 15 minutes; in other cases, it suited family circumstances better to have both sessions delivered during one hour, rather than as two separate 30 minute slots. Regarding adapting the venue, this happened only in very specific cases, where, for reasons directly linked to individual child and family needs, part of the programme was delivered not at home but in nursery or school settings. The training had emphasised¹⁹ that the home visitor was there to focus on the parent-child relationship and on the quality of early learning activities taking place in the home, and not there to deal with other issues affecting the family. In practice, these other issues could be hard to ignore: ‘In

¹⁸ These workers were not part of Family Lives. They could be used as translators to support families who had been migrants to the UK.

¹⁹ The training of area coordinators, observed by two of the evaluation team.

order to deliver it, there are other issues around that need to be sorted out', (Team 4). And, in fact, the programme's Theory of Change includes being a contact for emergencies and general support to the family. Some of the home visitors nevertheless perceived themselves as adapting the programme to suit their families when they provided, or enabled, additional support to the parents, such as helping them to solve issues around housing, health, social care, or education.

5.2.2 Views about possible future adaptations to the programme

A number of suggestions were made as to some relatively minor ways in which the programme could be further adapted for future delivery in the English context. A key aspect was the length of the programme.

At 46 weeks (92 sessions), the ParentChild+ programme is a long intervention. The area coordinators and volunteer home visitors had differing views about the pros and cons of the length of the programme, probably depending on their various experiences with families' responses to its length. These are summarised in Figure 24.

Figure 24 Team perspectives on the pros and cons of the length of the programme

Pros	Cons
<ul style="list-style-type: none"> • Allows time to build a relationship of trust with the family • Allows time for parents to grasp that the purpose is for them to play and interact with their child • Allow time to make visible progress in parent-child interaction and in child's early educational development 	<ul style="list-style-type: none"> • May become a bit repetitive • Can become long drawn-out (for families and volunteers) if some sessions are missed and then provided later • Children make visible progress before the end and so families do not complete it • Limits the number of families who can be supported
Overview	
<ul style="list-style-type: none"> • Appropriateness, or not, of programme length depends on each family's needs/circumstances 	

Source: Collated from operational delivery team perspectives at end of programme

One team member's words encapsulate the sense that the length of the programme could perhaps be adjusted to suit needs and circumstances of individual children and families:

'I really think a lot of this [programme] is based on relationship and how that develops. I guess every family is very different. I think the families I was supporting had many complex needs so they were very suspicious of who I was and what I was coming to do and whether I was aligning with social care and all those kind of things. So I think that does take some time to get through those barriers and kind of create that trust. Then, maybe with a couple of families, where that wasn't the case, and those complexities weren't there, then maybe that would have been a lot sooner in terms of the trust and feeling like the family understood why I was there and what I was trying to help them with.' (Team 7)

Suggestions about other aspects of the programme that might be tweaked in future delivery in England are summarised in Figure 25.

Figure 25 Suggestions for possible tweaks to the programme in England, in the future (team perspectives)

<p>Reduce length of the programme</p> <ul style="list-style-type: none"> To fit better with the 3-year old offer of early childcare and education; to enable support to be offered to more families <p>Monitoring of progress</p> <ul style="list-style-type: none"> Review purpose/s of the session notes Review suitability of CBT and PACT in the English context <p>Materials (the books and toys)</p> <ul style="list-style-type: none"> Wider range of materials to allow for wider range of developmental stages (less advanced and more advanced) and special interest/s of particular children Allow local choices to meet local needs (e.g. to reflect family language/culture) <p>Staffing</p> <ul style="list-style-type: none"> To deliver using paid staff rather than volunteers, or possibly paid staff with volunteer support, so that number of families accessing the programme could be increased <p>Timing of delivery</p> <ul style="list-style-type: none"> Time the programme to begin earlier and to end just before child begins full-time (30 hours) at nursery or, if not attending nursery, begins school Step-down visits towards the end, rather than coming to an abrupt stop to prepare the child for the end of the programme
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Source: Collated from operational delivery team perspectives at end of programme

The experience of being a volunteer home visitor and views about the pros and cons of using volunteer home visitors are the focus of the next sub-section.

5.3 The use of volunteers as home visitors

5.3.1 The experiences of the volunteer home visitors

The eight volunteer home visitors who participated in the evaluation, at midpoint and/or at endpoint, all regarded their experiences in a positive light (Figure 26). However, they were representative of the minority who stayed the course; volunteers who left earlier may well have had different views about the role.

