Big Hopes Big Future:

Evaluation Report

England pilot study



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Elizabeth Young PhD MSc RGN

Acknowledgements

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Particular thanks are given to the families, volunteers and local Home-Starts who are at the heart of this project and who have demonstrated that a focus on nursery/school readiness for the whole family achieves positive results for parents, their children and the volunteers who support them.

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Home-Start UK
Registered Office: The Home-Start Centre
8-10 West Walk, Leicester, LE1 7NA
Web: www.home-start.org.uk
Tel: 0116 258 7900
Email: info@home-start.org.uk
Registered charity number:
11088837 (England and Wales)
SCO39172 (Scotland)
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Foreword

For many of us our first day at school is one of our earliest memories; a milestone in our young lives. A day when a door opened and we took another step on the journey that has brought us to where we are today.

So it is a sobering thought that what should be the start of education for all, is already too late for many. Tragically, for many children, barriers exist that mean they start school already well behind their peers; and that gap widens throughout primary and secondary school. Recent analysis of the 2014 Early Years Foundation Stage data shows only 45% of primary school pupils eligible for free school meals achieved a "good level of development" compared with 64% of other pupils – a 19 percentage point gap (*Early Intervention Foundation*). For many of these children their slower achievement in school will not be a result of their own and their teachers' effort and abilities, but of the backgrounds and circumstances they were born into.

Fortunately, the link between deprivation and under-achievement is not set in stone. The importance of a supportive home environment and of parental engagement with early learning for children's social, emotional and cognitive development is now well understood. Playing; songs and rhymes; books, routines and emotional security - all play a vital part in being ready for school.

Home-Start has a strong history of providing early years services and in 2013, with funding from the Department for Education, we set up the Big Hopes Big Future programme to engage parents in their children's early learning and give them the confidence, practical ideas and information they need to provide a good learning environment at home. This two year pilot programme was delivered via trained parent volunteers. It was targeted at the most disadvantaged families and those with whom other services find it hardest to engage (56% of the families were living in poverty and 36% of the children were eligible for free school meals).

As the report shows, it has successfully delivered significant improvements for children across the four domains of 'school readiness' i.e. language and cognition; behavioural adjustment, daily living skills and family support and has demonstrated that by putting parents at the heart of the solution, children can and do make significant progress even in the most challenging circumstances. Significantly, children in families with the highest needs showed the most progress - including those whose parents have mental health problems and were coping with complex and multiple disadvantage.

I am sincerely grateful to Dr Elizabeth Young (Home-Start UK) and to the University of Cambridge and University of South Wales for producing such a comprehensive and insightful evaluation of this pilot programme.

We are delighted that the 139 children who were referred directly to the programme by a wide range of organisations showed significant benefits from being part of the project. But I would also like us to consider the positive impact on the other 260 children in the families involved who should also have gained so

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much as their parents learned to create a more supportive home learning environment: Anau, Haiya and Magil's story in the main report is a wonderful example of this.

We now need to make sure this programme has a sustained and wider impact by continuing to develop it and extending it to communities right across the UK. There is a compelling case for making this investment a priority and I hope that those commissioning services, and other funders and partners will support our ambition to reach a further 5,000 children by 2020. We want to make sure that the big hopes we have for our children on their first day at school translate into improved life chances and big futures for them all.

Rob Parkinson
Chief Executive
Home-Start UK

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Executive summary:

The aim of the project
Improve children's readiness for school.

The mechanism
Trained volunteers would help parents learn about and understand the benefits of a positive learning environment at home. Through this the parents would increase their understanding and change their behaviour and family routines to include activities that would help their children's early learning. Their children would then start school or nursery able to fully benefit from their formal education.

When and who
From April 2013 to March 2015 Home-Start's Big Hopes Big Future pilot project supported 225 families, including 540 children, in 12 local Home-Starts. Of these children, 139 were referred directly to the programme by a wide range of education and community organisations including health visitors, nurseries and children's centres.

The project targeted the most disadvantaged families including those who did not readily engage with their children's early learning because they:

- lacked confidence and/or understanding of how to engage
- lacked the resources (books/toys etc) needed to support their children's learning
- felt alienated from the education system and services
- were socially isolated
- had chaotic lifestyles
- had practical barriers to overcome – i.e. poor health, disability, English not a first language.

Our definition of school readiness
School readiness for a child depends on three main areas:

Home readiness, including:

- Availability of stimulating materials in the home
- Good bedtime/morning routines

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Parental readiness, including:

- Ability to access appropriate early years services
- Ability to establish routines
- Ability to engage with their child's development

Child readiness, including:

- Arrive at school fed and on time
- Play and share with other children
- Use the toilet
- Understand simple hygiene
- Dress and put on shoes
- Eat and drink unaided
- Cope away from their parent(s)
- Recognise own name (when written down)
- Use a pencil/crayon

Our results showed that for families supported by Home-Start's Big Hopes Big Future (BHBF) pilot programme:

(N.B. In general, smaller samples decrease the chance of finding a significant difference and so these pilot results are particularly encouraging).

- There was between 25% and 33% improvement in the children's school readiness for language and cognition, behavioural adjustment, daily living skills and family support.
- Improvement in language and cognition was particularly evident for children who were eligible for free school meals, for families with mental health issues and for those with multiple deprivation.
- The difference in behaviour adjustment (tantrums, lack of patience, easily distracted, poor response to reprimands, etc) between children in families who did and did not have mental health issues was significant at the start of the support. But children from families with mental health issues went on to make the greatest improvements; closing the difference gap completely after taking part in the programme. This suggests that Big Hopes Big Future can target, engage and successfully support families with complex needs to improve their children's readiness for nursery and school.
- For all the issues identified by parents, there was a significant improvement in their ability to cope by the end of the support. The biggest changes in parents' coping scores were for being involved with their child's development, managing children's behaviour, parental mental health, parents' self-esteem, running the household, and use of services.
- The project successfully reached and engaged families from disadvantaged backgrounds. Overall 126 (56%) of the families supported were living in some form of disadvantage, that is they were from lone parent families,

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families with unemployment and families who were living in temporary, overcrowded or social housing.
- The results showed that Home-Start volunteers are able to engage and work with younger children entering nursery as well as older children entering primary school.
- Of the parents who had their own learning needs Big Hopes Big Future volunteers made a difference. One parent said: "*These past few weeks have meant so much to me. I am a different person now. I am happy and confident and feel relaxed when meeting new people and going to new places. My reading has improved a lot and I intend to continue reading every day for myself and with my daughter. It's the small things like reading signs and labels in the supermarket and really understanding the details on information leaflets and forms. I now feel confident in filling out forms because the volunteer has spent time with me, practising writing out my address details etc.*"

The project also found:

- The Big Hopes Big Future volunteers benefitted from improvements in their own mental and physical health and their skills and knowledge around early years and child development. They also improved their work readiness as a result of the training, ongoing experience, and support during the project.
- There is a wide community referral pool and the Big Hopes Big Future project has led to the development of new partnerships locally.
- This evaluation has provided evidence for the areas highlighted in the Big Hopes Big Future theory of change:
    - parents as role models
    - parenting skills to understand child development
    - reading as fun
    - the importance of household routines
    - community networks and expanding and encouraging parental aspirations.
- The key finding of the mediating effect of family support on child outcomes reinforces the theory of change on which Big Hopes Big Future is based.

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Introduction

The Big Hopes Big Future [BHBF] project aims to:

- Help parents to understand the benefits of early learning for their children and overcome barriers to their engagement
- Encourage parents to create a positive home learning environment for their children
- Build parents' confidence to engage with other appropriate services
- Embed learning carried out in external settings in the home
- Help parents manage the transition into early years settings
- Identify and support parents own learning needs

This final evaluation report will provide results from the overall project including: a revised theory of change, logic model and associated evidence for the school readiness intervention being provided by volunteers for vulnerable parents and children; descriptions of the families' circumstances being supported; outcomes for the families and children, and data on the development of the volunteers who were specifically trained for this project in skills related to school readiness.

A review of the evidence summarised below has informed both the mapping of a theory of change for the specific home based school readiness support offered by Home-Start volunteers. The parameters of school readiness which have underpinned the approach within BHBF have a wider focus than the 'three Rs' and this wider approach has been informed by the evidence and research outlined in the next section.

Broad definitions of school readiness

While parents and policy-makers interested in school readiness often focus on the '3 Rs', research evidence demonstrates that the strongest effects typically emerge from interventions that seek to foster playful, positive family interactions (for a meta-analytic review, see Wyatt Kaminski, Valle, Filene, & Boyle, 2008). There is an increasing body of evidence mapping problems encountered by children when adjusting to the demands of an early years or primary school setting. These problems have led to an increasing interest in school readiness but consensus over how school readiness should be defined remains elusive. Hughes et al state:

"*For politicians and many parents, school readiness hinges on achieving foundation skills in literacy and numeracy (Barbarin et al., 2008). Teachers, however, are more likely to highlight the importance of children's behaviour and socio-emotional development. For example, in the study by Rimm-Kaufman et al*

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(2000), the most common difficulties reported by kindergarten teachers related to teachability rather than to academic knowledge. Integrating these competing views requires a multi-dimensional definition of school readiness. Adopting this approach, a recent synopsis of research on school readiness (High et al., 2008) identified three key components to school readiness: success in the '3 Rs' (of reading, writing and arithmetic); social skills (cooperating and getting along with peers, managing frustration); and a motivation to learn (which in turn depends on children's general wellbeing)" (2014).

Nursery/school-readiness depends upon much more than early literacy and numeracy – in particular, social competencies, self-regulatory skills, practical or 'daily living' skills are all pivotal for children's success in the first few years of nursery leading to school - and so need to be included in an intervention which seeks to improve nursery/school readiness. Interventions therefore need to consider not only how to build up children's specific competencies but also how to foster positive attitudes to learning and to new challenges, which may involve working with parents who themselves have had negative experiences in school and who may therefore find it difficult to instil enthusiasm for school in their own children.

The broad definition of school readiness used in this project includes not just the child but also the family. The findings from Hughes et al and from large-scale interventions in the USA underline the pivotal importance of family support for children's success in the transition to school. Some parents may face multiple barriers (e.g. financial insecurity, poor wellbeing) to providing the sensitive and stimulating care that their children need. Any assessment of children's school readiness should therefore include a parallel assessment of family support. The approach is multidimensional and broader than children's 3R's, social skills and motivation to learn (High 2008). It includes the readiness of the parents to support the whole family as individual children make increasingly earlier transitions into early years provision.

It is now accepted that the link between disadvantage and achievement is cumulative: when poorer children enter primary school, despite early indications of potential, they tend to fall behind (Feinstein, 2003, 2004). Consequently, the chances of breaking cycles of poverty and deprivation are considerably reduced as children get older. However, a range of protective factors have been identified which can help children overcome their initial disadvantage and ultimately prevent social exclusion. These include:

- Strong relationships with parents, family members and other significant adults;
- Parental interest and involvement in education with clear and high expectations;
- Positive role models;
- Active involvement in family, school and community life;
- Recognition, praise and feeling valued.

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Theory of change for a volunteer-led home based school readiness intervention

Home-Start has developed a theory of change based on this emerging literature supporting a broader conceptualisation of nursery/school readiness and on the years of practical experience of working alongside families (Evangelou et al 2008). Home-Start believes that parents who are supported by trained volunteers to become more aware of the influences of a positive home learning environment will change their beliefs, family routines and behaviours. These changes in parental beliefs, behaviours and family routines lead to improved outcomes for children entering an educational setting. Therefore interventions should not be exclusively focused on the child but should aim to improve interactions between children, parents, peers and teachers. Addressing the needs of parents enables them to nurture their children in ways which prepares them for a formal educational setting.

The theory of change underpinning the BHBF project states that:

- **Volunteer-led[1] support customised to specific families' needs develops parental awareness of the home environment as the context for children's early learning[2]**
- **This leads to parents becoming more engaged in terms of:**
    - **Developing warm, consistent, demanding and authoritative parenting[3]**
    - **Making learning fun[4]**
    - **Managing their household routines and resources[5]**
    - **Expanding their social networks and utilising community services[6]**
    - **Becoming more aspirational for their children's future[7]**
- **Improving parental engagement leads to families being more prepared for the transitions to early years provision for their children**
- **Children who are supported by their families to make smooth transitions are 'teachable' from an earlier age**
- **Children who are engaging early with education will have improved life chances[6]**

This theory of change includes a series of associations between parental attitudes and practices and child outcomes along with a set of risk and moderating factors as parenting does not occur in a vacuum.

Over the course of the project stakeholders have contributed to the refinement of the theory of change as it is an iterative process.

Evidence underpinning the theory of change

1. There is a growing body of evidence which suggests that the act of volunteering has a positive impact for volunteers as well as for the direct

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beneficiaries. Social care provided on a regular one-to-one basis by volunteers now provides a significant contribution to the delivery of public services (HM Treasury, 2002; Blackmore, 2005; RNID, 2004; House of Commons, 2006). The effectiveness of the role volunteers play in the delivery of these key support services can be better understood by exploring the different experiences and motivations volunteers bring to family support and the impact this has on their own development.

2. Parents are not only children's first teachers but also the people who matter most to them. As a result, parents have a unique advantage in setting children upon a positive journey to learning. Evidence for this influence comes from findings that children's achievements are often more clearly related to parental views of their ability than to their previous actual performance (e.g. Jacobs and Weisz, 1994).

3. Mashburn and Pianta (2006) noted that children require both warmth *and* high quality instruction from caregivers and teachers. Likewise, authoritative parenting (Maccoby & Martin, 1983) is composed of three primary dimensions: *demandingness* (i.e., setting appropriate limits and having high expectations), *responsiveness* (i.e., responding appropriately and with warmth to children's needs), and *autonomy-support* (i.e., permitting and actively encouraging children's autonomy and independence in appropriate contexts).

4. Home-Start is particularly aware of the need to support parents so that families can have fun as the research evidence reviewed by Wyatt et all (2008) highlights. Parental support for early literacy requires not only a belief in the value of reading and in the child's ability and interest, but also both a recognition of the importance of making reading fun (Sonnenschein, 1997) and a sense of their own efficacy as parents (for a review, see Jones & Prinz, 2005).

5. The role of family chaos as a key index of adversity is well established. The link between family chaos and early reading was made by Johnson et al. (2008) who highlighted the importance of including household order within measures of the home-learning environment. In a low-income US study, household disorganisation (indexed by crowding, neighbourhood noise, TV hours, cleanliness and preparation for the home visit) predicted both receptive and expressive language in three year-olds and this association was in part mediated by parental sensitivity (Vernon-Feagans, Garrett-Peters, Willoughby, & Mills-Koonce, 2012). Most recently, an Early Head Start study has highlighted the value of establishing family routines as a means of promoting resilience and cognitive development in pre-school children (Ferretti & Bub, 2014). Using longitudinal datasets research shows that: '*Educational deficits emerge early in children's lives, even before entry into school, and widen throughout childhood. Even by the age of three there is a considerable gap in cognitive test scores between children in the poorest fifth of the population compared with those from better-off backgrounds. This gap widens as children*

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enter and move through the schooling system, especially during primary school years' (Goodman and Gregg, 2010).

