



Queen's University
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Briefing Paper

SUPPORTING PARENTS: FINDINGS FROM THE LIFESTART PARENTING PROGRAMME EVALUATION

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ACKNOWLEDGEMENTS

The team would like to acknowledge the contribution of other individuals who have been involved in the study: Professor Paul Connolly, Dr Jenny Davison, Dr Naoimh Fox, Aideen Gildea, Helen Harrison, Dr Kathy Higgins, Professor Geraldine Macdonald, Dr Aisling McLaughlin, Dr Nicoli Morrison, Dr Leanne O'Hara, Dr Helga Sneddon and Sharon Tourish.

We would like to extend our heartfelt thanks to the Lifestart Foundation and the Lifestart Council for their support and cooperation throughout the evaluation period. We are also grateful for the valuable advice and insights from our Expert Advisory Group:

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We would especially like to thank the families and Lifestart personnel who participated in the study, without their time and commitment this research would not have been possible.

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PREFACE

“WHAT PARENTS DO IS MORE IMPORTANT THAN WHO PARENTS ARE.”

Parents can make the most important impact upon children’s development through the day-to-day parenting that children experience. I have previously characterized this by the saying “What parents do is more important than who parents are.” Lifestart recognizes the importance of parenting and has established a comprehensive evidence-based programme to help parents improve their parenting skills. In developing the programme, the Lifestart team has drawn upon their substantial practical experience of working with families and communities in Ireland, and integrated evidenced-based practices to establish a thorough parenting intervention for the parents of children 0-5 years. The programme is potentially beneficial for all parents but particularly for those living in disadvantaged circumstances.

Lifestart is a structured child-centered programme of information and practical activities. It aims to support good child nurture and to give parents tools to enhance their children’s learning

environment and it is provided by trained, paid family visitors. It is offered to families regardless of social, economic or other circumstances, and, while the initial impact of the Lifestart programme is planned to be on parenting outcomes, these should in turn impact positively on child development outcomes over time. (<http://www.lifestartfoundation.org>).

Not content with establishing such a well-designed parent support programme, the Lifestart team put themselves to the test through a rigorous randomized control trial (RCT), conducted by independent evaluators, to scientifically establish if their programme could actually make a difference to parenting and child outcomes in ways that would improve children’s life-chances. This was a courageous decision, which is all too often avoided in the area of family support. The study reported here is an excellent example of conducting an RCT for a parenting intervention, which is not an easy task, and a task that others have sometimes failed to achieve.



The report gives the results from the research study, which involved 424 parents and children, and a process evaluation of the Lifestart parenting programme. The Lifestart intervention and the control group included parents of all educational levels. The results clearly show that parents judged that their well-being and parenting capacity had been improved as a consequence of taking part in the programme. There were positive, statistically significant changes in three of the four main parent outcomes. Compared to the control group, parents who received the Lifestart programme reported reduced parenting related stress, increased knowledge of their child's development and improved confidence in their parenting role.

There were small, positive changes in four of the five child outcomes: better cognitive development, increased prosocial behaviour, decreased difficult behaviour and fewer referrals to speech and language therapy. While not

statistically significant, significant impact may emerge later as the cumulative effect of improved parenting as it builds up over time.

Parents and children enjoyed the programme, and there was a strong sense that the family visitor would be missed after the programme came to an end. Some parents said they had a better relationship with their children from having better ideas for play activities and communication and that the programme had improved children's learning and contributed to preparing their children for school.

The Lifestart Study is timely in a policy environment where more emphasis is now being placed on prevention and early intervention. Child well-being relies on parents providing a nurturing environment and evidence tells us that an important way to improve outcomes for children is to help with parenting.

Children benefit more from earlier intervention and the programmes that

work best are regular, well-implemented, enduring, and manualised for easy replicability. Out of the range of good quality parenting programmes available, the Lifestart programme is highly cost effective and for a structured evidence-based programme is sufficiently flexible at the point of delivery to allow for adaptation in response to need.

The Lifestart team are to be congratulated for their programme and the Queens's University team for their promising evaluation. It is to be hoped that further follow-up research will examine whether these promising results lead to long-term benefits for the families and children.

**Professor Edward Melhuish,
University of Oxford**

INTRODUCTION

This briefing paper reports the results from a randomised controlled trial (RCT) and process evaluation of the Lifestart parenting programme. The paper starts by outlining the relevant research in the area of the effectiveness of home based parenting programmes and how this has informed government policy in recent years. The findings from the trial and process evaluation are then summarised and their relevance to policy and practice is highlighted. For access to the full technical report please visit www.qub.ac.uk/cee and www.lifestartfoundation.org.