Figure 26 Benefits and drawbacks of being a PC+ volunteer home visitor

Benefits	Drawbacks
<ul style="list-style-type: none"> Enabled use of existing skills Enabled sense of making a positive contribution to local community New learning – e.g. increased knowledge and awareness of different ethnic cultures within local community Enjoyable interaction with parent and child/ren Increased confidence in own abilities and attributes 	<ul style="list-style-type: none"> The monitoring and evaluation paperwork could be somewhat overwhelming None

Source: Collated from volunteers' perspectives at end of programme

As Figure 26 indicates, the only drawback identified by some but not others interviewed, was that the paperwork involved could be rather overwhelming, especially at the beginning of the

programme. Some, such as Team 5 regarded the paperwork as 'simple enough', whereas others, such as Team 2 (who had missed some of the initial training), felt 'very unprepared and overwhelmed' by the need to 'fill in all the paperwork'. Overall, the benefits were viewed as far outweighing this issue.

The training format, delivery and content were viewed positively (e.g. 'absolutely excellent', Team 11), both at midpoint and again at the end of the programme. There were some issues for those who had been unable to attend the full training alongside peers. In these cases, area coordinators delivered one to one training to cover gaps.

For practical and logistical reasons related to using a team of volunteers who each had other commitments, the way in which support was provided to volunteers did not always follow the mandated programme format of weekly Skype meetings, three-weekly face-to-face team meetings and individual supervision every quarter. Nevertheless, the level of team and individual support and of one-to-one supervision provided by the area coordinators was viewed positively by all the volunteers interviewed, both at midpoint and at the end of the programme. Two quotations illustrate this point:

'I've always thought that, if there was an issue, I could get some support to talk it through [...] I feel like I was supported. I was quite happy. Also the calling in and calling out [before and after each home visit], the fact [...] that there was a call in and call out so someone knew that you were there: in that way, I always felt like I was safe.' (Team 4)

'[The area coordinator] made herself available at the volunteer meetings, on the phone, by email, she always, always responded. There was absolutely no problem with her responding to any kind of communication. She was constantly checking how things were; and she communicated to me about the family, as well. I felt very well informed.' (Team 11)

5.3.2 Perspectives on the pros and cons of using volunteer home visitors

Perspectives of the volunteers

When asked whether being a volunteer, as opposed to a paid worker, had had any benefits for the participating families, the volunteer home visitors reported a range of differing views based on the specific families they home visited. These ranged from that the family did not know, through the family being 'shocked' to discover their home visitor was not paid for the role (Team 11), to the family being 'maybe surprised' to find out the home visitor was a volunteer. Overall, it was not viewed as a big issue for families:

'It might have maybe been a surprise that somebody would be a volunteer, as against doing it as a job. But [...] they had to call me on a particular phone and I would say, 'I have to check with the supervisor and I'll find out from her' so they were always aware that I was not a lone player here. I suppose they identified me with the organisation in their minds. I don't know exactly what they thought but I don't think it made much of a difference really.' (Team 12)

One volunteer explained that she had found being a volunteer, as opposed to the professional family support roles she had held for many years, had one drawback. That was that, as a volunteer, she had less authority than a professional when seeking to broker support from other services for the family she visited: 'I did feel a little bit that my hands were tied behind my back when I realised that I hadn't got that kind of validation. And when you do ring up as volunteer, [other services] do talk to you as if you are some sort of [ignorant being]' (Team 4).

Views of the area coordinators: 'it was too big an ask'

The area coordinators were very positive about the high calibre of the volunteers who stayed the course and were able to see their families through to the end of the programme. On the other hand, the consensus view was that the role of home visitor in ParentChild+ was 'too big an ask' (Team 8) for most volunteers: 'we have expected far too much from volunteers' (Team 9). The 'demanding' nature of the role (Team 3) led to the loss of volunteers. In the end, despite the numbers of volunteers who were trained to deliver the programme (around 20 per area), only a small number in each area (2-4) stayed on to the end. This was a much higher turnover rate than would be expected with a similar sized group of paid staff. Figure 27 summarises the area coordinators' perspectives on the pros and cons of using volunteer home visitors, a key element of the pilot delivery of ParentChild+ in England.

