

Improving Children's Life Chances:

Can the Parent Child Home Programme (PCHP) narrow the school readiness gap in the UK?

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And finally, to those families who are struggling in challenging circumstances to do the best for their children, you are the inspiration for this Fellowship. Over the last ten years at Family Lives, we have seen countless families transform their circumstances after receiving support. PCHP provides a new opportunity to meet a distinctive need, and I look offering PCHP to families across the UK.

Executive Summary:

Children from lower income/vulnerable families are more likely to start school with lower social-emotional skills than their peers, and to have lower school readiness aged three than their better-off counterparts. By three, some low-income children have heard 30 million fewer words than their middle-income peers (Hart and Risley 1995). This school readiness 'gap' can have enduring consequences, with those children who have started school behind their peers continuing to lag behind throughout the key stages and through to GCSE and A level attainment.

The Parent Child Home Programme (PCHP) is an evidence based home visiting programme which addresses this school readiness gap, with a proven track record of effectiveness in America and Ireland. PCHP is targeted at low income and vulnerable families. Over 92 visits, PCHP Early Learning Specialists educate parents and carers on the importance of parent-child interaction and give them the tools (books and educational toys) and skills to engage with their children. PCHP strengthens the parent-child relationship and increases the language, literacy, cognitive skills, and social-emotional development critical to school success. PCHP has strong evidence of proven outcomes – PCHP children are 50% more likely to measure as ready for kindergarten, they score 2.5 times higher on social-emotional skills assessment than control groups, enter school performing 10 months above their chronological age, and have higher graduation rates.

The Winston Churchill Travelling Fellowship provided an opportunity to visit PCHP delivery sites in America and Ireland to investigate the following questions:

- Would PCHP work in the UK context?
- What are the key factors which contribute to successful implementation of PCHP?
- What changes would be necessary for effective introduction of PCHP in the UK?

Key findings of the Fellowship:

- There is strong evidence that PCHP would work in the UK.
 - Robust model based on strong research
 - High level of evidence of effectiveness
 - Flexible and responsive to cultural needs of local communities
 - Established implementation practices and quality assurance systems for certified delivery sites; the building blocks for scaling in the UK are already in place
- The following factors are key to successful implementation of PCHP
 - Proper understanding of the research basis of PCHP is essential to delivery:
 - The inclusion of developmentally appropriate books and toys which are given to the family is a key element of the programme's success
 - PCHP is a relational programme, where home visitors model positive interaction and parenting practices

- Interaction in a families' home language is preferred to ensure strong cognitive development
 - PCHP has a robust delivery structure which must be followed to ensure fidelity to the programme. This structure consists of 2 cycles of at least 23 weeks each – with two thirty-minute home visits each week. Each family receives at least 92 home visits.
 - Staff are critical to effective delivery. In addition to clear hiring requirements, a core component of the programme is continued professional development of its staff, facilitated (in part) through weekly staff meetings.
 - PCHP is effective across a range of communities. A key factor in ensuring its success is a commitment to hiring/recruiting home visitors from the communities that they are serving.
 - The National Centre plays a key role in ensuring quality assurance and programme fidelity.
- The following adaptations will be trialled to make the programme more effective in the UK context:
 - As the UK does not have a three-month summer break as in America, there is not a need for an extended break between cycles 1 and 2. The programme length can therefore be shortened, making delivery more cost effective.
 - Skype conferencing can be used for group supervisions rather than spending time and money on weekly face to face staff meetings.
 - Volunteers can effectively serve as home visitors.

Key Recommendations (recommendations/key findings are in bold typeface throughout):

- Parents are a child's first educators. The quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income. A high-quality early home learning environment is vital for a child's positive development, and has a continued positive effect through to GCSE and overall A-level attainment. Although children's centres and the free childcare entitlement are helping some children, there are still around 30% of eligible families who are not taking up the free two-year-old childcare offer. These children are falling through the gap. In addition, the Sutton Trust (*Closing Gaps Early*, 2017) reported that current childcare policy may 'widen gaps in child development at school starting age.' **Therefore, investment should be made in supporting the home learning environment in vulnerable families.**
- **Home visiting programmes are a very effective way of accessing 'hard to reach' families** who may not take up the free two-year-old childcare entitlement and may not be reached through programmes based around settings.
- PCHP is a proven programme which has potential to be delivered more cost effectively in the UK through shortening the delivery cycle and utilising volunteers. **PCHP should be piloted and tested in the UK.**

Introduction to the Project:

Children from lower income/vulnerable families are more likely to start school with lower social-emotional skills than their peers, and to have lower school readiness than their better-off counterparts. By three years old, some low-income children have heard 30 million fewer words than their middle-income peers (Hart and Risley 1995). The Early Years Foundation Stage profile results from 2016 found an 18% gap between children eligible for free school meals and all other children in reaching a good level of development at the end of reception. The 2016 Centre Forum report showed that this gap widens as the children progress through school – the school readiness ‘gap’ can have enduring consequences, with those children who have started school behind their peers continuing the lag behind throughout the key stages and through to GCSE and A level attainment.

The 2016 State of Education survey reported that head teachers felt that a third of children were not ‘school ready’ for Reception class. Despite significant government investment in children’s centres and the free childcare offer, there is still a large cohort of children who are falling through the cracks. Department for Education research from March 2016 estimates that nearly 30% of eligible children are not accessing the free two-year-old entitlement for low income families (more than 70,000 children across England). Anecdotal evidence from local areas indicates that this percentage is likely to rise: as the three-year-old entitlement is expanded, nurseries are focusing on these places leaving less supply available for the two year old offer. This decreases parental choice and has a negative impact on uptake levels for the two year old offer.

A recent report by the Sutton Trust (*Closing Gaps Early*, 2017) casts doubt on the effectiveness of the current investment in childcare in narrowing the school readiness gap. The report drew two conclusions:

- Of concern is that recent developments indicate a shift in funding and policy focus away from quality early education for child development towards childcare affordability for working families. Investments in affordability are welcome, but neither the tax-free childcare scheme nor the 30-hour entitlement for working families are well-designed to promote social mobility, meaning longer hours in state-funded early education for children who are already relatively advantaged, which may be expected to widen gaps in child development at school starting age. Particularly worrying, these investments are coming at the expense of the *quality* of provision.
- Targeted places for disadvantaged two-year-olds continue, but nearly one-third of eligible two-year-olds still do not take up their place, while many of the available places for two-year-olds are not in the highest quality settings.

Their conclusion is that current policy is not effectively addressing the school readiness gap.

We know that parents are a child’s first teacher, and the quality of the home learning environment is a key factor in determining a child’s school readiness. When applying for the Churchill Fellowship, I conducted research to identify a programme which would be effective in

improving the school readiness of low income/vulnerable families who are currently falling through the cracks in the UK due to the focus on setting based support.

I selected the Parent Child Home Programme as the focus of my Fellowship for a number of reasons. Firstly, it has a strong evidence base of effectiveness – with a number of successful randomised control trials and other robust evaluations. It is a programme which has a strong cultural fit with my organisation, Family Lives: it is a relational programme – building on a parent’s strengths by modelling positive interactions and behaviours. The targeted nature and intensity of PCHP gave me confidence that the programme would be effective in narrowing the school readiness gap for those families most in need, no other programme offers the intensity of twice weekly visits for at least 46 weeks. The inclusion of developmentally appropriate books and toys physically transforms the home learning environment and provides parents with resources to maintain the positive interactions with their child. Finally, the continual professional development processes provided reassurances that we would be able to roll out the programme effectively in the UK.