6. Piotrkowski (2004) considers school readiness to be the joint responsibility of families, schools and communities to provide an environment that promotes a child's learning.

Parents need both the confidence and the material resources to engage in social and community networks which promote young children's school readiness. Parents who are facing the multiple challenges associated with poverty (e.g. poor living conditions, unemployment or lack of transport/social isolation) may well experience elevated levels of depressive symptoms, which in turn can impact on children as outlined above. In addition, a lack of financial resources will limit opportunities for enjoyable and stimulating leisure activities. Although many sources of stimulation for children are free (e.g. public libraries, parent-toddler groups), young parents or parents living in poverty may well lack the confidence or motivation needed to take advantage of these resources, particularly if this requires finding a means of transport.

7. Parents' aspirations for their children - particularly in terms of whether higher education was an option - are now considered to be possible predictors of children's life chances. Goodman and Gregg (2010) stated that: "parental aspirations and attitudes to education varied strongly by socio-economic position, with 81 per cent of the richest mothers saying they hoped their nine-year-old would go to university, compared with only 37 per cent of the poorest mothers". It is not only aspirations but parents' cognitive skills and their belief that their own actions can affect the lives of their children which contribute to making the aspiration for higher education a reality.

8. Frank Field's review of children's life chances in the Early Years (2010) identified school readiness as a key influencing factor in children's life chances: "*I asked the headmaster of Bidston Avenue Primary School in Birkenhead if he and his staff would list the skills they believe all children should possess as they start school.....The skills the head listed as those which a significant number of children lack when they start school are: to sit still and listen; to be aware of other children; to understand the word no, and the borders it sets for behaviour, and equally to understand the word stop, and that such a phrase might be used to prevent danger; to be potty trained and able to go to the loo; to recognise their own name; to speak to an adult to ask for needs; to be able to take off their coat and tie up laces; to talk in sentences; and, to open and enjoy a book" p24.*

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The Project

Big Hopes Big Future was a pilot project which started in April 2013 in partnership with local Home-Starts. BHBF recognises the importance of family background and home environment on children's readiness for school and learning. It helps prepare parents and children to make the transition to nursery and/or school. BHBF addresses the needs of parents who lack confidence or feel alienated from education to engage with their children's learning via a volunteer-led individualised programme of support. The programme trains volunteers to support parents and to improve the outcomes of their children.

A focus of the project was to encourage parents to:

- use the opportunities within families' homes and communities to promote literacy
- recognise and value their children's achievements
- interact with their children sharing and supporting them in real life literacy tasks
- model the use of literacy skills

The volunteer training was designed to reflect and complement the seven areas of learning outlined in the Early Years Foundation Stage:

1. Communication and language development
2. Physical development
3. Personal, social and emotional development
4. Literacy development
5. Mathematics involves providing children with opportunities to develop and improve their skills in counting, understanding and using numbers, calculating simple addition and subtraction problems; and to describe shapes, spaces, and measures
6. Understanding the world
7. Expressive arts and design

The volunteers were trained to highlight these opportunities and to role model how these opportunities can be utilised as part of routine engagement with the children. The volunteers recorded how the parents had achieved this focus on literacy using a framework based on the work of Nutbrown et al (2005). The value of this framework is that it can be used to describe how families support children's literacy (or other aspects of their development) and to plan work with parents.

A package of resources was also developed to complement the school readiness topics. These activity bags were themed around the following topics collage; dressing up; mark making; routines; songs, toilet training and starting school.

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The evaluation of BHBF

The aims of the overall Home-Start BHBF evaluation are linked to the theory of change described above. Table 1 below outlines the aims of the evaluation along with the associated measurement tools:

Table 1: Aims of the evaluation

Aim	Measurement tool
1. To chart the school readiness of children supported by Home-Start	BESSI[1]
2. To assess volunteers' ability to promote school readiness	Volunteer Impact Management system[2]; volunteer diaries[3]
3. To evaluate the engagement of parents with their children's learning opportunities	MESH[4]; ORIM[5]
4. To evaluate the engagement of parents with their own learning opportunities	MESH
5. To outline models of volunteer-led school readiness delivery	MESH

This report will provide data generated from the following data sources

1. BESSI
   Overall nursery/school readiness is being assessed using the Brief Early Skills and Support Index. The Centre for Family Research University of Cambridge have recently developed this 1-page instrument, the Brief Early Skills and Support Index (BESSI) (Hughes et al 2015) – see appendix A[1]. BESSI has 4 sub scales: Family support[2]; child daily living skills; child language and cognition and child behaviour adjustment. BESSI has been used at the beginning and end of support with families. A low BESSI score is good. High scores indicate more problems.

2. VIMS
   The volunteers' journey of change was captured using the Volunteer Impact Management System [VIMS] - see appendix D. Volunteers recorded their progress across five domains; personal development; skills development; health and wellbeing; diversity and inclusion; friendships contacts and community. A high VIMS score is good.
3. Volunteer diaries - the volunteers kept a structured diary to record the types of support they provided.

[1] See Hughes et al (2015) for a detailed account of the development of the scale.

[2] The term family support is used in 2 ways in this report. It has a specific meaning when referred to as one of the sub scales of BESSI. In this context it refers to the following indicators which make up the family support scale in BESSI [talks about fun, reads at home, always punctual, rarely misses nursery, sleepy or tired, receives praise]. Family support is also used to refer to the core support provided by Home-Start volunteers.

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4. MESH - Home-Start monitoring and evaluation system. This administrative dataset is formed from: standardised referral forms completed by a number of different referral sources; the information collected by Home-Start staff in three or more assessment interviews: initial, review[s] and end visits with the families. This report presents data on the needs identified and the progress made by parents using a self assessment coping scale ranging from 0-5 [0=not coping; 5= coping well]. The data were analysed using SPSS v21. A high MESH rating is good.

5. ORIM
   The Opportunities; Recognition; Interaction; Model is a weekly review with the parents about their engagement with their children's learning opportunities which were recorded using the ORIM framework (Hannon & Nutbrown 2011) – see appendix C. A high ORIM rating is good.

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Results

The results are presented in the following sections: referral data and intervention delivery mechanisms; profile of the families; background of the children; children's outcomes; family needs/outcomes and volunteer development.

Referral data and intervention delivery

A wide range of organisations referred families for BHBF support. These are listed in table 2 below.

Table 2: Referral Source

Referral Source	Frequency	Percent
Home-Start	39	17.3
Nursery education	7	3.1
School nurse	2	0.9
Children's centre	15	6.7
Health visitor	53	23.6
Mental health services	6	2.7
Social worker	7	3.1
Education	12	5.3
Housing	2	0.9
Other/community/health organisation	7	3.1
Creative support	1	0.4
Family Nurse Partnership	1	0.4
Time to talk	1	0.4
Refugee Action	1	0.4
NSPCC	1	0.4
Total	155	68.9
Missing	70	31.1
Total	225	100

The project used different approaches to providing school readiness support. 38 (17%) families received both the BHBF intervention and the core Home-Start support which addresses the wider support needs of the families alongside the focus on school readiness. In addition 58 (26%) of the families referred themselves for BHBF support.

The reasons for referral varied and included support with child's challenging behaviours for example biting, hitting, tantrums; child's poor sleep patterns; parents' inability to set boundaries and provide consistent discipline and, for 4 children, a possible diagnosis of autism or ADHD was pending.

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Within the BHBF project some families were supported in groups and some families received home visits and attended BHBF groups – see table 3 below

Table 3: Means of Intervention with families

	Frequency	Percent	Valid Percent	Cumulative Percent
Home-visiting	153	68.0	74.3	74.3
Group work	36	16.0	17.5	91.7
Both	17	7.6	8.3	100.0
Total	206	91.6	100.0	
Missing	19	8.4		
Total	225	100.0		

The length of time that support was offered to each family ranged from:

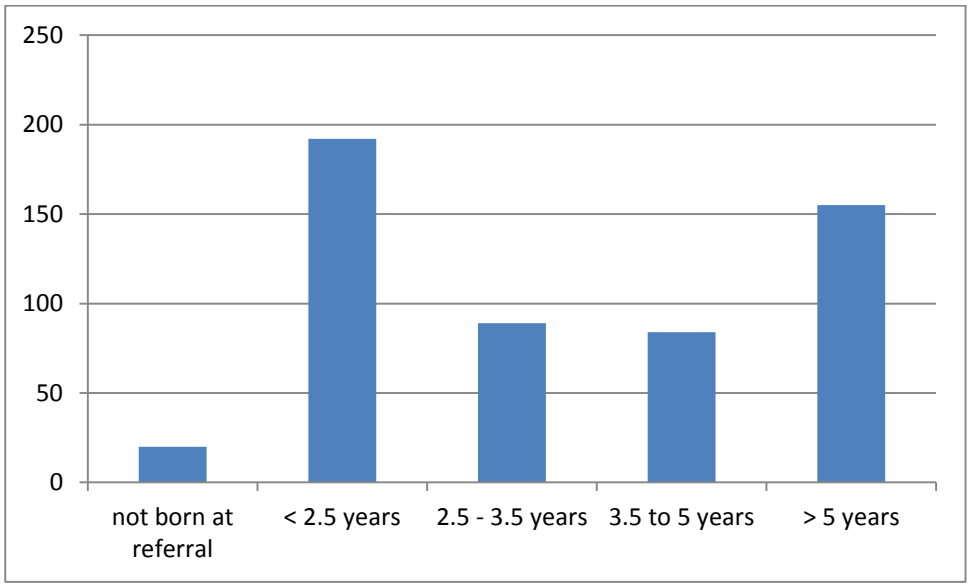
≤ 3 months (36%); 4-6 months intervention (36%); ≥ 7 months (25%)

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Profile of the families supported

BHBF supported 225 families across 12 local Home-Starts including 540 children [266 (49%) male: 274 (51%) female]. The age of the children in the families, ranging in bands from pre-birth to over five years old are illustrated below.

Figure 1: Age range of children supported



The families were asked who was the main carer. The respondents were given the option to state that both parents or only one parent was the main carer. For two families, the carer was a guardian, not a parent. 57 (25%) of families considered that both the mother and the father shared the care of the children. For 162 (72%) of the families the mother was the stated main carer and for 4 (2%) the father was the stated main carer.

The referral data indicated that the families had a set of complex circumstances and needs. 70 (31%) of the families had mental health problems; 69 (31%) of the families were from single parent homes; 23 (10%) of parents were at risk of domestic abuse; 13 (6%) had recognised postnatal depression; 11 (5%) of the parents had learning difficulties and with 5 (2%) of the families the BHBF project worked with the help of an interpreter. Four (2%) families were in the armed forces and for 1 family the main carer was in prison. Some of the families being supported were severely disadvantaged. In 81 (36%) families one of the main carers was unemployed; and 8 (4%) were living in temporary, overcrowded or B&B accommodation. Overall 126 (56%) of the families supported were living in poverty.[3]

[3] The poverty proxy was calculated from lone parents; unemployment status and temporary, overcrowded or social housing.

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The ethnicity of the main carer in the family is presented in table 4 below.

Table 4: Ethnicity of main carer

	Frequency	Percent	Valid Percent	Cumulative Percent
Missing	13	5.8	5.8	5.8
Indian	4	1.8	1.8	7.6
Pakistani	18	8.0	8.0	15.6
Other Asian	6	2.7	2.7	18.2
Caribbean	3	1.3	1.3	19.6
African	16	7.1	7.1	26.7
Other Black	2	.9	.9	27.6
Other Ethnic	7	3.1	3.1	30.7
Any Mixed	4	1.8	1.8	32.4
British White	143	63.6	63.6	96.0
Other White	9	4.0	4.0	100.0
Total	225	100.0	100.0	

69 (31%) of the families supported were from an ethnicity other than white British.

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Background of the children

The following data are from the 139 children for whom BESSI scores were collected at the start and at the end of the BHBF support.

Table 5: Children's background by age at start of intervention

	Age Group (At Start of Intervention)			
	Full Sample	< 2.5 years	2.5 – 3.5 years	> 3.5 years
N	139T	46	38	55
Gender				
% Boys	51.1	37.0	63.2	47.3
% Girls	48.6	60.9	36.8	52.7
% Missing	0.7	2.2	0.0	0.0
Free School Meals (FSM)				
% No FSM	42.4	45.7	36.8	43.6
% FSM	36.0	32.6	34.2	40.0
% Missing/Not Applicable	21.6	21.7	28.9	16.4
English as an Additional Language (EAL)				
% Monolingual English Speakers	82.7	69.6	89.5	89.1
% EAL	14.4	28.3	7.9	7.3
% Missing	2.9	2.2	2.6	3.6
Parent Mental Health Issues				
% No	66.9	76.1	52.6	69.1
% Yes	28.8	15.2	44.7	29.1
% Missing	4.3	8.7	2.6	1.8

N.B. EAL includes children who speak both English and another language at home.

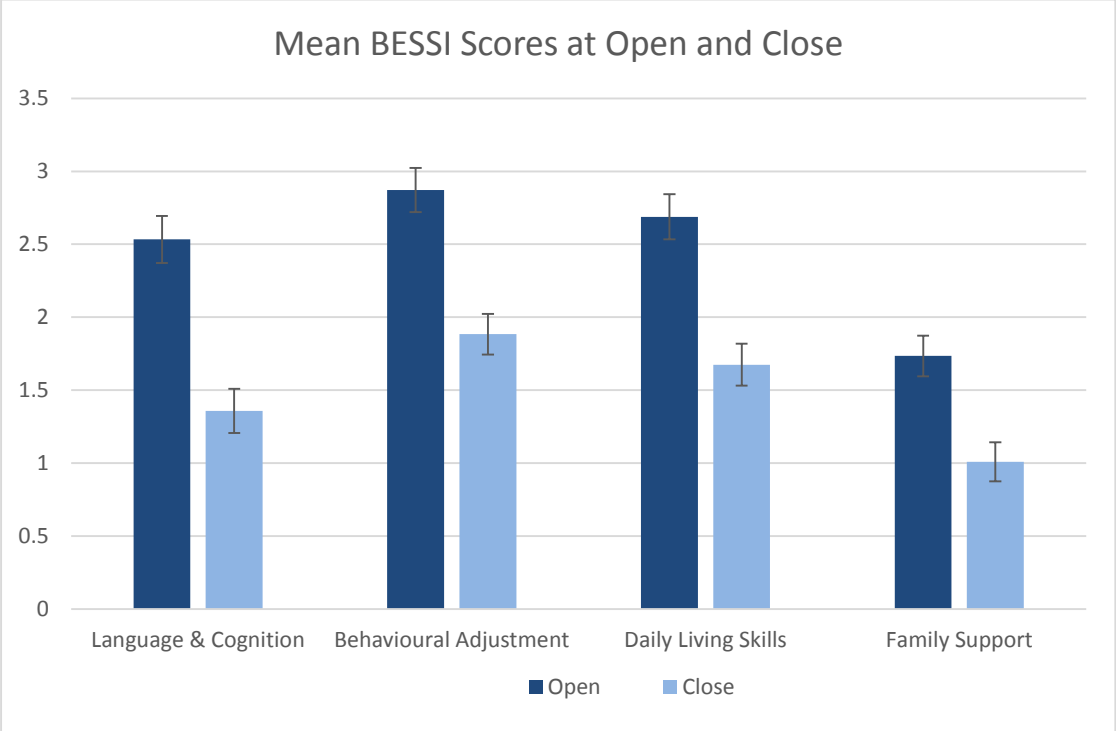
92 children were attending nursery/primary school when the BHBF support started (nursery attendance information was not available for a further 18 children). 103 children attended nursery or school by the end of the intervention (nursery attendance information was not available for a further 15 children) and spent on average 16 hours per week at nursery (range = 6 – 35 hours).