Figure 27 Benefits and drawbacks of using volunteer home visitors: area coordinator perspectives

Benefits of using volunteer home visitors	Drawbacks of using volunteer home visitors
<p>For Family Lives:</p> <ul style="list-style-type: none"> • It made programme delivery cheaper • The range of volunteers' backgrounds meant different kinds of knowledge and perspectives could be shared across the team 	<p>In terms of recruitment:</p> <ul style="list-style-type: none"> • Level of prior experience varied (leading to variation in delivery) • Attracted only those who had time to spare and saw a personal benefit from it
<p>For the families:</p> <ul style="list-style-type: none"> • Volunteers from the local community created a neighbourly, less formal feel which helped to build positive relationships with the families • Families were not as worried around volunteers as they might have been around professionals • Local volunteers had local knowledge • Those volunteers who stayed on offered consistent, punctual, high-quality sessions 	<p>In terms of retention:</p> <ul style="list-style-type: none"> • The commitment required was too much for many of them (much more than 30 minutes twice a week) • Required high levels of motivation in cases where families were inconsistent in keeping appointments • Some did not value the opportunity and left • Some churn was inevitable but rates of discontinuing were high
<p>For the volunteers:</p> <ul style="list-style-type: none"> • Gained experience that led some to move on to work and/further qualifications 	<p>In terms of ending the relationship with a family:</p> <ul style="list-style-type: none"> • Volunteers working with only one family (the norm) found that ending the relationship was hard (harder than ending a professional-family relationship)

Source: End of programme interviews with area coordinators

5.4 The area coordinator role

The area coordinators had operational-level responsibility for setting up and delivering the programme in their respective areas. They each also acted as home visitor to multiple families. It was thus a dual role: coordinating and home visiting. The set-up stage was viewed as having been very pressured with much to be done in a short space of time. The coordinators would have valued dedicated office space and some administrative support. It was very challenging to recruit and training volunteers and, at the same time, network widely with other local professionals in order to recruit families. Further details of the set-up stage can be found in Chapter 4 of the Interim Report (Cullen, Cullen & Bailey, 2019).

Once the programme was up and running, the role was viewed as more manageable. Continuing challenges included the level of support required by the teams of volunteer home visitors. Compared to that required by paid staff, support needs were perceived as high: 'It was a job in itself!' (Team3). On the other hand, the coordinators also saw many positive aspects of their roles. As a composite list, these encompassed the satisfaction of:

- taking responsibility for their area
- delivering high-quality training
- supporting the volunteers
- working with the children and parents and seeing the progress made as a result of the programme
- seeing an increase in self-referrals as word about the programme spread amongst local families
- learning with and from their peer area coordinators.

Two suggestions were made about the role in any future delivery of the programme in England. One was that there would be office space provided to support the administrative side of the work and as a place to store the books and toys. The other was that Family Lives, at a more strategic level, should broker access to data about which children were eligible for the programme in any given area.

The programme in England, post-pilot

At the end of the pilot, the coordinators in all three areas reported that Family Lives was seeking funding to continue programme delivery. At the end of the evaluation (March 2020), this had been successful in one pilot area. In addition, a random controlled trial of the programme, funded by the Education Endowment Fund was taking place in the north of England. Also, funding from the Life Chances Fund and local boroughs had enabled the programme to be offered in two other London boroughs using paid staff as home visitors.

5.5 Chapter summary

The participating families

Focusing on families eligible for the government offer of free childcare and early education for 2-year olds meant that the families recruited to the programme were disadvantaged by definition. The programme recruited within that cohort from those who did not take up the 2-year-old offer and from those who did, but where additional support needs remained. Thus, the pilot of ParentChild+ successfully targeted a very disadvantaged group of parents and young children.

In total, 62 children were enrolled, along with their parent/s or carer/s. Of that group, 34% completed the programme. A number of factors negatively affected the retention rate. These included families moving out of area, by families' pre-existing challenges making it difficult to maintain the routine of weekly visits, in some cases, by children becoming eligible for the 3-year old offer of 30 hours a week at nursery, and, in a minority of cases, by disruption due to volunteer home visitors leaving the programme. Overall, half the children's families left before the midpoint of the programme. (Emerging evidence from subsequent delivery using paid staff as home visitors indicates improved retention rates.²⁰)

Levels of engagement of both parent/s and child varied by family and over time. Some were fully engaged from the beginning. For most parents and children, engagement increased over time as a trusting relationship was built up with the home visitor.

²⁰ E-Mail from Family Lives, 13 July 2020.

The programme's relevance and congruence in England

The operational delivery team believed that the ParentChild+ programme is needed in England. They also viewed it as fitting well in the English context, overall. They also suggested some ways in which this contextual fit could perhaps be improved; for example, by aligning the timing of delivery to segue with eligibility for the 3 year old offer and/or by adjusting the length of the programme to suit the level of need and changing circumstances of individual children and families. Another suggestion was to align the programme's outcome measures more closely with the Early Years Foundations Stage in England.