To test these assumptions, I travelled to America from mid-September to mid-November 2017, and spent two days in Ireland in December 2017. My aim was to investigate the following questions:

- Would PCHP work in the UK context?
- What are the key factors which contribute to successful implementation of PCHP?
- What changes would be necessary for effective introduction of PCHP in the UK?

My travels began in New York at the National Centre. I was able to meet the CEO of PCHP, as well as have extensive discussion with the Director of Training and Director of Research. This provided me with an in depth understanding of the history and foundations of the programme, as well as a strong theoretical understanding of its implementation. I was also able to meet the New York State Director and visit delivery sites on Long Island and in Brooklyn. In addition, I attended a training day for new site coordinators.

Next stop was Philadelphia, a delivery site that was in the midst of expanding from serving 100 families to over 400 families. This was followed by a short visit to Washington DC, where I liaised with a national early years organisation and met with the PCHP CEO who was lobbying policy-makers. Palm Beach County, Florida hosted my next stop – a site which operates a rolling intake calendar so provided an alternative delivery model. I stopped in Minnesota to view delivery to suburban and urban communities, before ending my travels in Seattle, one of PCHP’s most established sites delivering via a range of partners across multiple ethnic communities. In December, I spent two days in Dublin at the National College of Ireland, learning from their experiences of bringing PCHP to Ireland.

The following pages will provide an overview of the key learning areas, before summarising the key conclusions and recommendations, challenges and opportunities and next steps.

Thematic Learning Areas:

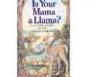
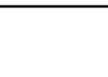
A. PCHP Research Background

PCHP is an evidence based programme which was developed based on strong academic theory and robust evaluation. In the early 1960s, Dr Phyllis Levenstein was commissioned to develop a programme to reduce high school dropout rates. Dr Levenstein concluded that the most effective intervention would be delivered to pre-school children – before they fell behind their school peers. The PCHP model was created, originally called the Mother-Child Home Programme. Based in an academic environment, Dr Levenstein was able to trial a number of variables to discover the most effective model to improve school readiness, and also lower high school dropout rates. Based on this learning, the PCHP model developed into a manualised programme which new organisations must be licensed and certified to deliver, thus ensuring fidelity. There are a number of components which are core and integral to the model.

First, PCHP is built around a curriculum involving a sequence of developmental, age-appropriate toys and books which are left in the house as gifts for the family. Dr Levenstein was able to trial a variety of home visiting models to determine which had the greatest impact on the children and families:

- Visiting the home without any materials (a befriending visit)
- Visiting the home and leaving practical materials, e.g. toothbrushes
- Visiting the home with books and toys which the family could borrow, but not keep
- Visiting the home with age appropriate toys and books which were then left with the families

The outcomes for the children and families when the toys and books were given as gifts was significantly higher than the other models trialled. These books and toys, known as VISMs (Visual Interactive Stimulus Materials), are often the first books which a child has owned, and they physically transform the families' home learning environment and provide the parents with the tools they need to continue the positive interaction with their children. Dr Levenstein concluded, 'Since every child has a right to mental as well as physical nourishment, every child should have a stock of toys and books matched to his age and stage. They will provide the focus and stimulus for the family interaction that is the foundation for his mental growth and success in school' (Levenstein, *The PTA Magazine*, 1971). The VISMs form the structure and rhythm for the twice-weekly home visits, and are the heart of the PCHP programme. **The inclusion of the books and toys as gifts to the families is essential to the PCHP programme.** (See sample VISM list on next page, cycle 1 in left hand column and cycle 2 in right column)

B2	Where's Spot?		B2	Mouse Paint	
T3	Picnic Playset		T3	Tool Kit or Gardening Kit	
B4	Brown Bear		B4a	A Color of His Own	
T5	Stacking Blocks S		B4b	¿Lombrices para el Almuerzo?	
B6	Polar Bear		T5	Dr. Kit	
T7	Farm Puzzle		B6	The Very Busy Spider	
B8	From Head To Toe		T7	Parachute	
T9	Sensory Balls		B8	The Very Hungry Caterpillar	
B10a	Little Cloud		T9	Dress-a-Pillar	
B10b	Un Gato Y Un Perro		B10	The Napping House	
T11	Play doh		T11	Hexacus	
B12	Goodnight Moon		B12	Chicka Chicka Boom	
T13	Bowling		T13	Big Mouth Puppet	
B14	Five Little Monkeys		B14	Is Your Mama A Llama	
T15	Mr. Potato Head		T15	Life on Earth	
B16	Goodnight Gorilla		B16	If You Give a Mouse A Cookie	
T17	Soft Blocks		T17	Magnetic Fishing Game	
B18	Cookie's Week		B18	Llama Llama Red Pajama	
T19	Kiddy Connects with Extenders		T19	Fit-a-Space	
B20	How Does Dinosaur Eat his Food?		B20	10 Minutes Til Bedtime	
T21	Farm Animals		T21	Four Seasons Puzzle	
B22	How Does Dinosaur Get Well Soon?		B22	We Are In A Book	
T23	Wagon of Blocks		T23	Beginner Band	

PCHP is also a relational programme, where the **home visitors model rather than teach or instruct**, thereby empowering the parents to be their child's first and most important teacher. There are three core components of the PCHP philosophy which together result in increased school readiness: increasing verbal and non-verbal interaction between the parent and the child; developing and enhancing positive behaviours; and promoting and encouraging early literacy skills. Using the books and toys as tools to model positive interaction, the home visitor demonstrates the three core components in each visit, and encourages the parent to engage with their children in the same way. Parents are never given 'homework', but through modelling and encouragement they will continue quality play and reading between visits with the books and toys they receive each week.

Another unique aspect of PCHP which is grounded in research is **the importance of delivering the home visiting service utilising the primary language of the home**. 'Young children who are dual language learners (DLL) do best when they receive services that value and address their cultural, linguistic and educational needs (Castro, Garcia and Marcos, 2013).'

The three core components of PCHP, increasing parent-child interaction, promoting positive behaviours, and encouraging literacy skills, are all achieved through the home visitor first modelling these components and then supporting and encouraging the parent to interact thus with their child. These positive interactions are strongest when the parent is interacting in the language in which they are most confident and comfortable. Research shows that these improved literacy skills which

are developed in the home language lay the foundation for easier acquisition of English as a Second Language and improved school readiness:

*Administration of the PLS-3 in Spanish at the onset and culmination of each year of the program indicates significant increases in receptive and expressive language for each year of visitation (7.8 standard points for the first year, 4.4 for the second) with effect size r ranging from .24 to .41. Participants had significantly improved their levels of oral Spanish skill and scored much higher than a comparison group of untreated peers. A subset of graduates of the two-year program was tested as kindergarteners; they showed a continued advantage over a comparison group of 18 peers who had not received the intervention. For the graduates, both their Spanish PLS-3 scores and English PLS-4 scores were significantly higher, and their parents reported a continued effort to provide literacy experiences at home. The HABLA participants also showed a clear advantage for an English language test of phonological awareness, one of the strongest predictors of school success. (Mann, Sandoval, Garcia and Calderton, *Using Spanish in the Home to Promote School Readiness in English*, 2009)*

Having home visitors who are fluent in the families' home language also helps to build trust with the families, and can be a key ingredient in establishing successful engagement with families who might otherwise be hard to reach.