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Children's outcomes

The children's school readiness outcomes were measured using BESSI. For the following analyses 4-point BESSI scores were converted into binary variables indicating whether the child showed needs on each item (by collapsing across the "strongly agree" and "agree", and the "strongly disagree" and "disagree" response categories).

Figure 2: Child school readiness scores at beginning and end of support



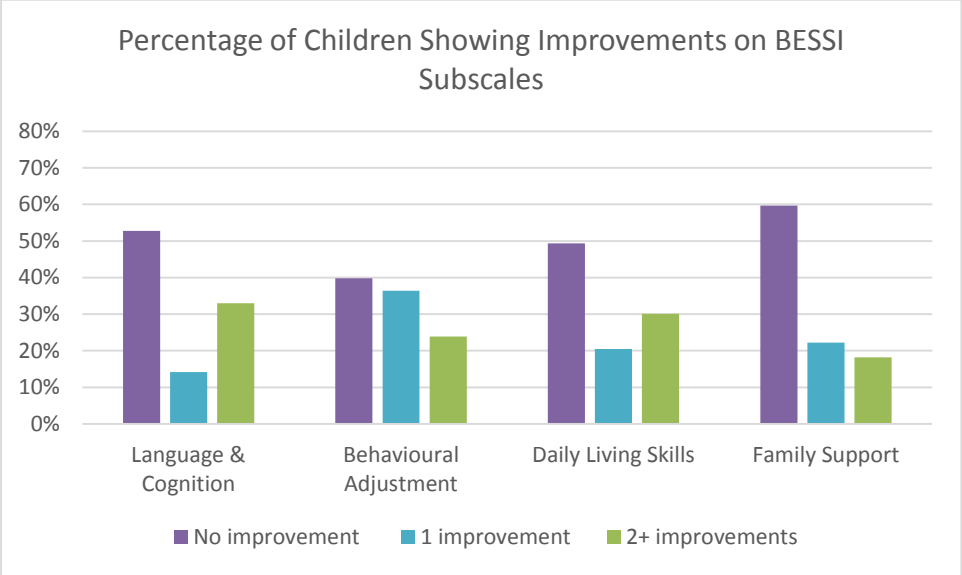
N.B. High scores indicate more problems.

The figure below indicates that across all the four domains within BESSI, [language and cognition; behavioural adjustment, daily living skills and family support] there has been improvement over the period of the BHBF support.

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Figure 3 below illustrates the breakdown of improvements within each sub scale.

Figure 3: Children showing improvements on BESSI sub scales



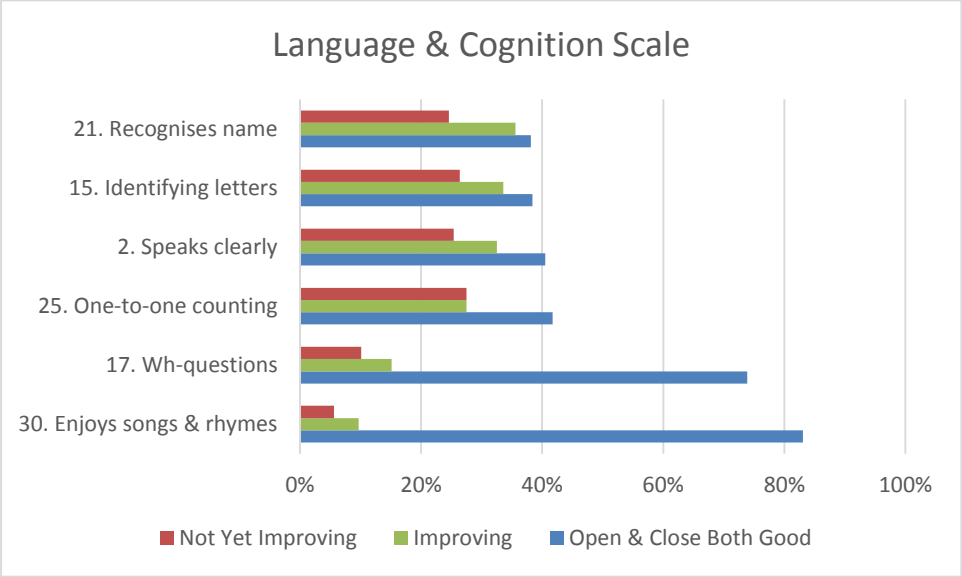
N.B. No improvement = no items showing improvement;

Small improvement = 1 item showing improvement: Clear improvement = 2+ items showing improvement.

The scoring on each of the indicators within the 4 sub scales of BESSI are presented in the next four figures presented below ***4[a] – 4[d]****.*

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Figure 4[a]: Language and cognition

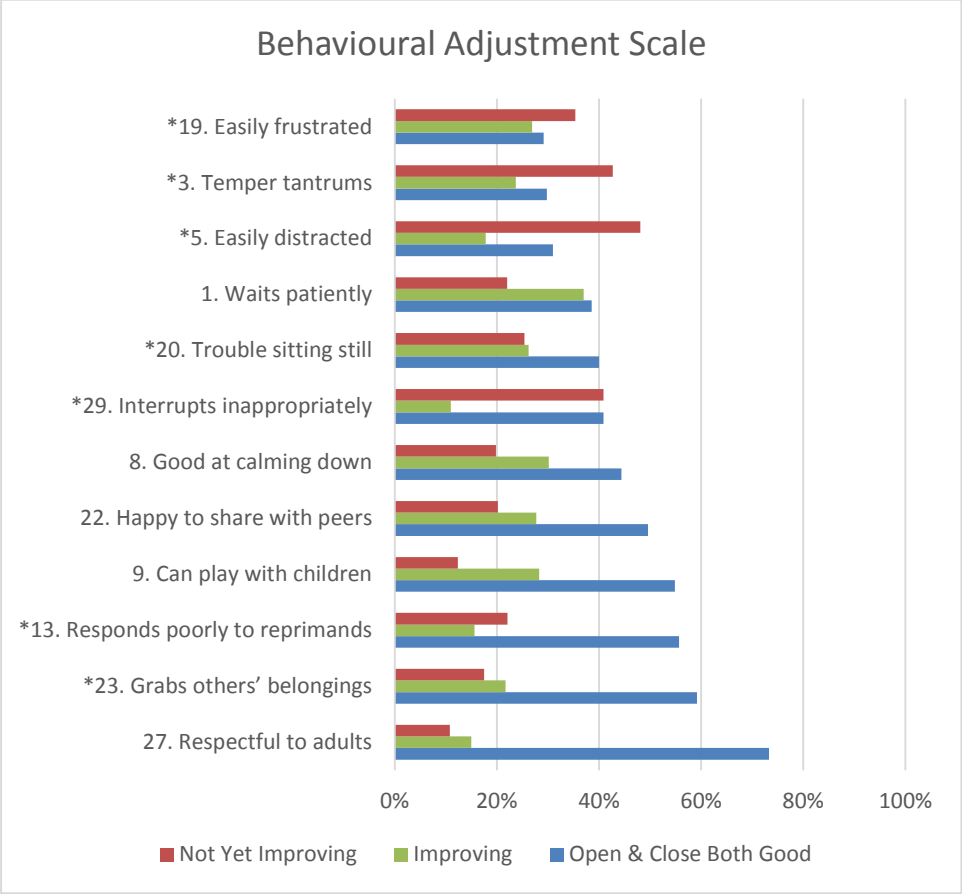


Between a quarter and a third of the children improved on 4 of the 6 items in the language and cognition domain. A further quarter showed problems at the start of the support and at the end of the support for each of these 4 items. Finer grained comparisons (with data split by gender and age group) indicate that boys and younger children are over-represented in this 'not yet improving' group. For the other two items (enjoys songs and rhymes, understands 'wh'-questions), most of the group were rated positively at the first time-point and so there was not much scope for change with age / intervention.

As expected, children with English as an additional language (EAL) seem to be over-represented in the not yet improving category for all items except enjoys songs and rhymes where levels of improvement for these children were similar to those among non-EAL children. These figures should be interpreted with caution, however, because of the small numbers of children with EAL and because these children were more likely to be in the youngest age category than non-EAL children.

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Figure 4[b]: Behavioural adjustment

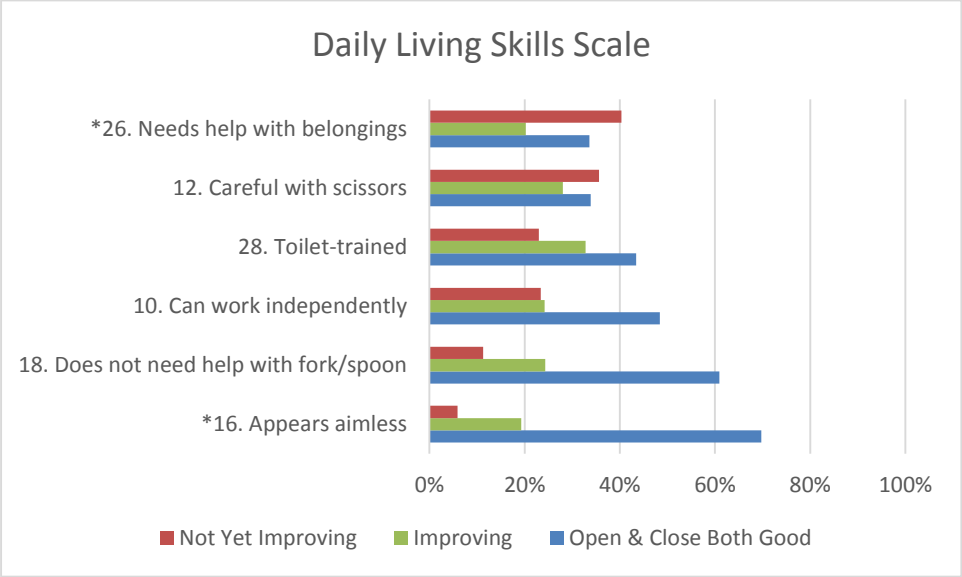


Between a quarter and a third of the children appeared to improve on 7 of the 12 items; of these, just one (easily frustrated) showed a substantial number of children with needs at both time-points. For 3 of the remaining 5 items (tantrums, distractibility, interrupts) at least a quarter of the group showed needs at each time-point – indicating that these needs might benefit from greater targeting in future intervention work. Interestingly, in contrast with the findings for language / cognition, there was not much difference in the proportion of either boys/girls or older / younger children in this not yet improving group.

It is encouraging to see that one of the items for which children showed the most improvement concerned the ability to play with other children and that bodes well for their success in the transition to nursery/school.

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Figure 4c: Daily living

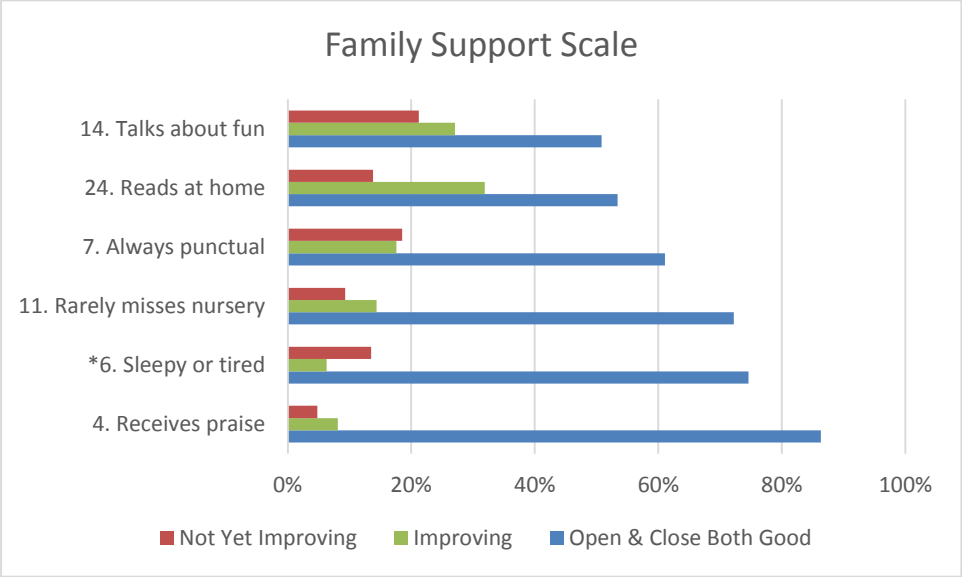


The changes across time were less marked on the items in this subscale, although an encouraging 33% showed progress in toilet training. A quarter appeared to have improved in general safety awareness (e.g. ability to handle scissors), but a further third were rated poorly at both time-points on this item, indicating some scope for further improvement. Analyses split by gender indicated that boys were somewhat more likely than girls to be in this not yet improving group.

Just under a quarter had improved in their ability to work / handle cutlery independently, but again, a similar number showed 'not yet improving' ratings for working independently – so there are possible effects of intervention for about half the children rated poorly on this item. A further item for which the intervention did not appear to have much impact was 'needs help with belongings' – again, indicating scope for greater targeting in future intervention work.

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Figure 4[d]: Family Support



For family support, between a quarter and a third of the sample appeared to improve on what are perhaps the two most important items – fun at home and regular reading. This is very positive, although it's worth noting that just over a fifth received poor ratings on 'fun' at both time-points, so there is scope to make a difference for more children. Finer-grained comparisons indicated that much of this improvement was evident in the older children rather than the youngest group.

For two of the items (praise and sleep) there were relatively few children with problems at the first time-point. The indicators for attendance and punctuality did not appear to have been affected by the intervention. It may be that these items were not applicable for many children (e.g. those not attending nursery or school).

