Main Findings

- Parents in the programme showed improved parenting capacity compared to parents in the comparison group.
- Children in the pilot showed improved developmental outcomes but comparison group children not in the pilot also showed improved outcomes.
- Staff gained new learning that would inform future practice with preschoolers.
- Extending a programme to two year olds requires a bedding-in period for effective planning, preparation and staff training before programme start.
Background

In August 2006 the Scottish Government invited Glasgow, Dundee and North Ayrshire local authorities to take part in a £2 million Extended Pre-School Provision for Vulnerable two Year Olds Pilot Programme.

The pilot programme was to run for a two year period with the key aim of providing positive pre-school experiences one year early for vulnerable children and to support their parents. Local authorities were encouraged to develop their own models of delivery within the broad aims of the project.

A research team from the Department of Psychology, University of Strathclyde, headed by Dr Lisa Woolfson was contracted to carry out an evaluation of the programme in the second year of the pilot. The research study ran from April 2007 to September 2008 and evaluated children who participated in the pilot programme between August 2007 and June 2008, the second year of the pilot programme.

Aims

We aimed to explore the impact of the extended pilot programme on cognitive, social, emotional and behavioural developmental child outcomes, as well as the impact on participating parents.

In addition we aimed to identify recruitment criteria and admission procedures used by the participating local authorities as well as staffing, numbers of children, attendance rates and practical issues around programme set-up and delivery.

Methods

We used mixed quantitative and qualitative methods.

Quantitative tools used to measure child outcomes were:

1. Bayley-III Scales of Infant and Toddler Development
2. Goal Attainment Scaling
3. The Adaptive Social Behaviour Inventory

Quantitative tools we used to measure parent outcomes were:

1. Parenting Daily Hassles Scales
2. Ryff Psychological Well-being Scales

We collected complete sets of pre- and post- intervention data from:

- 108 children who attended pilot programmes and 66 comparison group children on child cognitive and language outcomes
- 89 intervention group parents and 61 comparison group parents on their children’s social-emotional outcomes and adaptive behaviour

Centre staff in the three authorities completed pre- and post-intervention evaluations of:

- adaptive social behaviour of 70 children
- developmental progress of 79 children measured using goal attainment scaling methodology

We compared quantitative child and parent outcomes with a comparison group who did not receive the pilot programme intervention.

Qualitative data collection involved:

- 30 face-to-face parent interviews
- 20 face-to-face interviews with heads of centres
- 20 telephone parent interviews
- 15 staff focus groups with centre staff, heads of centres and childcare strategy managers

Findings: programme set-up

Programmes were set up in nursery schools, in nursery classes attached to primary schools and in family learning centres. Some were entirely new provisions while others had previously offered places to 2 year olds and the pilot programme allowed an increase in the number of places available.

Programme staff overcame any early teething problems and viewed the pilot as making a valuable contribution to the lives of participating children and families.

Staff appointed to work together on this new initiative as a team needed more time to develop a shared vision, aims and values to inform their day-to-day practice before the two year olds came into their centres.
Staffing this new provision meant extending the experience of most staff to a new area of child development as most were used to working with 3-5 year olds. Staff development and training in working with two year olds before the programme started admitting children was viewed as useful in helping staff plan how best to tailor curriculum content and curriculum delivery to this younger age group.

Some staff felt that they would have benefited from training in working with parents to help them understand the range of needs and experiences of these families and how best to support them in a non-judgmental way.

Findings: programme delivery

Staff preferred where they were timetabled for regular team planning meetings and for carrying out any necessary administration. Staff felt that the allocated staff: child ratios and staff hours of work did not always recognise sufficiently that part of their duties were away from the children and that they needed time for this.

Experience of delivering the programme taught staff just how much staff attention vulnerable two year olds needed in order to learn to cope with the demands of a preschool programme. Some staff felt that the pace of admitting new children to the programme needed to be slowed down to allow staff to settle them properly before the next new intake group arrived with similar demands on staff time.

Staff valued training and support as helpful not only prior to the set-up but also throughout the delivery of the pilot programmes. They felt their practice had benefited from the experience of extending their skills to this new age group and that their new learning would also benefit their work with older preschoolers as new skills could be generalised.

Findings: programme outcomes

Children

Staff focus groups, scales completed by staff, parent interviews and standardised assessments all triangulated to provide evidence that children in the pilot programmes had learned a range of new skills throughout the period of their attendance at the intervention, particularly in the areas of language and social skills.

Standardised Bayley-III child outcome measures over a seven month period showed significant intervention group progress on cognitive, receptive language, expressive language and social-emotional outcomes with medium to large effect sizes.

These standardised findings triangulated well with goal attainment scaling, adaptive social behaviour scales and parent and staff interview data. Together these findings from different sources and gathered by different methods both qualitative and quantitative, provide convincing evidence that the intervention group made good progress over the evaluation period.

When we compared these results with a group of two year olds matched in terms of age, gender and living in similar areas of disadvantage, but who did not have places on the extended pilot intervention programme, we did not however find evidence that intervention group progress on child outcome measures was significantly different from that seen in the comparison group.

This was possibly due to the short intervention period and also the presence of confounding variables that we were unable to control for. In particular the highly effective banding systems used by the local authorities ensured that priority places in the pilot programmes were allocated to those in their communities who were most in need.

If we consider the likely extent of ongoing risk factors for the intervention group (child protection, maternal depression, drug abuse, developmental disability), it may indeed be viewed as a highly positive result that the intervention group made such good progress.

Parents

As well as positive child outcomes, there were also positive outcomes for parents. Results showed improved parenting capacity in parents whose children participated in the pilot intervention programme. Indeed, intervention group parents’ adjustment to the daily hassles of parenting was significantly better than that of comparison group parents.

We asked parents to rate items such as ‘continually cleaning up messes of toys or food’ and ‘the kids are hard to manage in public’ to tell us how often they experienced daily parenting situations as a hassle, and how much of a hassle they were.

Comparison group parents experienced an increase in their experience of daily parenting hassle, most probably related to their children going through the developmental period many parents think of as the ‘terrible twos’. Intervention group parents did not experience this increase.
Parents also gained valuable new insights and understanding into their children’s behaviour which led to changes in the way they thought about their role as parents and their behavioural and developmental expectations of their children.

‘I’ve just learned to talk to him differently. Rather than just shouting at him, and moaning, and just like getting so frustrated I’ve learned to sit and talk to him….. I think well if they can do it, then I can do it.’

‘I’m expecting a lot more from [child’s name]. I don’t know if that’s a bad thing for a parent to expect more but because he’s picked up certain things very, very quickly, I think to myself he’s going to be quite smart.’

In addition, parents felt that they responded better to their children having had some time away from them when the children attended the pilot programme. Participation in the programme reduced social isolation for some parents.

Parents learned from a range of experiences including formal and informal observation of their children in the programme, activities brought home by their children, talking to other parents, direct advice from staff in meetings with the key worker and parent support programmes.

When we triangulate the findings about coping with the daily hassles of parenting with findings from parent interviews it suggests that:

- the new skills that intervention group parents learned for managing their children’s behaviour
- the new expectations and understanding they had of their children’s behaviour
- having some time to themselves,

all contributed to the better adjustment of intervention group parents than comparison group parents to the daily hassles of parenting during the “terrible twos”.

*Changing parents’ behaviour towards their children and enhancing parenting capacity is likely to be a highly important outcome for impacting on children’s development in the longer term*
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