

# Preparing for Life

Review: February 2023

**Note on provider involvement:** This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

**Preparing for Life (PFL) is a parenting programme. It is a targeted selective programme for expectant parents living in disadvantaged neighbourhoods/communities. It is delivered in home and community centre settings and aims to support creating of nurturing home environment, improve parenting outcomes in the short-term (e.g., parental self-efficacy, wellbeing) and improve children's school-readiness in the longer-term.**

- PFL was designed to prepare children for school by equipping parents with the skills needed to encourage child development from pregnancy onwards. This programme is underpinned by various psychological theories, including: the theory of human attachment, socio-ecological theory of development, and social-learning theory.
- The intervention is typically delivered to any parents-to-be within disadvantaged neighbourhood/communities (based on poverty, unemployment, levels of education).
- It is a multi-component programme delivered over 4-5 years, involving: monthly home visitations from pregnancy to child's school entry; antenatal classes; breastfeeding support; baby massage; and a Triple P programme when the child is between two to three years of age.

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Evidence  
rating: 3

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Cost rating: 5

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## EIF Programme Assessment

Preparing for Life has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

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Evidence  
rating: **3**

### What does the evidence rating mean?

**Level 3** indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

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## Cost rating

A rating of 5 indicates that a programme has a high cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of more than £2,000.

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Cost rating: **5**

# Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

## Enhancing school achievement & employment

### Improved cognitive abilities

Based on study 1

### Improved naming vocabularies

Based on study 1

### Improved communication

Based on study 1

## Supporting children's mental health and wellbeing

### Improved autonomy

Based on study 1

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# Key programme characteristics

## Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Antenatal
- Perinatal
- Infants
- Toddlers
- Preschool

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## How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual
- Group
- Home visiting

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## Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Home
- Community centre

The programme may also be delivered in these settings:

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## How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted selective
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## Where has it been implemented?

Ireland

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## UK provision

This programme has not been implemented in the UK.

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## UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

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## Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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# About the programme

## What happens during delivery?

### How is it delivered?

PFL is a multi-component programme, involving:

- monthly home visitations delivered from pregnancy to school entry, with 45-60 minutes duration each visit;
- five sessions of antenatal sessions during pregnancy, with 60 minutes duration per session delivered to groups of 2-3 families;
- weekly breastfeeding support, with 60-90 minutes duration each, delivered to groups of five to six mothers;
- five sessions of the baby massage programme with infants from four weeks old, delivered by home visitors in a group format or individual basis ; and
- eight sessions of a Triple P programme, 120 minutes duration each session. delivered when the child is between two and three years of age to groups of six to eight families.

## What happens during the intervention?

The core activity in the intervention is the Home Visit in which the Home Visitor engages with the parent and child and provides information and support. There are three key elements to the home visit which take place from pregnancy to school entry.

- **Tip sheets:** Home Visitors provide age appropriate information to families across a number of key domains of child development and provide coaching to support parents to implement positive parenting practices.
- **Goals and Aspirations:** Home Visitors establish a positive coaching and mentoring relationship with families and support parents to identify and work towards goals for themselves and their children.
- **Interagency Work:** Home Visitors support parents to access additional supports in the community.

## **What are the implementation requirements?**

### **Who can deliver it?**

The practitioner who delivers this programme is a PFL mentor with NGF 7/8 qualifications, that can come from a variety of professional backgrounds including education, social care, youth studies, psychology, and early childcare and education.

### **What are the training requirements?**

- Home Visitors who deliver this programme receive 7 days of training as well as additional training on the Triple P Positive Parenting programme by core Triple P staff.
- Booster training is not required.

## How are the practitioners supervised?

- Supervision takes 2h per month and is continuously delivered over 5 years.
- External supervisors must have a thorough grounding in PFL Home Visiting as a prerequisite and then receive appropriate training on Supervision, Coaching and Mentoring etc (approx. 3- 4 days depending on experience).
- Supervision includes the following three strands: (a) individual supervision, (b) local team meetings and (c) peer support and case review. All supervision is underpinned by the PFL Practice Principles:

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

## What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Training manual
- Other printed material
- Fidelity monitoring
- Face-to-face training

Supervision includes all of the above and is based on the Tony Morrison model. Also incorporating Erikson Centre FAN model to model attunement and responsive practices. Discussing cases, recruitment processes, criteria, support with individual families. There is a mixture of individual and group supervision which look at different aspects of practice.