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Children's background

The impact of the children's background on the BESSI scores was investigated. Repeated measures analyses examining BESSI subscale scores at open and close showed a number of effects. Overall, children showed fewer problems in language/cognition and daily living skills at close than at open, and this improvement in language/cognition was particularly evident for children who were eligible for free school meals. In the whole sample, children did not show a change over time in behavioural adjustment and family support. However, children whose parents were experiencing mental health issues did show improvements in behavioural adjustment and family support, suggesting that the intervention may have been particularly beneficial for this subgroup.

Younger children and children eligible for free school meals showed more problems in language/cognition and daily living skills at both time points (younger children also showed more problems with family support).

In terms of intervention type, children in families receiving a longer intervention showed fewer problems at close in language/cognition, daily living skills, and family support. In addition, families receiving the home-visiting intervention seemed to have slightly higher level of problems in family support than those receiving a group intervention. These findings are summarised in table 6 below on the next page

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Table 6: Summary of the background factors influencing school readiness outcomes

	BESSI Subscale			
	Language/ Cognition	Behavioural Adjustment	Daily Living Skills	Family Support
Time (Fewer needs at close)	✓		✓	
Gender (Boys more needs)	✓		✓	
Age (Younger children more needs)	✓		✓	✓
Free School Meals (Eligible children more needs)	✓		✓	
Intervention Length (Longer intervention, fewer needs at close)	✓		✓	✓
Intervention Type (Home intervention, more needs)				✓
Mental Health Issues (Families with mental health issues larger improvements)		✓		✓
Free School Meals (Children eligible for free school meals larger improvements)	✓			

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Figure 5: Improvement of child items by age

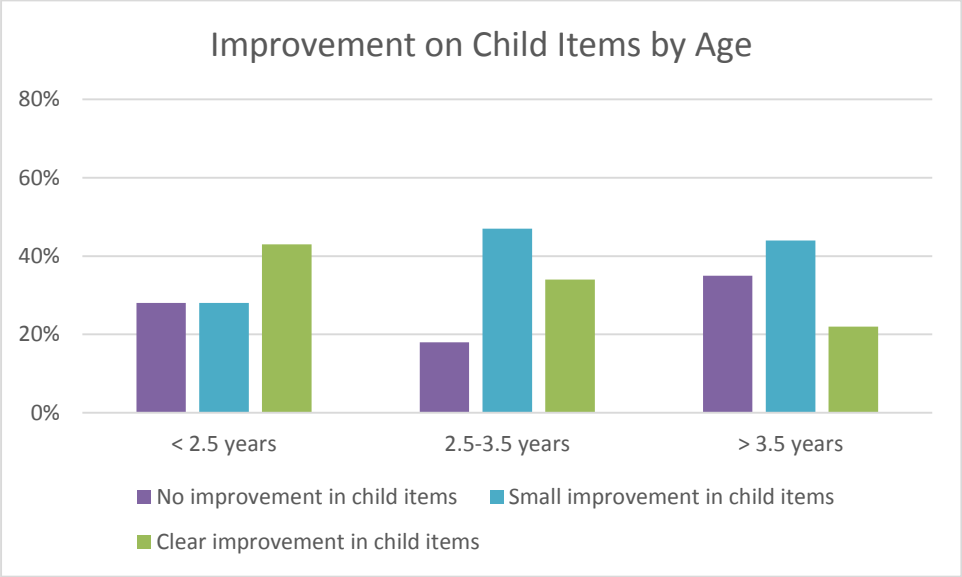


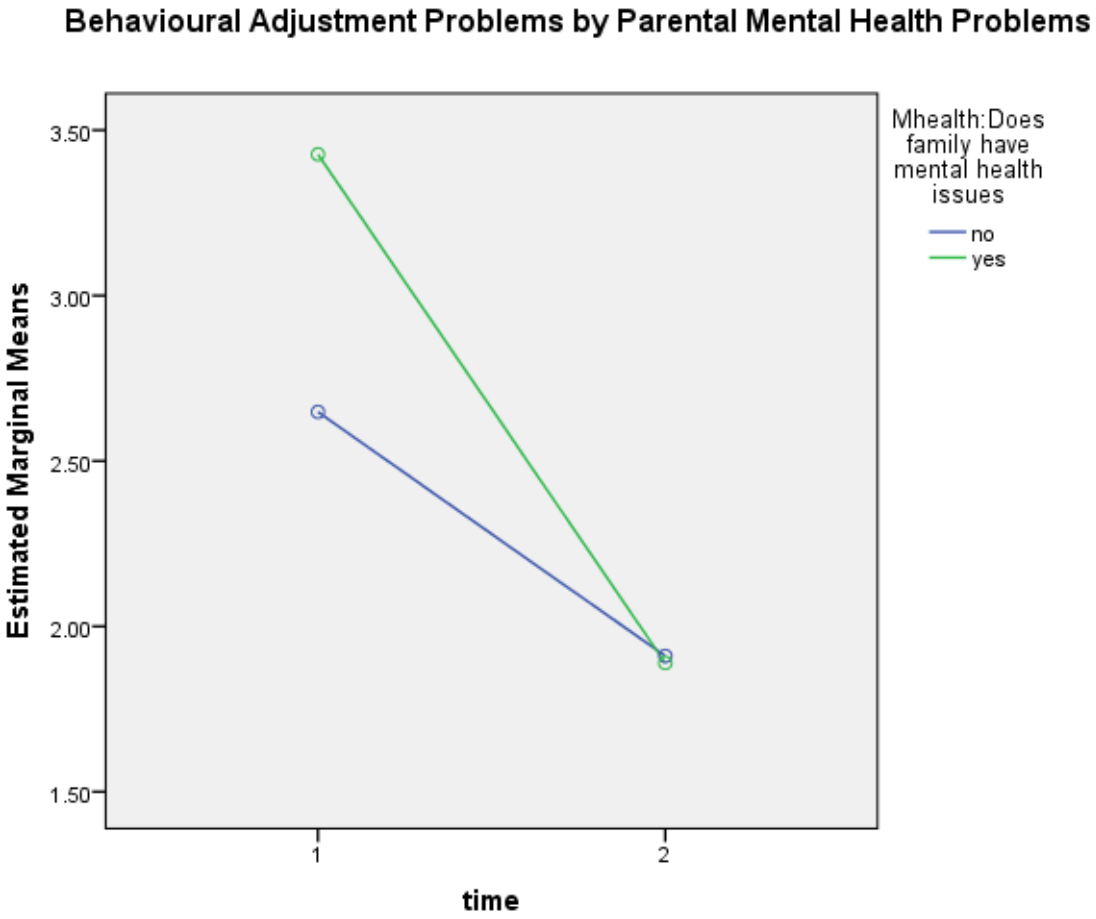
Figure 5 above shows more clear improvements for the indicators in the three subscales language and cognition, behavioural adjustment and daily living skills for the younger children.

Families with complex needs

The family support outcomes and the child behaviour outcomes for the group of families who were referred to BHBF with mental health issues were compared with the family support outcomes for families who did not have mental health issues. The line diagram in figure 6 below illustrates the different behavioural adjustment scores for the children of families with or without mental health issues.

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Figure 6: Child behavioural adjustment by parental mental health issues



The group difference between the children of families who did and did not have mental health Issues was significant ($t\ (130) = 2.18$, $p < .05$) at the start of the support. It can be seen from figure 6 that the children from families with mental health issues made the greatest improvements in their behaviour adjustment at time 2 when the support had ended.

One family supported during the project was a lone mother Cathy [not her real name] with two children aged three years-old and one year-old. The issues which were raised when Home-Start first met Cathy were her low mood and low level depression which impacted on her capacity to engage in positive play and learning with her children. Her three year-old was not accessing early years provision. Any activity out of the home was limited due to Cathy's low mood and the practical challenge of getting two young children ready. She had had only sporadic access to groups at the Children's Centres due to her low confidence. A BHBF volunteer, Abi [not her real name] visited Cathy and her children nine times over two months. The focus of the support was around practical help to get out to groups, guidance and encouragement to engage in play and learning activities with the children, specific support for the three year-old to develop basic skills in number and letter recognition, and increased use of books through use of BHBF resources. The volunteer signposted to the Children's

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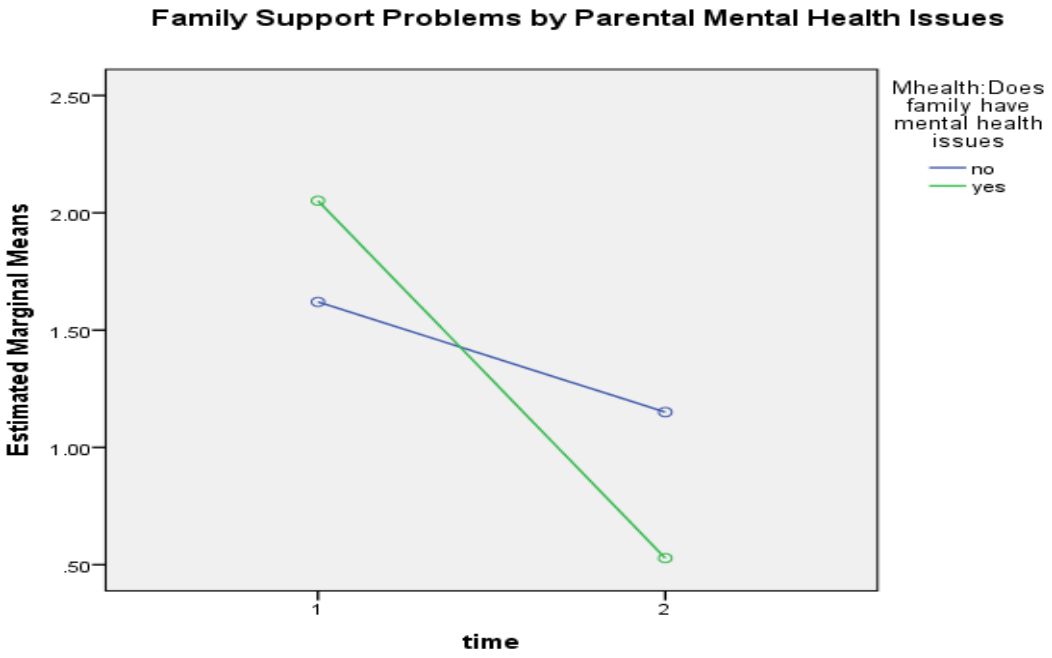
Centres and local early years childcare provision. The following changes have been made:

- Improved emotional wellbeing of mum.
- Increased play and learning activities in the home.
- Improved development of three year-old.
- Improved confidence of mum.

Cathy said: "*I don't know what I'd have done without my volunteer. I didn't know where to start and what I should expect my child to know at that age."* Abi said: *"I have loved supporting the family and watching the 3 year old flourish. Both mum and child now feel equipped and ready for school."*

Figure 7 below illustrates the changes in BESSI scores of the children who live in families where there are mental health issues.

Figure 7: Children who live in families with or without mental health issues



Note that the difference between groups at Time 1 is not significant (t (129) = -1.50, p > .05), but the difference at Time 2 is significant (t (124) = 2.72, p < .01).

The changes in the indicators for family support on BESSI were significant at the end of the support for the families with a mental health issue.

The support offered for families with mental health issues is illustrated in the case study outlined below: At the time her volunteer started visiting, the mum Anau [not her real name] had one daughter Haiya [not her real name] who is eighteen months old. She had recently moved from London to the north west with her

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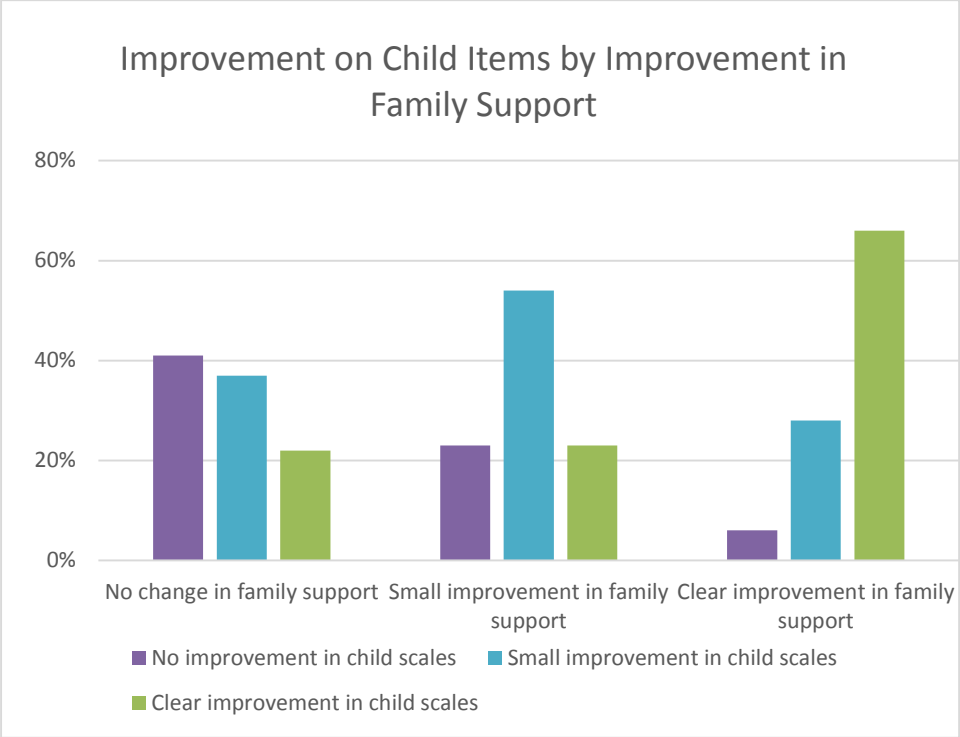
husband and had no friends or family nearby. Anau speaks only limited English and was suffering from anxiety and depression/exhaustion. When the health visitor referred the family to Home-Start the family rarely went out and didn't have a set morning or bedtime routine – often getting up late morning/mid day and going to bed late at night when they fell asleep on the sofa. Neither Anau nor Haiya were sleeping well and with no toys or books at home to occupy her Anau was finding it increasingly difficult to cope with Haiya's behaviour.

The volunteer Jasmine [not her real name] visited Anau at home and encouraged her to establish morning and bedtimes routines – and have regular mealtimes. Jasmine went with Anau to register at the library and helped her choose age appropriate books which initially they would read together. As Anau's English improved she started to read regularly with Haiya herself. Jasmine went with Anau to the local toddler group and a few months later helped Anau select a local nursery which Haiya started just after her second birthday. At first shy and withdrawn, Haiya is now confident and happy at nursery. She can recite all the letters of the alphabet and can count to ten. Anau says she is a naturally curious child who is constantly asking questions and pointing out colours and shapes when they go out together on walks and to the local park. Since the birth of a baby sister Magil [not her real name], Haiya has started to wash and dress herself and Anau says she is amazed at her progress and how confident and independent she has become in so short a period of time.

