

Evaluation of Parent Child+ in England, 2019-2025

Interim report, July 2022

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Interim Report Headlines

1. Interviews with parents revealed that they were generally very positive about the process of the programme, as well as the impact that it had had on their child (e.g., improved communication), and themselves (e.g., increased confidence in playing with their child).
2. Interviews with other stakeholders (i.e., Home Visitors, the area coordinator, Early Years managers or staff) largely corroborated the interviews with parents. They agreed that the engagement of parents and children was integral to the success of the programme.
3. Two Early Years managers or staff reported that children in their schools/nurseries who have received Parent Child+ are meeting, and sometimes exceeding, their milestones (including communication) because they have had Parent Child+ prior to attending nursery.
4. All interviewed parents reported that their children greatly enjoyed the sessions; they were happy and excited about them and looked forward to them happening. The parents, too, reported enjoying the sessions themselves.
5. The books and toys were much appreciated by interviewed parents, and were described by one parent as “gold dust” for families in difficult financial situations.
6. The cultural relevance of the programme was discussed by Home Visitors and the Area Coordinator, with measures such as targeted recruitment of Home Visitors who spoke certain languages, and additional materials being added to improve cultural representation.
7. Adaptations were also made routinely for children with identified or suspected Special Educational Needs and/or Disabilities, including following their lead and adapting the resource list to ensure that this was developmentally appropriate.
8. Eleven of the 16 children who had both baseline and endpoint Ages and Stages Questionnaire (ASQ) scores had made improvements on the communication domain of the ASQ.
9. Seven of the 16 children who had both baseline and endpoint ASQ scores had made improvements on the personal-social domain of the ASQ.
10. Twenty-one of the 34 parents who had both a baseline and endpoint Being a Parent (BAP) questionnaire score reported positive changes in their satisfaction with being a parent.
11. Fourteen of the 34 parents who had both a baseline and endpoint BAP questionnaire score reported positive changes in their efficacy in being a parent.
12. Overall, 19 of the 34 parents who had both a baseline and endpoint BAP questionnaire score reported positive changes overall in how they feel about being a parent.
13. There was an improvement in reported Parent and Child together (PACT) scores for parents who reached the endpoint of the programme, with a mean endpoint score of 3.63 being achieved for the 29 parents who completed the programme, compared to a mean baseline score of 1.74 for 71 parents.
14. There was an improvement in reported Child Behaviour Traits (CBT) scores for children who reached the endpoint of the programme, with a mean endpoint score of 3.08 being achieved for the 31 who completed the programme, compared to a mean baseline score of 1.19 for 72 children.

Interim Report

1 Background

This is the interim report from the evaluation of the Parent Child+ programme's delivery in England. The programme runs for about 15 months and consists of 46 weeks of twice-weekly visits (92 visits).

The quantitative data reported is from four outcome measures; two completed by the Parent Child+ home visitors (Parent and Child Together [PACT], Child Behaviour Traits [CBT]), one completed by Health Visitors (Ages and Stages questionnaire [ASQ]), and one completed by the parents (Being a Parent [BAP] questionnaire).

Qualitative data comprised interviews with one area coordinator, five home visitors, ten parents, and three Early Years managers or staff. The qualitative data provide rich, contextualised information about the delivery of the programme which is a useful basis for learning, and these data will be augmented by the quantitative data.

It is important to note that some of the data presented in this report was collected during the COVID-19 pandemic. Parent Child+ continued to be delivered to families throughout the pandemic, but delivery moved online during the lockdowns, with some sessions in between being undertaken in open public spaces (e.g., local parks). The pandemic may, therefore, have impacted on elements of the data collection process (e.g., fewer returned questionnaires), as well as the way families received and responded to the programme delivery.

1.1 Aims of the evaluation

The aim of this evaluation is:

- To analyse and determine the full impact of the Parent Child+ intervention.

1.2 Research questions

There are three research questions:

Has receipt of the Parent Child+ programme:

1. Improved the speech and language skills of the child to the expected level of development?
2. Improved social and personal skills of the child to the expected level of development?
3. Increased parental self-efficacy/parent-child interaction?

These questions will provide information on the effectiveness of this intervention, the transferability of the Parent Child+ programme within a UK context, and provide improved local data on this specific cohort of children and parents in Kensington Chelsea and Westminster.

This interim report provides indicative, interim results towards answering our research questions.

1.3 Methods used

The results reported are largely based on qualitative data, augmented by quantitative data.