PCHP also has very **strong evidence of effectiveness** demonstrated through multiple research reports. Some are summarised below; others can be found at <http://www.parent-child.org/home/proven-outcomes/key-research/>

School Readiness and Later School Success:

In an independent matched comparison group evaluation in King County, WA: 44.6% of PCHP graduates in comparison to the 29.6% of the comparison group were found to be ready for kindergarten as measured by the Washington Kindergarten Inventory of Developing Skills (WaKIDS); Significantly more PCHP graduates demonstrated a higher level of English proficiency in kindergarten (Level 3 or 4 on the Washington English Language Proficiency Assessment (WELPA) Placement Test), and PCHP graduates scored significantly higher on third grade WA Reading and Math achievement tests, performing above the state average in Math. (ORS Impact (2015), Long-Term Academic Outcomes of Participation in the Parent-Child Home Program)

In two randomized control trials in New York City, researchers found: PCHP children in both studies had better social emotional skills and better language skills than the control group – two key indicators of school readiness; English-speaking PCHP children demonstrated stronger language skills than children in the control group (e.g. receptive language); Spanish-speaking children who participated in PCHP demonstrated stronger language skills than children in the control group (e.g. expressive and receptive); and programme parents reported pro-social competence more often than control group parents (e.g. fewer problem behaviours such as hitting and not getting along with others). (Astuto, J. (2014), Playful learning, school readiness, and urban children: Results from two rcts. PCHP Annual Meeting. Uniondale, NY. May 2014.)

A longitudinal randomized control group study of The Parent-Child Home Program found that low-income children who completed two years of the Program went on to graduate from high school at the rate of middle class children nationally, a 20% higher rate than their socio-economic peers, 30% higher than the control group in the community. (Levenstein,, Levenstein, S., Shiminski, J. A., & Stolzberg, J. E. (1998). *Journal of Applied Developmental Psychology*; 19, 267-285)

Strength-based Parenting and Parental Involvement:

In randomized control trials, PCHP had significant ongoing positive effects on participating parents' interaction with their children, in contrast to control group families examined before, after, and two years after completion of the Program. PCHP parents' verbal interaction with their children showed a lasting superiority over that of the control group, and this parent-child interaction correlated with children's first grade cognitive and social emotional skills. (Madden, J., O'Hara, J. M., & Levenstein, P. (1984). Home again. *Child Development*, 55, 636-647.)

Evaluation of PCHP replications in two Pennsylvania counties indicates that positive parenting behaviours increased dramatically as a result of the Program. Half of the children identified as "at risk" in their home environments at the start were found to be no longer at risk at the completion of the Program. The number of positive interactions between parent and child increased significantly during program participation, including instances of praise and/or encouragement observed. (Rafoth, M. & Knickelbein, B. (2005). Center for Educational and Program Evaluation)

Cost Effectiveness:

PCHP utilizes a model of early intervention and remediation that can result in long-term savings by increasing school readiness and reducing the need for special education services. An independent study, conducted by the City of New York Office of the Comptroller, calculates savings from the reduced need for special education services for PCHP graduates at \$210,000 per child. (Hevesi, Alan G. "Building foundations: Supporting parental involvement in a child's first years." A report from the City of New York Office of the Comptroller. 2001)

Given PCHP's strong research basis and evidence of effectiveness (including successful delivery in Ireland), one can have a high degree of confidence that the programme will work in the UK.

B. Structure of delivery

PCHP is a licensed programme, with a robust delivery structure which must be followed to ensure fidelity to the programme. These aspects are clearly defined; yet the programme also has an inherent flexibility which allows it to adapt and be effective in different communities. Over the course of travelling to over a dozen delivery sites during my Fellowship travels, one could see the core aspects of PCHP maintained - yet the variations in look and feel of the different sites were striking.

The core aspects of the programme are defined in the licence agreement, reinforced through the site coordinator training programme, and quality assured through submission of annual reports and site certification visits. Core aspects of PCHP are:

- A site coordinator must be employed for each 50 families served
- Every site coordinator must be trained by a PCHP recognised trainer
- Site coordinators train home visitors/early learning specialists following PCHP guidelines
- PCHP is aimed at families with children approximately 2 years of age
- Families are visited twice a week for a half hour for at least 46 weeks
- The visits involve the parent and child
- Each visit models positive parent-child interaction, positive behaviours and language/literacy skill development
- A home visiting record is kept of each visit (case notes)
- Books and toys that are brought to the homes are the curricular materials and gifts to the families
- The service is evaluated using two scales: Child Behavioural Traits (CBT) and Parent and Child Together (PACT)
- Ongoing professional development is promoted through weekly staff meetings

Please see Appendix 1 for the full Replication Standards.

PCHP is an intensive home visiting programme, based on twice-weekly home visits. The curriculum is designed on two cycles – each a minimum of 23 weeks (46 visits); every family receives at least 92 home visits. There are also at least two visits conducted by the Site Coordinator to each family: the initial intake visit, and an introductory meeting where the family meets their home visitor. The home visitors model reading, conversation and play activities with parent and child together. This intensive structure emerged from the research of Dr Levenstein and is one of the hallmarks of the programme, allowing trusted relationships to form between the home visitor and the families. In addition, the prolonged nature of the intervention ensures adequate time to build the confidence of the parents; early visits involve extensive modelling, which progresses to encouraging and coaching, whilst in later visits parents are often co-leading the interactions.

Educational books and toys (VISMs) form a core component of PCHP. Each week, the home visitor will bring a VISM for the child. Following the lead and interests of the child, the home visitor will use the toy or book as a tool to model positive parent-child interaction and promote literacy skills. During the second visit each week, the home visitor will review the book or toy, asking the parent how they and the child enjoyed it, and often introducing extension activities. There are clear guidelines regarding the books and toys which are selected as VISMs. They must follow a developmental sequence and adhere to the standards of the National Centre, found below:

BOOKS

- Content geared toward appropriate age group. Length and amount of text per page generally related to child's age or development. The longer the text, the more mature a child must be to appreciate it.
- Content of interest to both child and parent.
- Cultural match of content to community served should be considered, when possible.
- Contains nothing offensive in terms of culture or religion to community being served.
- Language match to families served, when possible.
- Narrative often addresses child's emotional needs, but not in a didactic manner.
- Text and illustrations leads to verbalized associations.
- Text and illustrations widens child's experience.
- Text and illustrations meet highest literary and artistic standards.
- Language is simple and often is rhythmic and/or has some repetition.
- Text and illustrations appealing to both sexes.
- Illustrations are profuse, sometimes large, often colourful, and are a rich source of labelling, classification, and narrative storytelling.
- Illustrations support the text and help children better understand the narrative.
- Illustrations use artistic techniques from realistic to impressionistic to abstract. Illustrations may use techniques including drawing, collage, printmaking, photography, and painting.
- Low anxiety potential for adult participant; within reading ability of most parents.
- Durability.