BACKGROUND - THE IMPORTANCE OF HOME BASED PARENTING PROGRAMMES

There is a wealth of evidence to indicate that home based parenting programmes work in terms of improving both parent and child outcomes. Healthy child development relies on families being able to provide a safe and nurturing environment for their child and research evidence tells us that if we want to improve outcomes for children, then educating parents is more effective than intervening directly with children. Children benefit more if intervention takes place early and the most effective interventions are those which take place in the parent's home. We also know that the programmes which work best are those that provide regularity and intensity of inputs through one-to-one home visits over at least a year; although two to three years of intervention are more likely to sustain gains over time (Sweet & Applebaum 2004; Flett 2007; Phillips & Eustace 2008; Rushton et al., 2009; Kendrick et al., 2000).

Several systematic reviews of such programmes provide strong evidence that home based parenting programmes make a real and important difference to both parent and child outcomes including health care use, birth outcomes, health behaviours and child wellbeing and development. More specifically, home visiting programmes have been shown to improve: the quality of the home environment, attachment, cognitive development and socio-emotional development; reduce the incidence of child abuse, foster improved parent behaviour, skills and attitudes as well as enhance

maternal life course outcomes (Sweet & Applebaum, 2004; Filene, et al., 2013; Paulsell, 2014; Rushton et al., 2009; Kendrick et al., 2000; Peacock et al., 2013). In addition, the Home Visiting Evidence of Effectiveness (HomVEE) review (Avellar et al., 2014) concluded that of the effective programs they reviewed: most had multiple favourable effects, many of these were maintained for over a year, few replication studies had been conducted, results were not limited to certain subgroups (i.e. most samples were racially, ethnically and socioeconomically diverse) and finally, few adverse effects were reported.

This evaluation of Lifestart sought to contribute to the discourse around the impact and relevance of home based parenting programmes on parent and child outcomes for pre-school children.



THE POLICY CONTEXT

Supporting parents has been highlighted as a priority in scientific, educational and policy research and this is largely due to increased evidence around factors influencing childhood development and learning. The weight of evidence in favour of home visiting programmes for preschool children is the reason that the Council on Community Pediatrics published a policy statement in the US (Rushton et al., 2009) recommending that evidence based home visiting programmes should be expanded and developed as an effective (and cost-effective) means to reducing inequalities in children's health, school readiness and development. Supporting parents within the family is now embedded in the UN Convention on the Rights of the Child (UNCRC), which states that while the family is responsible for guaranteeing a child's rights, families must be supported in this role by the State (Article 18.2) (McClenaghan, 2012). Parenting support is seen as having the potential to improve educational outcomes and reduce the risk of criminal behaviour, and improved parenting skills are seen as contributing to the reduction of poverty and social exclusion (European Commission, 2013).

Policy makers in Britain and Ireland use parenting support to target vulnerable families to prevent later disadvantage and this is seen as a sound investment for the future. In the UK, Every Child Matters (ECM) (2004; DFES) placed supporting parents at the top of a list of four priority areas, followed by early intervention and effective protection, accountability and integration of children's services,

and workforce reform. In Northern Ireland, ECM has been replaced by the OFMDFM's ten year Strategy for Children and Young People (2006) and underpins "Families Matter: Supporting Families in Northern Ireland" (HSSPS, 2009). This policy agenda sets out a vision for supporting families and strengthening communities with a focus on 'universal support and preventative and early intervention services to support parents, children and young people, not only at particular times of need or stages in the development of their child, but continuously throughout children's lives'.

Similarly, Brighter Futures is the national policy framework for children and young people in Ireland (2014-2020) and underlines the Irish Government's commitment to improving outcomes for children (Department of Children and Youth Affairs, 2013). A key strategy within this framework is the CFA's Parenting Support Strategy (2013): Supporting Parents to Improve Outcomes for Children, which 'contributes to the State's endeavours to respect, protect and fulfil the rights of children by supporting parents in their essential role as children's primary care-givers'. It supports the provision of 'a continuum of support, from universal support, to targeted and specialist services applying a progressive universalist approach'.



WHAT IS THE LIFESTART PROGRAMME?