1.3.1 Qualitative data

The qualitative data was collected through telephone interviews with ten parents (three at the mid-point of the programme, and seven at the end of the programme), one area coordinator, five home visitors, and three Early Years managers or staff between October 2021 and February 2022. These 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 transcript was analysed using the five-step Framework approach (Ritchie & Spencer, 1992).

1.3.2 Quantitative data

1.3.2.1 Indicator 1: Speech and Language Skills

The **Ages and Stages Questionnaire 3 (ASQ3)** is used to measure children's development, and is collected by health visitors at two time points per cohort: baseline and endpoint. It is used in some evaluations of Parent Child+. This indicator will be informed by the **Communication section** of the ASQ3, determining whether the skills appear to be on schedule.

1.3.2.2 Indicator 2: Social and Personal Skills

The **Ages and Stages Questionnaire 3 (ASQ3)** is used to measure children's development, and is collected by health visitors at two time points per cohort: baseline and endpoint. It is used in some evaluations of Parent Child+. This indicator will be informed by the **Personal-Social section** of the ASQ3, determining whether the skills appear to be on schedule.

1.3.2.3 Indicator 3: Parental self-efficacy

The **Being a Parent (BAP) scale** (Johnston & Mash, 1989), also sometimes described in the literature as the Parenting Sense of Competence (PSOC) scale, consists of 17 items. It is completed by one or both parents separately.

This 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). For the purposes of this evaluation, and after consultations between the evaluators (University of Warwick) and Family Lives, it was decided that the Interest sub-domain would not be included in this evaluation leaving only the seven-item measure of Self-Efficacy and seven-item measure of satisfaction.

The BAP questionnaire is completed very early in the programme (after third home visit) and is repeated at the end of the programme. This indicator will analyse whether the endpoint self-efficacy, satisfaction, and overall scores are greater at the endpoint than at baseline, and whether there is at least a 5% improvement (payment trigger).

1.3.2.4 Other collected measures

The **Parent and Child Together (PACT) questionnaire** is a 20-item validated measure, used in all Parent Child+ evaluations, that examines the frequency of positive parent-child interactions. It will measure the impact over time on parents' capacity to support their child. The measure encompasses four factors: communication, affection, consistency, and responsiveness. This measure is completed by Parent Child+ home visitors at three time points per cohort: baseline, midpoint, and endpoint.

The **Child Behaviour Traits (CBT) questionnaire** is a 20-item measure that captures home visitor ratings of children's behaviour. There are five factors within this measure: independence, social cooperation, task orientation, cognitive ability, and emotional stability. It is collected by Parent Child+ home visitors at three time points per cohort: baseline, midpoint, and endpoint. It is used in all evaluations of Parent Child+.

1.4 Structure of the report

We present first the quantitative and qualitative data relating to the outcomes (impact) of the programme. We then focus on reporting the interim findings related to the process evaluation, giving the views of parents, area coordinator, home visitors, and Early Years managers or staff.

2 Outcomes (reported changes and/or impact)

The colour key for the tables included below is:

Green = majority improved

Orange = equal numbers improved and did not improve

Red = minority improved

2.1 Qualitative interviews

Interviews with parents were conducted midway through the Parent Child+ programme (n=3), and towards the end (n=7). Further interviews were also conducted with an area coordinator, Home Visitors (n=5), and Early Years managers or staff (n=3).

2.1.1 Parents

The ten interviewed parents reported **positive changes in their children in seven areas**: expressive language (n=3 mid-point; n=7 end-point), attention and engagement (n=1 mid-point; n=4 end-point), confidence in communicating (n=1 mid-point; n=2 end-point), confidence in play (n=1 mid-point; n=2 end-point), socialisation (n=2 mid-point), understanding the world around them (n=1 mid-point; n=2 end-point), and receptive language (n=2 mid-point; n=2 end-point). Some parents reported that Parent Child+ had helped their child to prepare for, or settle into, nursery or pre-school (n=2 mid-point; n=4 end-point). They also reported **increased confidence and knowledge about how to play**

with their child to encourage their continued learning (n=2 mid-point; n=6 end-point), and this was shared by the other, older, children in the house in one instance.

All the parent-reported changes, perceived as being because of the programme, are in line with expectations of programme outcomes based on its theory of change and were supported by the interviews with other stakeholders. These are therefore promising interim findings. They suggest that the delivery of the programme is showing that it is likely to deliver the expected outcomes for children and parents who stay the course.

2.1.2 Home Visitors

The five interviewed Home Visitors reported that the children they were working with had experienced **positive changes** including: increased engagement (n=5), improved communication (n=4), improved confidence (n=1), ability to play with toys and engage with books (n=1), and school readiness (n=1).

