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EVIDENCE



## THE BEST START AT HOME

A REPORT ON WHAT WORKS TO IMPROVE THE QUALITY OF PARENT CHILD INTERACTIONS FROM CONCEPTION TO AGE 5.

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# Introduction

The Early Intervention Foundation's vision is for every baby, child and young person to realise their potential. Our mission is to champion and support the effective use of early intervention to tackle the root causes of social problems for children from conception to young adulthood.

This report presents the results of a comprehensive investigation into the range of early intervention programmes in the UK for 0 to 5 year olds and their families. The research was undertaken by Dartington Social Research Unit, University of Warwick and the Coventry University. It focuses on interventions and programmes that aim to improve the quality of interaction between the child and the primary caregiver, usually the child's mother, in the period from before birth up to the child beginning primary school. We found over 100 such programmes in existence across the UK, and in this report we review in detail 32 that depict the range of types of activities available, different ways of impacting on the child's attachment, social and emotional development, and language and communication skills.

All 100 interventions are listed in the Annex to the report, and these will undergo more detailed scrutiny before a subsequent report will make more specific recommendations about which are most cost-effective, and what approaches appear not to work. This first report describes the range of types of activity available, and the 32 have been chosen as case-studies to describe a range of types of approach. This is not to indicate that they are the best available and should be subsequently commissioned but to demonstrate the range of options available to commissioners, practitioners and policy-makers.

We have commissioned this independent research and are publishing it now to enable us to consult with programme providers and developers. Through our website we hope to hear from providers who may have material to add beyond what the researchers could glean from this rapid review of the published literature.

Despite this caveat and the further scrutiny required we think the report provides a useful overview of the nature of the range of interventions available and a rich understanding of their theories of change, methods of operation and strength of evidence.

## Why do the Early Years matter?

It is now recognised that the earliest years of a child's life can have an important impact on his or her long-term development. These are formative years, physiologically, cognitively, socially and emotionally. Furthermore, these developmental areas are inextricably linked, and deficits in one area can cause future problems in another. The report highlights some of the recent research which shows, for example, that prolonged stress in an infant's life can produce physiological changes that can impact on their social, emotional and cognitive development (NSCDC 2014)<sup>1</sup>.

For a child to flourish and fulfil their potential, they need their environment to provide them with specific types of support from conception to the age of five. The parent or primary caregiver is the most important part of a child's environment, and they best placed to support the optimal development of their child during this period. In addition to basic needs such as warmth, food, shelter, children also need to be securely attached to their primary caregiver, as well as have opportunities to develop their social and emotional, and cognitive skills.

These can be provided through positive interaction between the child and their parent or caregiver. For example, the research shows that sensitive and responsive caregiving is a powerful buffer against over-exposure to stress hormones, which is why it is vitally important that parents and caregivers are given the opportunity to understand how best to provide such caregiving to their children. This report covers methods of working to support a wide range of parents and caregivers, from those who are in a position to give an infinite amount of attention to their child, to those who struggle to meet their basic needs.

Attachment has long been recognised as a key factor in positive child development, and research shows that the ways in which parents interact with their children influences how their children regulate their own emotions and behaviour, as a result of the attachment relationship (Tronick 2007)<sup>2</sup>. This report describes recent research, which shows that it is important that parental interaction during the first year of life is neither too intrusive nor too passive, but rather in the "midrange" (Beebe et al. 2010)<sup>3</sup>. Similarly, as babies grow into toddlers, research indicates that children need parents who are able to act as a "safe base" from which their children can explore the world.

The research highlights that positive and secure parent-child interaction not only enables children to develop good social and emotional skills, but also gives them the best possible foundation for cognitive development, before, during and beyond their school years. For example, a recent study by researchers at the University of Minnesota, Delaware and Illinois shows that sensitive parenting in the first three years of life has an enduring and ongoing role in promoting successful social and academic development well into adult life (age 32).<sup>4</sup> Language development—one of the earliest areas of cognitive development and an important stepping-stone to future success—is also influenced by parents or caregivers. If adults talk with children effectively—taking the lead from the child, elaborating on what they say, asking questions, sharing rhymes or songs or books—then children are given the best start in developing the cognitive tools they need to succeed at school.