<p><u>Toys</u></p> <p><u>Verbal</u></p> <ul style="list-style-type: none"> • Permits language (toy does not “speak”) • Encourages language • Introduces new vocabulary • Rich source of conversation/ imagination • Encourages association to child’s experience <p><u>Perceptual</u></p> <ul style="list-style-type: none"> • Strong colors • Geometric forms • Form matching • Space/shape organization 	<ul style="list-style-type: none"> • Categorizing/sequencing • Size differences • Tactile differences <p><u>Conceptual</u></p> <ul style="list-style-type: none"> • Problem-solving • Intelligible goal • Intrinsic reward • Imaginative uses • Social concepts • Gender neutrality • Appealing/acceptable to a broad range of cultures • Meets the cognitive needs of children at different stages of development <p><u>Social-Emotional</u></p> <ul style="list-style-type: none"> • Following directions • Turn-taking 	<ul style="list-style-type: none"> • Behavioral self-regulation • Sharing • Meets the social-emotional needs of children at different stages of development <p><u>Large Motor Skills</u></p> <ul style="list-style-type: none"> • Pulling • Lifting • Throwing • Dancing • Jumping • Hopping • Skipping • Rolling • Crawling • Balancing <p><u>Small Motor Skills</u></p> <ul style="list-style-type: none"> • Fitting, placing 	<ul style="list-style-type: none"> • Grasping • Fastening, zipping, buttoning • Eye-hand coordination • Regulation of hands/fingers • Drawing, painting, scribbling • Cutting • Gluing • Squeezing • Balancing <p><u>Other</u></p> <ul style="list-style-type: none"> • Low anxiety potential • Safety • Durability • Easy care for parent
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These VISMs not only provide the structure of the visit, they also physically transform the home learning environment of the family and give the parents the tools to help them continue positive interaction with their children when the home visitor leaves.

Alongside these core elements of the delivery structure, there are implementation areas where flexibility is allowed. As mentioned previously, PCHP can be delivered in English, or in the home language of the family. The programme is equally effective in improving parent-child interaction and positive behaviour whether utilising English or the home language, and the research outlined above demonstrates that improved language and literacy skills achieved via a child’s home language show benefits to their English language skills upon school entry as well. Other areas where flexibility are allowed include approaches to outreach and marketing, and intake patterns/delivery cycles.

As PCHP is run by a variety of delivery organisations, the outreach and marketing practices vary significantly from site to site. Some sites are run by social care organisations, some are run by not-for-profit organisations, and others are delivered in schools. For the majority of sites, most families self-refer to the programme following community outreach. Programmes use posters and leaflets to attract parents, as well as doing outreach to community venues such as laundromats, supermarkets, thrift stores, and flea markets. Talking to parents ‘on the street’ is key to enrolling families – being approached by a home visitor who can speak about the programme and then give the parents further information and enrolment forms is more effective than just leaving posters or leaflets. As the target families are hard to reach, they are less likely to respond to a poster or leaflet without the personal engagement.

As sites become established, a core referral route is word of mouth from prior programme

participants. Put simply, participants tell their family, friends and neighbours about the programme and the positive effect it has had on their child, and others want to participate. Once a programme becomes established in a particular neighbourhood or estate, there is often a waiting list of families wanting to join.

For schools that host PCHP, the process of selecting families for enrolment is different. Schools invest in PCHP because they are aware of the effect that a child entering kindergarten with a lack of school readiness has: on the individual child's attainment potential, on school staff who have to address the deficits, and on the wider class as teaching time is diverted towards the remedial support. Schools have identified families' whose first children have entered school behind their peers. When these families have subsequent children, they are referred to PCHP to ensure that they do not start school with the same disadvantages.

We are fortunate in the UK, in that we have a better understanding of our families and their needs during the early years, so we do not need to wait until a family enters school to identify them as having support needs in relation to the home learning environment. The Department for Work and Pensions produces a list of families who are eligible for the free two-year-old childcare entitlement because of their household income. These children are statistically most likely to enter school behind their peers. Building on this, **we have a number of pathways to identify families who would benefit from PCHP:**

- Families who are eligible for, but not taking up the free two year old entitlement. These are the families who are currently falling through the net, and at risk of moving even further behind their peers
- Families taking up the two or three-year-old childcare entitlement who are identified as in need of further support by centre staff. Although the children are benefiting from the early years support at the nurseries, most centres do not have the capacity to provide extended family support to those in need
- Families identified by health visitors as at risk of developmental delays due to poor parent-child interaction
- Word of mouth within targeted neighbourhoods.

The area where there is the greatest amount of flexibility in relation to implementation is in relation to intake patterns/delivery cycles. The programme must adhere to two 23 week delivery cycles, resulting in 92 home visits for each family, but there are variations in how this is delivered. For the majority of sites in America, programme delivery follows the academic school year, with each family being supported for two years. Delivery of cycle one commences in late September or October, and finishes in May. There is a long summer break, corresponding to the American long summer holiday off school. Delivery of cycle two then commences in September or Oct of the second year, again lasting until May. There are also breaks in delivery over the Christmas and Easter holidays. The main

advantage of this intake pattern is that all families in a cohort are close to the same delivery week, meaning staff can discuss the appropriate curriculum during staff meetings. The main disadvantage is that families can only be accepted onto the programme each autumn.

There are a few sites in America that operate rolling intake patterns, where families are accepted onto the course throughout the year. The biggest advantage of rolling intake is families are able to access the programme throughout the year whenever they are identified as having a need. The biggest challenge is that home visitors are supporting families at different points of the delivery cycle. However, even in these cases, there is a long summer break where delivery stops.

Circumstances in the UK are different. We do not have a three month break for school holidays; families do not expect services to change significantly over the summer months. Therefore each delivery cycle does not need to align to an academic school year. Instead, **we will delivery both cycles over the course of 15 months, allowing for set-up, as well as sickness and holidays. This delivery pattern is not only more suitable for the UK context, it will also provide a more cost effective model.**

Please see Appendix 2 for the PCHP USA logic model, which provides a clear overview of the inputs, outcomes and impact of the programme.

C. Staffing

The expertise and dedication of PCHP staff are essential components in ensuring effective delivery of the programme. PCHP has a standardised staffing structure that is used across all its delivery sites, consisting of a Site Coordinator and Home Visitors/Early Learning Specialists (these two titles are used interchangeably depending on preferences of local sites).

There must be one Site Coordinator in post for each 50 families served, and the site coordinator must have a university degree. They oversee all aspects of the programme, including:

- recruiting and training the home visitors
- chairing weekly staff meetings
- recruiting and selecting families
- selecting and ordering books and toys
- preparing curriculum guidesheets
- ensuring monitoring and evaluation
- liaising with funders and partners, and
- overseeing local budgets.

The Home Visitors or Early Learning Specialists are the frontline practitioners, visiting families twice a week and modelling positive parent child interaction. Home visitors are hired from the same communities and language groups of the parents, making them uniquely suited to build trust. They receive training and ongoing support in child development, parental engagement, ethics of home visiting, and cultural competence. They educate parents on the importance of parent-child interaction and give them the tools (46 age appropriate books and educational toys) and skills to engage their children.

There are no qualification requirements for home visitors, rather, the ability to interact positively with parents and model positive reading, play and verbal interaction with the child are the core essential criteria. Home visitors attend at least 16 hours of training, as well as ongoing professional development through weekly staff meetings (see next section). They must be able to exhibit warmth and patience whilst dealing with toddlers and families, as well as maintaining a non-judgmental attitude. They must have some experience of working with young children, and a willingness to develop and learn.