It was reported that, sometimes, children with Special Educational Needs and/or Disabilities would take a bit longer to become comfortable in engaging with the session, and that this was always facilitated by the Home Visitors.

The programme also appeared to **help parents be more confident in interacting with their children** which, in turn, benefited their child. Some families had improved parent-child relationships towards the end of the programme as well. Families were also able to access this key service during a difficult time (i.e., the COVID-19 pandemic), which reduced their social isolation, and provided support (e.g., advice, information, and referrals to other services) that they would otherwise have found it more difficult to access.

2.1.3 Area Co-ordinator

The area coordinator echoed the reports of parents and Home Visitors by saying that the programme led to **improvements in communication** for some children, and that this made parents very happy. There were also reports that parents were grateful for the programme as it supported them to interact with their children.

2.1.4 Early Years managers or staff

Interviews with three Early Years managers or staff confirmed the reports from the parents and Home Visitors about the impact on children who had been through Parent Child+ with consistent reports of **positive changes in the children they know who have received the programme**. These included: improved communication and interaction (n=3), increased confidence (n=3), ability to follow routines and accept transition periods between activities (n=2), greater interest in making friends than other children (n=2), improved concentration (n=2), readiness for school (n=2), happier to leave their parents at the start of the day (n=2), greater ability to use toys correctly within the nursery more quickly than other children (n=2), increased understanding of stories, repeating songs/rhymes, and willingness to answer questions about books (n=2), improved self-esteem (n=1), willingness to take risks (n=1), better ability to take turns and share (n=1), and the ability to catch up and keep up with peers (n=1).

Early Years managers or staff reported that children who have received Parent Child+ are **meeting, and sometimes exceeding, their milestones** (including communication) because they have had Parent Child+ prior to attending nursery (n=2).

Early Years managers or staff also noted how important Parent Child+ was in providing **support for parents** in terms of their understanding of development, the importance of play, and how they can support their child in being able to speak and in strengthening parent-child relationships. They also reported that parents seemed to be more confident and happier in communicating with their child, to support their language and social skill development.

2.2 Indicator 1: Speech and Language Skills

2.2.1 Ages and Stages Questionnaire 3 (Communication domain)

The sample size at baseline (two years old) was N=16, and at endpoint (three years old) it was N=27, with the number of paired samples (with scores at both baseline and endpoint) being N=16.

The small sample size means we are unable to report reliable statistical analyses. Instead, for the data received where we have a paired sample, we examined the number of scores showing positive change, negative change, or no change from baseline to endpoint. These are presented in Table 1 below.

Table 1 Ages and Stages Questionnaire 3 (Communication domain): Change from baseline to endpoint (Numbers of parents) (N = 16)

	Positive change	Negative change	No change
Overall	11	1	4

Table 1 shows that the majority of the 16 children who had both baseline and endpoint scores had made improvements (i.e., positive change of any amount) on the communication domain of the ASQ.

Twelve of the 27 children who had an associated end of programme ASQ had a score that reached the payment trigger at endpoint. Of the 15 children where the payment trigger was not reached, 12 of them had been diagnosed with autism and the remaining three were awaiting an autism assessment. Only two autistic children and none of the children awaiting an autism assessment met the payment threshold. Further commentary about these 14 autistic children and three children awaiting an autism assessment is presented in section 2.6 below.

2.3 Indicator 2: Social and Personal Skills

2.3.1 Ages and Stages Questionnaire 3 (Personal-Social domain)

The sample size at baseline (two years old) was N=16, and at endpoint (three years old) it was N=27, with the number of paired samples (with scores at both baseline and endpoint) being N=16.

The small sample size means we are unable to report reliable statistical analyses. Instead, for the data received where we have a paired sample, we examined the number of scores showing positive change, negative change, or no change from baseline to endpoint. These are presented in Table 2 below.

Table 2 *Ages and Stages Questionnaire 3 (Personal-Social domain): Change from baseline to endpoint (Numbers of parents) (N = 16)*

	Positive change	Negative change	No change
Overall	7	6	3

Table 2 shows that the majority of the 16 children who had both baseline and endpoint scores had not made improvements on the personal-social domain of the ASQ.

Fourteen of the 27 children who had an associated end of programme ASQ had a score that reached the payment trigger at endpoint. Of the 13 children where the payment trigger was not reached, 11 of them had been diagnosed with autism and one was awaiting an autism assessment. Only three autistic children and two children awaiting an autism assessment met the payment threshold. Further commentary about these 14 autistic children and three children awaiting an autism assessment is presented in section 2.6 below.