Lifestart is a structured child-centred programme of information and practical activity for parents of children aged from birth to five years of age. It aims to give parents the tools necessary to enhance their child's learning environment and is delivered to parents in their own homes by trained, paid family visitors. It is offered to parents regardless of social, economic or other circumstances. Every parent who joins the Lifestart programme receives a monthly issue based on the Growing Child curriculum (www.growingchild.com) and a 30-60 minute home visit from a Lifestart

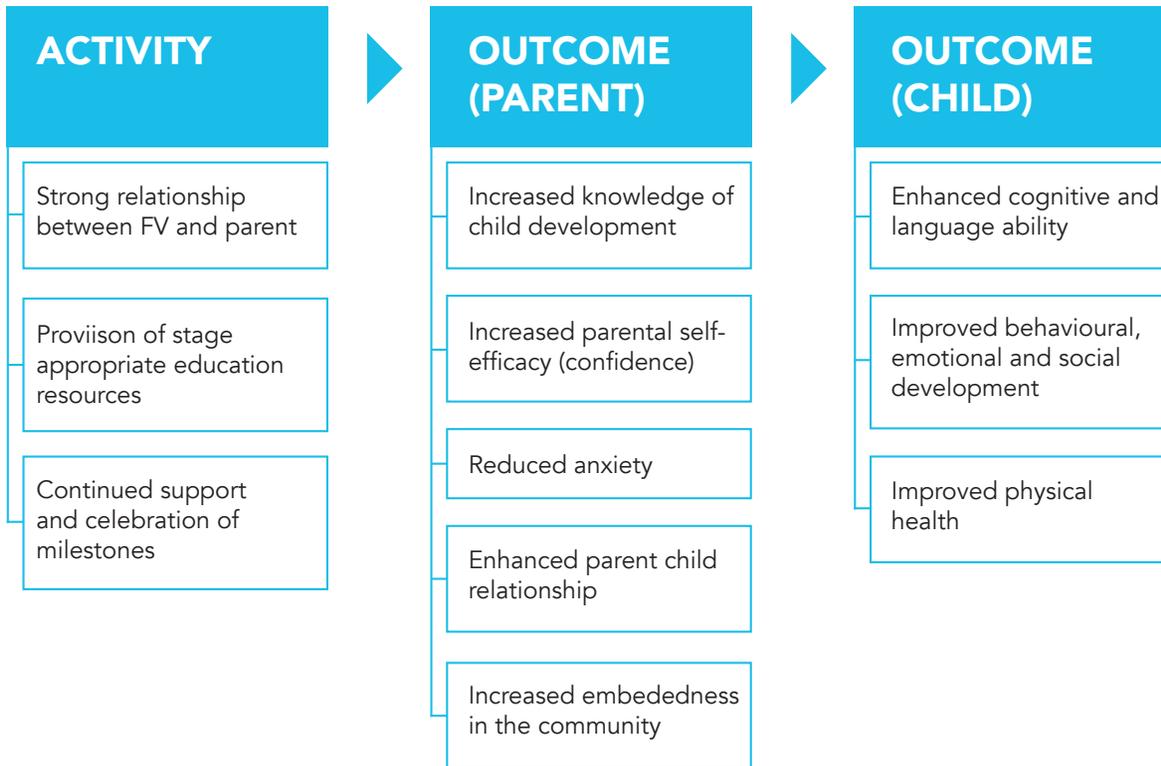
family visitor. Together the issues of the Growing Child and the visit provide age-specific information on what parents can do with their child and what developmentally appropriate materials they might use. The home visit also offers the opportunity to discuss progress during the last month and focus attention according to the family's needs.



HOW DOES THE PROGRAMME WORK? THE LIFESTART LOGIC MODEL

The Lifestart programme is based on a logic model, which describes how the programme is thought to work (Figure 1). The initial impact of the Lifestart programme is on parenting outcomes, which in turn impact positively on child development outcomes over time.

Figure 1. The Lifestart Logic Model



STUDY AIMS

The aim of this study was to use a rigorous randomised controlled trial design to evaluate the impact of the Lifestart programme on parent and child outcomes. A qualitative process evaluation was conducted alongside the trial to explore the pathways through

which the programme might work. The research questions were:

1. Does the Lifestart Parenting Programme improve outcomes for parents and children who take part over five years?

2. Is the theory of change that is hypothesised by the Lifestart logic model supported by parents' experience of taking part in the programme?

THE EVALUATION - TESTING THE PROGRAMME

Families were recruited between May 2008 and December 2009 via a multi-stranded recruitment campaign across the fifteen Lifestart project sites in Ireland. Parents were eligible to take part in the study if they had a child younger than 12 months old, lived in the catchment area of a Lifestart project and had not received the Lifestart programme before.