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<sup>1</sup> NSCDC (National Scientific Council on the Developing Child) (2014). Excessive stress disrupts the development of brain architecture. *Journal of Children's Services* 9(2), 143-153.

<sup>2</sup> Tronick, E. Z. (2007). *The Neurobehavioral and Social-Emotional Development of Infants and Children* (Norton Series on Interpersonal Neurobiology). Norton and Co Pub.

<sup>3</sup> Beebe, B., Jaffe, J., Markese, S., Buck, K., Chen, H., Cohen, P. & Feldstein, S. (2010). The origins of 12-month attachment: A microanalysis of 4-month mother-infant interaction. *Attachment and Human Development*, 12(1), 3 - 141

<sup>4</sup> Raby, KL, Roisman, GI, Fraley, RC, and Simpson, JA "The Enduring Predictive Significance of Early Maternal Sensitivity: Social and Academic Competence Through Age 32 Years". *Child Development*, in press

## What is the problem?

Figures from the national 2014 Early Year Foundation Stage (EYFS)<sup>5</sup> Profiles indicate that while most 5-year-olds show healthy development in terms of social and emotional skills, and communication and language, a substantial minority do not. Across England, almost one in four children (17% of girls and 29% of boys; 52,800 girls and 94,000 boys) did not reach the expected level in language and communication skills. Close to one in five children – 40,900 girls and 81,300 boys – failed to reach the expected level in personal, social and emotional development across the country.

A breakdown of the results geographically, shows that the North East, North West and West Midlands rank bottom for attainment in language and communication. The North East also ranks bottom for attainment in personal, social and emotional development for children starting school.

Across the UK, figures indicate that children from the poorest 30% of neighbourhoods are 11 percentage points less likely than their peers to reach the expected level in communication and language, and 9 percentage points less likely to reach the expected level in personal, social and emotional development. The EYFS data also show 45 per cent of primary school pupils eligible for free school meals achieved a “good level of development” compared with 64 per cent of other pupils – a 19 percentage point gap.

The true scale of socio-economic inequalities in terms of the social and emotional skills of young children has been confirmed by more recent analysis of the Millennium Cohort Study, a longitudinal study of approximately 19,000 children born in the UK in 2000/01. In a recent [EIF report](#)<sup>6</sup> on social and emotional learning, researchers at the UCL Institute of Education assessed the extent to which on average children from wealthier homes tended to have better early mental health and **behaviour**, both of which are important outcomes resulting in part from the nature of early parent-child interaction.

The analysis found average differences in behaviour and emotional health between the poorest and richest children that were large, that were apparent as early as age 3, and that persisted until age 11 (the latest year for which data are available). That research also found that better childhood behaviour was associated with a number of improved outcomes in later life, including income and aspects of mental health and well-being. Better emotional health in childhood was associated with better mental health and well-being in adulthood. This suggests that the inequalities shown here in the social and emotional skills of today’s children are likely, if not addressed, to have implications for their future development, and may contribute to social inequalities in a number of important areas of adult life.

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<sup>5</sup> <https://www.gov.uk/government/collections/statistics-early-years-foundation-stage-profile>

<sup>6</sup> Alissa Goodman, Heather Joshi, Bilal Nasim and Claire Tyler (2015) “Social and emotional skills in childhood and their long-term effects on adult life.” Early Intervention Foundation