## Is there a licensing requirement?

Yes, there is a licence required to run this programme.

## How does it work? (Theory of Change)

### How does it work?

- The programme aims to support the creation of nurturing home environments that facilitate a child's (and their families') wellbeing by enhancing parent child interactions, parenting skills, parental self-efficacy, and parents goals and aspirations for themselves, their children and their family.

This is achieved through three intervention strands:

1. Discussion between the Home Visitor and family: The programme has developed a suite of evidence informed tip sheets based on the best available information. These are distributed across 7 key domains and cover the entire period of the programme from pregnancy to school entry: Nutrition; Rest and routine; Parental support; Social and emotional development; Safety and Supervision; Cognitive development; Transition to school. Additional Resource and Developmental Packs are also provided to families as educational incentives to encourage milestones e.g., play mat to support parent child interaction, encourage tummy time; books to encourage a more language rich environment.
2. A structured process in which families/parents' goals and aspirations are explored and captured as well as considering ways to remove potential and actual barriers. The goals may be supported within PFL or may require collaboration with other programmes or services as per the interagency work process below. The Home Visitor and the family will explore options resulting in a the family setting initial goals which are achievable within the next year without losing sight of more long-term aspirations. Working together the Home Visitor and family explore the steps that may be required to reach these goals considering the resources available to the family and identify specific actions to reach the goal. The Home Visitor will check in regularly with the family on their goals and actions and provide any necessary support and/or referrals. Successes are celebrated and progress to outstanding goals is reviewed and the plans are updated. Any barriers experienced by the family that may benefit from further discussion and potentially problem solving.

3. PFL Home Visiting recognises there are numerous benefits available to Home Visitors and families by working in collaboration with other services and agencies. This includes increasing the range of supports available for families, building on the knowledge and expertise of other professionals about areas such as education, employment, personal development, mental health, addiction, financial support, legal advice etc. This allows Home Visitors to support families in a holistic way and to receive a support that best meets their aspirations and needs (as required). The level of support required differs across families and therefore there are different ways that this can be provided depending on the level of involvement by the Home Visitor: Signposting, Referrals, Advocacy, Interagency meetings. The Home Visitor will also support the engagement of families in the other key elements offered i.e., Antenatal Education: Breastfeeding Education and Support; Baby Massage; Evidence Based Parenting Programmes. Ideally Home Visitors are trained in Baby Massage and Evidence Based Parenting so that they can deliver these aspects on a 1-1 basis as required as well as complementing groups attended by the family

**Intended outcomes**

- In the short term, parents will experience greater wellbeing, parental self-efficacy, and enhanced understanding about how they can support their child's development; children will experience a more nurturing home environment and interactions with wellbeing that supports their achievement & employment

Supporting children and their parents with wellbeing that supports their achievement and employment

- In the longer term, children will be school ready, and the children (and their families) will flourish and thrive in lifelong outcomes.

## Contact details

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## About the evidence

Preparing for Life's most rigorous evidence comes from an RCT which was conducted in the Republic of Ireland.

This study identified statistically significant positive impact on a number of child outcomes.

This programme is underpinned by one study with a Level 3 rating; hence, the programme receives a Level 3 rating overall.