An experienced full-time home visitor can carry a caseload of up to 15 families (subject to travel requirements), although it is recommended that new home visitors start with 12-13. Most delivery sites in America utilise paid staff in these roles, although they may also use AmeriCorps volunteers. There are a handful of sites that use volunteer home visitors; in these circumstances, each volunteer home visitor will support 1-2 families. They receive the same training and ongoing professional development support as paid staff.

Whether using paid or volunteer home visitors, a key factor to successful implementation is recruiting from the same communities and language groups of the parents being served. This enables trust to be established, and is a contributing factor towards behaviour change.

Recent research supports this approach. An evidence review conducted in 2016 found that programmes using volunteers can be particularly effective in that they can ‘build relationships of trust and equality with parents; reach and be accepted by parents who do not engage with other services; and help to create the conditions that can lead to change’ (*Volunteering and Early Childhood Outcomes: A Review of the Evidence*, Institute for Voluntary Action Research, May 2016). As well as using volunteers, these outcomes can be achieved by recruiting paid home visitors from the target communities, as the sense of being supported by ‘someone like me’ is common in both instances.

In America, one of the challenges to a volunteer home visitor model for PCHP is the demographics of volunteers; the majority of people attracted to the role are white middle class women at or nearing retirement age. As a cornerstone of successful implementation is recruiting home visitors from same communities as the families being served, most sites rely on a paid home visitor staff team. The UK is fortunate to have a more diverse pattern of volunteering. Family Lives has a strong track record of delivering volunteer led family support in various sites across the country, with established connections to the local volunteer centres, community and faith groups. We have a track record of recruiting a diverse group of volunteers, from across communities, age ranges, and genders. Due to these differences, **PCHP can be piloted in the UK context using both paid and volunteer home visitors.**

D. Staff meetings

One of the aspects of maintaining fidelity to the PCHP model is a commitment to regular staff meetings to ensure staff have the appropriate levels of support and ongoing professional development to deliver a quality service to families. The standard requirement for a site using paid home visitors is a weekly 2 hour staff meeting which must be attended by all home visitors.

There are three core elements to every staff meeting: administrative matters, ongoing professional development in relation to the books and toys, and groups supervision/peer support in relation to the caseloads. The administrative matters should be covered efficiently, and take the least amount of time on the agenda. Agenda items may include timesheets, distribution processes, administration of the impact measures, updates on signposting/community resources, data entry processes, etc.

A core element of every staff meeting is ongoing learning in relation to the books and toys (VISM's). As these form the heart of the curriculum and provide the structure for each home visit, it is vital that home visitors are equipped for each visit and prepared effectively to model increased parent-child interaction and enhanced positive behaviours, and to promote early literacy skills. In each staff meeting, the team will be introduced to the VISM's which will be used in the upcoming week. Team members discuss how to introduce the book or toy to families, how to expand vocabulary and relate to social-emotional growth in age appropriate ways, consider ways to encourage open ended question, and discuss how to draw the parent in and include them in the interaction with the children – ultimately moving towards the parent co-leading each visit. These weekly staff meetings ensure that the home visitor is familiar with each upcoming book or toy, understands how the toy relates to child development milestones, and enables peer learning in relation to extension vocabulary and activities. Although team meetings are led by the site coordinator, much of the learning in relation to the curriculum toys and books comes via peer learning and input from home visitors who have introduced the books and toys with families previously.

The majority of each staff meeting is focused on group supervision and peer learning opportunities. Led by the Coordinator, team members are invited to share successes and challenges of the past week, and are supported by the Coordinator and their peers to reflect back and find meaning in their experience. This is a time of active peer learning, where colleagues offer questions and suggestions, promoting a cycle of active learning within the team that fosters ongoing staff development. Respect and confidentiality are fundamental principles underpinning the team meetings.

Many sites will also foster ongoing professional development within the team meetings around issues that may affect families being served. Specialist topics are included on the agenda (e.g. domestic violence, mental health, etc.), with guest speakers or team members providing specialist knowledge.

These team meetings not only fulfil administrative and professional development functions, they also accomplish a team building function, building commitment to the programme and

fostering a sense of camaraderie amongst colleagues. This team ethos and source of support contributes to staff continuity.

Although standard practice in sites where delivery is via paid home visitors is to have a weekly two hour staff meeting, in sites utilising volunteer home visitors this may not be possible due to volunteer availability. **For sites utilising volunteers in the UK, PCHP National Centre has agreed that the learning outcomes of the three core elements of the team meeting can be achieved through different mechanisms and patterns of meetings.**

- Administrative matters will be covered through emails, occasional webinars, or included during weekly group supervision sessions.
- The ongoing learning in relation to the books and toys (VISMs) will be covered through face to face meetings once every three weeks. All volunteers will be required to attend, meaning that there may be two different times offered to accommodate the schedules of all the volunteers in an area. The VISMs which will be used in the upcoming 3 weeks will be introduced and explored during these face to face meetings.
- The group supervision and peer learning will take place via weekly Skype based group supervision sessions. These meetings will follow the same structure and format as per the face to face team meetings, but will be held virtually to reduce travel time for volunteers. Coordinators will offer 2-3 timeslots each week to ensure volunteers are able to attend at a time which fits within their schedules.

The above pattern takes into account the demands of the programme, whilst recognising the time constraints introduced through utilising a team of volunteer home visitors. The core role which the VISMs play, and the hands on nature of the home visitor interaction with families, means that the learning associated with the books and toys must take place face to face. Equally, peer support and ongoing professional development is vital to ensure quality delivery across the programme; utilising virtual technology to provide group supervision and peer learning will enable sites to maintain weekly patterns for group supervision. By focusing on the learning outcomes which are intended in each element of the team meeting, the above pattern will ensure the volunteers get the same level of support and professional development as would be achieved through a weekly face to face staff meeting, in a way that provides a more efficient use of volunteer time and is more cost effective.

E. Parents/ communities served

Research by the Education Endowment Foundation highlights the important role parents play in improving a child's literacy, but draws attention to the challenges of getting parents to attend. 'Family literacy sessions could boost learning, but supporting parents to attend is hard... Today's new findings add to a growing body of research that highlights the difficulties of recruiting and retaining parents to face-to-face programmes'

(<https://educationendowmentfoundation.org.uk/news/eef-publishes-new-evaluation-reports>, May 2018). PCHP, and other home visiting programmes, provide a solution to this challenge, as home visitors meet families in the comfort and security of their own homes rather than expecting parents to travel to attend sessions. They are also an effective way of reaching those families who are not accessing their childcare entitlement. **Home visiting programmes are a very effective way of accessing 'hard to reach' families** who may not take up the free two-year-old childcare entitlement and may not be reached through programmes based around settings.

A particular strength of PCHP is its suitability for a variety of target communities, including those traditionally defined as 'hard to reach'. During the Fellowship, I observed delivery to a broad range of communities: Latino, Native American, Afro-American, White working class, Guatemalan Mayan, Homeless families. Each site adhered to the core principles of PCHP, but recruited staff and volunteers from the communities which they were serving. This ensured that staff had both the linguistic skills to engage with families, but also the appropriate cultural understanding and awareness necessary for targeted delivery. This foundation creates an environment where trust is established quickly with families, leading to very positive participation and retention rates.