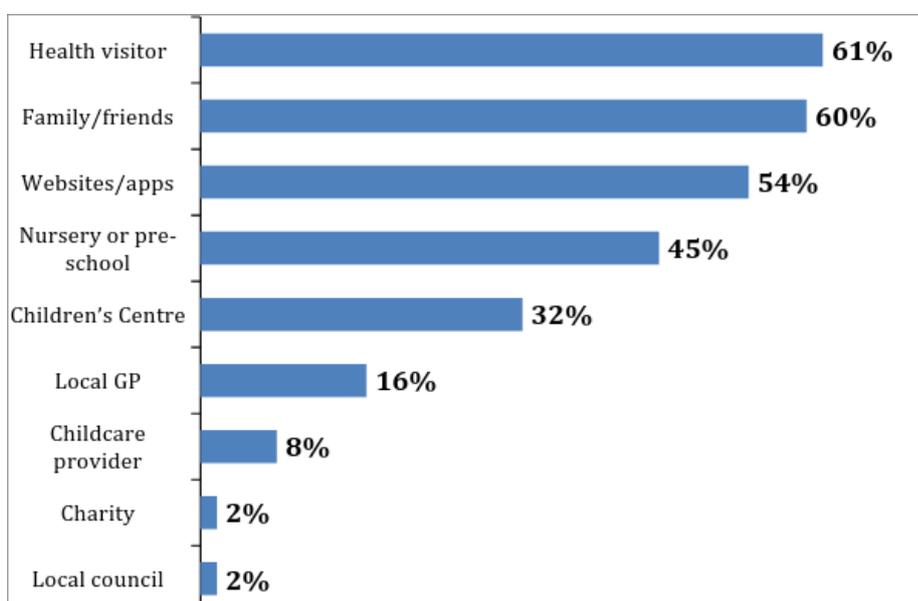
## Do parents think these skills are important for children and where do they go to for help?

Parents think that social and emotional skills are crucial. Alongside this report, we conducted a poll to understand what parents think matters for their children's development. Our polling<sup>7</sup> finds that 98% of mothers agreed or strongly agreed that social, emotional and language skills are just as important to young children as literacy and numeracy. In addition, 80% of mothers agreed or strongly agreed that investing in social, emotional and language skills for children aged 0-5 would improve their long-term prospects as well as saving money in the long-run. Evidently, enhancing these skills is seen as crucial by parents for their child in this period of their development.

### Types of provision and sources of support

Nearly a fifth (19%) of mothers who sought help said that they did not find it easy to access information on social, emotional, communication or language skills for their child. 81% of mothers did find it easy to access such help.

Health Visitors are the most common source of guidance, closely followed by friends and family. Over half of mothers use online resources of assistance. The full breakdown of where mothers sought advice is presented below:



Taken together these results show that although most children show healthy development in the period before school starts many struggle with key aspects of development. These differences matter and explain some of the difference in outcomes achieved by rich and poor children. Parents think that these features of

<sup>7</sup> Polling was conducted online by *Bounty* between 9<sup>th</sup> and 24<sup>th</sup> February using their online research panel. The panel is nationally and socially representative, featuring mothers who are pregnant through to mothers whose youngest child is aged 4 years old. The final sample size was 1,533 mothers with a child aged 0-5 years old.

development matter and many seek help. Most mothers find easy access to relevant information but there is clearly some degree of social stratification in the degree to which mothers access, find and draw on support and guidance. So although it is good news that so many mothers are able to readily access information, the EYFS and Millennium Cohort data show that there is much more to do to

# The purpose of the report

The aim of this report was to identify the range of available UK-based programmes that target parent-child interaction in the early years of childhood (conception to age 5 years), and to describe the types of programmes and interventions that health visitors and others can draw on to help parents improve their interaction with their children in order to support development. The research was undertaken by a team at the Dartington Social Research Unit, University of Warwick and Coventry University, supported by the Early Intervention Foundation.

Over 500 interventions were identified that potentially met the scope of the review, and the report focuses on 100 that are or could operate in the UK and have information available regarding their evaluation and effectiveness. While all the programmes and interventions highlighted in the report have some degree of evidence about their impact, some are very well-evidenced, for example with randomised control trials, and others have only early data available.

For the purpose of this first report 32 programmes are described in detail that span the range of delivery and programme activities. They are presented as case studies demonstrating different models of working, including descriptions of the available evidence about their effectiveness.

In the next steps for this work we will assess the implementation requirements and costs of all 100 programmes identified, so we can recommend which are the most cost-effective. For now, however, we can conclude that there is a wide range of interventions available or potentially available in the UK that can improve the quality of the interactions between parents and children. Some of these are well evidenced; many require further testing but demonstrate potential. These programmes can be delivered across a range of settings, and by a range of practitioners, both professionals and volunteers.