On completion of the first home visit from the research team, families were

independently and randomly assigned to either the intervention or control group (each family had a 50% chance of being allocated to the intervention group). In total 435 parents underwent the allocation process. Of these, 424 parents and children participated in the evaluation: 216 in the intervention group and 208 in the control group.

Families allocated to the intervention group received the Lifestart programme for five years. Families allocated to

the control group did not receive the programme but continued as normal. Mindful of potential contamination issues, parents in both groups were asked at subsequent sweeps of data collection what other parenting initiatives they participated in or if they knew anyone taking part in the Lifestart programme who might share with them the monthly information they received.

MEASURING CHANGES OVER TIME - OUTCOMES AND MEASURES

The RCT aimed to test the logic model by measuring changes in outcomes between the intervention and control groups over the period of programme delivery (i.e. five years). The parent and child outcomes and the measures being used to assess them are outlined in Table 1 below.

Table 1. Parent and child outcomes and measures

PARENT OUTCOMES	PARENT MEASURES
Well-being (confidence, stress & fearfulness)	TOPSE: Tool to measure Parental Self-Efficacy (Kendall & Bloomfield, 2005)
Parenting skills (parent-child relationship, knowledge of child development)	Parenting Stress Index (Abidin, 1997) Knowledge of Child Development Index (MacPhee, 1981)
Embedded-ness in the community	Social Capital measures
CHILD OUTCOMES	CHILD MEASURES
Cognitive skills, fine and gross motor skills, language acquisition	Bayley Scale of Infant Development (III) (Bayley,2005) British Ability Scales (Elliott, 1996)
Non-cognitive skills: emotional well-being, behaviour, social development	Strengths and Difficulties Questionnaire (Goodman, 2001)
Health	Parental report

DATA COLLECTION

Both groups were tested at three time points during the evaluation:

1. When the child entered the evaluation (aged less than one year)
2. When the child was aged 3 years
3. When the child was aged 5 years

Data were collected during a home visit, which took approximately two hours. During this visit the researcher

completed a detailed developmental assessment of the child and conducted a semi-structured interview with the parent, which included background demographic questions and administration of the psychometric questionnaires described above. The parent was informed of the outcome of the developmental assessment by a telephone call from the researcher after the visit had been completed.

To assess programme fidelity, family visitors who delivered the programme to the parents and children in the evaluation completed a detailed record after every (monthly) visit regarding the nature and content of the visit. These records were designed by the research team in conjunction with Lifestart and were used to monitor programme delivery and fidelity for the duration of the evaluation.

Less than a year old



3 years old



5 years old





MAIN FINDINGS FROM THE RANDOMISED CONTROLLED TRIAL

Parents in the intervention group reported lower levels of parenting stress ($ES = -.220$; $p = .045$), greater knowledge of child development ($ES = .277$; $p = .016$) and higher levels of parenting confidence (efficacy) ($ES = .213$; $p = .047$). These improvements in parenting stress, knowledge and confidence were statistically significant, with effect sizes ranging between 0.21 and 0.27,

indicating that the Lifestart programme is effective in improving these parent outcomes. There were no differences between the control and intervention groups in community participation (social capital).

There were small, positive changes in four of the five child outcomes: better cognitive development, increased

prosocial behaviour, decreased difficult behaviour and fewer referrals to speech and language therapy. Effect sizes ranged from .07 to .16 but were not statistically significant¹. The largest of these changes was with respect to speech and language referrals, where there were fewer referrals in the intervention group ($OR = 0.739$, $d = -.16$)².

EXPLORATORY FINDINGS

To provide a more nuanced insight into the changes in parental outcomes described above, an exploratory analysis was conducted to look at the impact of the programme on the subscales of the PSI (anxiety) and TOPSE (confidence). It was found that parents taking part in the Lifestart programme scored statistically significantly better on the mood

($ES = .28$), *attachment and role restriction* ($ES = .23$) domains of the measure. It was also the case that the intervention group scored significantly higher on the *discipline and boundaries* ($ES = .22$) subscale of the TOPSE.

Finally, there was no clear nor discernible evidence that the Lifestart

programme works differently for different groups of parents and children for example: child gender, first time motherhood, low maternal education, high baseline anxiety levels, marital status or indeed a combination of these factors.