2.4 Indicator 3: Parental self-efficacy

2.4.1 Being a Parent Survey

The sample size at baseline was N=104, and at endpoint it was N=34, but the number of paired samples (with scores at both baseline and endpoint) was lower (N=13).

As there were concerns about how many baseline BAP surveys were returned, during the first wave of the COVID-19 pandemic, it was decided in discussions between Family Lives and the council that for endpoint surveys that were returned from parents where there was no baseline survey returned, the evaluator would use a mean baseline score from the 44 surveys received at that point in time (November 2021).

The baseline figure for all missing baseline surveys was decided as being 58.4. This figure has been used as the baseline comparison figure for all N=18 endpoint surveys that had no corresponding returned baseline survey.

The data presented in this section pertains to all 34 parents who completed at least an endpoint survey. The small sample size means we are unable to report reliable statistical analyses. Instead, for the data received, we examined each outcome measure factor for the number of scores showing positive change, negative change, or no change from baseline to endpoint. These are presented in Table 3 below.

Table 3 *Being a Parent: Change from baseline to endpoint (Numbers of parents) (N = 34)*

Factor	Positive change	Negative change	No change
Efficacy	14	18	2
Satisfaction	21	12	1

Overall	19	13	2
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Table 3 shows that the majority of the 34 parents reported positive changes in their satisfaction with being a parent, and overall between baseline and endpoint. However, a large number of the remaining parents reported negative changes in both satisfaction (N=12) and overall (N=13). The majority of the 34 parents reported negative, or no change in their self-efficacy as parents between baseline and endpoint.

Thirteen of the 34 parents who completed the end of programme BAP achieved a 5% or more improvement between baseline and endpoint. Of the 21 parents who did not achieve a 5% or more improvement, 14 of them did not have an associated returned baseline BAP.

Upon reviewing the BAP questions with Family Lives, we think that there may be some ambiguity in the way that parents are reading and responding to some of the questions, potentially driven by various language barriers (e.g., English as an additional language, Specific Learning Difficulties [SpLD]). It became apparent during these conversations that there was an opportunity for the Parent Child+ Home Visitors to take a more pro-active role in supporting parents to understand and complete the BAP questionnaire. The remit of the Home Visitors in this area was, therefore, clarified by the evaluator and instructions were given to all Home Visitors about what they should (i.e., aiding understanding of complex words using a “jargon buster” developed collaboratively by the evaluator and Family Lives, support to return the measure) and should not (i.e., completing the measure for parents, rewording questions) be supporting parents with.

We also think that it is possible that some of the negative change may represent a phenomenon whereby parents overestimate their scores on the baseline questionnaire, only to realise that their view of themselves as parents have been challenged, meaning that they perhaps score themselves more harshly at the endpoint that they did/would have done at baseline. It may be the case that a longer-term follow-up would help to accurately determine how parents feel about their self-efficacy, with the benefit of time and space away from the learning done on Parent Child+.

We must consider the context within which these data were being collected, namely that the COVID-19 pandemic and related lockdowns may have impacted upon the way parents responded to the questionnaire.

Importantly, it should also be noted that the very small sample size means that these BAP data are not definitive. This means that the pattern of results reported here cannot be generalised; it does not reliably represent what the pattern of results would have been had we had data from the full sample of families on the programme at baseline.

2.5 Parent and Child Together (PACT)

The sample size at baseline was N=155, at midpoint it was N=71, and at endpoint it was N=29.

The data presented in this section pertains to only the families where a mid-point evaluation was completed, meaning that parents who completed the baseline, but not the midpoint, evaluation were excluded. Parent Child+ aims for families to maintain a score average above 3 by programme end, as exhibiting these behaviours often or always indicates that the family is ready for school

success. This score is marked on the graph with the yellow line. For this measure, we have demonstrated the change in average scores from baseline to midpoint and endpoint in Figure 1.