Anau says *"A lot of things have changed. Even on her own Haiya is now discovering things around her and pointing them out to me. Sometimes if I'm not paying enough attention she tells me off! We've got lots of toys at home and Haiya goes to bed at 8 o'clock and sleeps right through the night. We have an alphabet chart and she loves telling me all her letters. I know now what to do with her little sister and Haiya is going to be a big help I can see".*

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Figure 8: Improvement in child items by improvements in family support items



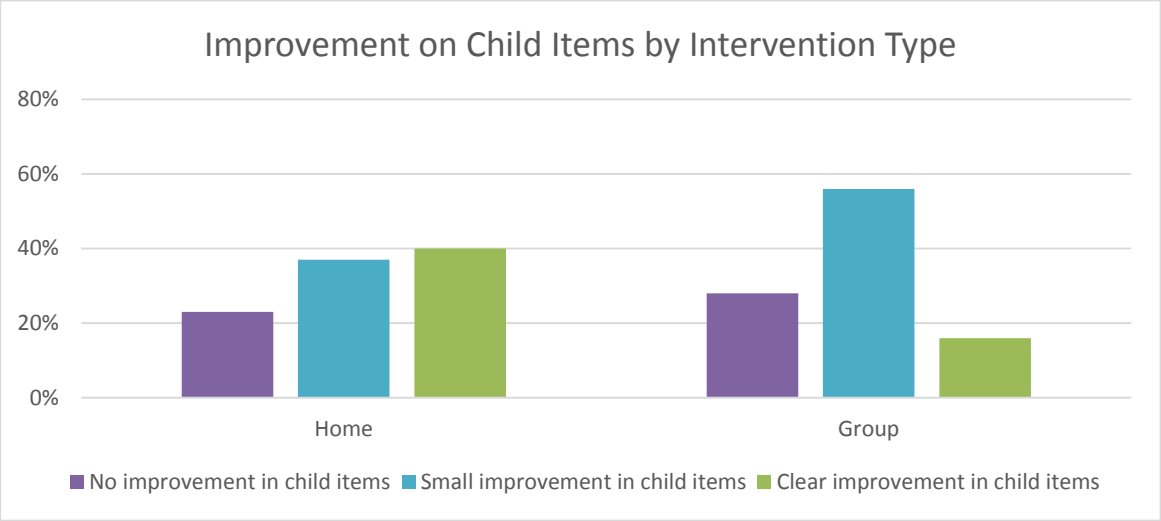
Note. Family support (6 items): no improvement = 0 improving items; small improvement = 1 improving item; clear improvement = 2+ improving items.

Further analysis explored the relationship between the three child sub scales on BESSI and the type of support offered i.e. in the home or in group[4]. Figure 9 below demonstrates that larger improvements were made for children who were home-visited.

[4] The combined intervention of home and group was not included because there were so few children who received this combined support.

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Figure 9: Child school readiness indicators by type of intervention



Are improvements for children receiving home versus group interventions explained by the BESSI family support indicators i.e. talks about fun, reads at home, always punctual, rarely misses nursery, sleepy or tired, receives praise? A Sobel test[5] ($z = 2.23$, $p < .05$) indicated that the advantage of home intervention over group intervention for improvements on the BESSI child scales was explained by improvements in family support- see figure 10, next page.

[5] The Sobel test is a method of testing the significance of a mediation effect. A mediation model is one that seeks to identify and explain the mechanism that underlies an observed relationship between an independent and a dependent variable through the inclusion of a third explanatory variable, known as a mediator variable. Rather than hypothesizing a direct causal relationship between the independent variable and the dependent variable, a mediational model hypothesizes that the independent variable influences the mediator variable, which in turn influences the dependent variable. The mediator variable serves to clarify the nature of the relationship between the independent and dependent variables.

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Figure 10: The mediating influence of family support on child outcomes

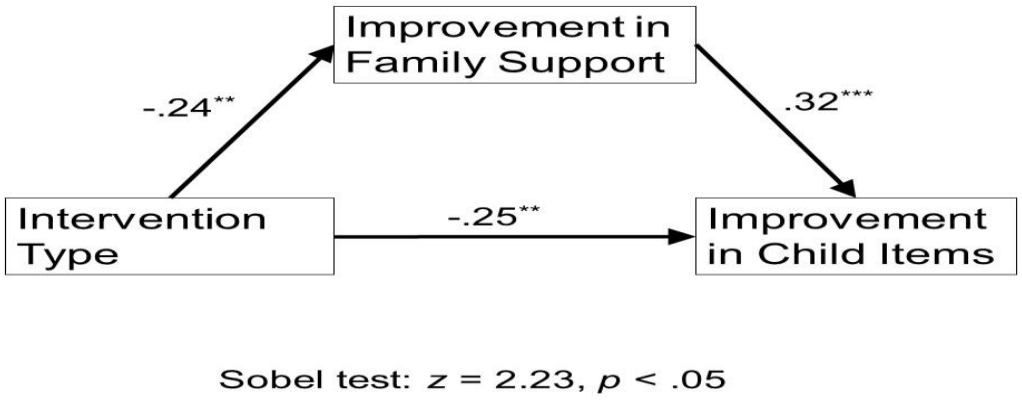


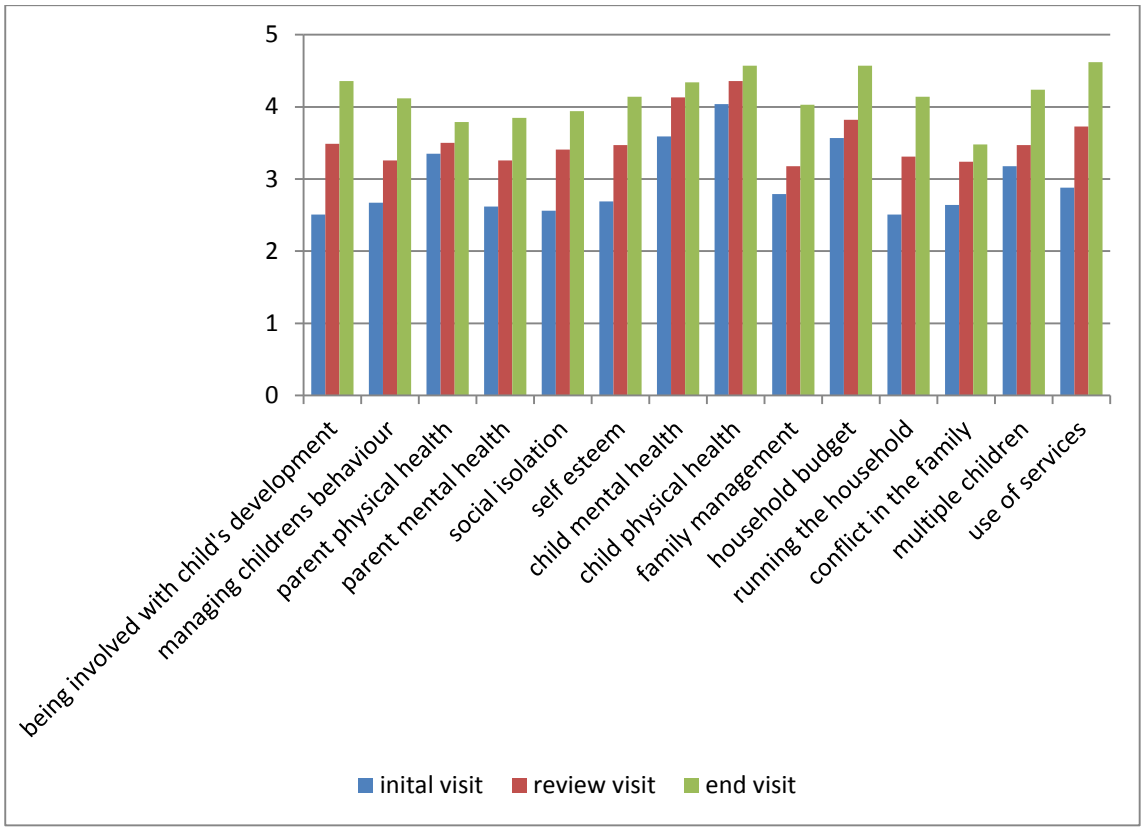
Figure 10 above illustrates the positive mediating impact of family support on achieving child outcomes.

Parents' support

In addition to the data captured in the family support sub scale of BESSI, this evaluation captured data from the Home-Start monitoring and evaluation system [MESH] related to families' ability to cope with wider dimensions of school readiness including household routines, the parents' learning needs, the parents' self esteem, social isolation and mental health issues. The figure below illustrates the coping scores for the overall needs identified by the families at their initial, review and end visits.

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Figure 11: Parents' ability to cope with needs identified at initial visit, review visit, and end visits



For all the needs identified by the parents there was a significant improvement in coping scores from the initial visit to the end visit. The biggest changes in the parents' coping scores over the period of the BHBF support were for being involved with their child's development, managing children's behaviour, parental mental health, parents' self esteem, running the household, and use of services. Below is a quote from a family supported with managing their children's behaviour

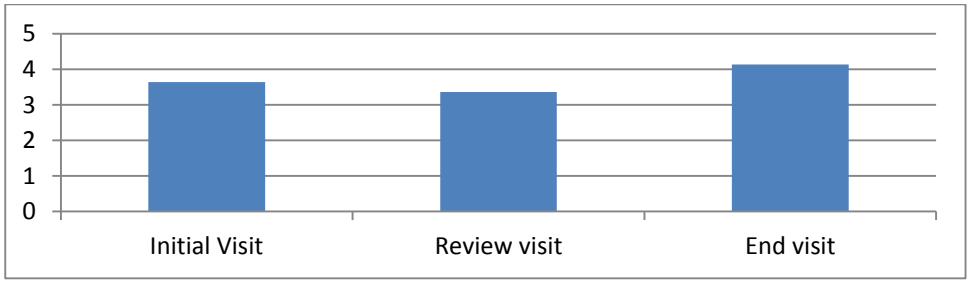
> *"I am more confident in establishing routines at home and previously C2 [referring to her second child] would not listen to instructions or requests. He is now able to settle down easily at bedtimes and also in the mornings he responds well to requests.*
> *I have begun to point out signs like the school signs and take every opportunity to praise him. C2 is now less disruptive at nursery and I receive less complaints about his behaviour. I have noticed that C2s tantrums have become less and he is able to calm down quicker".*

The volunteer commented: *"I plan what activities I will be doing with C2, whilst at the home I take the lead from the child. C2 is interested in cars thus we incorporate the cars by drawing out letters and words".*
A particular focus of the project was on the support offered to parents who themselves had learning needs. The figure below illustrates the change that the

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57 parents who identified themselves as having some learning needs made while being supported through BHBF.

Figure 12: Parents' own learning needs



The bar chart above illustrates the improvement in parents own learning and the quote below is from a parent who had literacy difficulties herself:

> "*These past few weeks have meant so much to me. I am a different person now. I am happy and confident and feel relaxed when meeting new people and going to new places. My reading has improved a lot and I intend to continue reading every day for myself and with my daughter*". *It's the small things like reading signs and labels in the supermarket and really understanding the details on information leaflets and forms. I now feel confident in filling out forms because the volunteer has spent time with me, practising writing out my address details etc.*"

and the reflections of the volunteer who supported her:

> "*The best thing has been watching mum and child reading and enjoying books together and I feel privileged to have been part of what has made this happen. We discussed the importance of books being available for C1's learning and development and an ideal opportunity for mum to use these books as a stepping stone for her own learning. I honestly believe that this mum would not have attempted to enter a library had we not supported her in the process, let alone register and borrow books for her and her child to enjoy*".

An example of the work volunteers do to support parents with their own learning needs was recorded in the volunteer diaries and on visit one a volunteer had provided practical support to enable a parent to engage with adult education.

The figure below illustrates the improvement in child development coping scores for parents who did and did not live in poverty.

Figure 13: Parents' ability to cope with their child's development dependent on their poverty indices

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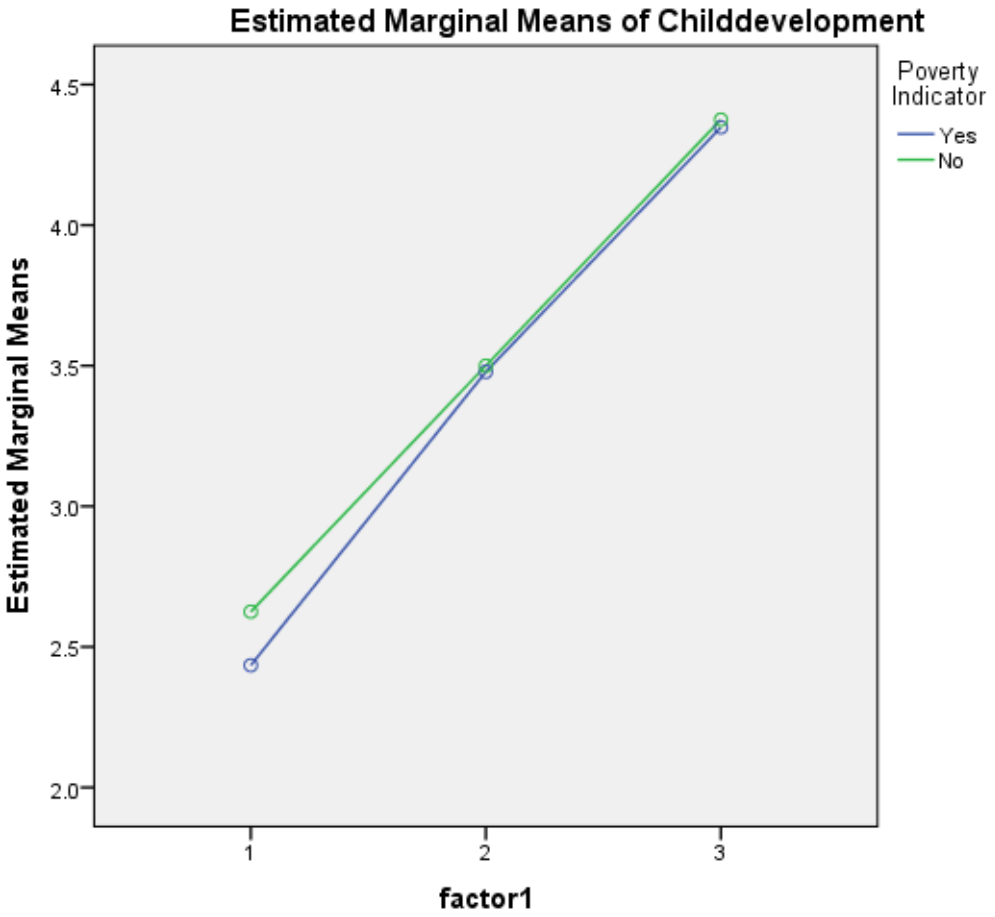


Figure 13 above shows that at the beginning of the support parents living in poverty were less able to cope with being involved with their child's development. By the review visit the parents from each group were scoring themselves similarly on their ability to cope with being involved with their child's development and these results were maintained at the end of the support. These findings for parents from poor backgrounds are reflected in the results for the children's outcomes outlined above.