Table 2: Summary of the impact of the programme at post-test

OUTCOME	EFFECT SIZE (HEDGES' G) [95% CI]	STATISTICAL SIGNIFICANCE (P-VALUE)
PARENT OUTCOMES		
Community participation	-.020 [-.234, .193]	.854
Parenting stress	-.220 [-.434, -.006]	.045
Knowledge of child development	.277 [.053, .500]	.016
Parenting efficacy	.213 [.003, .423]	.047
CHILD OUTCOMES		
Cognitive development	.065 [-.148, .277]	.551
Socio-emotional development Prosocial behaviour	.084 [-.145, .312]	.473
Total difficulties	-.066 [-.285, .154]	.557
Child health	-.092 [-.285, .102]	.354
Speech and language referrals	OR .752 [.419, 1.350]	.339

¹Statistical significance is often denoted by a p-value, which tells us the probability that a difference in the mean score between two groups is simply due to chance and/or random variation. If this probability is less than 5% (i.e. $p < 0.05$) we can conclude that our findings are not a chance occurrence and are in fact very likely to be the direct result of the intervention we are evaluating. Statistical significance (i.e. a p value of less than 0.05) - in conjunction with the robust trial methodology that we used - enables us to be confident that any difference in outcomes between the intervention and control group is a direct result of the Lifestart programme.

The p-value tells us whether the difference between the intervention and control groups is statistically significant. In order to determine the magnitude of the effect and its practical significance, we look at the effect size (Hedges' g). An effect size in the region of 0.2 is considered to be meaningful and important in the context of programmes such as Lifestart.

²The speech and language outcome is a binary variable and as such, logistic rather than linear regression was used to estimate the model for this dependent variable. The odds ratio is (appropriately) reported in Table 2 however when converted into Cohen's d, this equates to $d = -.16$.

PARENTS' VIEWS OF THE PROGRAMME

At the end of the Time 3 (post-test) data collection visits we asked all parents for feedback on their experience of taking part in the Lifestart Study and programme. Overall, feedback from parents in the intervention group was extremely positive about their participation in the study and of receiving the Lifestart programme.

Both parents and children enjoyed the materials and resources provide by the programme. Some felt that perhaps visits need not be as frequent as the

child grew older, but there was a strong sense that the family visitor would be missed after the programme came to an end. Some parents reported an improved relationship with their child, attributed to having better ideas for play activities and communication. A number of parents noted that the programme had extended their child's learning through resources, material and activities and had contributed to their preparedness for the transition to school.

The relationship with the family visitor was mentioned often and shown to be a key factor in the successful long-term acceptability and enjoyment of the programme. Parents reported that she was reassuring, informative and willing to accommodate family circumstances when arranging visits. As a result of these visits, parents reported feeling more assured in their parenting and more knowledgeable about their child's development.

VIEWS ON LIFESTART

FAMILY VISITOR

The relationship with the family visitor emerged as a key factor in the successful long-term acceptability and enjoyment of the programme.

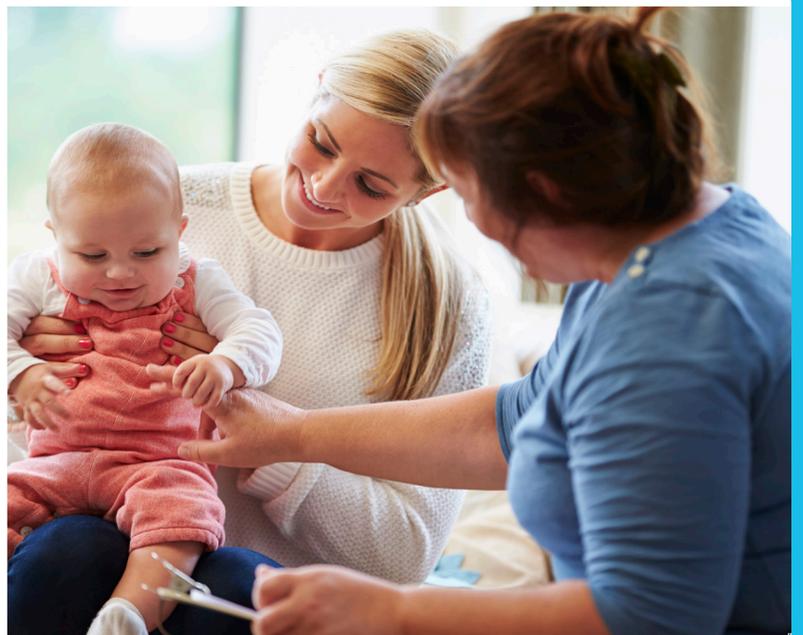
"The Family Visitor was easy to talk to and very kind, it was great to have visits in own home, face-to-face to ask any questions."