Below are some sample team photographs, depicting how the teams reflect the communities served:



Lake Worth team serving Latino community (plus State Director and myself)



Boys Town team serving Afro-American community (plus coordinator and myself)

Regardless of the target community, there are some core expectations to which families must agree in order to participate in PCHP. These are included in a Participation Agreement which is signed by both the parent and the home visitor. The parental commitments are shown below:

- I will be home for my two scheduled half-hour sessions each week.
- I will limit interruptions during these scheduled visits. I will turn off the TV/video games. I will not make or accept phone calls or text during this time.
- I will call my home visitor when I cannot keep a scheduled visit. I will leave a message with the programme coordinator if I cannot reach the home visitor.
- I understand that excessive no-shows will result in a cancellation of this programme for my child.
- I will help my child take care of the programme toys and books and have them available for each visit.
- I will use the programme toys and books with my child often during the week.
- My child and I will be ready when the home visitor arrives.
- I will not smoke during the visits and I will put pets in a separate room before visitor arrives.
- I understand that this is a 15 month programme, and I plan to participate with my child for the duration of the programme.
- I understand that I am my child's most important teacher and that my participation in each session is required.

There are reciprocal commitments for the home visitor:

1. I will visit you and your child twice a week, according to our schedule.
2. I will arrive on time for visits, unless there is an emergency. I will notify you if there will be any delay.
3. I will call if I have to cancel or adjust the schedule.
4. I will bring a new toy or book, at no cost, once a week that your child will keep.
5. We will review the program materials during the second visit each week.
6. I will stay for 30 minutes each visit, unless your child is ill or there is an emergency.
7. I will share many ideas with you and your child for fun learning activities.
8. I will always respect your family's privacy.
9. I will respect your role as your child's primary teacher and will support you in that role.

Building on the foundation of home visitors who respect and understand the communities they are serving, whilst having clarity of expectations from the outset, ensures that PCHP families have strong participation rates and low attrition.

F. Support offered by National Centre

PCHP is a well-established programme, which benefits from a National Centre in America with decades of experience overseeing delivery. As such, there is a wealth of resources available to ensure successful introduction of PCHP in the UK:

- Licence Agreement and Replication Standards: the National Centre has a core licence agreement which clarifies all the required replication standards. This ensures fidelity to the programme, and provides clarity over which components are essential when introducing the programme to the UK and scaling up delivery.
- Training: The National Centre or licensed Regional Training Centre delivers site coordinator training to all new sites, ensuring that the core principles and ethos are communicated effectively. In addition, site coordinator training content is provided for all Regional Training Centres to ensure consistency. A sample home visitor training agenda and powerpoint deck is available as well.
- Curriculum support: In addition to the criteria established for selection of the books and toys (VISMAs), there is also a sample curriculum with suggested books and toys for cycle 1 & 2. There are guidesheets available aligned to the sample curriculum, plus other books and toys which delivery sites have added.
- Implementation Manual: Each new site coordinator is given an implementation manual which contains all the forms and processes necessary for delivering the programme. These materials are also available on the PCHP members only website
- Video Library: there is a collection of videos of home visits which can be used for home visitor training.
- Standardised assessment tools: PCHP has two standardised assessment tools which are used across their programme delivery sites. Parenting skills are measured via the PACT (Evaluation of the Parent and Child Together), and child social and emotional development is measured via the CBT (Evaluation of the Child's Behavioural Traits).
- Management Information System: A bespoke database is available which is customised to PCHP delivery. This system is used to record family demographics, delivery information, case notes, and assessment scores.
- Technical Assistance and Certification: Upon signing a licence agreement with PCHP USA, an organisation receives not only site coordinator training, but also two years of technical assistance. There is a team at the National Centre who responds to all implementation enquiries from delivery sites.

PCHP also has an established Certification Process to ensure ongoing fidelity to the programme model. Upon completion of the first programme of delivery, every new site receives a certification visit to assure the quality of delivery. Please see Appendix 3 for the certification visit checklist. Upon successful completion of the certification visit, the site is deemed an Authentic Replication Site. Recertification visits are then conducted every 4 years, more frequently if there are significant changes in staffing, funding or the demographics of families served.

- Research Support: The National Centre has a dedicated research team that supports the evaluation work in delivery sites, contributes to training and professional development, and provides materials for presentations and funding bids.
- Peer learning and support: A key strength of PCHP is its international network of delivery sites. The National Centre facilitates information exchange with PCHP programme sites and coordinators through newsletters/e-news, regional meetings and trainings, an annual conference, and the PCHP website (<http://www.parent-child.org/>).

In addition to the above resources which support delivery of PCHP to families, the National Centre also oversees the PCHP Family Child Care model, which is delivered to childminders in their homes. See Appendix 4 for further details.

Key Challenges and Recommendations, Opportunities and Next Steps

Recommendations and Challenges:

I embarked on the Fellowship asking the following questions:

- Would PCHP work in the UK context?
- What are the key factors which contribute to successful implementation of PCHP?
- What changes would be necessary for effective introduction of PCHP in the UK?

Both the Fellowship travels and the early stages of implementation here in the UK confirm that **PCHP can be successfully implemented in the UK** – it has a strong evidence base with proven effectiveness, established implementation processes which will enable introduction to the UK and scaling up, and adaptability to respond to needs of differing communities. The key learning areas described above highlight the factors which are essential for successful implementation – the programme revolves around the distribution of developmentally appropriate books and toys within a proven delivery pattern, a commitment to modelling positive interactions, and well supported staff or volunteers who are recruited from the communities that will be served. The Fellowship also identified changes that will make PCHP more effective here in the UK: the programme length can therefore be shortened to 15 months making delivery more cost effective; Skype conferencing can be used for weekly group supervisions; and volunteers can effectively serve as home visitors.

There is strong evidence of the need for PCHP in the UK. Current policy acknowledges the ‘word gap’ as a key factor affecting children’s attainment levels and social mobility. Department for Education’s latest report on social mobility, which references ‘closing the word gap in the early years’ as one of the four main ‘ambitions’. It is the most crucial ambition as it impacts all the later ambitions. The Department has just launched two programmes worth £13.5m to give families extra support to help boost preschool children’s language and communication skills at home, recognizing that nearly half of primary school children are at risk of underperforming due to limited vocabulary (Oxford University Press, 2018).

We know that parents are a child’s first educators. The quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income. A high-quality early home learning environment is vital for a child’s positive development, and has a continued positive effect through to GCSE and overall A-level attainment. Although children’s centres and the free childcare entitlement are helping some children, there is still around 30% of eligible families who are not taking up the free two-year-old childcare offer. These children are falling through the gap. In addition, the Sutton Trust (*Closing Gaps Early*, 2017) reported that current childcare policy may ‘widen gaps in child development at school starting age.’ **Therefore, further investment should be made in supporting the home learning environment in vulnerable families.** The above investment by DfE is welcomed, but it is only a start.

In comparison, the cost to the UK government to fund the free childcare entitlement is estimated to be over £6 billion per year by 2020. Despite this investment, roughly 30% of eligible families are not taking up the offer. Many of these children are falling further behind their peers. And even for those families from disadvantaged backgrounds who are accessing the offer, recent research (*Closing Gaps Early*, Sutton Trust, 2017) has cast doubt on the effectiveness of current childcare policy in narrowing the school readiness gap due to a shift of focus from quality of early education to affordability.