## Study 1

**Citation:** PFL Evaluation Team, 2016; Doyle & Orla, 2020 (supplementary)

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**Design:** RCT

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**Country:** Ireland

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**Sample:** 233 expectant parents living in disadvantaged neighbourhoods/communities. Mothers' average age was 25 years, with the majority being Irish (99%), first-time mothers (52%), and in receipt of social welfare benefits (65%)

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**Timing:** Post-test 6,12,18,24,36,48,51, and 59-month follow-up

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**Child outcomes:**

- Improved cognitive abilities
  - Improved naming vocabularies
  - Improved communication
  - Improved autonomy
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**Other outcomes:**

- None measured
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**Study rating:** 3

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PFL Evaluation Team (2016). Preparing for Life Early Childhood Intervention. Final Report. *UCD Geary Institute for Public Policy*. Available at:

[https://geary.ucd.ie/preparingforlife/wp-content/uploads/2016/09/5654\\_FP\\_UCD\\_Report\\_Final.pdf](https://geary.ucd.ie/preparingforlife/wp-content/uploads/2016/09/5654_FP_UCD_Report_Final.pdf)

Doyle, O. (2020). The first 2,000 days and child skills. *Journal of Political Economy*, 128(6), 2067-2122.

Available at: <https://www.journals.uchicago.edu/doi/abs/10.1086/705707?mobileUi=0>

### **Study design and sample**

The first study is a rigorously conducted RCT. This study involved random assignment of mothers to a PFL treatment group and a wait-list control group. This study was conducted in Ireland, with a sample of expectant mothers (average age 25) living in disadvantaged neighbourhoods, with the majority (65%) in receipt of social welfare benefits.

### **Measures**

- General cognitive functioning was measured using Developmental Profile 3: Cognitive Section (mother report)
- General communication and language were measured using the Ages and Stages Questionnaire: Communication subdomain (mother report)
- Expressive Language was measured using the MacArthur-Bates Communicative Development Inventories (mother report)
- Receptive Language was measured using the MacArthur-Bates Communicative Development Inventories (mother report)
- Emergent Literacy was measured using the MacArthur-Bates Communicative Development Inventories (mother report)
- Problem solving and personal social skills were measured using the Ages and Stages Questionnaire: (mother report)
- Internalising/externalising problems measured using the Brief Infant-Toddler Social Emotional Assessment (mother-report) and Child Behaviour Checklist (mother-report)
- Social functioning was measured using the Strengths and Difficulties Questionnaire (mother-report)
- General social/emotional functioning was measured using ASQ, BITSEA, and CBCL (mother-report)
- Cognitive abilities were measured using Early Years Battery of the British Ability Scales (assessment)
- Naming vocabulary was measured using the British Ability Scales (assessment)
- Verbal comprehension was measured using the British Ability Scales (assessment)
- Executive functioning skills were measured using the Modified Day/Night Task (assessment) and Delay of Gratification Task (assessment)
- Basic Numeracy Skills was measured using the Early Development Instrument (short-form) (teacher-report)
- Emerging literacy skills were measured using Children's Profile at school entry (teacher-report)
- Communication was measured using the Early Development Instrument (short-form) (teacher-report)

- Basic Literacy Skills were measured using the Early Development Instrument (short-form) (teacher-report)
- Advanced literacy skills were measured using the Early Development Instrument (short-form) (teacher-report)
- Aggressive behaviour was measured using the Early Development Instrument (short-form) (teacher-report)
- Hyperactivity and inattention were measured using the Early Development Instrument (short-form) (teacher-report)
- Anxious and fearful behaviour were measured using the Early Development Instrument (short-form) (teacher-report)
- Oppositional-defiant behaviour was measured using Children's Profile at school entry (teacher-report)
- Social competence with peers was measured using the Early Development Instrument (short-form) (teacher-report)
- Prosocial and helping behaviour were measured using the Early Development Instrument (short-form) (teacher-report)
- Responsibility and respect were measured using the Early Development Instrument (short-form) (teacher-report)
- Autonomy was measured using Children's Profile at school entry (teacher-report)
- Child wellbeing was measured using the Pictorial Measure of School Stress and Wellbeing Scale (child self-report)

## **Findings**

This study identified statistically significant positive impact on a number of child outcomes.

This includes:

- Improved cognitive abilities
- Improved naming vocabulary
- Improved communication
- Improved autonomy

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## Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

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[How to read the Guidebook](#)

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[EIF evidence standards](#)

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[About the EIF Guidebook](#)

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## EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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[www.EIF.org.uk](http://www.EIF.org.uk) | [@TheEIFoundation](https://twitter.com/TheEIFoundation)

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