"[I] really appreciate the monthly visits from family visitor - very non-judgemental- child liked her and she always left something v useful."

"The family visitor brought resources to us that I would never have bought - she challenged him (child) more."

"Really enjoyed the programme, miss the visitor, she had a great interest in my child and my child misses her too!"

"Having someone independent/impartial who can be asked for advice and worries - got reassurance, ideas from my visitor, someone who could problem solve with me."





GROWING CHILD AND PLAY/EDUCATIONAL RESOURCES

Both parents and children enjoyed the materials and resources provide by the programme.

"Excellent resources and great guide for child development." (about the 'Growing Child')

"She (family visitor) came up with new ideas, ages, e.g. scissors when I thought he was too young. Great resources and educational."

"I found the information on how to understand child's emotional stages useful, gave me confidence to take a step back & try to take the right approach."

"Materials were great - practical and something I had not thought about. Ideas didn't cost money and got your imagination going."

GENERAL COMMENTS

Overall, parents enjoyed receiving Lifestart and had no hesitation endorsing the programme.

"I found the Lifestart programme excellent and invaluable- would recommend it."

"A first child policy only is a good idea – the knowledge gained, you then have for your other children."

"Every first [time] parent should get it. The Lifestart programme eased fears -you can't assume that everyone has parenting skills so it would be good to give advice to parents on what to do."

"I would love to see Lifestart rolled out to everyone regardless of background or voluntary participation - extremely valuable, specifically the monthly visits and the reassurance."

"The Lifestart programme was very useful, it allowed me to give my child opportunities to make decisions and I was less stressed."

CONCLUSIONS - HOW DOES THIS STUDY ADD TO OUR KNOWLEDGE?

The findings of this study will make a number of important contributions to the existing knowledge base. They add to the weight of evidence which shows that home visiting programmes are an effective means of improving parent and child outcomes.

1. Lifestart is effective in improving parent outcomes: Lifestart parents report reduced parenting related stress, increased knowledge of their child's development, and improved confidence in their parenting role. Given that Lifestart is an inexpensive, non-intensive programme and this was a non-vulnerable sample, these findings are extremely positive and encouraging.
2. Lifestart works as intended, impacting primarily on parent outcomes with smaller (not statistically significant) but positive changes in child outcomes, specifically: higher cognitive development, increased prosocial behaviour, decreased difficult behaviour and fewer speech and language referrals. Research suggests that there may well be benefits downstream for the child, as they get older and progress through school providing support for the mediating role parenting plays in the development of longer term child outcomes.
3. Lifestart was perceived by parents to be a non-judgemental source of advice and information. The role of the Family Visitor was identified as one of the key components of the programme, providing knowledge, support and encouragement.
4. These findings are consistent with the wealth of evidence which shows that home based parenting programmes like Lifestart can be an effective (and cost effective) way of improving parent and child outcomes in the short and long term.
5. Further research should include:
 - a. Follow up of the current cohort to measure the potential long term impact of Lifestart
 - b. Ongoing evaluation and replication to establish the impact of the programme in different contexts and across different time periods.

MESSAGES FOR POLICY AND PRACTICE

BENEFITS FOR PARENTS

- Lifestart has clear benefits for parents who take part in the programme; increasing knowledge, fostering confidence and reducing anxiety in the parenting role.
- Home based parenting programmes are an effective means of improving outcomes for parents and children. Parents are considered 'agents of change' whereby improvements in parent knowledge, attitudes and behaviour mediate better child outcomes.

BENEFITS FOR CHILDREN

- The positive changes observed in child outcomes are small, but encouraging.

- Wider research tells us that programmes such as Lifestart can yield educational, social and behavioural dividends over time.

PROGRAMME DELIVERY

- The relationship with the family visitor is of great importance to Lifestart families; this regular, universal, non-stigmatising source of advice and support can provide a way in to families who might otherwise be hard to reach.
- Delivery of a manualised curriculum by appropriately trained and skilled family visitors was essential to the long term acceptability of and engagement with the programme and is seen as an important component of effective parenting programmes.

THE WAY FORWARD

- We know from early intervention research that there is potential to achieve even greater gains in targeted, vulnerable groups particularly in terms of supporting the parenting role.
- It is important that funding is allocated to support further evaluation of the ongoing impact and reach of Lifestart in the longer term and across different settings.

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