It is important for local commissioners, practitioners and policy makers to understand the range of interventions available and to identify those that best meet local needs. We hope that this report will provide Local Authorities, NHS and early years services and others with an overview of the diversity of family-focused programmes of this type. We hope this will inform local decisions about what services might be needed locally.

## What works for whom, when?

There is no single panacea or method in terms of enhancing the quality of parent-child interactions. This report signposts a range of programmes that can help improve the quality of parents' interactions with their child to support the child's development. What is needed in a particular local context will vary according to the population, type of problems and local circumstances.

We look at programmes that aim to impact on three key types of outcome in early child development:

1. Attachment and parental sensitivity;
2. Social, and emotional skills and behaviour;
3. Communication and language skills.

Programmes are categorised in terms of their level of intervention, which refers to a combination of target group and aim. There are two main categories:

- Universal interventions that are for the whole population

- Targeted interventions that are for specific identified individuals and sub-groups. There are a range of ways of defining sub-groups. This report follows the approach of distinguishing two types:
  - Selective targeting: Interventions targeted at individuals or population sub-groups at elevated risk of developing difficulties – for example, on the basis of family disadvantage, socio-economic status or parental mental health problems
  - Indicated targeting: Interventions targeted at high-risk individuals who are identified as having detectable signs or symptoms foreshadowing mental, emotional, or behavioural disorders themselves, but who have not yet been diagnosed as such. For example, interventions may target children who are identified in pre-school or by parents as having behaviour problems but who do not have a formal diagnosis of conduct disorder.

There is also a wide range of delivery models available. The report looks at eight types of approach:

- *Media-based* – the intervention is delivered via popular media, either written materials (e.g. newsletter, newspapers, app) or verbal (e.g. radio articles)
- *Self-administered* – the intervention is available in a format (typically a DVD or website) that allows the participant to receive the intervention at their convenience (or the option to do this exists i.e. the programme exists in multiple formats)
- *Home visiting* – the intervention is delivered through a series of visits by a professional or volunteer to the family's home where they interact with the parent or parent and child and provide information, advice, support and coaching/modelling
- *Individually delivered* – the intervention is delivered by a professional on a one-to-one basis with the parent or parent and child together, either at home (shorter than home visiting) or in another setting (e.g. a clinic)
- *Techniques involving live demonstration* – a sub-class of individually delivered programmes in which the intervention involves a practitioner meeting with the parent or the parent and child together, and doing live demonstration or modelling of interaction with the child, with coaching and support to help the parent to apply the skills learnt
- *Group-based* – the intervention is delivered in a group setting, whether to parents, children, or parents and children together
- *Group-based with additional components* – the intervention has a group element (usually for parents) with additional parallel activities (usually for children)
- *Multicomponent* – the intervention has more than one main component and is delivered in the home and community, usually centre-based activity (e.g. for children) and home-based activity (e.g. visits for parents / parents with children).

At one end of the spectrum a parent may simply need help with clear and well-chosen information; at the other end, a parent may need intensive one-to-one therapeutic engagement over a sustained period of time.

Thirty-two programmes have been summarised in case studies in the report. These programmes cover a range of different target groups, delivery models and key outcomes. Table 1 shows how the included case studies fit in relation to the three primary outcomes and levels of need.

**Table 1: Programmes reviewed by type. (Case studies reviewed in the report as examples of types of activity. The report does not recommend specific programmes.)**

