ParentChild+ – formerly known as Parent Child Home Programme (or PCHP) – is a home-visiting programme. It is a targeted-selective programme primarily targeted at low-income families with children between the ages of 2 and 3 years. It is delivered in the family home by home visitors. It aims to improve the home learning environment, the parent–child relationship and the language, literacy, cognitive skills and social-emotional development critical to school success.

The ParentChild+ model is based on twice-weekly home visits by trained home visitors (Early Learning Specialists). By delivering in the family home, ParentChild+ is able to reach families who are reluctant to access other services. The curriculum is designed on two cycles: each cycle involves a minimum of 23 weeks of visits (46 visits), so every family will receive at least 92 home visits over the course of the programme.

ParentChild+ Early Learning Specialists model positive parent–child interaction utilising age-appropriate books and educational toys, which remain with the family, aiming to transform the home learning environment and giving the parents tools to continue positive interaction with their children.

Evidence rating: 3+

Cost rating: 4
EIF Programme Assessment

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

**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.

**What does the plus mean?**

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

**Cost rating**

A rating of 4 indicates that a programme has a medium-high cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £1,000–£2,000.

**Cost rating: 4**
Child outcomes

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

**Supporting children's mental health and wellbeing**

- Improved self-regulation - based on study 3

**Enhancing school achievement & employment**

- Improved cognitive ability - based on study 1
- Improved child language - based on study 2

**Preventing crime, violence and antisocial behaviour**

- Improved social-emotional competence - based on study 2
Key programme characteristics

**Who is it for?**
The best available evidence for this programme relates to the following age-groups:

- Toddlers

**How is it delivered?**
The best available evidence for this programme relates to implementation through these delivery models:

- Home visiting

**Where is it delivered?**
The best available evidence for this programme relates to its implementation in these settings:

- Home

**How is it targeted?**
The best available evidence for this programme relates to its implementation as:

- Targeted selective

**Where has it been implemented?**
Canada, Chile, England, Ireland, United States
<table>
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<tr>
<th><strong>UK provision</strong></th>
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<td>This programme has been implemented in the UK.</td>
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<th><strong>UK evaluation</strong></th>
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<td>This programme’s best evidence does not include evaluation conducted in the UK.</td>
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About the programme

What happens during delivery?

How is it delivered?

- ParentChild+ is delivered in 92 sessions of half-an-hour duration each by one practitioner to individual families.

What happens during the intervention?

- Each week home visitors provide the family with a high-quality book or educational toy that is a gift to the family and are often the first such items in the home.
- Using the book or toy, the home visitor models reading, conversation, and play activities designed to stimulate parent–child interaction, develop language and literacy skills, and build school-readiness.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is an Early Learning Specialist (or Home Visitor) with QCF-3 level qualifications.

What are the training requirements?

- Practitioners have at least 16 hours of programme training. Booster training of practitioners is recommended.

How are the practitioners supervised?

It is recommended that practitioners are supervised by one host agency supervisor (qualified to QCF-6 level), with 19.5 hours of programme training.
What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Training manual
- Other printed material
- Other online material
- Video or DVD training
- Fidelity monitoring
- National centre implementation support and recertification process.

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?

- Rich, robust, positive, and consistent parent-child interaction strengthens the parent–child bond and develops the language and social-emotional skills children need to succeed in school and life.
- The programme aims to encourage and strengthen positive parent–child interaction through play, conversation and reading together, using developmentally appropriate books and toys supported by trained home visitors during the regular home visits.
- In the short term, parents discover the value and joy of regular reading, conversation and play with their children, and engage in more frequent positive interaction with their children, supporting their children’s language acquisition and social-emotional development.
- In the longer term, children will have the language, early literacy and social-emotional skills to enter school ready to succeed and go on to be successful students.

Intended outcomes

Enhancing school achievement & employment
Contact details

Pamela Park Family Lives pchp@familylives.org.uk

http://www.parent-child.org/
https://www.familylives.org.uk/about/our-services/parent-child-home-programme/
About the evidence

ParentChild+’s most rigorous evidence comes three RCTs that were conducted in the United States.

This study identified statistically significant positive impact on a child outcome.

This programme has evidence from at least one rigorously conducted RCT along with evidence from an additional comparison group study. Consequently, the programme receives a 3+ rating overall.

### Study 1

**Citation:** Madden et al., 1984 (1976 cohort) | **Design:** RCT

**Country:** United States | **Study rating:** 3

**Sample:** In the 1976 cohort there were 55 families, with children between 21 and 33 months old, where families qualified for low-income housing.