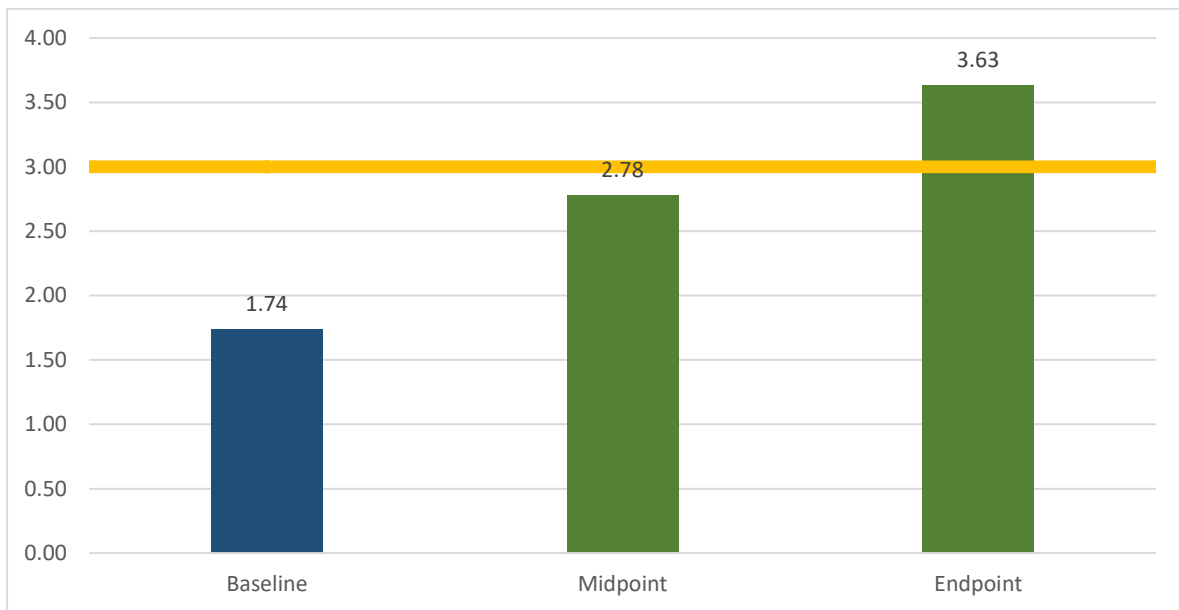


Figure 1 Parent and Child Together: Average change from baseline to midpoint and endpoint (Baseline N = 71; mid-point N=71; endpoint N=29)

Figure 1 demonstrates that there was a progressive change in the PACT evaluations from baseline to midpoint, and then on to endpoint. Due to the small sample size in the endpoint evaluations, we are unable to report reliable statistical analyses at this time. This means that these data, and the pattern of results, cannot be generalised.

2.6 Child Behaviour Traits (CBT)

The sample size at baseline was N=157, at midpoint it was N=72, and at endpoint it was N=31.

The data presented in this section pertains to only the families where a mid-point evaluation was completed, meaning that parents who completed the baseline, but not the midpoint, evaluation were excluded. Parent Child+ aims for families to maintain a score average above 3 by programme end, as exhibiting these behaviours often or always indicates that the family is ready for school success. This score is marked on the graph with the yellow line. For this measure, we have demonstrated the change in average scores from baseline to midpoint and endpoint in Figure 2.

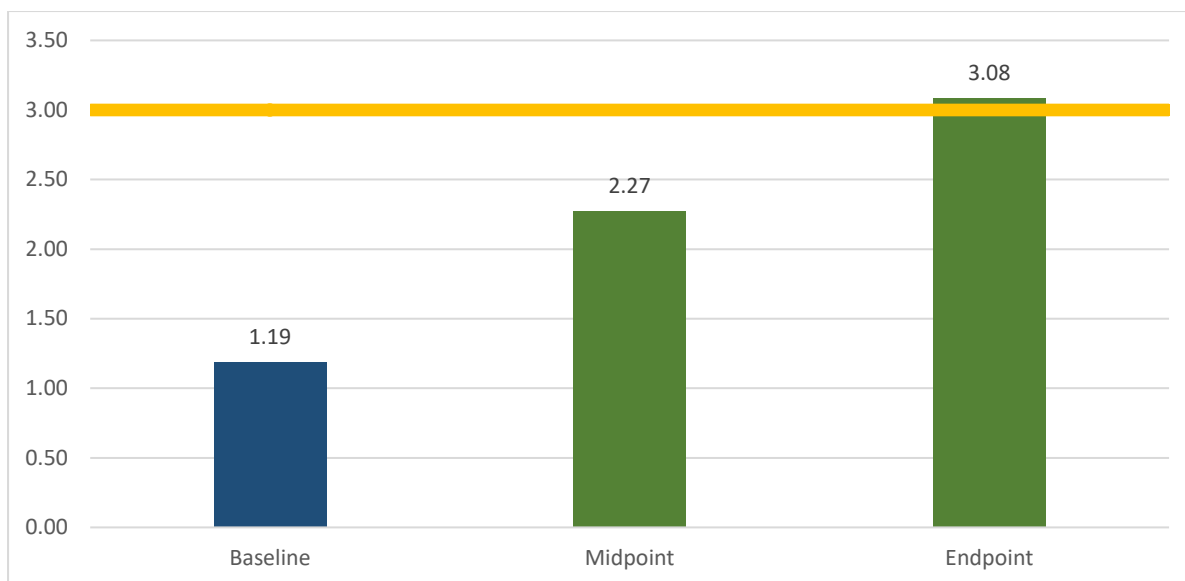


Figure 2 Child Behaviour Traits: Average change from baseline to midpoint and endpoint (Baseline N = 72; mid-point N=72; endpoint N=31)