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The volunteers provide practical support, emotional support, activities with the children and support to use other services.

Figure 14: Volunteer support – number of times volunteers recorded an activity in their diary

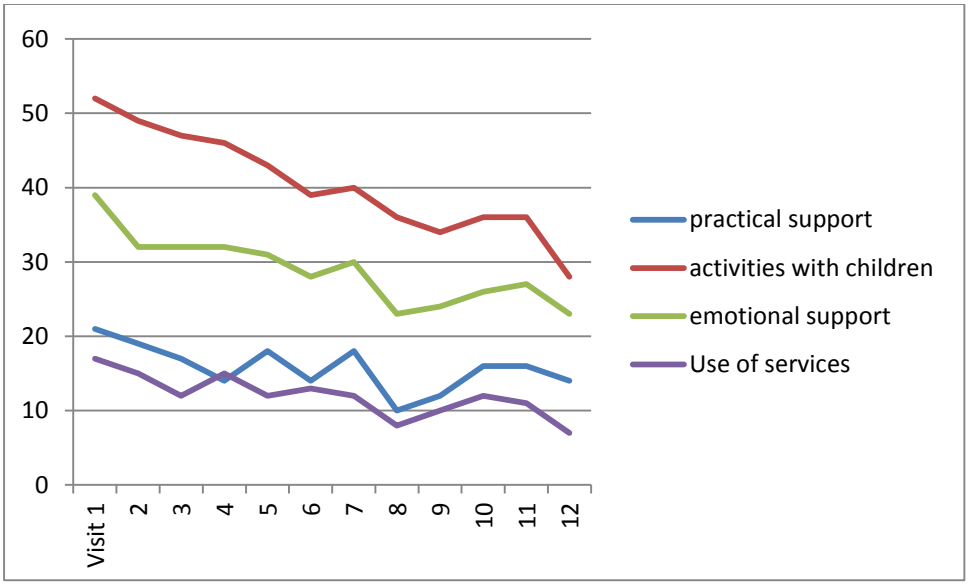
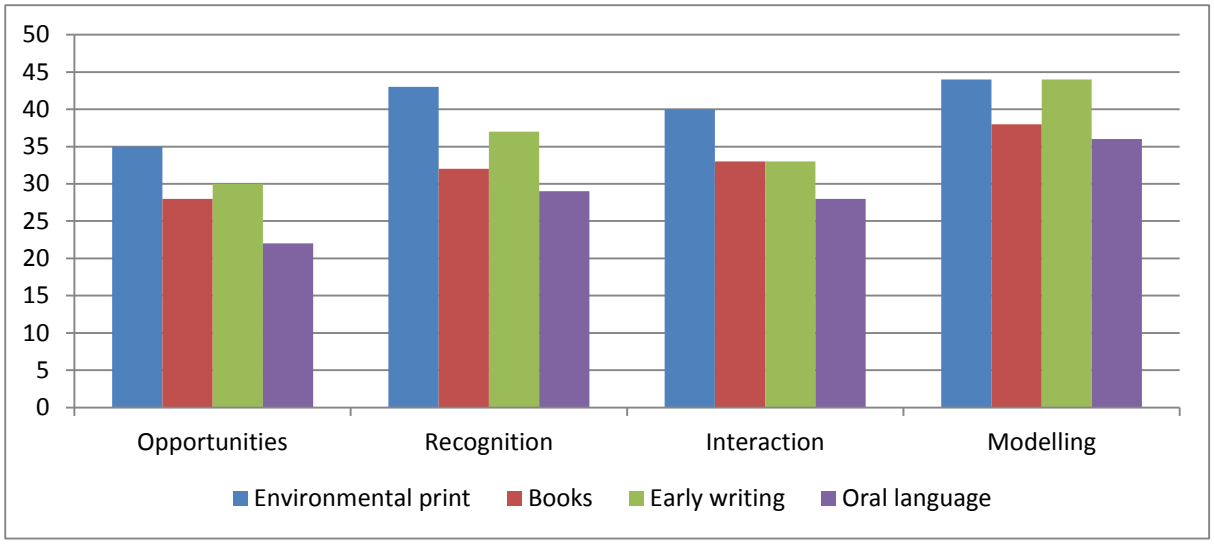


Figure 14 indicates how the volunteers customised their support offer as the visits continued, starting with a focus on activities with the children, then role modelling for the parents how to play constructively with their children.

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A particular focus in the BHBF project was given to promoting literacy and numeracy. The volunteers role modelled the use of literacy and numeracy skills during their visits and encouraged parents to model the use of literacy and numeracy skills in their everyday family life. Parents recounted these activities weekly to the volunteers who recorded them in a diary using the ORIM framework – see appendix C. The figure below illustrates that of the 225 volunteer diary entries for ORIM how many parents experienced each activity.

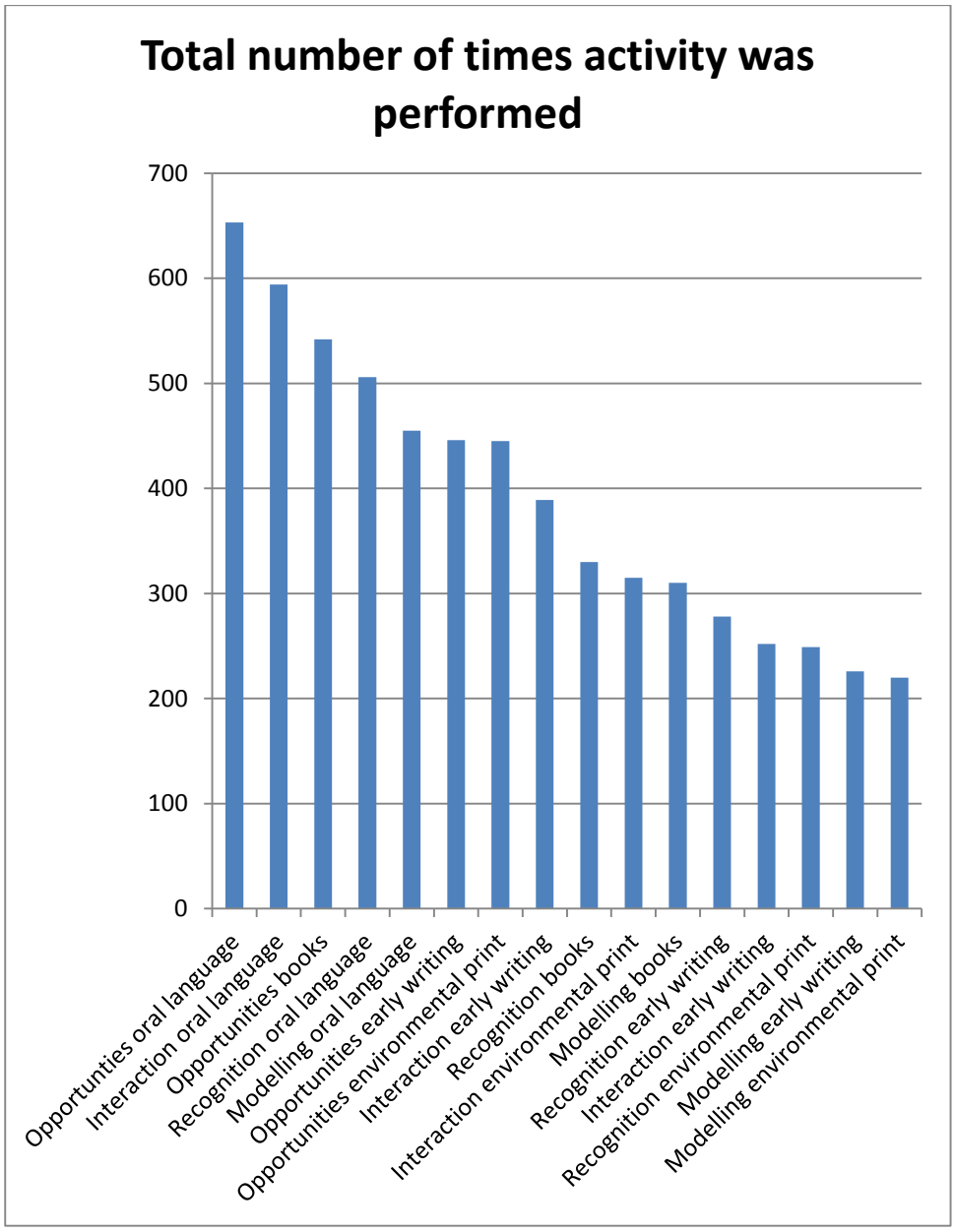
Figure 15: Early literacy activities



Modelling the use of the four aspects of literacy – environmental print, books, early writing and oral language was tried the most. However figure 16 below shows that the activities which were repeated the most often.

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Figure 16: Frequency of ORIM activities



Parents reported that the top 4 activities which they were repeating most often with their children were based on talking to their child and using books.

Volunteers were asked to judge their own ability to encourage parents to use learning opportunities in the home and community settings. The figure below illustrates the volunteers' self assessment of their ability to use the ORIM framework to facilitate and record parents' engagement with their children's learning.

Figure 17: Volunteers' self assessment of their ability to use the ORIM framework

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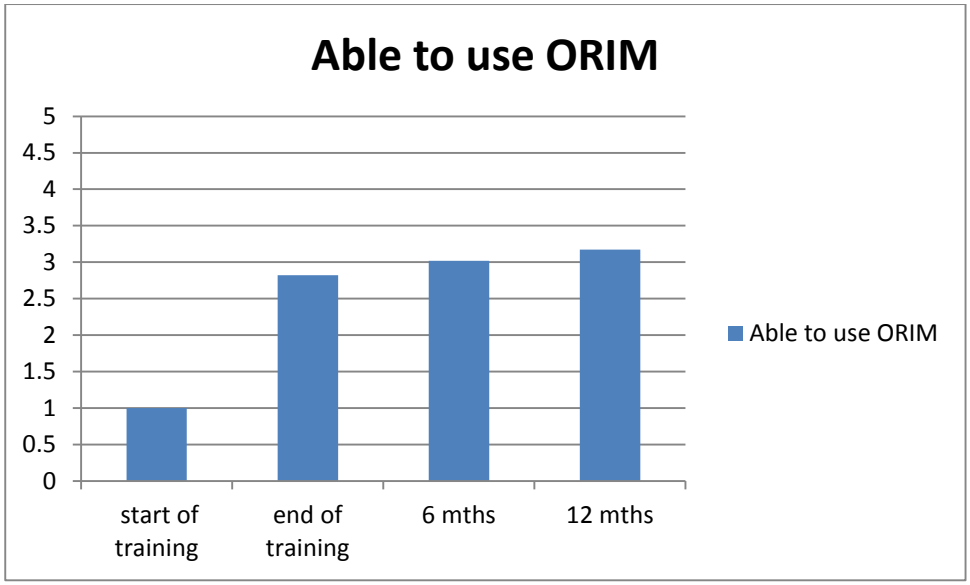


Figure 17 demonstrates that the BHBF training was effective in preparing the volunteers to use the ORIM framework to encourage parents' own engagement with their child's learning.

The volunteers recorded in their diaries the type of support they were offering the families on a weekly basis. This support included the help to use services which was categorised as:

- Signposting the service, gave address, contact details etc
- Transport – provided transport to the appointment
- Accompanying – went to the appointment with the family
- Discussed information about the service prior to or following use
- Looked after children while parents used service
- Other (specify)

On visit one 176 volunteers completed a diary. Examples of the support given by the volunteers on their *first* visit to the families included the following:

- 2 families were accompanied to speech and language appointments;
- 2 parents were given practical support to attend adult education,
- 1 family was given practical support to attend a children's centre,
- 1 family was accompanied to the library,
- 39 were given emotional support regarding CAMH services,
- 5 families were accompanied to the mother and baby clinic
- 5 families were accompanied to the benefits office

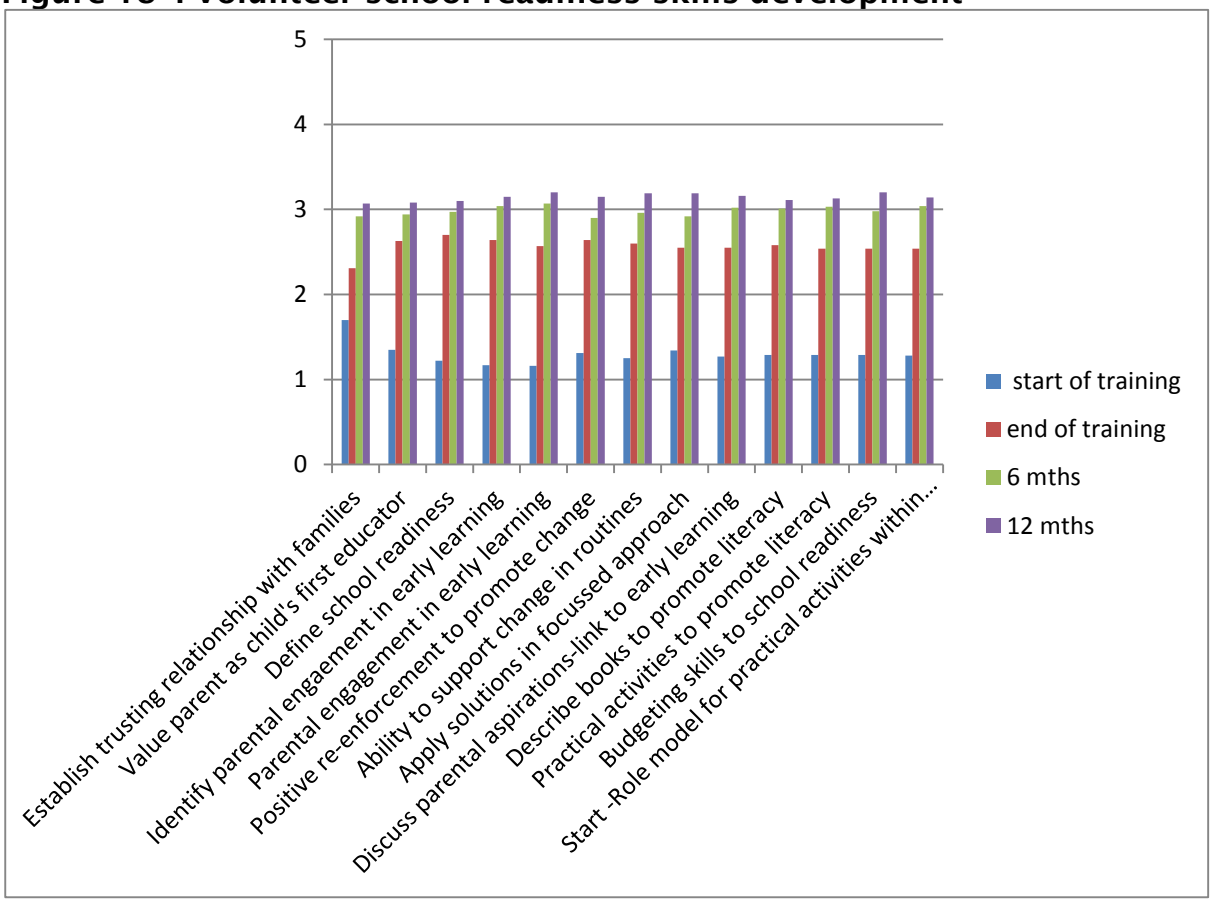
Volunteers' development

67 volunteers submitted volunteer impact management [VIMS] information capturing their progress across 5 domains: personal development, skills development, health and wellbeing and diversity and inclusion and community

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network. The data are from the beginning of their BHBF training to the end of the project. The next section looks specifically at the domain concerned with skills development including, in particular the volunteers' ability to promote school readiness. The data presented below in figures 18 [a] – 18[d] are taken from the skills development section which the volunteers completed at the start of the BHBF training course; at the end of the BHBF training course, after 6 months of supporting families to become school ready, and 12 months – see appendix D.