|                  |                        | <b>Attachment</b>          | <b>Social, emotional and behaviour</b> | <b>School readiness</b>                    |
|------------------|------------------------|----------------------------|--|--|
| <b>Universal</b> | Media-based            | Baby Express               | Triple P Universal (Level 1)           | Hear and Say Reading with Toddlers         |
|                  | Self-administered      |                            |  |  |
|                  | Home visiting          |                            |  | PALS (Playing and Learning Strategies)     |
|                  | Individually delivered |                            |  | Bookstart Plus                             |
|                  | Live demonstration     |                            |  |  |
|                  | Group-based            | Family Foundations         | COPEing with Toddler Behaviour         | PEEP (Parents Early Education Partnership) |
|                  | Group-based +          |                            | EFFEKT                                 |  |
|                  | Multicomponent         |                            |  |  |
| <b>Selective</b> | Media-based            |                            |  |  |
|                  | Self-administered      |                            |  |  |
|                  | Home visiting          | FNP, Minding the Baby      |  | Let's Play in Tandem                       |
|                  | Individually delivered |                            |  | Reach Out and Read                         |
|                  | Live demonstration     | VIPP                       | VIPP-SD                                |  |
|                  | Group-based            | Mellow Babies, Baby Steps  | EPEC                                   | Bookstart Corner                           |
| Group-based +    |                        | Mellow Parenting           |  |  |
|                  | Multicomponent         |                            |  | HIPPY, Getting Ready                       |
| <b>Indicated</b> | Media-based            |                            |  |  |
|                  | Self-administered      |                            | Triple P Self-directed                 |  |
|                  | Home visiting          |                            |  |  |
|                  | Individually delivered | Child-Parent Psychotherapy | Parents Under Pressure, PCIT           | Language for Learning                      |
|                  | Live demonstration     |                            |  |  |
|                  | Group-based            |                            | Incredible Years                       |  |
| Group-based +    |                        |                            | It Takes Two to Talk                   |  |
|                  | Multicomponent         |                            | First Steps to Success                 |  |

## Key findings about what works to improve each primary outcome

Although the three outcomes are linked, different programmes have been found to be effective in improving different outcomes and it cannot be assumed that a programme that is effective in relation to one outcome will be for others. In this section we describe the key findings of this report in terms of what we have learnt for each outcome about which sort of programmes have the best evidence of effectiveness for each target group. In drawing out these lessons we distinguish what has been learnt from looking at the evidence on the specific interventions identified in this review from more general evidence from systematic reviews of particular types of approach.

### 1. Attachment and maternal sensitivity

- There is some evidence to support the use of parent-infant psychotherapy to improve secure attachments in infants who may have experienced traumatic events such as abuse, and who consequently display attachment, or emotional and behavioural problems.
- The evidence also indicates that maternal sensitivity can be improved by in vivo methods (where a practitioner meets with the mother and child together to do live demonstration or modelling of effective practice such as with infant massage and or video feedback) for families in poverty or where there are general indications of risk.
- The evidence for home visiting interventions is mixed, with some indications of an impact on the parent-child relationship, but little evidence of an impact on attachment.
- The evidence is more limited for universal media-based, and universal and selective group-based interventions, partly because of the small number of studies.

### 2. Social and emotional skills and behaviour

- The strongest evidence of effectiveness for this outcome is from group-based parenting programmes for families where there are early indications of developmental difficulties for the child. Programmes of this sort have been found to improve parenting and child behaviour.
- The evidence for universal group based parenting programmes or for those targeted on the basis of general indications of risk (such as poverty) is mixed with studies showing some positive and some null effects. The evidence for group-based interventions with additional components, is also limited and mixed.
- There is fairly strong evidence that individually delivered interventions for families with complex problems can lead to improved parenting, reduced child abuse potential and reduced child behaviour problems.
- There is considerable interest in self-administered and media-based programmes because they are relatively cheap to implement. Few such programmes were identified and although those identified do show preliminary evidence of impacts on child behaviour there have not yet been rigorous studies of impact. Better studies with comparison groups are now in the field and will report shortly. Systematic review level evidence supports the use of self-administered programmes where there are emerging signs of developmental difficulties.

### 3. Communication and language skills.

- There is some good evidence for:
  - “Dialogic” reading interventions, a technique that involves parents sharing books with their children, using a range of prompts to encourage discussion. There are effective programmes shown to work at the selective level, i.e. where there are general indications of risk such as poverty;
  - Group-based programmes with parallel work with the child for children with language delay.
- The evidence for group-based universal interventions and home visiting programmes is more mixed, although some home visiting programmes have comparison group studies demonstrating effectiveness for families where there are general indications of risk.
- Evidence from comparison group studies of multicomponent interventions is mixed, but an impact can be seen where there are general indications of risk on parental support for their child’s learning, and some child outcomes (including language and reading).
- Finally, the evidence reviewed suggests that baby signing (when babies are taught simple sign language signals) applied at a universal level does not have an impact on children’s language development, and that behavioural parenting programmes may need additional subject-specific content if they are to have a positive impact on parents’ use of language in interactions with their children.