Figure 2 demonstrates that there was a progressive change in the CBT evaluations from baseline to midpoint, and then on to endpoint. Due to the small sample size in the endpoint evaluations, we are unable to report reliable statistical analyses at this time. This means that these data, and the pattern of results, cannot be generalised.

Of the 14 autistic children with an associated end of programme ASQ, all were reported to have made improvements on the CBT between baseline and end-point (average increase of 2.13). Of the three children with an associated end of programme ASQ who were awaiting an autism diagnostic assessment, all were also reported to have made improvements on the CBT between baseline and end-point (average increase of 2.46). The CBT measures independence, social cooperation, task orientation, cognitive ability, and emotional stability; thus it is not directly comparable to the communication and personal-social domains of the ASQ (as presented in sections 2.3.1 and 2.4.1), but it does demonstrate that the 14 autistic children made gains in other areas that are important targets of the Parent Child+ programme.

3 Perspectives on process aspects of programme delivery

3.1 Parents

Perceptions of the respective **roles** of the Home Visitor and parent during the sessions tended to be that Home Visitors would model the behaviours for parents, which they could then follow within and outside of the sessions. All parents reported that their children greatly **enjoyed** the sessions; they were happy and excited about them and looked forward to them happening. The parents, too, reported enjoying the sessions themselves. Parents reported not feeling judged or belittled by Home Visitors, and appreciated the breadth of support offered by Home Visitors, including when Home Visitors would work to the needs of their children (some of whom had Special Educational Needs and/or Disabilities).

Interviewed parents had all experienced **online sessions** of the programme during the COVID-19-related lockdowns or subsequent restrictions, and many valued the support from Home Visitors beyond the immediate Parent Child+ programme activities (e.g., support identifying other services,

support with resources for daily life activities [e.g., potty training]). One interviewed parent acknowledged that Parent Child+ was the only **support that continued throughout the COVID-19 national lockdown**, and that this was a lifeline for her. Parents acknowledged that it was sometimes difficult to encourage their child to engage with online sessions during the COVID-19-related lockdowns, and that this tended to be at the beginning rather than at the middle or end of the programme. Many parents did, however, report that the Home Visitors were generally very good at holding their child's attention. But, in one case a Home Visitor spent more time talking with one of the child's parents than working with the child. This was a concern for this parent as it meant that their child did not get as much of the intervention as they were supposed to have for a period of time.

The **books and toys** were much appreciated, and were described by one parent as "gold dust" for families in difficult financial situations. The range of books and toys provided had increased parents' understanding of their child's interests and knowledge of what books and toys were developmentally appropriate for the age group. The support of Home Visitors helped parents to understand and develop new ways of playing with toys to promote their child's continued development.

Some of the **timings of the sessions** were inconvenient for parents who worked, but longer face-to-face sessions seemed to work better for these parents, compared with two shorter virtual sessions. One parent wondered if alternative times (e.g., weekends or early evening) would be possible for working parents.

One parent reported that they did not feel that fathers were treated the same as mothers by some people running the programme and felt that mothers were seen as being more important with fathers not being taken as seriously.

3.2 Home Visitors

All six Home Visitors interviewed had relevant experience and knowledge suited to **the role**. They found out about the role online or through word-of-mouth and applied because they were interested in working with families and children and being able to build up relationships with those on their caseload. Caseloads varied from 5 to 16 families. A full caseload for a full-time Home Visitor was reported as being 15-17 families.

Home Visitors had positive views of the content and delivery style of **the training** received. They felt it prepared them as much as possible before they started. Most of them completed their training online, due to pandemic-related restrictions. It was helpful to be able to start visiting with a more experienced member of the team to begin with, but this wasn't always possible for Home Visitors who were training during the pandemic. They also appreciated the focus on continued development for Home Visitors to support the families on the programme.