Figure 18[a] : Volunteer school readiness skills development



The BHBF volunteers undertook a specific BHBF training course in addition to their main Home-Start preparation course. The figure above illustrates the effectiveness of the BHBF training to prepare the volunteers for supporting families to develop their school readiness. The 13 school readiness skills identified on the x axis all show improvement after the BHBF training and this improvement is increased and maintained over the next 6 and 12 months.

Figure 18[b] below illustrates the personal development experienced by the BHBF volunteers while being part of the training and delivery of the BHBF project. The results for each of the six indicators were statistically significant. The greatest change was in the self confidence of the volunteers.

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Figure 18[b]: Volunteers' personal development

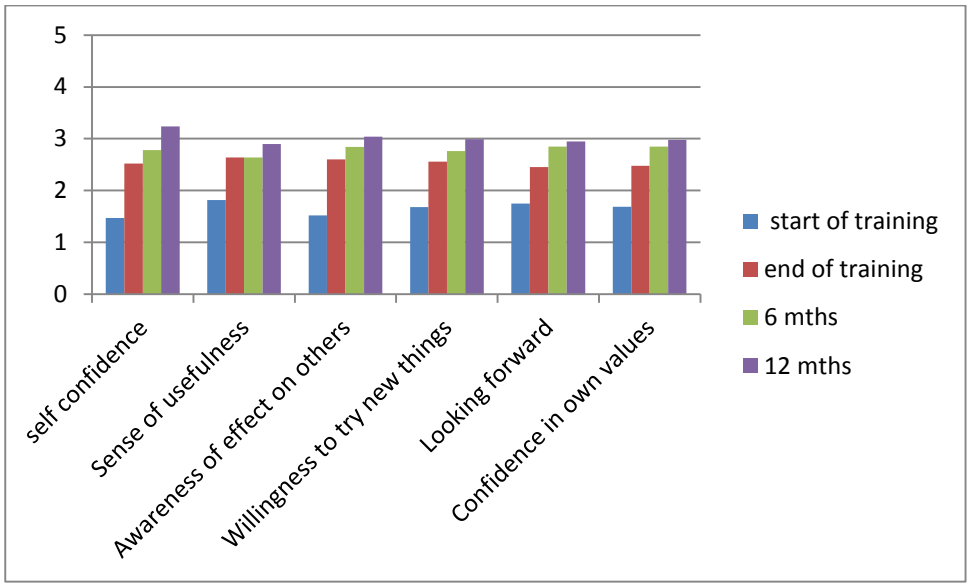


Figure 18[c] below highlights the benefits of the BHBF training and experience for the volunteers in terms of their ability to develop their networks and becoming more work ready.

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Figure 18[c]: Community networks

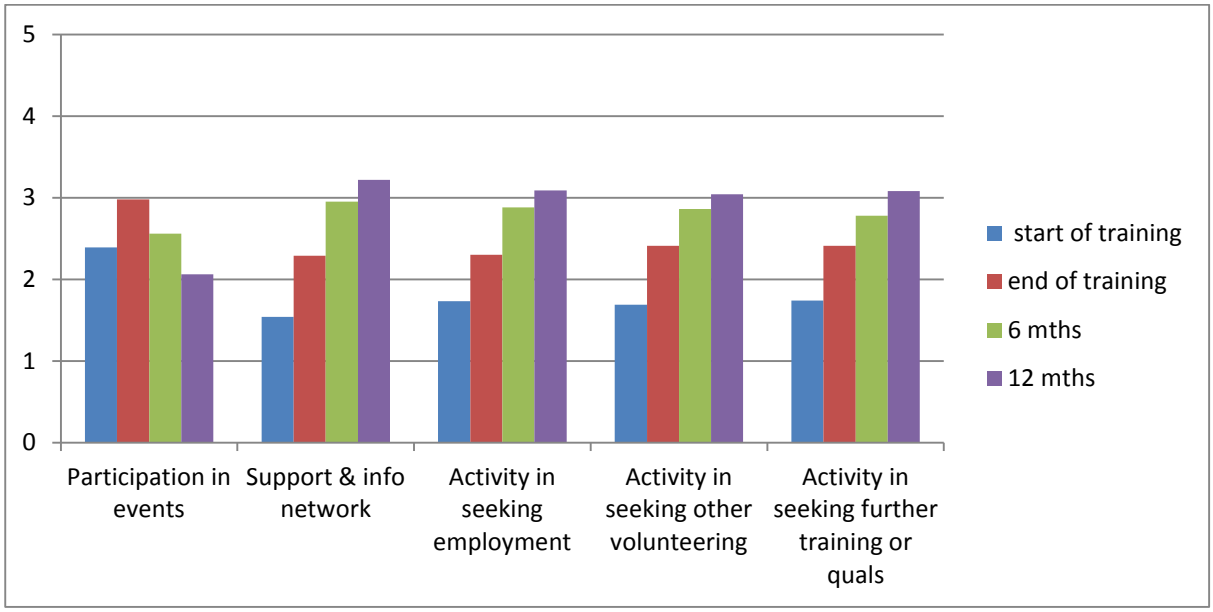
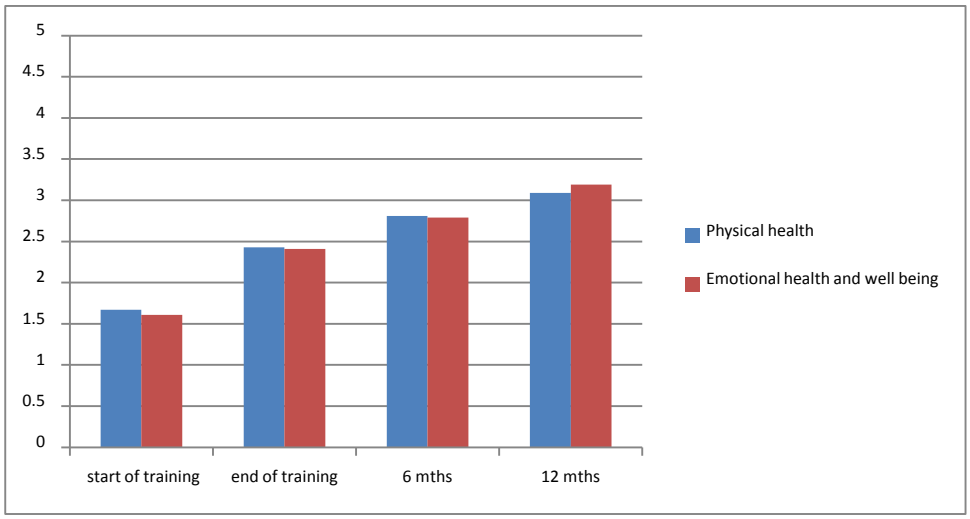


Figure 18[d] below illustrates the benefits to the volunteers' physical and mental health from their involvement in the project.

Figure 18[d]: Volunteers' physical and mental health



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Discussion

Overall the results show significant improvement in the children's school readiness for language and cognition, behavioural adjustment, daily living skills and family support. These results were shown in a relatively small group of 139 children. In general smaller samples decrease the chance of finding a significant difference and so these pilot results are particularly encouraging. Children's ability to adjust their behaviour, their language and cognition and their daily living skills all improved significantly. From the review of the literature it is clear that it is these dimensions of nursery/school readiness that position children better to be able to learn and to enjoy their early years in an educational setting.

The project aimed to target families from disadvantaged backgrounds and was successful in achieving this. Lone parents, families with mental health issues, parents with learning difficulties and parents from ethnic groups other than white British were widely represented in the sample. Not only did this project successfully reach and engage families from disadvantaged backgrounds the outcomes following this support resulted in significant improvements e.g. improvement in language/cognition was particularly evident for children who were eligible for free school meals. This is a particularly important preliminary finding from this pilot study as wider recent analysis of the 2014 Early Years Foundation Stage data shows: *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 (Early Intervention Foundation).* BHBF has demonstrated that it can target families with multiple deprivations and has the facility to reach out and engage those families and support them in achieving positive outcomes for their children in terms of their readiness to learn at nursery/school. The mediating role of family support discussed in more detail below is a key element in this outreach and engagement. Developing the emotional and social literacy of parents through family support is a key precursor to achieving child nursery/school readiness in a sustainable way.

The referrals for BHBF came from educational settings including nurseries and primary schools which represents a relatively new source of referral for Home-Start and demonstrated the reach of the BHBF project into new early years settings and the development of new local partnerships and collaborations. The ability to refer families from within Home-Start also ensured that the service was available to vulnerable families with other complex needs.

The mediating influence of family support on child school readiness outcomes is a key finding in this study. Figure 10 shows that clear improvements in child nursery/school readiness indicators were related to clear improvements in family support indicators on the BESSI scale. This lends support to the theory of change on which this project is based i.e. *that parents who are supported by trained volunteers to become more aware of the influences of a positive home learning environment will change their beliefs, family routines and behaviours. These changes in parental beliefs, behaviours and family routines lead to improved outcomes for children entering an educational setting.* This evaluation has provided evidence for the areas highlighted in the BHBF theory of change: parents

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as role models, parenting skills to understand child development, reading as fun, the importance of household routines, community networks and expanding and encouraging parental aspirations. There are real research challenges to defining the causal pathways for how parenting influences child outcomes. However, recent research has found that there was a reasonable case to be made for parental (family) involvement in their children's education having 'a causal influence on children's school readiness and subsequent attainment' (Carter-Wall and Whitfield, 2012: p.5). In addition research undertaken in the Netherlands on Home-Start support also concluded that positive parental outcomes lead to positive sustained child outcomes (Hermanns et al 2013). This study is supportive of these findings.

The results captured through the core Home-Start monitoring and evaluation system indicated that the biggest changes in the parents' coping scores over the period of the BHBF support were for being involved with their child's development, managing children's behaviour, parental mental health, parents' self esteem, running the household and use of services. These findings indicate that this comprehensive support approach to improving school readiness which addresses families' needs beyond the literacy and numeracy needs of the children is successful.

Through fine grain analysis of the contributing scores for each indicator in the BESSI sub scales some key findings emerged. One of the items for which children showed the most improvement concerned the ability to play with other children and that bodes well for their success in the transition to nursery/school. Also an encouraging 33% of children showed progress in toilet training. Lack of toilet training is a key impediment to school readiness for children and is a drain on limited school staff and resources.

The analysis which explored the relationship between the children's outcomes and whether they came from families with mental health issues indicated that the BHBF support can have a positive impact for families with wider complex needs. The 'distance travelled' for the behaviour adjustment scores for the children from families with mental health issues was greater than for the children from families without mental health issues. This finding was supported by the positive change for the coping scores of parents who had mental health issues compared with those for parents who did not have mental health issues endorsing the whole family approach to support for families with complex needs.

This project has been pioneering in its work with younger children who are preparing to enter nursery and has demonstrated that changes can be made with this age group. The range of ages for the children was 14 months to 4 years 11 months. Figure 3 illustrates larger improvements for younger children across the 4 sub scales. These positive results for targeted earlier intervention and support for family based school readiness are encouraging. This is particularly the case as it is likely that some of the school readiness indicators are less relevant for younger children and/or that you would expect younger children to make less improvement on some indicators because of their developmental stage. The indicator *Rarely misses a day at nursery* is not necessarily relevant for all young

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children and *Can recognise his or her name in print* is age dependent. The daily living sub scale also had indicators within it which are likely to be age dependent. Further study is required to address this age component in more detail. It is recommended that guidelines on scoring BESSI for volunteers and parents and for scorers are developed. This recommendation would seek to improve the fidelity of the programme as it is used more widely.

The children in the category 'open and closed both good' were rated positively at the start and the end of the intervention. A good score at the beginning of the support meant that there was little room for improvement. This is referred to as a ceiling effect and an example of this was for two items (enjoys songs and rhymes, understands 'wh'-questions) in the language and cognition sub scale. Further consideration could be given to the initial assessment of the family to ensure that scoring takes into consideration the potential for the child to develop.

The analyses highlighted a group of children who were categorised as not yet improving. That is they were rated as having needs at the beginning of the project which remained at the end of the project. For example for the three indicators on the behaviour sub scale (tantrums, distractibility, interrupts) at least a quarter of the group showed needs at each time-point. This indicates that these needs might benefit from greater targeting in future intervention work and it is recommended that these results can inform the referral and assessment processes going forward. Another item for which the intervention did not appear to have much impact was 'needs help with belongings' – again, indicating scope for greater targeting in future intervention work.

The results also pointed to differences in outcomes dependent on how the intervention was delivered and for how long the support lasted. Families who received home support in this study had more needs. This suggests that customised support offered in the family's home on a one to one basis is an effective approach to supporting families with more complex needs. This preliminary finding would need further investigation. Children in families receiving a longer intervention showed fewer problems at close in language/cognition, daily living skills, and family support. A level of flexibility in the 'dosage' of the intervention is an important factor when providing customised school readiness support for families with additional complex needs. Arbitrary externally imposed cut off points for support are not necessarily aligned with the needs of individual families.

The use of the ORIM framework encouraged parents to report on their literacy activities with their children on a weekly basis to the volunteer. The promotion of oral language and access to books were the most reported activities and these are key to early years' child development.

One aspect of the BHBF project was to support parents who themselves have their own learning needs and the results are indicating that BHBF volunteers are enabling these parents to engage with adult learning support themselves. The quotes from some parents in this position highlight how quickly their own positive learning translates into their ability to help their children with early

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literacy activities as well as improving their own self esteem.

This study demonstrated the types of support the volunteers provided in terms of practical support, emotional support, activities with the children and support to use other services, and how this was customised to synchronise with the families' changing needs over the period of support. This customisation is part of a flexible package of support and points to a needs-led service in contrast to some more prescribed provider led packages.