## Recommendations

Good quality parent child interactions provide the bedrock for children's future success throughout life. We are concerned that a gap in children's social and emotional skills between socio-economic groups emerges by the age of three. We also know from our survey that parents turn to health visitors as a key sources of support on these matters, but that 19% of parents did not find it easy to access information or help. A survey by the Royal College of Midwives and Netmums found that nearly three-quarters of mothers in low income households did not attend ante-natal classes. These facts should concern the new government that takes office in May 2015.

The new 4,200 Health Visitors provide a vital asset to reach and support those families who are missing out. We recommend that the Department of Health, the Institute for Health Visitors and others work with local Directors of Public Health to develop new approaches to better support the poorest 20% of families to develop strong parent child relationships.

This rich report sets out the range of options available to policy-makers seeking to expand the availability of accessible and effective interventions and to develop new and improved ways of achieving impact using new approaches. Based on the wider work of the EIF we suggest that these new approaches should include the following wider elements:

1. **Ante-natal and post-natal support.** Good quality preparation for parenthood education during pregnancy and the postnatal period is a vital part of preparing parents-to-be for parenthood and learning about looking after their baby. We recommend that all pregnant mothers and their partners should be able to access such support around the birth of a child and that it should have a strong focus on supporting the quality of the interaction between parent and child. This should also include implementation of promotional interviews in pregnancy and postnatally, and where appropriate use of screening tools in the postnatal period, to identify those families who need additional support.
2. **Broad based assessment of child development at age 4.** There remain significant gaps in school readiness with children from poorer backgrounds and neighbourhoods falling behind their peers. Given the importance of both social and emotional skills as well as literacy and numeracy for later adult outcomes we think that the case for a broad definition of school readiness is powerful. While primary schools still have to offer a broad based curriculum through the Early Years Foundation Stage (EYFS), the EYFS profile no longer mandatory, We recommend a mandatory broad based national assessment of child development at age 4 of the kind that was in the EYFS profile which includes social, emotional and physical development alongside measures of numeracy and literacy. We are concerned that there is no national common measure at the age of 4-5, which captures the full range of skills that children need to develop into well-adjusted and successful adults.

3. **Better use of programmes and practice with a strong evidence base.** In a recent Ofsted report on children’s social care ten Local Authorities that were judged as ‘good’ had two key features: social workers working directly with children and families at the earliest opportunity before problems become irreversible; and a relentless focus on outcomes for children. We recommend that Early Help services delivered through children’s centres and other sites draw more heavily on programmes and practice with a strong evidence base and that there is an improved focus on monitoring outcomes. EIF’s work with local areas shows that many of the interventions being delivered in the early years have little evidence of effectiveness and there is little monitoring of outcomes. A single place-based inspection regime for the early years which combines current Ofsted and Care Quality Commission frameworks should place a stronger emphasis on the use of evidence in how local places seek to strengthen parent child interactions to improve child outcomes, alongside assessing how they are delivering an integrated early years prevention and early intervention system from conception to the age of 5.
  
4. **Clear and consistent messaging about the importance of sensitive, attuned and face to face parent interactions with their children from birth onwards.** Parents recognise that social and emotional skills are crucial but don’t always know how to improve the quality of the interaction they have with their baby or young child, including bonding with a new-born, building language and communication skills or dealing with challenging behaviour in a young child. The neuro-scientific evidence on how children develop is often felt by parents to be ‘a secret that the professionals keep to themselves’. We recommend that an incoming government ensures this information is made accessible to parents through a media campaign (through TV, radio, flyers, newspaper, social media) to communicate clear and consistent messages about the importance of sensitive and attuned parent-child interactions from birth onwards. The media campaign should be supported to do this effectively and provided with advice about where to get additional support.