Home Visitors appreciated their **monthly supervision** to focus on themselves (and their well-being), their caseload, and the work that they are doing. During **weekly team meetings**, they valued the support from the rest of the team including the sharing of ideas and discussions about areas of difficulty with some families. The use of Microsoft Teams was highlighted as being a useful tool in between meetings.

Child and parental engagement in the virtual sessions could sometimes be difficult, with some children (and their parents) taking a while to warm up, but once parents saw how well the online sessions could work, they were happy and more engaged. It was noted that this warming up did not

usually take as long in the in-person sessions, and that engagement was sometimes better face-to-face but that this really depended on the family. The adjustment time for these families was important, and many families saw the online sessions as a “godsend” during a time that was particularly difficult and isolating.

Some Home Visitors found that **engagement was more difficult to ensure after the lockdown**, as parents became busier and sometimes found it difficult to attend sessions. Text reminders were helpful in ensuring parental engagement with the programme.

Home Visitors noted the differences in how parents engaged with the sessions, and that this could impact the way that children interacted and benefited from the work being done. For example, the children of parents who were more willing to engage would often be more engaged themselves, leading to greater benefits. One Home Visitor said that she would be able to recognise when a parent had been working on the books outside of the sessions with their child, and some reported that it was encouraging when parents started to take the lead rather than the Home Visitor as this is how the programme will be sustained once the sessions end (and is a core part of the programme). Home Visitors saw that **building positive relationships** with parents and children was key to engagement. An identified barrier to engagement was language, and Family Lives employ Arabic, Bengali, and other language speakers to overcome this.

In terms of **personal benefits that came from being a Home Visitor**, the opportunity to learn about diverse cultures and different families was valued by Home Visitors, as well as being able to learn about local structures and supports in place for families. One Home Visitor said that she valued the way that Family Lives supported her during the pandemic, especially in terms of being made to still feel “useful” when it wasn’t possible to visit families. Other benefits included: the sense of doing something worthwhile by helping children and families; learning new skills or having the opportunity to use experience; meeting new people (the families and the other volunteers); and improved self-confidence.

Some Home Visitors said that the number of sessions they have in a day can become overwhelming sometimes, but that this was helped by them not needing to commute while delivering virtual sessions.

Only minor **adaptations** were made in the delivery of the programme, according to these six Home Visitors. Flexibilities introduced were, for example, delivering it as one hour per week rather than two 30 minutes sessions per week; occasional weekend, early morning, or evening sessions; running sessions in the park during the Summer (instead of online); rescheduling visits in response to family requests; changing the person who attended the session with the child; and encouraging the use of back-up resources to the weekly book or toy if the child was not interested.

3.3 Area coordinator

The area coordinator brought relevant experience to **the role**. They carried out all the expected functions of the role.

The delivery was sensitive to **cultural diversity**. Recruited families came from a range of backgrounds and spoke a variety of languages in the home other than English.

The area coordinator confirmed that they had specifically recruited a Bengali and Arabic speaker as **Home Visitors**, as these are the main languages in the two boroughs. The area coordinator noted that the Home Visitors had been able to adapt their previous, complementary, experience to suit the

role. The Home Visitors were described as being very passionate about their work, and “here for the long haul”. Home Visitors were able to type up **session notes** as they came back, and then input them onto Charity Log. This was helpful for Home Visitors to reflect on what they were doing and in planning for the next stage. Session notes were also good at giving the area coordinator an idea about any issues that arose.

The area coordinator echoed the sentiments of the Home Visitors about the **weekly meetings and monthly supervision**.

The area coordinator noted that Home Visitors are responsible for collecting data on the PACT, CBT, and BAP measures, whereas the Health Visitors are responsible for collecting data on the ASQ whereby the area coordinator sends a form and requests that they send the required information back in around 8 weeks. They noted that getting the **ASQ scores** back was sometimes difficult because the process was not straightforward, and that this was an **administrational burden** that took up a lot of their time.

When discussing the **CBT scores**, it was noted by the area coordinator that some Home Visitors could score them too highly at baseline, which meant that progression was not always seen. This was typically due to Home Visitors trusting parents saying that their child always/typically did something, instead of only going on what they had objectively observed.

It was reported by the area coordinator that some parents had difficulty understanding some of the questions on the **BAP questionnaire** and, in these cases, parents were advised on how to complete it (e.g., if they did not agree then they should indicate that, or leave it blank if they didn’t understand). Some parents were annoyed by the questions on the BAP, and one parent dropped out of Parent Child+ because of this. The area coordinator tried to settle parents about the measure by explaining that it was a piece of research that had to use this measure.