In addition the study provided data on the development of the volunteers themselves. These data on changes in volunteers' physical and mental health and social cohesion indicated by changes in appreciation of other peoples' cultures and others' views, values and attitudes all showed statistically significant improvement. These data provide key preparatory information to develop a measure of the social return available from investing in volunteering in family support. Further understanding of the personal experiences, skills and abilities which people bring to the role of volunteer could contribute to refining the attribution of monetary value placed on volunteer activity. Currently the input method for calculating the social value of volunteering is based on the wage paid often taken as the minimum wage. This method underestimates the market cost since employers' overheads are not included (Gershuny 2000). It is argued here that the replacement cost approach is not refined enough to reflect the skills and experiences which volunteers bring to the role of one to one support of vulnerable families in their homes.

There was also statistically significant improvements in the volunteers' particular school readiness skills as recorded from the start to the end of their BHBF training course. This provides a positive evaluation of the training course and these results also provide evidence in support of the theory of change which describes the role the volunteer takes in promoting school readiness in families' homes.

It is important to note a point of caution. These results do not indicate a direct causal pathway between the BHBF intervention and the child outcomes as there is not a counterfactual. That is there was no control group. This report does however provide some compelling evidence for pathways that might link family support to positive school readiness outcomes. It would also be interesting to compare the results of volunteers completing the BESSI scores alongside parents with Home-Start staff completing the BESSI scores and to understand further the impact of the various ways that the BHBF was delivered locally. The data set is very rich and can be interrogated further. For example it would be very informative to follow the families as the children progress through their primary school education.

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Conclusion

Local Home-Starts are reaching disadvantaged children, children from different ethnic backgrounds, parents at risk of domestic abuse and children who have special educational needs and are significantly improving their outcomes in terms of improved nursery/school readiness. The support offered through BHBF is across a series of factors which influence how families engage confidently with early years providers. The monitoring data demonstrated how Home-Start volunteers improve families' routines, help parents to understand the benefits of early learning for their children and overcome barriers to their engagement, signpost families to key agencies; work with parents around their own learning difficulties and have a direct impact on the home learning environment. The combination of the ORIM data, the volunteer diary activity data and the parental assessment of ability to cope with their child's development needs provides a comprehensive overview of the nursery/school readiness intervention and its impact on the children's outcomes. By looking at how families from different backgrounds responded to the BHBF programme it has been possible to highlight that BHBF particularly works for families who are suffering from mental health issues, have a complex range of multiple disadvantages and for younger children.

In addition this report has presented data from the volunteers' journey of change mapping how the BHBF training and ongoing support and supervision have had an impact on the volunteers working on the project. The volunteers have developed their community networks, their work readiness and their physical and mental health has improved. These are key preliminary findings which contribute to the debate around early years support and the appropriate work force to engage with this vital work. These data complement the child and family outcomes data and together provide a picture of a holistic, community-based school readiness programme benefitting not only families and children but also the volunteers who have been trained to support these families. BHBF has demonstrated the key role which volunteers can play in supporting parents to engage with a wide range of school readiness activities which mediate the subsequent improvements in their children's school readiness outcomes.

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Recommendations

1. Develop assessment guidelines for operational staff to work with parents to identify development goals appropriate to each child. This will include awareness of ceiling effects
2. Develop a manual for scoring BESSI to enable wider roll out of the child nursery/school readiness measure. This will include an electronic version.
3. Develop a focus in the BHBF training on child age and gender associated with developmental goals related to BESSI
4. Work with referral agencies to ensure that referrals are appropriate and from a wide range of agencies
5. Carry out further evaluation including:
    a. longitudinal work following children through nursery to school
    b. develop a study control group study design
6. Explore further:
    a. the relationship between type of intervention i.e. home based support or group work and child outcomes
    b. the length of intervention and child outcomes

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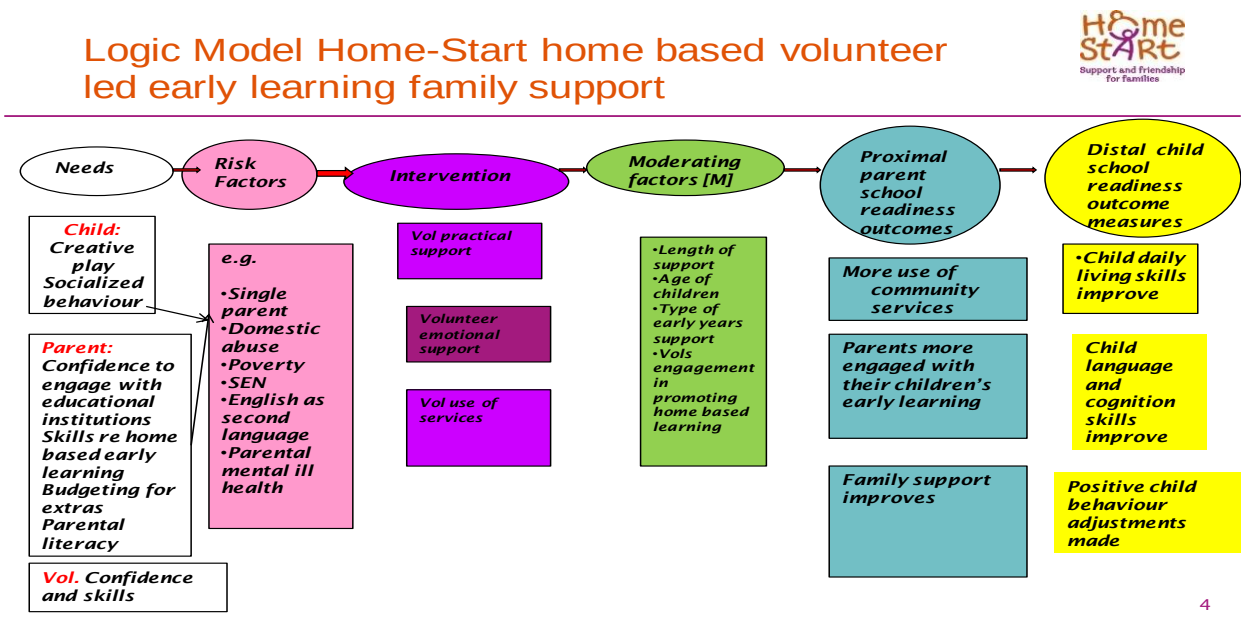
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Appendix A



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Appendix B: BESSI

Scheme: _____ **Volunteer No.:** _____ **Family Number: BHBF**_____
Today's date: (dd/mm/yy)_____ **Information about this child:** Male ☐ Female ☐
Date of Birth:(dd/mm/yy)_____
Initials _____ Home language: English ☐ Other ☐ (*please specify)* _____ Ethnicity _____
Has an older sibling? Yes ☐ No ☐ Eligible for free school meals? Yes ☐ No ☐ Has SEN? Yes ☐ No ☐
Attends nursery for _____hrs/week
Information about me: I am Male ☐ Female ☐ Prefer not to say ☐
My ethnic background is:_____
I am a qualified teacher: Yes ☐ No ☐
I have _____ years experience as a teacher / TA / nursery nurse / Home-Start volunteer. *(please circle)*
There are ___ children in my class/group *(if applicable).*

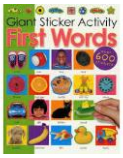
This child:	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
1. Is good at waiting patiently when this is required (e.g. turn taking)	☐	☐	☐	☐
2. Speaks clearly and is easily understood by adults	☐	☐	☐	☐
3. Has temper tantrums	☐	☐	☐	☐
4. Often receives praise or encouragement from caregivers	☐	☐	☐	☐
5. Is easily distracted	☐	☐	☐	☐
6. Often appears sleepy or tired	☐	☐	☐	☐
7. Is always punctual	☐	☐	☐	☐
8. Is good at calming down when asked to do so	☐	☐	☐	☐
9. Can play with lots of different children of his or her own age	☐	☐	☐	☐
10. Is able to work independently on most tasks	☐	☐	☐	☐
11. Rarely misses a day at nursery	☐	☐	☐	☐
12. Is careful using scissors or other sharp objects	☐	☐	☐	☐
13. Responds poorly to reprimands (e.g. backchat, anger)	☐	☐	☐	☐

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14. Talks about fun, shared activities at home	☐	☐	☐	☐
15. Enjoys identifying letters of the alphabet	☐	☐	☐	☐
16. Often appears aimless when asked to choose an activity	☐	☐	☐	☐
17. Understands wh-questions (what, where, when, why?)	☐	☐	☐	☐
18. Does not need help using a fork or spoon	☐	☐	☐	☐
19. Gets easily frustrated if a task is too difficult	☐	☐	☐	☐
20. Has trouble sitting still when required	☐	☐	☐	☐
21. Can recognise his or her name in print	☐	☐	☐	☐
22. Is usually happy to share with peers	☐	☐	☐	☐
23. Grabs other children's belongings	☐	☐	☐	☐
24. Regularly reads at home (e.g. book-bag diary up to date)	☐	☐	☐	☐
25. Uses one-to-one correspondence to count up to 5 objects	☐	☐	☐	☐
26. Often needs help looking after his or her belongings	☐	☐	☐	☐
27. Is respectful towards adults	☐	☐	☐	☐
28. Is fully toilet trained	☐	☐	☐	☐
29. Often interrupts conversations inappropriately	☐	☐	☐	☐
30. Enjoys songs and rhymes	☐	☐	☐	☐

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Appendix C: The ORIM Framework

	Environmental print	Books	Early writing	Oral Language
Opportunities In the early years parents can provide vital learning ***opportunities*** for children's literacy development such as giving children books, writing materials, and CDs or DVDs of nursery rhymes.	**1a** 	**1b** 	**1c** 	**1d**
Recognition Parents can provide unique encouragement by their ***recognition*** and valuing of children's early achievements in, for example, early reading, writing, spotting letters and logos. When parents know about early literacy milestones they can make a point of telling their children, and others what new skills they have achieved.	**2a**	**2b** 	**2c** 	**2d**
Interaction Children need their parents to ***interact*** with	**3a**	**3b** 	**3c**	**3d** 

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them – sharing and supporting them - in real-life literacy tasks where children can make a meaningful contribution, such as writing a birthday card.				
Model Parents can act as powerful models of users of literacy if children see them using literacy themselves in everyday life, such as reading a paper, writing notes or following written instructions.	**4a** 	**4b** 	**4c**	**4d**

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Appendix D: The Volunteer Impact Management System

For office use:
Scheme name: **Scheme code:**
BHBF Course start date:

***Volunteer Number**:.....(scheme use)*

Your name.....

Date of Prep Course attended .....

Months with Home-Start
.....
(Your personal details will not be shared with anyone outside Home-Start)

Please score how you feel from 0-5 (0=very low/no experience and 5=excellent)

Personal Development	At start of BHBF Course (0-5)	At end of BHBF Course (0-5)	After 6 months (0-5)	After 12 months (0-5)
Self-confidence				
Sense that I am doing something worthwhile				
Awareness of the effects of my actions on others				
Willingness to try new things				
Sense that I have things to look forward to in my life				
Confidence in my identity & values				

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Please score how you feel from 0-5 (0=very low/no experience and 5=excellent)

Skills Development	At start of BHBF Course (0-5)	At end of BHBF Course (0-5)	After 6 months (0-5)	After 12 months (0-5)
Ability to communicate with others. **Are you able:** **to establish trusting relationships with families** **to discuss the value of a parent as a child's first educator**				
Parenting Skills. **Are you able:** **To define school readiness.** **To identify parental engagement in early learning** **To use appropriate strategies and resources to encourage parental engagement in early learning** **To use positive reinforcement to promote change** **To support parents to manage their children's behaviour** **To use strategies to support parents and children in developing routines**				
Problem Solving Skills. **Are you able:** **To apply a solution focused approach** **To discuss how parental aspirations link to early learning**				
Organisational skills. **Are you able:** **To use strategies to enable families to develop routines**				

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Please score how you feel from 0-5 (0=very low/no experience and 5=excellent)

Skills development (continued)	**At start of BHBF Course (0-5)**	**At end of BHBF Course (0-5)**	**After 6 months (0-5)**	**After 12 months (0-5)**
Literacy & numeracy skills. **Are you able:** **To describe how books can be used to promote literacy and other areas of development.** **To use practical activities to promote literacy and other areas of development.** **To use the ORIM framework.**				
Budgeting skills. Are you able: **To support families with budgeting skills applied to school readiness.**				
Early learning skills. **Are you able:** **To use practical activities to promote parental engagement with their child's development.** **To role model and enable practical activities in the home.**				

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Please score how you feel from 0-5, (0= very low/no experience and 5=excellent).

Health & Well-being	At start of BHBF Course (0-5)	At end of BHBF Course (0-5)	After 6 months (0-5)	After 12 months (0-5)
Physical health & wellbeing				
Emotional health & wellbeing				

Diversity and Inclusion	At start of BHBF Course (0-5)	At end of BHBF Course (0-5)	After 6 months (0-5)	After 12 months (0-5)
Appreciation of other people's cultures				
Appreciation of other's views & values				

Friendships, Contacts and Community	At start of BHBF Course (0-5)	At end of BHBF Course (0-5)	After 6 months (0-5)	After 12 months (0-5)
Participation in community / social events				
Support & information networks				
Activity in seeking employment, (if relevant)				
Activity in seeking other volunteering roles (if relevant)				
Activity in seeking further training or qualifications (if relevant)				

'I feel confident about the prospect of supporting children to start school ready to learn/achieve success and to address the needs of parents who lack

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confidence/feel alienated from education to engage with their children's learning'.

What is your reaction to this statement? Please tick a box.

Please tick relevant boxes	At start of BHBF Course	At end of BHBF Course	After 6 months	After 12 months
Strongly agree				
Agree				
Neither agree or disagree				
Disagree				
Strongly disagree				
Not relevant				

In addition to being a Home-Start home-visiting volunteer, do you volunteer in other roles at Home-Start or elsewhere? If yes, what are these? Please state at each stage in relevant boxes.

At start of BHBF Course	At end of BHBF Course	After 6 months	After 12 months

Is there anything else you would like to add?

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Individual scheme reports

The following schemes participated in this pilot study HS Amber Valley [now closed], HS Bolton, HS Charnwood, HS Greenwich, HS Liverpool, HS Manchester North, HS Manchester South, HS Melton and Rutland, HS Nottingham, HS Suffolk Coastal, HS Sheffield and HS Walsall

Local Home-Start	Frequency	Percent
AMB	7	3.1
BAB	1	.4
BTN	29	12.9
CHA	37	16.4
GRE	10	4.4
LIV	25	11.1
MCN	15	6.7
MCS	31	13.8
MEL	19	8.4
NOT	9	4.0
SFC	10	4.4
SHE	7	3.1
WAL	25	11.1
Total	225	100.0

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