**Timing:** Post-test

**Child outcomes:**
Improved cognitive ability

**Other outcomes:**
None measured


Available at https://www.jstor.org/stable/1129975?seq=1#page_scan_tab_contents
Study design and sample
The first study is an RCT.

This study involved random assignment of children to a ParentChild+ group and an Early Screen Programme group, which consisted of developmental screening.

This study was conducted in the United States with a sample of 55 children between the ages of 21 and 33 months old. Families were living in suburban areas surrounding New York City, and qualified for low-income housing. Parents’ occupational level was semiskilled or lower, and did not have more than a 12th-grade education.

Measures

- Mother-child interactions were measured using the Maternal Interactive Behavior Record (expert observation of behaviour).
- Cognitive ability and intelligence was measured using the Stanford-Binet Intelligence Scale (direct assessment).

Findings
This study identified statistically significant positive impact on a child outcome. This includes cognitive ability and intelligence.

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Study 2

Citation: Astuto & Allen, (submitted) - described as study 2 within this paper | Design: RCT

Country: United States | Study rating: 3

Sample: 166 families, with children between 2.4 and 3.8 years old, where families were recruited from low-income immigrant Spanish-speaking communities.

Timing: Post-test

Child outcomes:
Improved child language
Improved social-emotional competence

Other outcomes:
None measured

**Study design and sample**
The second study is an RCT.

This study involved random assignment of children to a ParentChild+ group and an alternate treatment group – a programme called Raising Happy & Healthy Eaters (focused on healthy eating).

This study was conducted in the United States with a sample of children between the ages of 2.4 and 3.8 years old. Children were 46% male and 54% female. Participants described their ethnicity as Latino (100%), and Spanish was the primary language spoken in the home for all families. 45% of parents reported having less than a high school education, 32% obtained a GED or high school diploma, 10% indicated having some college/trade school experience, and 13% attended a four-year college or beyond. 100% of parents were born outside of the United States.

**Measures**

- Social-emotional development was measured using the Brief Infant-Toddler Social Emotional Assessment (BITSEA) (direct assessment).
- Social-emotional competence was measured using the Ages & Stages Questionnaires: Social-Emotional subscale (ASQ:SE) (direct assessment).
- Language competence was measured using the Preschool Language Scale Fourth Edition (PLS-4) (direct assessment).
- Self-regulation was measured using the Tower Task, Tower Clean-Up and Day-Night tasks (direct assessments).
- Parents’ expectations of their children and attitudes about developmentally appropriate behaviour were measured using the Parent as a Teacher Inventory (PAAT) (parent report).

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

This includes improved child language and improved social-emotional competence.

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**Study 3**

**Citation:** Astuto & Allen, (submitted) - described as study 1 within this paper |
**Design:** RCT

**Country:** United States  |  **Study rating:** 3
Sample: 336 families with 2-year-old children

Timing: Post-test

Child outcomes:
Improved self-regulation

Other outcomes:
None measured

Study design and sample
The third study is an RCT.

This study involved random assignment of children to a ParentChild+ group and an alternate treatment group – a programme called Raising Happy & Healthy Eaters (focused on healthy eating).

This study was conducted in the United States with a sample of children with a mean age of 2.2 years old. Children were 45% male and 55% female.

Participants described their ethnicity as Black (55%) and Latino (29%). The primary language spoken in the home was English for 82% of families and Spanish for 18%. 30% of parents reported having less than a high school education, 31% obtained a GED or High School diploma, 22% indicated having some college/trade school experience, and 6% attended a four-year college or beyond.

Measures

- Social-emotional development was measured using the Brief Infant-Toddler Social Emotional Assessment (BITSEA) (direct assessment).

- Social-emotional competence was measured using the Ages & Stages Questionnaires: Social-Emotional subscale (ASQ:SE) (direct assessment).

- Language competence was measured using the Preschool Language Scale Fourth Edition (PLS-4) (direct assessment).

- Self-regulation was measured using the Tower Task, Tower Clean-Up and Day-Night tasks (direct assessments).

- Parents’ expectations of their children and attitudes about developmentally appropriate behaviour were measured using the Parent as a Teacher Inventory (PAAT) (parent report).

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

This includes improved self-regulation.
Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.


ORS Impact. (2016). Long-Term Academic Outcomes of Participation in the Parent-Child Home Program in King County, WA. Seattle, WA.


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.

How to read the Guidebook

EIF evidence standards

About the EIF Guidebook
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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