Within this context, **home visiting programmes are a very effective way of improving the home learning environment of 'hard to reach' families** who may not take up the free two-year-old childcare entitlement and may not be reached through programmes based around settings. The Department for Education investment is a good starting point, but it is drop in the ocean compared to DWP's budget for the free childcare entitlement.

PCHP is a proven intervention with a strong evidence base of improving school readiness for disadvantaged children. The greatest challenge in implementing PCHP at scale in the UK is **shifting some investment from the childcare offer into funding for home visiting programmes which improve the home learning environment**, particularly as some of the most vulnerable families are not accessing this entitlement. The unclaimed entitlement could be dispersed to local authorities to use to commission targeted home visiting programmes such as PCHP to reach the most vulnerable families in their areas. This shift would ensure that families who are not accessing centre based support are not left even further behind their peers, and would also address current concerns that many of the free childcare entitlement places are in the lower quality settings.

Opportunities and Next Steps:

Since returning from the Fellowship, Family Lives has signed a license agreement with PCHP USA to deliver the programme in the UK, and secured funding from Nesta and the Department for Culture, Media and Sport to trial delivery of PCHP in three areas using volunteer home visitors (Ealing, Nottingham, and Newcastle). In addition, from autumn 2018, Family Lives will become the PCHP National Training Centre for the UK, able to train, license and certify other organisations to delivery PCHP to their communities. The Nesta funding includes provision for up to 10 areas to receive subsidised training in PCHP.

Family Lives has also secured an in principle award from the Life Chances Fund to deliver PCHP as part of a social impact bond. This will utilise paid home visitors in Westminster and Kensington and Chelsea, reaching 150 families over 4 years. If successful, we hope to strengthen the evidence base in relation to PCHP UK delivery by participating in the Department for Education funded home learning trials mentioned above.

Family Lives is working closely with the PCHP USA National Centre on the above initiatives. PCHP has the potential to meet a clear unmet need here in the UK – by providing evidence based support to those families who are not engaging with centre based support. The effects of the programme are proven and long-term - transforming the life chances of the

most vulnerable children by closing the word gap and improving their social-emotional skills to enable them to start school on a par with their peers. In order to scale the programme effectively, initial piloting and testing of both staff and volunteer led delivery is underway. The next steps are:

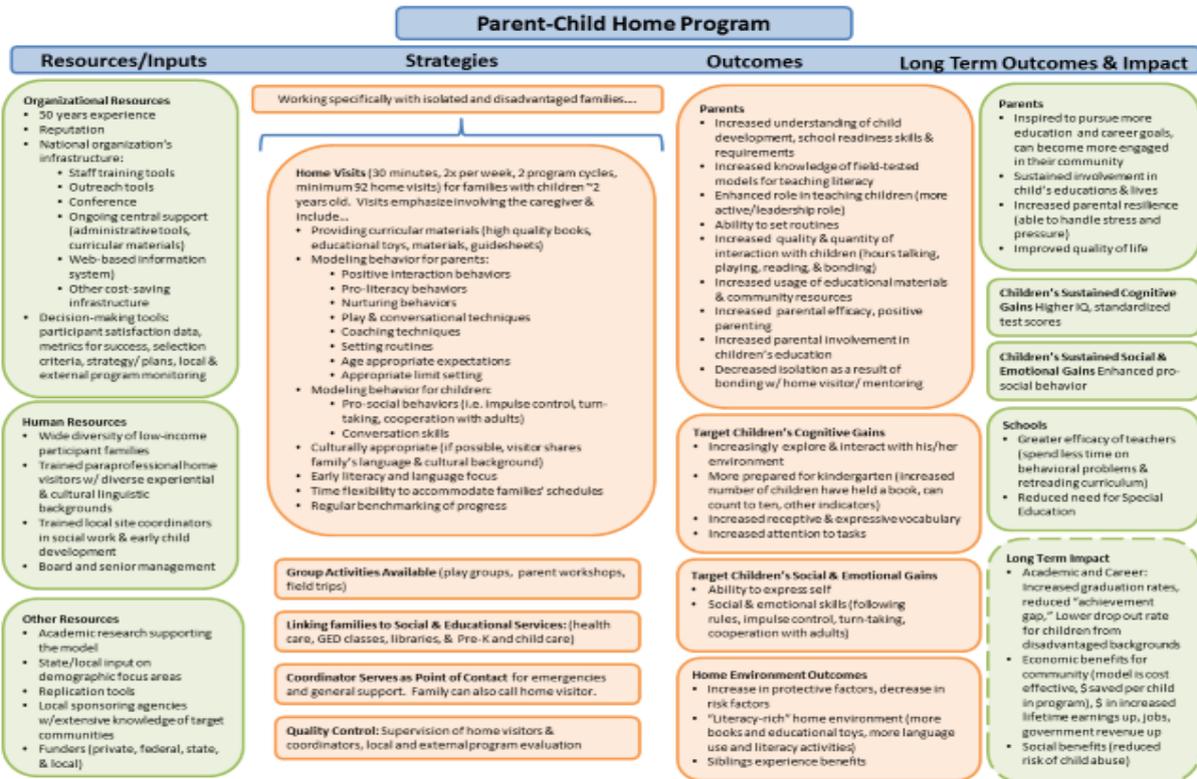
- to publicise the programme and generate interest from other organisations to become licensed to delivery PCHP, and
- to lobby policy-makers to transform the funding model: shifting some funding from the childcare model, which is not reaching or supporting some of the most vulnerable families, towards home visiting programme which can transform the home learning environment and give all children a fair start

The overall aim of the Fellowship was to discover whether PCHP could be effective in the UK, and if so, to introduce the programme at scale across the UK. The latter aim is an ongoing process, but the early stages of the process are progressing well. With proper investment, PCHP can narrow the school readiness gap in the UK.

BASIC PCHP REPLICATION STANDARDS

1. Families' participation in The Parent-Child Home Program is voluntary.
2. The Program is provided at no cost to the families.
3. Children enter The Parent-Child Home Program at approximately age two (as young as 16 months) and participate with their parents (or primary caregiver) for up to two years (two 23-week program cycles over a period of 13-24 months).
4. A parent (or primary caregiver) must participate with the child and the Early Learning Specialist in twice-weekly home sessions.
5. The curriculum materials, a book or an educational toy selected according to the criteria established by The Parent-Child Home Program, Inc., are given to the families each week.
6. The Site Coordinator is trained by The Parent-Child Home Program's National Center or by a trainer or regional training center certified by the National Center.
7. The Site Coordinator must have a college degree.
8. The Site Coordinator trains and supervises the Early Learning Specialist pursuant to the guidelines developed by The Parent-Child Home Program, Inc.
9. All replications must follow The Parent-Child Home Program, as described in the Program Manuals, Training Manuals, and at the Training Institutes. Variations to fit local needs may be acceptable, subject to review by The Parent-Child Home Program, Inc.
10. Each Parent-Child Home Program replication site is reviewed and certified as an authentic Parent-Child Home Program replication after completing its first 2 years of serving families.
11. Each Parent-Child Home Program site is recertified annually, and undergoes at complete review at least every four years.
12. Each Parent-Child Home Program Site must provide the National Center with a signed KEEP (Key Elements for Establishing Program) annually; and provided an Annual Replication Report (data on families served) prepared through the web-based Management Information System.
13. Each Parent-Child Home Program replication must pay an annual certification fee to be recertified annually.