The area coordinator noted that **some of the books were not appropriate**, as they were either too wordy or had American (rather than English) words and language, so they changed some of the books to account for this. They also found that the range of books was not culturally representative of all of the families, so this was rectified. **Some of the toys were also changed** to ensure that they were developmentally appropriate for the children on the programme, and to ensure that they were not flimsy or a choking hazard. The **ordering of the toys and books** was important, and some changes were made to the order that these were given for continuity or practical reasons. When adapting the **guide sheets for parents**, the area coordinator noted that these were changed to become more positive for parents, rather than telling them what they should not do.

Feedback from parents had been generally very positive, with some parents being happy to promote the Parent Child+ programme to other parents. It was not always possible to support families where there were **language barriers** that could not be overcome.

3.4 Early Years managers or staff

Understanding of the programme

Early Years managers or staff reported that they understood the purpose of the programme to be to **support parents in how to help their child to learn how to speak and communicate**. They also reported that they understood that the toys and books were particularly important for some families who were struggling financially. One Early Years manager/staff reported that sometimes the barrier

was not financial, and it could be finding it difficult to find the time to sit down and interact with their child – Parent Child+ provided a space to be able to do that.

Benefits of the programme

Early Years managers or staff reported that it was important for families to have someone who they felt able to open up to and who could support them in other areas of their lives (e.g., housing, mental health) by signposting to appropriate services and supporting them with the referrals.

One Early Years manager/staff reported that it was useful for some parents to receive this type of **intensive support at home**.

One Early Years manager/staff reported that they referred two children to Parent Child+ and found that the child of the family who engaged with the programme had better outcomes compared with the other, highlighting the importance of parental engagement in Parent Child+.

4 Interim conclusions

This interim report provides indicative, interim results towards answering our research questions, at a point less than half-way through the programme. We rely mainly on the qualitative data collected so far, as there were issues with receiving the baseline and end of programme BAP questionnaires and ASQs.

1. Has the Parent Child+ programme improved the speech and language skills of the child to the expected level of development?

It is clear from the interviews that all stakeholders agreed that there had been improvements in children's speech and language development due to their engagement with the programme. This was reflected in the quantitative data collected using the ASQ. The majority (80%) of children who did not meet the payment trigger on the communication domain of the ASQ were diagnosed with autism, which may go some way to explaining this outcome as many autistic children have communication difficulties.

2. Has the Parent Child+ programme improved social and personal skills of the child to the expected level of development?

Interviewed parents, Home Visitors, and Early Years managers or staff reported that there had been some improvements in the social and personal skills of children involved in the programme, including behaviours linked to school readiness (e.g., comfort with routine and transitions between activities).

This was not reflected in the quantitative data collected using the ASQ whereby six children had made an improvement from two to three years of age, but the small number of ASQ questionnaires returned makes it difficult to draw any definitive conclusions about these data. The majority (85%) of children who did not meet the payment trigger on the personal-social domain of the ASQ were diagnosed with autism, which may go some way to explaining this outcome as many autistic children have socialisation difficulties.

3. Has the Parent Child+ programme increased parental self-efficacy/parent-child interaction?

In terms of parental self-efficacy, it was reported by all interviewed stakeholders that parents had increased confidence in and knowledge about how to play with their child and to support their

child's development, due to being involved in the programme. This was not, however, reflected in the quantitative data collected using the BAP, whereby 14 out of the 34 parents who completed the endpoint questionnaire reported improvements in their self-efficacy from baseline. This may, however, have been due to some parents not understanding questions (as reported by the area coordinator) or due to some parents not returning their baseline questionnaire which led to their scores being replaced by an average score.

In terms of parent-child interaction, some interviewed parents reported that they were interacting more with their child because of the programme. This was supported by the improvements in PACT scores from baseline to midpoint and endpoint.

5. Looking forward

There were relatively small numbers of quantitative data collected (especially for the ASQ and BAP measures), particularly in respect of the numbers of matched baseline and endpoint questionnaires relating to the same individual. Looking forward to the final report, attention should be given to enhanced training around supporting the completion of the BAP, and to how the ASQ data are obtained in order to enable a robust evaluation of outcomes. It is apparent that work to support the completion of the BAP and ASQ is already being undertaken by Family Lives, and should continue.

Considering the difference in outcomes on the ASQ (both communication and social-personal domains) between autistic and non-autistic children, it may be reasonable for Family Lives to consider whether these two ASQ domains are appropriate in terms of measuring programme outcomes for autistic children, and whether an alternative outcome measure (e.g., CBT) may be more appropriate.

References

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