During the pilot delivery, all the evidence suggests that the programme was delivered with fidelity across all three areas, with appropriate minor adaptations being made to suit individual child and family needs and circumstances.

Use of volunteers as home visitors

There were pros and cons of using volunteers as home visitors. Benefits for family Lives, for the families and for the volunteers were identified. Drawbacks in terms of recruitment, retention and the ending the relationship with the visited family were reported. Overall, the consensus view was that the demands of delivering a manualised programme with fidelity over the full length of the programme (92 visits) had been too demanding for most volunteers. Those volunteers who persevered reported positive experiences of the training, support and supervision, and of the role. They proved that it was possible for highly committed volunteers to deliver the full programme successfully and with fidelity.

Area coordinator role

The area coordinators had the dual role of being responsible for (a) setting up and coordinating delivery of the programme in their area and (b) acting as home visitor to multiple families. It was a challenging role, especially during the set-up period. In future, it was suggested, strategic level support from family Lives would be helpful during the set-up phase to establish the programme's credibility in a local area. Dedicated office and storage space and some administrative support would also have been valued throughout programme delivery.

6 Conclusions

Based on the data analysed for the evaluation, we now seek to answer our research questions.

1. *Is there a change over time in parents' capacity to support their child's development? (self-efficacy, play beliefs, involvement, interaction)*

Yes. For the group of 18 parents for whom the home visitors completed the Parent and Child Together (PACT) measure at baseline, midpoint and endpoint, there were statistically highly significant increases ($p < .001$) in communication, consistency, affection and responsiveness. The majority of these individual parents (13-15) showed increased scores from baseline to endpoint. This was also true between midpoint and endpoint (11-15 parents across all domains), indicating the value of the second half of the programme.

For the group of eight parents who completed the Being a Parent (BAP) measure at all three time points, there was not a statistically significant increase ($p < .99$) in parenting self-efficacy. However, the mean baseline scores for the group of 26 parents who completed a baseline BAP were markedly above the national norms for England. Our interpretation is that these baseline scores were unrealistically high, skewing results. Nevertheless, five of the nine parents who completed baseline and endpoint BAPs showed increased parenting self-efficacy scores at endpoint. Parenting satisfaction scores also increased from midpoint to endpoint for five of these nine parents, indicating the value of the second half of the programme.

In the 15 parent interviews we conducted (12 at midpoint; 3 at endpoint), these parents described an increase in positive parent-child interaction and in understanding of how to support child development, facilitated by the provision of new books and toys that are developmentally appropriate and by the modelling by the home visitors of how to play and read with young children.

All 12 parents who completed evaluation forms at the end of the programme, reported positive changes in their parenting which they believed to be because of the programme. The most frequently reported impact was on improving the amount and quality of parent- child interaction.

2. *Is there a change over time in children's development (Child Behavior Traits)?*

Yes. For the group of 15 children for whom the home visitors completed the Child Behavior Traits (CBT) measure at all three time points, there was a statistically highly significant increase ($p < .001$) in all five domains: independence, social cooperation, task orientation, cognitive ability, emotional stability. Almost all the 19 children for whom baseline and endpoint CBTs were completed at baseline and endpoint showed increased scores across all five domains. Scores across all these domains also increased from midpoint to endpoint for most of these children, indicating the value of the second half of the programme.

Qualitative data from a sample of parents, the three area coordinators and a sample of volunteer home visitors corroborated these findings with detailed information about observed progress in child development (social interaction, early learning, speech, language and communication, self-regulation), attributed to the ParentChild+ programme.

3. *Does the implementation of the Programme look different among the three boroughs/communities?*

No. The programme was delivered with fidelity in all three areas with no obvious area-based differences.

4. *Does the reliance on volunteers as home visitors have an impact on quality/outcomes?*

Yes and no. Reliable volunteers who stayed the length of the programme with their family were deemed as effective as paid staff, in terms of outcomes for families. The parents to whom we spoke were very positive about the calibre, commitment and skills of the volunteers who visited them. The area coordinators were also very positive about the quality of many of the volunteers recruited. This is testimony to the wisdom of piloting a delivery model using volunteers and demonstrates that volunteers can deliver the programme to the required standards. On the other hand, the reliance on volunteers as the main type of home visitors has been difficult in terms of recruitment, training and retention. The main reported negative impact on families was the disruption caused when a volunteer had been matched with a family and then ceased involvement with the programme, sometimes without communicating this to the family or the coordinator. In addition, some volunteers were reported to be less reliable than others in keeping appointments made with families. The disruption negatively affected retention of some of these families. There was also an issue about relying on volunteers in cases where a family had complex needs, including issues around child protection. Finally, the length of commitment expected of volunteers delivering the 46-week programme and the scale of activity linked to delivering the intervention with fidelity (including the completion of baseline, midpoint and endpoint measures and weekly session notes), were viewed as overly onerous for a volunteer workforce. Overall, one lesson from the pilot is that future delivery of the programme ought not to rely to the same extent on volunteers. The use of paid staff, possibly supplemented by volunteers, is a more realistic model. (This seems to be being borne out in subsequent delivery in other areas where paid staff, supported by volunteers, are the home visitors.)²¹