Appendix 2: PCHP Logic Model



Appendix 3: Site Certification Checklist

Files

1. Six Home Session Reports written by a variety of Early Learning Specialists (Home Visitors)
 - Do the reports explain the three components of every home visit: What the Early Learning Specialist did? What was the child's reaction? What did the parent do? (0-4 points)

2. Review of family folders (randomly selected on site by the Reviewer)
 - Do the reports show progress over two years, in a coherent fashion?
The folder must include all relevant information and forms related to the child and his/her family throughout the course of the two year program: Family Interview Form, CBT/PACT (8), Home Session records – intro & review, special family notes such as evaluations, domestic concerns, referrals, missed session notifications, completed parent sign-out forms both intro & review sessions, and list of VISMS received by family (0-4 points).

3. VISM Selection – Programs I and II
 - Does the site have VISM lists for both programs years, alternating books and toys, planned in advance, and showing a developmental progression? (0-4 points)

4. Guide sheets (6 submitted for review)
 - Are the guide sheets clear, accessible to both parent and Early Learning Specialist (in the language of the parents and written at the appropriate literacy level), and do they reinforce the goals of the Program? (0-4 points)

5. Coordinator's work flow system: (should include Early Learning Specialist's sign-out sheets and family sign-out sheets)
 - Is there a system that includes Early Learning Specialist sign-out sheets and family sign-out sheets? Do the parent's sign for every Home Visit, both introduction and review? Does the Coordinator have a system to track where each family is in the program cycle schedule and monitor missed visits and makeups?

Staff Meeting Observation

1. Coordinator consistently conveys philosophy and practices of Program
 - All three components of the Program philosophy are incorporated into the staff meeting including: increasing verbal and non-verbal interaction between the parent and the child; developing and enhancing positive behaviors; and promoting and encouraging early literacy skills (0-4 points)

2. Coordinator uses reflective supervision; consistently supports Early Learning Specialists and reflects back an understanding of their concerns. Three components of reflective supervision are apparent during the staff meeting including: reflection (finding meaning in experience), collaboration (teamwork), and regularity (weekly meetings). Coordinator runs a relationship-based program and provides and uses meetings as an opportunity for staff development

3. Coordinator encourages tone of mutual respect among staff
 - Does the Coordinator set a good example for her staff?

4. Staff maintains family confidentiality
 - Does the staff protect family names, avoid gossip, and exhibit a practiced, professional attitude? (0-4 points)

5. Coordinator and staff maintain tone of respect toward families
 - Does discussion during the staff meeting consistently exhibit respect for program families? (0-4 points)

6. Adequate VISM preparation

- Does the Coordinator take the time to review the VISM that are being introduced that week? Is there hands-on time with VISM? (0-4 points)

7. Adequate overall organization: Paperwork and VISM distribution

- Is there efficient and effective system of distribution of VISM and are home session reports being reviewed and discussed? In conjunction with the Coordinator's work flow system, is the "journey of the VISM" well coordinated between Site Coordinator/Early Learning Specialists and family? Are home session reports being used effectively? (0-3 points)

Meeting with Coordinator/s

1. Coordinator shows insight into community being served

- Does Coordinator show familiarity with the cultures and challenges of her/his program families? (0-4 points)

2. Site Coordinator acknowledges obstacles and has initiated strategies to deal with them

- Can the Coordinator clearly explain the challenges s/he has faced implementing the Program, and what were her/his approaches to deal with these challenges? Are there indications of results? (0-4 points)

3. Site Coordinator can accurately describe goals of Program

- Can the Coordinator describe the main goals of the Program? (0-4 points)

4. Site Coordinator understands importance of Early Learning Specialist supervision

- Does the Coordinator understand the importance of supervision? What administrative details are implemented to insure adequate supervision? How carefully does s/he plan staff meetings? (0-4 points)

5. Site Coordinator observes home visits, either personally or through audio/video recordings

- What is this Coordinator's approach to observe home visits? How does s/he use these observations to improve practice among the Early Learning Specialists? (0-4 points)

6. Site Coordinator articulates issues regarding Program's reputation in the community, ties to school district/agency, professionals in the community, etc.

- What has the Coordinator done to develop relationships with other agencies/professionals in her/his community? (0-4 points)

Fund Development Plan Report- Conversation with the Site Coordinator and/or Supervisor/Development Director and the Reviewer

- Who is responsible for the funding plan each year? Who formulates the site budget? Where does the current funding come from? Has/will that funding be renewed?
- If the person responsible for fund development is not the Site Coordinator, what is the communication process between the Site Coordinator and the fund development staff?
- Is there a plan to sustain the site at the size it is? Or to expand the site, by how much, when?

Meeting with Supervising Administrator

1. Administrator expresses understanding of Program's goals

- Does this Administrator show familiarity with the Program's goals? (0-4 points)

2. Administrator expresses willingness to maintain/develop new links to Program (i.e. transition into school)

- Does this Administrator see the Program as part of a continuum of services in the community? What links have been established to other programs/schools? (0-4 points)

3. Administrator understands funding and is planning for future funding (0-4 points)

- Does Administrator put a priority on keeping this site funded? What strategies are being used?

Appendix 4: PCHP Family Child Care model (from PCHP website)

In response to needs identified by PCHP partners and families in target communities, PCHP sites across several states have begun implementing the PCHP Family Child Care (PCHP/FCC) model, adapted from PCHP's evidence-based one-on-one home visiting model, to extend similar supports to the diverse array of family child care settings (i.e. childminders) operating in under-resourced communities .

Family child care is often the most available, flexible, and affordable method of child care, providing a familiar home environment and smaller, mixed-age groups of children. Many families prefer home-based care for these reasons, but it is a particularly convenient option for parents who work inconsistent or rotating work schedules and may not be able to afford more expensive, centre-based programmes.

The Parent-Child Home Programme for Family Child Care focuses on developing the quality of family child care settings by working with providers to build on the unique strengths of home-based care. Utilizing PCHP's experience building language, literacy, and learning rich home environments, Early Learning Specialists (ELs) work one-on-one with providers to support school readiness for all the children in their care.

This model is designed to be flexible enough to address the variety of environments represented by family child care, working with both licensed providers and Family, Friend, and Neighbor (FFN) providers, who are often either unlicensed or legally-exempt, and serve a significant number of children receiving subsidies. The model is an innovative professional development and enrichment approach for family child care providers because it takes place in their homes, during their work day, and does hands on work with them and the children in their care. Providers are able to practice new skills with the children in their FCC setting, under the mentorship of a PCHP EL, rather than in a classroom setting, after hours. Over the course of a programme year, each provider is visited twice a week by an EL who provides books, educational toys, and art materials the provider needs, while modeling play, reading, and verbal interaction approaches for providers and children in care.

Since 2009, the PCHP/FCC model has been piloted in communities in New York, Massachusetts, Washington, and South Carolina. This pilot work has successfully brought critical school readiness and early literacy supports to low-income family child care settings by providing materials and modeling age-appropriate school readiness practice.