5. *Does a 15 month implementation cycle have the same impact as a two year cycle?*

We cannot give a definitive answer to this. Neither parents nor volunteers expressed any need for a long break at midpoint, the pattern of delivery in the USA. However, the length of the programme did affect retention rates once the participating children became eligible for 30 hours of free childcare and education. Both the age at which the children became eligible and the length of the programme were viewed as issues worth further consideration in the English context.

6. *Does the introduction of email, skype group supervision and less frequent face to face meetings affect the quality of delivery?*

No, there was no evidence of this. The issue was more to do with the limited availability of each volunteer and therefore the logistical difficulty of gathering all of them together for weekly Skype meetings and monthly face-to-face meetings. The individual experiences of volunteers who were unable to attend the meetings (especially the face-to-face ones) was seen as less positive. We collected no data that indicated that this impacted on quality of delivery to families. The impact was rather on the workloads of the area coordinators. At endpoint, the five volunteers we interviewed were very positive about the support and supervision they received.

7. *What recruitment activities, for volunteers and families, were most effective?*

Using multiple pathways in to the programme, including self-referral, was effective in recruiting families. Most were referred through local authority teams and services working with families with young children and by health visitors. No single team or service proved to be 'the most effective'; rather, encouraging referrals from a wide range of services was effective. Making contact with these teams and services and enabling them to understand the complementary nature of ParentChild+ to

²¹ E-mail from Family Lives, 13 July 2020.

what was already on offer to families with young children was a more time-consuming aspect of the area coordinator role than perhaps had been envisaged.

Similarly, volunteers were recruited through multiple routes. Of these, the most effective one was reported to be the Indeed website. The level of initial interest expressed by potential volunteers was about ten times higher than those who followed through to attend training. There was also a high rate of turnover of volunteers during the programme. This negatively affected family retention rates in cases where the family did not wish to begin a new home visitor relationship. In cases where families agreed to a new home visitor, this increased the workload of the area coordinators or another volunteer who added these families to their existing home visits.

7. Looking forwards

The interim evaluation findings indicated that the development of the PC+ model to incorporate delivery by volunteers had both strengths and weaknesses. The main challenges in using a volunteer-based model of delivery related to the recruitment, retention, training, and support of volunteer home visitors. These challenges surfaced early on and were articulated by the area coordinators to the evaluators and also internally to senior managers responsible for the pilot delivery in England. It was clear that issues with the volunteer model negatively impacted on family retention. The model was subsequently reviewed and Family Lives decided to move forward using paid staff, or a blended model of paid staff supplemented by volunteers.

The data gathered at the end of the programme indicates that three suggestions we made to Family Lives in our interim report remain relevant, as they move forwards with delivery of ParentChild+ in England:

- The co-ordinators experience suggests that providing them with office space and some administrative support would be beneficial.
- It is worth considering using more senior, strategic-level staff to initiate conversations with local authorities around the recruitment of families prior to local operational-level staff beginning this work.
- Area coordinators and home visitors reported adding to the books and toys in order to meet the specific interests of individual children. This appears to have been a successful strategy, and perhaps details of the additional books and toys could be added to the core list.

Additional suggestions we now make to Family Lives, as they move forwards with delivery of ParentChild+ in England, are that consideration should be given:

- to how best to deliver the programme with fidelity in a way that also fits in well with the childcare and early education landscape in England, in particular, with the '3-year-old offer' of 30 hours of free childcare and education.
- to ways of addressing the rate of non-completion. The use of paid staff should reduce turnover and loss of families to the programme and a certain level of non-completion is to be expected when working with disadvantaged families, many of whom were living in transitory or short-term accommodation. However, it may be worth considering whether the USA model of delivery of the programme in two halves, with a break in the middle, has benefits in increasing retention rates. It may also be worth considering whether timing the programme to segue with, rather than overlap with, the 3-year-old offer might increase retention.
- to whether or not to seek permission from the ParentChild+ parent company to replace the PACT and CBT measures with measures that are more widely recognised and valued amongst parenting support and early years professionals in England.

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